

ATTACHMENT B

STATEMENT OF WORK

Short-Term High Intensity Services to Children/Youth and their Families

1. Introduction

Short-Term High Intensity Services for Children/Youth and their families is a family-focused, resiliency-based model with combined mental health and child welfare services. These services are provided in a joint undertaking by Children's Administration, the North Sound Mental Health Administration, Snohomish County, and the Provider to offer an array of highly intensive, immediate and flexible crisis stabilization and support services to children/youth and their families/caregivers. Services are delivered primarily in the child's residence or community.

The Short-Term High Intensity Program is:

- A program of unique, intensive, team-based supports and treatment services provided to families with children at risk of being hospitalized, being placed in foster care, or losing a Children's Administration foster placement due to a mental health emergency.
- A program that is integrated with the current regional psychiatric hospitalization certification process (Attachment D). At a minimum, the team will consult via telephone with other mental health professionals regarding the availability of the Team and/or to offer other appropriate alternatives when a request for inpatient hospitalization is made. It is the intention that children/youth residing in Snohomish County will not be certified for voluntary psychiatric hospitalization without this Team first having the opportunity to potentially serve the child/youth with a less restrictive alternative.
- A program that provides intensive relative and fictive kin searches and connections for youth in Children's Administration's care who come to this program with a placement crisis. The relative search component of this program should have a sense of urgency and immediate action on a level with the initial crisis. There must be capacity to have a staff person travel out of region or out of state, if necessary, to convey the reality of the placement need and set up connections for appropriate on-going services.
- A program designed to serve and support youth and families with complex needs. All core and adjunct staff (including prescribers) are trained to provide high intensity child and family services which are grounded in the fundamentals of Family Preservation. All core and adjunct staff will have regular and comprehensive knowledge of each family supported by this program. A program available throughout Snohomish County.

2. Important Characteristics of Short-Term High Intensity Services for Children/Youth are:

- Available 24 hours/day, 7 days/week, 365 days/year.
- Rapid and intensive response to families and children in crisis resulting in improved stability, prevention of hospitalization and/or out of home placement, access to ongoing community supports, and increased family connections.
- Available based on specifically outlined need and to defined Target Population, **and not** based on

State Access to Care Standards.

- Immediate relative/natural-support search when establishing a lifelong connection will likely help the child/youth stabilize.
- Immediate relative/natural-support search for the purpose of establishing a permanent home.
- Concentrated focus on family needs, strengths, and solutions.
- Time-limited (no more than 72 hours) crisis respite placements are available for stabilization.
- Short-Term High Intensity Services for Children/Youth are delivered by a multidisciplinary team who provide the majority of the treatment, relative searches, and support service.
- Short-Term High Intensity Services for Children/Youth are mobile and delivered in community locations. The majority of the services are provided outside of CMHA or Children's Administration offices and in locations that are easily accessible, comfortable and convenient to the child/youth and/or family.
- Short-Term High Intensity Services for Children/Youth are time-limited with a 90 day maximum length of services (LOS).
 - If significant treatment, placement, and stabilization issues remain at the 90 day mark, the youth is often referred to a Wraparound model of care or other longer-term intensive outpatient service. DCFS children/youth might also be referred to services under a CPA contract.
 - Exceptions to 90 days are rare and typically only for youth who *are not* Medicaid enrolled but present high risk for ITA.
- Short-Term High Intensity Services for Children/Youth are very intensive and include:
 - An average of 35-40 hours of service per month, per child/youth and family.
 - Intensive crisis stabilization.
 - Children/youth in this program are only rarely admitted to inpatient psychiatric care.
 - Children/youth in foster care and in this program are only rarely moved from their foster family except for respite.
- Intensive relative searches for placement and stability of children/youth in foster care, often including out of area or out of state locations.

3. Target Population

- A. Children whose functioning is severely impacted due to:
 - Severe emotional and/or behavioral problems, or
 - Child safety/protection issues, or
 - Placement abandonment or disruption (including failing adoption), or
 - Severe family conflict, or
 - Discharge from a facility/institution/hospital without a living arrangement; **and**

- B. The child is at imminent risk of removal from the home or being admitted to inpatient psychiatric hospitalization; **and**
- C. This intensive, time-limited crisis stabilization service is likely to avert Children’s Administration placement or hospitalization and return the child and family to a level of functioning where natural supports are strengthened and/or reliance on formal system involvement is reduced.
- D. Youth who **are not** enrolled in BRS services.

