



## PENINSULA RSN

### INPATIENT POLICIES AND PROCEDURES

**Policy Name:** Children's Long-Term Inpatient Program  
(CLIP) Coordination

**Policy Number:** 12.08

**Reference:** WAC 388-865-0229

**Effective Date:** 2/2002

**Revision Date(s):** 12/2011

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Level Of Care, Condensed Version
- Policy: Corrective Action Plan

#### PURPOSE

The Peninsula Regional Support Network (PRSN) has established a non-financial Working Agreement with the Childrens Long Term InPatient (CLIP) administration to ensure a consistent and effective partnership when coordinating services for children/youth.

#### PROCEDURE

The PRSN has established standardized criteria for children/youth seeking voluntary placement in the statewide CLIP program(s). Reference PRSN Level of Care for Voluntary CLIP.

The PRSN uses three (3) mechanisms to provide resource management, case coordination/ case management, community education, and CLIP gatekeeping for children and youth residing within Kitsap, Jefferson, and Clallam Counties.

PRSN Mechanisms:

1. The PRSN provides direct resource management, utilization management, and case management oversight of the CLIP program for children and youth designated/ from the PRSN. The PRSN Childrens Care Coordinator is responsible for the individual transitional and discharge planning to/ from the

community for children/ youth from Jefferson and Clallam Counties.

2. The PRSN CLIP Coordinator is a delegated case management position that is responsible for community education, referral inquiries, sending out and gathering completed applications, coordinating the local community gatekeeping committee(s) located in each county, and communicating the committee recommendations for approval or alternative options to CLIP. The CLIP Coordinator is also responsible for the individual transitional and discharge planning to/from the community for children/ youth from Kitsap County.
3. The local community gatekeeping committees (CLIP Community Resource Committees) are a group of volunteers from formal and informal child serving system within the community, as well as the child/ youth's family members and direct service team. The PRSN Childrens Care Coordinator participates on the committee as a community team member. The committee is responsible for recommending the approval/ authorization decisions of voluntary CLIP applications for voluntary children and youth from their community.

**Admission Criteria:**

1. The following admission criteria apply for children admitted on a voluntary basis:
  - a. Child must have severe psychiatric impairment which warrants the intensity and restrictions of the treatment provided in the long-term inpatient programs. A child will be considered to have such impairment if he/she has a severe emotional disturbance, corroborated by a clear psychiatric diagnosis based on the presence of signs and symptoms delineated in one or more of the following three categories:
    - 1) Signs and symptoms explicitly associated with marked, severe and/or chronic thought disorders, as defined in the DSM-IV, including bizarre behavior, delusions, hallucinations, disturbed thought processes (e.g. loosened associations, illogical thinking, poverty of content or speech), blunt, flat or inappropriate affect, or grossly disorganized behavior.
    - 2) Signs and symptoms explicitly associated with marked severe, or chronic affective disorders, as defined in the DSM-IV, including mania, depression, vegetative signs, suicide attempts, or self-destructive behaviors.
    - 3) Chronic or grossly maladaptive behaviors associated with incipient forms or components of 1) or 2) above, or symptomatic of other diagnosed severe psychiatric impairment. The presence of such symptoms should be clearly identified as resulting from a mental disorder and not be solely attributable to other factors (e.g. alcohol or drug abuse, antisocial behavior, sexual deviancy, mental retardation). Children who have been diagnosed as having a severe psychiatric illness and who demonstrate a repetitive pattern of antisocial behavior (e.g. sexual aggression) are considered eligible for admission if their needs can reasonably and appropriately be met in a long-term program. All other community based least restrictive alternatives must have been attempted.

- b. Children whose intellectual functioning is below the normal range as defined in the DSM-IV are considered for admission if it has been determined that they meet the above criteria of having a severe psychiatric disorder, and their needs can reasonably and appropriately be met in a long-term program.
  2. The following admission criteria apply for adolescent (over 12 years of age) admitted on an involuntary basis:
    - a. Adolescents committed for 180 days of restrictive care under the provisions of Chapter 71.34 RCW are thereby certified as eligible for admission to the program.
    - b. Hospitals and Evaluation and Treatment facilities must inform the CLIP administration when they place an adolescent on a 180-day hold.
    - c. The PRSN network providers may work in cooperation with the hospital/ Evaluation and Treatment Center and determine to the adolescent can be served on a 180-day Least Restrictive Court Order (LRA), instead of admitted to CLIP.
      - When this occurs, the CLIP Administration must be notified.
      - The adolescent may continue to stay on the CLIP waiting list while on a LRA, until the date of the 180-day expiration.
3. All children served, whether on a voluntary or involuntary basis, shall be admitted and discharged in accordance with Chapter 388-865-0500 through 0565.
4. The PRSN will utilize the established Working Agreement to promote rapid and successful integration of children/ youth to the community from a CLIP program. The PRSN provides oversight and direct case coordination to monitor these activities and target quality improvement processes.

## **MONITORING**

1. The PRSN monitors this policy through:
  - Frequent consultation with the CLIP Administration and CLIP facilities
  - Monthly analysis of CLIP utilization management reports (as available)
  - Weekly oversight from PRSN Childrens Services Coordinator discussing children /youth awaiting CLIP, in CLIP, and recently discharged from CLIP
  - PRSN staff participation on the Community Resource (gatekeeping)Team
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.