

Agency: 357 Department of Early Learning
Decision Package Code/Title: B1 ECLIPSE Sustainability

Budget Period: 2015-17
Budget Level: PL - Performance Level

Recommendation Summary Text:

The Department of Early Learning (DEL) requests \$ 2,152,000 in General Fund State (GF-State) funding for Fiscal Year 2017 to replace the previously disallowed federal funds used to fund the Early Childhood Intervention and Prevention Services (ECLIPSE) program in previous years.

Fiscal Detail

Operating Expenditures	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
001-1 General Fund - Basic Account-State		2,152,000	2,152,000
Total Cost		2,152,000	2,152,000

Package Description:

The 2015-17 enacted budget funds the ECLIPSE program at \$2,522,000 General Fund-State and \$2,152,000 General Fund-Federal for fiscal year 2017. However, DEL has not been able to expend this federal authority since fiscal year 2013 because the federal government disallowed the use of federal funds in May 2013. This funding source is forty-six percent of the ECLIPSE program, formerly the Medicaid Treatment Child Care program (MTCC), operating budget. DEL requests replacement of General Fund Federal spending authority to secure ongoing services for the children and families enrolled in this program in King and Yakima counties.

ECLIPSE is a center-based intervention and preventative services program serving children from 0-5 years of age. These children have experienced biological, familial, and environmental risk factors such as fetal exposure to alcohol or drugs, or other types of abuse and neglect and require family centered, child focused mental health services. Children who display extreme behaviors because of these exposures are many times expelled from their local child care centers and referred to ECLIPSE due to their behaviors. ECLIPSE provides mental health screening, clinical assessment, treatment plan development, discharge planning, direct care, case management, and transportation. The ECLIPSE program staff are professionally licensed child mental health experts trained to accept any and all behaviors that children demonstrate due to their traumatic experiences. These experts work with the children and their families/caregivers to promote and develop social emotional competence, safety, security, and belonging to be successful in social settings and in life.

Each year, DEL has surveyed families of children served under the former MTCC program. Parents have shared that they have received timely and supportive services from Childhaven and Catholic Family and Child Services staff:

- "Recovery and Childhaven saved mine and my kid's life and set us up for a positive future"; and
- "Catholic Family and Child Service staff helped me to understand how to be a better parent".

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Narrative Justification and Impact Statement

What specific performance outcomes does the agency expect?

With continued state funding and support for providing access to the ECLIPSE program, the following outcomes will continue to be measured:

- 5 percent reduction in the number of children who later become enrolled under special education in public schools;
- 5 percent increase in family involvement in ECLIPSE, through parent support activities that include parent training and psychoeducational support groups; and
- 5 percent reduction in the time children and families are enrolled in the ECLIPSE program (average enrollment is currently 20 months).

Performance Measure Detail

Activity:

Incremental Changes

No measures submitted for package

Is this decision package essential to implement a strategy identified in the agency's strategic plan?

The ECLIPSE program benefits children and families in a manner that is consistent with the department's goal to provide high quality early learning opportunities for children and families in Washington.

Does this DP provide essential support to one or more of the Governor's Results Washington priorities?

This package supports Governor Inslee's Goal #1 to provide children with a world-class education . Continued funding of the ECLIPSE program will increase the percentage of children enrolled in high-quality learning programs and increase the percentage of children receiving early intervention services.

What are the other important connections or impacts related to this proposal?

In addition to Results Washington and the DEL Strategic Plan, ECLIPSE also connects to the Essentials for Childhood work underway at the Department of Health (DOH) and DEL to help families learn how to create safe, stable and nurturing relationships and environments for young children.

What alternatives were explored by the agency, and why was this alternative chosen?

Since 2013, employees of DEL and the Health Care Authority (HCA) have been working to create a State Plan Amendment to authorize a therapeutic suite of services that would meet the federal Centers for Medicare and Medicaid Services (CMS) criteria for reimbursement to better serve these children and families. The agencies are seeking Medicaid funding because changes in federal Medicaid policy now allow the department to authorize a suite of services that are applicable to and specialized for this population . These therapeutic needs have not previously been fully recognized or reimbursed . If the Legislature were to approve the state pursuing Medicaid funding from CMS, and the program were approved, then an element of the CMS criteria will be that the services must be

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available and offered statewide. More detail on the State Plan Amendment is attached to this request.

What are the consequences of adopting or not adopting this package?

