

Needs Checklist Subcommittee

Level III/IV Residential Workgroup

Membership: Dr. Ranota Hall/Value Options, Dr. Rob Turner/Holly Hospital, Dr. Ted Lane/Cardinal Clinic, Maureen Murray/Services Effectiveness Research Program at Duke University, Tara Fields/American Human Services, Tom Smith/DSS, John Koppelmeyer/Barium Springs, Kelly Crowley, Christina Carter, Dr. Mike Lancaster/DMH, Annie Smith/Youth Villages, Dan Zorn/Families Together, Karen McLeod and Leslie Kellenberger/CFSA

Recommendations for 7-6-09 Monday Meeting from 7-1-09 Workgroup Phone Conference

- Recommend approval of discharge planning forms. Dr. Hall has incorporated input from the committee to finalize drafts for review/approval at Monday's meeting. (1) The Risk Questionnaire, (2) An Excel spreadsheet which quantifies and totals this risk data into a score. Dr. Hall is developing a draft crosswalk to possible levels of care based on the totals. (3) A Discharge Plan document, a quick snapshot of discharge info requested on the current ITR.
- Recommend that Risk Questionnaire to be completed by the Licensed Clinician within the child's current residential provider.
- Recommend developing a hierarchy. This can guide how individual cases are prioritized, for example, first priority = Level IV children, second priority = those Level III kids with the highest risk scores.

June 24, 2009 Phone Conference Meeting Summary

Attending: Tara Fields/American Human Services, Dr. Lane/Cardinal Clinic, Tom Smith/DSS, John Koppelmeyer/Barium Springs, Kelly Crowley/DMH, Dr. Hall/VO, Annie Smith/Youth Villages, Karen McLeod and Leslie Kellenberger/CFSA, Dr. Turner/Holly Hill.

Intent of Tool:

The subcommittee was charged with identifying a list of questions for teams to use that would allow providers to have the most accurate information about risks/needs of children who will need to move out of L3 and L4 facilities. Specifically, identifying children with high levels of aggression/risk to avoid referrals into inadequate treatment services thus putting the Provider agency, the client and other children at risk.

An 18 item questionnaire was developed (created by merging information from Dr. Hall and Dr. Turner with group input) to be used as a Triage tool by teams working to transition children out of Residential facilities. It contains key elements that most Child Psychiatrists want screened for when considering placement options. This tool is meant to aid in screening/triage for key items one needs to know before placing a child in a less restrictive setting. The questionnaire does not replace the PCP or a clinical assessment/diagnostic evaluation.

*NOTE: There was some concern on the part of DMH that the tool would duplicate the information contained in the PCP or ITR. DMH is committed to avoiding any additional paperwork being placed on Providers then is absolutely necessary. A second conference call was held on 6-26-09 to discuss this in more detail. An agreement was reached that this tool would be beneficial in addition to the PCP and ITR. DMH would like to review the tool to make some suggestions.

Other Feedback for Triage:

- Level of family engagement needs to be captured, family or natural supports to work towards home placement.
- If there is a lack of time to conduct the Child and Family Teams, small teams could work through multiple kids in a much quicker timeframe.
- Triage needs to have highest level of clinical staff running these meetings, not direct care staff.
- Need to approach the planning as a "Treatment Path" for these children, a long term plan. Need to look a strengths and highest level of functioning.
- Key program leaders meet to review the children to ensure community safety and child safety. Group setting could prioritize the kids BEFORE the CFT and Care Review meetings.