Child Mental Health Unit Program Plan 2006-2007

A. Statement of Needs

1. During CYs 2006-2007 biennium, what do you think will be the most important social services issues/needs of children with mental health concerns?

Current Needs

Chisago County serves children with a severe emotional disturbance (SED) needing case management services to meet the mental health needs of the child. Our Case Managers are serving 180 children within Chisago County. Chisago County needs to have an adequate number of case managers to serve the growing need for case management services. The number of Children's Mental Health intakes in Chisago County increased from 51 in 2003 to 100 intakes in 2004. As of August 1, 2005, Chisago County had received 61 Children's Mental Health intakes, already exceeding the 2003 intakes.

In order to ensure children with chronic mental health concerns are successful in their home, community, and school, families need education, resources and support. One model is using Personal Care Attendants (PCA). PCAs can provide medically necessary services aimed at increasing a child's capacity to attend to the activities of daily living. Historically PCA vendors have not focused on mental health and in order for this to be a viable service for this target population, Chisago County will need to work with area providers to increase their understanding of mental health,

Community outreach and education regarding the services available and active community programs will provide resources to the community.

One fourth of the children we serve are on an Individual Education Plan (IEP). There needs to be collaboration with the area schools regarding mental health symptoms, needs and resources.

Chisago County needs to be aware of the number of cases co-managed with other departments, specifically Child Protection, Probation, and Truancy, to ensure coordination of services and maximize resources available to the family receiving services.

Case managers need to be aware of the resources available to clients with a primary insurance carrier or medical assistance coverage. Knowledge of the services allowed with a private insurance policy will assist a family and case manager to access the least restrictive services. When inpatient mental health treatment is necessary, the insurance company will be an important member of the team. If a placement is to be paid by Chisago County for a client on medical assistance, there needs to be procedures to provide the least restrictive placement and quality assurance of the placement.

With the increase in mental health clients, there is a greater need for foster parents providing out of home placement or respite services to be educated in mental health diagnosis, medications, behaviors and appropriate consequences.

With the increase in the numbers of referrals for services, there seems to be a greater number of clients with a dual diagnosis. Chisago County needs to be aware of the increase for dual diagnosis services and to plan for coordination of expanding the service resources. In addition, transportation is often a barrier to an adolescent participating in aftercare services.

Transition age youth need to have access to resources and services to increase their skills and knowledge to overcome barriers. Outreach to these youth needs to occur on the benefits of maintaining their placement as they reach their goals into adulthood with a plan for transition by the age of 21.

Key Development Issues

Chisago County will monitor outcomes regarding the services provided, gather data for use in developing programs and identify the decrease/increase of mental health symptoms by implementing the Trend Tracker®.

Chisago County will update mental health brochures and resource information to share with the community, schools and providers.

Chisago County will work towards the development of a specialized mentoring program for youth with chronic mental health concerns.

Chisago County will coordinate a development of recruiting child specific foster homes for Severe Emotional Disturbance (SED) youth.

Chisago County will review its Quality Assurance training materials for contracted case management staff.

Chisago County will expanded resources for transition age youth and coordinate all efforts with other units (schools, Department of Rehabilitative Services, Central Minnesota Jobs & Training, etc) as stated in the Goal Plan for Transition Age Youth.

Chisago County will coordinate a resource meeting with the school psychologists in our area schools to expand resources and information regarding Children's Mental Health.

Chisago County will develop protocol for use of the Ansel Casey and SELF-funding for the case managers to easily identify and access services.

Chisago County will provide resource meetings to parents of children receiving mental health case management services to further provide education and resources to families.

3. Do social services issues/needs of children differ across racial/ethnic groups in your county?

No

B. Strengths and Resources to address CCSA Needs

In the previous Service Agreement, you identified the strengths and resources available in your county to address the needs of CCSA participants. Describe the county's plan or current efforts to maximize these strengths and resources to address needs of CCSA families during CYs 2006-7.

