I knew they were very concerned about being able to present this data, which is why I moved the presentation of the data to my team. All they really need to b

DCS/CMHC Partnership

July 25, 2013

The Partnership

- Great progress has been made
- **7,617** DCS clients accessed MRO Services in SFY 2013
- $22M in MRO Services
- Additional services through MCO
- Improved relationships
- Quicker access to services
- More communication

The Partnership

- Child Parent Psychotherapy
- Other EBPs
- Children's Mental Health Initiative
- Better collaboration among state agencies
- Solution Focused

Structure of the afternoon…

Regional meetings with DATA!!!

Family Case Manager Survey

- Services are needed, available and utilized.
- Lower ratings in perceived effectiveness

Services referred, Services paid, MRO services

Top ten services referred… (March 2013)

Statewide

Service Desc	Total Cases	CMHC	NonCMHC	Both
HOME-BASED FAMILY CENTERED CASEWORK SERVICES	6686	30.84%	60.42%	8.73%
HOME-BASED FAMILY CENTERED THERAPY SERVICES	5308	17.54%	76.60%	5.86%
DIAGNOSTIC AND EVALUATION SERVICES	3805	46.62%	44.65%	8.73%
COUNSELING	3784	66.33%	26.82%	6.84%
SUBSTANCE USE OUTPATIENT TREATMENT	3271	52.00%	38.67%	9.32%
VISITATION FACILITATION-PARENT/CHILD/SIBLING	2650	16.83%	80.53%	2.64%
SUBSTANCE USE DISORDER ASSESSMENT	2520	50.44%	42.18%	7.38%
RANDOM DRUG TESTING	2438	4.92%	94.54%	0.53%
HOMEMAKER/PARENT AID	1312	25.84%	72.56%	1.60%
DRUG TESTING AND SUPPLIES	971	1.03%	98.87%	0.10%

Data lead to questions…

Why do some regions' data look significantly different than the overall state data?

Why are CMHCs getting 25% of the Homemaker referrals and only 17% of the Home Based Therapy referrals?

Why are some mental health centers billing very little to DCS and primarily billing Medicaid, while others are billing more?

Data Quality is improving…

DCS has moved the CANS into KidTraks.

Allows for better mapping of services.

Behavioral Health Recommendation

July 2013—13% had 3+

20% had 2+

Something about Mary…

- Mary became involved with DCS when her 3 year old was found wandering outside at night while Mary was "passed out"
- Mary has 2 other children
- Mary is unemployed and receives public assistance
- Mary currently has an alcohol and prescription drug abuse problem.

Something about Mary…

Mary and the children live with Mary's boyfriend of 3 weeks, Paul.

FCM observed:

