

## Family Crisis Intervention Program

The Family Crisis Intervention Program (FCIP) provides case management services to children who display unruly behavior and their families with the goal of preventing state custody. Through FCIP, youth who might otherwise be placed into state custody as a result of behaviors such as running away from home, truancy from school, and acting out beyond the control of their parent(s) are given an opportunity to work with their families to resolve their most immediate crisis while remaining at home. If the child and family are unable to resolve their issues after involvement with FCIP, the case is brought to the attention of the court so that further intervention may be sought, including, but not limited to, commitment to state custody. There are 12 teams across the state that provide FCIP services to families; one team is located in each of the regional Community Services Agency (CSA) offices.

### Family Crisis Intervention Program Data

6,394 children were diverted from custody through the Family Crisis Intervention Program

The program has a 96% success rate, up from FY00-01 rate of 95%

## Health Care Advocacy

The Health Care Advocacy division promotes improved access to medical and behavioral services for children in state custody or at risk of coming into state custody. Many children at risk of coming into state custody, and virtually all custodial children, qualify for and receive medical and behavioral services through TennCare. This division serves as a liaison with TennCare Select, the managed care organization (MCO) for children in state custody, and behavioral health organizations (BHO), and advocates on behalf of children in custody for the TennCare services provided by these organizations. In addition, the division manages departmental implementation of compliance with TennCare issues, assists in developing policies and procedures related to health services for children in custody, and provides central office support and technical assistance to regional Health Advocacy Units.

Regional Health Advocacy Units actively advocate for children in custody and monitor whether children are receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) as needed. These units also help case managers use the managed care system and file appeals to the TennCare Solutions Unit when MCO or BHO services for children in custody are delayed, denied, reduced, suspended or terminated. During fiscal year 2001-2002, implementation of a single managed care organization for children in custody was completed. Beginning July 1, 2001, BlueCross/Blue Shield of Tennessee's TennCare Select became the single managed care organization for children in custody. DCS collaborated with



the Bureau of TennCare and TennCare Select to transition custodial children into the MCO. TennCare Select has developed a network of Primary Care Physicians who have agreed to provide primary care, including EPSDT screenings, to children in custody. This network is called the Best Practice Network.

DCS has worked with TennCare to implement immediate eligibility for children coming into custody. Children no longer have to wait weeks for TennCare eligibility to be established in order to receive needed medical and behavioral health services. These services can now begin immediately when the child enters state custody.

Two Centers of Excellence (COEs) began operations to provide expert medical and behavioral health case consultation to children in state custody and at imminent risk of state custody. The centers meet monthly with DCS regional offices in their catchment area to discuss difficult cases. They provide some limited direct care to children, assist in training DCS