
NORTH SOUND MENTAL HEALTH ADMINISTRATION**CHILDREN'S HOSPITAL ALTERNATIVE PROGRAM****I. PURPOSE**

This Statement of Work is Attachment X of the Agreement ("Agreement") between North Sound Mental Health Administration ("NSMHA") and Catholic Community Services Northwest ("CCSNW"). The purpose of this Statement of Work is to provide Regional Children's Hospital Alternative Program Services (CHAP) to children/youth, in conjunction with Department of Social and Health Services (DSHS)-Division of Child and Family Services (DCFS), throughout NSMHA Service Area.

II. POPULATION TO BE SERVED

Services funded under this Attachment will be available to all persons located within NSMHA Service Area who meet program eligibility criteria, and are between the ages of 5 thru 17.

III. CLIENT ELIGIBILITY

Seriously emotionally disturbed children with a Children's Global Assessment (CGAS) of 40 or below and who would be compatible with and benefit from community based (foster/family based) mental health treatment program.

IV. COMPENSATION

To the extent that CHAP services are Medicaid covered services to Medicaid enrollees, then compensation is included general Medicaid funding. Additional funding for non-covered services is included in CCSNW's state mental health contract.

V. SERVICES TO BE PROVIDED

NSMHA CHAP Services shall be defined as a long-term specialized treatment foster care program that provides intensive community-based wrap around services to high-need children and families.

CCSNW shall provide the following Regional CHAP Program Services:

- a. Provision of medically necessary mental health clinical services in a manner designed to avoid inappropriate use of hospitalization and inappropriate extrusion of children from the Mental Health regional system of care.
- b. Development and implementation of: a documented service configuration that emphasizes timely service for children; with the most extensive needs; that meet client eligibility; and as approved by CHAP Interagency Review Committee.
- c. Implement a Regional CHAP Services Management Plan and Process that provides the flexibility for CHAP Services to be provided to those 43 children most in need, regardless of their NSMHA county of residence.
- d. Coordination of the gatekeeper process with the DCFS and NSMHA.
- e. Cooperation with DCFS and NSMHA with respect to community placement decision-making processes.
- f. Maintain out-of-home capacity throughout NSMHA Service Area for a minimum of 43 children per month.
- g. Maintain full CHAP service capacity throughout NSMHA Service Area for a minimum of 43

- 1 children per month.
- 2 h. Maintain full CHAP emergency and regular respite service capacity throughout NSMHA
3 Service Area for a minimum of 43 children per month.
- 4 i. Provide in-home CHAP services as an alternative to out-of-home placement when stipulated
5 as the most beneficial course of child/children's treatment as determined by CHAP
6 Interagency Review Committee and/or their Individual Treatment Plan.
- 7 j. Establish standardized CHAP Interagency Review Committees throughout NSMHA Service
8 Area consistent with NSMHA/DCFS Intake Process requirements. Each Committee shall:
9
- 10 i. Implement NSMHA/DCFS developed Regional Protocols that address rules of
11 procedures (i.e., what constitutes quorum, CHAP placement approval by consensus or
12 majority vote, who chairs the committee, confidentiality protection, membership,
13 conflict of interest, etc.).
- 14 ii. Ensure membership of each Committee includes at a minimum representation from
15 NSMHA, DCFS, local Tribal social services representative, individuals from local
16 community allied systems, consumer/advocate and CCSNW/designee.
- 17 iii. Maintain formal minutes.
- 18 iv. Maintain pre-approved CHAP placement list updated on a monthly basis. Lists shall
19 include clients name, date of application approval, and identification for in-home or out-
20 of-home placement.
- 21 v. Implement standardized NSMHA/DCFS application and referral summary.
- 22 vi. Meet at a frequency necessary to maintain capacity.
- 23 vii. Ensure medically necessary wrap around Aftercare Services Plan is developed 30 days
24 prior to planned discharge from CHAP Treatment Services and implemented upon
25 discharge.
- 26 viii. Conduct or provide appropriate and necessary training for CHAP staff, parents, and
27 foster parents
- 28 ix. Ensure that all NSMHA CHAP services shall be provided in accordance with NSMHA
29 CHAP Standards of Care Manual (Addendum I, attached).
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31 **VI. REGIONAL MONITORING TEAM**

