Services for Children, Youth and Families						
Policy #	**Policy Recommendations**	**Current State**	**Barriers**	**Required Change/ Recommended Action**	**Due Date**	**Status**
2.b.1.	MDHHS should address service gaps and geographic inconsistencies in supporting children, youth and families. These gaps include shortages of pre-crisis intervention, crisis response (including mobile response and crisis residential services), child psychiatry, respite and peer supports for children, youth and parents. MDHHS should establish clear access guidelines for each support and standards for sufficient capacity to ensure a full array of services is available. **Similar item under Uniformity in Service Delivery**	History: MDHHS - BHDDA requires an annual assessment of need by each CMHSP. Additionally, each PIHP is required to complete a network adequacy assessment. Assessment of network adequacy is included as part of the system's External Quality Review. The group noted that pre-crisis intervention is not a specific service but that school outreach may qualify as part of it. The group explained that school staff are working to identify students who are at risk and support these children through health promotion, prevention, and intervention. The group noted that MDE federal grants –Safe Schools Healthy Students and Project Aware funds are supporting these efforts. The group also highlighted some of the recent efforts to expand access to crisis response services. The group noted that the department had recently updated its Medicaid policy for intensive crisis stabilization services for children (mobile crisis teams). Applications for enrollment for Intensive Crisis Stabilization Services for Children were due to MDHHS for review by January 5, 2018. Each PIHP was required to submit applications for their regions which meet the sufficient capacity standard in Medicaid policy. The group also explained that crisis residential services, for children are a Medicaid covered service but also indicated that there are not enough enrolled programs/providers statewide to meet the need. Two new children's crisis residential providers/programs were enrolled by the Department in the past two months. The group indicated that the gap in access to crisis residential services is particularly acute for children with autism and/or intellectual/developmental disabilities. Additional detail is on the planning worksheet	Funding Recruitment of providers to rural areas and with a child/youth focus/competency The Crisis Residential service is not available statewide. There are currently only 6 MDHHS enrolled providers. Act 116 Licensing requirements for children's therapeutic group home which prohibit use of restraint in situations of imminent serious harm to child or others. The Parent Support Partner and Youth Peer Support service is not available statewide.	1) MDHHS will establish time and distance access standards (links to MIPAD Workgroup recommendations) 2) Network adequacy is a current PIHP contract requirement. MDHHS will review contract monitoring processes to determine how MDHHS assesses compliance with network adequacy standards and recommend monitoring practice improvements (if applicable). 3) Draft language to change Act 116 in order to allow for the use of brief restraint in Children's Therapeutic Foster Care in situations of imminent serious harm to the child or others. 4) Develop network adequacy standards for peer delivered services specifically Parent Support Partner and Youth Peer Support.	7/1/18 7/1/18 2/1/18 7/1/18	In Process
2.b.2.	MDHHS should fund and provide opportunities in all communities for support groups, family education and family empowerment to improve systems navigation and access to resource information.	History: MDHHS - BHDDA requires an annual assessment of need by each CMHSP, which could be inclusive of support groups, family education and system navigation efforts. The group noted that Medicaid already funds the service of family support and skills training. This service includes the peer delivered Medicaid service of parent to parent support. There are currently almost 100 Parent Support Partners employed across the state which is not currently available statewide. The group also noted that MDHHS contracts with ACMH using federal mental health block grant funding to support family assistance and navigation supports. Activities related to this project include parent support, social media support and web training, live trainings, the development of a Parent Advisory Council and Parent Leadership Camp. One example of an