dog/cat feces on the floor

Marijuana on the coffee table

Plumbing is not working

Children were removed and placed in foster care

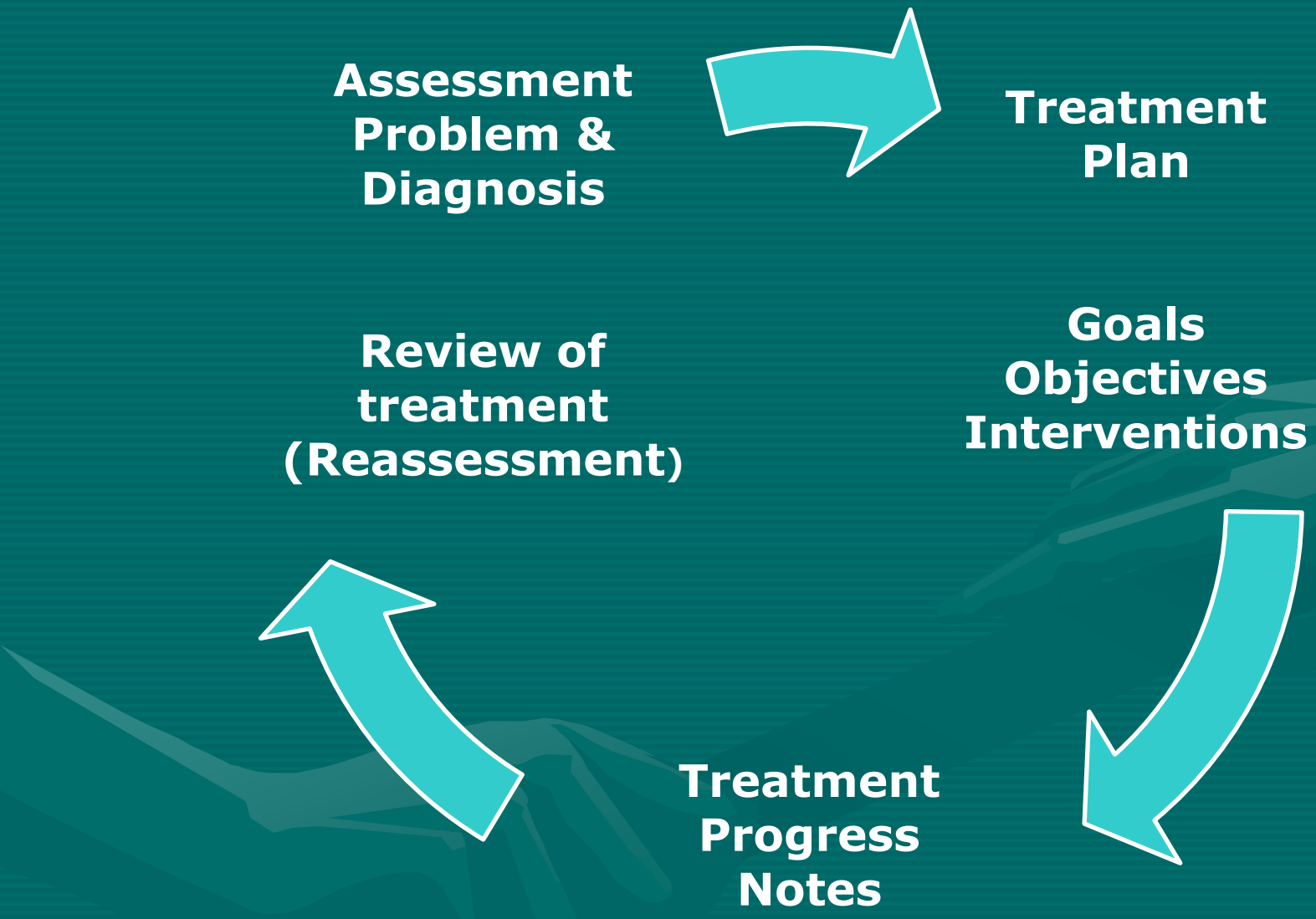
Priorities of DCS

- Safety
- Permanency
- Well-Being

- "Safely Home; Families First" initiative
  - Focus on increased efforts to:
    - Keep children safely in their own homes
    - Find relatives for placement if they children cannot be kept in their own homes
    - Reunify or find other permanency

Service Philosophy

- Medicaid & MRO
  - An "individual" is the client
  - Client must have a comprehensive assessment/intake
  - Diagnosis driven
  - Must meet medical necessity
  - "golden thread"


Assessment
Problem &
Diagnosis
Treatment
Plan
Goals
Objectives
Interventions
Treatment
Progress
Notes
Review of
treatment
(Reassessment)

MRO Services

- MRO services
  - Home-based therapy
  - Case Management
  - Skills Training and Development

- To qualify for an MRO package:
  - Must have qualifying diagnosis
  - Must have a 3 or higher on the CANS

