MENTAL AND BEHAVIORAL HEALTH

Mental Health Screening

All children entering foster care are required to have a mental health screening within 30 days of removal. The mental health screening is to be performed during initial and subsequent periodic or yearly well child exams. Verification that mental health screenings occurred must be documented on the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form or an equivalent approved form; see FOM 801, Health Services for Foster Children.

Recommended Screening Instrument

The department recommends that a validated and normed screening instrument be used by the primary care provider for foster children. The following screening instruments have been made available by the department:

- The Ages and Stages Questionnaire – Social Emotional (ASQ-SE) for children up to age 5 1/2 years, or
- The Pediatric Symptom Checklist (PSC), for children ages 5 1/2 years and older.

The screening instrument must be completed by a person who knows the child best, before the child's EPSDT/well child exam. This may be the child's biological parent, foster parent, caregiver, or other adult who is very familiar with the child. The caseworker assists in the mental health screening process by ensuring that the completed instrument is provided to the primary care provider.

Note: Although the ASQ-SE or PSC is recommended, the primary care provider may use another screening tool or screening method such as surveillance, in which a tool is not used.

Caseworker Role

The caseworker's role in the mental health screening process includes the following:

- Facilitate the completion of any documents/screening tools etc. requested by the primary care provider.

- Ensure the Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam form indicates a psychosocial/behavioral assessment was completed or a behavioral health screening tool was utilized.

- Upload all documentation in MiSACWIS, including but not limited to:

  - Completed screening tools, if applicable.
  - Early Periodic, Screening, Diagnostic, and Treatment (EPSDT)/Well Child Exam forms.

- If the primary care provider indicates a need for further evaluation, the caseworker must refer the child to the behavioral health division of the child's Medicaid Health Plan (MHP) for an assessment and treatment, unless services are already being provided.

If a significant concern about a child's mental health or behavior arises between well child exams, the foster parent or caseworker must contact the behavioral health division of the child's MHP to schedule an appointment for an assessment.

Note: The caseworker is required to discuss the child's behaviors and any mental health concerns with the foster parent at every monthly home visit; see FOM 722-06H, Caseworker Contacts.

Mental and Behavioral Health Access and Services

When a mental health screening indicates a need for further evaluation, the child is referred to the behavioral health division of the MHP. The MHP's behavioral health provider will assess the child and determine treatment. If the assessment indicates a mild to moderate mental health need, the MHP serves the child. The MHPs provide up to 20 outpatient counseling sessions per calendar year. If the child's needs are greater than mild to moderate, the child is referred to the Community Mental Health Service Provider (CMHSP).

If the 20 outpatient counseling sessions are exhausted prior to the year's end and further mental health services are indicated as dem-

onstrated by the child's behaviors and/or mental health status, contact the MHP behavioral services to ascertain if additional sessions may be acquired.

If the MHP does not authorize additional outpatient services and the child does not qualify for CMHSP services, therapy may be provided by a fair market contractor; see Fair Market Contracted Mental Health Services in this item.

Community Mental Health Service Provider (CMHSP)

Community Mental Health Service Providers serve children with serious emotional disturbance (SED). A determination of SED is made by the CMHSP, based on the child's functioning (measured using the CAFAS, Child and Adolescent Functional Assessment Scale, the PECFAS, Preschool and Early Childhood Functional Assessment Scale or the DECA-I/T, Devereux Early Childhood Assessment Infant/Toddler) and an interview performed by a clinician with specialized training on the effects of trauma, loss and prenatal substance abuse on children and adolescents. If a child is assessed as SED, a plan of service is developed through the CMHSP.

If the CMHSP determines that the child is not SED, the caseworker must refer the child back to the MHP behavioral health division for mental health services. All assessments and/or treatment recommendations provided by the CMHSP are included with the MHP referral.

Serious Emotional Disturbance Waiver (SEDW)

The SEDW Project is currently available in many counties throughout the state to serve DHS foster children. A foster child is eligible for the waiver if all of the following apply. The child:

- Is under the age of 18 at time of initial approval.
- Resides with his/her birth parent, a relative or in a foster home willing to commit to the child for at least one year.
- Has a primary Diagnostic and Statistical Manual of Mental Health Disorders (DSM) Axis 1 mental health diagnosis.

- Meets CMHSP contract criteria for and is at risk of inpatient hospitalization in the state psychiatric hospital.
- Demonstrates serious limitations that impair his/her ability to function in the community.

The SEDW offers expanded mental health services including family training and support, respite care, therapeutic activities, therapeutic overnight camp, and transitional services. Wraparound is a required service for children in the SEDW Project.

A $50 daily rate is paid to foster parents caring for a foster child in the SEDW Project; see FOM 903-08, Payments Requiring Special Processing.

