September 6th

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Proposal to Integrate DMH Children's Services

DMH Goal for each Youth Aging Out of Children's Services

- Physically and emotionally healthy.
- Knowledgeable about their options.
- A completed education.
- Living as independently as desired.
- Employed in a meaningful way.
- Has friends.
- Has a system of care in place to support everyday living as needed.
- And for those who need DMH supports after they age out, a well-planned and smooth transition into adult services.

The Problem
DMH provides children's services through three divisions. The divisions are individual authorities and do not integrate policies department-wide. Three authorities within DMH promote confusion for families, providers and stakeholders; and in fact create barriers in complying with statutory responsibility established in 2004 in section 630.097, RSMo.

Vision
With DMH Children & Youth Services unified in policy, family and partner organizations needing support for children with mental health issues will have:

- Ease of access;
- Understanding of what services are available;
- A single point of contact with whom to communicate;
- And easier service planning due to staff/providers being uniformly educated regarding the "DMH Service Menu".

What is it?
This is a proposal to unify children's policy from the three divisions into one single, accountable authority. That authority is the Office of Comprehensive Child Mental Health (Children's Office) established in 2005 in section 630.1000 RSMo. Although the Children's Office will not have authority for DMH operations, it will have authority to establish the policies that will guide the divisions in operations. Furthermore, although dollars will not be moved from the divisions, the Children's Office will have formal authority to recommend to DMH leadership how these dollars are spent.

Distinguishing between Policy and Operations
The Children's Office is responsible for developing and setting department-wide policy related to all childhood issues on behalf of the Department Director. This policy will be implemented by the Division Directors within their operating structures. The difference between policy and operations is difficult to distinguish and in practice the two are often intertwined. Some clear examples of policy are "The Protocol for Co-Occurring Disorders" and the "Resolutions/Solutions Protocol". Other examples of policy versus operations might be illustrated as follows:

Policy	Operations
Mission/Vision/Values (macro) developing them.	Mission/Vision/Values (micro) ensuring adherence them.
Direction on the continuum of care.	Management of the continuum of care.
New Decision Items/Withholds/ Restrictions/Redirections.	Day to day management of expenses and revenues.
Establishing training priorities.	Training implementation.
Workforce development in light of populations to be served.	Workforce development, e.g. hiring, firing, recruitment, retention.

In summary, policy and operations may oftentimes be defined on a case by case basis.

What will be different?

- The structure of the Children's Office will change. Instead of being a clearinghouse and coordinating office, it will become a policy decision-making office. It will also have authority to recommend priorities for children's funding along with recommendations on directing and redirecting those dollars.

- Accountability for children's policy will change. All policy relating to children and youth will be the responsibility of the Children's Office.

- Although the Children's Office will not be responsible for DMH operations, it will set policy that guides operations.

DRAFT

- A Policy Council will be developed from key DMH Central Office and field staff to advise the Children's Office. Additional ad-hoc members from inside and outside DMH will rotate in and out depending on the specific policy question under review.

- Definition of "child" will be department-wide and will be uniform with other state agencies (CD and DESE) going up at least to the age of 22. Ideally, to account for the transitional age population, this definition may be up to age 25. (Note, DORs and Administrative Rules will need to be changed.) (Also, while community services for children will expand to at least age 22, the current age of 18 will be maintained for youth in residential or inpatient programs. This is due to concerns of physically co-locating young children with young adults.)

What stays the same?

- Operating authority remains with the divisions.
- Number of FTE (there are no new FTE.)
- Amount of resources (there are no new resources.)
- Hawthorn and Cottonwood will continue to report directly to CPS.
- With a few exceptions within the Children's Office, all staff maintain their current responsibilities and current lines of supervision.

Specifically what will be different for staff?

- Staff will hear one uniform message as it relates to children's policies.

What will be different for providers?
As it relates to policy, there will be only one entity to work through.

Will there be any difference for families?
Once uniform policy is fully implemented department-wide, families will experience

- ✓ Easier access
- ✓ Less confusion on eligibility
- ✓ Enhanced knowledge of available services
- ✓ Easier service planning due to staff/providers being uniformly educated regarding the "DMH Service Menu"

DRAFT

What are the benefits of the Integration Proposal?

- **The major benefit is that all children's policy will be established by a single authority across all divisions. And although the Children's Office will not have responsibility for operations, it will have authority to establish policy that the divisions will implement. To reinforce the policy authority, the Children's Office will also have authority to recommend how children's dollars are spent.**

- Children's policy is a very small percentage of the realm of responsibility in each of the three divisions. Giving children its own policy authority ensures that it receives undivided attention and specialized expertise.

- It begins to fulfill statutory responsibility previously referenced.

- One non-competing, unified Children's policy team can begin to tackle historical issues previously referenced.

- Policy relating to $135 million dollars, 33,594 kids and eleven programs within three divisions will be coordinated and integrated.

- Providers, families and other stakeholders will have one policy authority in the department for children's issues.

- The Children's Office will have a strong voice in all operational decisions made by the divisions, and the divisions will have a strong voice in policy decisions.

