



A Parent's Guide to Obtaining Mental Health Services for Children in Michigan

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The Association for Children's Mental Health

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Acknowledgment

This guide draws extensively on material from other sources. In order to minimize the distractions to the reader, those sources are listed below, and will not be referenced in the body of the guide. We would first like to thank the Mental Health Association in New York City, Inc., for sharing their guide, *Children's Mental Health Services in New York City* and for providing a lot of support and information along the way. A publication of the National Alliance for the Mentally Ill (NAMI) of New Hampshire, *Guidebook for Caregivers of Children and Adolescents with Severe Emotional Disorders*, was also very helpful, especially in providing a chapter on how to help parents obtain and organize documents.

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ACMH hopes this information will be widely distributed to families. This document may be reproduced in whole or in part. When using information from this document, please credit: Association for Children's Mental Health (ACMH).

FOREWORD

The Association for Children’s Mental Health (ACMH) has developed this Guide for parents of children with emotional and behavioral disorders because getting the best help for their child can be an overwhelming and time consuming task. This Guide was written by staff of ACMH and by parents in our seven Michigan support groups to help make that first step easier. It contains important facts that parents should know and resources they can use. Much of this information is based on the experience of parents who had to find out how to help their children without the benefit of a guide, and who now want to share their knowledge and experience to help others.

ACMH was created in the belief that parents should be equal partners with professionals in making and carrying out plans for their children’s mental health care. ACMH understood that with over 300,000 children in Michigan who have significant mental health needs, there needed to be a statewide organization that could advocate for children and help parents to be the best spokespersons for their children. To be effective “advocates,” parents need to understand the problems affecting their children, the most effective treatments and services available, and where to go to get help. We hope that this Guide will provide the information parents need to ensure that their children reach their full potential, and to let families know that they are not alone.

For more information about the Association for Children’s Mental Health in Michigan, call 1-888-ACMHKID (1-888-226-4543) or visit www.acmh-mi.org.

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INTRODUCTION

In the best of all possible worlds, childhood would be a wonderful time. But for many kids it's not, because they have emotional or behavioral problems, which are just now becoming more recognized in society. When your children's problems are physical, you take them to a doctor. Sometimes, the problems aren't physical – instead, they're emotional. Because shame and confusion are often associated with emotional problems, it is difficult to understand what is going on and what caused them -- let alone to know where to go to get help.

When our children get sick, we know that they may need medical help. We blame the weather, viruses, being in school or other reasons. When our children have emotional problems, we wonder how that happened and we look for someone or something to blame. Sometimes emotional disorders make our children act in strange and often frightening ways, and most people who haven't experienced these themselves have trouble understanding why. Other people think that we, as parents, are somehow responsible for our children's emotional problems, even though we are not blamed when our kids have asthma or other medical problems.



There doesn't have to be 'something wrong with the family' for a child to have emotional problems.

Mental health problems in children are *real, common and treatable*. One out of every five children suffer from some form of emotional disorder and one out of every 10 has a serious emotional illness. In the United States, about six million children are affected by emotional disorders every year. Sadly, many people are too frightened or embarrassed to talk about emotional problems and feel very alone in trying to find answers. Since

mental health problems are real illnesses, just like physical diseases, we hope that you will come to realize that there is nothing to be ashamed about.

Fortunately, help is available in Michigan. There are many different services for children with mental health needs, but most of us don't know how to find them or where to begin. To help you understand children's mental health problems a little better and to help you find your way through an often complicated process, we have prepared this Parent's Guide.

We want to help you to better understand what is happening to your child, where to go for help, and what kinds of treatments and services are available in Michigan.

HOW TO KNOW IF MY CHILD NEEDS HELP?



Of all of the challenges facing parents, the most confusing may be the question of, “how do I know if my child’s problem is serious enough to get help?” All children have trouble sitting still, paying attention or interacting with others from time to time. The *frequency, duration and intensity* of your child’s behaviors or moods are a good indication of how serious they may be. When problems occur for more than a few weeks and interfere with school, home, friendship or daily life, it is probably time to seek out more information. We can also compare our child’s behavior in relationship to children of equivalent developmental status.

The following are some signs that can indicate your child may have a problem that needs professional attention:

Children of Elementary School Age

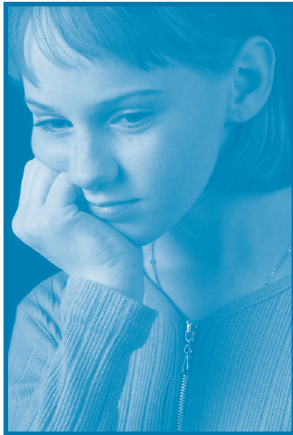
- Frequent, unexplained temper tantrums;
- Unusual fears;
- Difficulty in going to sleep, staying asleep, or taking part in activities that are normal for the child’s age;
- Sad and hopeless feelings without good reason, and that don’t go away;
- Avoiding friends or family and wanting to be alone all of the time;
- Refusal to go to school on a regular basis;
- Hyperactive behavior or constant movement beyond regular playing;
- Noticeable and steady decline in school performance;

- Poor grades in school despite trying very hard;
- A pattern of deliberate disobedience or aggression;
- Persistent inability to complete tasks;
- Opposition to authority figures, and little or no remorse for breaking rules;
- Persistent nightmares;
- Pronounced difficulties with concentration, attention, or organization;
- Significant changes in behavior over a short period of time.
- Persistent inability to complete tasks.

