

APPENDIX C Services and Supports

The Services and Supports described herein shall be provided to Class Members based on their individual strengths and needs. Not every service will be needed or clinically appropriate for every Class Member. However, all of these services and supports must be available and accessible to every Class Member as needed or clinically appropriate on a statewide basis and shall be provided in accordance with the Principles of Care and the Practice Model described in Appendix B of the Agreement.

A. Assessment & Treatment Planning

1. Initial Assessment

Initial assessments are strengths-based evaluations of a child/youth's mental health and functioning to determine whether the child/youth is eligible for Jeff D. Services and Supports. Assessment activities include face-to-face contact for the purpose of assessing the child/youth's strengths and needs; an evaluation of the child/youth's current mental health, living situation, relationship, and family functioning; contacts, as necessary, with significant others such as family and teachers; and a review of information regarding the child/youth's clinical, educational, social, behavioral health, and juvenile/criminal justice history. The assessments should be strength based, culturally competent, and conducted in the family home whenever possible.

2. Evaluation & Testing

Specific assessments or testing including, but not limited to, psychological, behavioral, neurological, or psychiatric, to assist in the development of a treatment plan. Providers will most likely be medical professionals who are Ph.D. or Master's level providers with associated expertise. In school settings, the evaluators will be appropriately certified, credentialed, or licensed.

3. Treatment Planning

Treatment planning consists of engagement of the Class Member and family; review and discussion of the assessment; team formation; treatment plan development and modification; crisis planning; and transition planning.

a. Class Member and family team formation: A Case Manager or Intensive Care Coordinator engages the Class Member and family to elicit participation in treatment planning through a team approach that is family centered, strength based, culturally competent, and outcome focused. The Case Manager or Intensive Care Coordinator organizes the initial meeting with the Class Member and family. During the initial meeting, the Case Manager or Intensive Care Coordinator engages the Class Member and family by explaining the Child and Family Team (CFT) approach, discussing the participation of appropriate people as part of the CFT (e.g., extended family, teachers, social workers, etc.), and determining if additional assistance is required to support the family's engagement in the process. The Case Manager or Intensive Care Coordinator contacts potential CFT members identified during engagement and coordinates the schedules of the CFT meetings in a location which is preferred by the family. Engagement of the Class Member and family by the Case Manager or Intensive Care Coordinator and of CFT members continues throughout the provision of services.

b. Treatment plan development, implementation, and modification: The CFT works to develop and adopt a strength-based and individualized treatment plan. The treatment plan describes the Class Member's strengths and needs; long-range and short-term goals for the Class Member; and the services that will best help the Class Member meet the plan's goals, as well as maximize the reduction in his/her mental disability and restore him/her to his/her best possible functional level. Services included in the treatment plan are individualized and will vary from Class Member to Class Member based upon his or her strengths and needs. The services that are provided may include those listed in this document. CFT meetings are facilitated by the Case Manager or Intensive Care Coordinator. During these meetings, the Case Manager or Intensive Care Coordinator facilitates the assignment of tasks to CFT members. The Case Manager or Intensive Care Coordinator tracks completion of team assignments. The Case Manager or Intensive Care Coordinator works with the CFT to modify the individualized treatment plan when appropriate. To the fullest extent allowed by law or regulation, a CFT will have the authority to approve services provided by agencies represented on the CFT that are recommended in the Treatment Plan. If a service is included in the treatment plan that must be authorized by an agency that is not represented on the CFT, the agency shall have up to 14 days to make an authorization determination. CFTs and non-participating agencies will be trained on what is a covered service under this Agreement to minimize denials of recommended services.

c. Crisis planning: Crisis planning is conducted by the CFT and is designed to address safety concerns, predict potential areas of crises, and to identify ways to resolve a crisis should one occur. The CFT creates the crisis plan that (a) anticipates the types of crises that may occur, (b) identifies potential precipitants and ways to reduce or eliminate crises, and (c) establishes responsive strategies by caregivers and members of the Class Member's CFT involving additional community resources as appropriate, to minimize crisis and ensure safety.

d. Transition planning: Transition planning is conducted by the CFT, informed by the assessment process, and designed to ensure that Class Members are appropriately transitioned from services, either when the Class Member leaves the children's mental health system for the adult mental health system, or when the Class Member no longer needs formal supports. Transition planning includes a clear pathway and priority for connecting caregivers and Class Members, at service re-entry, to persons with whom they have worked previously. The CFT creates the transition plan and modifies it when appropriate.

