

Community-Based Treatment Alternatives for Children

CMS Grant Project

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Illinois Environment

- Diverse state of 12 million people with 8 million in Chicago area
- Individual Care Grant (ICG) program for youth with “impaired reality testing” is family-driven and provides residential or community treatment for ~450 youth
- Some community mental health (CMH) agencies provide support to families and youth with ICGs

C-TAC Grant

- Based on a New Freedom Commission recommendation
- \$100,000 federal grant from DHHS, CMS to evaluate community services as an alternative to residential placement*
- Originally expected to lead to a demonstration project based on a 1915(c) waiver

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The assistance of Rutgers University is gratefully acknowledged.
This was a joint effort of the Illinois Division of Mental Health and the ICG Parents Association who are solely responsible for the results.

Goals & Objectives

- Consumer led evaluation and assessment of community-based ICG process
- Assess barriers and limitations to the community-based ICG alternative
- Develop and implement recommendations for improved services
- Assess feasibility of Medicaid 1915c waiver
- Longer term, improved services allow more ICG families to use the community-based option

Group Development

- Governance Council – the principal investigators, 4 other ICG parents, 3 CMH reps, an Illinois Federation of Families rep and the ICG director



Collaboration Results

- Very effective consumer and stakeholder collaboration
- Effectiveness confirmed by Wider Collaboration Factors Inventory at two points in the project
- First inventory early in the project showed good collaboration - ~4.0 out of 5. Second inventory 9 months later showed significant improvement. Weakness concerned areas outside the project.
- A delightful, cooperative group evolved despite varying backgrounds and needs

Research Process

- An independent contractor conducted Focus Groups with stakeholders.
- Questions were developed by the Governance Council (GC) and Teen Advisory
- Input was obtained from:
 - 58 Family members
 - 6 Teens
 - 15 CMH agencies
- Qualitative Data Analysis by GC

Research Results

Family & Adolescent Priority Needs

- Address the **safety** needs of youth and families
- Provide a daily **structure**
- Provide **socialization** opportunities for youth
- Provide opportunities for **skill development**

Research Results

Provider Needs

- Community Mental Health agencies need funding for case management.
- Standards and appropriate rate for Therapeutic Stabilization service
- Faster state reimbursement for services
- Improved support and training from ICG office
- Coordination between Mental Health & Special Recreation agencies

Key Service Changes

- Expand CMH Role in Support of ICG Children and Families
 - Fund Case Coordination of all youth with ICGs.
 - Participate in service and education planning.
- Expand & Improve Therapeutic Stabilization Services
 - DMH provide clear expectation therapeutic stabilization services through new policy
 - Require increased clinical credentials for workers and supervisors
 - Increase rate to support the policy and credential requirements
 - New sources of therapeutic stabilization workers.
 - Encourage service on nights and weekends

Key Service Changes (continued)

- Improve Availability of Therapeutic Recreation
 - Encourage Special Recreation agencies to create/improve programs for youth with ICGs, including after school and overnight/weekend programs
 - Encourage out-of-home recreation activities because of socialization and other benefits of group activities

Medicaid 1915(c) Waiver

The objective of obtaining a 1915(c) waiver deferred

- President's New Freedom Commission demonstration projects were not funded (Final Report, Page 39)
- CMS can only consider community treatment as an alternative to hospital treatment, not residential
- Projected cost of recommended community services is maximum of ~\$50,000 per year
- In IL, hospital costs, even for the most troubled youth, are maximum of ~\$34,000
- Residential treatment averages ~\$95,000

Conclusions

- Community services recommended by this study are a clinically appropriate alternative to residential placement for some ICG youth.
- This service array is a template which can be used in designing community treatment for less severe youth
- Implementation is underway and has already had major impact on availability and quality of community services in Illinois
- At approximately ~\$50,000/yr. (maximum) the recommended community services is much less expensive than residential treatment (~\$95,000/yr.)

Dedication

To the loving parents and families who struggle daily with difficulties most in society cannot begin to comprehend