

DISCUSSION DRAFT

Children's Mental Health Services July 17, 2016

Introduction:

The Children's Mental Health Services definitions listed below were described in the 2015 Children's Mental Health and Wellbeing Workgroup Final Report and Appendix A. They have been reviewed and edited by the 2016 Children's Mental Health and Wellbeing Workgroup.

Definitions: New Section

Child is an individual under 18 years of age.

Primary care providers are licensed physicians, advanced registered nurse practitioners, and physician assistants that are the point of first contact for a patient. Primary care providers take continuing responsibility for providing the patient's comprehensive care.

Serious Emotional Disturbance means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. "*Serious emotional disturbance*" does not include substance use and developmental disorders unless such disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder. (Iowa Administrative Code 441 225C.51)

Therapist is a mental health professional that meets the requirements of Iowa Code Chapter 228.1 (6) or is or a certified substance use disorder counselor operating within the scope of his/her license.

Prevention, Early Identification, and Early Intervention

Mental health and substance use disorder education

A statewide program that provides education regarding the signs, symptoms, and effective responses for mental health and substance use disorder (SUD) conditions in children. The program is intended to support children and their families experiencing mental health and SUD challenges and provide public awareness to reduce stigma regarding mental health and SUD issues. Specifically designed education is provided to the following groups:

- Youth, especially youth with a serious emotional disturbance (SED) or an SUD
- Parents and family
- Educators
- Child care providers
- The community at large especially peers of the youth

Primary care screening for mental health and substance use disorder

- Training for primary care providers regarding the signs, symptoms, and effective responses for mental health or substance use disorder conditions in children including the toxic effects of stress and trauma.
- Using a standard screening tool recommended to be used by primary care providers in all well child visits.
- Adopt the principles of screening, brief intervention, and referral to treatment as a statewide model of early intervention.

DISCUSSION DRAFT

Mental Health and Substance Use Disorder Treatment

Assessment and evaluation

A complete holistic health, mental health and substance use disorder assessment, *including the American Society of Addiction Medicine assessment (ASAM) as appropriate*, that includes social determinants of health and the toxic effects of stress and trauma. The assessment is completed by a licensed mental health professional and is designed to identify issues as a basis for a treatment plan.

Medication prescribing and management

Medication prescribing means services provided by an appropriately licensed professional including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.

Medication management means services provided by an appropriately licensed professional including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; addressing potentially abusive activities or misuse of medication pursuant to licensed prescriber orders.

Collaborative Psychiatric Consultation Service

Collaborative Psychiatric Consultation Services provides licensed prescribers access to a board certified child psychiatrist to consult on medication management and prescribing. Experts in the field will determine which medications and dose ranges would be eligible for psychiatric consultation. Calls for assistance will be triaged by a licensed mental health professional. If determined appropriate, the call will be referred to a project child psychiatrist for telephone consultation to the licensed prescriber. The service is free of charge to all callers.

Crisis intervention and stabilization

A crisis is when a child's safe baseline level of functioning is disrupted and the child or the child's family, school, or community is lacking the immediate internal and external resources to return the child to a safe baseline of functioning. Children's mental health crisis response services are intensive face-to-face, short-term mental health services initiated during a crisis to help the child/youth return to their baseline level of functioning. Children's crisis response services must include providing a crisis response team outside of urgent care, inpatient or outpatient hospital settings.

Crisis response providers must be experienced in mental health assessment, crisis intervention techniques, have emergency clinical decision-making abilities and knowledge of local services and resources.

Crisis Screening

Prior to doing crisis assessment, a screening of the potential crisis situation must be conducted. The screening must:

- Gather information using a standard screening guide;
- Use the screening guide to determine whether a crisis situation exists;
- Identify the parties involved; and
- Implement an appropriate response whether or not a crisis response is needed.

DISCUSSION DRAFT

Crisis screening must be available 24 hours a day 7 days a week and may be done over the telephone

Crisis Assessment

A standardized crisis assessment is an immediate, face-to-face evaluation by a physician, mental health professional or practitioner, to determine the recipient's presenting situation across all life domains, and identifying any immediate need for emergency services.

- Provide immediate intervention to provide relief of distress based on a determination that the child's mental health or behavior is a serious deviation from his/her baseline level of functioning;
- Evaluate in a culturally appropriate way and as time permits the child's:
 - Current life situation and sources of stress;
 - Symptoms, risk behaviors, mental health problems, and underlying co-occurring conditions;
 - Strengths and vulnerabilities;
 - Cultural considerations;
 - Support network;
 - Physical health; and
 - Functioning.

The crisis assessment is conducted anywhere that the individual and clinician determine is safe and appropriate including, but not limited to, the recipient's home, the home of a family member, school, or another community location. The need for crisis intervention services or referrals to other resources is determined based on the assessment.