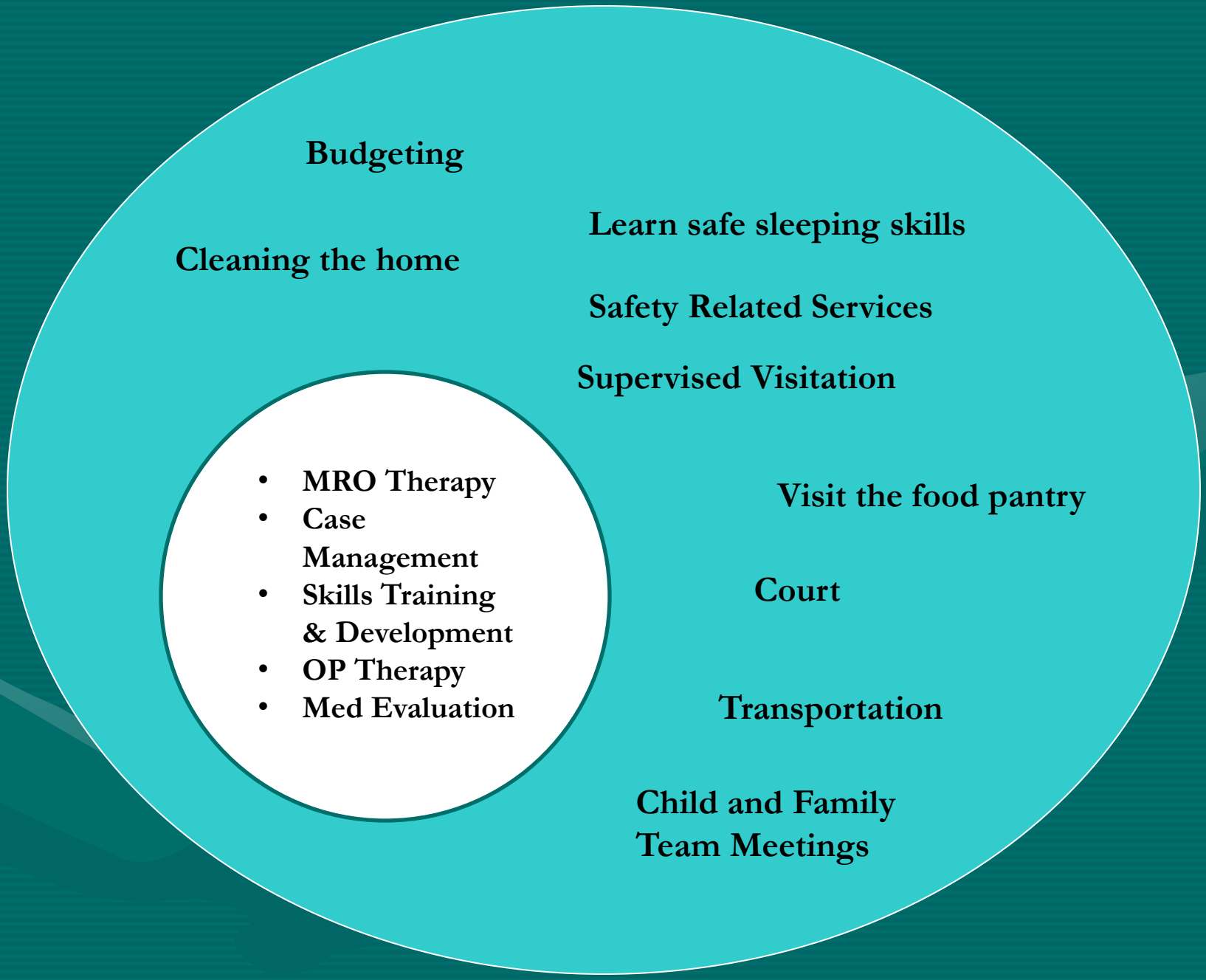
Services Billed to DCS

- Master contract specifies that CMHCs will bill Medicaid for eligible services (this does not need to be stated in the referral.)

- Some services that "look" Medicaid billable, may not be:
  - No "medical necessity" (service is not related to diagnosis)
  - No qualifying diagnosis
  - Supervised visits, transportation, etc.

Services Billed to DCS

- Certain services cannot be billed to Medicaid:
  - Court attendance
  - Multiple staff at a CFTM
  - Transportation
  - "Supervised visitation" that is not family therapy or skills training
  - Services not medically necessary but requested for safety
- CMHCs may request units of face-to-face above and beyond the MRO service packages
- Services to a parent may not always be billable on the youth's Medicaid


Budgeting
Learn safe sleeping skills
Cleaning the home
Safety Related Services
Supervised Visitation
MRO Therapy
Case Management
Skills Training & Development
OP Therapy
Med Evaluation
Visit the food pantry
Court
Transportation
Child and Family Team Meetings

CANS Scores

- CANS scores reflect:
  1) Information provided at the time
  2) Information specifically asked for

  Although DCS and the CMHC may be assessing the same family, the timing of the assessment and the specific questions asked will influence the score.