Pre-Teens and Adolescents

- Withdrawal from friends and activities once enjoyed;
- Opposition to authority, skipping school, theft, vandalism and consistent violation of the rights of others;
- Prolonged negative mood and attitude often accompanied by poor appetite, difficulty sleeping or thoughts of death;
- Abuse of alcohol, and/or drugs or heavy tobacco use;
- Frequent outbursts of anger or inability to cope with problems and daily activities;
- Marked changes in school performance;
- Marked changes in sleeping habits;
- Seeing and/or hearing things that are not there;
- Intense fear of becoming obese with no relationship to actual body weight; constant dieting, purging food or vomiting;
- Persistent nightmares or many physical complaints;
- Sexual acting out;
- Strange thoughts and feelings and unusual behaviors;
- Threats to run away;
- Marked changes in general behavior;
- Self-injury, talk of suicide or actual violence.

Important! If your child talks of suicide, or hurts himself or others intentionally, get immediate assistance and do not leave your child alone. If necessary, take your child to an emergency room for a psychiatric assessment, or call the local police for assistance if you are afraid.



Sometimes the symptoms on this list are brought on by major changes in a child's life – illness or death in the family, or a move to a new city or neighborhood, or a new baby at home. At other times, these symptoms may have no apparent cause at all. We know that health professionals view behavior as communication and that when a child is very angry, he may be communicating fear. In either case, it's very important for you, the parent, to take action.

It can be very hard to accept that your child may have an emotional or behavioral problem. If you are adjusting to the idea that you have a child like this, your head might be spinning with the changes, losses and challenges this is bringing into your life. Some parents describe this experience as a “triple whammy” – a family crisis, a marital crisis and a personal crisis. Sometimes we see behaviors or moods in our children that we as parents have been struggling with, and it comes as a shock to see our child facing the same issues. In spite of feeling overwhelmed, you have found your way to this guide, so you are on the right track already.

**If others do not listen to you or take your concerns seriously, do not give up!
Trust your instincts!**

WHAT IS MENTAL HEALTH?

Mental health is one of the most critical components of children's learning and general health. Simply, mental health is how we think, feel and act in response to life's situations. It's the springboard of our thinking and communicating, learning, emotional growth, resilience and self-awareness.

Mental health is the ingredient that allows each of us to make contributions to our family and community. As parents, we want to be successful in parenting, in relationships, and at work, and we sometimes forget that success in all of these aspects rests on a foundation of mental health. Like physical health, mental health is important at every stage of life. *Everyone has mental health.* But just as things go wrong with our heart, lungs and other organs, things go wrong with the brain and the associated systems that determine our emotional and mental state — that is why we as parents need to understand and respond as much to the needs of our children's mental health as we do to their physical well-being.



WHAT IS MENTAL ILLNESS?

Most of us think that mental illness is one of those things that happens only to other people. Since most people are uncomfortable talking about mental illness, most of us have no idea how common it is. In the United States alone, some 51 million people suffer from one or another form of mental illnesses in any given year – almost 18 percent of the population, or roughly 1 in 5 people.

Just as there are many different kinds of physical illnesses, there are many different kinds of mental illnesses – more than 200 have been identified. The most well known are depression, anxiety and schizophrenia, but there are many others.

No one knows exactly what causes mental illness. The most common reasons are:

- Genetic, which means that mental illness, or a susceptibility to a particular form of mental illness, can be passed down from one generation to the next.
- Biochemical, which means that there's an imbalance in the chemicals in the brain.
- Environmental factors, such as severe stress and trauma.

In most cases, mental illness results from a combination of these factors.



There are no known cures for the most serious mental illnesses, but there are many effective treatments. As with other medical conditions for which there are no cures, like diabetes or asthma, with the right medication, treatment and supports, most people can lead productive lives. Many of the mental health disorders affecting children respond very well to treatment and can be managed so that they do not interfere with normal development or the daily activities of children.

It is extremely important that parents and health professionals not lose sight of the purpose of diagnosis, which is to describe groups of symptoms for guiding treatment and determining eligibility for services. The diagnosis does not define the child. All of us, regardless of our abilities, do best when we are able to participate in the normal activities of daily life and make contributions to our communities. With appropriate services and supports, our children can be successful.

WHAT IS MENTAL ILLNESS IN CHILDREN?

Schools use the term “emotional impairment” to distinguish those children who qualify for special education services. In the mental health community, “emotional disturbance or disorder” is the term most often used when referring to the problems of children, because frequently their symptoms change over time. Most health professionals are reluctant to apply a diagnosis of mental illness to a child because of this. In some cases, certain symptoms become so pronounced that it is possible or necessary to make a diagnosis.



Approximately 1 in 20 young people have a diagnosable “*serious emotional disturbance*” or *SED*. *SED* is a term commonly used to describe mental health problems or emotional disorders that severely disrupt a child or adolescent’s ability to function socially, academically and emotionally at home,

in school or in the community and has been apparent for more than a six-month period.

This guide uses many terms to refer to the range of diagnosable emotional, behavioral and mental health disorders that a child can have. Many terms, such as “mental health problem”, “mental illness”, “emotional and behavioral problems”, or “serious emotional disturbance,” are used interchangeably. Most often we will use the terms “emotional disorder or serious emotional disturbance” to describe a wide range of conditions. These can include depression, attention-deficit hyperactivity disorder, bipolar disorder, conduct disorder, anxiety and eating disorders, or schizophrenia. *SED does not include mental retardation, autism or other developmental disabilities such as epilepsy or cerebral palsy. Children with these conditions can experience emotional and behavioral disorders as well.*

As a parent, the first thing for you to remember is not the label or diagnosis, but the fact that these problems are real and that they are not your fault. They are *disorders* (not “bad behavior” that your child could control if he or she tried) and they *can* be treated. It is very important for parents to remind themselves that their children have not *chosen* to have emotional problems and should not be blamed or punished for them.

WHERE CAN I GO FOR HELP?

“The great thing in this world is not so much where we stand, as in what direction we are moving.” - Goethe

Once a mental health problem is suspected, it is important that you seek help for your child and family as soon as possible. A good place to start is with your child’s doctor. Explain your concerns about your child’s health and behavior. Pediatricians (doctors who specialize in treating children) know what is considered normal behavior for children at different ages. They can also determine if the problem is physical, rather than emotional. The doctor can decide if further medical tests are needed, and suggest additional steps to take.

