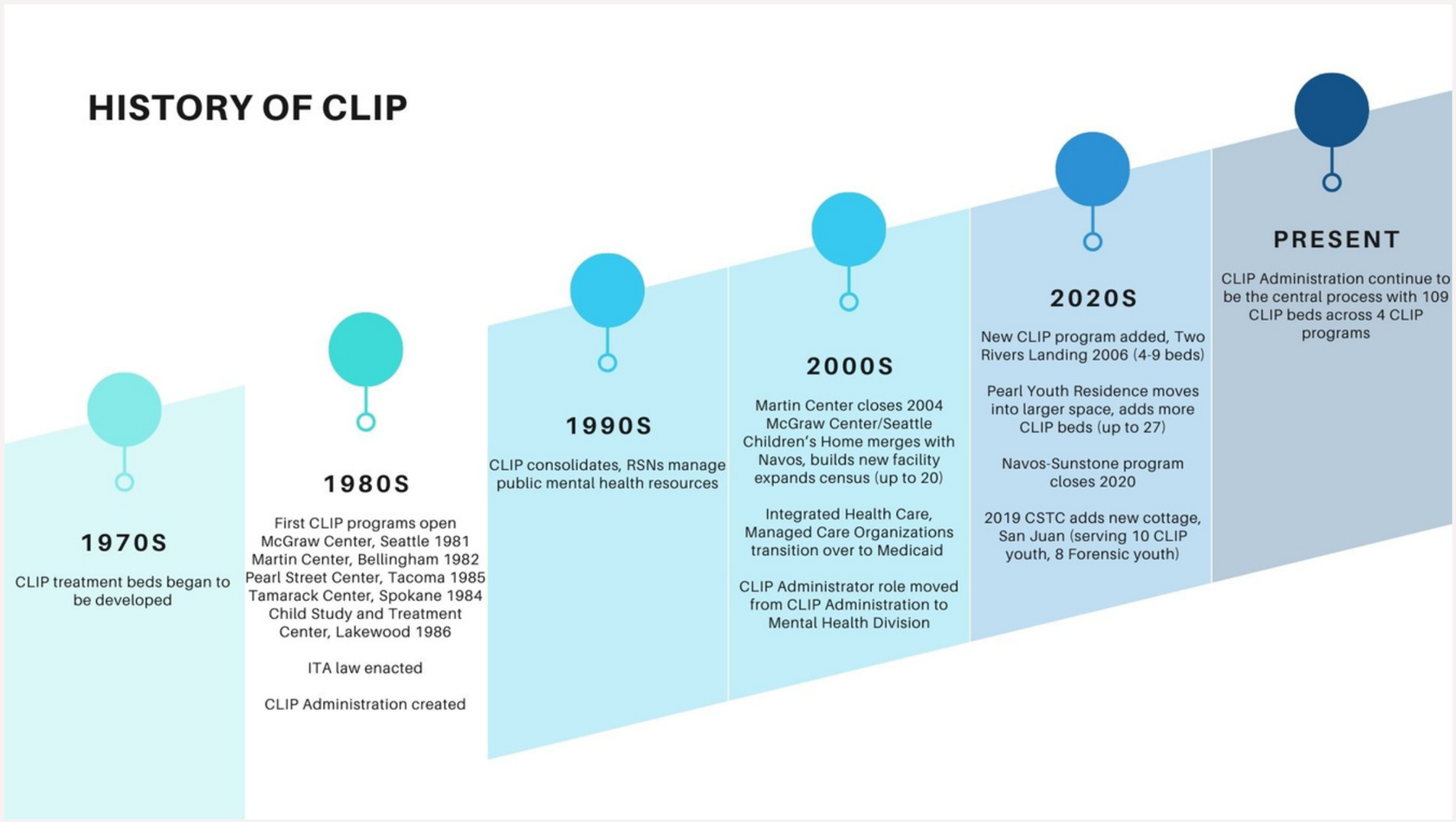

History of CLIP

1970s-The Beginning of CLIP

In the beginning, there was recognition that no facility in the state of Washington could adequately provide psychiatric care to seriously disturbed children. Children with severe psychiatric disturbances were frequently placed in settings that were not prepared to deal with their disturbance, or the children were sent to more costly facilities out of state. In 1977, the Department of Social and Human Services (DSHS) approached Seattle Children's Home for assistance in developing a program model to provide extended psychiatric care to seriously disturbed children.