Infant Mental Health Services

Infant mental health services are available to promote the social and emotional well-being of infants, toddlers, and families within the context of secure and nurturing relationships. Infant mental health services support the growth of healthy attachment relationships in early infancy, reducing the risk of delays or disorders and enhancing enduring strengths.

Infants and toddlers that are targeted to receive infant mental health services are vulnerable to multiple factors that place them at risk for developing a variety of emotional, behavioral, social, and cognitive difficulties. Warning signs for potential social-emotional concerns in infants and toddlers are listed in the table below.

WARNING SIGNS FOR A POTENTIAL SOCIAL-EMOTIONAL CONCERN	
Infant **(0-12 months)**	***Toddler*** **(1-3 years)**
• Resists holding. • Is difficult to comfort or console; has prolonged inconsolable crying. • Has sleeping or eating difficulties (sleeps or eats too much or too little). • Is failing to thrive. • Rarely seeks or makes eye contact, or typically avoids eye contact with parents. • Appears unresponsive to efforts to interact or engage. • Rarely coos, babbles, or vocalizes. • Has limited ability to regulate emotions.	• Shows little preference for or excessive dependence on the parent(s) or other primary caregiver. • Does not show any apprehension about strangers. • Appears excessively irritable or fearful. • Has an inappropriate or limited ability to express feelings. • Lacks interest or curiosity about people or playthings. • Fails to explore his or her environment. • Often appears sad and withdrawn. • Inappropriate sexual, impulsive, or aggressive behavior. • Excessive fears that do not respond to reassurance. • Experiences frequent night terrors. • Extreme and frequent tantrums. • Experiences significant language delays • Exhibits unusual need for order or cleanliness.

Detailed information on the social-emotional development of young children can be found at: http://www.michigan.gov/documents/Social_Emotional_Development_in_Young_Children_Guide_88553_7.pdf

Infant Mental Health Referrals

Infants and toddlers displaying signs of a social-emotional delay must be referred to a local CMHSP to be evaluated for infant mental health services. Referrals must also be made in the following scenarios:

- Upon receipt of the well-child exam (if concerns are noted).
- Within 14 calendar days of a child's second (or more) move.
- Within 14 calendar days of a request from the foster parent/birth parent.

Psychological Evaluations for MCI Wards

A psychological assessment must be obtained (MCL 722.954c(4)) for any child committed as an MCI ward who:

- Has suffered sexual abuse and/or severe physical abuse.
- Is exhibiting behaviors which cause suspicion that the child is experiencing mental health issues.

This assessment must be conducted by a licensed mental health professional or a certified social worker who is trained in children's assessment. For very young children, ages 2 and younger, a developmental assessment will suffice. The results of the evaluation must be incorporated into the narrative of the permanent ward service plan. The costs for such assessments are the responsibility of the supervising agency; see FOM 903-09, Case Service Payments, Mental Health - Psychological Evaluation for the Child.

Psychiatric Hospitalization

Pre-Paid Inpatient Health Plans (PIHP), Community Mental Health Service Providers (CMHSP) are responsible for managing and coordinating Medicaid-paid psychiatric inpatient hospitalizations for foster children. The PIHP/CMHSP provides screening and authorization/certification of requests for psychiatric admissions and continuing stay for inpatient services, defined as follows:

- Screening - the PIHP has been notified of the foster child's mental health status and has been provided enough information to make a determination of the most appropriate services. The screening may be provided on-site, face-to-face by PIHP/CMHSP personnel, or over the telephone (as determined by the PIHP/CMHSP).

- Authorization/certification -The PIHP/CMHSP has screened the foster child and approved the services requested.

After authorization, the PIHP/CMHSP will arrange hospitalization for the foster child. Psychiatric hospitalization without PIHP/CMHSP authorization is not reimbursable through Medicaid. In such situations, county funds must be utilized for payment.

Refer to http://www.michigan.gov/mdch/0,4612,7-132-2941_4868_4899-178824--,00.html for access to the local county CMHSP.

DHS CONTRACTED COUNSELING/ THERAPY SERVICES

Mental health services for foster children are provided by either the MHP behavioral services (for mild to moderate) or Community Mental Health Service Provider (for serious emotional disturbance). However, in very limited circumstances there may be a need for mental health services to be provided by a fair market contractor.

Fair Market Contracted Mental Health Services

Mental health services may be provided by a mental health provider under contract with DHS (known as a fair market contractor), under one of the three following circumstances:

1. The specific type of therapy, recommended by a mental health assessment and required to address mental health needs of the child (for example, trauma-focused cognitive behavioral therapy) is not available through the MHP's behavioral services (for mild to moderate needs) or through the CMHSP (for SED).

