

New River Valley CSB Intensive Care Coordination

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NRV Intensive Care Coordinator



Coordinator's Goals

- **To transition youth to a least restrictive alternative or facilitate their actual return from CSA funded residential facilities to the community.**
- **Discharge solutions to identified barriers.**
- **Families provided added support, education, and opportunities for skill development.**



Challenging Placements

- Long Term Placements for aggressive MR.
- Youth placed in DSS custody whose behaviors negate placement at foster homes.
- Youth with IEP and emotional, behavioral, and/or mental challenges.



Residential Barriers

- **Very difficult to ascertain the continued need for residential care.**
- **Difficult to determine progress being made.**
- **Are discharge timeframes and plans reasonable?**
- **Is family involved in youth's treatment?**

Distinguishing Role of Intensive Care Coordinator (Data Process)

- Interviews with Case Managers, Family, existing service providers.
- Weekly to Bi-weekly meetings with youth and residential staff.
- Gather all psychological/psychiatric data.
- Mental Health Timeline
- Differential Diagnosis
- Clinical Supervision



Distinguishing Role of Intensive Care Coordinator (Action Plan)

- **Transitional Plan/Discharge Plan**
- **Wrap-Around Plan**
- **Collaborative Bridge Building (i.e. tx plan reviews, meetings with residential clinical, mtgs with community-based providers.)**
- **Constant Communication**
- **Identifying Natural Resources and “Best Fit” Service Providers.**
- **Increase family’s involvement in treatment.**
- **Creative problem-solving.**
- **Removing barriers to discharge.**
- **Report to FAPTs on Progress.**

Distinguishing Role of Intensive Care Coordinator (Summary)

- **Clinical focus and expertise.**
- **Mental health hx and Behavioral assessments.**
- **Case specific utilization review of treatment services provided to client (i.e. accuracy of dx, appropriateness of tx, and implementation).**
- **Identifying and implementing creative community-based resources.**
- **Developing intensive transitional and monitoring of wrap-plans effectiveness.**
- **Communicator and coordinator of all involved service providers and family as well as liason for FAPTs.**
- **Prepares outcome data.**



Residential Findings

- **“Success” or “Discharge Readiness” is often measured by the child’s ability to morph to the program’s structure.**
- **Discharge Plans are required day of admittance, but are minimal and vague.**
- **Treatment Plans are not individual specific, not reasonable, and full of tx jargon.**
- **Resistant to anything less than program’s determined length of stay (12-18 months).**

Residential Findings – Cont'd

- **The decompensation of a child's therapeutic progress the longer he or she stays in residential treatment.**
- **The negative behaviors a child will experience, learn, and/or mimic from peers while at a residential treatment facility. Many clients exhibit new negative behaviors while at a residential facility (i.e. cutting, bulimia, self-harming, suicidal ideation and threats, interest and practice of the occult, sex, violence, etc).**

More Findings

- **There is still the myth that residential treatment works despite repeated failure and multiple out of home placements.**
- **Misdiagnosis and mismatched treatment implementation equals multiple damaging residential placements.**
- **Children and adolescents are still placed at residential facilities based on one criterion...
“Who has an open bed?”**
- **Children and adolescents with identified mental health/substance abuse diagnosis and needs continue to be placed at residential facilities that have behavioral programs.**