



**INDIANA**  
DEPARTMENT OF  
**CHILD**  
SERVICES

# **Mental Health Services for Children**

**Presentation to the Commission on  
Mental Health and Addiction  
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# Challenge

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- Ensure all children who struggle with significant mental health issues have access to services, regardless of the funding mechanism.
- In an effort to receive services for their children some families:
  - Reach out to many different resources for service, or
  - End up in the child welfare system to access services, even if they have not abused or neglected their child.



# Background

- DCS is statutorily charged with serving children who have been abused or neglected.
  - Indiana law defines Child Abuse or Neglect as those acts or omissions committed by the child's parent, guardian or custodian.
- DCS protects children from abuse or neglect by partnering with families and communities to provide safe, nurturing, and stable homes.
- DCS works with families to try to help resolve situations that make it unsafe for a child to be in the home.



# Background

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- DCS involvement with a family:
  - Prevention services
  - Informal Adjustment
  - Child In Need of Services (CHINS) proceeding
  - Termination of Parental Rights (TPR)



# Background

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- Child In Need of Services (CHINS)
  - DCS request authority to file a CHINS petition with court, court must grant request to file for DCS to move forward (I.C. § 31-34-9-1).
  - DCS must prove the following in a CHINS:
    - the child is under the age of 18;
    - The child meets one of eleven sets of circumstances laid out in statute, such as the child’s physical or mental condition being seriously impaired or endangered;
    - the “child needs care, treatment, or rehabilitation that the child is not receiving and is unlikely to be provided or accepted without the coercive intervention of the court”.
- Removal
  - CHINS petition must be filed within 48 hours of removal.
  - If petition is not approved by the court, child must return home.
  - Termination of Parental Rights filed if a child has been out of home for 15 of the past 22 months.



# “CHINS 6”

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- A “CHINS 6” is one set of circumstances under which a child can be determined a “Child In Need of Services” (CHINS).

IC 31-34-1-6

Child substantially endangering own or another's health

Sec. 6. A child is a child in need of services if before the child becomes eighteen (18) years of age:

- (1) the child substantially endangers the child's own health or the health of another individual; and
- (2) the child needs care, treatment, or rehabilitation that:
  - (A) the child is not receiving; and
  - (B) is unlikely to be provided or accepted without the coercive intervention of the court.



# “CHINS 6”

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- Fundamentally different from all other DCS cases:
  - DCS must allege the child is substantially endangering their own health or the health of another individual.
  - All other CHINS cases DCS alleges the child is not receiving appropriate care by the parent, guardian or custodian.
- CHINS 6 requires:
  - DCS to allege the child is a threat to himself or others.
  - DCS to show the child needs care, treatment, or rehabilitation that the child is not receiving; and is unlikely to be provided or accepted without the court intervention.



# “CHINS 6”

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- **CHINS 6 is not a family friendly process.**
  - Sets parents up against child in legal battle to prove the other is at fault.
  - Child’s attorney has an obligation to represent the child and protect him from being placed in a restrictive treatment facility for an extended period of time.
- Every person is required to be afforded legal due process and proper legal representation.
  - The law only permits the child to admit allegations, the parent(s) cannot admit on the child’s behalf. (I.C. § 31-34-10-7).
  - A minor cannot provide his own legal representation, they must be appointed an attorney (I.C. § 31-32-2-1).





# “CHINS 6”

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- In the past DCS found that legal due process was not being followed in all CHINS 6 cases, because the child was sometimes not appointed an attorney or advised that they had the right to an attorney.
- DCS began including language in its “CHINS 6” petitions that the child be appointed independent counsel to represent their wishes.
  - This reduced number of CHINS 6 cases that were approved by courts.