If the problem appears to be emotional, your doctor *should* refer your child for a mental health assessment to obtain further information about this. Social workers, psychiatrists, or psychologists can perform this assessment and they can be provided through private practitioners or through community mental health service providers. (For more information on this area, go to the Public Mental Health Service System section.) In most cases, your type of insurance and income status will determine where you can go for this assessment.

Sometimes your child’s doctor may not recognize your child’s difficulties as potential signs of mental health problems, and he/she may dismiss your concerns. If this happens and your child is of school age, you can also call the principal at your *child’s school* and ask for an evaluation. You should immediately follow this request up with a letter to the principal. (For sample letters, see Appendix.) Schools have a legal obligation to find and evaluate infants, toddlers, preschool and school-age children who may have disorders. Any requests for school evaluations must be put in writing and

copies should be made and kept of all correspondence. After you have signed the consent to evaluate, the school district must conduct an evaluation and hold an Individual Education Planning Committee (IEPC) meeting within 30 school days after they receive the parent's consent. This evaluation is done at no cost to the parent or family.

If you disagree with the school's evaluation, you can request in writing that the school provide an *Independent Educational Evaluation (IEE)* of your child. This evaluation is also paid for by the school. People who are not employed by the school conduct this service. When a parent requests this in writing, the school must respond in writing within seven calendar days.

It is important for you to trust your instincts, because you are able to see your child in so many settings. So if you are concerned that the potential problems are not being addressed, seek a second medical opinion or talk to other experienced parents to get further ideas.



**Remember, you know your child better than anyone.
You are the *expert* on your child.**

HOW DO I PAY FOR SERVICES?

There is no simple answer to this question. The way you pay depends upon your particular situation – your financial needs, whether you have health insurance, your income level and your eligibility for certain programs.

Private Health Insurance

You pay for mental health services the same way you pay for other medical services. You may use your own medical insurance. If you have private insurance, it is important to know that coverage for mental health services depends upon your specific policy and situation.

Tips for Navigating Your Insurance

- Obtain a copy of your insurance contract; if you don't have a copy of the contract, obtain it from your benefits coordinator or insurance agent. The best time to read the whole policy is when you are *not* in crisis and you can take notes on the services used most frequently by your family.
- Read your *whole* insurance contract carefully. *Reading* the whole contract, not just selected sections, allows you to understand the full range of benefits and the limitations on those benefits. In reading the contract, look at the following:
 1. Definitions Section. You will need to look at the definitions for terms found in the contract that fit your family's circumstances. Pay particular attention to the definitions for *medically necessary, chronic, and custodial care*, which are frequently used as a basis for denying services.

2. Hospital and Outpatient Provisions. Check the table of contents for these pages. Often, the requirements for approval for payment and the benefits are different for inpatient and outpatient treatment.
3. Deductibles, Co-payments and Service Limits. A deductible is the dollar amount that you are responsible for before the insurance company will pay for all or part of the remaining services. Co-payments are the dollar amounts you are responsible for even after your deductible is met. (Many policies have a standard co-payment for prescription drugs.) A service limit is the maximum amount that your family will have to pay for services in any given calendar year.
4. Benefits. Identify the benefits that apply to your family and then read the limitation and exclusion sections that apply to those particular benefits. Keep in mind that the benefits may appear in both the hospital and outpatient portions of the policy and may be different in each section. Pay particular attention to the Case Management benefit because this benefit may allow you to negotiate specific services that are not identified in the regular package of benefits.
5. Limitations and Exclusions. Limitations on a particular benefit may be a lifetime dollar maximum, a specific number of days or a specific number of visits. Exclusions of benefits are those services that are not covered or the circumstances under which the services are not covered. Pay particular attention to exclusions that have the terms *medically necessary, chronic, or custodial condition*. If you see these terms, look in the definition section of the policy to see how the terms are defined. Frequently, insurers will refuse to pay for a service because it falls *[or does not fall]* within one of these categories.
6. Watch for the terms “May” and “Shall”. If the benefit contains the term “may,” be sure to look for additional requirements for this benefit. It means that the insurer *may* provide the benefit,

under conditions, which are defined in the policy. In contracts, “shall” is considered mandatory language and means that the insurer will pay for this service.

7. Procedural Requirements. Learn about the steps required for prior authorization and the timeframes for preserving your rights to appeal.

- Prior Authorization Requirements. Be sure to check with your insurer to determine if prior authorization and/or a referral from your primary care doctor are needed before you can obtain services. Failure to obtain prior authorization is a major reason why insurers deny claims.
- Know about Carved Out Mental Health Services. Sometimes employers may have *carved out* mental health benefits. This means that a separate company is responsible for managing all the benefits, dollars and providers associated with mental health services.
- Keep a journal. Keep a journal or record of all your contacts with your insurance company, such as letters or papers you may have received and dates and names of people you speak with on the telephone at your insurance company. (See Appendix for sample forms.)
- Save your records for years. You never know when you will need them.
- Always put it in writing. If you have a request or a disagreement with your insurance company, write a letter and always keep a copy for your records.

Before choosing a specific provider for therapy or a treatment program, make sure that this type of service is covered by your insurance. Generally, the more medically-oriented a mental health program is, the more likely it will be covered. Sometimes, newer models of community-based services may not be covered under your family’s insurance policy.

It’s also important for parents to learn the appeal process for their policy if they feel their child is being denied necessary mental health services. Insurance carriers are able to direct families to the formal appeal process and to let them know where to file a

complaint about services. If you believe that your treatment services are being unfairly denied, contact ACMH for assistance.

Community Mental Health Service Providers (CMHSP)

Many parents may find the mental health programs offered by their community mental health centers have been a good source of services for a child with emotional or behavioral disorders. Recently, there have been changes in the structure of community mental health service providers (CMHSP), affecting how a family gains access to services. Now, CMHSP's are providers of last resort both from a financial and severity of disability standpoint. (For a complete list of Michigan CMHSPs, see the Appendix).