Chisago County has increased the capacity to serve the growing needs of our community with four county case managers and six full time contracted case managers. Case managers begin working with the identified client and are in a position to provide outreach to support the family and assist to inform and identify other family members who may be eligible for services. This increase in case management allows lower caseloads, increased responsiveness to family need and ultimately and decrease in hospitalizations and out-of-home placement.

Chisago County has a position in the Mental Health Unit dedicated to the quality assurance of contracted case managers. This staff person monitors case loads, reviews billings, assists contracted workers in learning the resources and expectations of Chisago County in providing effective case management to our clients.

Chisago County has a Planning and Evaluation team with a member from the Child Protection staff, Adult Mental Health Staff, Children's Mental Health staff, Policy staff, Outcomes staff, a Planner, and others. The focus of the group is contract development and monitoring, program development, data management and "best practice" research.

Chisago County has facilitated recruiting and contracting with a Psychologist to complete diagnostic assessments, testing and therapy, a Child and Adolescent Psychiatrist, a Psychiatric Nurse, and an Adult Psychiatrist to assist with meeting the needs of our community. As a best practice, case managers are scheduled one time a month with each provider to discuss cases, receive education and coordinate services. Case Managers are encouraged to attend appointments with their clients as appropriate to also increase coordination and services to the client. Our Community Mental Health Center has a staff of psychiatric nurses who serve our clients on a sliding fee scale (for details on the complete policy see Chisago County's Sliding Fee Schedule) or those having insurance. Our clients are able to have more choices in service providers. Having the services with in our area has allowed for more collaboration with the providers and increased access to crisis appointments.

Chisago County provides 24 hour crisis response services through a contract. This service provides support and assistance to the Sheriff's office and provides phone services nights, weekends and holidays. A region contract with Five County Mental Health Center provides 24 hour mental health crisis phone services. During office hours, a back up worker for the mental health unit is assigned and stationed in the office to support any emergency calls, walk in clients or other mental health needs.

In order to reduce the use of Emergency Room visits and/or calls to law enforcement, crisis plans are completed on all open mental health case management cases. Parents are better able to advocate for the child's needs with this document in hand. A plan is pre-arranged with the family and provider. If a crisis is not averted, the Sheriff's Department has a written protocol to assist the family in evaluating the situation.

Chisago County has a post-court truancy intervention worker providing resources to families by doing home visits, school visits and making recommendations for services. This worker has identified youth with mental health needs and provided assistance to the families to receive appropriate mental health assessment and access to mental health case management services. Chisago County has identified the importance to monitor the co-case managed cases with Post Court Truancy and Probation. This is part of our Trend Tracker® developed July 2005.

Chisago County has increased mental health awareness in the community and schools through Public Health presentations and booths on suicide awareness, depression and others.

Twice a year meetings are coordinated with the schools in our county to provide further education and support to the case managers and school staff regarding specific programs available in both settings, awareness of criteria to receive services and build relationships between the two settings.

Crisis Nursery is a resource for the families we serve, providing support to those children and parents needing support and resources.

Chisago County has an active National Association for Mental Illness (NAMI) group which facilitates support and education to family members of the mentally ill.

Chisago County has increased the knowledge of staff on using third party funding for needed mental health interventions. There is a position in the accounting department assisting case managers with access to the benefits of a client's insurance. In collaborating with an insurance company, they become part of the planning team for the child. Chisago County has contracted to provide Health Care Access and Outreach to our residents by troubleshooting health care problems, resources, coverage questions, advocating and linking to Social Security services. This position has proven to be a resource to the case managers, financial workers, and other outside vendors in coordinating services with health care.

Chisago County accesses services from RISE Inc. and Central Minnesota Jobs and Training Services (CMJTS) for those who qualify. RISE works with our youth to place them in appropriate jobs, assist with the application process and interviews. CMJTS works with our youth to provide opportunities to receive a wage for providing services at a non-profit agency, and assists in transitioning youth from school to work.