32 CCSNW is required to participate as an active member of NSMHA/DCFS Regional CHAP
33 Monitoring Team. This Team shall review CHAP services on a regular basis, identify areas of
34 concern based on CCSNW monthly performance reports and NSMHA Clinical Staff reviews and
35 make recommendations regarding quality of care to the Quality Management Oversight Committee
36 (QMOC).
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38 **VII. PERFORMANCE REPORTING**

39 By the 10th work date of the month, CCSNW shall submit to NSMHA the following information for
40 previous month's services by county and in aggregate:
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- 42 a. List of all clients receiving out-of-home CHAP Treatment Services,
43 b. List of all clients receiving in-home CHAP Treatment Services,
44 c. Ethnicity and any special needs of clients,
45 d. Dates of regular/scheduled and emergency respite provided to each client during the month,
46 and the name of respite provider,
47 e. List of each client who has an Aftercare Plan and date of planned discharge,
48 f. List of each client discharged, reason for discharge, and where they were discharged to,
49 g. # of children referred for CHAP services with their ethnicity and any special needs

1 documented

- 2 h. List of children on pre-approved list and date of approval,
- 3 i. List of children who received intake,
- 4 j. Names of children who had extensions approved and length of extension,
- 5 k. Names of children hospitalized, name of hospital, and dates of hospitalization,
- 6 l. # nights children received CHAP Treatment Services (for example; Child is discharged
- 7 March 3 at 10 a.m. - # bed nights = 2 [March 1 –2], child is hospitalized or placed in juvenile
- 8 detention – count each night, as CHAP Treatment Services continue to be provided at these
- 9 locations).

10
11 In addition, by the 10th work date following each contract quarter, submit to NSMHA copies of each
12 Crisis log for the prior month that documents number of telephone interventions and number of
13 face-to-face interventions provided by CHAP crisis 24-hour on-call staff – after hours, weekends,
14 and holidays.

15 **VIII. OUTCOMES**

16 Maintain a minimum bed night utilization rate of 85 percent per month,

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18 Aftercare Plan developed prior to discharge and implemented upon discharge for 100 percent of all
19 scheduled discharged from CHAP clients,

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21 Scheduled respite care occurs monthly for 95 percent of CHAP clients,

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23 CCSNW is committed to reduce the use of and dependence upon inpatient psychiatric services.
24 During the current contract period, inpatient use by children admitted to services will be monitored
25 closely. NSMHA will receive monthly reports and analysis regarding number of admissions and
26 inpatient days used for children receiving CHAP services. This data will be used to establish in-
27 patient bed-day targets for the next contract period.

28 **IX. RESOURCE MANAGEMENT**

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30 NSMHA and CCSNW agree that during 2009-11, the parties and the relevant NSMHA staff will
31 engage DCFS in a discussion to include MHD and the Children’s Administration. The intended
32 outcome is to ensure that DCFS approvals for placement are appropriate to ensure effective
33 resource management of the CHAP.

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35 The intent of this program is to ensure that placement decisions for enrolled CHAP children are
36 based on clinical needs of children, while recognizing Division of Licensed Resources foster home
37 licensing requirements and potential overriding safety concerns. The NSMHA Utilization
38 Management (UM) Committee will review data on out-of-home and respite utilization in CHAP
39 programs. If NSMHA review indicates that a specific program’s capacity to make appropriate
40 placements is negatively affected by that program’s failure to maintain an adequate and reasonable
41 number of foster care beds to support children’s needs, CCSNW will develop and initiate a plan
42 within 30 days to correct the resource deficiency. If the deficiency remains after the plan and
43 timelines, as approved by NSMHA, have elapsed, NSMHA may invoke further corrective or
44 remedial action.

45 **X. OVERSIGHT AND REMEDIES**

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47 NSMHA will conduct oversight activities and take remedial action in accordance with the
48 Agreement.