Each CMHSP has a phone number that you can call for services, and as a parent, you should call the central ACCESS number for your area. During this initial call, the CMHSP service representative will ask you questions about your child to screen for whether your child's disorder meets the initial eligibility criteria. If so, an appointment

will be made for eligibility assessment and/or crisis intervention services. If your child is assessed as eligible for services, your ability to pay will then be determined.

If your child does not have Medicaid or insurance, and does not meet the severity criteria, a referral to an outside agency is made to see if the child's service needs can be met there. If this option does not work out and the CMHSP has the capacity to provide services, your child may be able to obtain services through this agency. If you do not have insurance, it is also possible to find free programs, or services that can be paid on a sliding-fee scale, based on your income. A call to your local CMHSP is a

good place to start. If you are not eligible for their services, you will be directed to other agencies, which will be able to serve your child and family.

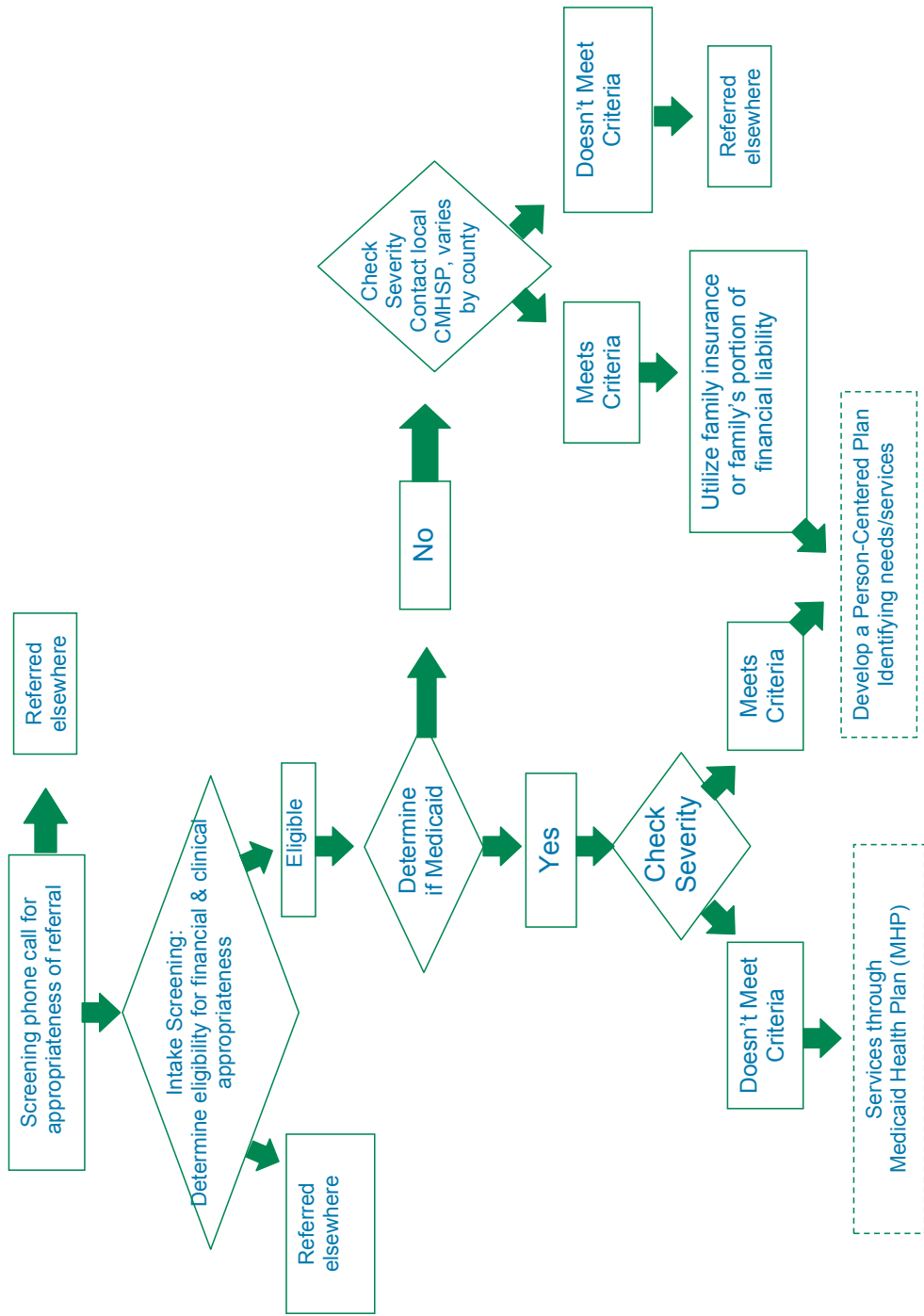
Another option for families without medical insurance is MICHILD, a state-financed program that provides low cost health insurance for children under 18 years old who have no other health coverage. CMHSP is the only provider for MICHILD, regardless of the severity of the diagnosis of the child. You can receive an application by calling toll-free (888) 988-6300.

MEDICAID

If your family's income is too high for government income assistance, but too low to handle the cost of medical care for a child with an emotional disorder, you may want to find out if your child qualifies for Medicaid, which is temporary assistance for financially needy families or for families whose child is medically needy. Medicaid helps families handle the cost of necessary treatment. Although the cost of a child's treatment is a concern, it is the parent's income that counts when determining eligibility. To find out about eligibility, call your county Family Independence Agency, or the Michigan Medicaid agency.

