



Child and Adolescent
Health Center Program

MENTAL HEALTH SERVICES OVERVIEW



Table of Contents

Introduction	Page 3
CAHC Models and Mental Health Services	Page 3
Your CAHC Team	Page 4
Core Values	Page 5
Roles of Mental Health Providers	Page 6
Minimum Program Requirements	Page 7
Policies and Procedures	Page 7
Reporting Requirements & Quality Measures	Page 8
Continuous Quality Improvement	Page 9
Focus Areas and EBIs,	Page 9
Crisis and Emergency Response Plans	Page 10
Site Review Process and Tools	Page 11
Networking/Professional Development Opportunities	Page 12
Resources & Forms	Page 12

CHILD AND ADOLESCENT HEALTH CENTER PROGRAM

Mental Health Services Overview

Introduction

Welcome to the Child and Adolescent Health Center (CAHC) Program! We are excited to have you as an integral part of our ever-growing program, which is positively impacting the medical and mental health of school-aged youth (ages 5 to 21) across the state of Michigan. The Michigan Department of Health and Human Services (MDHHS) and the Michigan Department of Education (MDE) embrace the notion that "healthy kids learn better". MDHHS and MDE collaborated to establish the CAHC Program with the aim of increasing access to basic health care for Michigan's children, teens, and young adults. The CAHC Program operates different model types throughout the state to promote the health of children, adolescents, and their families by providing important primary, preventative, and early intervention health care services. All models aim to achieve the best possible physical, intellectual, and emotional health of children and adolescents by providing services that are high quality, accessible, and acceptable to youth.

This document provides a brief overview of the CAHC Program key components with a mental health provider point-of-view. All materials related to this CAHC Mental Health Overview are located on the CAHC website (<http://www.michigan.gov/cahc>). In addition to this document and our website, learning and training opportunities for mental health providers occur throughout the year.

CAHC Models and Mental Health Services

The CAHC Program has three models of service delivery - Clinical, School Wellness, Engaging, Enhancing Emotional Health and Network Behavioral Health Services. All models include mental health services.

- **Clinical Model** sites operate year-round either five days/week (full clinical minimum 30 hours direct clinical/week) or three days per week (alternative clinical minimum 24 hours direct clinical/week). The majority of full clinical sites are in school buildings, called School-Based Health Centers (SBHCs). Some are in freestanding sites near one or several schools within a geographic area and are referred to as School-Linked Health Centers (SLHCs). All clinical model sites provide comprehensive primary health care by a licensed provider (DO, MD, NP, PA). These sites also provide behavioral health care by a licensed mental health provider (full clinical up to 40 hours direct clinical care/week or alternative clinical minimum 24 hours direct clinical care/week).
- **School Wellness Model (SWP)** sites pair a Registered Nurse (RN) with a licensed mental health provider to provide clinical services, referrals, and health education. The SWP model includes health assessments, care management, and health education services provided by the RN (under the guidance of a licensed physician), as well as full-time behavioral health care by the mental health provider. SWPs are in school buildings and operate during the school year.
- **Enhancing, Expanding Emotional Health (E3)** sites provide full time behavioral health care in school buildings by a licensed mental health provider.

To learn more about CAHC Program models and to see a Health Centers Map of the sites in Michigan, go to our website www.michigan.gov/cahc.

Your CAHC Team

Your MDHHS CAHC Program team consists of site consultants and specialist consultants (clinical, mental health, and school nursing), as well as the CAHC program coordinator, program manager, and division director. The CAHC program team receives input from MDHHS epidemiologist and topic area specialists who provide education and support services for collaborative services (e.g., telehealth, motivational interviewing, HIV training/testing/referrals, etc.)

Site Consultants

Site consultants are the first point-of-contact for all site needs. Each site is assigned one site consultant who will keep you updated on important program information, discuss successes and challenges for your site, and review quarterly reports and budgets. They provide feedback to your site on a quarterly basis. Overall, think of your site consultant as your site's main CAHC administrative guide for the staff and fiduciary.

