

# Western Region Children's Services Enhancement Project

## 1.0 Introduction

The Department of Mental Health, with the closing of the children's unit at the former Western Missouri Mental Health Center, has approximately 1.2 million dollars to devote to the development of a Western Regional Children's System of Care for seriously and emotionally disturbed children who have previously been served on the unit and children who might have been potential candidates for service on the unit. The Department of Mental Health has asked community representatives to come together to provide advice and direction on how these dollars should be utilized.

Concurrent with this request, the Metropolitan Mental Health Stakeholders group has been looking at the children's services issue after having finished a detailed report regarding the adult service delivery system. As a result of this, a children's services committee was formed within the Metropolitan Mental Health Stakeholders Group. The request of the DMH has merged with this formation. This resulted in a much larger group of children's stakeholders examining the needs of the Western Region Children's Services delivery system. The group included CASSP individuals from all sectors of the children's services community, CMHCs staff, DMH staff from CPS and MRDD, family court staff, local private hospital representation, System of Care team representation, consumers, and advocates.

Two teams were formed to look at the Children's Services system, to develop recommendations on how to proceed, to respond to the DMH request, and to develop a mechanism for ongoing examination and improvement of the Western Region Children's Services delivery system.

- A Children's Services Program task force was charged with developing specific recommendations for the use of the 1.2 million dollars of state resources to immediately enhance service delivery to this population of children.
- A Children's Services System Planning task force was developed to look at ongoing children's services needs, develop plans and recommendations for improvement to the Children's Service delivery system in the western region, and to make recommendations at the local and state level for changes in children's services that will lead to more efficient, effective and enhanced children's services.

## 2.0 Children's Services Enhancement Project

The Children's Services Program task force was charged with developing specific recommendations to the Department of Mental Health for the 1.2 million dollars available to develop a service delivery structure. The goal of the task force was to utilize the resources in such a way that they are quickly and effectively brought to

bear in addressing the service delivery needs of a vulnerable and at risk population of children who would normally require services previously offered at Western Missouri Mental Health Center.

The task force developed a system consisting of the following components:

1. Steering Committee - Composed of local System of Care team members, CASSP team members, DMH representatives from CPS and MRDD, and other stakeholders.
2. Administrative Component – Designating a specific administrative entity to receive monies, hire staff, oversee, implement and evaluate the project.
3. Coordinator – Administrative component would hire a full time coordinator to implement the project and link to other related resources in the community including the Children’s Services System Planning task force.
4. Service Delivery System
  - 4.1 Intensive staffing and treatment planning function – mechanism for multi disciplinary staffing of extremely difficult cases, development of recommendations, development of resources to meet specific client needs.
  - 4.2 Enhanced Community Mental Health Centers Services - proposed development of enhanced treatment family homes to work with as few as one extremely difficult child and development of intensive in home supports for treatment family homes and natural families.
  - 4.3 Specialized training – to arrange for and carry out specialized training for the intensive staffing and treatment training personnel and for the CMHCs to fill in skill gaps necessary to provide the intensive specialized system of care needed for these youth.

### **3.0 Steering Committee**

This committee will provide ongoing recommendations, feedback, evaluation and community input to the Children’s Services Enhancement Project, the DMH, and the Metropolitan Mental Health Stakeholders group. The steering committee will work in conjunction with the administrative arm ensuring that the project is meeting its goals. The steering committee shall be composed of members of the local System of Care teams within the region, CASSP teams within the region, DMH representatives from CPS and MRDD, and other members that the steering committee shall deem appropriate and necessary. The Steering Committee shall meet on a regular basis (at least monthly in the beginning) to ensure the smooth implementation and functioning of the project.

### **4.0 Administrative Arm**

The children’s services coordinating counsel has recommended that CommCare be designated as the administrative entity to implement the Children’s Services Enhancement Project. CommCare shall hire appropriate staff to implement the project, carry out evaluation, provide feedback to the community and DMH regarding progress, and work closely with the Steering Committee in assuring the timely and efficient implementation of the Children’s Services Enhancement Project.

### **5.0 Coordinator**

CommCare, with the advice of Steering Committee, shall hire a coordinator to implement the Children’s Services Enhancement Project. This coordinator shall be a

mental health professional with administrative and clinical skills in working with the severe mental health needs of the children's services population. This person shall be responsible for implementing the various components of the enhancement project including the intensive staffing and treatment planning component, specialized training component and working with the CMHCs in implementing enhanced treatment family homes and intensive home supports. In addition, this position will staff the Children's Services System planning task force. This position shall arrange for meeting of the task force, provide staffing of the task force, prepare agendas, bring together necessary resources for the task force to examine needed systems changes, summarize such changes and produce such reports as the task force may require.