Not providing the base funding of \$2,152,000 needed to keep the program running would result in substantial reductions of these comprehensive services for approximately 350 children and their families in King and Yakima Counties. The program would need to dramatically decrease services and institute a wait list for one of its most vulnerable client groups. Loss of this program would also put additional strain on the Early Support for Infant and Toddler (ESIT) program, but particularly the K12 special education system.

What is the relationship, if any, to the state's capital budget?

None.

What changes would be required to existing statutes, rules, or contracts, in order to implement the change?

None.

Expenditure and revenue calculations and assumptions

Client Service Contracts: \$2,152,000 fiscal year 2017, to replace the \$2,152,000 federal authority for the 2015-17 biennium that cannot be used as match to state funds for the ECLIPSE program.

Which costs and functions are one-time? Which are ongoing? What are the budget impacts in future biennia?

The request for the \$2,152,000 GF-S is assumed to be ongoing.

<u>Object Detail</u>	<u>FY 2016</u>	<u>FY 2017</u>	<u>Total</u>
N Grants, Benefits & Client Services		2,152,000	2,152,000

Quality Improvement and Expansion – the ECLIPSE Suite of Services under Medicaid

CHALLENGE: The former Medicaid Treatment Child Care program lost \$2,152,000 in annual Medicaid funding in 2013, and the Legislature has made up that funding gap to continue services for 300 children in need of center-based, family-centered, intensive therapeutic behavioral health intervention. Services are provided only in King and Yakima Counties.

POTENTIAL FEDERAL FUNDING: Making improvements to MTCC (to create the Early Childhood Intervention Prevention Services or ECLIPSE program) will allow eligibility for Medicaid, bringing as much as \$4,500,000 in federal resources to the current program, and more with expansion.

IMPROVED SERVICES: With Medicaid funding, providers offering the ECLIPSE suite of services will be able to better ensure medically necessary treatment, offer more frequent medical evaluation, cover more evidence-based services for children and families and offer improved access to those services, and will comply with federal requirements and meet the quality levels of other state behavioral health services. A complete list of services is attached.

IMPROVED PROVIDER CRITERIA: Because of the specific needs of ECLIPSE eligible children and families, services must be offered through a Centers of Excellence model (criteria attached), where only licensed mental health facilities, with licensed staff, offering settings appropriate for young children, and access to intensive behavioral health services for families, could meet the criteria as providers. Center of Excellence Criteria is attached.

STATEWIDE EXPANSION: One requirement of Medicaid approval is a requirement to offer services statewide. Currently, Washington serves 346 of an estimated 4,075 eligible children. To offer Medicaid-eligible services in King and Yakima counties (and cover costs not covered by Medicaid) would cost \$4,750,642 and generate a similar amount in federal match. To expand to new counties or regions, each new treatment provider offering infant, toddler, and preschool services would cost an estimated \$858,432 per program.

CURRENT OUTCOMES AND EVALUATION DESIGN: Families of children served in MTCC exhibited significantly more positive home environments and caregiver-child relationships, and the program had an effect on juvenile justice rates. DEL proposes to evaluate (through a rapid-cycle evaluation using administrative data) the MTCC program successes based on the longitudinal outcomes of program participants (both children and their families). Childhaven, in particular, has a long track record of serving children who have experienced trauma, and families that have faced a host of behavioral health issues. Through relational database analysis, we intend to show the outcomes of participants, and be able to compare their results with a control group of similar children and families who did not have access to MTCC.

INVESTMENT CONTROL: The ECLIPSE program and services are not considered an entitlement program because there is a criterion that must be met in order for children to be eligible to attend. See DEL MTCC web site page. <http://www.del.wa.gov/development/child/mtcc.aspx>

Although CMS will require services to be available statewide, there is an investment control feature built into this proposal, which is the definition of the Center of Excellence. Not just any provider can offer this intensive suite of services, because of complex array of challenges and medical necessity facing these particular families. The number and spread of ECLIPSE Centers of Excellence will be controlled by the DEL contract with providers, and, depending on need and readiness, can be designed to cover counties, Accountable Communities of Health regions, or other jurisdictional boundaries. Currently, there are two providers in the state meeting the Centers of Excellence criteria. DEL, using information from DBHR, predicts that there could be as few as ten Centers of Excellence or as many as 31, based on regional need and history with similar programs. The number and spread of sites will also be an element of our rapid cycle evaluation proposal.

