

**Developing a
Comprehensive Acute Mental Health Care Plan for
Children**

Prepared by
Associated Provider Network

In Collaboration with
**NorthSound Regional Support Network
DCFS Region 3**

Supported by Contract 601-777-064
Washington State Department of Health

June 2000

Analysis of Current/Potential Financial Impact of High Need Cases

Members of the committee did a detailed analysis of the costs associated with serving the sample of high need cases. The costs were gathered from the RSN system, the DCFS system and the CLIP system. The detail included:

- **RSN System**
 - Inpatient days
 - Crisis services
 - Outpatient services (medication management, individual/family/group therapy, aides, case management)
 - Respite days
 - Crisis respite days
 - Inpatient diversion days
 - CHAP services
 - Team meeting time
 - RSN resource coordination time
 - CDMHP time

- **DCFS System**
 - Group care
 - Foster care
 - Inpatient diversion days
 - Respite days
 - DCFS staff time
 - Team meeting time
 - CHAP services
 - FPS services
 - IFPS services

- **CLIP System**
 - Facility days
 - Documentation time
 - Processing time

The following table summarizes the *costs for a one-year period* ending 10/31/99 for each of the fifteen cases.

Review Number (Enrolled at IP admit?)	RSN Costs	DCFS Costs	CLIP Costs	Total Costs
1. yes	\$ 26,856	\$ 24,037		\$ 50,894
2. no	\$ 8,393	\$ 1,745		\$ 10,138
3. yes	\$ 15,826	\$ 1,063		\$ 16,889
4. no	\$ 23,656	\$ 31,569		\$ 55,225
5. no	\$ 27,416	\$ 13,854		\$ 41,270

6. yes	\$ 47,478	\$ 2,960		\$ 50,438
7. yes	\$ 16,560	\$ 14,726	\$ 64,020	\$ 95,306
8. yes	\$ 36,399	\$ 6,849		\$ 43,248
9. no	\$ 15,826	\$ 11,038		\$ 26,864
10. no	\$ 11,078	\$ 39,849		\$ 50,927
11. no	\$ 26,856	\$ 8,215		\$ 35,071
12. no	\$ 3,917	\$ 1,035		\$ 4,952
13. yes	\$ 33,326	\$ 2,956	\$ 40,162	\$ 76,444
14. yes	\$ 22,780	\$ 4,701		\$ 27,481
15. yes	\$ 7,833	\$ 15,221	\$ 33,820	\$ 56,874
Totals	\$ 324,201	\$ 179,818	\$ 138,002	\$ 642,021

The average cost per year per case was \$42,801, with a range from \$4,952 to \$95,306. The costs to the RSN system were almost double the costs to the DCFS system. It would be reasonable to assume that similar costs were generated by the remainder of the population who had both an inpatient admission and an out of home placement during the period. There were a total of 39 cases that met those criteria; if we assume an average cost of \$42,801 per year per case, the total cost to the systems was approximately \$1,669,225.

Priority Recommendations

Following the analysis of data, the committee proceed to apply their learnings to recommendations for the future. The following table identifies the priority goals and the actions needed to achieve each priority goal; these goals and actions address the issues that emerged from the best practices identification, stakeholders' survey, case reviews, and deliberations of the committee.

Assumptions

- The overarching priority is to provide each child and family with the right resources at the right time.
 - The intent is to reduce/prevent the need for acute care interventions which include inpatient care, emergency out of home placement, group care, crisis respite and diversion and use of the juvenile justice system (when services needed are not dictated by issues of security or the need for court mandates).
 - The corollary intent is that if acute care interventions are required, they will be matched to the extent of need and provided in a timely manner.
 - All services will be individualized, based on assessment of assets, strengths and needs of the child/youth and family/caregivers.
- In order to address the missing pieces and lack of balance in the system, it will be necessary to shift resources from current utilization. It will also require seeking new resources for major unmet needs.
- In order to accomplish our goals as a community, each entity may need to adjust contracts, policies and procedures as mutually agreed upon.

