Department of Social Services

Interagency System for Caring for Emotionally Disturbed Children (ISCEDC)

Quarterly Report for the Period Ending September 30, 2012

History of ISCEDC:

Among the salient features of ISCEDC are that it mandates local interagency staffing teams to perform "assessment and evaluation procedures to insure a proper service plan and placement" for each child referred, and the assignment of case management/monitoring responsibility to an appropriate agency. Treatment costs are to be paid out of a Services Fund of pooled dollars from DSS, DDSN, DJJ and DMH. The local interagency teams are able to authorize appropriate services for ISCEDC clients without worrying about which agency is going to have to pay for them (that is, the cost sharing on individual children in ISCEDC has been eliminated). In addition, DSS is charged with developing services for children who are at risk for removal from their families or who are having difficulty in substitute care, but are not in a treatment placement. Decisions about eligibility of ISCEDC, initial level of care, services authorized, and assignment of lead case management are made by the ISCEDC team. Every effort is made to assure that children are placed in the least restrictive settings that are clinically appropriate to meet their needs.

Key agencies include the Department of Social Services, the Department of Mental Health (DMH), the Department of Disabilities and Special Needs (DDSN), the Department of Juvenile Justice (DJJ) and the Department of Education (DOE).

Accomplishments:

At the end of FY 2011-2012, there were a total of 1,119 children in foster care who were served through the ISCEDC. In the first quarter of FY 2012-2013, the number of foster children requiring ISCEDC services has continued to decline to 1,030. By using the ISCEDC process, the IFCCS division has achieved some major outcomes, such as safely reducing the number of children requiring intensive case management through ISCEDC by 8% in the first quarter.

Also in the first quarter, a total of 14 children were discharged from IFCCS. As noted in Figure 1.1, 72% of the children who transitioned out of IFCCS were either reunified with their parent(s) or relative (s). This represents an 18% increase in reunifications with a parent(s) or relative(s) compared to last FY 2011-2012.

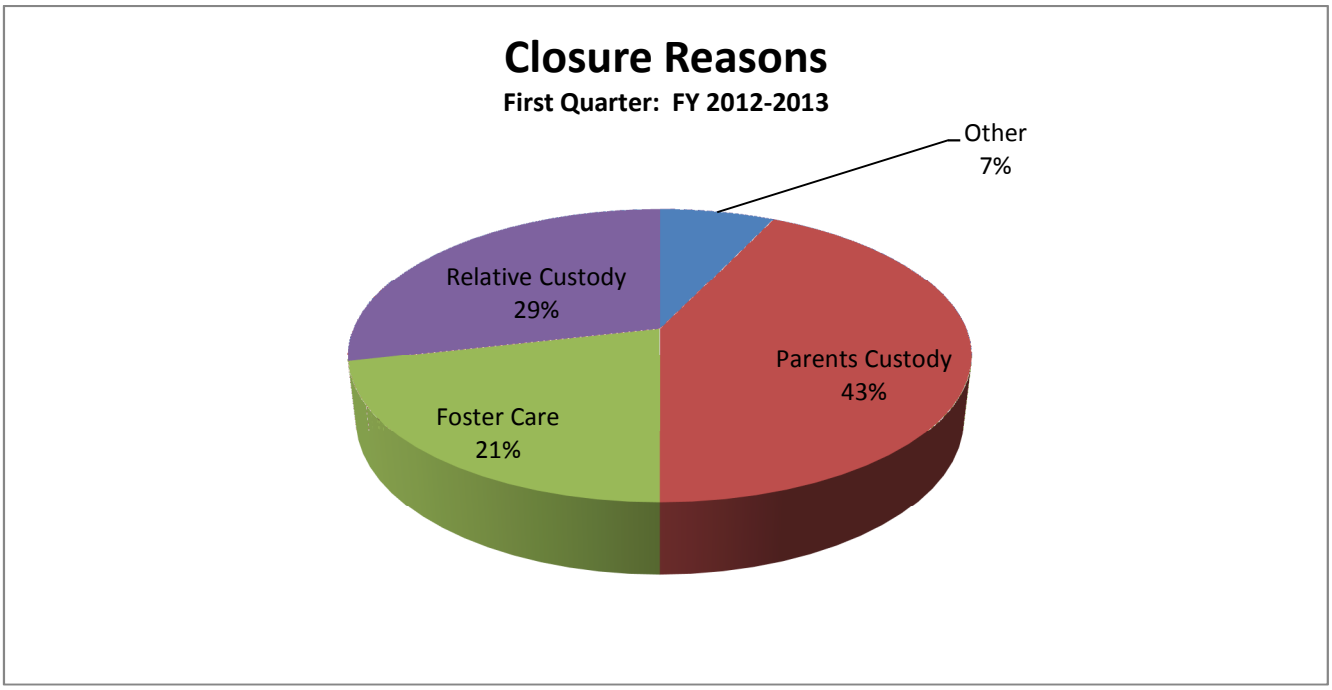

Figure 1.1 (Source: DSS CMAAC Database)