B. Case Management and Intensive Care Coordination

1. Case Management

Case management refers to outcome-focused, strength-based activities that assist families and Class Members by locating, accessing, coordinating and monitoring mental health, physical health, social services, educational, and other services and supports. Case management includes both informal and formal assessment of service needs and service planning. It includes assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services for Class members and their families. Case Managers shall use a CFT approach as described in the Principles of Care and Practice Model.

Case management includes face-to-face activities or collateral contacts that directly benefit the Class Member and the Class Member's family.

Case Managers shall maintain reasonable caseloads, consistent with accepted industry standards for children's mental health systems of care based on intensity of their client's acuity, needs, and strengths.

2. Intensive Care Coordination

Intensive Care Coordination (ICC) is a case management service that provides a single point of accountability for ensuring that medically necessary services are accessed, coordinated, and delivered consistent with the Principles of Care and Practice Model. ICC includes both assessment of service needs and service planning utilizing a facilitated CFT process. It includes assessing, reassessing, monitoring, facilitating, linking, and advocating for needed services for Class Members and their families.

ICC is delivered through a single consistent Intensive Care Coordinator. The Intensive Care Coordinator is responsible for coordinating multiple services that are delivered in a therapeutic manner, allowing the Class Member to receive services in accordance with his or her changing needs and strengths. The Intensive Care Coordinator is also responsible for promoting integrated services, with links between child-serving agencies and programs.

ICC also includes a treatment planning process that utilizes a formal CFT approach, as described in the Principles of Care and Practice Model. The Intensive Care Coordinator is responsible for facilitating CFT meetings for the purpose of developing outcome-focused, strength-based activities that assist Class Members and their families. The Intensive Care Coordinator is specifically trained in the wraparound process for treatment planning.

Intensive Care Coordinators shall maintain reasonable caseloads consistent with accepted industry standards for children's mental health systems of care based on intensity of their client's acuity, needs, and strengths.

Specific responsibilities of the Intensive Care Coordinator, in conjunction with the Class Member and family, are:

- a. engaging the Class Member and family to elicit participation in treatment planning and services;
- b. assembling the CFTs and facilitating team meetings on a regular basis;
- c. collecting, organizing, and distributing to CFT members assessments and other information about the Class Member and family;
- d. coordinating CFT meetings and documenting recommendations of the CFT;
- e. developing and distributing the individualized treatment plan;
- f. facilitating consensus from all CFT members and assisting in resolving disputes when necessary and appropriate;
- g. reviewing the individualized treatment plan on a regular basis and facilitating the CFT in making modifications as needed and appropriate;

- h. identifying, arranging, and monitoring services, including informal services in the community;
- i. facilitating collaborative communication and decision-making across child welfare, juvenile justice, mental health, and educational systems; and
- j. assisting in emergency or crisis situations, which may include responding to a call 24/7, meeting the family where the emergency is occurring, or taking the lead role in de-escalating the situation.

IDJC, which is responsible for the well-being of the children in its custody, provides intensive care coordination under a model unique to its mission.

C. Treatment Services & Support Services (Direct Services)

Treatment & Support Services (hereinafter called “Direct Services”) are individualized, preferably evidence supported, strength-based interventions designed to correct or ameliorate mental health conditions and improve a Class Member’s functioning.

Interventions are aimed at helping the Class Member build skills necessary for successful functioning in the home, school, and community and improving the ability of the family to help him/her to successfully function in the home, school, and community. The types and intensity of interventions are based upon an Individualized Treatment Plan, and will vary over time based upon effectiveness, reassessment of needs, and modifications to the Individualized Treatment Plan.

Direct Services are delivered according to an Individualized Treatment Plan developed as described above, and consistent with the Practice Model. The Individualized Treatment Plan will have specific goals, objectives, and interventions that are the treatment and support services designed to improve the Class Member’s functioning.

