

**Department of Mental Health
Division of Developmental Disabilities
Division of Behavioral Health**

**PROTOCOL FOR COORDINATED SERVICE PLANNING
FOR CHILDREN WITH CO-OCCURRING DISORDERS**

The Missouri Department of Mental Health (DMH) is dedicated to ensuring that Missourians with psychiatric disorders, substance use disorders and developmental disabilities receive quality treatment. Children and youth with co-occurring conditions are a high priority. Divisions have and retain responsibility to each child/family whose primary diagnosis/condition meets service eligibility requirements. Oftentimes, the child receives services only from one Division, so the responsibility is clear. However, sometimes children have multiple needs that result in multiple primary diagnoses/ conditions. *Primary diagnosis/condition refers to the identification of a condition that is not due to another co-existing condition.* An individual may be said to have a primary diagnosis/condition if he or she would still meet the full criteria for that diagnosis/ condition in the absence of any other co-existing condition. Within this definition it is possible that a person may have several primary diagnoses/conditions. It is also possible that the primary diagnosis is not necessarily the diagnosis causing the most severe impairment or prominent symptoms. To effectively meet multiple needs, children with several primary diagnoses/conditions may require the involvement of more than one DMH Division.

Definitions:

Family Support Team- the team is composed of child/youth (if appropriate) and/or their guardian, the Service Coordinators from each Division, as applicable, and any other individuals identified by as providing support to the individual including natural and paid supports.

Originating Division- either a) the first Division to be working with the child/youth, or, b) the Division that is first to identify that a child has co-occurring disorders and is not served by the other Division. Based on the results of the initial screening and assessment, the Originating Division will refer to the other Divisions and agencies, if the child/youth is not already served by the other Division. The Originating Division is responsible to develop the initial Service Plan and provide initial service coordination.

Lead Division- The role of the Lead Division is to assume primary responsibility for coordinating the communication among all agencies and interested parties. The lead Division coordinates the Service Plan, interagency communication and provides primary service coordination. Other Division support coordinators/case managers continue to provide case management responsibilities and activities as appropriate.

Service Coordinator- term used within this document to encompass all currently utilized terms i.e. case management, care coordination, care management, etc.

Service Plan- term used within this document to encompass all currently utilized terms i.e. treatment plan, care plan, plan of care, individualized plan, etc.

To ensure that children who need services from more than one DMH Division are appropriately served, the following protocol is established:

1. Family members, the involved DMH Divisions and other agencies shall participate in a Family Support Team which will meet on a regular basis. The family members shall have an integral role in the decision making process.
2. Each Regional Office, Community Mental Health Center or Adolescent CSTAR provider funded by the DMH shall ensure that all children seeking services are properly screened and assessed for their specific agency eligibility.
3. If only one Division is needed, that Division's protocols will be followed in the provision and coordination of services.
4. Where the screening and assessment determines that there may be co-occurring disorders and the need for more than one Division or agency to be involved, it shall be the responsibility of the Originating Division to interface with other such Divisions or agencies to address the multiple needs. In the event that the screening and assessment determines that the child is not eligible for services from an evaluating Division but appears to be eligible for another Division or agency, the Originating Division will provide direct referral to the other Division, assisting the guardian in securing the needed services for the child.
5. In compliance with its Division standards, the originating division will design an initial Service Plan and then facilitate the Family Support Team (including the other divisions or agencies) to develop a coordinated Service Plan.
6. In the initial Service Plan and all future Service Plans a specific Crisis Plan shall be developed. A crisis is defined as anything that "destabilizes" the current situation and which may negatively impact the child's current placement. There are many types of crises related to environmental, familial, legal, health and mental health factors that will require different action steps and different parties taking responsibility. The Crisis Plan identifies the specific risk factors and precipitators to the family and/or child's crisis and outlines the action steps, both proactive and reactive, and responsibilities specific to the risk factors and de-escalation techniques for that child. If and when these techniques are unsuccessful, a hierarchy of appropriate interventions that meet the unique needs of the child should be clearly outlined including who is responsible for each action. The Crisis Plan does not solely rely on use of law enforcement and convenient emergency placements. Additionally, a communication protocol should be outlined that denotes how Family Support Team members will be advised of the crisis and the action steps taken. All members of the Family Support Team should be fully knowledgeable of the Crisis Plan and their specific responsibility.

