
Part 3

Multiagency Service Placement Plan

52-2-301. State policy. The legislature declares that it is the policy of this state:

(1) to provide for and encourage the development of a stable system of care, including quality education, treatment, and services for the high-risk children of this state with multiagency service needs, to the extent that funds are available;

(2) to serve high-risk children with multiagency service needs either in their homes or in the least restrictive and most appropriate setting for their needs in order to preserve the unity and welfare of the family, whenever possible, and to provide for their care and protection and mental, social, and physical development;

(3) to serve high-risk children with multiagency service needs within their home, community, region, and state, whenever possible, and to use out-of-state providers as a last resort;

(4) to provide integrated services to high-risk children with multiagency service needs;

(5) to contain costs and reduce the use of high-cost, highly restrictive, out-of-home placements;

(6) to increase the capacity of communities to serve high-risk children with multiagency service needs in the least restrictive and most appropriate setting for their needs by promoting collaboration and cooperation among the agencies that provide services to children;

(7) to prioritize available resources for meeting the essential needs of high-risk children with multiagency service needs; and

(8) to reduce out-of-home and out-of-community placements through a children's system of care account to fund in-state and community-based services that meet the needs of high-risk children with multiagency service needs in the least restrictive and most appropriate setting possible.

52-2-302. Definitions. The following definitions apply to this part:

(1) (a) "High-risk child with multiagency service needs" means a child under 18 years of age who is seriously emotionally disturbed, who is placed or who imminently may be placed in an out-of-home setting, and who has a need for collaboration from more than one state agency in order to address the child's needs.

(b) The term does not include a child incarcerated in a correctional facility as defined in 41-5-103.

(2) "Least restrictive and most appropriate setting" means a setting in which a high-risk child with multiagency service needs is served:

(a) within the child's family or community; or

(b) outside the child's family or community where the needed services are not available within the child's family or community and where the setting is determined to be the most appropriate alternative setting based on:

(i) the safety of the child and others;

(ii) ethnic and cultural norms;

(iii) preservation of the family;

(iv) services needed by the child and the family;

(v) the geographic proximity to the child's family and community if proximity is important to the child's treatment.

(3) "Provider" means an agency of state or local government, a person, or a program authorized to provide treatment or services to a high-risk child with multiagency service needs who is suffering from mental, behavioral, or emotional disorders.

(4) "Services" has the meaning as defined in 52-2-202.

(5) "System of care" means an integrated service support system that:

(a) emphasizes the strengths of the child and the child's family;

(b) is comprehensive and individualized; and

(c) provides for:

- (i) culturally competent and developmentally appropriate services in the least restrictive and most appropriate setting;
 - (ii) full involvement of families and providers as partners;
 - (iii) interagency collaboration; and
 - (iv) unified care and treatment planning at the individual child level.
- (6) "Wraparound philosophy of care" means a planning process that is designed to address the needs of a child and the child's family and that:
- (a) empowers the family to take the lead in making decisions affecting the planning for support systems and services;
 - (b) reflects the family's values, preferences, culture, strengths, and needs;
 - (c) emphasizes community-based natural and informal support systems;
 - (d) involves collaboration among members of a team that is developed with involvement of the family and that includes agencies, providers, and others who offer support to the child and family;
 - (e) provides services in the least restrictive and most accessible setting possible; and
 - (f) contains measurable outcomes that are regularly reviewed by the team and adjusted as necessary.

52-2-303. Children's system of care planning committee — membership — administration. (1)

There is a children's system of care planning committee.

(2) The committee is composed of the following members:

- (a) an appointee of the director of the department of public health and human services representing the mental health program;
- (b) an appointee of the director of the department of public health and human services representing child protective services;
- (c) an appointee of the director of the department of public health and human services representing the developmental disability program;
- (d) an appointee of the director of the department of public health and human services representing the chemical dependency treatment program;
- (e) other appointees considered appropriate by the director of the department of public health and human services who may be representatives of families of high-risk children with multiagency service needs, service providers, or other interested persons or governmental agencies;
- (f) an appointee of the superintendent of public instruction representing education;
- (g) an appointee of the director of the department of corrections;
- (h) an appointee of the youth justice council of the board of crime control; and
- (i) an appointee of the supreme court representing the youth courts.

(3) The committee is attached to the department of public health and human services for administrative purposes only as provided in 2-15-121.

(4) Except as provided in this section, the committee must be administered in accordance with 2-15-122.

52-2-304. Committee duties. (1) The committee established in 52-2-303 shall, to the extent possible within existing resources:

- (a) develop policies aimed at eliminating or reducing barriers to the implementation of a system of care;
- (b) promote the development of an in-state quality array of core services in order to assist in returning high-risk children with multiagency service needs from out-of-state placements, limiting and preventing the placement of high-risk children with multiagency service needs out of state, and maintaining high-risk children with multiagency service needs within the least restrictive and most appropriate setting;
- (c) advise local agencies to ensure that the agencies comply with applicable statutes, administrative rules, and department policy in committing funds and resources for the implementation of unified plans of care for high-risk children with multiagency service needs and in making any determination that a high-risk child with multiagency service needs cannot be served by an in-state provider;
- (d) encourage the development of local interagency teams with participation from representatives from child serving agencies who are authorized to commit resources and make decisions on behalf of the agency represented;
- (e) specify outcome indicators and measures to evaluate the effectiveness of the system of care;

(f) develop mechanisms to elicit meaningful participation from parents, family members, and youth who are currently being served or who have been served in the children's system of care; and

(g) take into consideration the policies, plans, and budget developed by any service area authority provided for in 53-21-1006.

