

ADVISORY GROUP ON Elimination of Duplicative and Non-Essential Services **PROPOSAL #:** AGDNES #18
SUBJECT: DSS/DHH/OJJ - Behavioral Health of High Risk Children **DATE ADOPTED BY ADVISORY GROUP:** 11/02/09; amended on 11/09/09
COMMISSION ACTION: ADOPTED / AMENDED **DATE:** November 10, 2009 **RECOMMENDATION #:** 72

RECOMMENDATION: Perform a system-wide analysis of behavioral health needs of high risk children within the child welfare and Office of Juvenile Justice systems to maximize the use of Medicaid funding. Such analysis shall be performed in-house by state employees.

Summary Description/Nature of Change	Key/Implementation Responsibilities	Need	Action Needed	Benefit/Saving	Done/ Study
DSS, OJJ, and DHH should perform a system-wide analysis of behavioral health needs of high risk children within the child welfare and OJJ systems. Such analysis shall be performed in-house by state employees.	DSS, DHH, and OJJ.	The coordinated system of care will most likely provide assessment and diagnosis, medical management, day treatment, and in-patient services. This does not include the cost of therapeutic group care, residential services, therapeutic group care, residential treatment, transportation, support and education and other wrap-around services.	Executive action	The benefit is better coordination of care to high risk children. DHH will spend more because more children will be covered by Medicaid, but DSS and OJJ will save state general fund currently spending on these services so overall, state will in spend less SGF dollars to provide same services to same children. OJJ can achieve greater efficiencies for these services by combining the purchasing power of both agencies and develop a systems based approach that is outcomes driven. DSS and OJJ have an opportunity to pool resources to maximize federal funding opportunities.	OJJ is working with DSS and DHH to determine parameters around a system of care and eligible service for a Medicaid waiver request.