

# **Sample County CCSI Procedures for Children and Youth**

(Names and County identifiers removed)

## **\*\*\* County SPOA/CCSI Mission Statement:**

**We are a group of multiple agencies and interested people who, in partnership with state agencies, are committed to planning, educating the community, and determining needs and service provision for seriously emotionally disturbed and at risk youth. Because our community's future will be affected by its emotional wellness, we choose to work with families through a collaborative Single Point of Access, to assure oversight, best practice, and access to needed services. We utilize a cooperative strengths-based approach working with families as partners to empower children and families to choose, evaluate, and plan their services, become responsible citizens, and improve their quality of life.**

## **\*\*\* County SPOA/CCSI Core Values:**

Single Point of Access (SPOA)/CCSI Strengths Based Approach:

The concept of a strengths- based delivery approach is based on a family (parents/guardians and interested parties) and provider partnership that is developed around the belief in these nine

### **Core Values:**

1. Families enter into a partnership and become involved in the decision making and service delivery process.
2. Services are focused on meeting the identified needs of the family.
3. All SPOA- identified providers be understanding of different cultures and sensitive to their delivery of services.
4. Support systems be available throughout the treatment process.
5. The partnership works to discover and enhance strengths within families.
6. The partnership respects the different experiences of families.

7. The partnership recognizes the importance of connecting children to the community.
8. The partnership creates a comfortable environment in terms of interaction with all parties.
9. Through the partnership, families are assisted in the use of their strengths to cope with life's challenges.

## **Definitions:**

### **1. Population to be served:**

- Seriously mentally disturbed (as defined by OMH), or at risk of becoming SED
- Under 18 years old
- At risk of out-of-home placement
- Transitioning back to the community from inpatient, residential etc.

### **2. Child and Adolescent Service System Program (CASSP) Principles:**

1. The system of care should be child centered and family focused, with the needs of the child and family dictating the types and mix of the services.
2. The system of care should be community based, with the locus of services as well as management decision making responsibility resting at the community level
3. The system of care should be culturally competent, with agencies, programs, and services that are responsive to the cultural, racial, and ethnic difference of the populations they serve.

\*The CASSP initiative began in 1992 in \*\*\* County. It is the framework for the MH SPOA for children and youth.

### **3. Coordinated Children's Service Initiative:**

CCSI is an interagency initiative currently operational in 52 counties in New York State. It strives for interagency collaboration through local decision making structures that support coordinated care approaches. The initiative embraces the Child and Adolescent Service System Program principles (CASSP) (see above). CCSI is an overriding philosophy and process, not a program.

\*The CCSI initiative began in 1993 in \*\*\* County.

### **4. Tiered systems of CCSI / SPOA**

- Tier 1: Case specific meetings with family, parent advocate, and providers of services
- Tier 1.5: Monthly meetings of parent advocates and service providers
- Tier 2: Monthly planning and evaluation of the CCSI/SPOA process by service provider administrators.
- Tier 3: Quarterly meetings of state child serving agency administrators.

### **5. Child and Adolescent Needs Strengths (CANS) Assessment**

Is an assessment tool which assesses families' strengths and needs over six domains ( problem presentation, risk behaviors, functioning ,care intensity and organization, care giver capacity [needs and strengths], and strengths). The clinician, service worker or parent advocate uses the tool to rank categories within the domains. It is a tool which facilitates communication between service planners in a standardized form. Clinicians, service workers and parent advocates are trained by NYS Office of Mental Health approved trainers to use the tool.

### **6. Strength based service approach**

Is an approach that plans with the parent as an active partner in the service plan. The whole person (needs and strengths) are taken into consideration in service planning and intervention. (See core values, CASSP principles and checklist for successful parent-professional collaboration)

## **Chairpersons of CCSI/SPOA Tier Committees:**

### **Tier 1 (\*\*\*) County case specific coordination meeting)**

Co-chairs:

Parent Coordinator

Referring clinician/service worker/parent advocate

### **Tier 1.5 (\*\*\*) County monthly case review committee)**

Co-chairs:

Parent Coordinator

(On a rotating basis)

Director of Community Services

Catholic Charities

OHBSD

### **Tier 2 (\*\*\*) County planning and evaluation of CCSI/SPOA)**

Director of Community Services

### **Tier 3 (State Planning and evaluation and system review committee)**

NYS Office of Mental Health

## **Membership:**

Members of each tier include: parents, MH service providers and human service providers (See attached page.)

