Children with High Acuity Needs Project - Indiana Council Update

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Introduction to Children with High Acuity Needs Project

- The Children with High Acuity Needs Project is a Governor's Office-sponsored, interagency collaborative effort to provide appropriate and timely services to all Hoosier children, including children with high acuity needs.

- Involved agencies include:
  - DCS
  - DOC
  - DOE
  - FSSA (*DDRS*, *DMHA*, *OMPP*)

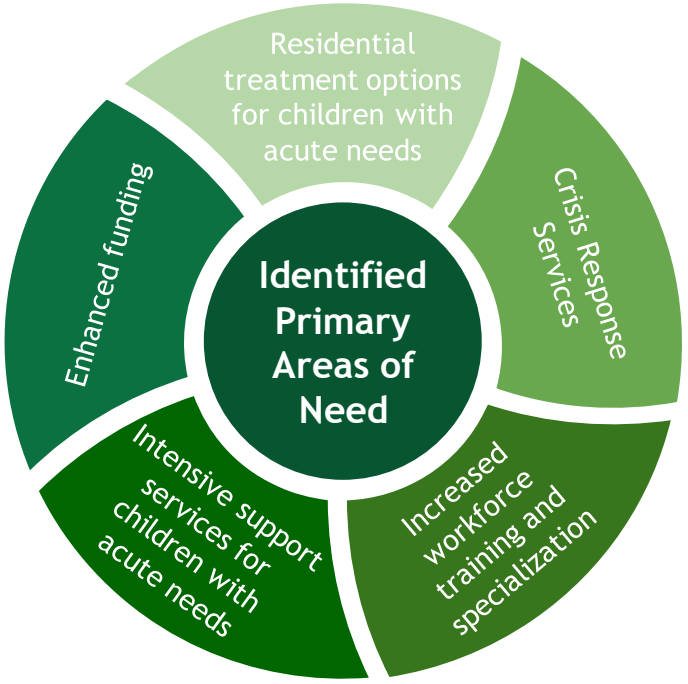
- Agency Leadership:
  - Sarah Sailors, Chief Deputy Director and Senior Advisor, DCS
  - David Reed, Deputy Director Child Welfare Services, DCS
  - Dr. Maria Finnell, Chief Medical Officer, FSSA
  - Cora Steinmetz, Senior Operations Director for FSSA and DCS, Governor's Office
  - Hamilton Smith, Operations Director for FSSA and DCS, Governor's Office

Children with High Acuity Needs Project: Problem Statement

Project Background: Indiana and other states nationwide are working to serve children experiencing high acuity needs, especially with regards to identifying suitable and swift location responsive to their specific needs. This issue has been exacerbated by the pandemic; leading to increase in use of emergency departments for mental health crises, DCS-involved children staying in ill-suited settings, and the need for more intensive community-based services.

National Child and Adolescent Mental Health Statistics

- 20+ states are struggling to find appropriate placements for youth with the most intensive behavioral health needs
- In 2021, 24% of children nationwide entered child services custody primarily because of mental illness, developmental/intellectual disability, or as a diversion from juvenile corrections
- Youth in the US are being sent to emergency departments for mental health conditions at increasing rates



Definition of Children with High Acuity Needs

Children with High Acuity Needs ***require a higher level of care and supervision due to safety concerns*** for themselves and others in the community. Due to these safety concerns, and the requirement for intensive services, ***past interventions and other service offerings have typically not been sufficient*** to meet the child's unique challenges. Children with High Acuity Needs require the identification of timely and highly specialized locations for treatment and services.

While each child's needs and experiences differ, many Children with High Acuity Needs often present with one or more of the following behaviors: ***violence (incl. towards peers, adults, and family), aggression, elopement, defiant behavior, maladaptive sexual behavior, self-harm, property destruction, and substance use disorder.*** Children with High Acuity Needs also frequently have ***multiple diagnoses (incl. mood disorders), a history of placement disruptions, intellectual and/or developmental disabilities, as well as behavioral and/or mental health concerns.***