Coordination Needed to Achieve Goals

The committee examined definitions of cooperation, coordination and collaboration (from Collaboration: What Makes it Work, Amherst H. Wilder Foundation):

- **Cooperation** is characterized by informal relationships that exist without any commonly defined mission, structure or planning effort. Information is shared as needed, and authority is retained by each organization so there is virtually no risk. Resources are separate as are rewards.
- **Coordination** is characterized by more formal relationships and understanding of compatible missions. Some planning and division of roles are required, and communication channels are established. Authority still rests with the individual organizations, but there is some increased risk to all participants. Resources are available to participants and rewards are mutually acknowledged.
- **Collaboration** connotes a more durable and pervasive relationship. Collaborations bring previously separated organizations into a new structure with full commitment to a common mission. Such relationships require comprehensive planning and well-defined communication channels operating on many levels. Authority is determined by the collaborative structure. Risk is much greater because each member of the collaboration contributes to its own resources and reputation. Resources are pooled or jointly secured and the products are shared.

The recommendation is to move from what is now more like cooperation to coordination in all areas and to seek collaboration in specific areas such as the IV-E waiver.

In keeping with this intent, each goal identifies the systems that will need to be involved in moving forward a plan for change to improve the NSRSN system of care for children and families (an X indicates that, at a minimum, the system must agree for a change to happen; generally it affects contracts, policies, procedures and resource allocation). The planning group then prioritized the action steps and sorted them into those that can be accomplished through realignment of the resources within the existing system and those that will require new resources.

Goals and Action Steps	RSN	APN	DCFS	Others (Schools, DD, JJ, CD)	Priority (total, number 1s, 2s)	Realign system/ resource to do it	New resource needed to do it
I. System Coordination Goal:							
<i>Create ongoing formal mechanisms for coordination and collaboration</i>							
1. Establish county level acute care coordination teams with family representation	X	X	X	X	8 total 3 5	Yes	Minimal
2. Develop RSN wide cross-training on each system and its procedures (now in process)	X	X	X	X	4 total 3 1	Yes	No
3. Develop commonly agreed upon values for child and family acute services, philosophy of containment and safety (address liability and politics/include in training above)	X	X	X	X	4 total 3 1	Yes	No
4. Fund a shared staff position to support county and RSN wide teams	X	X	X	X	4 total 2 2	Some	Some
5. Identify opportunities to co-locate services	X	X	X	X	3 total 2 1	Yes	No
6. Develop a commonly agreed upon protocol for transfer between counties and coordination of services (build on current MH protocol)	X	X	X	X	3 total 0 3	Yes	No
7. Work with schools on early identification of high risk kids	X	X	X	X	2 total 1 1	Some	Some
8. Establish RSN wide executive team with family representation	X	X	X	X	0	Yes	No

Goals and Action Steps	RSN	APN	DCFS	Others (Schools, DD, JJ, CD)	Priority (total, number 1s, 2s)	Realign system/resource to do it	New resource needed to do it
II. Initial Access/Crisis Services Goal:							
<i>Improve our mechanisms to plan for and respond to crises</i>							
1. Develop a shared team process to coordinate initial assessment and crisis service planning for high risk kids, as well as phasing ongoing services and prioritizing within a single service plan	X	X	X	X	9 total 3 6	Yes	Minimal
2. Improve advance crisis planning, plans, and crisis management/ coordination across systems (strive for single on-line source of all plans)	X (data system, VO contract)	X (enrolled)	X (unenrolled kids in care)	X (unenrolled kids in care)	6 total 5 1	Yes	Minimal
3. Develop a commonly agreed upon protocol for each system regarding acute care response accountabilities (now in process)	X	X	X	X	6 total 3 3	Yes	Minimal
4. Develop RSN wide capacity for child-specific outreach services, including DCFS role	X	X	X	X	5 total 2 3	Minimal	Yes
III. Acute Care Services Goal:							
<i>Develop additional capacity and array of responses for acute situations</i>							
1. Expand out of home/foster care based crisis residential services	X	X	X	X	8 total 4 4	Minimal	Yes
2. Develop staffed crisis residential service (intensive, short stay)	X	X	X	X	7 total 4 3	No	Yes
3. Centralize treatment aide resources, expand capacity and use in different, more intensive ways		X			7 total 3 4	Some	Some

