

## Services for Children, Youth and Families

Policy #	Policy Recommendations	Required Change/ Recommended Action	Due Date	FY18 Progress Report	Progress Clarification
2.b.1.	<p>MDHHS should <u>address service gaps and geographic inconsistencies in supporting children, youth and families</u>. 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.</p> <p><b>Similar item under Uniformity in Service Delivery</b></p>	<p>1) MDHHS will establish time and distances access standards (links to MIPAD Workgroup recommendations)</p> <p>2) Network adequacy is a current PIHP contract requirement. Review contract monitoring processes to determine how MDHHS assesses compliance with network adequacy standards and recommend monitoring practice improvements (if applicable).</p> <p>3) Draft language change to allow Children's Therapeutic Group home to use brief restraint in situations of imminent serious harm to child or others.</p> <p>4) Develop network adequacy standards for peer delivered services specifically Parent Support Partner and Youth Peer Support.</p>	<p>7/1/18</p> <p>7/1/18</p> <p>2/1/18</p> <p>7/1/18</p>	<p>Partially Complete</p> <p>Partially Complete Rvsd 1/2019</p> <p>Complete</p> <p>Other</p>	<p>1) Network Adequacy standards were drafted and shared by the Department included services for children included in Home based, Wraparound and Crisis Residential.</p> <p>2) MDHHS has developed and disseminated draft Network Adequacy Standards for the Medicaid specialty behavioral health system. The draft was submitted to all key stakeholders for informal comment. MDHHS met individually with all informal commenters. MDHHS will release an updated draft in October, 2018. MDHHS is promulgating the Network Adequacy Standards through Medicaid Policy. It is the intent that the standards will be incorporated into the PIHP contracts by January, 2019.</p> <p>3) Draft language is complete. Proposed language is with MDHHS Legislative Affairs Office and who is recruiting sponsors and plans are to introduce legislation in the fall of 2018.</p> <p>4) Through a contract with ACMH, MDHHS offers quarterly trainings. There are 21 Youth Peer Support Specialists and 99 Parent Support Partners currently working in the PIHP/CMHSP system. These peer-delivered services for children and families are not available statewide. At this point the network adequacy standards did not include YPS and PSP.</p>
2.b.2.	<p>MDHHS should <u>fund and provide opportunities in all communities for support groups, family education and family empowerment</u> to improve systems navigation and access to resource information.</p>	<p>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.</p> <p>2) MDHHS will consider policy 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.</p>	<p>10/1/2018</p> <p>10/1/18</p>	<p>Other</p> <p>Other</p>	<p>1) Request to change the current recommended action. Community support groups, family education and family empowerment historically were sometimes funded with general fund for children, youth and families. MDHHS will support the promotion of community support groups, family education and family empowerment activities. MDHHS contracts with Association for Children's Mental Health (ACMH) utilizing the Children's Mental Health Block grant on the Family Action Plan project. The goals of this project are to provide support to parents to implement a parenting group tool kit and provide TA around how to build community support groups around the state.</p> <p>2) Policy and contract language may not help to accomplish the expansion of community support groups, family education and family empowerment. Encourage the above change. The Medicaid service of Family Support and Training includes Family Psycho-Education (SAMHSA model -- specific information is found in the GUIDE TO FAMILY PSYCHOEDUCATION, Requirements for Certification, Sustainability, and Fidelity) for individuals with serious mental illness and their families. This evidence-based practice includes family educational groups, skills workshops, and joining. This model is for adults and not for parents of children with SED. Clinical groups for parents of children with SED do exist.</p>