evidence-based practice that is currently supported by MDHHS is Parenting through Change and Parenting Through Change Reunification which is targeted to parents who are reuniting with their child who is placed in foster care. While it is noted that Medicaid covers some services eg., Family Support and Training and Parent Education (Prevention Direct Services) these services need to be maximized for parent support and education. In addition, the group noted that support for community collaboration and support group projects varies depending on the availability of GF funding. MDHHS Position: MDHHS staff are supportive of providing additional funding for community collaboration and parental support and maximizing the use of Medicaid for those supports that are covered.	Lack of General Fund support for parent support group and family education activities Parents are interested in non-traditional parent education and support such as online and other types of support such as social media. The Parent Support Partner service is not available statewide. The Parenting Through Change and Parenting Thorough Change Reunification is not available statewide.	1) Community support groups, family education and family empowerment are considered part of current general fund for children, youth and families. MDHHS will evaluate current community level access and determine gaps in service although some pieces could be more fully utilized under Medicaid. 2) MDHHS will considerpolicy and/or current contract language to strengthen clarity and intent for the provision of and access to Community support groups, family education and family empowerment.	10/1/2018 10/1/18	In Process

2.b.3.	MDHHS should require planning and coordination of services and supports for adult life (including financial planning, housing, work opportunities and vocational training) before youth age out of the children's services system.	History: MDHHS-BHDDA currently has a contractually mandated provision for youth transition planning. 2.b.3 - The group noted that MDHHS had recently issued a memo to expand Early Periodic Screeening nad Diagnostic Testing (EPSDT) services to individuals between 18 and 21 who previously had a serious emotional disturbance (SED) diagnosis. The group explained further that the CMHSP-PIHP system is in the midst of implementing this change. As part of the youth's treatment plan, the skills needed to support planning and coordination of services and supports for adult life can be incorporated as outcomes and interventions. The use of the Medicaid service of Youth Peer Support could also support the youth's desire to learn skills for adulthood through the lens of a peer who has been there. There are currently 26 Youth Peer Support Specialists (YPSS) available statewide and are between the ages of 18-26. If the youth is involved in the DHHS child welfare foster care system, there are transition supports and services available. Youth in the child welfare foster care system can continue as foster care youth up to age 21 with supports and can continue to qualify for Medicaid up to age 26. 2.b.4 - The group noted that MDHHS had recently issued a memo to expand EPSDT)services to individuals between 18 and 21 who had previously or currently have identified as a youth with SED. The group explained further that the CMHSP-PIHP system is in the midst of implementing this change.	YPSS is not available statewide in the PIHP/CMHSP system There are only a few PIHP/CMSHPs who are implementing transition age youth services. Youth do not often qualify for CMHSP adult services and can still benefit from "children's services." This is significant practice change for the PIHP/CMHSP system.	1) Evaluate current contracts, examine where related language can be enhanced, and recommend related improvements. 2) Current Department guidance regarding EPSDT mental health services for individuals between 18 and 21 who previously or currently is a youth with SED, has been issued. MDHHS will formalize guidance into policy and include as an attachment to MDHHS/CMHSP and MDHHS/PIHP contracts. 3) Evaluate and provide an update on how reimbursement for planning and transition services for youth are being addressed.	10/1/18 10/1/18 10/1/18	In Process
2.b.4	MDHHS should allow Medicaid reimbursement for planning and transition services for youth with behavioral health or substance use disorders who are 18 to 21 years of age and who continue to meet the criteria for serious emotional disturbance regardless of whether they also meet the adult eligibility criteria for serious mental illness.					