Clinical Consultants

The clinical consultant team is comprised of advanced practice providers (APPs) and a medical director. Clinical consultants provide feedback to the CAHC team, sites, and clinicians on clinical aspects for standards of care (SOC) important to the child and adolescent population. They keep apprised of Federal and State requirements on health care practices, and monitor changes in Michigan law that may impact practice. Clinical support services also include onsite troubleshooting visits, general questions about program and clinical requirements, and professional development. Programmatically, clinical consultants function as clinical reviewers for reports and site reviews. Along with the MDHHS epidemiologist and the state team, clinical consultants monitor program data to provide resources and education to health center providers. They foster collaboration with other MDHHS divisions for continuity of services. Overall, the clinical consultants work closely with your assigned site consultant in assisting health centers to meet program requirements and support the clinical health center team succeed at your site.

Mental Health Consultants

The mental health consultant team is made up of licensed master's prepared mental health providers. Mental health consultants provide guidance to the CAHC team, sites, and practitioners on mental health standards of care (SOC) important to the child and adolescent population. They provide feedback to the team on important mental health aspects of adolescent care that may impact the Minimum Program Requirements, keep apprised of Federal and State requirements on the practice of mental healthcare, and monitor changes in Michigan law that may impact mental health practice. They provide resources and education to mental health providers, and work on any special projects that concern mental health (e.g., trauma screening and mental health emergency response plan). Programmatically, mental health consultants function as the mental health reviewer for reports and site reviews. Your site consultant may ask the mental health consultant to assist with mental health processes or with questions arising about mental health care. Overall, the mental health consultants work closely with your assigned site consultant and clinical consultants in assisting health centers to meet program requirements and support providers at CAHC sites.

Communication

Most communication with your State CAHC team is accomplished through email and other interactive platforms. The State CAHC team uses listservs to communicate important information to program fiduciaries, providers, and program sites. As new staff is hired, you can add yourselves to the appropriate listserv(s), as well as delete outdated information here: <https://cahc.mihealth.org>

The Listserv options are as follows:

- State-Funded (general administrative program information for all program staff and fiduciaries)
- Clinicians (medical providers; medical directors, physicians, NPs, PAs, RNs, MAs)
- School Wellness Program (SWP staff)
- Mental Health (mental health providers and behavioral health supervisors in all model sites)
- E3 (Expanding, Enhancing, Emotional Health sites)

CAHC Core Values

CAHCs fill the need for primary care and mental health care for children and youth, especially for clients needing access to quality health care. CAHC sites are located in areas of greatest need in an attempt to address social determinants of health including access to primary care services, insurance status, socio-economic status, and various other demographic determinants that effect health status of children and adolescents. CAHCs have a unique opportunity and location to increase access to primary care physical and mental health services in these populations, thereby reducing risk and assisting in prevention of chronic disease and injury. Regardless of the model type, all CAHCs and providers are expected to uphold a core set of values and principles for service delivery. These values include:

- Youth as key partners
- Parents/caregivers as key partners
- Partnerships with schools
- Broad-based community support
- Need-driven services
- Quality, comprehensive, and youth accessible services
- Evidence-based health education
- Integrated care among CAHC providers and between school staff, PCP, and community providers
- Linkage to intensive and other resources beyond the scope of the CAHC program

Roles of Mental Health Providers

The roles of mental health providers are similar across all model types. The primary role is to provide evidenced-based behavioral health treatment to youth (ages 5 to 21) in the specific school where the program is located, as well as from the surrounding community. Secondary roles will vary from site to site and may include the following:

- Education/training for school staff about behavioral health issues
- Preventive education for students about behavioral health issues
- School-wide behavioral health promotion (prevention efforts)
- Limited case management
- Group therapy for students

Reflecting the emphasis on behavioral health treatment, providers should spend approximately 60% of their time on treatment (individual, group and/or family). The remaining 40% can be spent on administrative tasks (documentation, referrals/follow up, meetings) and/or the secondary roles listed above. A full-time mental health provider should aim for 20 to 24 individual client visits per week, 80-90 visits per month or 240 to 300 visits per quarter.