By 1980, the Washington State legislature authorized funds to establish 60 Treatment Beds for Psychiatric Impaired Children and Youth. These state-funded beds were to be located at and administered by private, non-profit agencies under contract to the Division of Mental Health (MHD/DSHS). Rules and regulations for licensing standards were set forth in Chapter 246-323 of the Washington Administrative Code and codified under authority of Chapter 71.12 RCW, February 1980.

1980s - CLIP Programs Open and CSTC joins CLIP

During the early to mid-1980s, the four Treatment Facilities opened and began serving psychiatrically impaired children and youth. McGraw Center at Seattle Children's Home opened March 1981 as the first facility licensed under the new regulations established the previous year. Martin Center opened in February 1982, in Bellingham, operated by Catholic Community Services Northwest. Tamarack Center opened in September 1984 under the then existing authority of the Spokane County Mental Health Board. Pearl Street Center opened in January 1985 in Tacoma, operated by the Tacoma Comprehensive Mental Health Center.

The facilities were defined as statewide resources. This meant that any child in the state of Washington had equal access to these services if the need was demonstrated. By locating the facilities in different regions of the state, services could be provided close to home whenever possible.

From 1981 until 1986 all children who were admitted to the facilities had to meet admission criteria, whether they were voluntary applicants or committed for involuntary mental health care. In January 1986, the new juvenile Involuntary Treatment Act (ITA) came into effect. Adolescents who were involuntarily committed on a 180-day Restrictive Order for inpatient care were now automatically eligible for admission to the facility and to Child Study and Treatment Center (CSTC), the state-operated psychiatric hospital.

The ITA law also gave oversight responsibilities to the CLIP Committee, including periodic review of treatment and discharge summaries. In addition, CLIP Committee members began to participate in the annual Medicaid Inspection of Care audits conducted by the Mental Health Division.

1990s - CLIP consolidates, RSNs manage local mental health resources

In late 1990, while involuntarily committed adolescents were automatically eligible for admission to any of the five CLIP Programs, there were two separate voluntary admissions
procedures for CSTC and the RTFs. The Mental Health Division (MHD) asked that a plan be devised for system consolidation and improvement. As a result, the CLIP Committee took on the role of reviewing all admissions for the inpatient beds at CSTC in March 1991. This established a single centralized point for access to extended inpatient care for all children, the CLIP Administration.

Beginning in 1992, at the direction of the MHD, intersystem agreements were established between the CLIP Administration, the five CLIP programs and the community-based Regional Support Networks (RSNs). By the end of 1993 all RSNs in the state committed to fully implement the terms of their tailored agreements. These agreements required identification of a local mechanism -- an intersystem, collaborative team -- that would assess the strengths and needs of an individual child and family, and plan individualized services and supports to meet those needs. If admission to a CLIP program was felt to be part of this overall plan, the local community would make application to the CLIP Administration in order to access the statewide inpatient resources.

2000s CLIP Administration

Since the mid-1990s, CLIP management and certification authority (CLIP Administration) has continued as a central process. CLIP services remain a statewide resource and any child in the state of Washington has equal access to these services if the need is demonstrated.

The CLIP agreements with the community-based Regional Support Networks (RSNs) continue to be modified in accord with current best practice standards and to build upon gains made since they were initiated. It is expected that any changes will parallel local community efforts to effectively manage the whole range of services available for children.

In 2016, Two Rivers Landing, Yakima joins CLIP.

CLIP Administration Today

The CLIP Administration continue to be the central process. CLIP Services remain a statewide resource and any child in the state of Washington has equal access to these services if the need is demonstrated.

There are 109 CLIP-funded beds available to serve children and adolescents with sever psychiatric disturbance. There are four CLIP Programs Pearl Youth Residence, Tamarack Center, Two Rivers Landing and 4 age-divided cottages at Child Study & Treatment Center (CSTC).

Previous CLIP agreements have been folded into contracts with the community-based Administrative Service Organizations (ASO) and Managed Care Organization (MCO) and continue to be modified in accord with current best practice standards and to build upon gains made since they were initiated. It is expected that any changes will parallel local community efforts to effectively manage the whole range of services available for children.

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