Today's Presentation

- System of Care
- Medicaid Funding for Behavioral Health Services in the PIHP/CMHSP System
- Our system today
  - Priority Populations, Medicaid, Mental Health Code, Criteria for children 0-3, 4-6 and 7-17 years of age with serious emotional disturbance, Criteria for persons with developmental disabilities and autism
- Specialty Services and Supports, Evidence Based Practice and Prevention-Direct Service Models
- Partnerships

Presenting Today

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Values of the Behavioral Health System for Children, Youth and their Families

- System of Care Values
- Collaboration with other Child Serving Systems
- Family Driven and Youth Guided Policy and Practice
- Outcomes Driven

What is a System of Care?

A community system of care for children/youth and their families is the organization of public and private service components within the community into a comprehensive and interconnected network in order to accomplish better outcomes for children and youth.

System of Care for Children, Youth and their Families

System of care is guided by a philosophy and supported by an infrastructure.
Medicaid Funding for Behavioral Health Services

Currently, behavioral health services for children with serious emotional disturbance and their families are provided under the 1915 b Medicaid Managed Care Waiver for Specialty Services and Supports. This 1915 b waiver covers an array of services which are delivered through the Community Mental Health Services Programs (CMHSPs)/Prepaid Inpatient Health Plans (PIHPs) that comprise the public mental health system in Michigan.

Medicaid Funding for Behavioral Health Services

Under the 1115 Waiver, all of the current behavioral health services presently provided under the 1915 b waiver and the 1915c SEDW (as well as the 1915c Waivers for children and adults with intellectual/developmental disabilities) will be combined. Once Center for Medicaid and Medicare Services (CMS) approves the 1115 Waiver, this will mean that the SEDW will be available statewide to all 46 CMHSPs (83 counties). The 1115 Waiver is to be submitted to CMS at the end of May 2016.

NOTE: The Medicaid Applied Behavior Analysis (ABA) Service is specifically covered under the Medicaid State Plan.
Medicaid Funding for Behavioral Health

Behavioral Health (Mental Health, Substance Abuse Services) and Intellectual/Developmental Disability Services in Michigan are delivered through Prepaid Inpatient Health Plans (PIHP) and/or their contracted providers of Community Mental Health Service Programs (CMHSP’s).

- Currently there are 10 Prepaid Inpatient Health Plans (PIHPs)
- Community Mental Health Services Programs (CMHSP’s)
  - 46 CMHSPs Covering 83 Counties

The Behavioral Health System Today

- MDHHS contracts with Prepaid Inpatient Health Plans (PIHPs) for Medicaid Services to children with serious emotional disturbance (SED), adults with serious mental illness (SMI), children and adults with intellectual/developmental disabilities and children and adults with substance use disorders.
- Each region is required to have a comprehensive array of services that maximizes choice.

Priority Populations for PIHP/CMHSP

- Persons with serious mental illness, serious emotional disturbance, intellectual/developmental disability or addictive disorders
- Persons with Medicaid
- Persons who meet the qualifications above that are underinsured
- Must meet Medical Necessity Criteria outlined in the Michigan Medicaid Provider Manual
Medical Necessity Criteria

To obtain Medicaid covered specialty services and supports, the beneficiary must meet the medical necessity criteria:

Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person’s diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.

Michigan Mental Health Code

Serious Emotional Disturbance (SED) Definition

“Serious emotional disturbance” means a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American psychiatric association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the minor’s role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

(a) A substance abuse disorder.
(b) A developmental disorder.
(c) “V” codes in the diagnostic and statistical manual of mental disorders.”

Criteria

The criteria for Medicaid eligibility for specialty mental health services and the framework for general fund priority for non-Medicaid children is based on the definition of serious emotional disturbance delineated in the Mental Health Code (Section 330.1100d) which includes the three dimensions of diagnosis, functional impairment and duration.
Definition of Infant-Toddler with SED, 0-3 years of age

- **Diagnosis:** Criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association consistent with the Diagnostic and Statistical Manual of Mental Disorders of Infancy and Early Childhood: Revised Edition™.

