

DHS/ Addictions & Mental Health Division
Children's System Advisory Committee
ISSUE BRIEF
 May 30, 2008

Issue	Intensive Community Treatment Services provided through the system change initiative are challenging, expensive, and administratively burdensome. It is time to review and determine whether there are efficiencies and improvements that can be implemented.
Background	<p>We are now more than 2 years into the implementation of the ISA changes in the child and family mental health system. Data shows that some of the benefits desired are being achieved.</p> <p>There are, however, many lessons learned that are not reflected in the data. Operational decisions have both intended and unintended consequences.</p> <p>We believe that it is time for a review of these lessons learned so that future system change implementation efforts can benefit and so that the necessary mid course corrections in the ISA system can be implemented in a timely way.</p> <p>Clearly there will be opinions and perspectives voiced by MHOs, family members, ICTS contractors, day treatment providers and residential programs. A system review should not be focused on self interest or unique situations involving local implementation issues.</p> <p>There are universal situations that made the planning and implementation of the system change initiative challenging and that may threaten the service system in the near future.</p> <p>Some of the issues that have been identified in Lane County that may be relevant in other areas include:</p> <ul style="list-style-type: none"> • The significantly increased operational costs during the first year of implementation. These resulted in financial stress on organizations that programs have yet to recover from. • Ongoing administrative demands that far exceed those associated with any other part of the public mental health system and create higher service costs that will ultimately reduce the number of provider organizations and the amount of service youth and families receive. • Complex administrative rules and contract components that add administrative burden and cost. Calculation of future capitation rates requires MHOs and contractors to track the ISA youth

	<p>differently than all other clients. Contractors are on the verge of ending programs because of administrative burden, high costs, and frustration with the system.</p> <ul style="list-style-type: none"> • Complex community-based clinical work is far more costly than facility based treatment, is demanding on clinical and care coordination staff, and requires new competencies. It is becoming extremely difficult in Lane County to recruit, employ and retain professionals willing to work in the ICTS programs. • The administrative rules for ISA services are prescriptive and burdensome. The families often experience a family crisis or disruption that makes it difficult for their needs to easily fit in with compliance requirements. This creates a burden on treatment providers: should I meet the OAR requirements or meet the needs of the youth and family. The work is difficult even without this additional compliance challenge. Staff are often willing to go the extra mile to help families, but they are burning out quickly due to administrative burdens.
<p>Policy Discussion</p>	<p>Review of ISA policy, like Policy Two: Structures & Functions, for simplification and to assure the policy describes a service that is flexible and responsive to family needs.</p> <p>Review of administrative rule requirements and timelines to make sure clinical decisions are based on consumer need and not on administrative timelines and requirements.</p> <p>Review of MHO contractual requirements to determine if there are ways to reduce the administrative burden on MHOs.</p> <p>Review whether statewide administrative standards and forms could reduce the administrative burden of contractors.</p>
<p>Recommendation/ Rationale</p>	<p>We recommend that the CSAC convene a sub committee composed of 51% family member and youth representatives, and appropriate system representatives (MHO, CMHP, DHS CAF, residential provider, day treatment provider, and one ICTS provider) to review lessons learned and to make recommendations that can inform AMH about ways to more effectively achieve system change in the future by emphasizing the strategies that have helped achieve positive outcomes and developing alternatives to the strategies that challenged the stability of the service system. Furthermore, we recommend that this committee be asked to make recommendations for mid course corrections that will help stabilize the ISA system strengths that have been achieved and that may be able to help move toward system efficiencies, administrative improvements, and clinical improvements.</p>