Environmental Factors and Plan

Children and Adolescent Behavioral Health Services MHBG

1.	Does the state utilize a system of care approach to support:						
	a. The recovery and resilience of children and youth with SED? Yes No						
	b. The recovery and resilience of children and youth with SUD? ∑ Yes ☐ No						
	Community Mental Health Centers (CMHCs) are required to provide an integrated system of care as described in contract language. Services must be individualized according the client's needs and strengths, while also being responsive to cultural differences and special needs. The process can involve parents/guardians, family members, friends and any professionals or advocates the individual wishes to be involved.						
	Administrative Rules of South Dakota (ARSD), Article 67:62 Mental Health, defines system of care as a coordinated network of community-based services and support organized to meet the needs of individuals with mental health issues and their families. CMHCs are required through ARSD to develop a plan which describes on organized community-based system of care for individuals with a mental disorder, including cooccurring disorders.						
	In addition, Lewis and Clark Behavioral Health Services, Yankton public schools, Court Services and Child Protection Services initiated a pilot project in the fall of 2014 to strengthen the local system of care. The goal was to implement a wrap-around approach driven by child/family teams for high risk youth who have severe emotional problems. The project is unique because the focus is on placing the school system in a leadership role in the implementation of a wrap-around approach within a system of care. Serving as a single point of contact, the LCBHS Care Coordinator works with school systems to identify students at risk; assists students' families to develop strength based goals, and assists families with connecting to supports and agencies who can provide the resources to accomplish these goals. The first two years of the pilot program were funded through a Janssen pharmaceutical settlement. LCBHS also contributes \$4,000 per year for flex funding, used as a resource to support families and their needs. The pilot project results indicated that many services and supports provided to the families were either low-cost or no-cost.						
2.	Does the state have an established collaboration plan to work with other child and						
	youth serving agencies in the state to address behavioral health needs?						
	a. Child Welfare? X Yes No						
	b. Juvenile Justice? X Yes No						
	c. Education? X Yes No						

Child Welfare, Juvenile Services, and Criminal Justice Coordination

The Unified Judicial System (UJS), Child Protective Services (CPS), the Department of Corrections, and CMHC Directors continue collaborative efforts to improve the referral and service delivery system for children who are referred by UJS or CPS to a CMHC. The DBH supports these collaborative efforts by coordinating both system-wide conversations and local conversations, if needed.

Educational Coordination

CMHCs work closely with school personnel in the identification and early intervention of children who have a serious emotional disturbance as defined under the Disabilities Education Act and South Dakota Codified Law. In addition, CMHCs provide mental health services in many schools across the state and work with school counselors and teachers to provide early interventions and to develop of system of support for youth in their communities. They also work with youth, families and Individual Education Plan teams to ensure that needed mental health services are being provided and that the child is receiving an appropriate education, despite mental health issues or other learning disabilities. CMHCs also offer groups regarding life skills and building self-esteem, and education for youth, teacher, and counselors regarding early identification and interventions.

•	T	• . • .		1 00	
~~	Does the state	monitor itc	PROGRACE ON	d attactivar	oce oround
J.	Ducs me state	momioi its	DI 021 C55 and	u chechivel	icss. ai vuiiu.

a.	Service utilization? X Yes No	
b.	Costs? Yes No	

c. Outcomes for children and youth services? ⊠ Yes ☐ No

Utilization and Cost:

The DBH utilizes an electronic system called STARS (State Treatment Activity Reporting System) to track service utilization and costs. The STARS also collects individual demographics and service information.

Outcome Measurement:

Data and outcome reporting is identified as a critical gap and need within the State of South Dakota. In 2015, the DBH, in conjunction with the Council of Mental Health Center Directors, Inc. and the Council of Substance Abuse Directors, Inc. and representatives from CMHCs and Substance Use Disorder (SUD) treatment providers, formed a Data and Outcomes Work Group (DOWG).

The DOWG reviewed federally required data elements and national outcome measures as well as data and outcomes collected by the DBH. As a result, the DOWG agreed upon a comprehensive data collection and analysis process to measure the impact of behavioral health services. This methodology allows the monitoring and reporting of outcome measures on a variety of levels including, but not limited to the individual client, the provider and funding sources at both state and federal levels.

In Fiscal Year (FY) 2017, the DBH began collecting and monitoring outcomes measures and performance indicators for all adults receiving services within the public mental

health system. The DOWG then reconvened and started developing tools to measure outcomes and performance indicators for all youth and family members of youth clients receiving services. The goal is to implement the youth and family tools by FY 2018.

4.	Does	the	state	provide	training	in	evidence-	-based	l:
			State	provide	or continue		CILCULTUC	Dube	-

- a. Substance misuse prevention, SUD treatment and recovery services for children/adolescents, and their families. ⋈ Yes ☐ No
- b. Mental health treatment and recovery services for children/adolescents and their families? ⊠ Yes ☐ No

5. Does the state have plans for transitioning children and youth receiving services:

- a. To the adult behavioral health system? X Yes No
- b. For youth in foster care? ∑ Yes ☐ No

6. Describe how the state provides integrated services through the system of care (social services, education services, child welfare services, juvenile justice services, law enforcement services, substance use disorders, etc.).

The development of partnerships with health, social services, education, and other state and local government entities is integral to the development of an integrated system of care.

The state describes the integration of services within Planning Step One regarding the following:

- Child Welfare, Juvenile Services and Criminal Justice Coordination
- Medical/Dental Service Coordination
- Vocational and Educational Coordination
- Housing Coordination and Support
- Criminal Justice Initiative
- Juvenile Justice Reinvestment Initiative
- Correctional Resource Coordination
- Health Homes

7. Does the state have any activities related to his section that you would like to highlight?

The DBH's Accreditation Program monitors the system of care approach for the delivery of mental health and SUD services through on-site accreditation reviews. The accreditation monitoring consists of review of policies and procedures, individual charts, and interviews with families and individuals. Questions in the interview process include processes to determine methods the agency employs to create a system of care that is hopeful and empowering, respectful and welcoming, individual/family driven, culturally sensitive and integrated for individuals and families with co-occurring complex needs.

In addition, the DBH collaborated with the Unified Judicial System and the Department of Corrections in order to implement the Juvenile Justice Reinvestment Initiative (JJRI) Program. The intent of the JJRI program is to expand and provide evidence-based interventions to justice-involved youth within their community. Eleven CMHCs and Lutheran Social Services were trained in Functional Family Therapy, an evidence-based practice, and services began in January 2016. Training in Moral Reconation Therapy and Aggression Replacement Training services began in January 2017.

A detailed description of the JJRI can be found in Planning Step One.

Please indicate areas of technical assistance needed related to this section.

