

### SYSTEM OF CARE FOR CHILDREN, YOUTH AND FAMILIES

#### **Overview/Definitions**

The Missouri Department of Mental Health supports development of a comprehensive, coordinated system of care of children, youth and their families who need psychiatric, developmental and/or substance abuse treatment services and supports. DMH recognizes that for some children and youth no one agency may have the ability and/or resources to adequately meet the multiple service needs of children, youth and families struggling with psychiatric, developmental and substance abuse problems. For those youngsters and their families, and for local provider(s) working with them, the Department of Mental Health needs to foster and coordinate additional supports and services. A comprehensive array of mental health, developmental disabilities and substance abuse services and supports are required in a multi-disciplinary system of care.

A [system of care](#) is a comprehensive array of mental health and other necessary services which are organized in a coordinated way to meet the multiple and changing needs of children, youth and their families. However, a system of care is more than an array of services, it is a philosophy about the way in which children, youth and families receive services. Partnerships at all levels between families, providers, communities, regions and the state are fundamental to an effective system of care. The following are the values and principles that define the philosophy and lay the foundation for system of care service delivery.

#### **Core Values**

- The system of care shall be child-specific and family-focused, with the needs of the child and family dictating the types and mix of services provided.
- The system of care shall be community based, with the focus of services, as well as management and decision-making responsibility resting at the community level.
- The system of care shall be culturally competent, with agencies, programs and services that are responsive to the cultural, racial, and ethnic differences of the populations they serve.
- The system of care shall nurture the development of natural supports for the child and family in their own home and community.
- The system of care shall assure access, quality, respect, choice, accountability and strive for positive outcomes.
- The system of care must support collaboration, partnership and integration at all levels – child and family provider, community, regional and state.

#### **Guiding Principles**

- Children shall have access to a comprehensive array of services that address the child's physical, emotional, social and educational needs.
- Children shall receive individualized services in accordance with the unique needs and potentials of each child and guided by an individualized service plan.
- Children shall receive services within the least restrictive, most normative environment that is clinically appropriate.

- The families, children and youth, and surrogate families of children and youth shall be full partners in all aspects of the planning and delivery of services.
- Children shall receive services that are integrated, with linkages between child-serving agencies and programs and mechanisms for planning, developing and coordinating services.
- Children shall be provided with case management or similar mechanisms to ensure that multiple services are delivered in a coordinated and therapeutic manner and that they can move through the system of services in accordance with their changing needs.
- Prevention, education, early identification and intervention/treatment for children shall be promoted by the system of care in order to enhance the likelihood of positive outcomes.
- Children shall be ensured smooth transitions to the adult service system as they reach maturity.
- The rights of children, youth and families shall be protected and effective advocacy efforts for children and youth, and families shall be available.
- Children shall receive services without regard to race, religion, national origin, gender, sexual orientation, physical disability or other characteristics and services should be sensitive and responsive to cultural differences and special needs.
- Services shall be provided by appropriately trained, qualified staff.
- Children, youth and their families shall receive quality services that seek to achieve the positive outcomes sought by the child, youth and family.
- Children and youth shall receive services and supports necessary to support them in remaining with their families or, if this is not possible, creating a surrogate family or home for the youngster.

### **Eligibility**

Children and youth with co-occurring disorders in need of services from more than one Department of Mental Health Division are eligible for services. This eligibility is applicable to those determined eligible for the appropriate division's services.

### **Procedures**

- Conduct initial screenings to determine any crisis or urgent situations that require immediate services, or, if appropriate, referral to other service delivery agencies. If warranted, provide initial services or referrals as needed.
- Collect demographic and financial information.
- Explain what the agency does how the system works and services that are available.
- Conduct an initial screen for psychiatric, developmental or substance abuse problems/needs that may prompt the need for connection to other Department divisions for more in-depth specific assessments. Referrals within the Department of Mental Health should be made directly by the originating agency and the family should receive direct support in accessing the referral assessment. The family should also be provided information and referrals to other agencies and services to address other identified needs of the child and family.
- Provide prompt assessments of child/youth and family needs. Assessments should be standardized across DMH respective division provider agencies. Provider agencies should

utilize existing assessments from other sources to aid in the assessment process, and to avoid duplication and time delays.

- If the assessment identifies psychiatric, substance abuse or developmental needs for immediate family members, referrals within a division or to other divisions should be made and services prioritized for this family member.
- If assessments have been completed across multiple divisions, a diagnostic staffing should be held to share the assessment information and to develop a collaborative conceptualization of the needs of the family prior to service planning.
- If services are needed, service planning and delivery should begin after the assessment process. If the child/youth presents with a co-occurring disorder and requires services across division providers, a collaborative plan should be developed with the family that incorporates all the needs and services across providers.

#### **Support Coordinator (Formally Known as Service Coordinator) Roles/Responsibilities**

The support coordinator serves as a member of the Family Support Team that implements and supports the service planning and delivery process.

#### **Appeals**

All individuals have the right to appeal decisions regarding eligibility and level of services offered through the Department's appeals. Support Coordinators will inform individuals of their right to appeal and support them in understanding the appeals process.