

PIP Workgroup Worksheet – Service Array

Relevant Federal Outcomes and Systemic Factors: WB1, WB2, WB3, and Service Array

Item or Area Needing Improvement: WB1 Item #17, WB2 #21, WB3 #22 and #23 // Systemic Factor: Service Array Item #35, #36, and #37

Access and quality of services for DCFS involved children and families in the areas of education, physical health, and mental health (physical health includes medical issues; mental health includes substance abuse and sexually reactive children).

Issues	Related Item, Systemic Factor or Data Indicator	Possible Action Steps	Method of Measuring	Responsible Party
1/21/04				
<p>Problems with access to mental health services:</p> <ul style="list-style-type: none"> • Lack of awareness of resources • Long waiting lists • Geography – limited resources downstate (including psychiatrists) 		<ol style="list-style-type: none"> 1) Updated Policy Transmittal defining counseling/therapy services and procedures for accessing them. 2) Consider contacting APA and other mental health organizations to find ways to recruit providers with specific areas of expertise. 3) Reconsider contract limitations for providers – purchase what services are needed. 4) Mental Health Summits to have psychiatrists train general practitioners on psychiatric medication for children (for downstate providers – psychiatrists from universities, hospitals, psychiatric associations, etc.). 5) Use of Nurse Managers and Psychiatric Case Managers under the supervision of a psychiatrist. 6) Use of tele-psychiatry. 7) Locate psychologists eligible to prescribe medication. 		
<p>Provision of relevant and timely mental health services to achieve permanency:</p> <ul style="list-style-type: none"> • Uncertainty regarding needs of child • Lack of follow-up ensuring that mental health issues are fully addressed in a reasonable time frame • Concerns about quality of service providers 		<ol style="list-style-type: none"> 1) Standardized requirements for thorough documentation of treatment goals and progress in therapy (explore what documentation systems are currently in place and how to better monitor or adjust these). 2) Develop treatment standards and expectations for service providers. 3) Credentialing of mental health providers. 4) Define when counseling versus therapy services are necessary; behavior modification with foster parent involvement; mentoring; etc. 5) Layout standards/guidelines for what types of services would be appropriate in which situations. 6) Emphasis on family treatment – integrated assessment focuses on family assessment 		

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		(more specific identification of issues/ treatment needs and goals that all family members are involved in from the beginning). 7) Peer review of well-being services for individual cases to be sure the child/family is receiving exactly what is necessary to meet their needs and that timeframes are appropriate.		
Instability of mental health services <ul style="list-style-type: none"> Agency closures – agencies contract with specific therapeutic providers; children changing agencies may need to change providers Therapist turnover 		1) Evaluate what is happening in the transition planning process when agencies close or child changes placements. 2) Family to Family – looking at having a pool of foster homes and all services stay with that home even if transferred between agencies. 3) Consider having the ability to purchase services from a pool of providers when certain clinical thresholds have been reached (beyond SOC services) - services should follow the placement.		
Support of foster parents in handling mental health issues		1) Utilize college level clinicians to provide in-home behavior modification under the supervision of university instructors.		
Issues from previous discussions that are still under discussion				
Concerns about consequences of terminating services				
Geography	Items# 17, 36			
Funding	Items# 17, 22, 23	1) Study loopholes that allow public and private providers to decline clients or place limits on client referrals 2) Develop guidelines around payment 3) Develop ways to utilize funds to purchase services in the child/family’s community from private providers		
Lack of Service Providers	Items# 17, 22, 23, 35			
Lack of Awareness of Resources	Items# 22, 23	1) Review current resource directory 2) Establish DCFS approved provider resource list 3) Develop complete resource database,		

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		<p>including LAN resources</p> <ol style="list-style-type: none"> 4) Make directory easily accessible to all stakeholders 5) Develop method of regularly updating directory 		
<p>Quality Control/Accountability</p> <p><i>*group discussed possibility of deferring to QA group for this issue</i></p>		<ol style="list-style-type: none"> 1) Develop guidelines around provider practice and expectations 2) Review current standard reporting forms and implement system for assuring that all providers utilize these forms 3) Review current screening, training, and credentialing of treatment providers and revise as needed 4) Utilize DCFS approved providers 		
<p>Cultural Issues/Language Barriers</p>	<p>Item #17, 22, 23, 37</p>	<ol style="list-style-type: none"> 1) Need to be aware of what resources currently exist 2) Need to learn how to access services 		