Goals and Action Steps	RSN	APN	DCFS	Others (Schools, DD, JJ, CD)	Priority (total, number 1s, 2s)	Realign system/ resource to do it	New resource needed to do it
4. Provide timely acute access to community-based psychiatric services		X			5 total 2 3	Minimal	Yes
5. Explore use of local inpatient facilities to serve children and youth (redirect IP funds to local units), possible CTU	X	X			0 total	Some	Some
6. Increase involvement of primary clinicians in acute situations		X			0 total	Yes	Minimal
7. Establish requirements for contacts between primary clinicians and inpatient staff	X	X			0 total	Yes	No
IV. Outpatient MH Services Goal:							
<i>Provide services that reduce the likelihood of needing acute interventions</i>							
1. Develop capacity for a full continuum of wraparound services	X	X	X	X	6 total 6 0	Minimal	Yes
2. Develop staffed therapeutic foster home program models with joint funding	X	X	X	X	6 total 1 5	Minimal	Yes
3. Develop therapeutic day program that is non-school time oriented		X		X	4 total 3 1	Minimal	Yes
4. Develop high intensity transitional (up to 6 months) residential services	X	X	X	X	4 total 2 2	No	Yes
5. Develop models for family intervention with high level of family participation	X	X	X	X	3 total 2 1	Yes	Minimal
6. Develop agency/county based parent advocate capacity to assist families		X		X (county)	3 total 0 3	Some	Some
7. Develop therapeutic day program that is school based		X		X	1 total 0 2	Minimal	Yes

Goals and Action Steps	RSN	APN	DCFS	Others (Schools, DD, JJ, CD)	Priority (total, number 1s, 2s)	Realign system/ resource to do it	New resource needed to do it
8. Expand planned respite		X	X		1 total 0 2	Minimal	Yes
9. Increase use of treatment aides for family support	X	X	X		0 total	Minimal	Yes
10. Increase capacity for non-crisis skills training for parents	X	X			0 total	Yes	Minimal
11. Provide short-term, intensive services via the primary clinician	X	X			0 total	Yes	Minimal
12. Provide specialized training for all staff working with high-risk children	X	X	X	X	0 total	Yes	Minimal
13. Develop a county based Community Team model with joint funding (all 5 counties)	X	X	X	X	0 total	Some	Some (depends on county)

The group working off of the above list did a second round of prioritization for implementation; this resulted in the following six areas of activity.

1. Develop Intersystem Coordination

- I. System Coordination Goal, Action Steps 1-6, 8
- II. Initial Access/Crisis Services Goal, Action Steps 1-3

2. Develop Child Specific Outreach

- II. Initial Access/Crisis Services Goal, Action Step 4

3. Develop Array of Residential Options

- III. Acute Care Services Goal, Action Steps 1-2
- IV. Outpatient MH Services Goal, Action Steps 2, 4

4. Develop Wraparound Services/Treatment Aides

- III. Acute Care Services Goal, Action Step 4
- IV. Outpatient MH Services Goal, Action Step 1

