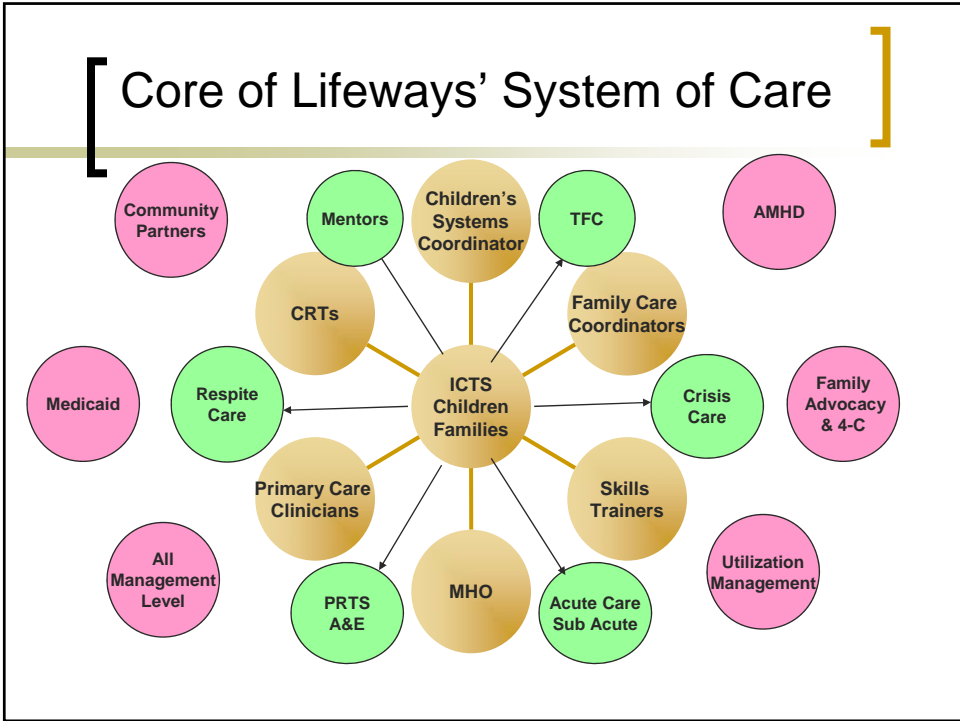


Lifeways, Inc
Intensive Community-Based
Treatment & Support Services
for
Umatilla & Malheur County

by
Jennifer Yturriondobeitia
AOCMHP
9/24/08

Key Points

- Show Promising Practice
 - Replication of Program Models
 - Good Outcomes for Clients & Community Mental Health Program (CMHP)
- Intensive Community-Based Treatment Services (ICTS) System in Malheur & Umatilla Counties
 - How was it funded?
 - How was it implemented?
- System of Care Model Adapted to Rural/Frontier
 - With no funds



Tool Kit for Treatment Foster Care Umatilla & Malheur County

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History of Lifeways Treatment Foster Care – Malheur County

- 12/06 - Started developing home
- 4/07 - 1st Certification/Contracts
- 2 Treatment Foster Care (Department of Medical Assistance Programs/Fee-for-service) Beds
 - With Crisis Respite Capacity
 - DHS Foster Care Certification
 - Not required to be GOBHI member
 - Required to be in DHS custody

History of Lifeways Treatment Foster Care – Malheur County

- 12/07 - 2nd Certification/Contract
 - 2 Intensive Community Care/Behavioral Rehabilitative Services (ICC/BRS) Treatment Foster Care (TFC) Beds
 - With Crisis Respite Capacity
 - Required to be GOBHI Member
 - Required to be in DHS Custody

History of Lifeways TFC Malheur

- 7/08 – 3rd Certification/Contract
 - 1 ICC/BRS TFC Bed
 - With Crisis Respite Capacity
 - Required to be GOBHI
 - Required to be in DHS Custody
- 7/08 – 4th Certification/Contract
 - 1 Crisis Respite Bed
 - Required to be GOBHI or OHP

History of Lifeways TFC Umatilla

- 6/07 Started Developing Beds
- 12/07 - 1st Certification/Contracts
 - 1 TFC (DMAP/FFS) Bed
 - With Crisis Respite Capacity
 - 1 ICC/BRS TFC Bed
 - With Crisis Respite Capacity

Lifeways Future Projects

- 2 more Crisis Respite Beds in Umatilla
- 2 more TFC beds in Umatilla
- Develop on-call psych sitters or behavioral assistance

Why Treatment Foster Care (TFC)?

- Needed a level of care to step down or divert from Psychiatric Residential Treatment Services and "Assessment & Evaluation" (PRTS & A&E).
- Needed a higher level of treatment that was local & community based.
- Needed a treatment resource to assist with stabilization & determination for course of treatment in the least restrictive setting.
- Needed a higher level of care over which the CMHP could more closely manage and direct its customers' treatment.

Goals for Treatment

- Maintain children in the least restrictive setting.
- Stabilize & manage behaviors to maintain in an appropriate permanent placement.
- Used for stepping up or stepping down from treatment intensity.

