

HEALTHCHOICES REINVESTMENT PLAN PRIORITY

County: Lehigh

Reinvestment Plan from contract year --- 2008-2009

Date of Submission: February 17, 2011

Name of Service: Respite Services, Children's MH and ASD

New Plan: X Continuation Plan _____

Target Population: (MA eligible target population, population characteristics, number people served annually)

The target population includes MA eligible, medically stable, primarily English and Spanish speaking children and adolescents with an Axis I mental health diagnosis. Members with MH diagnoses (inclusive of ASD and dually diagnosed MH/ID individuals) will be included in the target population. Members that are not currently receiving respite services will be prioritized. The population for the respite program will include both males and females age's 5-21. Generally, the respite population is made up of 33% females and 67% males. It is expected that roughly 400 consumers will be served in the respite program annually.

Description of Program or Service: (Describe program, for: In-Plan start up- under one year. Indicate service is to be licensed; Supplemental In-Lieu of- why service is a cost effective alternative, staffing FTEs/qualifications; Children's Supplemental requires BHRS program exception application; Supplemental- In Addition to – why expected to be cost effective or appropriate but not cost effective, staffing FTEs/qualifications; and Non-Medical Only- used when all costs are non-medical)

Respite refers to short-term, temporary care provided to children/youth, ages 0-21, diagnosed with serious emotional or behavioral challenges in order that their families/caregivers can take a break from the daily routine of care giving. The purpose of Respite services to assist parents who have mentally ill or emotionally disturbed children to maintain the care of their child in their own home. Respite services are intended to provide a time when parents are temporarily relieved from their responsibility to care for their child in order to accomplish necessary tasks or to recover from the excessive stress involved in parenting a mentally ill child. Ultimately, respite is seen as a support and not a therapeutic service. As such, respite hours will tend to be irregular and inconsistent, though respite hours will be based on the needs of the family and their child. Respite can not be provided at the same time that billable Medical Assistance services are being provided.

Respite services are provided in the child's home, community, or at a designated site by mental health aides at such times that accommodate work and school schedules, including afternoon, evening, and weekend hours. The quantity, times, and circumstances of relief services are decided upon in consideration of the needs of the parent(s) and child involved.

The identified child to receive respite services and their family will have two different options to secure a respite worker. In the first option, the selected Respite Provider will assist in pairing the identified child with a provider personnel respite worker based on the child's needs. The respite workers in the providers program are 19 years of age or older and have a high school diploma or Graduate Equivalency Diploma (GED) and prerequisite child abuse and criminal clearances. Additionally, they are provided training in crisis intervention and behavior modification.

In the second option, families may choose to enlist a relative or friend of the family as their child's family personnel respite worker. Under these circumstances, the relative or friend of the family may be hired by the family, but the selected Respite Provider would conduct the prerequisite child abuse and criminal background checks, provide the initial required trainings, ensure that all required clearances are received and maintained, ensure that paperwork is completed and maintained on each member, and act as the fiscal intermediary to pay the respite worker.

The requirements of a family personnel respite worker will also differ slightly from that of a provider personnel respite worker. Requirements of the family personnel respite worker will include being 18 years or older, possessing the necessary child abuse and criminal clearances, may not live in the home of the child/youth receiving respite services, must be literate and capable of understanding written and oral communications with families/caregivers, and must be able to respond appropriately to the child/youth and to emergency situations. The education/degree requirement would be waived for the family personnel respite worker and additionally, the respite child's family/caregiver will be able to choose from a set pay scale, how much they would like their family personnel respite worker to be paid.

Respite services will be authorized based on the needs of the family and child, and will be authorized in one-month increments, with a set number of hours being authorized for that month. Authorized respite hours can be used across settings (i.e. home, community, designated site). The need for respite services and the on-going utilization of such will be overseen by an administrative caseworker through the selected Respite provider with HealthChoices maintaining the ultimate oversight of the respite program. The specific criteria required to obtain respite services and conditions for the amount of hours and how hours are approved will be developed by the stakeholder committee prior to the release of the RFP. Such criteria and conditions will be necessary to prevent an abuse of respite support or dependency on this support program.

While many respite programs are home-based, with the incorporation of site-based respite services, children will be able to engage in peer interactions around various activities that can include reading, crafts, and music activities. Additionally, a site-based option can help a child expand in the skill areas of cooperation, sharing, problem-solving, and limit setting. The site based respite option will allow members to be grouped by age to better facilitate age-appropriate interactions and activities. As such, while the site based option can accommodate members of any age, because groups will be formed by age, 5 year olds will not be grouped with 15 year olds.

It is important to note that the above program description only provides a basic framework for the respite program as greater detail will be gained through the RFP and provider selection process.

Description of Fund Expenditures: (Narrative identifying major budgeted items for clinical and operating expenses and total costs. Identify on-going funding source for program/services. Provide Attachment 5 information as applicable).

The respite program will be funded directly through reinvestment plan funds as it will not be seen as an in-plan service. Once the reinvestment plan funds for this program have been exhausted, the program will cease operations.

While reinvestment plan funds will be funding this program, it is important to note that respite support services **will not** be allowed to be provided at the same time when billable Medical Assistance services are being provided to the child or adolescent. For example, respite support would not be provided at the same time when Behavioral Health Rehabilitative Services (BHRS) are being provided. However, due to the site based option, respite support may be provided in the same setting as billable Medical Assistance services, but the time of respite support and MA services could not overlap and the funding would remain distinctly separate.

