LAPEER COUNTY COMMUNITY MENTAL HEALTH **Date Issued** 10/21/2008
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CHAPTER Service Delivery	**CHAPTER** 02	**SECTION** 004	**SUBJECT** 65
SECTION Clinical and Support Services		**DESCRIPTION** Child Clinical Services	
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APPLICATION:

☒CMH Staff	☐Board Members	☐Provider Network	☒Employment Services Providers
☐Employment Services Provider Agencies	☒Independent Contractors	☐Students	☒Interns
☐Volunteers			

POLICY:

LCCMH is committed to providing a range of mental health services to improve the quality of life for children and families in Lapeer County through accessible, affordable, and effective care, treatment and education. Child therapy, supports coordination services and Home-Based services are part of the LCCMH continuum of care used to accomplish this goal.

Children Services program goals include:

1. Advocating for persons served
2. Linking persons served with community resources and utilizing natural supports
3. Improving relationships and family functioning
4. Monitoring the progress of persons served

STANDARDS:

The agency provides a broad spectrum of children services to the residents of Lapeer County, regardless of their location within the county. Additionally, the agency places a distinct emphasis on providing children's services to the child and adolescent

populations with a primary diagnosis involving mental illness, emotional / behavioral disturbances, and related conditions.

LCCMH Children's Programs provide children's services for two major populations: individuals' needing outpatient-related services through the OPC Children's Program, and those individuals in need of supports coordination services, or Home-Based services (see Home-Based Services Policy #02.004.75).

Population(s) at Risk: The agency has identified the child population with diagnoses of Severely Emotionally Disturbed (SED), Intellectual Developmental Disability (IDD), or Emotional Impairment (EI) disorder as being "at risk". This specific population has been identified as youth, ages birth through 17 years old or up to age 21 in some cases (in accordance with the Medicaid Provider Manual). The Child and Adolescent Functional Assessment Scale (CAFAS) must be used for the assessment of children 7 to 18 years of age with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of CAFAS. The Preschool and Early Childhood Functional Assessment Scale (PECFAS) must be used for the assessment of young children, 4 to 7 years of age, with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of the PECFAS. The Devereux Early Childhood Assessment (DECA) must be used for the assessment of infants and young children, 1 month to 47 months, with suspected serious emotional disturbance, and must be performed by staff who have been trained in the implementation of the DECA.

PROCEDURES:

Access Center: The Lapeer County resident contacts the Region 10 Access System by calling (810) 667-0500 or (800) 225-4447. The caller is screened for eligibility criteria for one or more of the following: SED, IDD or EI. Once eligibility is met, along with residential eligibility, an assessment is authorized.

Services begin with the completion of an initial assessment on an eligible child/adolescent. Recommendations will be made by that clinician as to what services are medically necessary. The children's supervisor reviews these recommendations and if the supervisor agrees, the child/adolescents assigned to the appropriate program.

Following is a description of the various children's services provided through the Children's Clinical Services component.

1. Outpatient Services:

Eligibility Criteria: One or more of the following must be present:

1. The child/adolescent is a child with a mental illness as determined by the presence of moderate or severe symptoms associated with a DSM- 5 diagnosis, and at least ONE of the following:

a. Psychiatric Signs and Symptoms - cognitive, perceptual, affective, and/or somatic disturbances or impaired developmental progression of sufficient intensity to cause subjective distress, disordered behavior and/or other dysfunctional consequences. The level of distress and/or disordered behavior is not severe enough to endanger the welfare of the person and/or others.

b. Impairment of Functioning - The person is experiencing disruption of self-care, daily living skills, social / interpersonal functioning and/or educational / vocational role performance.

2. The child/adolescent possesses the cognitive and/or thought process abilities and attention span to potentially benefit from a therapeutic intervention.

3. Emotional, psychological or behavioral status has been identified as a deficit area.

4. The clinical needs of the child/adolescent require the services of a professional with at least the training of a master-level clinician.

5. The child/adolescent is unable to have these needs appropriately addressed and monitored by their primary care physician / QHP or other natural or community supports (i.e., ISD).

All intake assessments are to be completed and reviewed by the children's services supervisor. Once the children's services supervisor review and approve the initial assessment, the case is assigned to a clinician for follow-up therapeutic involvement. The children's services supervisor assigns a therapist based on relative size of caseloads and clinical expertise with given case problems and/or specific populations.

