

Service for Children with Behavioral Health Challenges

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The Problem...

- Some children struggle with significant mental health issues.
- > Their families have difficulty accessing services (generally due to inability to pay).
- > Some families get bounced from agency to agency trying to access services.
- > Other families end up in the child welfare system (through a CHINS 6) as a way to access services-parents have not abused or neglected their child.
- > The CHINS 6 process is not family friendly process.



There must be a better way...

- DCS and FSSA began meeting to brainstorm solutions.
- There is a good service structure for children with Medicaid, the gap is with those who do not have Medicaid.
- A child should not have to be a CHINS for the sole purpose of accessing services.
- Consider what is best for families. If this were your family, what would you want? Needs to be simple!
- Needs to be a multiagency solution. Need to remove silos!



Review of what already exists...

- > PRTF Transition Waiver (CA-PRTF)
- Application for State Plan Amendment for 1915i for children
- Access Sites—many counties already have this structure with Systems of Care
- MRO/Clinic Services
- > PRTF
- DCS master contracts with CMHCs



The Proposed Solution to Assist Families in Crisis...

- > DCS provides funding for those families in crisis who cannot afford to access these services.
- DMHA will collaborate to assist with building statewide Access Sites and assist DCS with service monitoring.
- Representatives from DCS and FSSA to follow the process and brainstorm solutions when obstacles arise.



Access to Mental Health Services...

- Families will be sent to the Access Site for an assessment to determine eligibility for services
- Those who meet eligibility criteria for services but are not eligible for Medicaid, will access services through DCS contract.



What happens when the family won't engage in services...

- Does the family need services in order to maintain the safety of the child or other children?
- > Is the family unwilling to accept offered services?
- Does the family insist the child needs to be removed when the assessment indicates the child can be maintained at home with services?

If yes...

DCS will complete an assessment to determine if there should be an open DCS case to obtain the intervention of the court to require the family to engage in services.



Pilots...

- 2-3 pilot communities who already have strong Access sites.
- Modify the existing DCS master contract to allow service access to those children/families who do not have an open DCS case.
- Need to determine the volume. DCS has funding for about 300 cases statewide annually. How can we ensure we target the right children?



Who Will Qualify For the Pilot. 1

Proposed eligibility for DCS funded mental health services

Target Group Eligibility

- Child or adolescent age 6 through the age of 17
- Youth who is experiencing significant emotional and/or functional impairments that impact their level of functioning at home or in the community (e.g., Seriously Emotionally Disturbed classification)
- Not eligible for BDDS services
- Not eligible for Medicaid

AND...



Who Will Qualify for the Pilot. 2

Needs-Based Criteria

Youth/families meeting the above *Target Group Eligibility* criteria will also need to meet the following *Needs-Based* criteria in order to qualify: *DSM-IV-TR Diagnosis*- Youth meets criteria for two (2) or more diagnoses.

CANS 4, 5, or 6

Dysfunctional Behavior- Youth is demonstrating patterns of behavior that place him/her at risk of institutional placement— & unresponsive to traditional outpatient and/or community-based therapy.

Specifically:

Maladjustment to trauma Psychosis Debilitating anxiety Conduct problems Sexual aggression Fire-setting

Family Functioning and Support- Family/caregiver demonstrates significant need in one or more of the following areas:

Mental health

Supervision issues

Family stress Substance abuse



What Can the CMHCs Do?

- Become an Access Site! There are communities that are currently without coverage.
- ➤ Participate in the local Systems of Care. If none exists, help start it!
- > Allow quick access to services for families determined to be in crisis.