2.b.5.	MDHHS and the Michigan Department of Education should improve collaboration and communication with schools to better provide mental health screening, early intervention, and services to children with mental health needs.	The group noted that the State of Michigan is already implementing two different grants to address this issue, which includes Safe Schools/Healthy Students and Project AWARE and the School Transformation Project. Safe Schools/Healthy Students and Project AWARE are attempting to create a multisystem, tiered approach to establishing a health, safe, and supportive environment for all children. The project has six pilot sites where the funding is supporting partnerships between CMHs, child welfare agencies, and schools. The School Transformation Grant has the same concept. The group noted that the State of Michigan created the Michigan Health Education Partnership as an oversight body that attempts to improve mental health screening, early intervention, and services to children with serious emotional disturbances. The oversight body includes a broad array of stakeholders and acts as a spring board for scaling initiatives, identifying lessons learned, and promoting sustainability. The group also provided an overview of school-based health centers, which are a partnership between the DHHS Child Health and MDE and school health centers. There are currently 100 school-based health centers, and all of the centers have a MSW who provides counseling services for children and youth with mild to moderate health needs. The school based health center will refer children and youth to the CMH if they require services above and beyond outpatient counseling. The group emphasized the distinction between school-based services and CMH services: school-based services are authorized through the IEP and related educational goals, while CMH services are provided based on deemed eligibility as a child with serious emotional disturbance and intellectual and developmental disability. Mental Health services are authorized and provided as part of a family driven youth guided planning process which could include services provided in a school setting such as home based therapy or Wraparound.	Funding Coordination of efforts across multiple state agencies	1) Evaluate the current state of collaboration efforts with schools Michigan Department of Education (MDOE). 2) Identify opportunities for improvement. 3) Recommend a plan to deploy improvement strategies (include specific tasks, assigned responsibilities and related a timeframe for completion).	10/1/18 10/1/18 10/1/18	In Process

2.b.6	MDHHS should adopt and promote a non-judgmental, strength-based approach in providing services and supports to children, youth and families using family-driven and youth-guided principles and policies of practice.	The group noted that the department has already implemented a policy to promote the adoption of family-driven and youth-guided principles and policies. The group also noted that this policy is also incorporated into CMHSP and PIHP contracts. Regular meetings between MDHHS and family organizations including Association for Children's Mental Health (ACMH) occur regularly. Opportunities to further implement this policy is in the process of being examined. Employing Parent Support Partners and Youth Peer Support Specialists support family driven youth guided principals and policies of practice.	The PSP and YPS service is not available statewide in the PIHP/CMHSP system.	1) Evaluate the current efforts to implement policy changes. 2) Recommend additional policy/contract action to assure accountability and further performance improvement.	10.1.18 10.1.18	In Process
2.b.7.	MDHHS should develop, disseminate and require application of best practices in trauma-informed care, behavioral health needs assessment, criminal/juvenile justice diversion and discharge planning for children and youth.	History: MDHHS has current contractual requirements and guidance for the implementation of trauma-informed care, behavioral health needs assessment, criminal/juvenile justice diversion and discharge planning The group noted that some of these issues had been addressed in other recommendations. The group noted that MDHHS had already issued a new policy for trauma-informed care. In addition, beginning in 2018, all children involved in child welfare open Child Protective Services or foster care cases will be screened for trauma and referred accordingly for Trauma Assessments and trauma-informed interventions. A Trauma Referral practice guide has been developed for use by public and private child welfare staff to assist with referrals for services, case planning, and non-clinical strategies to respond to children's trauma. The group also noted that much of the work around discharge planning is currently being pioneered by the Children's Transition Support Team, which operates out of Hawthorne and helps children and youth return to the community. Wraparound via Medicaid can be used for the purposes of transition out of a CCI or hospital. The group was originally confused by the meaning of behavioral health needs assessment, which was later clarified to mean "...this meant that all life domains and needs areas beyond just mental health needed to be considered and assessed-needs in home, school, community, faith based community etc. and that this isn't just the needs of the individual child or youth but rather the needs of the family as defined by the family and youth. More like the needs assessment done by wraparound." A family driven youth guided planning approach allows for a true needs assessment across life domain areas which value and incorporate the family and youth's voice. The Mental Health and Juvenile Justice Screening initiative, which is funded through the Division of Mental Health Services to Children and Families through Children's Federal Mental Health Block Grant dollars, was implemented in May 2017. This project currently provides funding to 7 Community Mental Health sites, serving up to 11 different Michigan counties. This project provides mental health screening, using a validated screening tool, to youth that are newly introduced to the juvenile justice system (pre-adjudication) and youth who are at risk for juvenile justice involvement. Upon completion of the mental health screen, subsequent referrals are then made as part of this program based on the individual needs of the child/family. The goal of the program is to divert children whose problematic behaviors may be rooted in mental health needs rather than criminality/delinquency from the juvenile justice system whenever possible and/or lessen system involvement when diversion is not possible.	Implement a validated screening tool (MAYSI) to identify youth with mental needs and provide mental health treatment and diversion from the juvenile justice system.	1) Evaluate current state of efforts. 2) Determine opportunities for further improvement. 3) Report findings and recommended actions (include specific tasks, assigned responsibility and timeframes for completion).	10.1.18 10.1.18 10.1.18	In Process