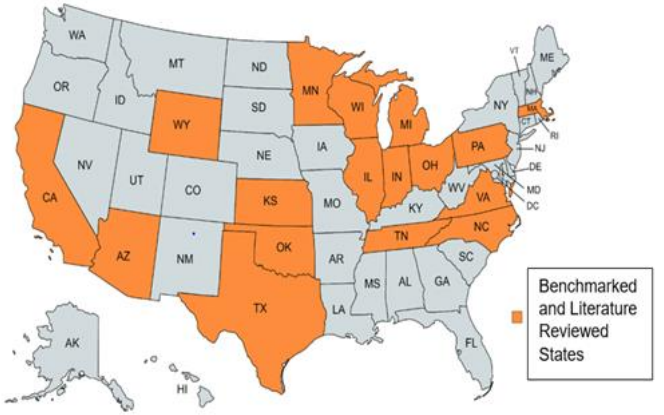
Children with High Acuity Needs, due to the circumstances listed above as well as past trauma and other compounding social and community factors, **often require additional care, supervision, structure, and resources.**

Benchmark and Literature Review Summary

Program Best Practices Identified in Benchmark Research

- Utilization of a rapid response team
- Collaboration across agencies
- Diversion from psychiatric hospitals or state hospitals
- 24/7 access to services and/or crisis intervention
- Assessments to inform care and services

Benchmarked/Literature Reviewed States



Best Practices and Recommendations Identified in Literature Review

- Identify, track, and support children through their treatment process
- Set ambitious goals – have every child placed in appropriate treatment quickly to avoid crisis
- Increase sustainable funding for programs to ensure that staff are compensated fairly to serve children
- Increase early identification and intervention efforts for families that are known to child welfare agencies
- Help emergency rooms and hospitals discharge patients by ensuring available step-down treatment options

Project Structure

Three workgroups, to address immediate needs and to identify long-term systemic solutions

Interagency Collaboration and Cooperation

Rapid Response Team	Treatment Options and Suitability	Support Services
Goal: Identify suitable location for treatment and services aligned with the needs of each child	**Goal:** Systems changes to provide appropriate and timely services to all children	
• Find timely & appropriate location for treatment & service options in real-time • Prioritization of teaming when children are in crisis situations • Small, nimble group of inter-agency decision-makers and specialized staff	• Elimination of barriers to treatment • Alignment with child-specific needs • Expansion of treatment & service options • Reduction of time to placement • Process flow for stepping up/down • Crisis stabilization and long-term services	• Multidisciplinary teaming • Specific programs for ID or DD, mental and behavioral health, or a combination of the above • Community-based services (preservation, kinship, reunification, crisis intervention)

Policy and Procedure Considerations

Workforce Considerations

Contracting & Funding Impacts

Data Collection & Analysis

Workgroup Process

Brainstorming sessions led to the development of agency identified improvement opportunities

Conducted research, interviews, and held discussions to **identify what is and is not working**

