



Children’s System of Care and Gap Analysis/Unmet Needs

DRAFT Framework/Discussion Only



Prevention

Early Intervention

Intensive Intervention

Prevention Projects	Early Intervention Programs	Non-Intensive Services	Community Services and Supports	Child Welfare and Juvenile Justice Programs	Other Services	System Support
<p>Partners in Suicide Prevention (PSP)—PEI-Funded Program Increasing public awareness of suicide and reducing stigma associated with seeking mental health and substance abuse services. The team offers:</p> <ul style="list-style-type: none"> Education Appropriate tools and resources such as EBP’s. Linkage and referral appropriate services <p>A Reason to Care and Connect (ARCC)—PEI-Funded Program Through “social inclusion” this initiative aims to reduce the stigma and discrimination that children with serious mental health needs and their families experience. Staff provides community and school-based trainings for parents and youth using an</p>	<p>Integrated School-based Health Center (ISHC)—PEI-Funded Program A partnership with County school districts to improve health and mental health outcomes and to make efficient use of resources by promoting and implementing proven service models and prevention principles that are population-based, client-centered, and family-focused.</p> <p>Nurse Family Partnership—PEI-Funded Program This partnership with Public Health provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child’s second birthday.</p>	<p>Child Field Capable Clinical Services (C-FCCS)—CSS-Funded Program FCCS are specialty mental health services for children ages 0-15 and their families who may want services outside of traditional mental health settings. Services are delivered in a variety of settings, including schools, health centers, and community centers. Implementation of FCCS was fast-tracked during FY 09-10 because of transformation and reduction of CGF.</p>	<p>Child Full Service Partnership (C-FSP)—CSS-Funded Program A unique, intensive in-home mental health service program for children ages 0 – 15 and their families. Services may include, but are not limited to, individual and family counseling, 24/7 assessment and crisis services, and substance abuse and domestic violence counseling and assistance. Services are provided in the families’ language of choice.</p> <p>Child Field Capable Clinical Services (C-FCCS)—CSS-Funded Program FCCS are specialty mental health services for children ages 0-15 and their families who may want services outside of traditional</p>	<p>WRAPAROUND (Intensive)—MHSA, EPSDT and Katie A. Funded Program A program utilizing principles organized around three main elements: family strengths/child needs-based approach; multi-agency collaboration in the community; and cultural competence. Program objectives include assisting youth in returning home and maintaining their placements.</p> <p>Group Home Aftercare Services-Title IV-E Funded Program- Mental health services for probation youth transitioning from residential care back into the community</p>	<p>Therapeutic Behavioral Services (TBS)—MHSA, EPSDT and Katie A. Funded Program TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old and have full-scope Medi-Cal.</p>	<p>Family Support Services (supportive services under Child FSP)—CSS-Funded Program Adjunctive mental health services for significant support persons of enrolled child FSP clients (i.e. caregivers).</p> <p>Outreach and Engagement—CSS-Funded Program Service Area-based staff who provide outreach and education to communities on MHSA services</p> <p>Service Area Navigation—CSS-Funded Program Service Area-based teams that provide referral and linkage services and oversee the coordination of service referrals through the Service Area Impact Units.</p>



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WELLNESS • RECOVERY • RESILIENCE

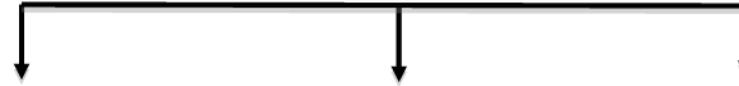
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<p>empathy-based approach.</p>			<p>mental health settings. Services are delivered in a variety of settings, including schools, health centers, and community centers. Implementation of FCCS was fast-tracked during FY 09-10 because of transformation and reduction of CGF.</p>			<p>Housing —CSS-Funded Program Housing specialists who assist TAY and adult clients in obtaining permanent housing.</p>
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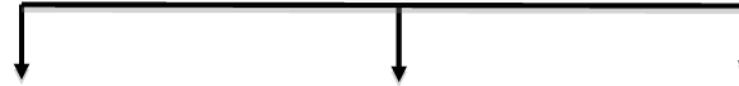
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<p>Project RISE—PEI-Funded Program Permanency and well-being strategies for LGBTQ youth who are homeless or in, or at risk of, placement in foster care, the juvenile justice system.</p> <p>Project SPIN—PEI-Funded Program Project focused on ending LGBT youth suicide and reduce homophobia in the nation’s second largest school district – LAUSD.</p>	<p>First 5 LA PCIT *5 year program funded by First 5 LA Parent Child Interaction Therapy (PCIT) is an Evidence Based Practice that focuses on promoting healthy parent-child relationships, increasing the child’s pro-social behaviors, and increasing the parents’ behavior management skills. Targeted to work with children 2-5 years of age for the First5 LA PCIT target population, but if a child is enrolled by the age of 5 years old, they will continue to be eligible for services even if they turn 6 years old prior to completing a course of treatment with PCIT</p>			<p>Treatment Foster Care (Intensive)—Katie A. Funded Program TFC provides a specialized treatment alternative to group home placements utilizing specialized resource foster homes for children six to 17 years of age.</p> <p>Multidisciplinary Assessment Team (MAT)—Katie A. Funded Program MAT ensures the immediate and comprehensive assessment of children and youth entering out-of-home placement to help a family address their child’s needs.</p>	<p>Day Treatment—EPSDT-Funded Program Day Treatment Intensive is a highly structured, short-term program of treatment services provided in an organized and structured multi-disciplinary treatment milieu and an alternative to hospitalization or placement in a more restrictive setting. Its goal is to maintain the client in the community. These services are provided to a distinct group of clients. Day Treatment Intensive is a packaged program with service available at least three (3) hours and less than 24-hours each day the program is in operation.</p>	



