

Report to the Legislature

Pediatric Interim Care Center Performance-Based Contracts

Chapter 50, Laws of 2011
2ESHB 1087 Sec. 202(2)

December 1, 2012

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Executive Summary

As required by the Washington Legislature in 2ESHB 1087, Children’s Administration collaborated with the Pediatric Interim Care Center to determine if and how the Center could be appropriately incorporated into the performance based contract model. The bill required Children’s Administration to submit a report to the legislature by December 1, 2012.

Proviso language for this report (2011 Budget bill, 2ESHB 1087, Sec. 202(2)) states:

(2) \$668,000 of the general fund--state appropriation for fiscal year 2012 and \$668,000 of the general fund--state appropriation for fiscal year 2013 are provided solely to contract for the operation of one pediatric interim care center. The center shall provide residential care for up to thirteen children through two years of age. Seventy-five percent of the children served by the center must be in need of special care as a result of substance abuse by their mothers. The center shall also provide on-site training to biological, adoptive, or foster parents. The center shall provide at least three months of consultation and support to the parents accepting placement of children from the center. The center may recruit new and current foster and adoptive parents for infants served by the center. The department shall not require case management as a condition of the contract. The department shall collaborate with the pediatric interim care center to determine if and how the center could be appropriately incorporated into the performance-based contract model and report its findings to the legislature by December 1, 2012.

Program History

The Pediatric Interim Care Center (PICC)¹ started in the late 1980s by two foster parents who were seeing increasing numbers of infants exposed to methamphetamine use in utero. Effects of this exposure made these infants more vulnerable. The founders of PICC felt these infants required a higher level of care than typically offered in standard foster family homes. Twenty-four hour medical oversight was seen as a necessity to calm these infants and wean them from substances.

Over the last few years, PICC is seeing more infants exposed to some type of opiate and prescribed medications such as heroin, methadone, Oxycotin, oxycodone, Vicodin, Percocet or suboxone. According to PICC, these infants generally have longer lengths of stay due to the severity of drug withdrawals. These infants require medically supervised use of morphine or methadone in the withdrawal process.

Program Overview

The Pediatric Interim Care Center (PICC) is a group care facility licensed through the Children’s Administration’s Division of Licensed Resources (DLR). In addition to meeting group care licensing requirements the Center is inspected by the

¹ PICC is a nonprofit corporation

Department of Health under the authority of RCW 74.15.060. The Department of Health applies group care health and safety rules found in WAC 388-148² since the facility has beds for more than six children. However, it is not a medically licensed facility.

Children's Administration contracts with the Pediatric Interim Care Center through a proviso totaling \$668,000 of the general fund--state appropriation for fiscal year 2012 and \$668,000 of the general fund--state appropriation for fiscal year 2013 for 13 beds for infants exposed prenatally to alcohol and drugs. PICC provides 24 hour care of the infants. PICC additionally receives foster care payments (\$423.68 per month per child) for each child placed in the facility who is in the care and custody of Children's Administration (CA).

Children in the care and custody of CA also receive Medicaid benefits. PICC bills Medicaid for the physician's services, medications, gloves and syringes. Unfortunately, nursing services provided to infants at PICC are not billed to Medicaid, but are paid out of the state general funds proviso. PICC made a conscious decision to not bill Medicaid for these services because they are receiving state funds for the 13 beds for infants.

The Children's Administration contract requires PICC to serve children from birth to two years of age who are substance exposed and exhibiting signs of withdrawal to alcohol and/or other drugs. Seventy-five percent of the children served under this contract must be in need of special care as a result of substance abuse by their mothers. Children in active withdrawal requiring morphine or methadone may be placed there. Primary drugs seen are methamphetamines, cocaine and opiates such as heroin, methadone, and certain prescription medications, such as Oxycontin, suboxone, and oxycodone.

PICC provides the only residential service of this type in Washington state. There are two other Pediatric Interim Care programs in Washington, both home based, providing a less restrictive environment. Placements are primarily from Western Washington, mainly King and Pierce Counties. Some placements are from Port Angeles, Aberdeen, South Bend, Mt. Vernon, Everett, Shelton and Yakima.