Utilization of Available Resources

- Determine what your county has available (DMAP Beds, ICC, BRS, etc)
- Determine feasibility of acquiring or starting up the resource.
- Determine requirements or policies for the resource.
- Advertise and carefully screen provider

Types of Resources

- **What is State (DMAP) Treatment Foster Care?**
 - State FFS TFC beds per Oregon Administrative Rules (OAR's)
- **What is Therapeutic Foster Care?**
 - Specific to GOBHI ICTS resources
- **What is ICC/BRS Treatment Foster Care?**
 - Specific to DHS/Child Welfare per OAR's

Tool Kit for TFC

- MHO & Agency agreement
- Determine Agency Capacity/Feasibility
- Designate a Project Coordinator
- Determine TFC Gatekeeping/Structure
- Community Partner Agreement/Expectation
- Create contracts for TFC providers
- Create Memoranda of Understanding (MOU's) for other counties

[Agency Capacity & Agreement]

- Have a Strategic Plan for TFC
 - Agreement with upper & middle management & direct clinical staff
 - Communicate & Disseminate TFC process to all levels in the agency.
 - Assess capacity for budget, staff, & resources
 - Determine billing/encounter process
 - Determine needed additional resources

[Tool Kits for TFC]

- Create Agency Policies & Procedures
- Determine a Treatment Model
- Develop Training Curriculum
- Develop weekly supervision & training with Coordinator &/or treatment team
- Make sure your clinical staff is in agreement with the process

TFC Structure

Treatment Foster Care Home

- Token Economy
- Level System
- Short Term Treatment Based Structure
- Home or community-based environment
- Extension of the Treatment Team
- 24-hour availability of crisis services

TFC Provider

- TFC Provider is a Professional Parent
 - Full time job & appropriately compensate
 - Need 24-hour support / as needed
 - Need Respite / as needed
 - Need direction from clinical staff about treatment and identify skills training they need to enhance in the home.
 - Need to feel like they are part of the treatment team.

Access to TFC

- Should be enrolled with CMHP
- Should be OHP or GOBHI Member
- Some beds require DHS custody
- Some beds don't require DHS custody.
- Legal guardian must sign consent for placement
- Enrolled in ICTS

CMHP Services Provided for TFC Client

- Weekly case management by Family Care Consultant
- Weekly in home skills training
- 7 hours per week skills training with TFC provider
- 4 hours of mentoring
- Monthly Community Rehabilitation Team (CRT) meetings
- Traditional Mental Health Services (Individual & Group Therapy, Medication Management, etc)



Tool Kit for Respite Services Umatilla & Malheur County

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Why Respite Care?

- To avert & de-escalate potential crisis.
- Give child & family a break.
- Resource local & community based.
- Treatment alternative to assist with stabilization & determination for course of treatment in the least restrictive setting.
- Treatment alternative that the CMHP can manage and direct treatment.

Tool Kit for Respite Care

- MHO & Agency agreement for funding
- Determine Agency Capacity/Feasibility
- Designate a Project Coordinator
- Determine respite Gate keeping/Structure
- Utilize certification by DHS or child care licensing agency.

Respite Tool Kit

- Develop Policies & Procedures
- Develop Training Curriculum
 - Behavioral Management, Crisis Intervention, & Documentation
- Have clear Community Partner Expectation / Agreement (avoid back door deals)

Access to Respite

- Should be enrolled with CMHP
- Should be GOBHI Member
- Some beds require DHS custody
- Some beds do not require DHS custody.
- Legal guardian must sign consent for placement

Respite Tool Kit

- MHO agreement for ICTS funds
- Develop a monthly flat rate for provider
- Bed available 24 hours
- 7-10 days (more days - agreement with guardian, CMHP, & provider)
- Gatekeeper needs to screen level of need or severity. (Good match)

Respite Provider Resource

- Avoid burning out the provider
- Have alternative options if respite fails
- Easy access to gatekeeper/coordinator
- Easy access to crisis worker
- Provide a behavioral assist. if needed
- Monthly supervision/training with gatekeeper or coordinator

Tool Kit for Mentoring Services Umatilla & Malheur County

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Why Mentoring at CMHP?

- Enhance clinical treatment in the community versus the office.
- Children can practice skills in community.
- Expose children to positive role modeling and activities in the community.
- Resource local & community based.
- Treatment alternative that the CMHP can manage and direct treatment.

History of Mentoring in Malheur & Umatilla

- 12/06 started in Malheur
- 7/07 started in Umatilla
- Started out as contractors half time
- Maximum of 19 hours
- Utilized Life Span Respite
 - Pool of Providers
 - Criminal History Check

History of Mentoring in Malheur & Umatilla

- 8/07 hired half time employees
- 19 hours maximum per week
- Serve 4 clients for 4 hrs a week
- No benefits
- Paid (travel time, fuel, training, & supervision)
- 5 mentors for both sites

Tool Kit for TFC

- MHO & Agency agreement
- Determine Agency Capacity/Feasibility
- Designate a Project Coordinator
- Determine Gatekeeping/Structure
- Develop Policies & Procedures
- Training Curriculum
- Ensure they are following treatment expectations

Access Mentoring

- Enrolled with CMHP
- Eligible for GOBHI, third party, or indigent.
- Have MHA & Tx plan
- In ICTS services
- Monthly CRT meetings

Mentor Resource

- Weekly supervision/training
- Easy access to coordinator
- Easy access to crisis worker
- Not used as a punishment or consequence
- Only positive reinforcement
- Child is not forced to be with mentor
- Always have mentor match

Any Questions?

For More Information?

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