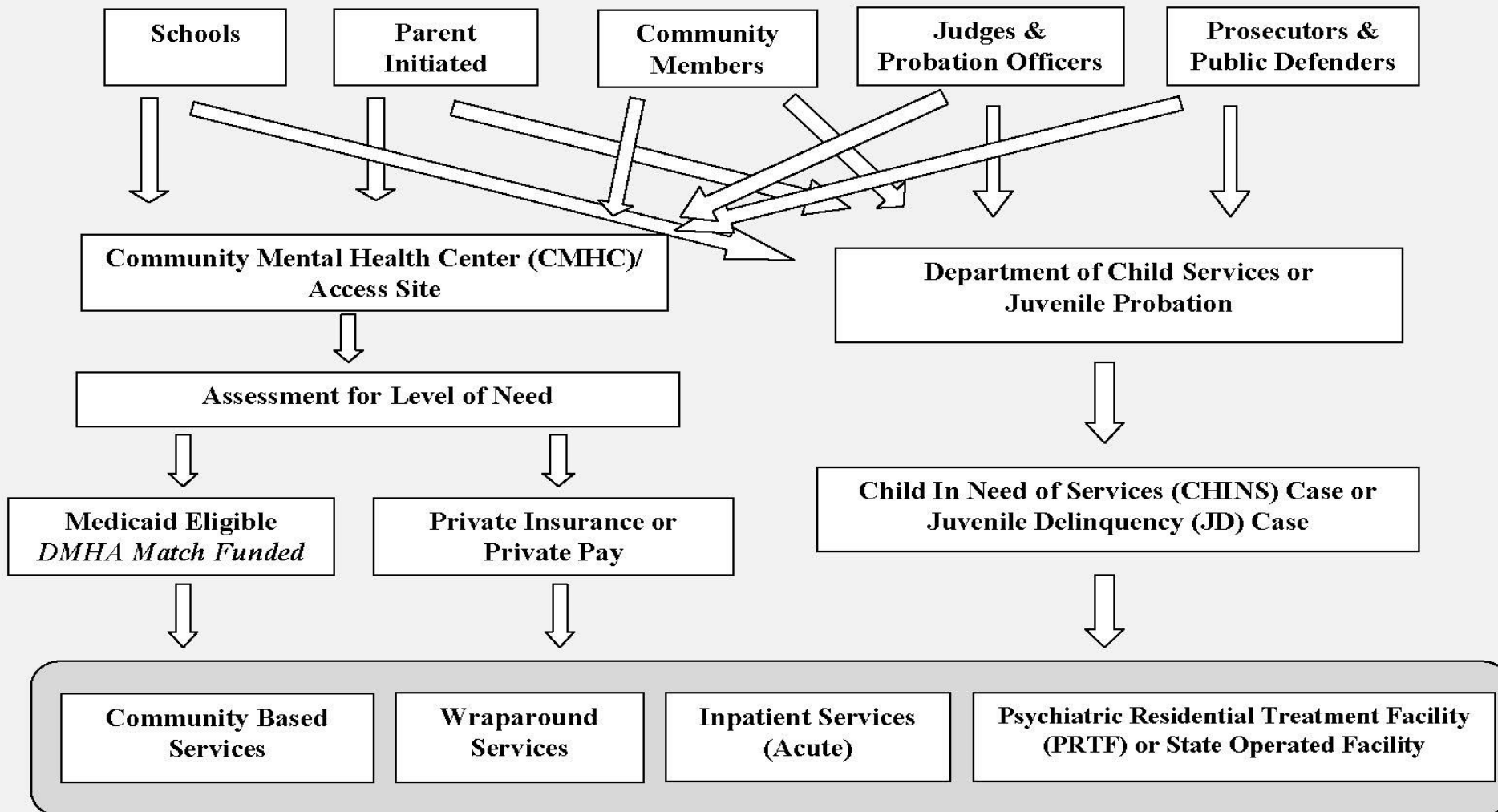


# History

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- Property Tax Reform (2008)
  - State assumed the responsibility for the County Family and Children Fund.
  - Child welfare and juvenile delinquency (JD) responsibilities were divided up.
- Before Property Tax Reform
  - DCS had the legal authority to file CHINS and JD cases.
  - Prosecutors had the legal authority to file CHINS and JD cases.
- After Property Tax Reform
  - After negotiation between the legislature, the prosecutor's and DCS changes were made to statute:
    - DCS only had authority to file CHINS cases.
    - Prosecutor's only had authority to file Juvenile Delinquency (JD) cases.