(2) The committee shall coordinate responsibility for the development of a stable system of care for high-risk children with multiagency service needs that may include, as appropriate within existing resources:

(a) pooling funding from federal, state, and local sources to maximize the most cost-effective use of funds to provide services in the least restrictive and most appropriate setting to high-risk children with multiagency service needs;

(b) applying for federal waivers and grants to improve the delivery of integrated services to high-risk children with multiagency service needs;

(c) providing for multiagency data collection and for analysis relevant to the creation of an accurate profile of the state's high-risk children with multiagency service needs in order to provide for the use of services based on client needs and outcomes and use of the analysis in the decisionmaking process;

(d) developing mechanisms for the pooling of human and fiscal resources; and

(e) providing training and technical assistance, as funds permit, at the local level regarding governance, development of a system of care, and delivery of integrated multiagency children's services.

(3) (a) In order to maximize integration and minimize duplication, the local interagency team, provided for in subsection (1)(d), may be facilitated in conjunction with an existing statutory team for providing youth services, including:

(i) a child protective team as provided for in 41-3-108;

(ii) a youth placement committee as provided for in 41-5-121 and 41-5-122;

(iii) a county or regional interdisciplinary child information and school safety team or an auxiliary team as provided for in 52-2-211;

(iv) a foster care review committee as provided for in 41-3-115;

(v) a local citizen review board as provided for in 41-3-1003; and

(vi) a local advisory council as provided for in 53-21-702.

(b) If the local interagency team decides to coordinate and consolidate statutory teams, it shall ensure that all state and federal rules, laws, and policies required of the individual statutory teams are fulfilled.

52-2-308. Rulemaking. The department shall adopt rules necessary to implement this part. The rules must be adopted in cooperation with the committee established in 52-2-303.

52-2-309. Children's system of care account. (1) There is a children's system of care account in the state special revenue fund to the credit of the department. The fund must be used for the purpose of administering and delivering services to high-risk children with multiagency service needs and to provide for the children's care, protection, and mental, social, and physical development.

(2) The children's system of care account must consist of funds:

(a) transferred, to the extent possible within existing resources, by the agencies named in 52-2-303 from their agency appropriation;

(b) designated by the legislature; or

(c) received for the account from any other source.

(3) The department shall use funds from the children's system of care account to reimburse in-state or community-based providers of services for services that allow high-risk children with multiagency service needs to be placed or to remain in the least restrictive and most appropriate setting, to the extent that the services are not eligible for reimbursement from another source.

52-2-310. Development and use of qualified provider pools. (1) In order to accomplish the goals of 52-2-301, the department shall establish a pool of qualified in-state providers identified as willing and able to meet the significant needs of high-risk children with multiagency service needs who are currently placed or may be placed out of state. Using existing staff resources, the department shall design and implement a process in which licensed providers qualify for a pool by demonstrating their ability to provide mental health services for children:

(a) through use of available federal and state special revenue and state general fund money;

(b) in the least restrictive setting available;

(c) in accordance with the state's goal of using a wraparound philosophy of care and planning process; and

(d) using criteria established by the department to address the specialized needs of high-risk children with multiagency service needs.

(2) (a) The department shall allow any willing and qualified in-state provider to review a case involving a high-risk child with multiagency service needs and to propose a plan of care for providing in-state services to the child.

(b) Prior to contracting with a provider for the delivery of in-state services, the department shall determine that the plan of care submitted by the in-state provider is both cost-effective and in the best interests of the child.

(c) If a qualified in-state provider proposes a plan of care for providing in-state services to the child, the department may not certify a child for placement with an out-of-state provider unless it denies the plan of care proposed by the in-state provider.

52-2-311. Out-of-state placement monitoring and reporting. (1) The department shall collect the following information regarding high-risk children with multiagency service needs:

(a) the number of children placed out of state;

(b) the reasons each child was placed out of state;

(c) the costs for each child placed out of state;

(d) the process used to avoid out-of-state placements;

(e) the number of in-state providers participating in the pool; and

(f) the location of the facilities in which the children were placed.

(2) For children whose placement is funded in whole or in part by medicaid, the report must include information indicating other department programs with which the child is involved.

(3) On an ongoing basis, the department shall attempt to reduce out-of-state placements.

(4) The department shall report, in accordance with 5-11-210, to the children, families, health, and human services interim committee no later than August 30 each year concerning the information it has collected under this section and the results of the efforts it has made to reduce out-of-state placements. The report must cover placements made during the most recently completed fiscal year.