PICC program goals include stabilizing the level of functioning for substance exposed infants and assisting the infant's family in acquiring the skills and supports to develop a permanent family connection. Children's Administration maintains primary case management responsibility.

In addition to providing services and placement for up to 13 children in the care and custody of CA, the Pediatric Interim Care Center has beds to serve children referred for private pay.

² Licensing requirements for child foster homes, staffed residential homes, group residential facilities and child-placing agencies

Services to Children's Administration Children and Families

PICC provides residential services, discharge and aftercare services for these infants and their future caregivers, who may be the biological parents, relative placement caregivers or foster parent caregivers.

Residential Services are comprised of 24 hour care. The contract requires minimum staffing levels and staff qualifications including:

- Two social workers,
- Five Nurses Aides,
- Five Registered Nurses, and;
- Four Licensed Practical Nurses.

Although not currently required in the contract, PICC also has a Medical Director. PICC is responsible for ensuring continuing education; training and licensing qualifications are met by staff. According to the current contract, PICC social workers' caseload cannot exceed eight clients at any given time.

Contracted residential services include:

- The availability of 13 residential beds for infants;
- Twenty-four hour supervision of infants;
- Transportation to and from appointments to meet the child's needs;
- On-site training to caregivers (biological parents, relatives, foster and adoptive parents);
- Three months of intensive consultation and support to caregivers accepting placement of children from the facility;
- Pediatric consultation and evaluation by a pediatrician for a minimum of five hours per week;
- Coordination and advocacy with the infant's primary care provider to obtain medical assessments and treatment;
- Medical assessment including Early Periodic Screening and Diagnostic Tool (EPSDT) exam and follow up care at required intervals;
- Developmental assessment;
- Safety planning to meet the child's supervision and medical needs;
- Family assessment including the current level of functioning and strengths;
- Intervention strategies to address needs for the infant and family as well as barriers to success;
- Service goals linked to the treatment plan.

Discharge/Aftercare services are provided to the infant's caregiver up to six months after discharge. These services include:

- An aftercare support plan;
- A medical plan including identification of the infant's primary care physician prior to discharge; pre-arranging follow up appointments; providing medical history;
- A discharge summary to the DCFS social worker including an aftercare service plan;

- Pre-placement conferencing;
- Collaboration regarding placement decision;
- Six months of aftercare including telephone and in-person contact with the family;
- Home visits: one home visit per month during the first 90 days if the child is placed with their birth family and there is an in-home dependency;
- Referral to community services and resources;
- Weekly weight checks at PICC if necessary, training and education for new care providers;
- 24 hour consultation available by phone staffed by medical or administrative staff;
- Visitation and transition services.

Length of Service/Exit

Children may receive residential services up to 45 days. Extensions beyond 45 days require an exception approved by Children’s Administration Area Administrators. A written discharge summary is completed within 10 days of discharge from residential care. The summary includes:

- Type of withdrawal and manifesting symptoms, if present;
- Medical records;
- Birth family composition;
- Involvement of birth family;
- Family progress in complying with court orders or voluntary service plans;
- Recommendation regarding medical issues;
- After care support plan;
- Infant’s primary physician and initial appointment date and time;

Reporting

The contract requires two reports in conjunction with billing and contract management.

- **Monthly reports** include bed utilization, a description of parent engagement and consultation efforts, on-site curriculum and family participation. The reports also include the number of children served, type of withdrawal the infant is experiencing, caregiver type, services to bio-family and planned placement if different than bio-family and the planned length of service.
- **Quarterly reports**, although not child specific, contain an overall summary of the number of children served and types of withdrawal infants experience.

Case examples from Pediatric Interim Care Center, Kent

Family A: Per hospital notes, baby was positive for THC, no toxicology report included. Per hospital notes, mom used marijuana for headaches. Heroin and cocaine use early in pregnancy with last use one month prior to delivery. Mom has been homeless and living in a motel daily since the summer. Baby

admitted to PICC at age 8 days. Baby was administered morphine. (PICC #12-002)

Mom visited a total of 15 days out of 40; (total time: 42 hours; 13 minutes) and dad visited a total of 13 days out of 40; (total time: 19 hours 51 minutes).