If your child has Medicaid, your CMHSP will determine the severity of your child's disorder to see if it meets the specific clinical criteria. If your child's condition meets the severity level, your child will begin the process of obtaining services coordinated through this agency. If your child does not meet the severity criteria, your child will be referred to a Medicaid Health Plan (MHP). The MHP is a comprehensive health care organization that may provide up to twenty mental health outpatient visits per year. If you believe that your child has a more severe emotional or behavioral condition, the CMHSP should provide the services.

Process for Obtaining Services through Local Community Mental Health Service Providers



WHAT HAPPENS AT MY FIRST MENTAL HEALTH INTERVIEW?

The first mental health professional you see might be a psychologist, a psychiatrist, social worker or a counselor. It may be in a private office, hospital clinic, mental health center, community agency, school or in your home. Your first visit with this professional is often called an “intake interview” and won’t be much different than a first visit to any doctor. The health professional will ask you a lot of questions, including questions about your child’s physical, mental health and school performance in addition to developmental history and relationships.

The interview *should* include a discussion of the strengths of your child and family and the supports that your family may have in the community. Some of the questions you will be asked can be very personal – regarding your child, yourself and the rest of the family. It may seem that the health professional is being too curious or nosy, but the health professional needs to know something about the way your child lives and what your family life is like in order to fully understand his/her behavior. These questions will help him or her understand the problem and the way your family has coped with it. This information will guide the health professional, with your input as a parent, to make recommendations about the best way to help your child.

The information shared at this meeting is considered *confidential*. You may be asked to sign a consent form giving the health professional permission to share information with others, in order to meet legal, governmental or insurance requirements. You should discuss any concerns about sharing information with the professional during the intake interview. You will also be asked to complete other forms giving a developmental history of your child.

In Michigan, the mental health code describes “person-centered planning (PCP)”. For children, the best practice approach should be “family centered,” meaning that you as a parent will direct this process to ensure that the plan meets the

needs of your child and family. Essentially, parents are the “employers” and the professionals who are evaluating the child help the parents to achieve the goals for the child. Because your family has the greatest impact on your child, it is extremely important that the whole family be supported so that your family can function to the best of its ability in supporting the child who is having difficulties.

You may need up to three introductory meetings before a plan of services and supports is developed.

Sometimes this is referred to as an individual plan of service, a person-centered plan or a family service plan.

These evaluation meetings

may include one with a psychiatrist, who is also a medical doctor, one with a psychologist, who may test your child, or one with a clinical social worker, who provides a psychosocial assessment. The results of the evaluation and the plan of services and supports should be discussed with you and also with your child in a way that your and your child can understand, if possible.



Remember, you know your child better than anyone and you also know what will work in your family. It is important that your knowledge and experience be taken into account when creating your family's plan of services and supports. If you don't feel that this has been considered, you can always change the plan. You can also request a change of therapist or case manager.

Before your child begins any treatment regimen, ask these questions...

- What are the recommended treatment options for my child?
- What other options are available?
- How will I be involved with my child's treatment?

- What is the evidence to support the success of this treatment for my child?
- How will we know if the treatment is working?
- How long should it take before I see an improvement?
- If my child needs medication, what are the side effects that may be expected?
- What should I do if the problems get worse or there is no improvement?
- What are the arrangements if I need to reach you after hours or in an emergency?
- How often will we meet to evaluate the effectiveness of the plan?
- How do I call a meeting if I have concerns before the established “review” date?

WHAT WILL THE MENTAL HEALTH PROFESSIONAL TELL ME?

After your child has been evaluated, the mental health professionals with whom you have been meeting will explain your child's condition to you as they understand it and discuss your child's strengths and needs. This is when the plan of services and supports will be started. They will probably describe your child's condition by giving it a name or diagnosis. This is very important, because just like a physical illness such as diabetes, asthma or the flu, diagnosing the problem is the first important step towards choosing the right treatment. Sometimes you may be told what type of condition they think your child may have, but that there is doubt about the exact diagnosis, because it often takes more time to be sure.

It's also important to know how your child functions at home, school and the community, to better develop services and supports that help in these areas. Some professionals will use the Child & Adolescent Functional Assessment Scale (CAFAS) to measure the child's level of functioning and to assess improvement.

A list and description of a number of the mental health, emotional, and behavioral problems that can occur during childhood and adolescence are included in the back of this Guide. All of these disorders can have a serious impact on a child's life. Some disorders are more common than others, and they can range from mild to severe. Often a child has more than one disorder. The names of the diagnoses may be new to you, so do not hesitate to ask questions about anything you do not understand. If the counselor seems to go too fast through a lot of information, ask for more details and explanations. *This is your right and the health care professional's responsibility. (See Appendix.)*

Whatever the disorder or diagnosis, the next step will be planning for treatment – what kind of services and supports will best help your child, where the services should be delivered, who should provide them, how often your child should go

and who should be involved with the services. You might hear about possible medications for your child to take. There is a lot of information about treatments that can help your child and there are new medicines that can be prescribed so that your child's behavior and health can improve in school and at home. Just as with the diagnosis, ask plenty of questions. In most instances, the final treatment choices will be yours, so you will want to feel comfortable with everything in the plan, as well as who will be providing services.



Evidence-based practice (EBP) is a relatively recent term that is being used for describing the many mental health treatments for children that are effective. Evidence-based practices are treatments where there is consistent research to show that they improve outcomes for children

with emotional and behavioral disorders. There is also a *gap between what the science knows and what happens in actual practice*. Most children with emotional and behavioral disorders in do not have access to these EBPs. As a parent, you may want to ask what evidence or data there is for suggesting a certain type of treatment for your child. Your health professional should be able to answer this question. For more information about this topic, contact ACMH.

Most treatment plans try to provide services to children and their families in “the least restrictive environment.” The least restrictive environment is the one that makes as few changes as possible at your child’s home and community, while still meeting his or her mental health needs. Children generally manage better in the home environment with their own families. There are times, however, when it is not possible or safe for the child to be at home. In these cases, hospitalization or other treatment options may be recommended. Both the family and health professionals must carefully consider these options.

