

# Bureau of Children's Coordinated Health Policy & Supports

Lindsay McLaughlin, Director  
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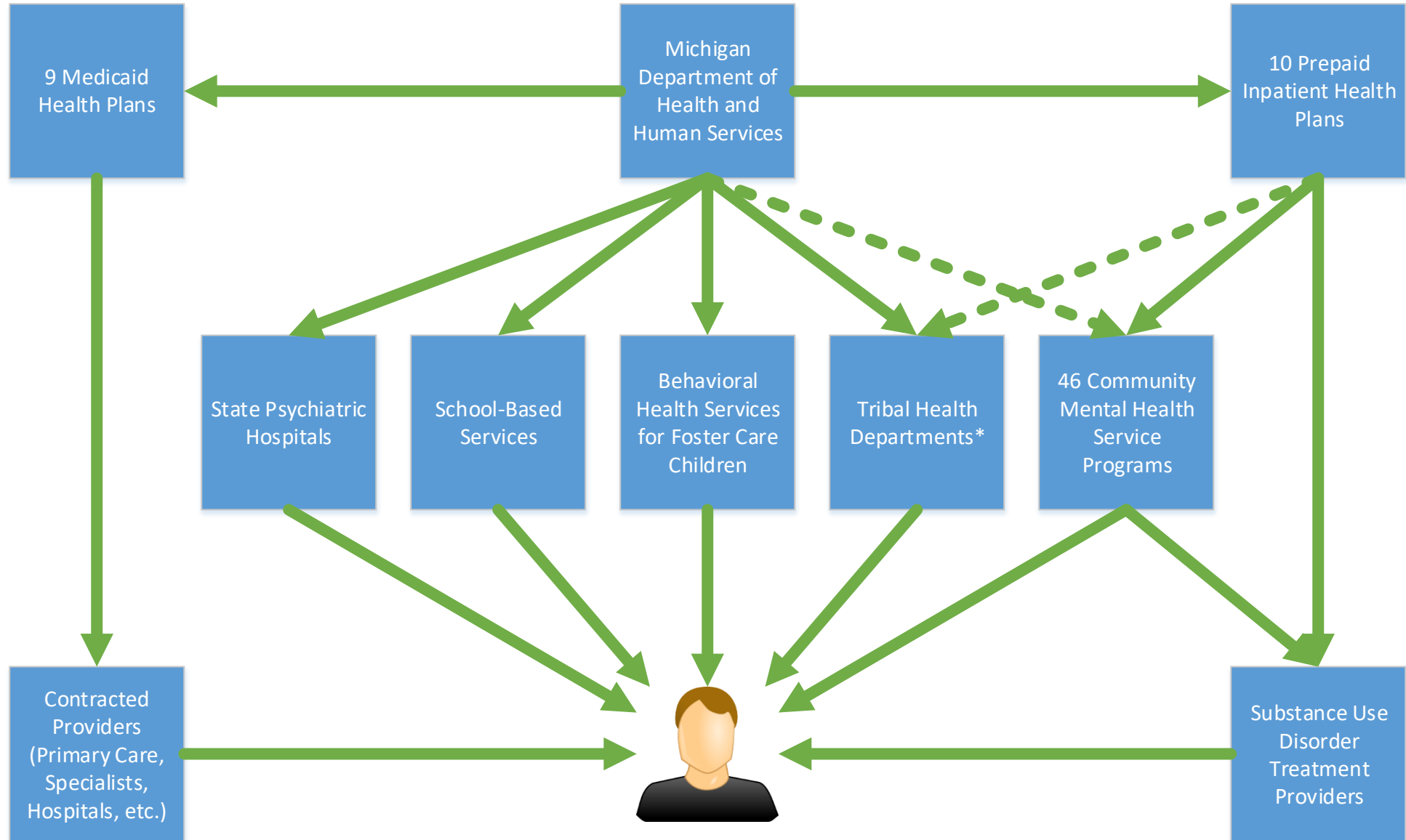


# Agenda

1. Current System Overview
2. KB v. Lyon
3. Environmental Scan
4. Reorganization
5. Key Priorities
  - MICAS Array
  - Beneficiary Information and Service Array
  - Eligibility and Access to Behavioral Health
  - Service Delivery
  - Data Collection, Reporting, and Monitoring
6. Data Management and Quality Improvement
7. Opportunities for Collaboration
8. Questions



# Overview of the Current System



\*The federally recognized Tribes of Michigan are sovereign governments and have a government-to-government relationship with the State of Michigan.

