

**Wayne County  
Department of Children and Family Services**



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County Executive**

**JUVENILE JUSTICE SERVICES HANDBOOK**

**SUBJECT:** Accessing Mental Health Services

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**ITEM:** 404.3

**DATE:** 3/2/2009

**I. Policy**

- A. The Detroit-Wayne County Community Mental Health Agency (D-WCCMHA) has designated Juvenile Assessment Center (JAC) as the single access point for adjudicated juvenile to enroll for D-WCCMHA services.
  - 1. The JAC will utilize the psychological, psychiatric, and social history assessment processes including the CAFAS to collect information for D-WCCMHA preliminary eligibility determination and referral to Pioneer Behavioral Health (PBH), the D-WCCMHA access agency. PBH will determine if criteria for enrollment are met and assign the case to a CMH provider.
- B. The JAC related responsibilities include:
  - 1. Clinical Assessment completed by D-WCCMHA Credentialed Clinical Staff;
  - 2. Timely D-WCCMHA Referral;
  - 3. Communication with PBH for D-WCCMHA Provider Agency Assignment;
  - 4. Forwarding CMH referral authorization and Provider information to the assigned Care Management Organization (CMO) agency;
  - 5. Utilization Review;
  - 6. Data Recording within the Juvenile Agency Information System (JAIS);
  - 7. Data Analysis and Reporting.
- C. The JAC is responsible for tracking all referrals to D-WCCMHA for approval or denial of services and follow up on the CMO coordination with the CMH Provider agency appointments and service decisions.

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- D. The CMO must insure that the CMH Provider initial outpatient treatment appointment is scheduled within three business days of receipt of authorization of services.
1. This must be coordinated with the juvenile and family, but it is the responsibility of the Case Manager to contact the Provider agency to set up the initial appointment;
  2. The Case Manager must coordinate any juvenile and family transportation needs to scheduled appointments, including driving the youth to an appointment, if necessary;
  3. The Case Manager must participate in this initial meeting;
    - a. Where the CMH Provider agency policy requires an initial meeting with juvenile and parents only, the CMO case manager must participate in the scheduled Person-Centered Planning meeting.
  4. The Case Manager must insure the delivery of the referral packet to the Provider agency at or before the initial appointment; and
  5. The Case Manager must participate in all CMH team meetings/reviews of the juvenile and family progress.
- E. When a youth and family are enrolled in a Medicaid Qualified Health Plan (QHP), the youth must be referred to the QHP for eligible mental health visits prior to accessing CMH Services. See Exhibit 404.3-G for QHPs in the Metropolitan area.
1. The youth is eligible for 20 mental health visits through their QHP, before they are eligible to receive services from the D-WCCMHA.
  2. This applies to juveniles with emotional and behavioral issues that do not meet SED criteria.
- F. When a juvenile in a Community Rate Band with the CMO presents new non-emergency clinical behaviors/symptoms that may necessitate community based mental health services, the juvenile should be referred to the JAC for further assessment, including a psychiatric evaluation. If the JAC clinical assessment results in findings that the juvenile may meet Serious Emotional



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Disturbance (S.E.D.) child and adolescent referral criteria, the JAC will initiate a referral for mental health services to PBH.

- G. For juveniles in a psychiatric hospitalization or specialized mental health residential placement where reintegration and outpatient mental health services are planned, the CMO must initiate a referral to the JAC at least 30 days prior to the anticipated release/discharge.
1. The CMO must include all recent re-evaluation documents from the provider, including:
    - a. Recent medical review ;
    - b. Re-assessment by Provider psychiatrist as appropriate; and
    - c. Any recent psychological reports completed by the Provider.
  2. In determining if the Juvenile has an S.E.D. and would potentially qualify for CMH outpatient services, the JAC may complete an assessment including a psychiatric evaluation. This must only occur when the information provided by the CMO is insufficient to make the determination. The re-assessment may involve any or a combination of the following:
    - a. Child and Adolescent Functional Assessment Scale (CAFAS);
    - b. I.Q. testing;
    - c. Millon Adolescent Clinical Inventory;
    - d. Academic Achievement testing;
    - e. Clinical Interview;
    - f. Diagnosis.
- H. The CMO must maintain discrete case notes on JAIS that identify and distinguish CMH activities (see Sample Case Notes in Exhibit 404.3-D).
- I. Each CMO must designate a primary contact person responsible for monitoring adherence to and the implementation of this policy.