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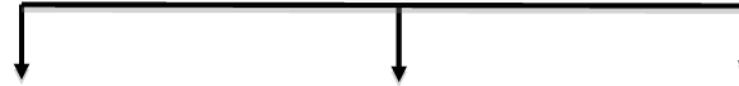
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	<p>PEI Funded EBPs—PEI-Funded Program Various EBPs provided as a part of the PEI plan. Implementation of the EBPs was fast-tracked due to transformation and reduction of CGF during FY 2010-2011.</p>			<p>Intensive Care Coordination (ICC)/ Intensive Home Based Service Programs (IHBS)—MHSA, EPSDT and Katie A. Funded ICC includes services delivered primarily through a child and family team process. IHBS are intensive individualized and strength-based interventions that support the engagement and participation of the child and the significant support persons to help develop the child/youth’s skills to achieve goals and objectives of the care plan.</p>	<p>Harbor View IMD—Non-MHSA Funded Program A short, in-patient stabilization program to prevent multiple and repeated hospitalizations.</p> <p>Residential Treatment Centers- Non-MHSA Funded Program</p>	



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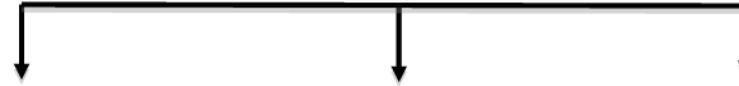
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<p>GAP ANALYSIS/ UNMET NEEDS</p> <ul style="list-style-type: none"> Currently, there is a lack of services for children/youth that do not meet Medical Necessity but would benefit from counseling. 	<p>GAP ANALYSIS/ UNMET NEEDS</p> <ul style="list-style-type: none"> With the transformation of CGF into PEI services which encompass various EBPs with varying eligibility criteria, target symptoms/behaviors, lengths of stay and treatment modalities there left a gap in services for clients that complete an EBP but continue to need services (i.e. meds only). Currently there isn't a program that could provide "meds only" for these clients. 	<p>GAP ANALYSIS/ UNMET NEEDS</p> <ul style="list-style-type: none"> With transformation and the reduction of CGF, there is a gap for clients needing services that are less intensive than FSP. FCCS currently fills this gap, but access to services readily available as not all agencies have FCCS. 	<p>GAP ANALYSIS/ UNMET NEEDS</p> <p>As FSP is the most intensive MHS and highest level of care, there is often a gap in services for clients that are transitioning to lower levels of care from FSP. Historically clients would transition to outpatient services, but with transformations and reductions of CGF, 'traditional' outpatient services are not readily available. Many agencies use FCCS as a step down from FSP. FCCS is not an enrollment based program so there is not a mechanism in place for clients to transition from FSP to FCCS</p>	<p>GAP ANALYSIS/ UNMET NEEDS</p> <ul style="list-style-type: none"> Currently there is a gap in services for clients that are transitioning out of the Child Welfare System that continue to need MHS. Similarly to what was described with PEI and CSS programs, there is a gap in services for clients who only need medication services. 	<p>GAP ANALYSIS/ UNMET NEEDS</p> <ul style="list-style-type: none"> Child beds are limited Need additional child crisis services, current UCC's are not available countywide. 	<p>GAP ANALYSIS/ UNMET NEEDS</p> <ul style="list-style-type: none"> FSS services for significant support persons of an enrolled Child FSP clients is limited and dependent on the child's status with FSP (have to be enrolled)



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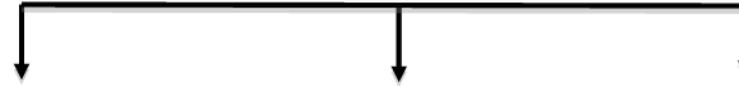
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	<ul style="list-style-type: none"> • Most traditional ‘outpatient’ services were transformed into various EBPs which left gaps for clients that do not meet criteria for a particular EBP but continue to need MH Services. • Lack of sufficient numbers of trained professional for children Birth to Five (Children’s Commission) • Lack of supportive services for fathers of young children (Children’s Commission) 		<ul style="list-style-type: none"> • Respite services for families of children enrolled in FSP or receiving FCCS is not readily available. Currently, there is a Respite Care Pilot Program being implemented through Child FSP Family Support Services, 8 agencies are participating in the pilot. 			