Crisis Intervention

Crisis interventions are face-to-face, short-term intensive mental health services started during a mental health crisis or emergency to help the recipient:

- Cope with immediate stressors and lessen his/her suffering;
- Identify and use available resources and recipient's strengths;
- Avoid unnecessary hospitalization and loss of independent living;
- Include a family team meeting;
- Develop action plans including providing needed short term support and/or treatment outside the family home; and
- Begin to return to his/her baseline level of functioning.

Crisis intervention services must be:

- Available 24 hours per day, seven days per week, 365 days per year;
- Provided on-site by a mobile team in a community setting;
- Culturally appropriate; and
- Provided promptly.

Crisis Stabilization

Crisis stabilization services are mental health services provided to a recipient after crisis intervention to help the recipient obtain his/her functional level as it was before the crisis. Stabilization services are provided in the community, based on the crisis assessment and crisis plan.

The crisis assessment and crisis plan may identify the need for further assessment and referrals. The crisis stabilization treatment plan should include supportive counseling, skills

DISCUSSION DRAFT

training, and collaboration with the school and other service providers in the community. A transition plan from crisis services is written and implemented that includes a “warm hand-off” to on-going treatment services.

Individual, group, and family therapy

Individual, group and family therapy means a dynamic process in which the therapist uses professional skills, knowledge and training to enable children and their families to realize and mobilize their strengths and abilities, take charge of their lives, and resolve their issues and problems. Such therapy may include mental health; substance used disorder; or co-occurring mental health and substance use disorder treatment. Therapy services may be provided to individuals, groups, or families. Therapy will not be unnecessarily limited by site of service and may include in-home family therapy. With approval of the family and the child, the child’s individual therapy plan and therapeutic approaches will be coordinated with and integrated into the child’s individual education program, if one exists, and/or the child’s general education program.

Integrated Health Home Care Coordination

Integrated Health Home Care Coordination means activities designed to help children and their families locate, access, and coordinate a network of supports and services that will allow children to experience resilience and recovery and live a safe, healthy, successful, self-determined life in their home and community.

Intensive Evidence-Based Treatment

Intensive in-home services provide therapeutic interventions to children with an SED and their families that are at risk of inpatient treatment or out of home placement and are designed to prevent such placements. Intensive in-home services are designed by a team that includes the child and their family and combines individual, group and family therapy and behavioral interventions with the support of paraprofessionals. With approval of the family and the child, the child’s intensive in-home interventions will be coordinated with and integrated into the child’s individual education program, if one exists, and/or the child’s general education program.

The Youth ACT

Provides the following services in a comprehensive, coordinated team approach:

- Individual, family, and group psychotherapy
- Individual, family, and group skills training
- Crisis assistance
- Medication management
- Mental health case management
- Medication education
- Care coordination with other care providers
- Psycho-education to, and consultation and coordination with, the recipient’s support network (with or without recipient present)
- Clinical consultation to the recipient’s employer or school
- Coordination with, or performance of, crisis intervention and stabilization services
- Assessment of recipient’s treatment progress and effectiveness of services using outcome measurements
- Transition services
- Integrated dual disorders treatment
- Housing access support

DISCUSSION DRAFT

Recipients and/or family members must receive at least three face-to-face contacts per week.

Residential or Inpatient Treatment

Acute inpatient psychiatric hospital treatment is defined as treatment in a hospital psychiatric unit that includes 24-hour nursing and daily active treatment under the direction of a psychiatrist and certified by the Joint Commission or the National Integrated Accreditation for Healthcare Organizations (NIAHO) as a hospital. An identified number of inpatient psychiatric hospital beds geographically dispersed across the state will be available to admit all children regardless of the acuity of their mental health symptoms and successfully ameliorate their acute symptoms. Such identified beds will be adequately reimbursed for this more intensive service.

Psychiatric Medical Institution for Children (PMIC) is a non-hospital facility that provide inpatient services to individuals under 21 years of age and that is accredited by the Joint Commission or any other accrediting organization with comparable standards recognized by the State that meets the standards set by the Centers for Medicare and Medicaid Services and is licensed and certified by the state. A PMIC may provide mental health, substance use disorder, or co-occurring mental health and substance use disorder treatment. An identified number of PMIC beds geographically dispersed across the state will be available to admit children meeting PMIC level of care criteria regardless of the acuity of their mental health symptoms and successfully ameliorate their acute symptoms. Such identified beds will be adequately reimbursed for this more intensive service.

Subacute mental health services are short-term, intensive, recovery-oriented services designed to stabilize an individual who is experiencing a decreased level of functioning due to a mental health condition.

Recovery Supports

Family Peer Support provides the training and support necessary to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. Training is provided to family members to increase their ability to provide a safe and supportive environment in the home and community for a child with an SED. For the purposes of this service, "family" is defined as the persons who live with or provide care to a child with an SED, and may include a parent, spouse, children, relatives, grandparents, or foster parents. Services may be provided individually or in a group setting. Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized plan of care.