- To assist in determining functional impairment, a standardized, validated, age appropriate assessment tool is used: Devereux Early Childhood Assessment (Infant, Toddler, Clinical versions).

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**Definition of Infant-Toddler with SED, 0-3 years of age**

- **Functional Impairment:** Interference with, or limitation of, an infant/toddler’s proficiency in performing developmentally appropriate skills as demonstrated by at least 1 indicator drawn from 2 of the following 3 functional impairment areas:
  1. General and/or specific patterns of reoccurring behaviors or expressiveness indicating affect/modulation problems.
  2. Behavioral patterns coupled with sensory, sensory motor, or organizational processing difficulty (homeostasis concerns) that inhibit the infant or toddler’s daily adaptation and relationships.
  3. Incapacity to obtain critical nurturing as determined through the assessment of infant/toddler, parent/caregiver and environmental characteristics.

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**Definition of Infant-Toddler with SED, 0-3 years of age**

- **Duration/History:** The very young age and rapid transition of infants and toddlers through developmental stages makes consistent symptomatology over time unlikely.
  - There are indicators that a disorder is not transitory and will endure with out intervention include:
    - Disorder is affected by persistent multiple barriers to normal development;
    - Infant/toddler has been observed to exhibit the functional impairments for more days than not for a minimum of 2 weeks;
    - An infant has experienced a traumatic event.
**Definition of Young Child with SED, 4-6 years of age**

- **Diagnosis**—The young child has a mental, behavioral, or emotional disturbance sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association that has resulted in functional impairment as delineated below.

- To assist in determining functional impairment, a standardized, validated, age appropriate assessment tool is used: Preschool and Early Childhood Functional Assessment Scale (PECFAS)

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**Definition of a Young Child with SED, 4-6 years of age**

- **Functional Impairment**—Interference with, or limitation of, a young child’s proficiency in performing developmentally appropriate tasks, when compared to other children of the same age, across life domain areas and/or consistently within specific domains as demonstrated by at least 1 indicator drawn from at least 3 of the following areas:
  - Limited capacity for self-regulation, inability to control impulses, or modulate emotions (internalized, externalized behaviors)
  - Physical symptoms, as indicated by behaviors that are not the result of a medical condition
  - Disturbances of thought
  - Difficulty with social relationships
  - Care giving factors which reinforce the severity or intractability of the childhood disorder and the need for intervention strategies.

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**Definition of a Young Child with SED, 4-6 years of age**

- **Duration/History**—The young age and rapid transition of young children through developmental stages makes consistent symptomatology over time unlikely.

  - There are indicators that a disorder is not transitory and will endure without intervention include:
    - Evidence of three continuous months of illness, or
    - Three months of symptomatology/dysfunction in a six-month period, or
    - Conditions that are persistent in their expression and are not likely to change without intervention, or
    - Young child has experienced a traumatic event.
Definition of Child-Youth with SED, 7-17 years of age

- **Diagnosis:** Diagnosable mental, behavioral or emotional disorder sufficient to meet diagnostic criteria (serious emotional disturbance)

Functional Impairment is defined as:
- Total score of 50 (using the 8 subscale scores on the Child and Adolescent Functional Assessment Scale (CAFAS), or
- Two 20s on any of the first 8 subscales, or
- One 30 on any subscale of the CAFAS, except for substance abuse only.

- **Duration/History:** Evidence that the disorder exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association.
Michigan Mental Health Code Definition of Developmental Disability

Developmental disability means either of the following:

(a) if applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:

(i) If attributable to a mental or physical impairment or a combination of mental and physical impairments.
(ii) Is manifested before the individual is 22 years old.
(iii) Is likely to continue indefinitely.
(iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:

(A) Self-care
(B) Receptive and expressive language
(C) Learning
(D) Mobility
(E) Self-direction
(F) Capacity for independent living
(G) Economic self-sufficiency

(v) Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) if applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (a) if services are not provided.
Specialty Services and Supports

