**Childrens Mental Health Service System**

**Mission:  Our CMH services assist children and families with stabilization, transition planning to community providers, and provision of ongoing, episodic and/or periodic interventions.  CMH services are family-centered, intense, diverse and time-limited to meet the various needs of children who are determined eligible.  To be eligible for CMH services an applicant must have a DSM-IV-TR Axis I Diagnosis and have a substantial functional impairment.  Families are encouraged to access community services prior to applying for CMH services.**

The CMH program serves the needs of Idaho’s children based on the following priority populations:

1. Crisis: A situation in which there is a sudden loss of the child and family's ability to use effective problem-solving and coping skills that lead to a risk of self-harm, risk of harm to others, or decompensation to the point of a person's inability to protect themselves from harm.
2. Court Ordered: Court ordered evaluation, treatment recommendations, and possible treatment provision for juveniles ordered by the court or through a Juvenile Mental Health Court. See Idaho Code 20-511(a)/66-321/18-211-212 for Statutory Definitions.
3. Voluntary:  Outpatient Mental Health Therapeutic Treatment Services for children without other benefits available.

The following are our CMH Core Services:

**CONSULTATION**

CMH is available to consult, support, provide clinical feedback and suggestions to children, parents, providers, schools and various  other systems involved.  Examples:  recommendations regarding specific behavioral interventions, ideas/strategies to implement, as well as  effective best practice and/or evidence-based research regarding diagnoses and treatment interventions.

**CRISIS RESPONSE**

Crisis response services are provided as an individualized intervention to assure safety when a child is believed to be in imminent    danger of life-threatening harm to self or others due to a serious emotional disturbance. A risk assessment is completed and recommendations made with the family.  Crisis response services can be accessed 24 hours per day, 7 days per week by contacting CMH through the Idaho  Department of Health and Welfare and/or law enforcement.

**ASSESSMENT**

All Children’s Mental Health applicants will      receive a comprehensive assessment to address the strengths and resources of a child and family and to determine the child’s mental health needs, as well as program eligibility.  Assessments are completed by qualified clinicians using clinical interviews, psychometric testing, and the gathering of collateral data from the family, school, other mental health professionals and systems  involved.

**CLINICAL CASE MANAGEMENT**

Clinical case management will be provided by a qualified CMH clinician to link and coordinate services provided to a family to ensure the most comprehensive program of interventions to meet the needs of a child.  Clinical support and  guidance is available to deal with the most   challenging issues.  As levels of intensity arise, assistance is available to families to manage the extra stresses that accompany caring for a child with mental health needs.  The main goal of clinical case management services is to strengthen parent capacity through the provision of various resources to improve  functioning for their child.  This includes  identifying gaps and barriers to a child’s success, working with all community partners and the family to find solutions for achieving the goals of the service plan.

**MEDICATION MANAGEMENT**

CMH medication management involves an initial evaluation by a qualified expert and ongoing monitoring of psychotropic medication efficacy with a team approach (CMH Clinician, parents, child(ren), and Psychiatrist, Doctor or Nurse Practitioner).  CMH uses video conferencing equipment, which permits secure two-way and real-time interactive communications between a child and a psychiatric consultant.  The goal of this service is to stabilize the child, transition and then  provide ongoing consultation to their Medical Doctor or Primary Care Physician.

**INTENSIVE FAMILY INTERVENTION SERVICES (IFIS)**

Outpatient treatment, usually provided by a Contractor, is the least restrictive service provided within the continuum of care and is delivered in the family home, at school, in the community or in a mental health clinic.  This service is intended to be time-limited and to fill a gap in service needs.  Outpatient IFIS services include: brief interventions, Individual Psychosocial Rehabilitation (skill-building), individual therapy, relationship therapy, family therapy and/or group therapy. Service interventions are designed to decrease psychological symptoms and maladaptive behavior, as well as to improve  adaptive and pro-social functioning.

**PARENTING WITH LOVE & LIMITS (PLL)**

PLL is a six week evidence-based, intensive parenting program for children ten to 18 years of age and their families.  This  program  addresses the family as a whole unit rather than identifying one member’s particular behavior as the problem issue.  The PLL program reintroduces into the family the concept of establishing appropriate parent/child boundaries as well as encouraging more nurturance and play as part of daily family life.  Each family receives a contract (blueprint) to help them navigate their way toward changing a specific behavior their child currently demonstrates such as disrespect, sibling     fighting, acts of aggression, etc.  The parents also become aware of how their parenting style contributes to their child’s negative behavior.  This program is implemented in collaboration with Juvenile Justice, Child Welfare and CMH

**RESPITE CARE SERVICES**

Respite care services consist of time-limited family support services.  A care provider of the family’s choice provides supervision and care for a child with mental health needs.  Respite care can be provided as planned or on an  emergency basis and is contingent on level of intensity regarding a child’s needs.  The care typically is provided within a family home but in more intense circumstances can be in a  licensed foster home orresidential care  facility.

**WRAPAROUND**

Wraparound is a family-centered, strength-based and individualized planning process   designed to help families achieve goals and outcomes by utilizing professional services, as well as natural supports in their community.  Families work with a facilitator to identify their “Wraparound” team.  The family and their team prioritize issues and concerns,  problem solve ways to resolve issues, obtain necessary services and/or break down barriers that families face in day to day struggles and challenges.

**OUT-OF-HOME PLACEMENTS**

**Out of home placement are *only considered after all other community based services have been exhausted. A Regional Placement Authority Team convenes prior to any out-of-home placement decision to discuss the suitability/clinical benefit of this placement.  A Family Group Decision Making (FGDM) may be implemented to promote family planning prior to accessing a higher level of care, including out of home placement.  Parents are an essential part of this decision making and are responsible for treatment costs incurred during their child’s out-of-home placement.  This cost is determined by the Bureau of Child Support Services.***

**A.  THERAPEUTIC FOSTER CARE**

Therapeutic foster care is a service that provides therapeutic interventions for children with mental health needs within the private homes of trained families.  The services combine the influence of family based care with specialized behavioral     interventions provided with clinical  support and include the biological family to the greatest extent possible.

**B. RESIDENTIAL TREATMENT**

Residential treatment facilities fall at the most restrictive end of the spectrum in the continuum of care for children. Residential treatment centers    include children’s group homes and treatment  facilities that provide 24 hour care in a licensed, highly structured setting delivering comprehensive therapeutic interventions.  These placements are time-limited with discharge plans developed from the initial time of admittance and with family   involvement throughout the placement.

**C. INPATIENT SERVICES**

Services provided within the context of a   psychiatric hospital setting.  This level of care provides a high level of psychiatric and medical care and is utilized in times of potentially dangerous or high risk situations.