CAHC mental health providers DO NOT fulfill the following roles for schools:

- School social workers involved in Individual Education Plans
- Guidance counselors focused on academic supports
- Behavioral interventionists responding to classroom behavior concerns
- Restorative practitioners
- Disciplinarians or administrators
- The “fix it” staff
- School-based employees (in almost all cases)
- Emergency response

Key factors for successful CAHC behavioral health services include clarifying role expectations and collaborating with school staff to determine how to coordinate service delivery. This is especially important for new providers and new sites. However, periodically reviewing roles and referral processes is a valuable tool for ensuring that school staff clearly understand what to expect from and how to access CAHC mental health providers.

Minimum Program Requirements

Minimum Program Requirements (MPRs) are the foundation of requirements for the CAHC program. They incorporate core values to promote standards of care for child and adolescent health services. Each model (Clinical, SWP, and E3) has a unique set of MPRs and must adhere to these requirements, per their contract.

Mental health providers should be familiar with all the minimum program requirements for their specific model. See the CAHC website, www.michigan.gov/cahc for a copy of the MPRs.

The requirements specific to behavioral health are similar across all model types and include requirements regarding:

- Provider credentials and licensure
- Clinical supervision
- Hours of operation
- Confidentiality of services and records
- Parental and minor consent
- Continuous Quality Improvement
- Billing and sliding scale fees
- Minimum caseload (E3)

Policies and Procedures

All CAHC programs and models must have policies and procedures (P&Ps) that ensure compliance with MPRs, as well as State and Federal laws. P&Ps cover a variety of administrative, medical, and mental health issues. Your fiduciary will have these P&Ps and should provide them during your orientation. Your P&Ps should be school-health specific to the work done in your CAHC program, or have a separate section reflecting work done by CAHC providers and not the fiduciary as a whole.

The P&Ps most relevant to behavioral health services include:

- Client confidentiality (including consent to share behavior health information)
- Client rights and responsibilities
- Parental and minor consent process and forms
- Internal and external referrals and follow up processes (including referrals for pharmacological intervention)
- Appointment policy including follow up for missed appointments
- Parental contact for treatment planning and mental health crises
- Mental health billing process and procedures including sliding scale fees
- Reporting of suspected child abuse and neglect
- Continuous quality improvement

For review of **required** and **best practice** P&Ps, refer to the website, www.michigan.gov/cahc. If you have any questions regarding specific P&Ps required or recommended by the CAHC Program, feel free to contact your CAHC site consultant or mental health consultant.

Reporting Requirements & Quality Measures

Each funded site in the CAHC Program submits a quarterly report. The reports provide valuable information to state consultants and administrators about the following:

- The number, age, gender, race and ethnicity of users
- Number and types of visits
- Visits by provider type
- A variety of physical health and mental health quality measures (see below for more information)
- A financial status report

If requested, each site will provide a billing report annually that includes the number of submitted claims and revenues received, as well as the most frequent diagnosis and procedure codes used during the year for both medical and mental health services.

CAHC program quality measures are metrics that help evaluate and monitor ongoing efforts of providing services to clients. A key component to measuring value of the CAHC program is the use of a core set of standardized measures to demonstrate effectiveness in CAHC sites across the state. Program-wide data collection enables us to demonstrate quality, as well as compliance with national standards. It is important for your entire health center staff, as well as your administrators, billers, and IT department, to have an understanding of all reporting requirements because multiple staff play a part in service delivery and reporting. The involvement of the whole team ensures data retrieve from the EHR is accurate and specific to each measure.