## **Function:**

**Tier 1** functions as a **case specific review** and coordination of services for seriously emotionally disturbed children and their families. The **Tier 1** case planning group is charged with using the CANS screening and assessment to develop a service plan using a strengths-based approach. The committee is also charged to schedule follow up meetings as needed. Service plans are distributed to all persons present.

**Tier 1.5's** function is **to review all admissions and discharges to MH programs and determine if waiting lists exist, facilitate movement of services, and determine if case specific meetings with SED families are needed.** CANS, referral sheet, and release of information are required to obtain MH services. The committee is charged with **providing information on system issues to the Tier 2** for their review and action.

**Tier 2** committee is responsible for **developing, implementing, and evaluating the effectiveness of the SPOA/CCSI** for children and youth. **Tier 2** is also responsible to **bring substantial system issues to the tier three** state level for their consideration.

**Tier 3** acts on any **system issue brought to the group from the county Tier 2's**.

## **Meetings:**

The SPOA/CCSI meeting schedules are attached.

## **Location:**

**Tier 1:** Meetings are held at a place convenient and appropriate for families (i.e. their home, inpatient unit prior to discharge, etc.)

**Tier 1.5:** Meetings are held at the various MH or human service provider locations.

**Tier 2:** Meetings are held at the: \*\*\*County Health Department.

## **Recorder:**

**Tier 1:** Clinician/worker assigned to facilitate meeting

**Tier 1.5:** Parent Coordinator

**Tier 2:** Research Technician distributes to the group

## **Agendas and Minutes of the meeting:**

**Tier 1:** \*\*\* calls the parent and service providers to schedule the meeting. Special attention is given to the family's request for persons to attend. \*\*\* sends a reminder letter to the parent. Meetings are usually scheduled within three working days. The product of the meeting is the service plan which is sent to all participants in lieu of minutes.

**Tier 1.5:** \*\*\* sends the agenda with minutes to members of the committee as per the established meeting dates. Committee members notify \*\*\* at least one week in advance of the meeting of specific cases to be discussed at **Tier 1.5**. Existing rosters or wait lists are brought to the meetings by the providers to be compiled into one

wait list by county MH.

**Tier 2:** \*\*\* sends out the agenda with minutes as per the established meeting dates set for the year.

### **Attendance:**

All agencies represented are expected to attend each meeting. No official business shall be conducted which concerns a particular agency when that agency is not represented at the meeting. Persons attending the meetings who represent the agencies must have the authority to make commitments on behalf of their agency. A majority of the committee must be present to conduct a meeting. If a representative is unable to attend a meeting, he/she must notify the chairperson prior to the meeting.

### **Responsibilities of the Committees (Tiers):**

- 1). To review information provided on any individual being recommended for admission or termination from any program operated by the program served by the committee (**Tier 1,1.5**). The committee does not include inpatient or clinic services.
- 2). To determine the appropriate level of care and placement for the individuals if the person meets the admission criteria for the particular program. Individual family choice will be respected at all times. (**Tier 1, 1.5**)
- 3). To inform committee members about the policies or changes in policy of all the programs served by the committees. (**Tier 1.5, 2**)
- 4). To review waiting or roster lists, and when necessary, make decisions regarding exceptions to the priority order of the agency waiting lists. (**Tier 1.5, 2**)
- 5). To give a report on program vacancies at all meetings. (**Tier 1.5, quarterly to Tier 2**)

### **Procedures for Presentations/Referrals:**

#### **Tier 1 and 1.5**

- 1.) All **referrals** must be placed on the agenda and brought to the attention of the appropriate committee. Because **Tier 1.5** meets monthly, cases which require immediate attention may be scheduled before the next meeting by calling \*\*\*to schedule a **Tier 1** case

specific meeting.

The agency, parent advocate, or coordination structure ( i.e. Designated Assessment Service, Youth Advocacy Coordinating Committee, DSS Placement Service) initiating the referral will provide the necessary information on a referral sheet, present the individual to the appropriate committee ( **Tier 1 or Tier 1.5**), and should be prepared to provide more detailed information when requested. Releases of information will be obtained by the referring person for situations where individuals will be identified. Aggregate statistical reporting will not require a release of information.

The committees (**Tier 1 and Tier 1.5**) will be provided the completed CANS screening instrument by the referring person, which will help structure the communication between the participants. At the **Tier 1.5**, roster/wait lists and information on admissions and discharges for the month are reviewed and information is shared on trainings/ conferences. **Tier 1.5** makes recommendations for cases to go to the case specific **Tier 1** (priority based on the CANS) and for system concerns to go to **Tier 2**.