Assessments

- CANS should provide a basis for initial communication about the youth and family.
- For a comprehensive assessment, CMHCs should be given as much information as legally possible.
- Examples:
  - Parent SA Assessment referral should also indicate what children are in the family and how substance abuse has impacted the home.
  - Reason for involvement with DCS and history. Relevant collateral information. Any safety concerns.

Culture Clash

CMHCs:	DCS:
Behavioral Health	Social Services
Treatment Plan	Case Plan
Client	Family/Case
Medical Necessity	Needed services per case plan
Electronic Medical Record (EMR)	MaGik/ICWIS
Functional Impairment	Safety/Permanency
Symptom Reduction	Well-Being
Medicaid Reimbursement rules	DCS Service Standards

Different Role for CMHCs

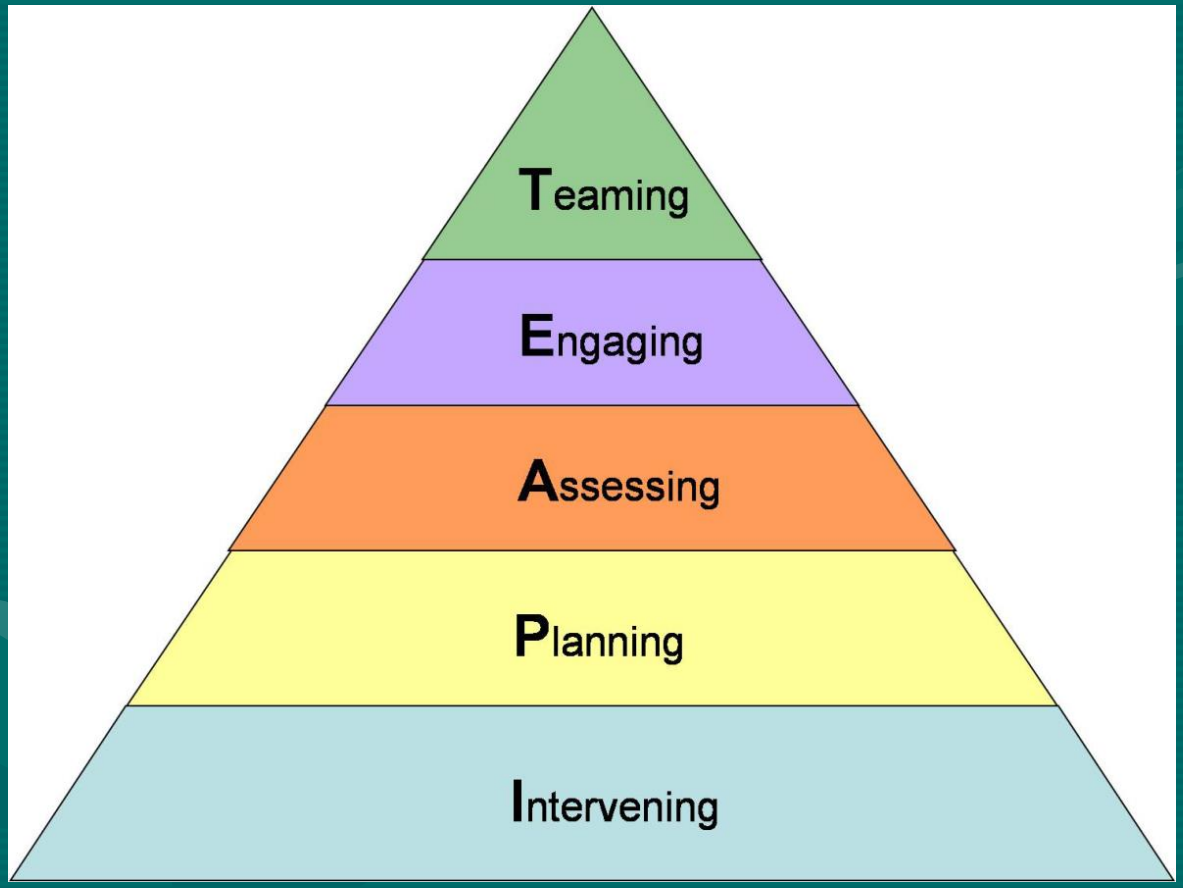
- Not individual clients/consumers, but a family
- Address safety in addition to mental health
- Maintain relationship/engagement with client while making recommendations for the family
- Traditional silos of service (adults/children/SA/SMI) have to work collaboratively
- DCS, CMHCs, and families work collaboratively toward common goals