Due to focused efforts of implementing more community–based services to support children placed in Therapeutic Foster Care or wrapping families seeking reunification or adoption, the number of foster children who are institutionalized in Psychiatric Residential Treatment Facility's (PRTF) has been reduced to 124 in the first quarter; this is a 22% reduction over last FY 2011-2012 (See Figure 1.2 and 1.3). Approximately 66% of the foster children receiving ISCEDC services are now placed within a community-based family setting such as a Therapeutic Foster Home, Specialized Foster Home, or a Medically-Fragile Home.

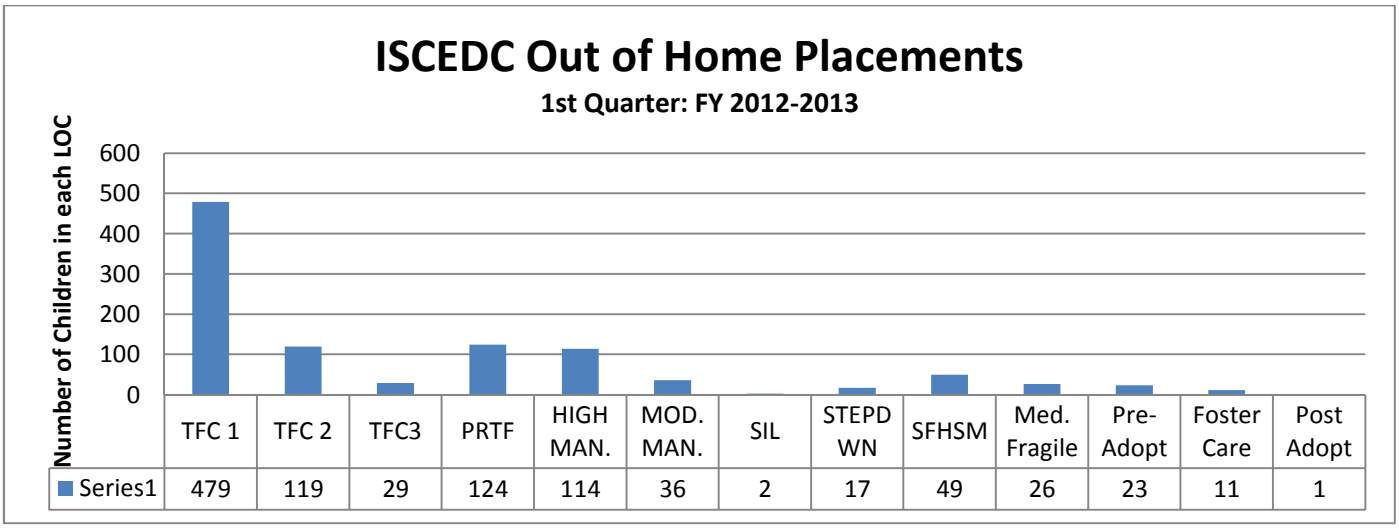

Figure 1.2 (Source: DSS CMACC Database)

