

IMPROVING CHILDREN'S MENTAL HEALTH SERVICES

Presentation by the
 Department of Social and Health Services
 to the
 Mental Health Services Delivery and Financing
 Joint Legislative & Executive Task Force
 December 8, 2004

Children's Mental Health Initiative

- Collaboration between three DSHS Administrations: Children's, Juvenile Rehabilitation, and Health and Rehabilitation/Mental Health Division.
- Each Administration has a unique mission and role, but all three provide mental health services to children, youth, and families.
- The initiative started in 2004 with multiple activities conducted throughout the year.

Concerns Related to Children's Mental Health Services

- Fragmented children's mental health service delivery
- JLARC Recommendation August 2002
 - DSHS should make changes to support cross-program collaboration and efficiency
- Child and Family Services Review
- Braam lawsuit settlement provisions

DSHS Mental Health Services To Children (0-17) in FY02

126,000
 Total Children were Served Across all Three Admin's

Compiled from DSHS data by MHD and Research & Data Analysis; JRA data provided by JRA.

MH Services Provided by	Estimated Child Count	Estimated Cost
Children's Admin. Only	6,900	\$21 Million
Juvenile Rehab. Only	1,800	\$10 Million
Mental Health Division Only	32,000	\$57 Million
Two or More Administrations	4,200	\$81 Million

Totals: 44,900 \$169 Million



Vision Statement for Children's Mental Health

We envision a different service structure for delivery of children's mental health including:

- Common definitions
- Targeted outcome-based services
- Evidence-based and promising practices
- Similar treatment approaches
- Common training
- Better use of resources
- Possible service redesign

12/9/2004

5



Early Collaboration Successes

- Service delivery protocols developed between each RSN and CA Region
- Protocols completed between JRA and RSNs concerning youth transitioning to the community
- Evidence-Based Practice Implemented in JRA

12/9/2004

6



Key Activities of the Children's Mental Health Initiative to Date

- **Children's Mental Health Workgroup**
 - Composed of parent and youth advocates and system professionals
- **Statewide All-Stakeholder Meetings**
 - Composed of families and youth, providers, advocates, legislators, and judges
- **Parent and Youth Advocate Meeting**
- **Evidence-Based Practice (EBP) Expert Panel**
 - Composed of a panel of experts in children's mental health research and practice

12/9/2004

7



Children's Mental Health Workgroup

Recommendations include:

- Adopt ten specified values and principles
- Decrease disproportionality, increase cultural competence, and improve parity in systems of care
- Provide earlier and more efficient interventions
- Support families, caregivers, and youth
- Improve access to and delivery of services
- Establish locally developed, integrated/cross-system services based upon the wraparound process
- Commit to a common set of outcomes
- Develop appropriate, supportive infrastructure

12/9/2004

8



Evidenced-Based Practice Expert Panel

- A panel of experts in children's mental health research and practice
- Key recommendations:
 - A menu of Evidence-Based Practices (EBPs) for most child and youth mental health needs
 - Address implementation issues such as training, supervision, quality assurance, and fidelity
 - Prior to implementation and adoption of EBPs it is important to address issues of assessment and treatment engagement
- Report being finalized

12/9/2004

9



Moving from Here to There

- We have identified four strategies that will move us toward our vision for children's mental health care
- The changes will be broad and represent a major shift in how children's mental health services will be delivered across the three administrations
- For any large system change:
 - planning for implementation is crucial,
 - broadly-based stakeholder collaboration is imperative, and
 - continued commitment is required

12/9/2004

10



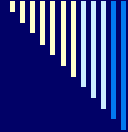
Creating Joint/Shared Children's Mental Health Services

The Four Strategies

1. Introduce and expand the use of EBPs for children and families.
2. Develop a shared program of high intensity services for children and youth with complex needs.
3. Create jointly financed care management structure for high-intensity services.
4. Connect with families and stakeholders to develop an ongoing communication plan.

12/9/2004

11



1. Introduce and Expand EBP Use with Children and Families

- Develop joint education and training for mental health providers
- Develop common quality assurance/ adherence and monitoring protocols for EBPs across administrations
- Develop incentives

12/9/2004

12



2. Develop a Shared Program of High-Intensity Services for Children and Youth with the Most Complex Needs

- Shared assessment tool.
- Coordinated care planning and service delivery.
- Expanded parent and youth voice.
- Joint gate-keeping mechanism for access to high-intensity services.
 - Ranging from “intense” in-home treatment teams to inpatient and other “secure” care.
- Single case manager.
- Single shared set of services – evidence based.

12/9/2004

13



3. Create Jointly Financed Care Management for High-Intensity Services

- Develop capitated rate structure
- Develop pooled funding mechanisms
- Modify service and financing infrastructure as appropriate

12/9/2004

14



4. Collaborate with Families and Stakeholders to Develop Ongoing Communication Plan

- Involve families, advocates, and providers in implementation planning
- Share information and build support for the use of EBPs
- Develop formal feedback mechanisms.

12/9/2004

15



Support

**What we need
from you**

12/9/2004

16



Changes we May Seek in the Future

- **Support for greater flexibility and authority to fund EBPs from existing resources**
- **Support for the infrastructure needed for EBP implementation**
 - Most notably, the quality assurance/adherence functions that establish and maintain EBPs
- **Support for the creation and staffing of a joint gate-keeping entity for high intensity services**
- **Limited transfer authority/funding flexibility related to high-intensity services**



Next Steps

- **Project plans and timelines are being created for all of the strategies listed above. Project plans will include:**
 - Program design and construction
 - Measurable outcomes
 - Training/communication plans
 - Quality assurance structure
- **We anticipate sharing work plans for each strategy during the legislative session. Work plans will identify:**
 - Scopes/Tasks
 - Sequences
 - Due Dates
 - Key staff accountabilities