Family B: Per hospital notes, mom and baby positive for opiates, toxicology report for baby included. Mom reported significant history of opiates, morphine, Percocet, alcohol and methamphetamine use. Mom acknowledged taking 60 milligrams of morphine 2 days prior to delivery and taking Percocet 5 or 6 times during pregnancy. History of homelessness, lost custody of older child. Baby admitted to PICC at age 4 days. Baby was administered morphine.

Neither mom nor dad visited baby during 27 day period. Placement of child at PICC was great distance from parents. (PICC#12-004)

E2SHB 2264 [Chapter 205, Laws of 2012]

Child Welfare System--Performance-Based Contracting

As defined in E2SHB 2264, “performance-based contracting” means structuring all aspects of the procurement of services around the purpose of the work to be performed and the desired results with the contract requirements set forth in clear, specific, and objective terms with measurable outcomes. Performance based contracts include provisions that link the performance of the contractor to the level and timing of reimbursement or payment for services.

The procurement and resulting contracts must include:

- The use of family engagement approaches;
- The use of parents and youth who are veterans of the child welfare system;
- Service provider qualifications;
- Adequate provider capacity to meet anticipated service needs;
- Fiscal solvency of network administrators;
- The use of evidence-based, research-based, and promising practices;
- Network administrator quality assurance activities;
- Network administrator data reporting;
- Network administrator compliance with applicable provisions of intergovernmental agreements between the state and tribes.

Requirements for Services:

- Service providers recognize that child safety is the paramount goal of the department.
- Service providers consistently collaborate with social workers to mitigate safety threats in the family, respond to present danger, and notify the department of potential safety threats they observe during service interventions.
- Services are culturally responsive to the family receiving them.

- Services are equally available and accessible for both fathers and mothers and will be tailored to address the needs of fathers and mothers.
- Services support child safety and increase parental protective capacity, as identified in the case plan, using evidence-based programs where appropriate and available.
- Services to increase parental capacity continue for the parent when their child is placed in out of home care.
- All service providers support the family in developing linkages to their community and natural supports.
- The delivery of services is done in a way to minimize the number of service providers in a family's life.
- Service providers engage families congruent with the Solution Based Casework practice model.
- Service providers are skilled to provide all service elements in a service category because service provider continuity is important to families, even though most families will not need all of the service elements in a service category.

**Use of Performance Based Contracts:
Family Support and Related Services-Service Array**

While the procurement includes services such as parenting skills, family functioning, supported visitation (services provided at PICC); PICC provides a unique time limited residential placement service that focuses more on the medical care and management of infants withdrawing from alcohol and/or drugs than the service array outlined. The current procurement only includes services that are within the purpose of Family Support and Related Services. As such, the service categories are not an indication of the status of contracts that do not fall within this purpose. Children's Administration will continue to access these other services through the current CA contracting process rather than through a network administrator, e.g. Behavioral Rehabilitation Services, Child Placing Agency, urinalysis and others.

In consultation with Barbara Drennen, Executive Director of PICC, CA will continue to access PICC services through the Children's Administration contracting process rather than through a network administrator due to the specialized services PICC provides. Although the PICC program does not fall within the work being done through Performance Based Contracting (PBC) there are elements of PBC that can be incorporated into the contract. More specifically defined performance expectations recommendations include:

- Require visits with parents to occur within 72 hours of placement (per Children's Administration parent-child visitation policy to support early family engagement while keeping the infant safe);
- Written visitation plans developed within policy guidelines;
- Written exceptions to 45-day stay in the child's file at PICC;

- Infants meet medical criteria for admission and discharge as established by experts in Neonatal Abstinence Syndrome field;
- Timely submission of child's discharge summary to the child's caseworker.
- Evidence based and best practices, such as allowing breast feeding of infants when recommended by pediatrician, motivational interviewing, Parent Child Interaction Therapy (PCIT);
- Client surveys;
- Caseworker surveys;
- Placement resource family surveys;
- Random review of records by Program Manager in addition to DLR licensor.