Missouri Department of Mental Health

Protocol for Planning Services for Children with Co-Occurring Disorders

2013

Purpose of the Protocol

- ✓ To assure that children/youth with co-occurring disorders receive the most complete service delivery available
- ✓ To assist families in accessing services from any DMH division as easily as possible
- ✓ To assure smooth transition between Divisions as the needs of a child/youth change
- ✓ To assist the child/youth and their family with transition from child to adult services

Definitions

Family Support Team- the team is composed of the 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-the Division that has a) worked with the child the longest or b)is first to establish eligibility and admit the child for services. Based on the results of the initial screening and assessment, the Originating Division will refer the child/youth to the other Divisions and agencies, as applicable. The Originating Division is responsible to develop the initial Service Plan and provide initial service coordination.

Definitions continued

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

The Process :

- Each RO, CMHC, or Adolescent C-Star Program funded by DMH shall ensure that all children seeking services will be properly screened and assessed for their specific agency eligibility.
- When, during the course of screening and assessment, a co-occurring condition is suspected, the Originating agency will assure that *direct* referral is made to the other Division for screening and assessment.
- The Originating Division, based on its Division guidelines, establishes a services plan and facilitates a coordinated plan, in conjunction with the FST.

The Process continued:

- When a child has been identified as having co-occurring disorders, the Originating Division sets a FST meeting which includes the family, the two Divisions, and any other individuals or agencies involved in providing the child/youth support.

- At the initial FST, the Lead Agency is determined based on the family's desire, needs of the child, and the child's circumstances. The family's desire to have a particular Division take the lead should be honored, if at all possible.

- The Lead Agency then facilitates the establishment of a service plan that includes all of the supports required from both Divisions and from other individuals and agencies as needed.

- The Lead Agency monitors the plan, provides the primary case management, and coordinates communication between all the FST members

Resolving issues:

- All support plans developed by the FST should be directed to the Regional Office Assistant Director and the Administrative Agent's Children's Director for review and signature.
- If the FST is unable to resolve issues related to the designation of Lead Agency or other disputes such as funding, services provision coordination then:
  - the Regional Office Directors (DD) and the Chief of Children's Community Operations (BH) shall review the nature of the dispute and attempt a resolution, in absence of agreement between these parties then,
  - In the event that resolution is unsuccessful, the DDD Children's Director and the BH Children's Director shall review the situation and offer a final decision.

Things to remember:

- A change in lead agency can occur with agreement of the FST.
- Case management services can be provided by both the Division of DD and by a DBH Administrative Agent at the same time. It is critical that the specific issues being addressed are clearly documented by each case manager.
- While the Divisions may maintain any eligibility requirements based on age, it is critical that transitions be handled with flexibility. All services being provided should continue until the Lead Agency verifies that services through the transition have occurred.
- Transition to adult services can be particularly difficult. By the age if 16 the FST shall begin planning for transition from child to adult services.

Things to remember continued:

Components to identify within the Coordinated 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

Very Important!

In addition to anything specified in either Division's guidelines, a Crisis Plan must be part of the coordinated plan that 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 these actions steps are unsuccessful, a hierarchy of appropriate interventions that meet the unique needs of the child should be outlined including responsible parties
- The plan does not solely rely on law enforcement and convenient emergency placements
- A communication protocol should be established to denote how all the members of the FST are to be notified of a crisis and the steps taken.

Q & A