## II. Definitions

### A Serious Emotional Disturbance (S.E.D.) criteria:

1. Juvenile has been assessed by the JAC, which finds a Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) code for a Mental, Behavioral or Emotional Disorder;

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2. Duration of disturbance has been sufficient;
  3. Occurrence of an episode of the disturbance in the past year;
  4. Juvenile has a functional impairment that limits or interferes with participation in family, school or community activities; and
  5. Juvenile has a CAFAS total score of 100 or higher; or one or more subscale scores of 30 at the time of referral.
- B. CMH Agency: Provider Agencies contracted with D-WCCMHA to authorize and provide services to children and families residing in Wayne County (see Exhibit 404.3-B);
- C. Medical Necessity: As defined by Michigan Department of Community Health (MDCH) refers to Mental Health (and/or substance use disorder) services that are:
1. Necessary for screening and assessing the presence of a mental illness or substance use disorder, as defined by standard diagnostic nomenclature (i.e., DSM-IV or its successor);
  2. Required to identify and evaluate a mental illness or substance use disorder that is inferred or suspected;
  3. Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness or substance use disorder and to prevent or delay relapse;
  4. Expected to prevent, arrest or delay the development or progression of mental illness or substance use disorder and to prevent or delay relapse;
  5. Designed to provide rehabilitation for the consumer to attain or maintain an optimal level of functioning according to his or her potential, including functioning in important life domains, such as daily activities, social relationships, independent living and employment pursuits;
  6. Delivered consistent with national professional standards of practice, including standards in community psychiatry, psychiatric rehabilitation and in substance abuse (treatment), and/or empirical professional experience;



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- D. Diagnostic and Statistical Manual of Mental Disorders – Fourth Edition (DSM-IV) - Diagnostic Criteria for the most common mental disorders including: description, diagnosis, treatment, and research findings. The DSM-IV, published by the American Psychiatric Association, Washington D.C., 1994, is the main diagnostic reference of Mental Health professionals in the United States of America.
- E. Manager of Comprehensive Provider Networks (MCPN) – Private organizations that provide funding to a network of subcontract Provider Agencies for services for persons with developmental disabilities and mental illness under the direction of the Detroit-Wayne County Community Mental Health Agency.

### III. Procedure

#### Evaluation at Acceptance

- A. During the initial case intake process, the JAC is responsible for completion of a clinical assessment and psychological evaluation for newly Committed/Placed juveniles and Probation juveniles referred to CAFS. Upon completion of the assessment process, the JAC will match clinical findings with the S.E.D. child and adolescent referral criteria presented in Exhibit 404.3-A. These criteria categories include:
  - 1. DSM-IV Diagnosis;
  - 2. Degree of disability;
  - 3. Duration;
  - 4. Prior service utilization.
- B. During the JAC assessment when the preliminary assessment finds that the juvenile meets S.E.D. criteria (see Section II, D.), a psychiatric evaluation may be scheduled. The psychiatric evaluation report may provide additional input will assist the JAC in determining if S.E.D. criteria are met. If the criteria are met and the juvenile is determined to be Medicaid (MA) eligible, the case is referred to Pioneer Behavioral Health, the D-WCCMHA access agency.
  - 1. Pioneer Behavioral Health will provide a response to the JAC within one business day to:

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- a. Affirm the S.E.D., assigning the case to a Manager of Comprehensive Provider Networks (MCPN) and identifying the CMH Provider agency; or
  - b. Identify family's enrollment in a QHP; or
  - c. Deny the case; or
  - d. Indicate that additional information is required.
2. When notified of the PBH decision, the JAC must contact the CMO-identified contact person within one business day using the Enrollment and Provider Assignment Confirmation form (Exhibit 404.3-F). This document includes either:
  - a. Determination of the MCPN and Provider agency; or
  - b. Identification of the QHP and the contact phone number (see for QHP programs).
3. When S.E.D. has not been determined, the JAC will notify the CMO on the third day using Exhibit 404.3-C;
4. Where the S.E.D. is confirmed and a CMH Provider agency is identified, the CMO Case Manager must contact the CMH Provider agency within three business days to arrange the initial in-person contact
  - a. This is coordinated with the juvenile and the family, but it is the responsibility of the Case Manager to initiate the contact with the Provider agency.
5. Following the Case Manager's contact, the Provider agency must then set the initial Intake appointment date within 14 calendar days.
  - a. The initial Intake appointment is schedule for the youth and guardian to meet with the provider agency. The Case manager is not to participate in this meeting.
  - b. On or before the first meeting, the Case Manager will provide the CMH provider agency with a referral packet that will minimally contain:
    - i. Social History;
    - ii. Face Sheet;
    - iii. CAFAS;
    - iv. Psychological;
    - v. Psychiatric Evaluation;