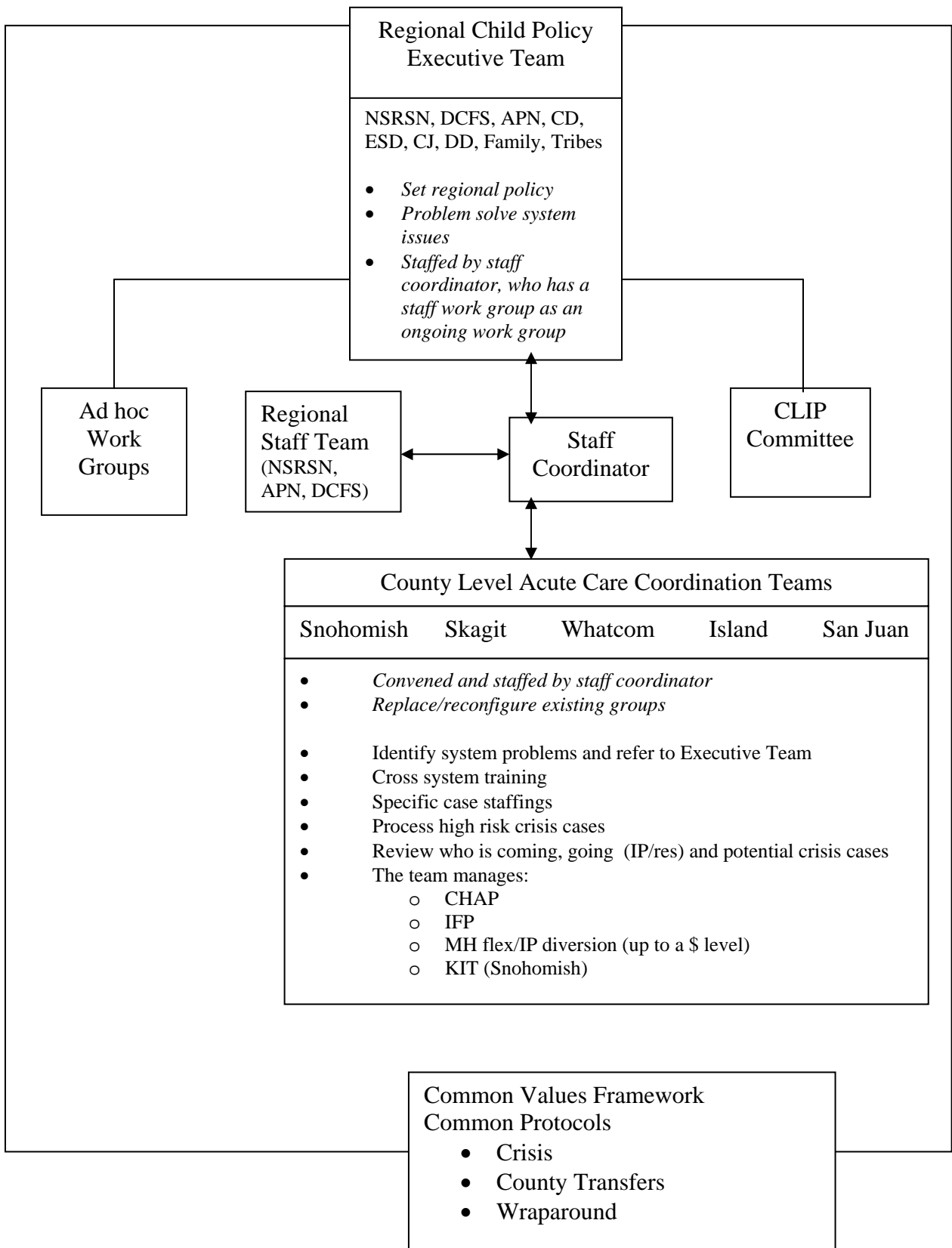
5. Develop Local Acute Access to Psychiatry/Inpatient

- III. Acute Care Services Goal, Action Steps 4-5

6. Develop Non-school Day Program

- IV. Outpatient MH Services Goal, Action Step 3

Small teams took the first four of these and created detailed work plans for implementation. These were reviewed and further developed by the full group, with a final round of prioritization. The top two immediate priorities are: Intersystem Coordination and Crisis Residential Facility. The following figure summarizes all of the elements of Intersystem Coordination. After the figure is the consolidated work plan for the Region.



Consolidated Work Plan

The following activities are recommended as the next steps in developing a regional system of care for children and adolescents.

What Activity	By When	Lead Person	Stakeholders Involved	Expected Product
Intersystem Coordination:				
Executive Team				
1. Review by administration of participating agencies as to the creation of a Regional Executive Team.	7-30-00	To Be Determined	NSRSN, APN, DCFS, ESD, CD, CJ, DD, Families, Tribes	Decision as to the operation of a Regional Executive Team.
2. Select members of regional team and formalize relationships.	8-30-00	To Be Determined	Above list	Formal agreements create the Regional Executive Team.
3. Develop mission statement, objectives and procedures.	9-15-00	To Be Determined	Members of the Regional Executive Team	Mission statement, objectives and operating procedures of the regional team.
Shared Values and Principles				
1. Draft a statement of values and principles to govern the work of the Regional Executive Team.	7-30-00	To Be Determined	Ad hoc work group: NSRSN, APN, DCFS, family rep	Draft statement of values (see report from the Acute Care Planning Committee).
2. Review of values by Regional Executive Team.	8-30-00	To Be Determined	Regional Executive Team	Revised statement of values.
3. Review revised statement of values at the county acute care coordination teams.	10-30-00	To Be Determined	County Teams	Revisions to be considered by the Regional Executive Team.
4. Adopt value statements.	11-15-00	To Be Determined	Regional Executive Team	Adopted values set.
Shared Team Processes and Protocols				
1. Finalize formal agreements to create the Regional Executive Team.	8-30-00	To Be Determined	Above list	Regional oversight mechanism in place.
2. Convene work group to identify policies and procedures related to coordinated crisis services, assessment and service planning.	9-15-00	LeBeau	Group from the Child Service Acute Care Planning Team/Regional Crisis Oversight Committee	Policies and procedures related to implementation of team functions at all service levels.
3. Develop draft policy for inter-county transfers. Include	9-30-00	LeBeau	Regional Executive Team	Approve draft policy.

