

# **Michigan's Departments of Human Services & Community Health**

**A collaborative effort to achieve better  
outcomes for children with mental health needs  
in the foster care system**

October 29, 2010

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## **Purpose**

### **Purpose of the presentation**

- **Provide information on the collaborative efforts between DCH and DHS to improve access to and the provision of mental health services to children in foster care**
- **Implementation of Expanded Home and Community-Based Services for Children with Serious Emotional Disturbance (SED) in the DHS Foster Care System through expansion of the SED Waiver (SEDW).**

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## How did we get here?

- **Children in child welfare have not received adequate mental health service to support their needs**
  - **Supported by:**
    - **Michigan's Child Welfare Reform effort and federal Consent Decree**
    - **Recommendations of the MDHS Child Welfare Improvement Task Force, and**
    - **Federal Child and Family Service Reviews**

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## Outcomes for Children

- **As mandated in the Dwayne B. vs. Granholm Consent Decree we will:**
  - Work to ensure that children in the child welfare system obtain services that will result in better outcomes, such as:**
    - **Improved functioning across life domains**
    - **Permanency with a family, preferably their own.**
    - **Placement in the community**

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## **Systems Outcomes: Maximizing Fiscal Efficiencies**

- **Identify and implement cost-effective opportunities to increase access to mental health services for children served by DHS**
- **Maximize federal match dollars with General Fund provided by DHS**

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## **Systems Outcomes: Maximizing Fiscal Efficiencies**

- **Reduce impediments to improve local collaboration by:**
  - **Implementing a system of care**
  - **Streamlining service opportunities**
  - **Using braided funding**

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## **Core Team**

- **A small group of DCH and DHS staff met to address gaps in mental health services for foster children and identify programs to fill the gaps**
- **To move forward, the Core Team recognized the need for Leadership Involvement**

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## **DCH/DHS Children's Issues Meeting**

- **In March 2009, Mike Head and Kathryne O'Grady met with the Core Team and other management staff.**
- **The Core Team presented options for collaborative work.**
- **Mike Head and Kathryne O'Grady committed to monthly meetings and became champions of the effort.**

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## **Funding for DHS SEDW Pilot**

- **Consent Decree requires the re-direction of funds to improve mental health services.**
- **DHS funds were transferred to DCH to be used as match for:**
  - **Services to DHS children enrolled in the DHS SEDW Pilot**
  - **A web based application and data base and a staff specialist for managing the waiver.**

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## **Building Blocks for the DHS SEDW Pilot**

- **Improve communication and collaboration between DHS and DCH/CMHSP at state and local levels**
- **Build upon existing collaborative efforts in several communities**
- **Expand the Home and Community-Based Waiver for Children SED.**

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# DHS SEDW Pilot

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## **Waiver for Children with Serious Emotional Disturbance (SEDW)**

- **Currently approved through Sept. 2013**
- **Administered by the DCH and managed by CMHSPs**
- **Provide in-home services and supports to children with serious emotional disturbance and their families**
- **Available in enrolled counties only**

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## SEDW Eligibility Criteria

➤ The child must:

- Be under the age of 18,
- Reside with his/her birth/adoptive parents(s), a relative who is the child's legal guardian, or in foster care with a permanency plan
- Have a primary DSM Axis I mental health diagnosis
- Be in need of and receive at least one Waiver service per month
- Meet CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital

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## Inpatient Admission Criteria: Children Through Age 21

"Inpatient psychiatric care may be used to treat a child or adolescent with mental illness or serious emotional disturbance who requires care in a 24-hour medically structured and supervised facility. The SI/IS criteria for admission are based on the assumption that the beneficiary is displaying signs and symptoms of a serious psychiatric disorder, demonstrating functional impairments and manifesting a level of clinical instability (risk) that are, either individually or collectively, of such severity that treatment in an alternative setting would be unsafe or ineffective."

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## **Eligibility Criteria...continued**

- **The child must have at least one of the following:**
  - **Severe psychiatric signs and symptoms**
  - **Disruptions of self-care and independent functioning**
  - **Harm to self or others**
  - **Drug/Medication complications or co-existing general mental condition requiring care**
  - **Special consideration: If Substance Abuse Psychiatric condition must be primary**

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## **Eligibility Criteria ... continued**

- **The Child must demonstrate serious functional limitations that impair his/her ability to function in the community (functional criteria is identified using the Child and Adolescent Functional Assessment Scale [CAFAS])**
  - **CAFAS score of 90 or greater for children age 12 or younger; or**
  - **CAFAS score of 120 or greater for children age 13 to 18.**

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## Eligibility Criteria...revised

### ➤ The child must:

- Be under the age of 18 when approved for the waiver, but can remain on the waiver until age 20 if other eligibility requirements are met.
  - Live in a participating county, or live in foster care in a non-participating county pursuant to placement by MDHS or the court of a participating county, with SEDW oversight by a participating county's CMHSP,
- and
- Reside with the birth/adoptive family or have a plan to return to the birth or adoptive home, or reside with a legal guardian, or in a foster home with a permanency plan, or be 18 or 19 and live independently with supports.

