

# Montana DPHHS Children's Mental Health Bureau

Mental Health Supports for Our  
Youth

# Kandis Franklin

## Family and Communication Liaison

- Role
  - Program Officer for Mental Health Center (MHC)
  - Design, Development, Administrative Rule
  - Provider partnership
  - Increase access to and of awareness of services
- Presentation Focus
  - Program perspective
  - Supports for youth upon discharge
  - State and Federal updates

# CMHB Role in CoP

- Department collaboration
  - OPI and CMHB
- Relationship building
  - Leadership team
- Interconnected systems
  - Essential to successful transition
- Mental health services
  - Service providers and appropriate supports

# Youth Served

- Children's Mental Health Bureau serves Youth with Serious Emotional Disturbance (SED)\*
    - Medicaid eligible youth under 18\*
    - Up to age 20 if enrolled and attending school\*
    - Residential, School, Home and Community based
- \*criteria in CMHB Medicaid service manual

# Residential Services

- CMHB residential services
  - Psychiatric Residential Treatment Facility (PRTF)
    - 24 hour secure facility
  - Psychiatric Residential Treatment Facility Assessment Service (PRTF-AS)
    - intensive short term length of stay
  - Partial Hospital Services (PHP)
    - provided within either an acute level program or a sub-acute level program
  - Therapeutic Group Home (TGH)
    - reduce risk for higher LOC or transitional LOC from discharge

# Community Based Services

- CMHB community services
  - Targeted Case Management (TCM)
    - planning and coordinating care and services to meet individual needs of a youth
  - Comprehensive School and Community Treatment (CSCT)
    - school based therapy, behavioral and life skills training
  - Community Based Psychiatric Rehabilitation and Support Services (CBPRS)
    - one-to-one, face-to-face, intensive short-term behavior management, and stabilization services

- CMHB community services
  - Day Treatment (Day TX)
    - mental health services provided in a specialized classroom setting
  - Outpatient therapy (OP TX)
    - individual, family, group
  - Therapeutic Foster Care (TFC)
    - intensive in-home family support services in a licensed foster home
  - Therapeutic Foster Care-Permanency (TFOC-P)
    - permanent therapeutic foster family placement

# Regional Resource Specialists

- 2 regional RRS - Provider and Family resource
  - Participate on TX team, track youth during discharge, transition, supports
  - Listed in Staff Directory by region
- SSP, SOCA, R&B, Respite
  - Supplemental Services Program
  - System of Care Account
  - Room and Board
  - Relief services for a temporary short-term period
- Limited funding available
  - prior-authorized by CMHB
  - Eligibility guidelines apply
  - Exclusions apply



# Transition Problems

- Admission/Discharge
  - Coordination
- Services
  - Appropriate supports
  - Access
- Privacy and timeliness
  - HIPAA/FERPA

# Transition Supports

- Youth need access to supports upon residential discharge
  - Comprehensive discharge plan must be formulated upon admission into service (required)
  - Identify appropriate services (No TCM for in-state PRTF, 80 units for OOS)
  - Crisis planning
  - Medication plan includes initial seven-day supply and arrangement for outpatient visit with a prescribing provider

# Goal

- The first day the youth is back in school
  - Transition protocol complete
  - Plan is in place
  - Services identified
  - Parental involvement
  - Community resources
- Why you are in a unique position
  - Familiar face
  - Familiar structure
  - Wide array of supports and resources

# Scenario 1 – Pre CoP

- Youth arrives at school
  - Where did he go?
  - What worked and didn't work?
  - Education activity?
  - Service plan?
  - Safety and supports?
  - Basic needs?