Early Childhood Intervention and Prevention Services

(ECLIPSE)

The Health Care Authority intends to implement a new statewide, evidence-based early intervention and prevention program that delivers comprehensive and coordinated care to children birth through 20 who have been exposed to complex trauma. Complex trauma impacts a child's ability to form secure attachments, regulate emotions, and relate well to others. It is often associated with multiple or prolonged traumatic events that are invasive and interpersonal in nature, involve psychological maltreatment and neglect, or result from exposure to violence, including physical, sexual or emotional abuse. These "adverse experiences" often lead to behavioral, emotional, and cognitive impairments; and research has indicated they are predictive of long-term negative consequences in adulthood including increased risk of disease, addiction, physical and mental disability, behavioral problems, and premature mortality.

Program Objective

Early Childhood Intervention and Prevention Services (ECLIPSE) will be delivered in an agency designated Center of Excellence (COE) facility to minimize and remediate the adverse effects of exposure to complex trauma, and will help children develop positive behavioral-emotional functioning, restore appropriate developmental functioning, and reestablish healthy relationships.

The COE must deliver age-appropriate child- and family-focused evidence-based interventions that support and reinforce positive behavior and interactions, and help in building nurturing and responsive relationships.

Eligibility

Children potentially eligible for this program must be identified and referred through an Early and Periodic, Screening, Diagnostic, and Treatment assessment or inter-periodic screening conducted by a Primary Care Physician or Advanced Registered Nurse Practitioner . Once referred to the program, the child is screened, assessed and diagnosed by a Licensed Mental Health Professional (LMHP) to determine whether or not the child meets eligibility criteria.

Program Description

Early detection and treatment through screening, assessment and evidence-based practices will assure children receive access to high quality care aimed at improving their behavioral, emotional and cognitive development and promoting healthy relationships.

ECLIPSE will be offered daily in a therapeutic setting, with each child receiving direct care services approximately 4 hours a day for up to 21 days each month. Service delivery will include:

Early Childhood Intervention and Prevention Services

(ECLIPSE)

- *Program Screening and Assessment*- LMHP conducts behavioral and developmental screening and an assessment of the child and the parent-child relationship in the home and office.
- *Clinical Assessment*- Psychiatrist reviews the screening and assessment completed by the LMHP and determines medical necessity of program services. This will be confirmed at least annually.
- *Treatment Plan Development* -The LMHP develops the child-specific treatment plan based on the child's functional assessment, diagnosis and clinical observations.
- *Discharge Planning* – Planning for discharge begins at the admission process and is reviewed every quarter by the multidisciplinary team, along with the treatment plan. When a child is approaching the goals contained in the treatment plan, a final discharge and transition plan is developed and implemented.
- *Multidisciplinary Team*- A team of program staff, parents and collateral service providers who meet quarterly to review the treatment and discharge plan, and revise it as needed.
- *Direct Care* –Direct care services are supervised by a LMHP and include crisis intervention, individual and group interventions, training to support and strengthen parenting skills, and delivering evidence-based practices such as Triple P, Parent-Child Interaction Therapy, and Promoting First Relationships.
- *Case Management* – Attend multidisciplinary team meetings; coordinate services with collateral service providers; complete case notes, case planning, consultations, case reviews, and progress reports; provide resource and referral; and attend community meetings.
- *Transportation* – Safe and reliable aide-assisted transportation to and from the program for all enrolled children.

Center of Excellence Qualifications

These services are only available at an agency designated Center of Excellence facility. The qualifications to be an agency designated Center of Excellence are:

- Licensed as a mental health agency and follows the Washington State Division of Behavioral Health and Recovery rules and regulations;
- All mental health services are provided by, or under the supervision of, a mental health professional who meets all professional standards, clinical supervision requirements and licensure and/or credentialing requirements;
- Certified Agency Affiliated Counselors must receive clinical supervision from a mental health professional who is licensed by Department of Health as an independent practitioner under chapter 18.19 RCW;
- Certified Agency Affiliated Counselors must have, at a minimum, an AA degree in a related field (human services, early childhood, or education) and five years of related experience , including identification, reporting, and prevention of child abuse and/or neglect;

Early Childhood Intervention and Prevention Services

(ECLIPSE)

- Certified Agency Affiliated Counselors are required to receive annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030 and training in HIPAA, Cultural Competency, Trauma Informed Care, Ethics, and Child Mental Health;
- Required Evidenced Based Practice training for licensed mental health professionals and Certified Agency Affiliated Counselors;
- Adheres to evidence based practice standards for group services to ensure each family is given the support needed to fully participate;
- Deliver intensive rehabilitative evidence based services that provide a range of integrated and varied life skills training;
- Direct services are developmentally appropriate and are designed to assist an individual in the acquisition of skills, retention of current functioning, or improvement in the current level of functioning, appropriate socialization, and adaptive coping skills;
- Staff has access to consultation with a psychiatrist or a physician who has at least one year's experience in the direct treatment of individuals who have a mental or emotional disorder.