It is important to note that while the Lehigh County Children's Mental Health Unit already has an existing respite provider, Lehigh County HealthChoices will be issuing an RFP for this Respite program to explore how other providers would structure and implement this type of program. Additionally, the site based option is a new aspect of the respite program and Lehigh County HealthChoices is interested in ideas from providers on the types of sites that may be utilized as well as specific programming options that can be developed for the site based component of this plan.

Lehigh County HealthChoices anticipates that there will be start-up funds needed by the selected respite provider. Start-up funds would be used specifically for staff recruitment, staff development, finding, securing and possibly renovating a site, and equipment, supplies and activities.

It is anticipated that the perspective provider for the respite program will either already have a location available for the site-based component or will enter into a collaborative agreement with another provider to utilize designated space. The specifics of the site based component will be further identified and developed during the RFP and provider selection process.

Conditions that provider will adhere to include the target population is Lehigh County MA eligible Children and Adolescents with severe emotional disturbances and a mental health diagnosis. The Respite programs would target consumers age 5-21 (as long as the child is still in school) and would allow for expansion of the respite program already offered by the Lehigh County Children's Mental Health Base Unit. No specific license would be required for the respite program. Costs associated with this project are described in Appendix B – Financial Terms of the above referenced contract between County of Lehigh and Provider.

Capital expenses will be underwritten as a direct cost (start up). It is the intention of Lehigh County HealthChoices that start up costs will not be included in the service rate. The ownership arrangement for any such capital acquisitions and / or property acquired as a result of this contract will be outlined as follows:

The provider insures that any fixed assets such as buildings purchased and / or renovated, or any other such capital items acquired as a result of this project initiative will remain in service to the County program beyond the contractual relationship with the current provider for a period of no less than 5 years, in accordance with the terms of Appendix B – Financial Terms.

The provider has submitted a detailed budget in response to the LC HealthChoices RPF. Financial Terms of this agreement will be contained within Appendix B – Financial Terms within the Contract between provider and County.

Data Analysis and Expected Outcomes: (Identify number of HC members in target population, describe unmet or under-met needs, what is expected to be achieved by the service and data to be collected to measure outcomes. For Supplemental In-Lieu of services identify the service from which cost offsets will be achieved.)

Throughout the 2008 fiscal year, the Lehigh County Children's Mental Health base unit provided in-home, scheduled respite services to roughly 80 children. Respite approved through the CMHU provided families with 40 hours of respite services to be used during a 3 month period of time. However, for the 2009-2010 fiscal year, the respite budget for the CMHU was cut drastically and resulted in only 53 consumers being able to be served. By August 2009, 43 of the 53 respite slots had been filled. In order to fill the remaining 10 slots, providers were asked to prioritize a list of

consumers, and the consumers identified as most needing this service were then chosen. While the 2009-2010 budget cuts resulted in almost 30 children not being able to obtain respite services this year, it is anticipated that the 2010-2011 budget will be decreased even further, creating less accessible respite services. Additionally, through our stakeholder forums, there has been an even greater need for respite services expressed given the limited hours and limited access to the current respite services.

Respite Stakeholders have been made aware that the respite program included in this reinvestment plan will be finite in nature. Because respite services are not seen as an in-plan service, this program will be funded solely through Lehigh County HealthChoices Reinvestment dollars and will only be sustained through the use of such. Despite its' time limitedness, monthly monitoring of the respite program will occur as well as three month interim reporting to note potential outcomes. Consumer and Family Satisfaction surveys will be completed and data will be collected on the number of consumers served, amount of hours utilized, types of activities engaged in, and amount of referrals and time until services can be implemented. It is anticipated that the respite services will help both the consumer and family to be less stressed through the "breaks" provided to the family and consumer. Once this respite program comes to an end, respite services will continue to be offered through the Children's Mental Health Unit as well as through the use of any other available funding sources.

Stakeholder Involvement in Decision Making: (Stakeholder participation summarized and demonstrated support)

In accordance with the State Requirements for HC County Reinvestment Plans, the Planning Committees consisted of various Stakeholder groups including Community HealthCare Alliance (HC Children's Issue/ Consumer & Family/ Provider Advisory Stakeholders Committee), HC Advisory and CASSP Advisory Boards, Autism Task-Force, and BHRS Work Group.

These planning committees identified areas of consideration, providing the County HealthChoices Program with reinvestment recommendations.

- The Selection committee participants reviewed and prioritized recommendations from the Stakeholder Committees.
- Adopting a "needs based" approach, the committee finalized the selection of service areas targeted for reinvestment.

Our studies indicate that Child and Adolescent consumers need additional services. Stakeholders continue to identify respite services as a priority need during: Lehigh County Commissioners' meetings, the Community HealthCare Alliance, the IFSP Advisory Board, Autism Task-Force, BHRS Work Group, and Respite Stakeholders meetings. The need for more accessible respite services continues to increase; thus the dual respite services being proposed for this plan. Ultimately, it is hoped that these services will help to alleviate, better manage, and/or eliminate the potential for a behavioral crisis for the child and adolescent consumer and their family.

Lehigh County Stakeholders will continue to be involved in the reinvestment plan, Request for Proposal, and provider selection processes.