Direct Services include:

1. Treatment Services

a. Medication Management

Medication management services include a clinical assessment of a Class Member, the prescription of medication and follow-up reviews as part of the Individualized Treatment Plan for the purpose of evaluating the effectiveness and side effects of the medication by medical personnel. A prescriber should be involved with the CFT.

b. Psychotherapy

Individual, family, or group therapy involves outcome-based and strength-based therapeutic interventions. Services may be provided in the home, community, or an office setting. Priority is given to evidence-based therapies, such as, Cognitive Behavioral Therapy, Parent-child Interaction Therapy, and Functional Family Therapy.

c. Skills Building

Behavioral, social, communication, rehabilitation, and/or basic living skills training designed to build a Class Member’s competency and confidence while increasing functioning and decreasing mental health and/or behavioral symptoms. Training is related

to goals identified in the individualized treatment plan. Examples of areas that may be addressed include self-care, behavior, social decorum, avoidance of exploitation, anger management, budgeting, development of social support networks, and use of community resources.

d. Behavioral/ Therapeutic Aide Services (including mentoring)

Behavioral/therapeutic aide services focus on social and behavioral skill development, building a Class Member's competencies and confidence. These services are individualized and are related to goals identified in the Class Member's treatment plan. Services that a behavioral/therapeutic aide or mentor may provide include crisis intervention, implementation of a behavioral management plan, and rehabilitation services, such as teaching the Class Member appropriate problem-solving skills, anger management, and other social skills. Behavioral/therapeutic aides or mentors may provide assistance at any time and in any setting appropriate to meet the Class Member's needs, including home, school, and community.

e. Day Treatment

Psychotherapy and/or skills building provided in a structured group environment that includes individual or group activities, therapies, social, communication, and behavior and basic living skills training. Treatment is individualized and related to goals identified in the Class Member's individualized treatment plan. Day treatment services may be provided at any time including during the day in the Class Member's school or other community settings.

f. Intensive Home and Community-Based Services

Intensive in-home services are intensive services provided to Class Members in their home or in the community. Services are individualized, strength based, family centered, and culturally competent. All services focus on the Class Member's emotional/ behavioral needs. Services may include behavior management, therapy, crisis intervention, and parent education and training. Intensive services should be provided to, among others, Class Members at risk of out-of-home placement, including a residential program or psychiatric hospital, Class Members transitioning from an out-of-home placement back to their families or other community setting, and Class Members with significant behavioral health needs.

g. Therapeutic after-school and summer programs

Therapeutic after-school and summer programs encompass individual and related therapies and counseling in a therapeutic setting with an emphasis on social, communication, behavior and basic living skills training, psychosocial skills, and relationship problem-solving. After-school programs can be located on school grounds or other community settings.

h. Integrated substance use disorder (SUD) services for individuals with co-occurring disorders

Integrated SUD services are provided in an individual or group setting that are integrated with the Class Member's mental health treatment. Services may include residential services, intensive outpatient SUD services, education and coping skills training for the mental and SUDs and their interactive effects, and training on handling stress and relapse prevention. SUD and mental health services are integrated as described in the individualized service plan.

2. Residential-Based Treatment Services

a. Treatment Foster Care

A service that provides clinical intervention for a Class Member within the private homes of clinically trained and licensed foster families for the length of time necessary to meet the individual treatment needs of the Class Member. ICC will be provided when a Class Member is placed in treatment foster care and the CFT members will include the treatment foster parents. Treatment foster care includes services provided by a foster parent/family in order to implement the Class Member's individualized treatment plan. Treatment foster parents assist in developing an individualized treatment plan for the Class Member and support the Class Member in achieving his/her service plan goals and objectives. Treatment foster parents perform a therapeutic function in addition to supervision services. Treatment foster care services include supervision, behavioral interventions, psychosocial rehabilitation, skills training and development, participation in treatment and discharge planning, and transition services when a Class Member returns to his/her family. Transition services involving the treatment foster parents may include, among other things, facilitating visits, coaching the permanency caregivers, providing limited respite care, etc. Class Members in treatment foster care may also receive other services listed in this document that are not provided by their treatment foster parents.

b. Residential Care

A service provided by a licensed children's residential care facility that provides treatment and care in a highly-structured setting for a Class Member needing intensive treatment and supervision for the length of time necessary to meet the individual treatment needs of the Class Member. ICC will be provided when a Class Member is placed in residential care and the CFT members will include the residential care provider. The Individualized Treatment Plan will address the transition out of residential care and family involvement while the Class Member is in the residential care facility.