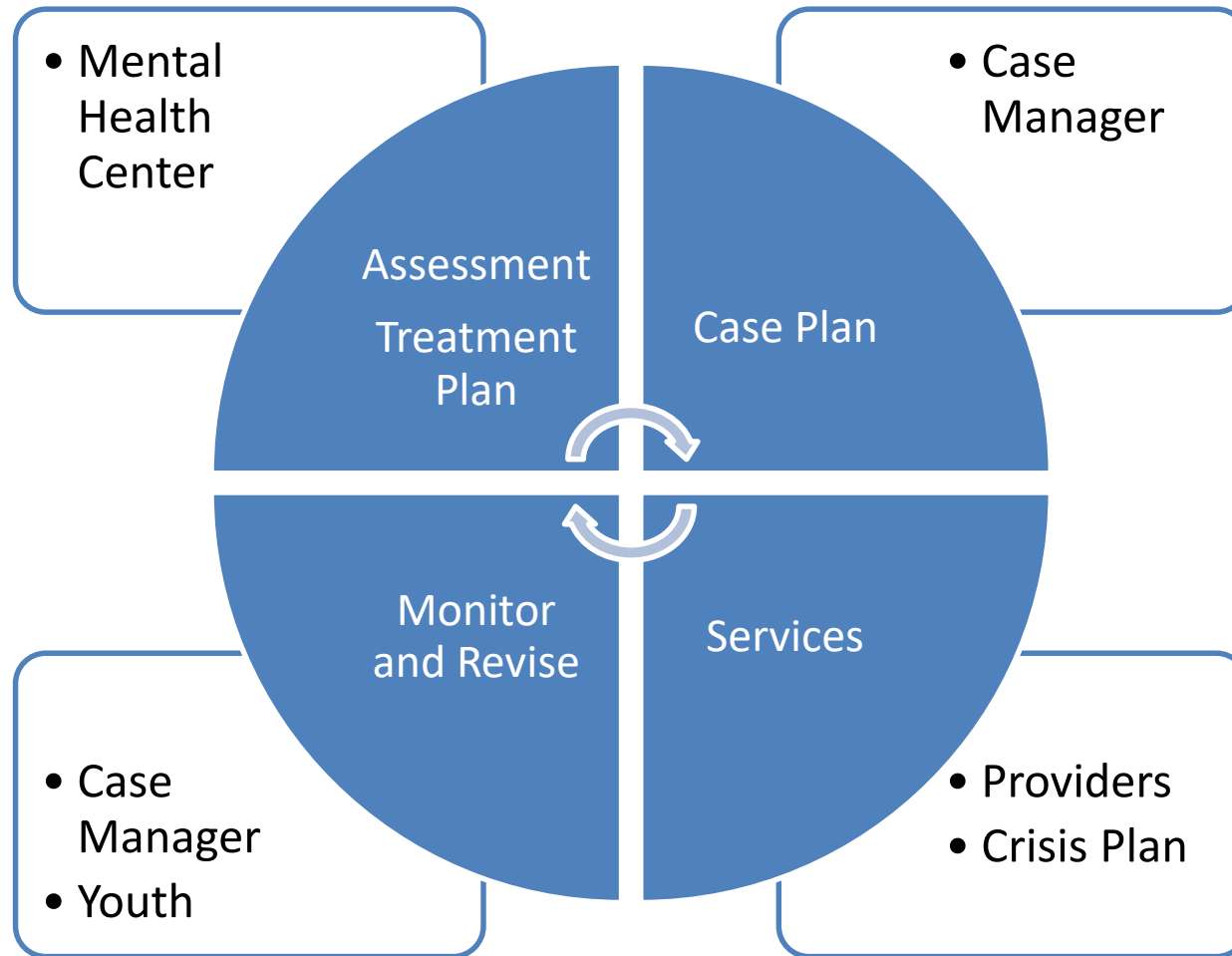
# Scenario 2 – Post CoP

- Youth arrives at school
  - Transition protocol completed
  - Check in/check out team
  - CSCT team notified
    - if not on team may be referred for intervention/assessment
  - Service plan meets needs
    - access to supports
  - Safe environment
  - Basic needs met

# CSCT Waiting List - ARM 37.87.1801

- Youth referred to the CSCT program must be served in sequential order as determined by the priorities below based upon acuity and need, **regardless of payer**:
  - without treatment the youth may become at risk of self-harm or harm to others;
  - the youth requires support for transition from intensive out-of-home or community-based services;
  - the youth meets the serious emotional disturbance criteria\*;
  - the youth has not responded to positive behavior interventions and supports; or
  - the youth is not attending school due to the mental health condition of the youth.

# Targeted Case Management (TCM)



# CMS Updates

## April 2016 CMS SHO# 16-007

- Provides guidance on facilitating access to covered Medicaid services for eligible individuals prior to and after a stay in a correctional institution.
- Affects significant numbers of justice-involved individuals
- Potential to make a significant difference in the health of this population and in eligible individuals' ability to obtain health services that can promote their well-being



# CMS SHO# 16-007 Definitions - Inmate

- CMS considers an individual of any age to be an inmate if the individual is in custody and held involuntarily through operation of law enforcement authorities in a public institution
  - State or federal prisons, local jails, detention facilities, or other penal settings (e.g., boot camps, wilderness camps)
- Individuals who are on parole, probation, or have been released to the community pending trial (including those under pre-trial supervision) are not considered inmates

# CMS SHO# 16-007 Definitions - Eligibility

- Incarceration does not prevent an inmate from being determined eligible for or maintaining eligibility for Medicaid
  - State must enroll or renew the enrollment of the individual effective before, during, and after the period of time spent in the correctional facility.
- Once enrolled the state may place the inmate in a suspended eligibility status during the period of incarceration

- Correctional institutions and other entities should coordinate with Medicaid in order to receive paper copies of forms if computer access is restricted
- Generally financial eligibility is determined using modified adjusted gross income (MAGI)
  - There are no special rules or exceptions for incarcerated individuals
  - Correctional institution may be used as home address

# CoverMT.org

- Enrollment assistance
  - <http://covermt.org/find-local-help/>
- Free help from someone in your community. There are more than a hundred enrollment assisters across Montana
- Tribal enrollment assistance available