What Activity	By When	Lead Person	Stakeholders Involved	Expected Product
clarification for information sharing for cross-county placements.				
4. Review of draft policy by county acute care coordination teams.	10-30-00	To Be Determined	County Teams	Suggested revisions to draft policy.
5. Adopt policy as revised.	11-15-00	To Be Determined	Regional Executive Team	Approved transfer policy to be implemented by participating agencies.
6. Develop a region-wide protocol that defines roles and responsibilities in providing crisis intervention services for children/youth.	12-31-00	LeBeau	Review by Regional Executive Team.	Development of a multi-system protocol that builds on that now in development.
7. Examine current crisis planning efforts and existing plans; development of a standardized crisis plan; and, implementation of a process by which the crisis plan could be shared by different systems within the region.	12-30-00	LeBeau	Review by Regional Executive Team.	A report recommending methods to implement shared use of centralized crisis information.
8. Develop a process and protocol to coordinate crisis services, initial assessment and service planning at the service team and county acute care coordination team levels.	12-31-00	To Be Determined	Review by Regional Executive Team.	Implementation of coordinated assessment and crisis service planning on a case-by-case basis for high need children.
9. Assure protocol review and approval by county acute care coordination teams.	1-1-01	Staff Coordinator	All county acute care coordinating teams	Comments on draft protocols.
10. Adopt approved protocols.	2-1-01	Staff Coordinator	Regional Executive Team.	Operation of crisis response, initial assessment and service planning on the basis of common protocols.
County Level Teams				
1. Identify current teams operating at the county level.	7-30-00	LaFollette	Extensive	Listing of all teams and their current functions.
2. Convene work group to identify team functions.	7-30-00	LeBeau	Ad hoc work group from acute care planning committee	Design of functions and operating protocols for county acute care coordination teams.
3. Review and adopt county team		LaFollette	Regional Team	Comments on

What Activity	By When	Lead Person	Stakeholders Involved	Expected Product
functions.	9-30-00			county acute care coordination team functions and protocols.
4. Establish county level teams, with protocols for their operation based upon agreed functions and integration with the regional team.	10-30-00	To Be Determined	System representatives at the county level	Ongoing county acute care coordination teams with family representation.
Cross System Staff Coordinator				
1. Identify position funding.	8-30-00	To Be Determined	NSRSN, APN, DCFS, ESD 189	Decision to hire.
2. Develop job description.	8-30-00	To Be Determined	Regional Executive Team	Job description.
3. Operate recruitment process.	10-1-00	To Be Determined	Regional Executive Team	Recruitment plan and selection process.
4. Fill position.	11-30-00	To Be Determined	Regional Executive Team	Staff position.
Cross System Training				
1. Achieve consensus in regard to cross system training.	8-30-00	LaFollette,	Regional Executive Team	Agreement to sponsor cross system training.
2. Establish schedule of cross system visits on a county-by-county basis.	9-30-00	To Be Determined	Representatives from major social service systems	A schedule of cross system trainings to be conducted
3. Develop a written description for each system.	9-30-00	To Be Determined	Representatives from each major system on a county by county basis	A brief directory of major functions and personnel.
4. Conduct individualized training sessions for major systems.	Begin 11-30-00	Staff Coordinator	Representatives from major systems including line staff	A series of system trainings for direct service staff.
5. Integrate policies and protocols into the training process as they are adopted.	Ongoing	Staff Coordinator	Staff in all systems and locations	Consistent understanding of the regional system.
CoLocation of Services				
1. Policy development by the Regional Executive Team.	1-30-01	Staff Coordinator	Regional Executive Team	Draft policy.
2. Review of county issues by county acute care coordinating teams.	2-30-01	Staff Coordinator	County Acute Care Coordination Team	Proposals as to possible sites for integrated services.
3. Identification of demonstration sites.	3-15-01	Staff Coordinator	County and regional teams	Selected sites for implementation of co-location of staff.