At every step of the process, you have the right to ask questions and make suggestions. You have the right to have your child's diagnosis and treatment plan explained so that you can fully understand them, and decide whether you agree or disagree. Often, you may need to have them explained more than once so that you understand what the problem is and how the treatment plan will help your child improve. We strongly recommend that you take the following steps:

1. Write down questions that you want to ask in advance of any meeting.
2. Bring a friend, relative or trained parent advocate to the initial treatment meetings.
3. Ask the person who is accompanying you to listen carefully and be an "extra pair of ears." This is very helpful, because sometimes these meetings can be stressful and it is hard to understand and respond to all of the information you may be given.
4. Ask the person who is accompanying you to take notes about what the health professionals are saying. Often you will think of questions after the meeting is over and may want to look back at your notes. *There is no such thing as a 'dumb' or 'foolish' question.* These meetings are about your child and you are the expert on your child.
5. Get a brochure and write down information about the agency's services, fees, payment options, procedures, recipient rights and appeal processes.
6. Request a written explanation if you are told that your child and family are not eligible for services and ask about the appeal process. You have appeal rights when services are denied. (See section on Rights and Responsibilities.)
7. Remember, this can be a stressful time, so think about how you can be best supported. Look to friends and family members who have been helpful or understanding in the past. Ask them to help you and the health professionals to first see your child as a child, not just as a diagnosis or a problem.
8. Be sure that the health professionals know your child's and family's strengths and that they build your plan on this information.

9. Remember that as your child and the child's environment changes, the plan will change.

Remember, you are your child's best advocate, so ask plenty of questions. Use your own instincts and knowledge to develop the best plan for your child.

PARTNERING WITH SERVICE PROVIDERS

Your child and family may be working with numerous service providers. This is often referred to as your “team” and may include representatives of many systems, such as schools, doctors, community mental health agencies, and other individuals that you and your child want to be part of the team, such as family members, friends, clergy or others.

Your unique position as the parent of a child with severe emotional disorders prepares you to be an *equal partner* with these providers. Expect to be directly involved with a team of professionals -- asking questions, handling responsibilities, and contributing your insights. You are the only “constant” person throughout the years of professionals, programs, activities and agencies. You are the link between the past and the present, and the bridge to the future.

A case manager or resource coordinator can help to organize services so that they are easy for you to use, and provide you and your family with guidance and support. They can also help identify other potential sources of support. They should help you “navigate the system.”

If you would like, you can also be your family’s case manager, but some providers are not yet familiar with this concept. It is always the family’s decision as to whether or not they are ready for this role.

In the same sense that you are the expert on your child, health professionals are the experts on the range of available treatments and services and how they work for children and families. Providers should be able to support their opinions with some form of evidence (scientific studies) as to why some treatment approaches are recommended over others.

The most successful plans are those in which both and family’s and health professionals' areas of expertise are acknowledged and blended together in a flexible way for the best outcome for the child.

When putting together a plan of services and supports, be sure it includes:

- Goals to achieve;
- Comprehensive plans for home, school and the community;
- Services and supports provided as close to home as possible;
- Services and supports that match your family's lifestyle and culture;
- Regular progress reports and an ongoing communication plan.



Your providers may not agree on or recommend the same services and supports for you and your family. You can get a second opinion, disagree with a provider, or reject a service provider's advice. You can request changes in case manager, therapist, or other members of the team. If you find that some part of the plan isn't working as you expected, it is your right and responsibility to bring this to your team's attention so that a more effective plan can be implemented. The plan of services and supports should be an ongoing, flexible document, which can be easily adapted to best meet your child's needs.

The language, cultural values, and spiritual beliefs of your family must be considered and respected when choosing services and providers. Families who are immigrants, members of racial or cultural minority groups, or whose lifestyle is different from most surrounding families need to know that these aspects should be considered in developing a plan of services and supports.

Factors that affect a family's ability to participate with the plan of services and supports include:

- Lack of financial resources;
- Lack of transportation;
- Unemployment in the family;
- Divorce or other family loss;

- Not living in own home;
- Child abuse and domestic violence;
- Alcohol or drug abuse;
- Physical illness or disability;
- Language barrier for the child or parents;
- Trying to fit into American culture, different from birth culture;
- Racial or cultural prejudice;
- Alternative sexual orientation or gender identification;
- Violence in neighborhood.

HOW TO ORGANIZE ALL THOSE DOCUMENTS

Since you are the “expert” on your child and will be an equal partner in the planning and implementing of your child’s care, you need to keep copies of all the documents that relate to his or her life. This information includes:

- Reports, test results, evaluations and plans;
- Calendar of events – current and future activities that can fit in your purse, on the kitchen wall, or near the phone;
- Log of all contacts and correspondence, including the details from your calendar activities;
- Record of all medications and how they worked;
- Communication Log from school, insurance companies and providers. (See Appendix for sample copies.)
- Updated lists of local programs and services;
- Correspondence and the date it is received;
- Directory of professionals and agencies, including names, addresses, phone numbers and area of services;
- Recommendations made by professionals;
- List of questions that you want to ask. (As you get answers, jot down the answers on this paper and when completed, date and file the paper. Start a new list of questions.)

Most parents like to file papers in categories. They keep papers in separate folders that are labeled for each category and place the newest items in the front of the folders. Organize the information in any way that makes sense to you and in a way *that allows you to find a particular paper when you or someone else needs it.* Keeping organized is one way of reducing stress. See the Appendix for sample forms showing how to track all types of information.

WHAT CAN I EXPECT IN TREATMENT SESSIONS?

Parents sometimes wonder what happens in treatment sessions. The main focus is on your child, but done in a family centered way. There are times when the health professionals just talk with the child because talking helps the child explain to the therapist what is going on in his or her life – what is good, bad and how he/she handles things right now.