At the **Tier 1**, the referring agency introduces the parent with a brief reason why the meeting has been scheduled. The referring agency provides all information as listed in paragraph one (i.e. CANS, referral sheet, release of information etc). The other persons present introduce themselves to the parent. The parent advocate has already been in contact with the parent prior to the meeting. The parent will state what they think their needs are. The meeting is facilitated by the presenting clinician/service worker and the parent advocate as a team using a strengths based approach. A **service plan** is developed which includes demographics, parent report of needs and strengths, possible solutions, desired direction, goals, objectives to attain goals, what interventions are to be taken, who is responsible for actions and by what target date. If appropriate, a **crisis plan** is included in the service plan. Follow up meetings are scheduled at that time. All persons present sign the service plan. The service plan is distributed by \*\*\* to all who signed it. Cases are terminated at the request of the family.

- 2). The committees (**Tier 1,1.5**) will review the **Tier 1** SPOA/CCSI individual service plan, based on the standards and procedures of the program, the CANS, and any additional information. The target dates on the service plan will determine the **follow up meeting date** and will be recorded on the service plan. A listing of the follow up dates will be maintained by \*\*\* County Mental Health.
- 3). Committee (**Tier 1,1.5**) reviews are open to parents, guardians, and other invited guests. The co-chairs must be notified ahead of time of any guests.
- 4). The results of the (service plan) will be recorded in the minutes of the meeting if applicable. (**Tier 1, 1.5**)
- 5). The agencies will be responsible for relaying the results of the committee's action for staff for review and implement. Detailed reasons or approval or disapproval will be reviewed by the committee and documented in the individual's record. (**Tier 1, 1.5**)

- 6). In the event that an individual needs immediate service, an agency will provide the required paperwork for a **Tier 1** meeting which will be arranged as soon as possible (usually three working days). The agency may provide immediate services until either a **Tier 1 meeting** or the next **Tier 1.5** meeting is held. Such admissions must be reviewed by the committee (**Tier 1.5**) at the next meeting.

### **Decisions and appeals:**

When necessary the (**Tier 1, 1.5**) committee will request consensus or referral to the next higher committee.. If a member is dissatisfied with the (**Tier 1.5**) decision, he/she can address the concerns with their supervisors. If there are no resolutions, the issue will be brought by the director to the attention of the Chairman of the **Tier 2** for further deliberation and action. An individual seeking service or their advocate may appeal the decision of the committee and appearing before the **Tier 2** to state his/her concerns. The **Tier 2** will take into account the information provided by the family/service provider concerning the decision of the **Tier 1 or Tier 1.5** and accommodate emergency situation conference calls.

Families may appeal decisions by agencies regarding termination of their case. Again, the family will contact the chairman of the **Tier 2** in writing and their concerns will be added to the agenda and a decision made.

### **Quality assurance and evaluation:**

Client **satisfaction surveys** are done annually for all funded Mental Health services and the CCSI/SPOA process. Individual agencies survey their families for satisfaction with their programs and report the findings to County Mental Health. \*\*\* County Mental Health surveys families and agencies for their satisfaction in the CCSI/SPOA process, and reports to the **Tier 1.5** and **Tier 2** and NYS Office of Mental Health for their review. Reporting to the NYS Office of Mental Health is done by \*\*\* County Mental Health (i.e. number of persons reviewed by the SPOA/CCSI, disposition etc). Quarterly reports are provided to the **Tier 2** for review and action. The data set for individuals required by NYS Office of Mental Health will be reported to OMH by \*\*\* County Mental Health as per OMH's start date guidelines.

Agencies' **outcome measures** will be reviewed by the CCSI/SPOA **Tier 2**. Agencies will use the CANS as a measure on individual outcomes in functional areas.

**Systems issues** will be reviewed by the **Tier 2** for resolution. If no resolution can be effected within the county, system issues of concern will be brought to the **Tier 3** at the state level if appropriate.

### **Training/Conferences/Orientation:**

Trainings in the CANS, strengths based approaches, ethics and case planning facilitation will be

a training priority of persons participating in all tiers of the SPOA/CCSI.. Trainings are available from the NYS Office of Mental Health in these areas and may be arranged locally. **Mini in services** will be done periodically on services by the providers. Persons are notified of the trainings at the various tier levels. Training surveys will be done annually to determine training/conference needs for the upcoming year. New members on any of the committees will receive an orientation by the co-chairs of the applicable committee. Each new member will receive an orientation book containing information on membership, procedures, service listing and criteria for admission relevant best practice articles etc. Committee members will receive an orientation and be encouraged to use the Family Services Task Force website.