# Current Process: Access to Children's Mental Health Services





# Finding a Solution

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- DCS and FSSA began meeting to brainstorm multi-agency solutions for families.
- Indiana has a good service structure in place for Medicaid eligible children, gap exists for those children not covered by Medicaid or private insurance.
- A child should not be deemed a CHINS for the sole purpose of accessing services.
  - Reaffirmed in recent court decisions.

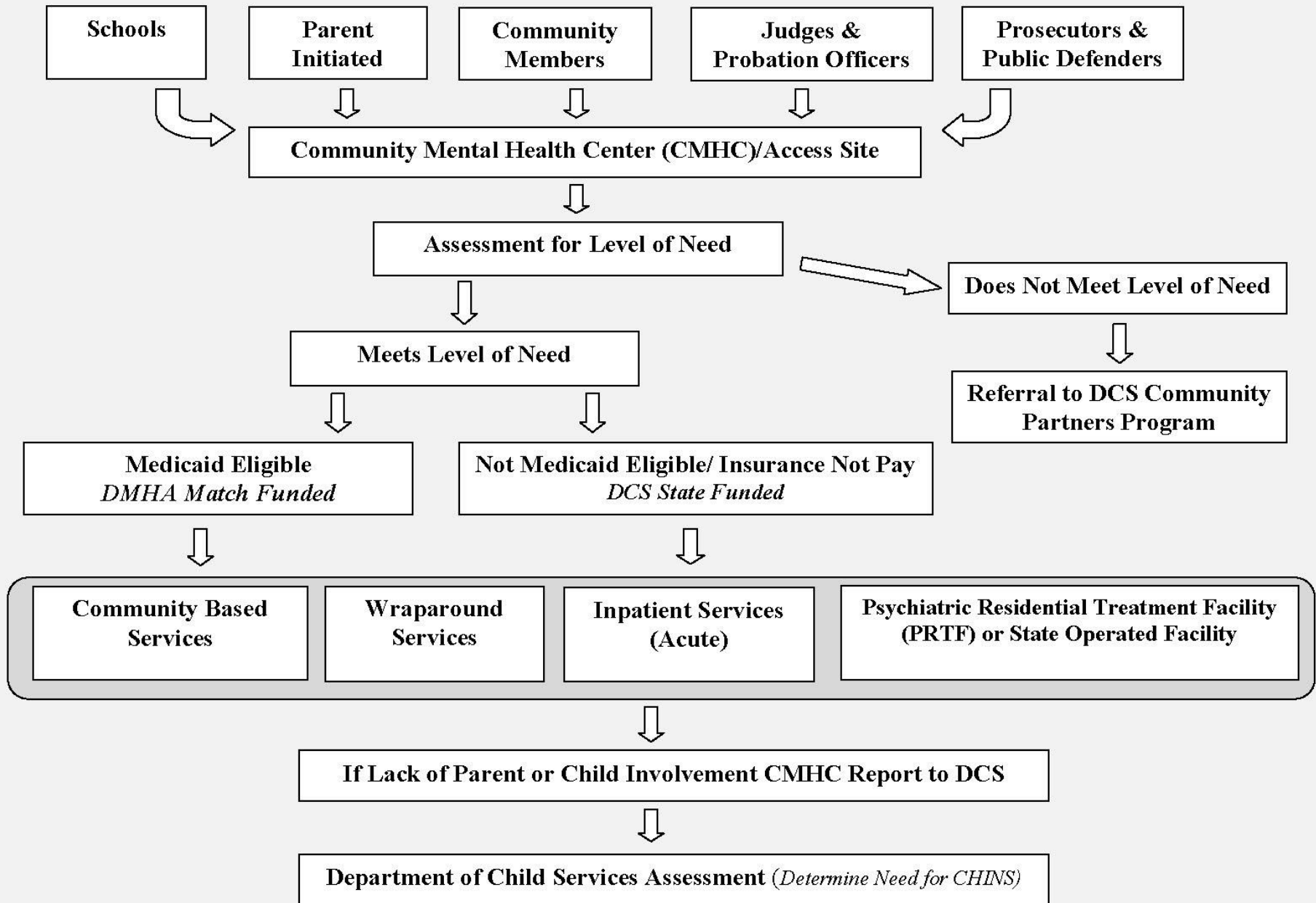


# Existing Services

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- PRTF transition waiver (CA-PRTF)
- Application for State Plan Amendment for 1915i for children
- Access Sites
- Medicaid Rehab Option (MRO) /Clinic services
- Psychiatric Residential Treatment Facility (PRTF)
- DCS contract with Community Mental Health Centers
- State operated facilities

# Proposed Process: Access to Children's Mental Health Services





# Proposed Solution

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- Utilize services currently available through the Community Mental Health Center/Access Sites.
- DCS provides funding for families in crisis who cannot afford to access these services.
- DMHA will collaborate with DCS to monitor services.
- Representatives from DCS and FSSA to follow the process and brainstorm solutions when obstacles arise.



# Proposed Solution

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- Families referred to Community Mental Health Center/Access Site for:
  - Assessment to determine the level of need.
  - Determination of eligibility for services.
- Who can refer a child to an Community Mental Health Center/Access Site?
  - Anyone
  - Community Members
  - Schools
  - Judges
  - Prosecutors
  - DCS
  - Parent(s)
  - Public Defenders





# Proposed Solution

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- Eligibility:
  - Medicaid
  - Not Medicaid Eligible/Insurance will not pay:
    - Families that fall into this category and meet the level of need will receive services funded through DCS.



# Proposed Solution

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- Target population for DCS funding:
  - Children ages 6 to 17;
  - Experiencing significant emotional and/or functional impairments that impact their level of functioning in home or community;
  - Not being abused or neglected;
  - Not eligible for any Medicaid services; and
  - Meets needs based criteria.



# Proposed Solution

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- Needs-Based Criteria

- Youth/families meeting the Target Group Eligibility criteria also need to meet the following Needs-Based criteria in order to qualify:

- DSM-IV-TR Diagnosis- Youth meets diagnostic criteria for mental health services.
    - CANS assessment tool- Score of 4, 5, or 6.
    - Dysfunctional Behavior- Youth is demonstrating patterns of behavior that place him/her at risk of institutional placement & unresponsive to traditional outpatient and/or community-based therapy. Specifically maladjustment to trauma, psychosis, debilitating anxiety, conduct problems, sexual aggression, or fire-setting.
    - Family Functioning and Support- Family/caregiver demonstrates significant need in one or more of the following areas: mental health, supervision issues, family stress, or substance abuse.



# Proposed Solution

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- Families will be access existing services through a new funding stream:
  - Community based services
  - Wraparound services
  - Inpatient services (acute)
  - Psychiatric Residential Treatment Facility (PRTF)
  - State operated facility



# Proposed Solution

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- DCS becomes involved when the parent or child will not cooperate with services.
- DCS will complete an assessment to determine if a court case should be opened, requiring family to engage in services through court intervention, if any of the following are true:
  - Family needs services in order to maintain the safety of the child or other children and family is unwilling to accept offered services.
  - Family insists the child needs to be removed when the assessment indicates child can be maintained at home with services.



# Proposed Solution- Pilot

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- DCS is piloting the process to:
  - Ensure level of need is appropriate to serve population.
  - Ensure process works for all partners involved.
  - Receive feedback from partners in community (probation officers, prosecutors, juvenile judges, schools, and public defenders and others).
  - Receive feedback from families and children.
  - Ensure appropriate communication is established between all involved.



# Proposed Solution- Pilot

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- Two or three pilot sites in communities with strong Community Mental Health Center/Access sites.
  - First pilot at Community Mental Health Center in Lawrenceburg.
    - Serves Dearborn, Franklin, Ohio, Ripley and Switzerland counties.
  - Expected to begin in approximately one month.
- Modify existing DCS master contract to allow service access to families without DCS case.



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**Questions?**