Sometimes you may realize through talking with the therapist that you should change the way you or other family members handle some things at home. This is not because what you've done is wrong, but because your child may respond better to a different approach. And you may realize that the treatment that is being provided by the therapist may not be working.

Frequent contact and open communication between parents and the treatment team helps to keep treatment going in the right direction and allows everyone to work together to do what is best for your child. You should feel free to share your feelings about the treatment and comment on how your child is responding. *Studies have shown that the best results are achieved when the family is actively involved in the child's planning and ongoing treatment and comfortable enough to give their own feedback on the plan.*

The professionals on your team can offer information on many interventions and approaches to your child's problems. They have experience with many children and families and they bring these skills to your child just as you bring your expertise on your child to the team. Joint decision-making is the most effective way of planning for appropriate service approaches and treatments.

Concern has been expressed by families and providers that the care children receive is often ineffective and that treatment decisions are frequently made without a clear understanding of what is likely to help. Treatments that are evidence-based have been recognized as essential treatment options. Evidence

based practices (EBP) are scientifically based and have been demonstrated through research to most likely support desired outcomes. Parents are encouraged to explore evidence based practices with their child’s team. For more information, you may wish to review our Evidence Based Practice Guide of Families. For a copy, please contact the ACMH office or visit the ACMH website.

Between meetings and visits with professionals, keep a list of questions that you and your child think of — they can be hard to remember later at the meeting. If possible, have your child write his or her questions on a list or write them down for your child. This is a good way to reinforce your child’s role in his or her care. You can also help by making sure that your child and family keep their appointments.

As with treatment for some physical illnesses, treatment for behavioral and emotional disorders can take months, or even years. That doesn’t mean it isn’t working – it’s just that the process takes time.



THE PUBLIC MENTAL HEALTH SERVICE SYSTEM

This section describes the types of mental health services and treatment programs that are available in Michigan. Your type of insurance, whether private or public, will also determine how you access the full range of mental health services. The mental health professional who evaluates your child may recommend a specific community provider or mental health facility. You may also ask a friend or someone you know whose child has received mental health care. Personal recommendations from experienced parents can be very helpful.

Outpatient Services

Outpatient services are the most commonly used services that are provided to children. They can be provided to children in schools, home, clinics or doctors' offices located in the community. Outpatient treatment is usually the first treatment prescribed for children with mental health problems.

The following are some of the key services that are provided in an outpatient setting:

- Assessment involves health assessment, psychiatric evaluation, psychological testing, vocational testing and other evaluations.
- Child Therapy is provided by a child mental health professional and is used to help a child maintain or restore mental and/or emotional functioning.
- Family Therapy is treatment for a family with a child with an emotional or behavioral disorder, for the purpose of improving the way a family functions.
- Medications Administration & Review are types of services in which a child is given a doctor-prescribed medicine or injection and is monitored regarding side effects and appropriate dosage levels.
- Targeted Case Management Services must be available for children with serious emotional disturbance. This service assures that the person-

centered planning process occurs and that a plan of services and supports fits the needs of the child and family.

Home-Based Services

Home-based service programs are designed to provide intensive services to children and their families in their home and community when there are multiple service needs and access to a range of mental health services is needed. The degree of intensity will vary to meet the needs of families, and services may vary from two to twenty hours per week, based on individual family needs.

Day Program and Activity Services

Day programs (often referred to as day treatment programs) are a combination of treatment and educational services that give children several hours a day of special activities that deal with their emotional or behavioral problems. This service is not readily available in many counties in Michigan. There is also a range of other services, such as partial hospitalization programs, which provide intensive care with psychiatric supervision to children and adolescents in an outpatient setting.

Community Supports

A number of services are geared to helping families as they struggle with the problems of living with a child who has a mental illness. In addition to a child's treatment, family members may need a number of supports. These include:

- **Respite Care**

Respite care, which is provided by trained workers, gives families a temporary break from the day-to-day responsibilities of caring for a child with special needs. Respite care may be provided for a few hours or a few days, in or out of the home, depending on the availability of services in your community.

- **Wraparound Concept of Care**

The term *wraparound* refers to a process whereby community-based services “wrap around” the child and family in their own home, schools or community agencies. A team that includes people who have a personal interest in your child develops services. Usually, a wraparound facilitator or resource coordinator works with the family and team to discover their needs and strengths, set goals and develop options that are based on the strengths that you, your child and family have. The wraparound process provides parents a voice in directing services to their family.

- **Skill Building Assistance and Community Activities**

These are activities that promote the integration of the child into their community. They assist the child to learn the skills needed to engage in meaningful activities, including community activities, work and socialization activities. The services provide knowledge and specialized skill development and/or support. They may be clinical in nature or hands-on training.

Emergency Services

As with any other illness, it is always important to seek treatment before a crisis or emergency. But there are times when a parent needs help quickly – when children can’t calm down, are uncontrollable or may be in sudden danger of hurting themselves or others. If a family has developed a *crisis plan* (and we recommend doing this *before* there is a crisis), the plan should be followed. In some cases, it is best to dial the emergency phone number of your CMHSP (see Appendix for listing of CMHSP’s). It is best to know *before there is a crisis* where you should go for help. If possible, call ahead to let them know you are coming so they can be ready for your child when you get there. If your child’s life is at risk or someone else’s life is in danger, call the police first!

Families often find that getting emergency services for their child is frustrating. Ideally, a safety plan should be developed with your team which includes the steps

you and your family will take to *prevent a crisis* and what steps to take if *something does happen*.

Crisis Residential Services are intended to provide a short-term alternative to inpatient psychiatric services for children who have a sudden mental health crisis. *Intensive Crisis Stabilization Services* are used when the crisis lasts longer than 14 days. If your child did not have a case manager prior to the start of this crisis (lasting more than 14 days), a case manager will be assigned and involved in the treatment and follow-up. Education services and working with the school must also be included.