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## Financial Eligibility

### ➤ The Child must meet Medicaid eligibility criteria

- **Note: If a child is not Medicaid eligible while residing with his/her family and determined clinically eligible for the SEDW, the child can be viewed as a "family of one" to meet financial eligibility for Medicaid**

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## **CMH/Counties Participating In SEDW**

- **CMH for Central Michigan (Isabella and Midland)**
- **CMH Authority of Clinton-Eaton-Ingham Counties (Ingham)**
- **Kalamazoo CMH Services**
- **Livingston County CMH Authority**
- **Macomb County CMH Services**
- **Northern Lakes CMH Authority (Grand Traverse/Leelanau)**
- **Saginaw County CMH Authority**
- **Van Buren Community Mental Health Authority**

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## **Currently Enrolled CMH/Counties Included In SEDW Pilot**

- **CMH Authority of Clinton-Eaton-Ingham Counties (Ingham)**
- **Detroit-Wayne County CMH**
- **Genesee County CMH**
- **Kalamazoo CMH Services**
- **Network 180 - Kent County**
- **Macomb County CMH Services**
- **Oakland County CMH Authority**
- **Saginaw County CMH Authority**

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## Waiver Slots

- 91 regular enrollment
- 266 DHS referred children (Pilot)
- Total 357 slots

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## DHS Target Population

- Children in DHS foster care:
  - with extensive mental health needs
  - who are in the “permanency backlog” (have been awaiting reunification or adoption for over a year)
  - at risk of residential placement
  - stepping down from residential placement
  - meet all SEDW eligibility requirements

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## **SEDW Assurance Form for Permanency Plan: Foster Parent Placement**

- **If a permanent family is not available at the time the child meets the SEDW eligibility requirements, but there is a foster home willing to commit to the child for at least a year or until reunification with family/permanent home is achieved, then an application may be submitted.**

## **WRAPAROUND**

## **What is Wraparound?**

- **Wraparound is a planning process: It is about ACTION**
- **The planning process identifies strengths, needs, strategies (staffed services and non-staff items) and outcomes.**
- **A team process**
- **A way to organize help more effectively and keep planning more focused on outcomes**

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## **Key Features**

- **Child and Family Team**
- **Team Facilitator**
- **Holistic Planning: Strengths and needs across life domains**
- **Family access, voice and ownership**
- **Unconditional Commitment**
- **Cultural Competency**
- **Creativity**
- **Monitoring/evaluation: Outcome oriented**
- **Ensuring safety**

## **Role of CMHSP and DHS Leadership**

- **Participate on  
Community Team**
- **Support Child and  
Family Team**
- **Address Barriers  
and Challenges**
- **Ensure successful  
waiver outcomes  
for children**

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## **Mental Health State Plan Services**

- **Psychotherapy**
- **Medication  
Management**
- **Speech Evaluations &  
Therapy**
- **Psychological Testing**
- **Occupational  
Assessment**
- **Sensory Integration**
- **Medical Nutrition  
Therapy**
- **Alcohol and Drug  
Assessment**
- **Mental Health  
Assessment**
- **Nursing Assessment**
- **Psych Testing**
- **Etc.**

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## **SEDW Covered Services**

- **Waiver Services**
  - **Wraparound Services**
  - **Community Living Supports**
  - **Family Training and Support**
  - **Family Training**
  - **Respite Care**
  - **Therapeutic Activities**
  - **Therapeutic Child Foster Care**
  - **Therapeutic Overnight Camp**
  - **Transitional Services**

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## **SEDW Pilot Evaluation & Reporting**

- **Develop evaluation plan using agreed upon outcomes**
- **Wraparound Program Evaluations**
- **Development of fiscal, legislative & program reports:**
  - **based on data analysis using a web-based application and data base**
    - **Progress**
    - **Implementation**
    - **Outcomes**
    - **Cost effectiveness**