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2.b.3.	MDHHS should <u>require planning and coordination of services and supports for adult life</u> (including financial planning, housing, work opportunities and vocational training) before youth age out of the children's services system.	1) Evaluate current contract and see where related language can be enhanced and recommend/act on needed improvements.	10/1/18	Not Started	Michigan just received notice that we received the grant described below. The Healthy Transitions Coordinator will be the person who will be working on the items above. The grant does not begin until October 1, 2018 and the Coordinator will be hired in the fall so the due dates will need to be shifted. Early Periodic Screening Diagnosis and Treatment (EPSDT) guidance is already written and has been shared with the PIHP/CMHSPs which outlines that 18-21 year old youth are currently covered by Medicaid. Per the Code Chart- "1. Reporting EPSDT (Early Periodic Screening, Diagnosis and Testing) Services. Effective October 1, 2010, the Centers for Medicare and Medicaid Services (CMS) instructed Michigan that certain 1915(b)(3) services should be characterized as EPSDT services for individuals who were under 21 years of age on the date of service.
	MDHHS should <u>allow Medicaid reimbursement for planning and transition services for youth</u> 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) 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. 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	Not Started	
2.b.4	MDHHS should <u>allow Medicaid reimbursement for planning and transition services for youth</u> 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.	3) Evaluate and provide an update on how reimbursement for planning and transition services for youth are being addressed.	10/1/18	Partially Complete	The Michigan Healthy Transitions Project (MHT) will serve youth and young adults (YYA) with a Serious Emotional Disturbance (SED) or a Serious Mental Illness (SMI), ages 16 to 25, residing in Kalamazoo and Kent Counties in Michigan utilizing the Transition to Independence Process (TIP) Model.
2.b.5.	MDHHS and the Michigan Department of Education should <u>improve collaboration and communication with schools</u> to better provide mental health screening, early intervention, and services to children with mental health needs.	1) Evaluate the current state of collaboration efforts with schools (MDOE).	10/1/18	Partially Complete	1) The current collaboration with the MDE is good across several spheres—from the Part C/Early On where the department provides training to Part C staff on the (1) DECA Assessment Tool for young children and training on social emotional health and strategies, (2) the Race to the Top Grant which deploys social emotional consultants through CMH to early care and education providers and the implementation of Systems transformation and (3) the multi-tiered system of supports and services that has been piloted through federal grant support and who the MDE plans to implement statewide. These are ongoing initiatives. 2) MDE has established a workgroup to develop the definition and concept of serving the "Whole Child" which encompasses, health, mental health, parent engagement. This workgroup is ongoing. 3) Strategies for improvement will be developed from the Whole Child workgroup, and other System's Transformation efforts being led by the MDE.
		2) Identify opportunities for improvement.	10/1/18	Partially Complete	
		3) Recommend a plan to deploy improvement strategies (include specific tasks, assigned responsibilities and related a timeframe for completion.	10/1/18	Not Started	
2.b.6	MDHHS should <u>adopt and promote a non-judgmental, strength-based approach</u> in providing services and supports to children, youth and families using family-driven and youth-guided principles and policies of practice.	1) Evaluate the current efforts to implement policy changes.	10.1.18	Other Rvsd 1.1.2019	1) Evaluate the current efforts to implement practice changes. Change due date to 1/1/19. Because a Family Driven Youth Guided Policy currently exists we would like to focus our efforts on operationalizing and implementing the policy in practice at the individual, service, agency and system level. This shared understanding would help the PIHP/CMHSP system to experience a culture shift at the practice level. We also need to explore how to incorporate true informed family, parent and youth voice at a state level. 2) For the same reasons we would recommend changing number two to read: Recommend implementation of Family Driven Youth Guided policy into current practice by PIHP/CMHSP. The plan will be to discuss how CMHSPs are currently implementing this policy in practice and collect examples in a shared document. This information will inform activities at the state and local levels.
		2) Recommend additional policy/contract action to assure accountability and further performance improvement.	10.1.18	Other Rvsd 1.1.2019	

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2.b.7.	MDHHS should <u>develop, disseminate and require application of best practices</u> in trauma-informed care, behavioral health needs assessment, criminal/juvenile justice diversion and discharge planning for children and youth.	<p>1) Evaluate current state of efforts.</p> <p>2) Determine opportunities for further improvement.</p> <p>3) Report findings and recommended actions (include specific tasks, assigned responsibility and timeframes for completion).</p>	<p>10.1.18</p> <p>10.1.18</p> <p>10.1.18</p>	<p>Partially Complete</p> <p>Partially Complete</p> <p>Partially Complete</p>	<p>1) The Mental Health and Juvenile Justice Screening Initiative was implemented in May 2017, with seven Community Mental Health sites receiving funding to serve up to eleven Michigan counties. All seven projects successfully hired and onboarded the new staff that were required for this initiative, with all sites providing full service delivery within the first year of the project being implemented. All seven sites continued to receive funding for their projects through fiscal year 18.</p> <p>2) There is ongoing monitoring of this project in order to explore potential opportunities for improvement as individual sites and as a whole project. In working directly with each site, it became evident that there were opportunities for individual project growth, through the expansion of system partners and potential referral sources. In monitoring the projects collectively, and the positive impact that they had been able to demonstrate in the first year, it became evident that there could be additional children and families that could benefit from this project in other parts of the state if additional sites could be added to the project.</p> <p>3) Staff from the Division of Mental Health Services to Children and Families worked with each of the currently funded sites to identify opportunities for project expansion for fiscal year 19. Project expansion has been incorporated in all seven sites as part of their FY 19 work plans and budgets. In July 2018, a funding announcement was made to expand the Mental Health and Juvenile Justice Screening Initiative to additional communities. Applications to be part of the FY 19 Mental Health and Juvenile Justice Screening Initiative expansion are due by October 1, 2018.</p>