

Transitional Placements / DHHS Crisis Planning Workgroup  
July 13, 2009

Attending: Tara Fields/American Human Services, Dr. Ted Lane/Cardinal Clinic, Becky Fields/FACT Specialized Services, Nancy Cleghorn/ECBH, Annie Smith and Christi Beals/Youth Villages, Jean Kenifick and Phyllis Stephenson/UCP-Easter Seals, Tyrone McRae/Omega Independent Living Services

**Next phone conference is Wednesday July 22nd at 3:30.**

Recommendations:

- Adoption of Decision Tree

Data Needed:

Leslie has requested the following data from Tara to complete the Scattergram:

- Raw data on which kids are at risk of losing Medicaid by home county
- Raw data on the highest risk kids by home county

Also requested:

- List of the names of the agencies whose Level III and Level IV services fall under IMD. There's still confusion in the field about just exactly who these agencies are. Some still think PRTFs fall under IMD. Also requested a written explanation/interpretation/web link of IMD our workgroup could use as a training tool.
- Timeline for the revisions to the IIH and Day Tx service definitions going to CMS. Folks on the Transitional Placements workgroup really want these beefed up definitions in place as quickly as possible.
- Drill down on average length of state for kids currently in TFC of 4.5 months. Is this data by agency or is it by child? Is a child's average length of stay in one agency 4.5 months, then he goes to another TFC agency and stays a while. Or is the 4.5 months length of stay across however many agencies serve the TFC child?

The workgroup reviewed the Scattergram distributed at this morning's meeting. Tara Larsen is getting PBH numbers to fill in the blanks for the PBH counties. PBH is meeting with its provider network on the Level III and IV issue tomorrow 7-14-09. On Wednesday 7-15-09 DMH is meeting with the LME Area Directors and will clarify IMD questions.

Youth Villages' staff took the lead in developing a Decision Tree to be presented at the Monday Morning meeting. Independent Living services and Adoptions will be included as considerations.

1. LMEs will identify the kids coming out of levels III and IV by county. System of Care Coordinators will ensure top notch PCPs and Crisis Plans will be developed for these kids.
2. Triage top and bottom in Level III first. The top tier may go to PRTF while the lower tier may go home or to TFC. This opens capacity for Level IV kids to step down and buys time for the large number of kids in the middle.
3. Service options for higher tier kids: PRTF, TFC, DJJDP Youth Development Centers, Home with Family Foster or Natural Family Wrap services (ex. Day Tx, IIH, MST, CS-like, Outpatient Tx), Independent Living, Adoptive Home.
4. Lower Tier IIIs: TFC and Family Wrap, Independent Living, Adoption
5. Level IVs: maintain current course of tx. Ensure that reviews occur more frequently. Involve SOC Coordinator with these kids' cases ASAP.
6. If a child has no Medicaid: IPRS, Viable Family/Natural Supports, DJJDP/JCPC, Family Wrap (IPRS). Natural Supports for a viable Family: Family members, school, church, coaches, Boys/Girls Clubs, YMCA, Godparents
7. Everyone identify in their catchment area any community-based outpatient therapists, willing to work with kids and families in the community rather than in their office, who is willing to bill Medicaid. Also identify if any of the transition kids and their families have private insurance or Healthchoice that could pay for community-based outpatient therapy.
8. LMEs research the last 3-6 months of historical data to estimate how many of their kids will now need to be deferred from level III and IV.
9. LMEs have their Gap Analysis and the Capacity spreadsheet of available agencies per county by service
10. LMEs meet with providers and identify current capacity, ability to ramp up
11. Notify TFC providers about upcoming changes in TFS
12. Bring providers in and do a Decision Tree on kids who can be moved quickly. Then focus on higher end kids and if there is capacity

LMEs need to identify and report out as quickly as possible whether there are really any providers who can ramp up any services.

Submitted by Leslie Kellenberger