7. Based on the needs of the child and family, the Family Support Team will determine a Lead Division. Factors in determining the lead agency could include:
 - a. specific identified needs
 - b. the child or family's comfort/familiarity with a Division or agency staff
 - c. child being placed out of home by a Division provider
 - d. the majority of services being provided by a Division, etc.
8. The Lead Division is established by a transfer of responsibility from, or acceptance by the Originating Division. The transfer to a Lead Division cannot occur unless and until the Family Support Team recommends the transfer and the other Division accepts the transfer and assumes lead responsibility. This should be documented in the Family Support team notes. However, the transfer to a Lead Division does not relieve the Originating Division of responsibility for continuing to provide appropriate services for the child and family.
9. Based on the needs of the child and family, the Family Support Team may change the Lead Division over time with the same principles applied as noted above.
10. Although each Division may retain their current age eligibility criteria, services for each child must be maintained throughout a transition period-such as when they move from minor to adult status. Divisions will ensure flexibility to continue necessary transition services based upon individualized needs. The Lead Division will continue to coordinate the Service Plan and provide service coordination throughout the transition period. Services and the appropriate time for a transition period should be individualized and documented in each child's Service Plan. Other transitions such as ineligibility findings and change of residence still require coordination between the Divisions, and services for all Divisions should continue through ineligibility or change of residence transition until the Lead Agency verifies that services are secure for the child.
11. The transition to adulthood and related responsibilities may be difficult due to the psychiatric disorder, substance use disorder and/or developmental disability. As such, by the age of sixteen (16) the Family Support Team shall begin planning how this transition will occur - and begin taking steps towards that transition. This planning must begin by determining adult treatment eligibility. Other important components to examine are issues of housing, guardianship, vocational/educational services, employment and health care. Natural family and community supports should be identified that can assist in the transition. This transition planning should be documented and reviewed minimally every three months.
12. The completed Service Plan will be directed to the Regional Office Assistant Director, the Community Mental Health Center Children's Director, or the Adolescent C-Star Director for signature.
13. In the event that Family Support Teams are unable to resolve Lead Agency designation or other disputes, e.g., funding, service provision coordination, then:

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- a. RO Directors (DDD), Chief of Children's Community Operations (C3O), and Area Treatment Coordinators shall review the nature of the dispute and attempt a resolution, in absence of agreement between these parties then
- b. The DDD Children's Director and the BH Children's Director shall review the situation and offer a final decision

Recommendations:

- Contract language should be established with each provider agency serving children and families within the DMH Divisions. This interface between Division providers will help prepare each agency to address issues relating to children, adolescents and their families who experience multiple and co-occurring disorders.
- Although coordinated service planning is the intent of the Family Support Team it is anticipated that each participating agency may be required to write its own individual Service Plan. To ensure that all agency plans are coordinated, each Family Support Team meeting should produce a single "Overarching Plan" that encompasses all individual plans. This Overarching Plan will be written in the meeting by the Lead Division and distributed to all Team members prior to adjournment. The purpose of the Overarching Plan is to identify issues that the child, the family and the Family Support Team need to address; then clarify, coordinate and integrate. The Overarching Plan is intended to be a summary of services, concerns, and issues that span Divisions and agencies so that all are working toward a common goal for the child and family.

Components to identify within the Overarching Plan:

- The Originating Division or agency
- The Lead Division and contact person
- Agencies involved and contact persons
- Current issues and needs; how they are being addressed - and by whom
- The Crisis Plan including the communication protocol
- The Transitional/long-term plan
- Issues and concerns that are not being presently addressed
- The plan to address issues and concerns not presently being addressed
- Next meeting or review date