3. Support Services

a. Respite

Respite services are short-term, temporary direct care and supervision for a Class Member intended to relieve a stressful situation, de-escalate a potential crisis situation, or provide a therapeutic outlet for a Class Member's emotional problems. The goal is to prevent disruption of a Class Member's placement by providing rest and relief to caregivers and Class Members while helping the Class Member to function as independently as possible. Respite services are generally limited to a few hours, overnight, a weekend, or other relatively short period of time. Services can be furnished on a regular basis. Respite services can be furnished in the Class Member's home, another home, a therapeutic foster home, or other community location.

b. Transportation

Transportation services involve the transporting of a Class Member and/or his/her family/caregiver from one place to another to facilitate the receipt of services in the individualized treatment plan. The service may also include the transportation of the Class Member's family/caregiver with or without the presence of the Class Member, if provided for the purposes of carrying out the Class Member's service plan (e.g., counseling, meetings).

c. Psychoeducation & Training

Psychoeducation and training educate the family and Class Member about the Class Member's mental health needs and strengths and train the family and Class Member in managing them. The goal of these services is to foster community integration and/or avoid an out-of-home placement by teaching the family how to help the Class Member function within the family, school, and community, including by developing and implementing a behavioral plan. Services are strength based, outcome focused, culturally competent and individualized. Services may be provided individually, in the home, or through group trainings.

d. Family Support

Services provided by other parents who have lived experience and specialized training to assist and support the family in gaining access to services, and to help the family become informed consumers of services and self-advocates. Family support such as, but not limited to, mentoring, advocating, and educating may be provided one on one to the family or through family support groups.

e. Youth Support

Services provided by other youth or young adults to assist and support Class Members in understanding their role in accessing services, and in becoming informed consumers of services and self-advocates. Youth support such as, but not limited to, mentoring, advocating, and educating may be provided through youth support groups and activities.

f. Case Consultation

Case consultation is an in-person or telephonic meeting to develop, monitor, or modify a comprehensive assessment or individualized treatment plan, or to review services and progress towards objectives in the treatment plan between two or more of the following: the case manager, treating providers, physician, and other professionals or paraprofessionals involved in the Class Member's care. Case consultation includes attendance at CFT meetings or educational case conferences.

g. Flexible Funds

Funding available to meet the unique needs not otherwise paid for in an Individualized Treatment Plan. Examples of flex funding include, but are not limited to, family supports such as limited rental payments, utilities, automobile repair, and individual supports such as therapeutic behavioral incentives.

Settings: Direct Services may be provided in any setting where the Class Member is naturally located, including the home (biological, foster, relative, or adoptive), schools, recreational settings, childcare centers, and other community settings. Some of these services may also be provided via telehealth technology.

Availability: Direct Services are available as needed, including in evenings and on weekends.

Providers: Non-clinical Direct Services are typically provided by paraprofessionals under clinical supervision. Peers, including parent and youth partners, and may provide Direct Services. Clinical services are provided by a mental health professional rather than a paraprofessional.

D. Crisis Response Services

Crisis services are available 24-hours a day, seven days a week in response to sudden or unexpected behavior in a Class Member that indicates the presence of acute psychiatric symptoms and the need for an immediate response. The purposes of crisis services are to identify, assess, and stabilize the situation.

a. Crisis Respite

Short term, temporary care of a Class Member by a caregiver different from the usual caregiver to stabilize a crisis situation.

b. Crisis Response Services

Services that are available 24-hours a day, seven days a week through telephonic contact with a mental health professional to determine the most appropriate response to a crisis situation.

c. Crisis Intervention Services

Face-to-face services include safely identifying and assessing immediate strengths and needs to ensure that appropriate services are provided to de-escalate the current crisis and prevent future crises. Services shall be provided consistent with an existing crisis plan using formal and informal supports, in partnership with the family. Services are available 24-hours a day, seven days a week by trained clinical staff.

d. Inpatient

Mental health and medical services provided to a Class Member admitted to a psychiatric hospital when there is an imminent risk of danger to self or others.

Settings: Crisis services are typically provided at the location where the crisis occurs, including the home (biological, foster, relative, or adoptive) or any other settings where the Class Member is naturally located, including schools, recreational settings, child care centers, and other community settings.

Availability: Crisis services are available 24 hours a day, 7 days a week, 365 days a year.

Providers: Crisis services are provided by a trained and experienced crisis professional or team, preferably drawn from members of the CFT.