What Activity	By When	Lead Person	Stakeholders Involved	Expected Product
4. Plan development and approval by local teams for review by Regional Executive Team.	4-30-00	Staff Coordinator	County and regional teams	Plan to implement co-location.
Service Delivery System:				
Staffed Crisis Residential				
1. Determine funding model and procurement process.	9-1-00	To Be Determined	APN, DCFS	Establish ground rules for planning process. Determine how this fits with IV-E waiver process.
2. Obtain DLE minimum licensing requirements and review.	9-1-00	APN Quality Coordinator	Ad hoc work group (DCFS, DLR, APN, RSN, group care provider, DASA)	Clear understanding of licensing requirements.
3. Develop service model: <ul style="list-style-type: none"> • Geographic location • Clinical model • Target populations • Other experience 	10-15-00	To Be Determined	Ad hoc work group	Clarity regarding service model.
4. Do cost analysis on child to staff ratio to determine: <ul style="list-style-type: none"> • Anticipated revenues • Beds per facility • Staff level/cost for staff • On call vs. staff on shift 	11-15-00	APN Financial Officer	APN, DCFS	Determine financial feasibility.
5. Recommend action to Regional Executive Team based on model and analysis	12-1-00	To Be Determined	Ad hoc work group	Obtain final decision before next steps.
6. Recommend action	12-1-00	To Be Determined	Regional Executive Team	Decision on action.
7. Implement procurement method as determined in step 1.	1-00-01	To Be Determined	APN, DCFS	Select provider of crisis residential services.
Staffed High Intensity Transitional Residential				
Detailed work planning to be developed in subsequent plans of the Regional Executive Team.	TBD	TBD	TBD	TBD

What Activity	By When	Lead Person	Stakeholders Involved	Expected Product
Treatment Foster Care with Joint Funding				
Detailed work planning to be developed in subsequent plans of the Regional Executive Team.	TBD	TBD	TBD	TBD
Child Specific Outreach				
1. Assure regional crisis protocol as defined above.	1-30-01	Le Beau	Regional Executive Team	Consistent protocol for crisis services.
2. Expand responsibilities of Children’s Crisis Team in Snohomish County to include a Child Mental Health Specialist on call 24/7 to provide regional consultation.	1-30-01	Le Beau	APN	Child Specialists consultation available 24/7 countywide.
3. Examine DCFS participation in other areas of the region to build on the Snohomish model.	1-30-01	LeBeau	Regional Executive Team	Determine methods of DCFS involvement in other counties.
4. Work with regional resources to provide training to crisis response staff in working effectively with children and families in crisis.	1-30-01	LeBeau	County Acute Care Coordination Teams	Assure that crisis staff understand the children’s system and issues.
5. Include crisis supervisors in county acute care coordination teams.	10-30-00	LeBeau	County Acute Care Coordination Teams	Assure that crisis staff understand the children’s system and issues.
6. Coordinate these services with the development of additional crisis services for families and children.	Ongoing	LeBeau	Regional Executive Team	Prioritization and development of new crisis services.
Wraparound Services/Treatment Aides				
1. Create regionalized definition of “wraparound” or individualized and tailored care (ITC)	TBD	TBE	Regional Executive Team, County Acute Care Coordination Teams, Families	Improved regional understanding and commitment to this family-friendly treatment approach and assurance that “wraparound” is understood in its fullest sense as much more than a tx aide.

What Activity	By When	Lead Person	Stakeholders Involved	Expected Product
2. Provide region wide trainings	TBD	TBD	County Teams	See above.
3. Create flexible pool of dollars (either Region or county based) to support wraparound model of service provision.	TBD	TBD	Regional Executive Team	Decreased categorical constraints and increased flexible funds to child/family teams.
4. Research development of Treatment Aide Pool as regional resource: <ul style="list-style-type: none"> • Determine needs • Study existing programs (CSS, Auburn Youth Resources, nurse registry models) • Explore grants for start up funds • Explore combining of staffing pool with after school programs 	TBD	TBD	Ad hoc Work Group	Increased understanding of possibilities for creating this resource
Local Acute Access to Psychiatry/Inpatient				
Detailed work planning to be developed in subsequent plans of the Regional Executive Team.	TBD	TBD	TBD	TBD
Non-school Day Program				
Detailed work planning to be developed in subsequent plans of the Regional Executive Team.	TBD	TBD	TBD	TBD