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# Challenges & Solutions

## ➤ What's making this work

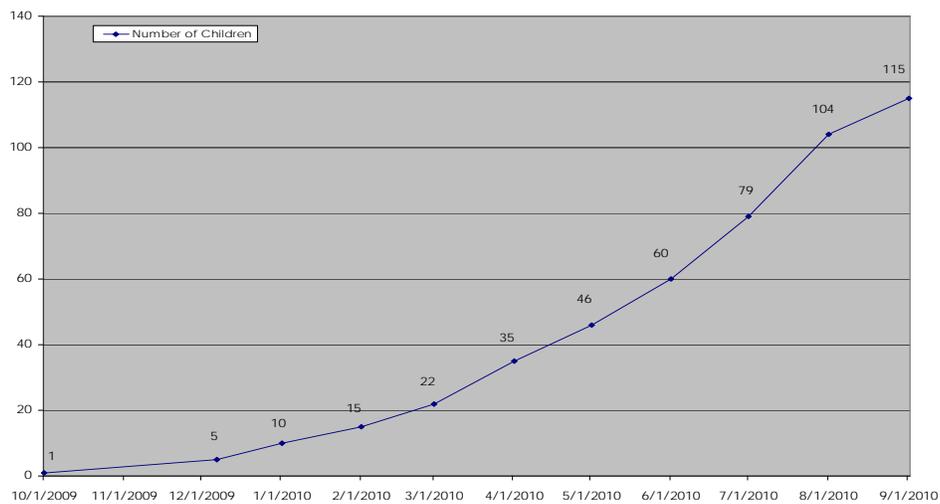
- Leadership Team
- Core Team
- Access Position in DHS local offices
- Monthly conference calls with sites
- Quarterly in-person meetings with sites
- On-site technical assistance
- Communication

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# SEDW Enrollment

DHS Children Approved for the SEDW by Month



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## **SEDW Successes**

- **131 DHS children are currently enrolled on the SEDW**
- **19 children were returned home**
- **7 children were adopted**
- **1 child returned to legal guardian**
- **3 children in independent living**

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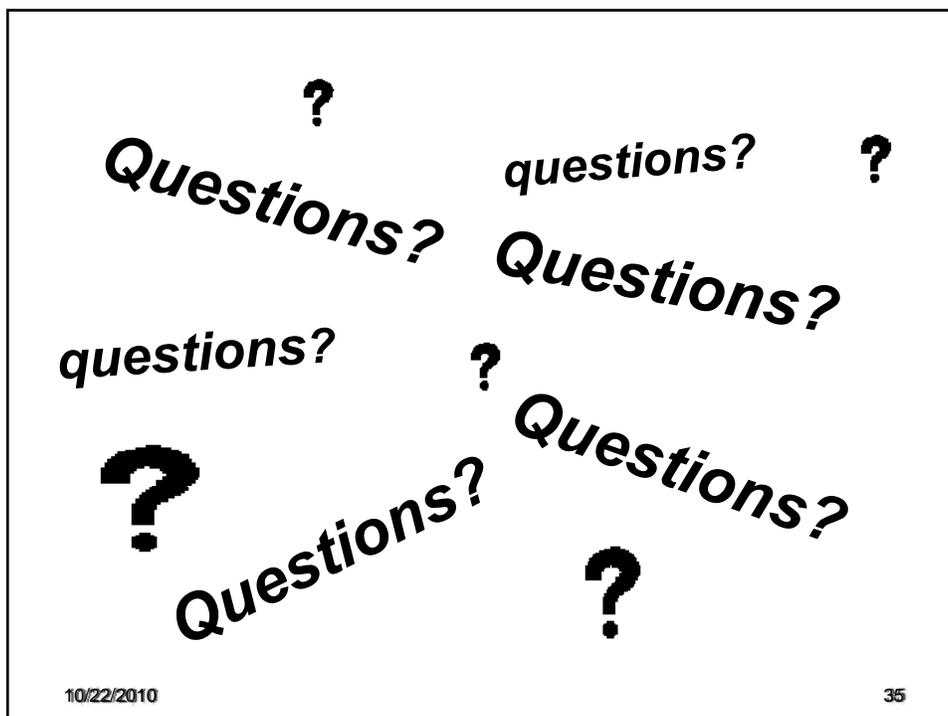
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## **Next Steps Based on Identified Gaps and Needs**

- **Children identified as needing mental health services but lacking community placement**
  - **not able to locate permanent home or foster care placement**
- **Children not meeting state criteria for psychiatric hospitalization**
- **Children in residential where pre-planning is necessary to develop successful community based plan**

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# SEDW Pilot

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