

24. Mental health services

Procedure

- Refer a child entering substitute care to the local mental health provider for a mental health assessment within 60 days of placement.
- Ensure a child's enrollment in a Mental Health Organization (MHO). MHO enrollment normally occurs on the first of the month following Oregon Health Plan (OHP) eligibility.
- Ensure a child has access to mental health services.
 1. To access mental health services prior to MHO enrollment, and if a child has urgent mental health needs, contact the local Community Mental Health Program (CMHP) Children's Mental Health contact in the child's county of residence.
 2. A child with private health insurance in addition to his or her OHP coverage is not enrolled in an MHO. The child stays on an open card (fee-for-service). To access mental health services, contact the CMHP Children's Mental Health contact in the child's county of residence.
- Call the local CMHP Children's Mental Health contact in the child's county of residence to schedule an appointment. After a child is enrolled in an MHO, the telephone number will be listed on the medical ID card under the mental health plan. The local office medical assistance specialist can identify the plan. If the child is not enrolled in an MHO, none will be listed on the medical ID card.
- Ask for a mental health assessment for the child and request a written copy of the results of the assessment by submitting the Authorization for Use and Disclosure of Information form 2099 to the mental health provider.
- Document the results of the mental health assessment and any follow up or treatment services in case notes. Written reports and assessments are filed in the case file's medical section. Share information with the child's substitute caregiver and, when appropriate, with the child's parents.
- Include the services recommended by the mental health provider as part of the case plan in the Child Safety and Well-Being, Child Description, Their Needs and Well-Being section of the case plan. If all recommended services are not available in the community, consult with the mental health provider to prioritize services. Recommendations and services are documented in case notes.
- Request a level of need determination and an assessment that includes a Child and Adolescent Services Intensity Instrument (CASII) if a child has particularly complex mental health issues or the child's needs are not addressed in routine mental health care. The child's score on this instrument, combined with other assessment information and relevant risk factors, will determine the level of mental health services a child needs. The CASII is considered a part of the process of level of need determination. The level of need determination process will include recommendations for treatment and/or further

evaluation.

- Actively participate in the child and family team meetings coordinated through the mental health provider, and advocate for the services the child needs.
 1. A child with significant mental health issues (determined by the assessment, the CASII score, and the presence of relevant risk factors) may be eligible for mental health care coordination. Mental health care coordinators organize and facilitate the child and family teams who organize the delivery of mental health services that may include outpatient treatment, intensive home-based services, respite, day treatment, residential treatment or hospitalization.



Mental health services provided through the local mental health provider are based on the child's mental health diagnosis and the determination of the medical necessity for treatment. There may be times when a child's behaviors indicate a need for services, but the behaviors are not directly linked to a diagnosis or are not viewed as medical necessity (such as sexual aggressive or reactive behaviors). These behaviors, when not directly linked to a mental health diagnosis, may not necessarily be treated by the mental health provider.

- When appropriate, arrange for additional services to or for the child through other community mental health resources.
 1. There may be occasions where services may be ordered by the court.
 2. Request additional services or an expert evaluation to assist in case planning, and request case consultation or an evaluation of parent/child interaction and sibling interaction when appropriate.
 3. Request additional services for treatment of a child's identified needs such as sex abuse treatment services, or further evaluation to assist in best meeting placement, treatment or service needs such as a psycho-sexual evaluation, psychological evaluation or neuro-psychological testing.
 - a. To obtain these evaluations or administrative exams complete a Request for Medical Funds form and submit it to the supervisor in the local office.
- Consult with the medical assistance resource coordinator in Salem when assistance is needed to understand mental health coverage or enrollment changes, or to secure additional services not covered through mental health coverage.

Who provides consent for a child 14 or older

A child 14 years of age or older may consent to outpatient assessment and/or treatment of a mental or emotional disorder without the knowledge or consent of the caregiver or the department. If the caseworker obtains this information from the child or the child's caregiver, the caseworker must, within seven working days of receiving the information, ask the child whether he or she consents to disclosure of information and to whom information may be disclosed. If consent is granted, the caseworker documents authorization on the Consent for Disclosure of Confidential Information form (SCF 1085). This does not apply to notification if the caseworker learns the child is taking psychotropic medications.

- If the caseworker has questions regarding the child's competence to make an informed decision on disclosure of information, document in the case file the following information:
 1. The attempt to explain the meaning and intent of consenting to disclosure of treatment; and
 2. The determination that the child was unable to understand the meaning and consequences of the decision to consent to disclosure; and
 3. The determination of the youth's competence was not linked to the diagnosis precipitating the prescription for psychotropic medication.

Emergency/urgent mental health needs

- If a child presents a threat of harm to him or herself or others, either call or instruct the substitute caregiver to call the local mental health provider immediately.
 1. The local CMHP has statutory responsibility to provide crisis services (24 hours/7days a week) to members of the community they serve. After normal business hours the response may be a telephone crisis triage service with links to local on-call staff.
- At any time a child requires immediate mental health services, provide specific and detailed descriptions of the child's current behaviors and conditions to the CMHP (or instruct the caregiver to do so). Accurate and detailed information gives the provider the information needed to make a determination for an appropriate response. At any time a child requires immediate mental health services, the caseworker or other branch personnel involved in the case remain available to the child, substitute caregiver and the mental health provider, preferably in person, but if necessary by phone or pager until the crisis is resolved and the child's safety is ensured.

Children's Mental Health System Change Initiative

As of October 1, 2005, the system of funding and arranging for Psychiatric Residential Treatment Services and Psychiatric Day Treatment Services changed. Local mental health systems must be involved in screening and identifying children with intensive needs for mental health services. OHP managed care organizations will have more flexibility when designing services for children needing intensive mental health services, and transitions between facility- and community-based services will be better coordinated. For more information on the Children's Mental Health System Change Initiative, go to <http://www.oregon.gov/DHS/mentalhealth/child-mh-soc-in-plan-grp/main.shtml>. For more information on psychiatric residential placement, refer to Placement Options in this procedure manual.

When a child is placed with a Voluntary Placement Agreement, the child's parents must be consulted prior to obtaining ordinary medical, dental, psychiatric, psychological, hygiene or other remedial care unless authorization to provide care is specifically delegated to the department in the Voluntary Placement Agreement.

The Supervisor's Role

- Ensure timely referral and assessment is completed.
- Review and approve requests for additional evaluation or testing.
- Consult with the caseworker and review the child's mental health services.

Forms and references

Forms

- SCF 501A Available through Distribution
- CF 2099
 - <http://dhsforms.hr.state.or.us/Forms/Served/DE2099.pdf>
 - <http://dhsforms.hr.state.or.us/Forms/Served/DS2099.pdf> (Spanish)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DR2099.pdf> (Russian)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DV2099.pdf> (Vietnamese)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DN2099.pdf> (Chinese)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DC2099.pdf> (Cambodian)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DK2099.pdf> (Korean)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DL2099.pdf> (Laotian)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DO2099.pdf> (Romanian)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DB2099.pdf> (Bosnian)
 - <http://dhsforms.hr.state.or.us/Forms/Served/DE2099i.pdf> (Self-Guided Instructions)
- SCF 1085
 - <http://dhsforms.hr.state.or.us/Forms/Served/CE1085.pdf>
 - <http://dhsforms.hr.state.or.us/Forms/Served/CS1085.pdf> (Spanish)

Legal references

ORS/OAR

- I-C.4.1 Medical Services Provided Through the Oregon Health Pla
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-c41.htm
- I-C.4.2.1 Procedures for Authorization of Medical Expenses
http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-c421.htm