

LaneCare

February 21, 2006

ISA Implementation Concerns

The following concerns have been expressed about the Children System Change Initiative by many different people from a range of different perspectives. All comments are included even if someone said that the comment did not reflect their experience but they had heard the frustration from someone else. It is important to recognize that many strengths and improvements were identified but it was felt that it was very important to address the system frustrations. These frustrations do not show that the system change initiative has failed. It is hoped that these observations might help guide mid-course corrections.

There was not agreement on all frustrations. One person's perspective on a frustration might be another person's assessment of strength. For instance, ITS providers have a different experience than ICTS providers.

1. General System Issues:

- A statewide lack of shared definitions regarding Care Coordination, child and family teams, or expectations of the ITS vs. ICTS services
- Statewide, lots of planning around structure and financing and very little planning around services. Local planning around services has lead to different implementation achievements and service gaps.
- Children need to fail at lower levels of treatment to get into ITS services
- Families need services that are seamless and new OARs do not facilitate this, they add an extra layer of paperwork, bureaucratic control and cost. ICTS level was not needed.
- Child becomes a CASII score instead of a person
- Finding adequate psychiatry is a challenge
- Gaming the system, cost shifting (CASII is 23 vs. 24). Score can determine who pays (this may be a very unique and isolated incident)
- Conflict over who is paying for treatment
- Clinical continuity across providers/funding sources; problem when a child is an MHO member and then not an MHO member.
- Money is driving the services, not family/child need
- Child Welfare and schools may have been disadvantaged in the system change. Is cost shifting going on??
- Flexible Encounter codes are not available for open card kids. This limits the types of service available for them.

2. Concerns and Frustrations from an ITS residential perspective:

- The BIG ISSUE is that the State allocated funds to MHOs and for kids with Open Cards or Family of One based on historical ratios. The problem is that for most ITS providers the percentage of non-MHO kids in care was far higher than projected. Open card funding is in a crisis! Biennial funds for these kids and services have been used up in 6 months. This creates a huge series of problems:
 - OMHAS refused to address the big problem. Mixed messages. ITS providers not clear how to plan or proceed.
 - Kids need to be discharged before treatment is completed
 - Non-MHO kids will no longer have access to residential services
 - Residential providers have been extremely destabilized.
 - Some providers are not being paid.
 - Lack of continuity between contracts with counties/MHO. Costly and confusing
 - How to access residential services: the process differs from County to County. This makes it very difficult for programs to establish any consistent process. This increases administrative costs.
 - No consistency to forms, UR, or CONS process across the State.
 - Focus on transitioning kids from ITS services to geographically diverse communities, more needs to be done
 - Families used to be able to go directly to provider, now need to go through an MHO bureaucracy
 - Fewer children getting residential services
3. Concerns and Frustrations from an ITS Day treatment perspective
- Families used to be able to go directly to provider, now need to go through an MHO bureaucracy
 - Some providers struggling with MHO relationship.
 - Paperwork is more complex
 - Contract management and administrative costs have increased. Lack of continuity between contracts with counties/MHO. Costly and confusing
4. Family Frustrations:
- Family told they can't talk to providers and providers told they can't talk to consumers- families need to be informed of their choices
 - On the ground level the system is not family friendly. It is hard to explain the system, access, and what options are open to family members. System is more complex.
 - Kids go into residential treatment and their FCHP, MHO, and dental organization change. Poor communication from State about this.
 - Information about available services has not been available.
 - Foster parents are not always fully informed about enrollment, services, or member rights.

5. ICTS Provider frustrations:

- Providers not provided an additional incentive to provide these services, they are being given an under-funded mandate
- It is easier to provide services outside of the ITS/ICTS system due to the amount of paperwork required by this ICTS system
- Addition of new OARs for ICTS level service is this necessary! All these services were provided prior to this rule. This makes system more costly, more difficult and less efficient.
- Child and family team rules are too defined and too restrictive (14 days) not family friendly
- More local focus on system issues that are strength based, need local treatment opportunities

6. MHO Concerns or concerns with MHOs:

- County or MHO kids placed in ITS residential care and then move into step-down services, enrolled in the local MHO and are refused service. MHOs need to be accountable for the MH needs of all kids enrolled with them.
- County of origin issues and MHO enrollment responsibility
- Kids identified as Open card are now being retroactively enrolled in MHOs because an error was made in assignment. These kids have been in residential treatment for up to 5 months at a cost of \$42,000 a kid.