Mental Health Specialty Services and Supports for Children and Youth

The following array of CMHSP/PIHP specialty services and supports include, but not limited to:
- Community Psychiatric Hospitalization
- Child and Family Therapy
- Home-based Services
- Respite Services
- Wraparound Services
- Infant Mental Health Services

Specialty Services and Supports--continued

- Case Management and Supports Coordination
- Community Living Supports
- Family Skill Development
- Family Support and Training
- Parent Support Partners
- Youth Peer Support
- Medication Management/Psychiatric Evaluation
Specialty Services and Supports—Prevention Direct Services Models

- Prevention-direct service models are programs using individual, family and group interventions designed to reduce the incidence of behavioral, emotional or cognitive dysfunction, thus reducing the need for individuals to seek treatment through the public mental health system. One or more of the following direct prevention models must be made available by the PIHP or its provider network:

Specialty Services and Supports—Prevention Direct Services Models

- The Prevention-Direct Services Models are:
  - Infant and Early Childhood Mental Health Consultation (Child Care Expulsion Prevention)
  - School Success Programs
  - Children of Adults with Mental Illness/Integrated Services
  - Infant Mental Health when not enrolled as a Home-Based program
  - Parent Education

Infant and Early Childhood Mental Health Consultation

Infant and Early Childhood Mental Health Consultation (developed and implemented previously as Child Care Expulsion Prevention) provides consultation to child care providers and parents who care for young children who are experiencing behavioral/emotional challenges in their child care settings. The goal is to reduce expulsion and increase the number of families and child care providers who successfully nurture the social and emotional development of children 0-5 in licensed child care programs. Consultants provide short-term child/family-centered mental health consultation for young children with challenging behaviors which includes observational/functional assessment, individualized plan of services and interventions.
School Success

Mental Health Clinician works with parents so that they can be more involved in their child’s life, monitor and supervise their child’s behaviors; works with youth to develop pro-social behaviors, coping mechanisms, and problem solving skills; and consults with teachers in order to assist them in developing relationships with these students. Mental Health Clinician can also act as a liaison between home and school and provide referrals to mental health services, as needed.

Infant Mental Health

Provides home-based parent-infant support and intervention services to families where the parent’s condition and life circumstances, or the characteristics of the infant, threaten the parent-infant attachment and the consequent social, emotional, behavioral and cognitive development of the infant. Services reduce the incidence and prevalence of abuse, neglect, developmental delay, behavioral and emotional disorder.

Children of Adults with Mental Illness

Designed to prevent emotional/behavioral disorders among children whose parents are receiving services from the public mental health system and to improve outcomes for adult beneficiaries who are parents. This approach includes assessment and service planning for the adult related to their parenting role and their children’s needs. Treatment objectives, services, and supports are incorporated into the service plan for an adult who is a parent. Linking the parent and child to available community services, respite care and providing for crisis planning are essential components.
Parent Education

Provided to parents using evaluated models that promote nurturing parenting attitudes and skills, teach developmental stages of childhood (including social-emotional developmental stages), teach positive approaches to child behavior/discipline and interventions the parent may utilize to support healthy social and emotional development, and to remediate problem behaviors.

Evidenced Based Practices

Parent Management Training Oregon™ (PMTO) is an evidence-based structured intervention to help parents and caregivers manage the behavior of their children. The PMTO method is designed to promote prosocial skills and cooperation and to prevent, reduce and reverse the development and maintenance of mild to moderate to severe conduct problems in children, ages 4 - 12. PMTO empowers parents as primary treatment agents to promote and sustain positive change in families.

- PMTO emphasizes, identifies, and builds upon strengths already present in parents, children, and their environment.
- Professionals shape parents to shape their children’s behavior with the use of positive and negative contingencies.
Evidenced Based Practices in CMHSP/PIHP Supported by the Department

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional & behavioral problems in children, ages 3-18. TF-CBT is for children who have experienced a wide array of traumas, including domestic violence, traumatic loss, war, commercial sexual exploitation, and the often multiple and complex traumas experienced by children who are placed in foster care. TF-CBT is appropriate for use with children exposed to trauma whose parents/caregivers did not participate in the abuse. The program integrates cognitive, behavioral, interpersonal, and family therapy principles as well as trauma interventions.

