

**Service Delivery Plan for
Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS)**

The service delivery plan should be consistent with current quality assurance and utilization management program activities as specified in the Mental Health Plan contract with the Department of Health Care Services.

Please provide the following county specific information: county name, contact person & title, email, telephone number, signature and date submitted:

- I. Needs Assessment: Please describe how and when the county will identify members of the subclass and screen, assess, or otherwise determine their needs, including the following:
 - A. Subclass analysis: Identification of subclass members
 - 1) Determine and enumerate subclass members
 - 2) Identify categories of subclass members (kids at home, kids in group care, kids in foster care)
 - B. Existing Services to subclass: Please identify what mental health services are currently being provided to subclass members, which may include, or serve as the equivalent for, ICC and IHBS. Services that may qualify include:
 - 1) Wraparound
 - 2) Full Service Partnership (FSP)
 - 3) Intensive Treatment Foster Care (ITFC)/ Multidimensional Treatment Foster Care (MTFC)
 - 4) other Early and Periodic Screening, Diagnosis & Treatment (EPSDT) services, including Therapeutic Behavioral Services (TBS)

Please identify what steps the County will take to adapt existing services, if necessary, in order to provide adequate ICC and IHBS services.

- II. Direct Delivery of Services: Please describe how and when ICC and IHBS services will be delivered to eligible youth, including a description of how subclass members are identified (through screening, assessment, referral, engagement) and services will be delivered and evaluated, consistent with the Core Practice Model.
- III. Gap Analysis: Please address any identified gap(s) between the needs of the Subclass and services provided to Subclass (under I & II above), including the following:
 - 1) Services to subclass members who are in congregate care or other group settings, including psychiatric hospitals, who have intensive mental health needs that should be addressed by ICC and IHBS

- 2) Services to subclass members who are in the community and receiving less intensive mental health services & supports, but have been determined (identified by anyone) to need more intensive services (e.g. children with placement disruptions due to behavioral health concerns /mental health needs)
- IV. Services Capacity Assessment: Please determine the capacity of the MHP to provide ICC and IHBC to subclass members, as identified in the Needs Assessment, including the following:
- A. *Existing Capacity*: Services that are available in the county:
 - 1) By services type (ICC, IHBS)
 - 2) By provider types (County operated, contracted agencies)
 - 3) Geographic coverage
 - B. *Short Term Expansion Capacity*: Services described in (IV, A) that could be or will added, as needed, to current provider or county contracts within six to twelve months. Describe what steps will be taken to bring these services on line, if needed.
 - C. *Unmet Long Term Capacity Needs*: Plan must address how the county will address any necessary service capacity expansion based on gap analysis
 - 1) By service type
 - 2) By provider type
 - 3) By geographic area
- V. Stakeholder Involvement: Please describe stakeholder involvement in the implementation of ICC and IHBS. Specifically, describe how youth and families will be continuously involved in implementation, policy development, practice issues and continuous quality improvement.
- A. Please include the methods used to obtain stakeholder input. (Counties may use existing methods used for Mental Health Services Act.)
 - B. Please identify the stakeholder entities involved in the ICC and IHBS implementation, policy development, practice issues and continuous quality improvement.
 - C. Please describe in detail collaboration strategies with other stakeholders that have been developed or will be implemented for ICC and IHBS. Explain how they will help improve system services and outcomes for children, youth and their families.

Definitions:

Katie A. Subclass - children/youth (up to age 21) are considered to be a member of the Subclass if they meet the following criteria:

- Are full-scope Medi-Cal (Title XIX) eligible;
- Have an open child welfare services case; and
- Meet the medical necessity criteria for Specialty Mental Health Services (SMHS) as set forth in CCR, Title 9, Section 1830.205 or Section 1830.210.

In addition to:

- Currently in or being considered for: wraparound, therapeutic foster care, specialized care rate due to behavioral health needs or other intensive EPSDT services, including but not limited to therapeutic behavioral services or crisis stabilization/intervention; or
- Currently in or being considered for group home (RCL 10 or above), a psychiatric hospital or 24-hour mental health treatment facility (e.g., psychiatric inpatient hospital, community residential treatment facility); or has experienced three or more placements within 24 months due to behavioral health needs.

Open Child Welfare Services Case - means any of the following: a) child is in foster care; b) child has a voluntary family maintenance case (pre or post, returning home, in foster or relative placement), including both court ordered and by voluntary agreement. It does not include cases in which only emergency response referrals are made.