The downside of Integration

The Children's Office will not have operational authority. The risk therefore is that a rift and subsequent lack of cooperation could develop between the Children's Office and the divisions. However, this potential problem can be averted by:

- granting formal authority to the Children's Office to make funding recommendations;
- establishing formal MOUs between the Children's Office and the divisions;
- ongoing communication and support established with Children's Office membership in the three division's Executive Teams and Policy Teams, the DMH Executive Team and the DMH Senior Executive Team.

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Comparison of current Children's Office compared to the Children's Office in the integrated proposal

CURRENT	INTEGRATION
A clearinghouse and coordinating structure	The decision making authority for policy
No authority for children's policy across the divisions	The centralized authority for children's policy department-wide
Operational authority for children determined by the three divisions	Operational authority determined by policy set in the Children's Office
No authority to direct dollars	Authority to recommend the direction of children's dollars
"Child" in DD not defined; "child" in ADA and CPS defined as up to age 18	"Child" defined as up to a minimum of age 22 department-wide
Children's staff have input to and receive feedback from whichever division they work for	Children's staff have input to and receive feedback from the one authority
Providers, stakeholders and families hear policy from three divisions	Providers, stakeholders and families hear policy from one authority
Children's policy issues are inadvertently consumed by the much larger adult systems in the three divisions	Children's policy can receive complete attention and specialized expertise when it resides in one authority without larger competing policy agendas
Three divisions make it challenging to fulfill statutory responsibility for building the comprehensive child mental health service system (System of Care)	With all children's policy residing in one authority many barriers to fulfilling the statutory responsibility for System of Care are overcome
There is difficulty for three divisions to come together to tackle department-wide children's issues	With one unified children's team, DMH can begin to tackle historical department-wide children's issues
Three divisions children's dollars and services are not coordinated	The policies surrounding $135 million dollars, 33,600 kids and 11 programs are coordinated

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Will Integration work?

There is broad consensus that DMH children's services are not where they need to be. Change is needed. Many attempts at change have been made over the years, **but a fully integrated policy structure with funding authority has not been tested.** Integration should be viewed as a step in helping families have a better experience with DMH; and in helping DMH fulfill statutory obligations. It cannot be known until it is tried whether or not Integration will solve the problems. However, the problems are not going to fix themselves - doing nothing will achieve nothing. Planners believe that Integration will only work if:

1) the Children's Office has the authority for children's policy department-wide;
2) the Children's Office has formal authority to recommend how children's dollars are spent;
3) like the division directors, the Children's Office director is supervised by the Department Director;
4) the Children's Office participates fully in each division's Executive Team, Policy Team and the DMH Executive Team and Senior Executive Team;
5) and that DMH Senior Management solidly supports the Children's Office, and enforces Integration within the divisions.

DRAFT

Frequently Asked Questions

1) Is Integration actually a new DMH division?
No, at the present time this proposal is simply to integrate children's policy across the department.

2) What is the statutory authority frequently referenced?
In 2004, legislation was enacted that charged DMH with responsibility to lead all child-serving public agencies in developing a "comprehensive child mental health system." The following year, legislation was enacted that created the Children's Office as the DMH structure to lead this system development.

3) Will the Children's Office coordinate and facilitate or make decisions?
All three.

4) Will reporting lines change?
Reporting lines will change for a few staff.

5) What happens with Hawthorn and Cottonwood?
They will continue to report up through CPS. Their policy direction will come from the Children's Office.

6) What about people who work on child and adult issues?
They will continue to be housed where they are. Their policy direction for children will come from the Children's Office.

7) What is one step planned that will begin to promote integration?
Changing the definition of "child" up to the minimum age of 22 department-wide. (Note this will require changes to DORs and Administrative Rules.)

8) Will there be new FTE?
No.

9) Will there be new dollars to support implementation?
No.

10) Where will accountability for children's services lie?
Policy authority will be with the Children's Office. Operational authority will be with the divisions. However, the Children's Office will set the policy that the divisions will operationalize. The Children's Office will also have formal authority to recommend how children's dollars are spent.

11) What happens if there are disagreements between the Children's Office and the divisions?
If agreement cannot be reached, the department director will resolve the issue.

12) Will all these decisions for the implementation of integration be made inside DMH?
No, there will be a Policy Council comprised of a core group of DMH employees in addition to ad hoc stakeholders brought on for specific policy questions that are under review.

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13) How will the Children's Office have the knowledge to make policy decisions when it will not have the breadth of responsibility that the divisions have?

The divisions will provide regular reports to the Children's Office. In addition, the Children's Office staff will be members of:

- Governing Bodies at Hawthorn and Cottonwood;
- the division's Executive Teams and Policy Teams;
- DMH Executive Team;
- DMH Senior Executive Team.
- And, finally, the Policy Council will advise the Children's Office on all decisions.

14) What is the timetable for Integration implementation?

Integration will be phased in with a reasonable timetable established. It is expected that many questions will not be answered until we get actual experience with Integration. Therefore, Integration will evolve over time and with guidance from DMH Management and from the Policy Council.

15) Who within the department is working through the issues of implementation?

An internal work group exists consisting of the CPS/ADA Deputy, the DD Children's Director, the ADA Clinical Director, the CPS Children's Director, the General Counsel and the Children's Office Director. In addition, the DMH Director and Senior Executive Team are involved.

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