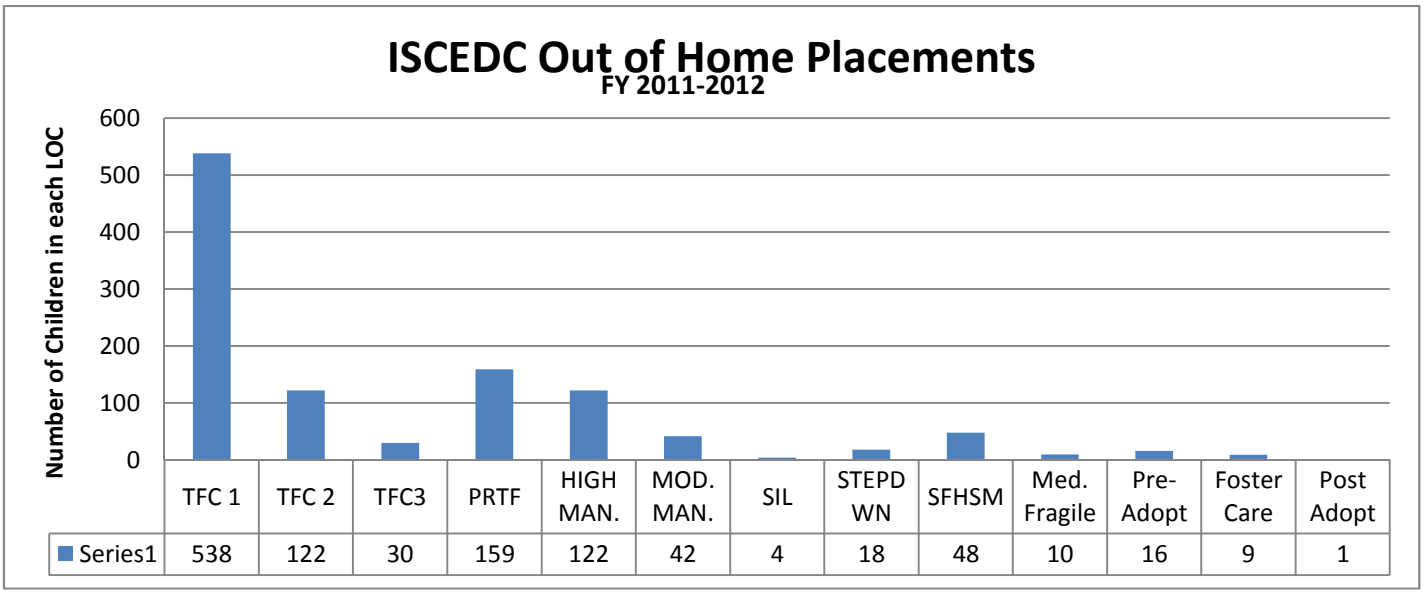

Figure 1.3 (Source: DSS CMACC Database)

Rehabilitative Behavioral Health Services (RBHS) for Foster Children Requiring ISCEDC Services:

There were a total of 1,699 contracts for RBHS during the first quarter. Of those contracts, Family Support was the most utilized service among the array of services as it is an effective tool in supporting and educating caregiving families in understanding of trauma and the multiple symptoms and behaviors that often arise with children who are victims of abuse.

Around 33% of the RBHS services for foster children receiving ISCEDC services were Therapy with the child and/or family. Again, the family/caregiver and child were able to receive direct clinical support in their home setting (See Figure 2.1). In addition to RBHS, foster children requiring ISCEDC services also were supported with over 406 contracts for critical transportation services that ensured the child received clinical and psychotropic medicine appointments along with family reunification visits, general medical care, etc.

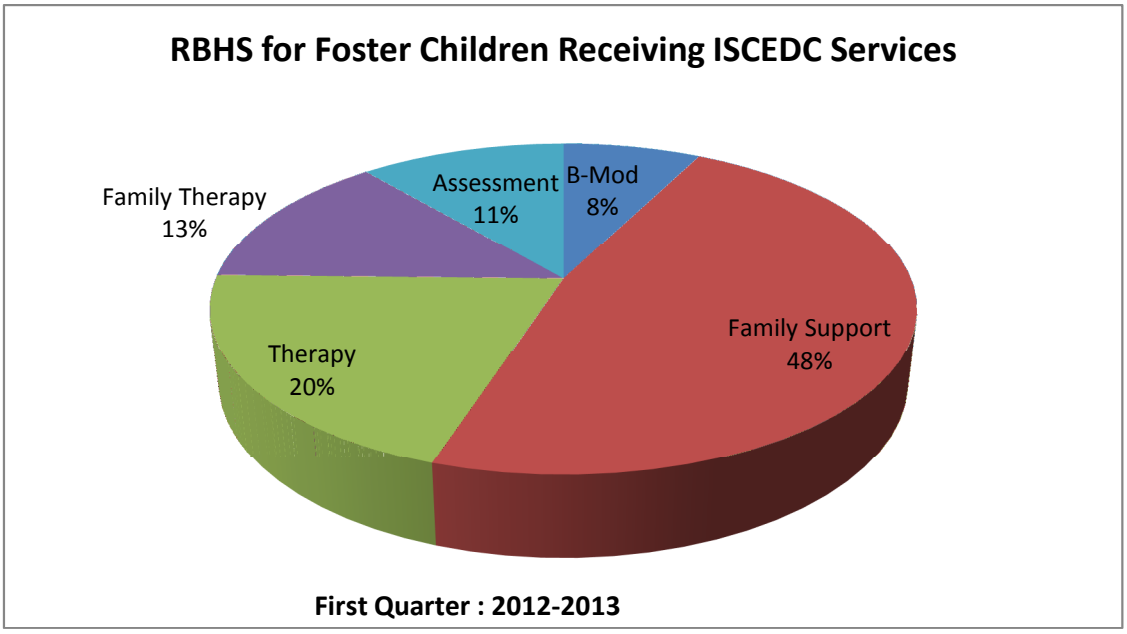

Figure 2.1 (Source: DSS CMACC Database)