

**BEHAVIORAL HEALTH & SERVICE
INTEGRATION ADMINISTRATION
CSTC Staffing Needs**



2016 SUPPLEMENTAL BUDGET

Request	FY16	FY17	15-17
FTE	3.0	3.0	3.0
GF-State	\$335,000	\$319,000	\$654,000
Total	\$335,000	\$319,000	\$654,000

DECISION PACKAGE SUMMARY

The Behavioral Health and Service Integration Administration (BHSIA) requests funding for 3.0 FTEs, one Chemical Dependency Counselor (CDC), one Staff Development Coordinator, and one Psychiatric Child Care Counselor 3 (PCCC3) at the Child Study and Treatment Center (CSTC) in order to establish and maintain an active treatment program, meet staff training needs, and establish and maintain an active therapeutic safety program.

PROBLEM STATEMENT

CSTC’s patient population is at enormous risk for substance abuse. Approximately 20 to 30 percent of youth have co-morbid alcohol and drug abuse histories at the time of admission. Further, essentially all CSTC patients are at-risk for substance abuse as adults, given their psychiatric syndromes, family histories and exposure to trauma. CSTC is currently unable to provide substance use disorder (SUD) treatment services for these patients. The value of SUD assessment and support was established in the past; however, due to budget reductions this essential service was eliminated.

Further, due to budget reductions in 2010, CSTC lost a Staff Development Coordinator position. The loss of the position significantly impacted CSTC’s resources for staff development, including comprehensive new employee orientation, ongoing training in safety and therapeutic interventions, and health care record competency. In the past five years, CSTC has adopted or enhanced several evidence-based practices, including “Motivational Interviewing,” “Dialectical Behavioral Therapy,” “Trauma-Focused Cognitive Behavioral Therapy” and “Collaborative Problem Solving.” In addition, CSTC will implement an electronic health record in the fall of 2015. These effective initiatives substantially increase CSTC’s training demands.

CSTC/School program currently lacks the leadership and organizational structure necessary to consistently maintain a therapeutic and safe educational environment. During the last school year, 35 percent of staff injuries, 47 percent of patient seclusions, and 37 percent of patient restraints occurred at school. Efforts to resolve this safety concern have not succeeded, primarily due to inadequate staffing to provide consistent support and leadership in adopting a “therapeutic classroom” school program.



DSHS VISION

People are healthy • People are safe • People are supported • Taxpayer resources are guarded

DSHS MISSION

To transform lives

DSHS VALUES

Honesty and Integrity • Pursuit of Excellence • Open Communication • Diversity and Inclusion • Commitment to Service

PROPOSED SOLUTION

A full-time CDC will establish and maintain an active treatment program for all CSTC patients. This program will provide a comprehensive assessment for substance use disorders. Those identified with co-morbid SUD histories, or at risk for abusing, will receive SUD counseling. This will include individual and group therapy employing research-based practices and psychoeducational interventions for both child and family members. Ongoing assessment by the CDC will assist in identifying and implementing the necessary discharge planning to address longer-term SUD needs extending into early adulthood.

The Staff Development Coordinator will establish a staff development program at CSTC. This position will be responsible for restructuring CSTC's New Employee Orientation, evaluating, updating, and redesigning as needed current training modules, coordinating training events throughout the center, making full use of the Learning Management System (LMS) to track and maintain training compliance, and assisting in coordinating and training of employees to ensure successful implementation of current and future evidence-based treatment programs.

A PCCC 3 will establish and maintain an active therapeutic safety program in the classroom for all CSTC patients. This leadership position will champion the application of evidence-based practices and principles to include Life Skills Crisis Intervention (LSCI) and Positive Behavioral Interventions and Support (PBIS/Re-Ed). This additional position for our schools will provide direct support to school staff during critical events along with the operational leadership to safely maintain a quality education program for our CSTC youth.

EXPECTED RESULTS

By funding these three FTEs, CSTC is expected to reduce readmission rates as well as rates of juvenile detention and drug-related crimes for this high-risk population, and therefore, increase community safety while reducing the high costs of psychiatric hospitalization and inpatient drug treatment program admissions.

In addition, CSTC employees will be better equipped with the knowledge and skills to competently provide effective treatment and support to our clients. This will directly impact the quality of care provided, which will lead to more effective, high quality services, lower lengths of stay, and consequent overall reduction in costs.

We also expect to see a significant reduction in patient assaults, staff injuries and increased student time in the classroom. Over the academic year, we expect to note an overall improvement in academic performance as measured by standardized testing.