Minutes

Targeted Case Management – Children with Severe Emotional Disturbances

Wednesday, 8/21

9:30 – 4:00

Meeting called by Meghan Peel, Children's Mental Health Bureau Chief

Attendees: Meghan Peel, Rebecca de Camara, Renae Huffman, Mary Windecker, Phil Quinn, Jake Henderson, Jeff Folsom, Will Tedrow, Nicole Tucker, Kim Chouinard, Barbara Cowan

Location Sanders Building, Room 107 – 111 N. Sanders, Helena, MT 59604

9:30 – 10:00

Introductions / Goals

4-5 Workgroup meetings, occurring every 2 weeks to provide recommendations to the Department for changes to Targeted Case Management for Youth with SED. Goal is to design an effective and efficient Targeted Case Management Program which is available to youth who need it the most and accomplishes specific and measurable outcomes.

10:00 – 10:30

Overview of Current Service

Overview of current service provisions

"Targeted Case management" means the process of planning and coordinating care and services to meet individual needs of a youth and to assist the youth in obtaining necessary medical, social, nutritional, educational, and other services. Case management provides coordination among agencies and providers in the planning and delivery of services.

Case management includes:

- assessment;
- case plan development;
- monitoring; and
- service coordination.

Target Population

Current Eligibility

Youth must meet the SED criteria as described in this manual and:

(1) The parent/caregiver gives consent and agrees to participate in TCM.

(2) Within 14 days of admission, the youth has been identified as needing, in addition to TCM, linkage/referral and/or coordination and monitoring of:

(a) two or more mental health services; or

(b) a mental health service and two or more providers or *systems.

(3) The need for TCM must be documented by a mental health professional.

(4) TCM services cannot be used for activities that are the responsibility of other systems.

Historical Utilization

10:30 – 11:30 **Program Design: What do we want TCM to accomplish?**

Assessment

Clincal Assessment: Required through MHC rules – already standardized.

Pre-Planning Assessment:
Goal: An effective assessment standardized across providers, that works with accreditation standards as well as Families First Prevention Services Act.

Jake shared positive feedback about how assessments are done within DDP, standardized across the program.

DLA-20 was not meant to be an assessment tool, but to measure outcomes as part of the monitoring process.

Plan of Care

There are current Administrative Rule that regulates what needs to be in an Individual Treatment Plan for Mental Health Centers. 37.106.1916

Possibility of adding specific Crisis Plan criteria to ARMs.

Common language that everyone uses?

This is possibly an area that doesn't need a lot of change

Referral
Goals: Access to needed services (link and advocate) goes back to what is identified in the individual treatment plan.

Monitoring
What does successful discharge look like?
Do we want to use DLA-20 for monitoring and outcomes?
Subgroup needs to decide on what outcomes we want to measure in addition to those statutorily required by HB 583.
HSS has some discharge language that we should review and see if we can leverage off of it.

11:30 – 12:00 **Lunch**

12:00 – 1:00 **Eligibility Criteria**

Brainstorm Session of who needs TCM:
-Recent admission in residential setting for MH dx
-While currently placed in a PRTF
-Co-occurring DD and Mental Health dx (Or would this be an exclusion because they should be receiving it through the DDP)
-ACE Score – would indicate trauma and family functioning, however, upon discussion, was decided that this would be hard to collect and probably not accurate if screened upon admission.
-Parent/Caregiver has documented need
-Multiple system involvement (CFSD, JJ, etc)
-Risk of harm to self or others (Acuity of symptoms)

1:00 – 3:30 **Service Requirements**

Will discuss at a future meeting.

3:30 – 4:00 **Wrap Up / Action Items / Next Meeting**

All Providers: Bring your own needs assessment (pre-planning assessment) as well as your template for Individual Treatment Plans for discussion and to identify key components.
Mary: BHAM will reach out to National Council to inquire about evidence-based / best practice functional assessment tools, with an emphasis on family-centered functional tools.

Meghan: Provide, number of youth and expenditures in the service. Include length of stay if possible.

All Providers: Bring historical length of stay data, if tracked.

Renae: Timeline TCM and HSS of CMHB changes - so that it can be compared with the numbers and length of stay.

Meghan: Arrange Megan Grotzke to attend a future meeting of the task group to talk about the CONNECT system and it's potential for tracking referrals.

Renae: MHC Administrative Rules

Jake: CARF standards for TCM

Phil: COA standards for TCM

Renae: Federal rules for providing TCM while in a PRTF (is it only within 120 days of discharge?)

Mary: Compile TCM eligibility criteria from other states

Meghan: Review criteria for HSS 90 day extension (b) – how is this documented?

Meghan: Top five dx for TCM, include secondary dx, and how many other services were received.

ALL: Review Targeted Case Management Program Design matrix and provide feedback on additions, what doesn't need to be regulated in rule, etc.

ALL: What are the top three things that all case managers should be doing – what outcomes are we focusing on?