Chisago County has coordinated the development of a four-bed transition house for those youth who are aging out of foster care, youth who need to leave home but do not have the skills to live independently, and for those who need to practice the skills they have been learning. Chisago County has an interest in those who are transition age (17-21) specifically in our service system's capacity to provide adequate services to this age group. Chisago County has several staff working on the development of resources for transition age youth.

Chisago County coordinates a summer program with Provide Care Inc for clients ages five to eighteen. DMA Consulting provides an Independent Living Skills opportunity as the summer

begins. The focus of the two programs is to teach and practice independent living skills. The use of the Child and Adolescent Functional Assessment Scale® (CAFAS) pre and post program has shown an increase in functioning upon program completion. An additional tool entitled the Ansel Casey Life Skills Assessments® is also administered pre and post program to measure improved independent living skills. Provide Care Inc. gives the family members, case managers and other significant persons an opportunity to participate in an open house at the end of the program.

Children's Therapeutic Support Services (CTSS) are provided by providers in and around Chisago County within the health plan networks available through Medical Assistance, MNCare, and other third party payers. To date, Chisago County coordinates in home services with five providers, Counseling Associates, DMA Consulting, Generations, Provide Care Inc., and Therapeutic Services Agency.

Chisago County has a respite program with Provide Care Inc. The respite coordinator is available to recruit client specific providers, take referrals, coordinate appropriate settings and is a support to the provider of respite and to the workers. Chisago County values the service of respite as it is believed to assist in decreasing caregiver stress and out of home placements. Chisago County and Provide Care Inc. are currently evaluating the process to evaluate the effectiveness of services provided.

Chisago County has an interest in providing the least restrictive setting for the clients we serve. We are monitoring the placements authorized and paid by the county in Residential Treatment Facilities and those placements authorized and paid for by the client's primary insurance. The Placement Review Team was developed to provide clinical staffing regarding an out of home placement of a child into foster care, respite care, residential placement or other county paid placement. The Team consists of a Mental Health Professional from Five County Mental Health Center, the Mental Health Supervisor, and others as assigned from financial services, family group decision making, and foster care licensing. The Team brings together the family and the provider after a placement has been made to assess treatment plan progress, services and provide transition planning back into the community.

Although Chisago County is only serving one client identified as "Asian" (Client Summary Report Definition) our community has a growing Hmong population. As needs arise language will be a barrier. In an effort to stay ahead of this Chisago County uses the language line to communicate by phone and has access to translate all documents. Chisago County is close enough to the Twin Cities Area to access interpreters to assist a worker on home visits. In addition, we have developed a resource list of culturally competent service providers.

C. CCSA Outcomes and Measures

To measure the services and coordination of the Children's Mental Health Unit, a Trend Tracker® was developed and started collecting data August 2005. We will continue to measure and gather information regarding the following statements:

- Number of new intakes per month

- CAFAS scores for total population
- CAFAS scores for children receiving respite care
- CAFAS scores for cases without IEPs
- CAFAS Scores for cases with IEPs
- Number of cases co-managed with Child Protection
- Number of cases co-managed with Truancy
- Number of cases open with probation and Children's Mental Health
- Number of children in residential treatment facility, County paid
- Number of children in residential treatment facility, Insurance paid
- Number of children on Medical Assistance
- Number of children not receiving Medical Assistance
- Number of children with a dual diagnosis
- Number of children age 17 + eligible for transition services

The Trend Tracker® will also document the spending trends in key service areas including:

- Child Outpatient Diag/Assess/Psych Test
- Child Outpatient Psychotherapy
- Child Outpatient Medication Management
- Children's Residential Treatment
- Child Respite Care

The Trend Tracker® will assist Chisago County in preparing for the numbers of transition age youth, and identifying the need for the increase or decrease of other services including dual diagnosis and outpatient services. We will modify our Trend Tracker as appropriate to meet the needs of the Case Managers, Supervisors and new trends.