The children's services supervisor reviews the periodic review as submitted by the therapist to determine if continued outpatient services are medically necessary. The children's services supervisor may provide ongoing case consultation with the clinician

providing the service for purposes of reviewing the appropriateness of treatment modality and appropriateness of goals and objectives for the child/adolescent.

The outpatient clinical component is comprised of full-time clinicians and several contracted clinicians. Following the initial intake assessment, cases are typically assigned to contracted clinicians. Caseloads in the outpatient unit are integrated to include children, adolescents, and adult populations. Clinicians working with children and adolescents are required to have a minimum of one-year post-graduate experience in the evaluation and treatment of youth and families. Additionally, clinicians receive ongoing administrative and clinical monitoring by the children's services program supervisor.

2. Supports Coordination:

Identified children / adolescents are assigned to the Supports Coordination when deemed appropriate. For this population, the target group consists of those youths who exhibit a diagnosable mental disorder, behavioral, or emotional disorders resulting in functional impairment that substantially interferes with or limits the role or functioning in family, school, or community. The impairment is sufficient enough to involve juvenile court, school impairment such as IEP/504 and/or MDHHS service. This high-risk group of youth typically demonstrates emotional or behavioral disturbances which result in functional limitations in all spheres of their lives, and which therefore require more intensive advocacy and intercession to address the problems at hand. Following completion of the initial Supports Coordination needs assessment evaluation, the Supports Coordinator is able to examine the service needs of the youth and immediate family, developing a person-centered plan that will be consistent with the needs of the person served.

The assigned Support Coordinator maintains the record and is responsible for assessing, planning, linking and monitoring needs of the child/adolescent. The primary role of child supports coordinator is to provide on-going services for those identified as requiring intensive, long-term intervention. The supports coordinator provides continuity for the child/adolescent as he/she makes use of the continuum of services available while formulating one comprehensive person-centered plan of service that integrates all goals and objectives from multiple programs. A persons served may be involved in more than one program at the Agency. Child supports coordination provides a means of monitoring the medication; effects, current status, and assuring the at-least monthly

appointments with the supports coordinator are kept. Outreach to this population is assertive to prevent regression and hospitalization.

The child supports coordination program serves a specific population. The admission/readmission criteria are but not limited to:

Eligibility / Entry Criteria:

a. Child/adolescent is a resident of Lapeer County.
b. Child/adolescent has had multiple admissions to a psychiatric inpatient unit; or
c. Child/adolescent demonstrates clear and consistent psychosis (or other chronic and debilitating mental illness) with a history of multiple hospitalizations which require ongoing treatment in order to maintain level of functioning and avoid hospitalization.
d. Child/adolescent (or parent / guardian, if minor) agrees to service and signs an Informed Consent for Treatment.
e. Individuals who are not Lapeer County residents may not be eligible for case management services.

Exit Criteria for this program are as follows:

a. Child/adolescent is no longer a Lapeer County resident.

b. There has been no activity or contact with the child/adolescent despite efforts to involve them for thirty days.
c. Child/adolescent no longer demonstrates chronic psychosis and/or debilitating mental illness and no longer requires treatment or medication to live normally within the community without risk of re-hospitalization.
d. Child no longer meets medical necessity for supports coordination.
e. Child and/or family meet IPOS goals and objectives.

3. Home-Based Services: See separate policy #02.004.75.

The children services program also provides clinical therapeutic intervention through its triage service. This crisis intervention / emergency service is in operation twenty-four hours a day, seven days a week. During business hours, individuals in need of crisis assistance or brief clinical therapeutic intervention can contact the agency and/or walk-in to be seen on an immediate basis. Clinical intervention through the agency's triage

service is most often short-term in which an emphasis is placed on immediate problem solving / resolution of the crisis. No one is excluded from emergency services.

Discharge Planning is the responsibility of the assigned primary case holder. A discharge summary must be completed and reviewed by the clinical supervisor.

Supervision: The children's services supervisor supervises the children's staff. All clinicians receive supervision with the supervisor on a monthly basis via individual and/or group clinical case consultation meetings.

Questions regarding this policy and procedure may be addressed to the Chief Executive Officer or any member of the management team.

TC:mgr

This policy supersedes
#10/08052 dated 10/21/2008.