2. Therapy was established while the child's case was monitored by ongoing Children's Protective Services (CPS) or prior to removal from the home. Decisions regarding continued service from the fair market counseling contractor are based upon:

   - The child's relationship with the counselor.
   - The success of the intervention.
   - The need for a specific therapy approach (for example trauma-focused cognitive behavioral therapy) not available through the MHP or CMHSP (if applicable).
   - The therapist's role in the reunification or permanency plan. Consider the therapist's collaboration with the birth parent's therapist or other professionals and determine if a change might affect the forward momentum of the plan.

3. The 20 outpatient therapy sessions provided by the MHP are exhausted and the request to the MHP for additional sessions was denied. The child does not meet eligibility for CMHSP services. Further mental health services are indicated as demonstrated by the child's behaviors and/or mental health status as documented in the child's case service plan.

Behavioral/Mental Health Exception

The DHS-1556, Behavioral/Mental Health Exception, provides documentation of the need for fair market contracted mental health services for foster children. The DHS-1556 is completed by the caseworker, authorized by the supervisor and filed in the medical section of the child's case file.

Note: DHS fair market contracted counseling and therapy services are available to the parents of foster children and for CPS cases.

DEVELOPMENTAL DISABILITY

Developmental disability means either of the following:

If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:

- Is attributed to mental or physical impairment or a combination of mental and physical impairments.
- Is manifested before the individual is 22 years old.
- Is likely to continue indefinitely.
- Reflects the individual's need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.
- Results in substantial, functional limitation in three or more of the following areas of major life activities:
    - Self-care.
    - Receptive and expressive language.
    - Learning.
    - Mobility.
    - Self-direction.
    - Capacity for independent living.

- Economic self-sufficiency.

If applied to a child from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above.

Common disabilities that may fall under this definition include intellectual disabilities, cerebral palsy and autism. However, many other disabilities fall under the definition if the above criteria are met.

Children with Developmental Disabilities in Foster Care

When a child with developmental disabilities enters foster care, efforts must be made by the caseworker to obtain information from the birth family regarding all services in place for the child at the time of removal. The child's school must also be contacted for additional information. This information is required to be provided to the:

- Foster parent.
- New school, if applicable.
- Agency serving the child's needs.

The contacts and transfer of information is required to facilitate a transition for the child and continuation of necessary services. The shared information must be documented in the case service plan.

If the child is without supports and services, or is underserviced by current resources, the caseworker must assist the foster parents with a referral to the access center of the local CMHSP.

Specific assessments and/or services may be requested (by the foster parent or worker) dependent upon the needs of the child. Each CMHSP service offered has criteria guidelines established by the Department of Community Health. Potential services through the local Community Mental Health for families and children with developmental disabilities are as follows:

- Community living supports (CLS).
- Occupational therapy (OT).
- Physical therapy (PT).
- Speech-Language pathology (SLP).

- Respite care.
- Supports coordination.

All services provided to the child must be documented in the child's DHS-221, Medical Passport.

FETAL ALCOHOL SPECTRUM DISORDER

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term describing the range of effects that can occur in an individual whose mother drank alcohol during pregnancy. These effects may include physical, mental, behavioral and/or learning disabilities with possible lifelong implications. FASD is not a diagnostic term.

Caseworker Role in FASD

Caseworkers are expected to consider the possibility of FASD in children who present with behavioral or other types of problems that impact daily functioning. Conventional treatment for some behavioral problems may be ineffective for children with FASD. Without proper intervention, birth families and other caregiving families may struggle to maintain these children in their homes.

The caseworker may conduct an FASD pre-screening by observing the child and reviewing the child's medical history. If the results of a pre-screening for fetal alcohol syndrome contain two or more of the five identifiers listed below (and are not associated with another known syndrome), the child **must** be referred for a full FASD diagnostic evaluation.

The FASD identifiers include:

- Small head circumference (noted in the first three years).
- Height and weight for age below the 10th percentile.
- Behavioral markers (intellectual disabilities, eating/sleeping problems, attention problems/impulsive/restless, learning disability, speech and/or language delays, problems with reasoning and judgment, acts younger than children the same age).
- Abnormal facial features including short eye opening, thin upper lip and smooth space between nose and lip.

- Maternal alcohol use.

Full FASD diagnostic screenings are available at one of the five Michigan Fetal Alcohol Syndrome assessment centers. The assessment centers are located in Ann Arbor, Detroit, Grand Rapids, Kalamazoo, and Marquette; see http://michigan.gov/documents/mdch/FASD_Prescreen_form_Feb-10_314457_7.pdf for assessment center contact information.

In addition, results of the FASD pre-screen must be included when requesting a pre-10 waiver for placement of children less than 10 years old in residential or other institutional settings.