DCS 101

INDIANA DEPARTMENT OF CHILD SERVICES

DCS Practice Model

The main goal of the DCS Practice Model is to promote the Safety, Stability, Permanency, and Well-Being of children and families.



INDIANA DEPARTMENT OF CHILD SERVICES

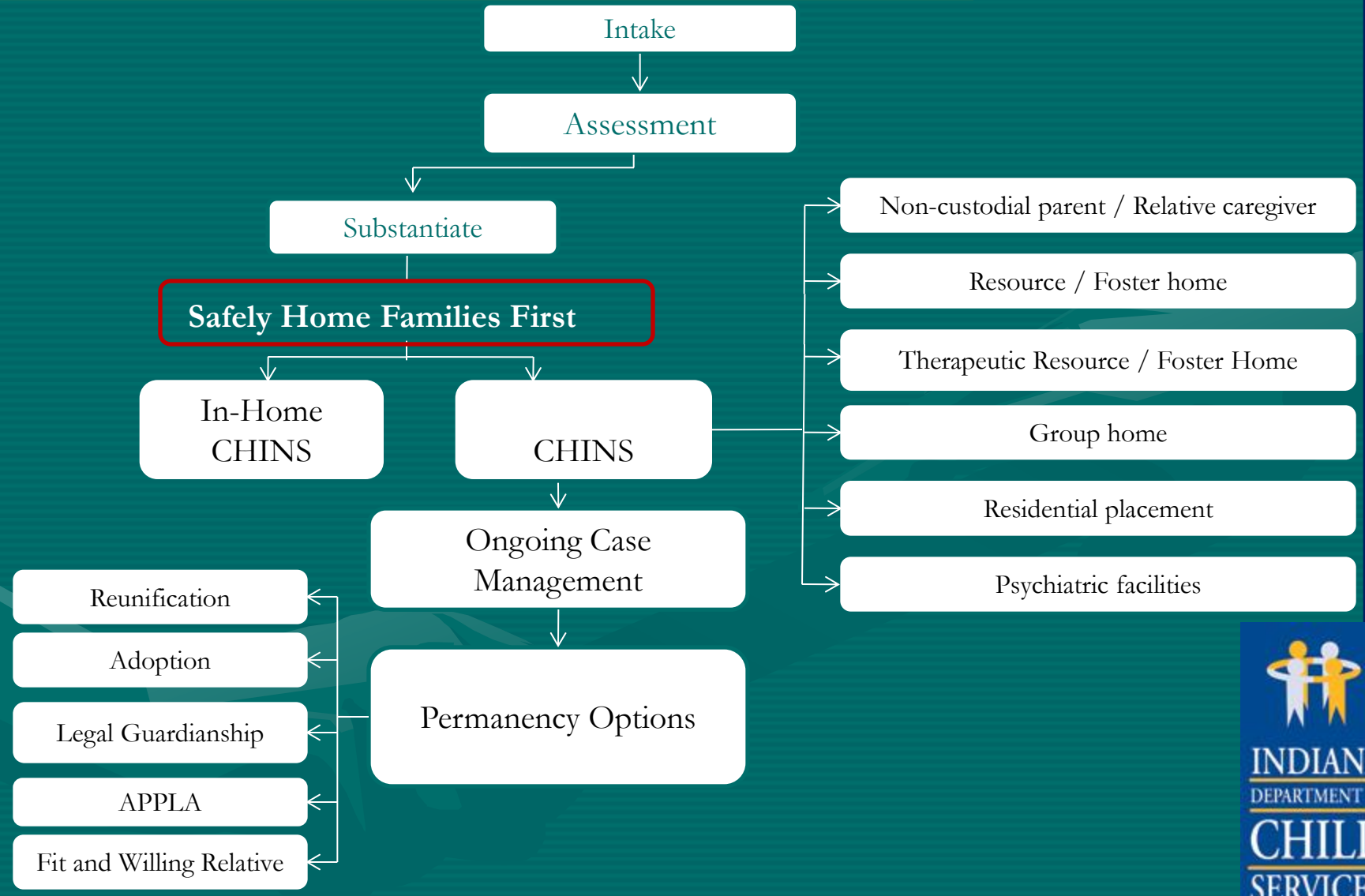
Case Types

There are 3 case types:

- Informal Adjustment
- In-Home CHINS
- Out-of-Home CHINS

INDIANA DEPARTMENT OF CHILD SERVICES

CHINS



INDIANA DEPARTMENT OF CHILD SERVICES

Safely Home Families First

What is the goal of Safely Home Families First?

1. Children are safely home with resources available and in place to support the family; or
2. They are with appropriate relatives who can lessen the effects of removal and increase their likelihood of achieving the permanency they deserve.

INDIANA DEPARTMENT OF CHILD SERVICES

How do you say tomato?

- DCS is always concerned with safety and how services are contributing to that.
  - Suggested language fix: discuss parenting capacities and how it relates to one's ability to parent.
- Advocate versus collaborate…
  - Suggestion: Empower parents to ask for a CFT and become a member of the team.
  - Communicate on a regular basis and discuss concerns among professionals. Don't feel bad about talking to management.
  - Create a team plan!

But what about potato?

- CANS and Case Plans
- How do we use monthly reports?
- Role at the CFTM
- Quick notification of problems—2 way street! (positive screens, safety issues, missed appointments)
- Court Orders

Confidentiality

and the

Release of Records

DCS → CMHC

Q: Can DCS release its records to the CMHC?

A: It depends…

DCS → CMHC

- DCS records are confidential. However, if the CMHC is authorized to treat the child that is the subject of the report, DCS may release *information relevant for treatment.*
  - The DCS referral has a section for the FCM to provide relevant information for treatment and information can be uploaded to Kid Traks.

CMHC → DCS

Q: Can the CMHC release its records to DCS?