Child Parent Psychotherapy (CPP) is a trauma specific intervention for young children (birth to age 5) who have experienced at least one traumatic event and are experiencing behavior, attachment, and/or mental health problems. Its goal is to support/strengthen the relationship between a child and parent/caregiver as a vehicle for restoring the child’s sense of safety, attachment, and appropriate affect and improving the child’s cognitive, behavioral, and social functioning.

The first cohort of CMH therapists will be trained in CPP, in partnership with University of Michigan, starting in October.

Parent-child interaction therapy is a treatment for young children, ages 2-7, with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Most of the session time is spent coaching caregivers in the application of specific therapy skills. Concluding each session, therapist and caregiver together decide which skill to focus on most during daily 5-minute home practice sessions the following week.
Evidenced Based Practices in CMHSP/PIHP Supported by the Department

**Infant Mental Health (IMH)** model is a needs-driven, relationship-focused multi-faceted intervention serving parents and their infants/toddlers. The infants/toddlers and parent(s) receiving IMH have been exposed to a range of factors that place the infant/toddler at risk for developing a variety of emotional, behavioral, social, and cognitive delays. IMH services are designed to ameliorate serious mental health issues during the critical period of infancy in order to prevent costly consequences for both the individual and society through increased costs in health care, education, and the justice system.

In addition, some CMHSPs have adopted additional evidenced based programs and practices, such as:
- Multi-systemic Therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing

Initiatives Underway to Improve Children's Mental Health Services

- Increase Crisis Response Services such as Mobile Crisis teams, Crisis Residential
- Increase Therapeutic Foster Care (Only a SEDW covered service currently)
- Build Medicaid Peer Services for children, youth and families-Parent Support Parents and Youth Peer Support Specialists
- Children's Behavioral Action Team (CBAT)
Partnerships -- Mental Health and Michigan Department of Education

- **Project AWARE**
  The grant will increase awareness of mental health issues among school-aged youth and provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues in children and young adults using a nationally-recognized training called Youth Mental Health First Aid (YMHFA).

- **Safe Schools Healthy Students (SS/HS)**
  The SS/HS program focuses on aligning policies, practices, programs, and partnerships at the state and local levels to empower local districts to improve their ability and capacity in meeting the mental health, substance use and violence prevention, and early childhood needs of all students.

Partnerships -- Mental Health and Michigan Department of Education

- **Race to the Top Early Learning Challenge (RTT-ELC)**
  RTT-ELC is a federal initiative that supports efforts to ensure that greater numbers of children with high needs are able to access high quality early learning and development programs, and that these programs are embedded within an integrated state system of programs and supports for young children.

- **Early On**
  The vision of Early On Michigan is to improve the quality of life for children with special needs, age birth to three, and their families. Early On is offered by the Michigan Department of Education (MDE) as the state lead agency. MDE collaborates with the Michigan Department of Health and Human Services in implementing the Early On system.
Partnerships -- Mental Health and Juvenile Justice

- Juvenile Justice Diversion
  Governor appointed Mental Health Diversion Council was expanded to include members specializing in juvenile justice issues.

- School Justice Partnership
  Vision: "Justice. School. For All."
  Better understanding of the wide-ranging impact of school exclusion and truancy:
  - Impact on school retention/graduation rates,
  - How school exclusion is connected to delinquency
  - How keeping kids in school contributes to youth's success and Michigan's economic development
  Agreement with/commitment to a strategic plan to improve school inclusion and student retention outcomes as well as an agreement with/commitment to formulate and implement an Action Plan

Partnerships -- Mental Health and Child Welfare

- Expansion of the SED Waiver
- Residential Systems Transformation
- Transitioning out of CCI's – Use of Wraparound or Case management 180 days prior to transition (proposed Medicaid change)
- Parenting Through Change Reunification (PTC-R)
- Treatment Foster Care

Questions
For Further Information

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