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- vi. Medical Records/Physical; and
    - vii. Other Documents as requested by the CMH agency.
  - c. The Case manager will coordinate any juvenile and family transportation needs;
  - d. At the Intake appointment, the CMH provider agency will establish a date for the Person Centered Planning meeting. The date of this meeting will be set no longer than 30 days from the initial Intake appointment.
    - i. The Case Manager must insure that they obtain the date of this meeting and also participate in the development of the Person Centered Plan.
- 6. In documenting CMH contacts in JAIS Case Notes, the CMO case manager should refer to exhibit 404.3-D, pages 1 and 2.
  - a. Types and codes of Case Notes include:
    - i. Mental Health Contact (MHC);
    - ii. Mental Health Team meeting (MHT); and
    - iii. Mental Health Wraparound contact (MHW)
  - b. The Remarks section should contain the contact participants.
- 7. Participate in all CMH team meetings and reviews of juvenile and family progress, assisting in the coordination of services.
- 8. The Treatment Plan of Care (TPC) and the Updated Treatment Plan of Care (UTPC) must document how mental health services will be integrated to achieve specified goals.
  - a. The CMO assures that the TPC and UTPC identifies what services will be provided, who will provide them, and how the Case Manager will monitor and support the services identified under each specified goal and objective.

### C. Emerging Mental Health Issues – Juvenile in the Community

- 1. The CMO Case Manager, provider agency and parental caretaker in the juvenile's life must carefully observe and monitor when severe and persistent mental health symptoms or severe emotional disturbance symptoms occur.

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2. Symptoms must be documented in the case record in JAIS, communicated through ongoing CMO assessment and treatment planning, and communicated to supervisors and CMO clinical staff for review of acuity, severity and safety.
3. When a juvenile in Community Based placement presents a non-crisis new mental health behavior and/or symptoms that may necessitate CMH services to assist in maintaining the juvenile in the community, the juvenile should be referred to the JAC for an SED evaluation for further assessment, which may include a psychiatric evaluation.
  - a. The CMO must fully complete the "CMO Request for CMH Services" form (Exhibit 404.3-E) and forward the document to the JAC.
4. When the JAC confirms that a S.E.D. exists, a referral will be made to PBH following the steps found in Section III, B (above).

### D. Release/Reintegration Planning – Juveniles in Residential Care

1. When reintegration and outpatient mental health services are planned within the next 30 to 45 days for a juvenile in a psychiatric hospitalization or specialized mental health residential placement, the CMO must refer the case to the JAC for evaluation.
2. The CMO will follow the procedures set forth in Section III, B and C above.

### E. Crisis and Emergent Planning

1. In those instances where the juvenile's safety and/or harm to self or others are immediate, the CMO (or provider) should access emergency room services or CMH crisis access. This will insure:
  - a. Juvenile and community protection;
  - b. Immediate evaluation;
  - c. Intervention; and
  - d. Stabilization.
2. If the juvenile is physically aggressive or otherwise out-of-control, the local police should be contacted to facilitate transportation to the hospital.



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3. The CMH crisis unit or hospital emergency room must be given clear information about symptoms, behaviors, timelines and concerns when a juvenile presents as dangerous to him/herself and/or others.
4. The CMO must have written procedures for accessing emergency mental health services. This policy must provide direction to contracted providers and the documentation that should accompany the juvenile and agency staff.

#### IV. Exhibits

- 404.3-A "CMH Child and Adolescent Referral Criteria" Worksheet
- 404.3-B CMH Provider List
- 404.3-C Ineligible for Service Memo
- 404.3-D Sample Case Notes
- 404.3-E CMO Request for CMH Services
- 404.3-F Determination of CMH Enrollment and Provider Assignment
- 404.3-G Medicaid Qualified Health Plans

#### V. References

None