Mental health quality measures are based on national standards for quality mental health services in primary care settings. The measures focus on one aspect of mental health care provided across CAHC model types. The goal of the measures is to answer two primary questions – Are CAHC sites routinely screening for depression? And do they provide appropriate services when a student screens positive for depression? The data is reported quarterly, and each quarter’s data is a cumulative, unduplicated year-to-date total. The measures include the following:

- **The number of clients (ages 10-21) with an up-to-date depression screen.** The depression screen is usually included in an initial or annual visit for either medical or mental health. Depression screen questions may be part of a comprehensive risk assessment (e.g. RAAPS) or as a separate screening tool (e.g. PHQ2). A comprehensive risk assessment is required for most CAHC models. The E3 model may use either a comprehensive risk assessment or a specific behavioral health screener.

For a full list of quality measures with definitions and further instruction about reporting, visit the CAHC website, www.michigan.gov/cahc. If you have any questions or would like to review any of the resources, you can request to go over them with your site consultant.

Continuous Quality Improvement

All CAHC program model types are required to develop and implement a continuous quality improvement (CQI) plan. The purpose of CQI is to identify opportunities to improve the quality of medical and mental health services and to implement improvement processes and monitor their impact. Your site consultant and mental health consultants can work with you to develop your yearly CQI plan, as well as provide feedback at the end of the year. The CQI plan includes at a minimum:

- Practice and record reviews conducted at least semi-annually by an appropriate peer or other staff to determine conformity with current standards of practice. A system shall be in place to implement corrective actions when deficiencies are noted.
- Conducting a client satisfaction survey at a minimum annually. This may be for the program as a whole or specific to the clinical or mental health provider.
- Completing a needs assessment process at a minimum of every three years to determine the health needs of the population served. (Not required for E3 model)
- Identification of a CQI coordinator and regular CQI meetings that include staff of all disciplines. The meetings include discussion of reviews, client satisfaction survey results, and any identified clinical issues.

More information about CQI is available on the CAHC website, <http://www.michigan.gov/cahc>.

Focus Areas and EBIs (The following section applies to the Clinical and SWP models only)

Focus Area

A Focus Area is a designated category of common health concerns in child and adolescent health population. Each health center is required to choose at least one Focus Area and complete an Evidenced-Based Intervention (EBI) or clinical intervention annually. Each year, the CAHC team will provide the focus areas in your site's annual continuation application.

For a list of Focus Areas, see Attachment 2 of the Clinical MPRS on the CAHC website, www.michigan.gov/cahc

Evidenced-Based Intervention (EBI)

EBIs are practices or programs shown through evaluation to be effective in impacting health outcomes and/or risk behaviors among the population to which the program is delivered. Generally, these programs have been replicated in multiple populations or settings with similar effects. The results of the evaluations are typically published in peer-reviewed journals, reviewed by independent scientific review panels, and are recognized by nationally respected organizations and/or government agencies. EBIs range from clinical interventions to facilitating evidence-based health education curricula and can either be on a population level or a target risk group within the population served.

Focus Area Work Plan (was the GAS)

Focus Area Work Plan is a work plan stating what your health center's goals and objectives will be for the year for you selected EBI or Clinical Intervention in the selected Focus Area. The work plan helps track progress on achievement of objectives, implementation of EBIs, and Medicaid outreach planned for the year. Also, this is where Medicaid outreach, user and visit by provider numbers are double-checked, as these numbers are important for reporting purposes. The work plan serves as a mechanism to ensure data is reported accurately for these measures. It assists with evaluation tracking and can

determine if staff, financials, new strategies/intervention should be initiated, or other resources need to be reallocated. Your site submits this plan annually with the Non-Competitive Application Process (NCAP), which is your site's annual renewal process for continued/renewed funding.

