Pathways to Wellness – Initial Flowchart for Children 0-17.5

Child is detained or is an FMV case.

Social Worker

- Completes the appropriate MHST (DPSS 4286A MHST for 0-5 or DPSS 4286 MHST for Age 5+) and forwards ***only "positive"*** MHSTs to the ACT Clinician, via Foster Care.
- Emails the completed MHST directly to Foster Care at FC2468@RiversideDPSS.org. Enter the mother's first name and last initial ***only*** in the email subject line. Send a copy to your supervisor.
- Enters information on the Screenings page of the Health Notebook, in the "Screenings" section ***within five (5) business days.***
- Maintains an electronic copy of the completed MHST in the CSD electronic case file.
- Contacts and consults with the centralized DMH-ACT clinician ***after*** receipt of his/her email verifying receipt of the MHST.
- Receives an email from DMH with the disposition of the referral.
- Enters the DMH disposition information on the Screenings page of the Health Notebook, in the "Referrals" section ***within five (5) business days of receipt.***
- Enters information regarding the MHST/screening, consult with ACT, and any mental health assessment into CWS/CMS in:
  - Service Providers-Collateral Contacts, and
  - Contacts
- Develops or revises CWS case plan, as needed (so that the CFT Service Plan and CWS Case plan do not conflict).

Foster Care Eligibility

- Receives the DPSS 4286 or 4286A in the Outlook mailbox FC2468@RiversideDPSS.org.
- Verifies ***M/C*** or ***non-M/C*** eligibility status and enters it on the MHST.
- Forwards ***encrypted*** MHST with the ***M/C*** information to ACT by the next day. (Sends ***via Outlook*** to DMH-ACT central address at: RCDOMH2468@rcmhd.org)
- Sends a "cc" to the referring SW.

ACT/DMH

- The ACT Clinician
  - Reviews the MHST and scans it into the MH ***ELMR*** system as "non-episodic".
  - Emails an encrypted notice to the SW upon receipt of the MHST from Foster Care.
  - Consults with the SW regarding the child.
- DMH makes the determination if the child:
  - is referred for a formal Mental Health Assessment
  - determines if "medical necessity" exists for treatment, and
  - if the child is "Class" or "Sub-Class".
- DMH emails information to the SW regarding the disposition of the referral and sends a copy to the SW-Supervisor.

CLASS

- **Child *MAY or MAY NOT* receive mental health services, (but not ICC or IHBS)**

or

- **Child *DOES NOT* qualify for Medi-Cal.**

SUB-CLASS

- **Child must:**
  - **qualify for full scope Medi-Cal**
  - **have an open child welfare case (including FMV cases)**
  - **have "medical necessity" for services (as determined by DMH).**

IF RECOMMENDING WRAP, SCREEN FOR WRAPAROUND (SEE WRAPAROUND FLOWCHART)

Social Worker

- Reviews the MHST with a child
  - ***at least*** every twelve (12) months
  - any time there is a change of placement
  - whenever the child experiences a "crisis", there is a significant change in behavior, or circumstances warrant it.
- Enters a new line in the "Screenings Frame" on the Screening page in the Health Notebook each time the MHST is reviewed or revised, with an explanatory comment.
- Submits an updated MHST to MH-ACT ***only If*** the child is ***CLASS*** and the MHST results have ***CHANGED.***
- If the child is ***SUB-CLASS,*** the MHST results have ***CHANGED,*** and the child is already ***RECEIVING SERVICES through:***
  - ***a DMH CLINIC OR PROGRAM*** - the changes should prompt further communication at the CFT to coordinate any needed additional services.
  - ***an OUTPATIENT MANAGED CARE PROVIDER through ACT -*** the SW will contact ACT by phone to provide any updated contact information and coordinate a new referral to either a managed care provider or into a County clinic program if more specialized care is needed.