4. Staffing, Service Intensity, and Capacity:

- A. There must be sufficient staff to construct a “Team(s)” with the following members:
 - Masters degreed, Child Mental Health Specialist
 - Child Psychiatrist and/or ARNP with a child mental health background
 - At least one paid Certified Peer Counselor, Parent Partner or Parent Support
 - Bachelors degreed Family Support Specialist
 - Bachelors degreed or lower Community Support Specialist
 - Sufficient Bachelors degreed or higher staff who work in shifts to provide intensive crisis and stabilization services 24 hours/day, 7 days/week;
 - Sufficient Master’s degreed staff or higher who provide 24 hr/day, 7 day/week telephonic screening for possible diversion of children/youth referred for inpatient psychiatric care.
- B. The Team may also include these members:
 - A Children’s Administration Social Worker if the child has an open CWS or CPS file;
 - GALs
 - Natural supports as identified by the child/youth and/or family;
 - An RSN Care Advocate;
 - The RSN Regional Clip Coordinator;
 - Other community members as appropriate to the needs of the child/youth and/or family or, as requested by the child/youth and/or their family.
- C. The Team shall have among its staff, persons with sufficient individual competencies, professional qualifications, and experience to provide the services described in Section 2 and within all other documents of this RFP. Staffing responsibilities include, but are not limited to:
 - Service coordination; crisis assessment and intervention; symptom and/or needs assessment and management; individual counseling and psychotherapy; family counseling and therapy; psycho-education; social and interpersonal relationships skills building; behavioral skills interventions; medication prescription, administration, monitoring, consultation, and documentation; case management and connection to support services to ensure that children/youth and their families/caregivers obtain the basic necessities of daily life; Children’s Administration placement prevention and, intensive relative and fictive kin searches to include possible travel out the area or state to facilitate connections or reunifications. The staff should have sufficient representation of the local cultural population that the Team serves.
- D. The Team shall have the organizational capacity to provide a minimum staff-to-client ratio of 1:6; at least one full-time equivalent (FTE) staff person for every six clients (not including the psychiatric prescriber or any staff person with lower degree than Bachelors level).

E. The Team shall have capacity to rapidly increase service intensity to a child/youth and/or their family as required or requested by the child/youth or their caregivers.

F. At full capacity, the Team will serve 12 children/youth and their families at a time.

5. Gatekeeping, Referrals and Initial Services:

A. Access to Short-Term High Intensity Services is 24/7 and managed through designated Team, RSN and DCFS gatekeepers. The NSMHA is willing to further define this section with the successful bidder.

- Youth who are currently receiving DCFS BRS services are not eligible for this service.
- Services are not used to “hold” a sub-acute voluntary youth, already accepted to and awaiting treatment from a CLIP facility
- All other children/youth who meet the target population, as defined in Section 3 above, are eligible for this service provided that there is a slot open.
- Youth who are currently in an inpatient setting on an ITA may also be referred to the Team as an alternative to a 180 Most Restrictive Order and CLIP treatment. Such a referral must come from the treating hospital.
- Due to the urgent and crisis oriented need for services to begin, a wait list will not be kept. In the case where a child/youth in the target population is referred and there is no slot open, the gatekeepers will contact the referring mental health professional within 30 minutes and assist the referent in exploring other appropriate services.
- Services are authorized for up to 90 days.

B. Referral phone calls will be responded to within 30 minutes.

C. The first face-to-face contact with the child/youth and/or family will occur within 2 hours unless the referent or family requests an exception (not to exceed 6 hours).

D. Staff will respond to the child/youth or family at their location (hospital ED, school, home, etc.).

E. The first Team meeting must convene within 2 working days of referral date. The following minimum team members must be included in initial and all subsequent team meetings.

- Child/youth and/or parent/guardian.
- Parent Partner or other similar support role.
- Master’s degreed Child Mental Health Specialist
- Child Psychiatrist and/or ARNP with child mental health background

6. Referral of Medicaid Enrollee Currently Open to Another CMHA:

A. In this circumstance, the child/youth is not closed to the initial CMHA. Rather, the child/youth is concurrently served by the Short-Term High Intensity Team and the initial provider is included in Team meetings for continuity of care.

B. See DSHS-MHD Public Mental Health Service Reporting Manual dated January, 2005 and revised January 31, 2006. Any subsequent revisions or new productions of this manual will supersede the aforementioned manual.

7. Data Collection and Reporting:

- A. The Agency will collect and report data to the North Sound Mental Health Administration Information System according to the North Sound Mental Health Administration Policies and Procedures.
- B. The Agency will provide North Sound Mental Health Administration or its designee access to all necessary data and data sources required for completion of the evaluation process.
- C. A detailed program report including the below data elements shall be reported to NSMHA once every month, due 15 days after the completion of the previous month.
- D. The minimum data elements are:
 - Number unique children/youth served.
 - Average monthly referrals.
 - Average length of service.
 - Average service hours per child/youth, per month.
 - Total number of children/youth completing service during the reporting period.
 - Number of children who were at imminent risk of hospitalization or residing in the hospital at the time of intake.
 - Number of children/youth who were in a hospital or emergency room setting at the time of referral.
 - Number of children/youth who had a psychiatric hospitalization during services.
 - Number of children/youth who were at risk of foster care placement or were losing their placement at the time of referral.
 - Number of children/youth who were residing in foster care and the completion of services.
 - Residential arrangement for child/youth at intake and completion of service to include:
 - Home
 - Relative
 - Community
 - Foster Care
 - Detention
 - Presenting for Placement (used at intake only)
 - Homeless
 - Hospital
 - School involvement at intake and completion of services.
- E. Failure to submit required reports within the time specified may result in suspension or termination of the contract, withholding of additional awards for the project, or other enforcement activities, including withholding of payments.