# Overview of the Lawsuit & Settlement Agreement

- In 2018, the National Health Law Program, Disability Rights Michigan, and Mantese and Honigman LLP brought a class action lawsuit against the Michigan Department of Health and Human Services (MDHHS). This lawsuit is known as “KB” (formally known as K.B. et al. v. MDHHS et al.).
- The lawsuit alleges that the State of Michigan failed to provide adequate behavioral health services and supports to Early and Periodic Screening, Diagnostic and Treatment (EPSDT)-eligible children with mental or behavioral disorders, including children with developmental disabilities.
- MDHHS entered into an interim agreement with the plaintiffs in 2020. This interim agreement establishes a process for the plaintiffs and MDHHS to reach a settlement regarding the lawsuit. As part of the settlement, MDHHS will develop an implementation plan to address the identified concerns.



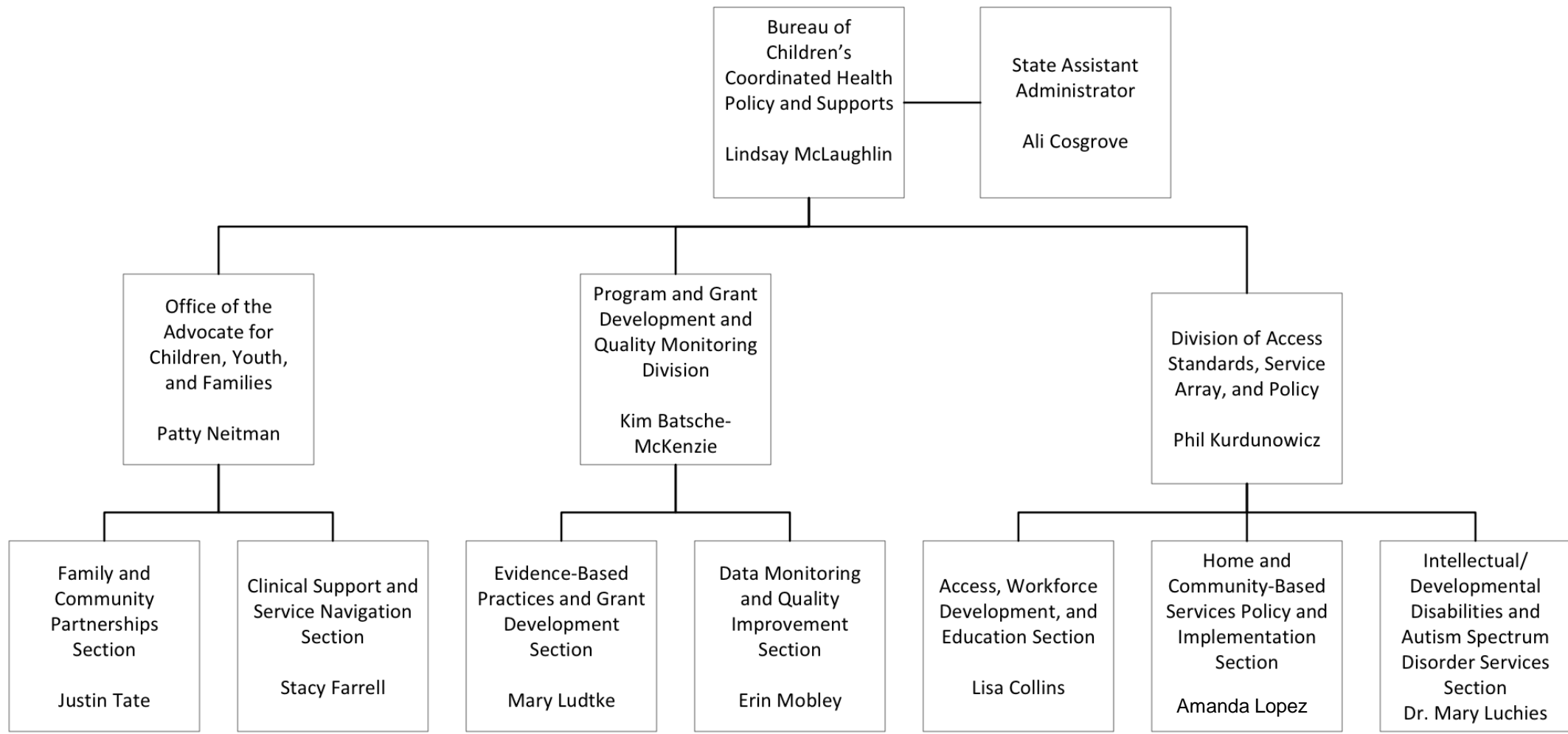
# Overview of the Environmental Scan

- MDHHS contracted with the Center for Health Care Strategies (CHCS) to conduct an environmental scan of the behavioral health system and support the development of the implementation plan.
- The environmental scan involved the following activities:
  - Analysis of data on (1) Medicaid claims and encounters and (2) other services provided to children, youth, and young adults who are eligible for EPSDT services (including children, youth, and young adults in the child welfare system).
  - Analysis of current Medicaid policy for the provision of behavioral health services.
  - Completion of 29 interviews with 140 individuals including family members, advocacy organizations, health plans, providers and other external partners.
- CHCS identified the following issues during the environmental scan:
  - Access to Services.
  - Assessment Process.
  - Coordination with the Foster Care System.
  - Current PIHP and CMHSP Structure.
  - Workforce Development.





# Bureau of Children's Coordinated Health Policy and Supports



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- **Office of the Advocate for Children, Youth and Families**
  - Develop and implement a family-driven, youth-guided approach for partnering with children, youth, and families in the design and implementation of the bureau's programs and services.
  - Build and maintain relationships with other state agencies that provide delivery and oversight of child-serving systems such as Children's Services Administration (CSA), State Hospital Administration (SHA), Behavioral and Physical Health & Aging Services Administration (BPHASA), Public Health Administration (PHA) and Michigan Department of Education (MDE).
  - Development and implement the Clinical Support and Service Navigation team that provides clinical guidance on the delivery of specialty behavioral health services for children, youth and families.
  - Elevate systemic barriers to access of publicly funded behavioral health services to improve access.
- **Program and Grant Development and Quality Monitoring Division**
  - Develop and manage specialized programs and evidenced-based practices for children's behavioral health services based upon the availability of grant funding and other special revenue sources.
  - Establish a data and quality section for increased transparency and dashboard development.