ECLIPSE EXPANSION COST ANALYSIS

	TOTALS
Taxonomy Proposed Rates (per SFY)	9,501,285
Expansion for 3 Class Rooms	\$ 858,342.24
Medical Consultant	19,376.00
.5 FTE Medical Assistance	100,000.00
	<u>\$ 10,479,002.80</u>

ECLIPSE Taxonomy

Benefit/Code	Rate	Frequency	Avg Cost/Month	Avg Cost/Yr/Child
Day Program (H2020)	\$ 100.18	Daily (Mon-Fri)	\$ 2,103.78	\$ 25,245.36
Assessment by LMHP (H0031)	\$ 100.00	1x/year/child		\$ 100.00
Re-Assessment by LMHP (H0031-TS)	\$ 50.00	2x/year/child		\$ 100.00
Treatment Plan Development (H0032)	\$ 100.00	1x/year/child		\$ 100.00
Treatment Plan Update (H0032-TS)	\$ 50.00	2x/year/child		\$ 100.00
Parent Training (In-Home only - S5111)	\$ 50.00	2x/wk	Up to 22 sessions	\$ 1,100.00
Group Parenting Training (S51110-HQ)		2x/wk	Avg 13 sessions	\$ 715.00
UN Parent Training - 2 Families \$55/fam				Estimate based on 2 Families in Group Training for 13 Sessions
UP Parent Training - 3 Families \$50.60/fam	Vary by			
UQ Parent Training - 4 Families \$46.55/fam	Group Size			
UR Parent Training - 5 Families \$42.83/fam				
US Parent Training - 6+ Families \$39.40/fam				

Total Estimated Cost Per Year Per Child	\$ 27,460
<i>*Rate based on 21 service days/month</i>	

Total Estimated Cost/Year: 346 Children**	\$ 9,501,285
<i>**Number Reflects Current Client Figures</i>	

The cost to fund the two contractors through Medicaid approved reimbursable services:

Estimated cost for a child to attend the ECLIPSE program for 12 months is \$27,460.36.

(direct care services 4 hours a day, 5 days a week, year round (12 months), transportation, child assessment, treatment plan development, child reassessment, treatment plan update, in home parent training (up to 22 sessions a year), and group parent training/support (up to 13 sessions per year)).

1. \$9,501,285 * 50% = 4,750,642 GF-State per year
2. \$9,501,285 * 50% = 4,750,642 GF-Federal per year

Expansion Cost for Three Class Rooms

CURRENT RATES

	# of Children Enrolled	Day Rates per Child	# of Days per Month	Montly Cost per Child	Monthly Cost	# of Months	Total Per Year
Preschool Classroom	15	59.80	21	1,256	15,069.60	12	226,044
Toddler Classroom	10	68.77	21	1,444	17,330.04	12	173,300
Infant Classroom	9	68.77	21	1,444	17,330.04	12	155,970
							\$ 555,315

Monthly rates based on 21 service days per month

PROPOSED RATES

	# of Children Enrolled	Day Rates per Child	# of Days per Month	Montly Cost per Child	Monthly Cost	# of Months	Total Per Year
Preschool Classroom	15	100.18	21	2,103.78	31,556.70	12	378,680.40
Toddler Classroom	10	100.18	21	2,103.78	21,037.80	12	252,453.60
Infant Classroom	9	100.18	21	2,103.78	18,934.02	12	227,208.24
							\$ 858,342.24

Monthly rates based on 21 service days per month

Expan 2 new regions each biennium

Cost for a Medical Consultant (Contract)

Dr. Varley		Total Per Year
Current contract amount	14,376	14,376
Additional request	5,000	5,000
		\$ 19,376

Cost for Medical Assistance

Medical Assistance	All associated costs	Total Per Year
.5 FTE	100,000	100,000