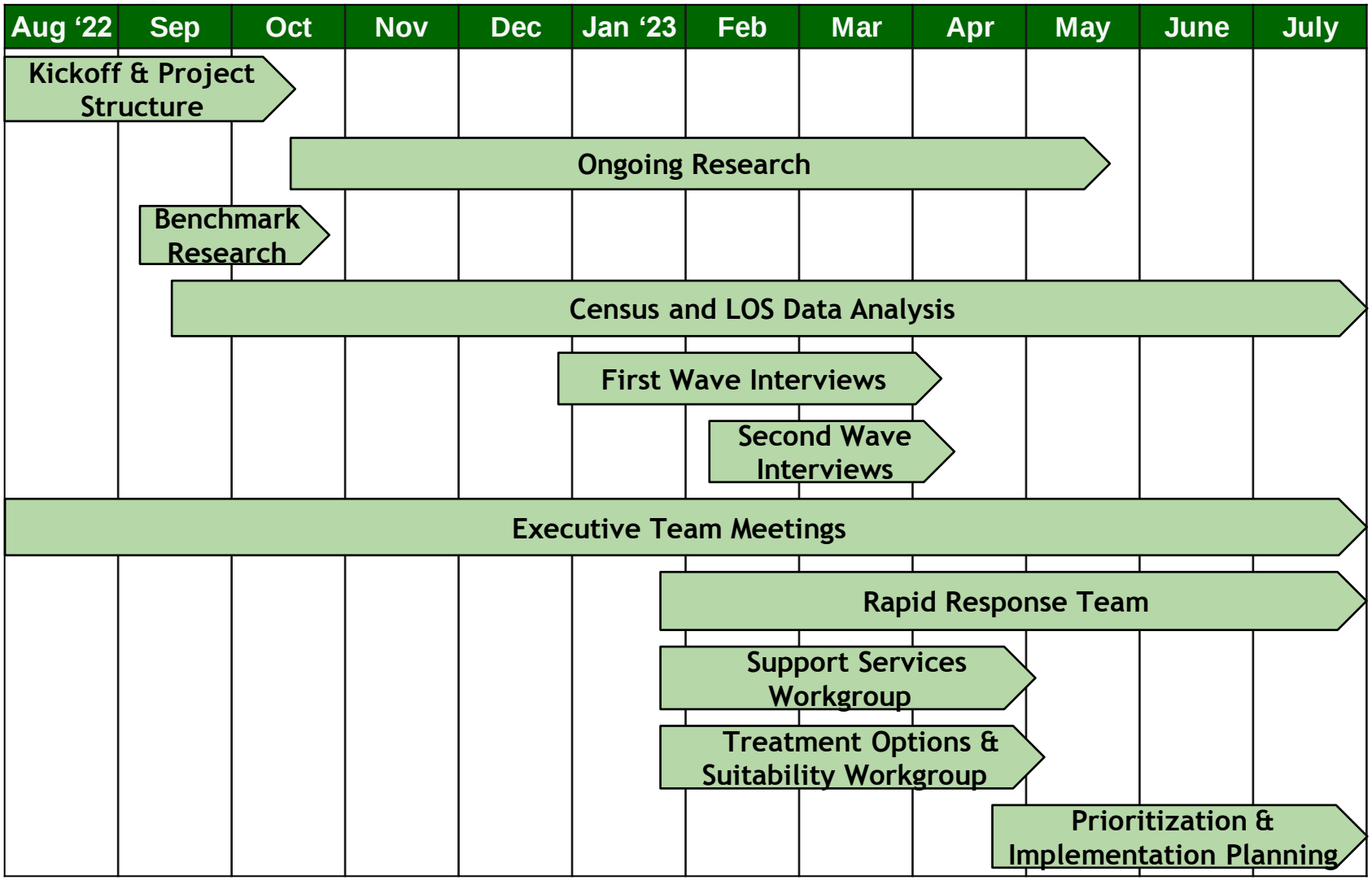
Discussed the areas we can target to **improve the statewide system**

Identified action items and stakeholders based on **workgroup members' expertise and experience**

Assessed **perceived level of impact and effort** for each improvement opportunity

Work with state leadership to prioritize and select opportunities to **implement through a collaborative process**

Project Timeline



Note: Currently planning for implementation of improvement opportunities which will continue past July 2023

Examples of Identified Improvement Opportunities

Inpatient & Residential Treatment

The Treatment Options & Suitability workgroup identified improvement opportunities:

- Continuum of Care
  (step up, step down)
- Acute/Crisis Capacity
- Residential Treatment
- Workforce
- Contracting and Payment

Community-Based Support Services

The Support Services workgroup identified improvement opportunities:

- Prevention Services
- School-Based Prevention Services
- Evidence-Based Practices
- Support Service Access
- Workforce
- Funding and Contracting

Organization of Improvement Opportunities

- **Statewide Alignment and Coordination of Systems and Care**
  - Map and inventory available services throughout the State
  - Implement multi-agency, systems of care approach
  - Develop clear landscape of State funding
- **Expand and Ensure Access to Sub-Acute and Intensive Support Services**
  - Examples: pediatric partial hospitalization, mobile crisis stabilization, respite care support, wrap services
- **Expand and Ensure Access to Appropriate Acute and/or Residential Treatment**
  - Review admission and discharge procedures
  - Review training and contracting

Next Steps

To build upon the work completed so far, the State has entered a secondary planning phase.

Secondary Planning Phase to Prepare for Implementation

	Strategizing stakeholder engagement
	Mapping current process and developing inventory of existing resources
	Examining funding opportunities, including ways to braid funds
	Consider implementation of key improvement opportunities
	Continue Rapid Response Team convenings for cases in need of emergency support

Questions?

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