- **Division of Access Standards, Service Arrays and Policy**
  - Develop and manage Medicaid-funded home and community-based services for children, youth and families with behavioral health needs.
  - Establish and oversee a standard assessment process and access standards for services



# BCCHPS Key Priorities

# Michigan Intensive Child & Adolescent Services

**A comprehensive intensive service array/package that will be available to eligible children, youth and their families in a timely manner and in the amount, scope and duration necessary to meet individual needs.**

Standards for accessibility to services.

Equitable focus on children in foster care and juvenile justice.

# Beneficiary Information & Service Array

**MDHHS will educate individuals, their families, providers and public child-serving agencies about the availability of and eligibility for behavioral health services and the intensive child and adolescent service array.**

Office of Advocate for Children, Youth, and Families consultation and technical assistance.

Bureau website redesign.

Communications campaign.

# Eligibility and Access to Behavioral Health

**MDHHS will ensure that all Community Mental Health Services Programs (CMHSPs) and Prepaid Inpatient Health Plans (PIHPs) use the same eligibility criteria for services and the same assessment process and tools.**

Child and Adolescent Needs and Strengths (CANS)

- Initial CANS.
- Comprehensive CANS.

Effective communication and shared vision across system providers.

## Service Delivery

**MDHHS will provide youth under age 21 timely access to services, including, but not limited to, the identified service array package. MDHHS will work to improve quality and ensure adequate provider capacity throughout the state.**

Intensive Crisis Stabilization Services.

Student Loan Repayment Program.

Internship Program.

Resources to expand focus on workforce development and training.

# Data Collection, Reporting & Monitoring

**MDHHS will collect, track, analyze and use data to determine how well the system is performing and make appropriate modifications to address identified challenges related to capacity and quality of services. Publicly facing data will be made available, including, but not limited to characteristics of children screened, assessed, and made eligible for services; types and intensity of services being received; and outcomes of service provision.**

Public-facing dashboard.

Data-informed decision making.

Improved accountability for service provision.

# Opportunities for Collaboration

How can we be innovative to ensure statewide access?

How can we better include Tribal partners in policy and program development and implementation?

How can we ensure children in care, and their families, are prioritized for services?

What data would be useful to capture/review?

How can we further support the workforce?

How can we all better engage children and families?

How can we improve collaboration, partnership and engagement?

What are the primary barriers related behavioral health service provision for Tribal children?

How can we best evaluate our efforts with a focus on continuous quality improvement?





Questions

Lindsay McLaughlin, Director  
Bureau of Children's  
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[McLaughlinL@michigan.gov](mailto:McLaughlinL@michigan.gov)