A: It depends…

CMHC → DCS

- If the CMHC **has a release** signed by the patient, the CMHC may release its records to DCS.
  - DCS is not a covered entity under HIPAA and therefore its email system is not HIPAA-complaint. If the CMHC is concerned about the security of email, it may want to consider providing records to DCS in a format other than email or through Kid Traks.

CMHC → DCS

- If the CMHC **does not have a release** signed by the patient, the CMHC may not release its records to DCS.
  - If the patient refuses to sign a release, the CMHC should *notify DCS immediately* so that DCS can take steps to obtain the CMHC records.

CMHC → CASA

Q: Can the CMHC release its records to the CASA?

A: It depends…

CMHC → CASA

- Court orders appointing CASAs address release of records .
  - While orders vary, the standard Order allows CASAs to inspect and/or copy records relevant to the child, child's parents or any person responsible for the child's custody or welfare.
  - CASAs are part of the child and family team, which needs information to make good decisions for the best outcomes.

Redisclosure

Q: Are the CMHC's records protected from redisclosure?

A: Yes

Redisclosure

- Recipients are not allowed to re-release the CMHC records except in reports to the court or to other parties in the case.
  - The standard Order states that all information received by the CASA is to remain confidential.
  - DCS is working with the courts and CASA to make sure that all team members understand limits on redisclosure.

Redisclosure

- All information and records received by DCS are confidential and therefore DCS can only disclose those records to persons authorized by law.
  - Therefore, DCS cannot post Mary's psychological evaluation on its Twitter page.

Redisclosure

Q: Can DCS or CASA give Mary's CMHC records to Paul or to Alex's dad?

A: No, absent a court order, neither DCS or CASA has the authority to release Mary's CMHC records to Paul or Alex's dad.