#### **6.0 Intensive Staffing and Treatment Planning**

This component of the project consists of a team of multi disciplinary children's services experts in the fields of psychiatry, psychology, case management, primary medical care, and others who have children's psychiatric and developmental disabilities background.

This team can receive referrals from any part of the western region. Criteria for referrals to this team shall be that the referring agent and/or the area CMHC is not capable of providing the necessary resources to adequately provide treatment services for the child. During such situations this multi-disciplinary team shall be called together to staff the child and make detailed treatment recommendations. It shall also be the responsibility of this team to determine if adequate treatment resources exist within the community. If so, this team will attempt to bring those treatment resources together to provide a system of care for the child. If there are gaps in the treatment resources this team shall have financial resources to help fill those gaps. The team will use an existing pool of monies for the development of specific services for a child. The resources of this team shall be linked with the resources of the local CMHC or other child service entities to effectively leverage the dollars.

Members of the team shall be staff of the various CMHCs and other child service organizations in the area. Those organizations shall bill their own internal resource for the time of those team members. When such dollars are not available, the project will work with the Department of Mental Health and other sources for funding utilization modification that will allow for the billing of the time necessary for the treatment team to carry out its function.

It is the role of this team to develop a specialized service delivery plan that will wrap services around the child with the goal of keeping the child in the community or in their own home. The team shall also make systems recommendations where major gaps in services are detected to the Children's Services System Planning Team.

#### **7.0 Enhanced CMHC Services**

The Community Mental Health Centers shall utilize all the resources available at their disposal to provide services to meet the needs of vulnerable SED children. In some instances, this may mean the development of services not currently within the CMHC array of options. Specifically, the project will give priority to the development of enhanced treatment family homes. Currently treatment family homes usually have

two to three children to make the services financially viable. The enhanced treatment family home will be paid an amount of reimbursement that will allow them to devote full attention to one special needs child. In addition to the enhanced reimbursement, the treatment family homes shall receive enhanced training. The training will include behavioral analysis, intensive one-on-one interventions, and other specialized techniques in working with such children. Additionally the enhanced treatment family homes shall have the services of in-home supports for a significant period of time necessary to effectively intervene with the child. In some instances these intensive supports go beyond what is currently provided under intensive community support. For these enhanced services additional monies shall be available to the CMHCs to implement the enhanced treatment family home model.

### **8.0 Intensive In-home Supports**

Intensive in-home and community supports will be developed using evidence based models such as the Families First model. Each CMHC shall have individuals that can work at an intensive level with special needs children in their own home or in an enhanced treatment family home. These individuals shall be allowed to have a significantly lower case load such as 3 children per specialist. The intensive in-home support specialist will be allowed to spend a significant amount of time (such as up to 15 hours per week) in a child's living situation to provide direct interventions, teaching, and other supports for the family and child. Individuals in these positions shall have training in behavioral analysis, behavioral modification techniques in addition to a range of other effective child intervention skills. CMHCs shall have access to monies to pay for the services that exceed the funding levels of intensive community support.

### **9.0 Specialized Training**

The children's services enhancement project shall determine the specialized training needs of the system to enhance the effectiveness of the project. Such training needs will include behavioral analysis and behavioral modification and any other best practices necessary for service to this population, including specialized training for co-occurring issues. Specialized training shall be available to CMHCs, the treatment family homes, in-home support specialists, intensive staffing and treatment planning, team members, and other child service organizations interacting with this population. There shall be funds available for the implementation of the trainings. The funds shall be combined with other training funds available through individual organizations, the state, and at the local level.

### **10.0 Budget Issues**

There is 1.2 million dollars available for the implementation of this project. It shall be allocated to all of the components addressed above as follows:

- CommCare Administration - \$35,000 for hiring, office space, clerical and administrative support, etc.
- Coordinator - \$85,000 for salary, fringe, mileage etc.
- Intensive Staffing Treatment Planning - \$550,000 for purchase and development of specialized services to meet the intensive treatment needs of children referred to the project.
- Specialized Training - \$40,000

- Enhanced CMHCs - \$490,000 for extra payment to enhanced treatment family homes and intensive in-home support specialist. This money will be added to funds already existing in the service delivery system to go beyond the limitations of the current service delivery system. This will allow for additional payments to enhanced treatment family homes and allow for more intensive time spent by the intensive in-home support specialist in the homes. Each CMHC in the region will be given an allocation and a responsibility to develop the in-home support specialist and the treatment family home projects.

All the above monies will be used in conjunction with additional resources from the DMH, Levy board, and various foundations. In some instances the monies may be used for match to increase the amount of services given and number of children served. The project shall seek additional funding from state and local sources to supplement the 1.2 million dollars to provide for enhanced services and increased capacity.

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