This involves:

- Assisting the family in the acquisition of knowledge and skills necessary to understand and address the specific needs of the consumer in relation to their mental illness and treatment; development and enhancement of the families specific problem-solving skills, coping mechanisms, and strategies for the consumer's symptom/behavior management;
- Assisting the family in understanding various requirements of the waiver process, such as the crisis plan and plan of care process;
- Training on the child's medications or diagnoses; interpreting choice offered by service providers; and assisting with understanding policies, procedures and regulations that impact the consumer with mental illness while living in the community.

DISCUSSION DRAFT

Family Peer Support is provided by a family member of a child with an SED that has successfully completed Family Peer Support training.

Youth Peer Support

Youth peer support is to assist youth experiencing an SED to learn from someone with a lived experience that recovery and resiliency is possible and to provide guidance, coaching and encouragement during the youth's recovery journey. Youth Peer Support provider is an individual in the youth's identifiable age group that has had lived experience of an SED and has been thoroughly trained as a peer support worker.

Respite Care provides temporary direct care and supervision for the child with an SED. The primary purpose is relief to families/caregivers of the child. The service is designed to help meet the needs of the primary caregiver as well as the identified child. Normal activities of daily living are considered content of the service when providing respite care, and these include: support in the home/after school/or at night, transportation to and from school/medical appointments/or other community based activities, and/or any combination of the above. Transportation is included as a part of this service.

Respite Care can be provided in a child's home or place of residence or provided in other community settings. Other community settings include: Licensed Family Foster Home, Licensed Group Boarding Home, Licensed Attendant Care Facility, Licensed Emergency Shelter, Out-Of-Home Crisis Stabilization House/Unit/Bed.

Attendant Care provides direct support, supervision and/or cuing to assist a child with an SED to live successfully in the child's family and avoid a more restrictive setting due to the child's SED.

This service enables the child to accomplish tasks or engage in activities that he/she would normally do him/herself if the child did not have an SED. Such assistance most often relates to performance of Activities for Daily Living and Instrumental Activities for Daily Living and includes assistance with maintaining daily routines and/or engaging in activities critical to residing in his/her home and community. The majority of these contacts must occur in customary and usual community locations where the child lives, works, attend schools, and/or socializes. Services provided at a work site must not be job tasks oriented. Services provided in an educational setting must not be educational in purpose. Services furnished to a child that is an inpatient or resident of a hospital, nursing facility, intermediate care facility for persons with an intellectual disability, or institution for mental disease are not eligible.

Services must be recommended by a treatment team, are subject to prior approval, and must be intended to achieve the goals or objectives identified in the child's individualized plan of care. Transportation is provided between the participant's place of residence and other services sites or places in the community and the cost of transportation is part of this service.

Family Resource Home provides short-term and intensive supportive out of home resources for the child with an SED and his/her family without the family needing to give up custody of their child or disrupting the child's school. The intent of this service is to provide out of home support for the family in order to avoid psychiatric inpatient and institutional treatment of the child by responding to potential crisis situations through the utilization of a co-parenting approach provided in surrogate family setting. The goal will be to support the youth and family in ways that will address current acute and/or chronic mental health needs and coordinate a successful return to the family setting at the earliest possible time. During the time the professional resource family is supporting the youth, there is regular contact with the family to prepare for the child's return and his/her ongoing needs as part of the family. It is expected that the child,

DISCUSSION DRAFT

family, the professional resource family, and, with the family's permission, the school are integral members of the child's individual treatment team. Transportation is provided between the child's place of residence and other services sites or places in the community and the cost of transportation is part of this service.

Education Support provides a child with an SED an individual education program plan developed with and agreed to by the family and the child that ensures the child receives appropriate supports for the child to be successful in school and, with approval by the family and child, the child's mental health treatment is incorporated into the child's education program. The Local Education Agencies (LEAs) supported by the Area Education Agencies (AEAs) should offer the same full array of current evidence-based practices and models of service delivery regardless of student's education placement.

Community-Based Flexible Supports

Wraparound Services/Recovery Support are intensive, holistic services that engage the family and their children to meet the goals set by the child and family team and to provide flexible support to the child and family. The goal of wraparound services is to ensure the child lives successfully in the family, is successful in school and is a participating member of the community. The services in a wraparound plan, also known as direct support services, differ from traditional mental health services because they:

- Are primarily provided in the homes of families and in settings in the community rather than in an office setting;
- Are available when families need them, including before or after-school, in the evenings or on the weekends instead of only during office hours;
- Emphasize treatment through participation in purposeful activities, giving children the opportunity to practice life skills and make positive choices through involvement in community activities, instead of focusing on treatment through talking about problems; and
- Are built around engaging the child and family in activities that interest them and meet their goals instead of just around a goal of stopping negative behaviors.