Crisis and Emergency Response Plans

The CAHC Program mandates medical emergency response plans for the clinical and school wellness models and recommends mental health crisis response and communication plans for mental health providers in all models. The plans should clearly delineate CAHC program and school responsibilities for responding to medical and mental health emergencies. Schools maintain primary responsibility for the physical health, mental health, and safety of their students. The CAHC program's role is to assist school personnel as appropriate. The CAHC program should not be utilized as the primary provider of emergency medical or mental health services, although they may assist in assessing and stabilizing students in crisis. They may assume a higher degree of responsibility for students who are enrolled as patients in their program.

In addition, CAHC programs are encouraged to consider participating in the school's emergency response plan for school-wide crises. Resources are available on the CAHC website that provide guidance and best practice recommendations for meeting these requirements and recommendations.

The following resources can be found on the CAHC website, www.michigan.gov/cahc
2019 Individual Student Crisis & Emergency Response Plan Guidance
2019 Response to School Wide Crises Best Practice Guidance

Site Review Process and Tools

A site review is a formal review of a CAHC site by the MDHHS CAHC state consultants. Site reviews are generally conducted in person by a team of reviewers that includes a site consultant, clinical consultant, and mental health consultant. At times, site reviews may be conducted virtually via video conferencing or other secure online methods. MDHHS consultants conduct site reviews for each CAHC site on a five-year, three-year, or one-year cycle based on a “score” and tier placement from findings.

The purpose of the review is to:

- Assure the agency is meeting or exceeding the MPRs, contract requirements, and providing quality services
- Provide a tier placement that guides subsequent timing of review and technical assistance.
- Assist the agency in administering the program to the highest standards.
- Review and respond to agency concerns and questions.

Each model type has a site review tool that guides the agency in preparing for the site review. The site review tool also assists the reviewers conducting the site review. Each item in the site review tool is assigned a point value. The total score is used to determine tier placement and the frequency of future site reviews. The total score may also be used to determine future funding allocations.

The site review process includes:

- Sending policies and other documents to the reviewers prior to the site visit
- An entrance interview with MDHHS reviewers and agency staff to provide an overview of the site review process
- A tour of the site
- Document reviews, chart reviews and observations of clinic flow
- An exit interview to discuss findings
- A written report of findings, required actions, and suggestions for improvement sent after the review
- A written response to the report providing evidence that required actions are completed.

Criteria for the mental health component of the site review are generally the same across all the model types. The mental health section of the tool includes the following sub-sections:

- Credentials and supervision
- Continuous quality improvement
- Mental health services
- Process for a mental health visit
- Process for treatment and intervention groups

The site review tools can be found on the CAHC website, www.michigan.gov/cahc
Additional site review guidance and power point presentations for each model can be found on the CAHC website.

Networking/Professional Development Opportunities

The CAHC Program provides several opportunities for information sharing, professional development, and networking. Some of the opportunities are available consistently and some are available intermittently. The opportunities include:

- **Email Listservs** See information under Communication section.
- **Annual Coordinator Meeting** Each year (usually in the fall) the CAHC program hosts a meeting for all funded programs. Each program must send at least one person and are encouraged to send as many as possible. The meeting is often co-sponsored with another youth-serving organization and is a time to learn important program updates from state leaders and consultants. It also includes professional development opportunities relevant to school-based health and mental health work.
- **Networking** Periodically meetings are held for specific program models or providers. You will receive information about these opportunities through the email listservs.
- **Professional Development**
 - Each year, risk assessment training is offered by Possibilities for Change, LLC. This one-time training is required for all new providers (clinical or mental health) that conduct comprehensive risk assessments with students.
 - Periodically, the CAHC Program provides other professional development opportunities. Some of the trainings provide guidance regarding program requirements and processes. Other trainings provide information about mental health topics and interventions. They are offered either in person or via webinar. Professional development opportunities are announced via the email listservs.

Resources & Forms

The CAHC website (www.michigan.gov/cahc) includes many resources useful to providers and administrators of CAHC programs. Be sure to familiarize yourself with the website and its content.



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