Inpatient Services

Inpatient services are for children who need hospitalization because of the severity of their mental illness. Before children are hospitalized, every effort is made to provide crisis or outpatient services that meet their needs while they continue to live at home. There are times, however, when it is in your child's best interest to have hospital care.

If a doctor believes that a child has become dangerous, either to himself or herself or to others, the child will be admitted to a local hospital. There may also be other times when doctors believe the hospital is the safest place for a child – when it is necessary to monitor worsening behavior or symptoms, to test new medications, or to make judgments about a diagnosis. Acute care stays are usually short, lasting from a few days to a few weeks.



WHAT ARE MY CHILD'S RIGHTS?

'Anyone can become angry—this is easy. But to be angry with the right person, to the right degree, at the right time, for the right purpose, and in the right way—that is not easy.' - Aristotle, The Nicomachean Ethics

You may feel that you have no control over decisions about your child's treatment, but Michigan's Mental Health Code and other laws ensure that your child's rights are protected. As a parent, you have the right to fully understand what is happening and why. Oftentimes, this area is very confusing and overwhelming for families. You can become familiar with the rights you can use on behalf of your child to obtain the necessary care. It is also important to understand how the preferences and desires of your child should be incorporated into the treatment plan. You can also call ACMH or Michigan Protection & Advocacy Services. Their number is (517) 487-1755.

Fundamental Rights

When your child uses mental health services, these services must:

- Accommodate his or her disabilities (per the Americans with Disabilities Act (ADA)).
- Accommodate people whose primary language is not English by providing interpreters or other help.
- Be available to anyone, regardless of race, religion, country of origin or gender.
- Be free from religious or other discrimination.

Personal Rights

The law requires that all mental health service providers should treat your child and your family with dignity and respect. Your child also has the right to confidentiality, which means that information about the child's mental health treatment cannot be shared with anyone, unless you (the parent or legal guardian) have given your

consent in writing, except as specifically stated in law. You can withdraw your consent to share information at any time.

Treatment Rights

The basic treatment right is the right to *make informed decisions* about the care of your child. You cannot make informed decisions if you are not informed or do not understand what is being said to you by your treatment team. Mental Health providers must give you enough information for you to know *what* is happening, *why* it is happening, and *for how long* it will happen.

What If You Disagree with Your Child's Treatment?

Whenever you disagree with decisions made about your child's services and treatment, it is a good idea to try talking it out first. Go to your child's case manager if you are unhappy with a health care provider or type of treatment or talk to the supervisor if your first conversation does not solve the problem.

Because many programs come with their own rules, it can be very confusing to figure out what to do. Even some community mental health agencies don't have it all figured out.

The appeal you use depends on the type of insurance you have, the kind of problem you are having and your legal status. Often there can be more than one way to appeal. Below is a list of your basic appeal rights. These appeals can be used in any agency that has a contract with the Michigan Department of Community Health (MDCH) or the local community mental health service provider (CMHSP):

- **Recipient Rights Complaints**

You can file a recipient rights complaint if you think that someone in a program ignored you or your child's rights. You can file a complaint by phone but there are forms that you should get from your CMHSP that you can use. You have 45 days to file a complaint.

- **Appealing a denial of service**

You have the right to request a second opinion from the director of a community mental health service program that refused to give your child services. The Rights Advisor at this agency can tell you how to do this. You may also write a letter and send it to the Director of the CMHSP and write on the envelope that it is an appeal. You have 45 days to file this type of complaint.

- **Appealing a denial for hospitalization**

You may appeal to the Director of the agency if you are told that your child can't go into a psychiatric hospital. The Michigan Mental Health Code allows you to ask the Director of the CMHSP for a second opinion. The second opinion should be done *within three days* (not counting Sundays or holidays) after the Director gets your request.

- **Appealing Your Individualized Plan of Service**

Your Individual Plan of Service should be written using a person-centered planning process. If this did not happen or if you do not agree with the final plan, you may appeal. After you appeal, the CMHSP has *30 days* to review the plan. This might not be useful if you have an emergency. Michigan law says that you must start your appeal through the person in charge of your plan. If that doesn't work, contact the Right's Advisor of your local CMHSP.

- **Medicaid Appeals**

If you have Medicaid, you can appeal whenever services that are paid for by Medicaid are denied, stopped or reduced. You should get a letter telling you this. You have up to 90 days from the day you get the letter to appeal. If you appeal before the date your child's service is supposed to change or within 10 days of receiving the letter, your child's service will usually stay the same until after the hearing. To use this kind of appeal, get a *Request for Hearing* form from the agency to fill out.

- **Complaints about Delays in Service**

Medicaid regulations allow a person to request a hearing if a CMHSP doesn't act with "reasonable promptness". You could also file a Recipient Rights Complaint or use the CMHSP Internal Grievance Procedure.

- **CMHSP Internal Grievance Procedure**

Since many agencies may do this differently, as the Rights Advisor about starting this type of appeal. In many agencies, the Rights Advisor is the person appointed to take the grievance.



If you don't know what to do, you can talk to a family advocate at ACMH or call Michigan Protection and Advocacy Services at (800) 288-5923 for advice.

APPENDIX

GLOSSARY OF TERMS

Abused child:

A child who has been sexually abused, intentionally physically injured, or psychologically injured so he or she exhibits symptoms of emotional problems generally recognized as resulting from consistent mistreatment or neglect.

Accessible services:

Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. For example, an adolescent may be more willing to attend a support group meeting in a church or club near home than to travel to a mental health center. An accessible service can handle consumer demand without placing people on a long waiting list.

Advocate:

Someone who is in favor of, or for, you and your family receiving the services and supports that will best meet your needs.

Appropriate services:

Designed to meet the specific needs of each individual child and family. For example, one family may need *day treatment*, while another may need *home-based services*. Appropriate services for one child and family may not be appropriate for another. Appropriate services usually are provided in the child's community.

Assessment:

A professional review of child and family needs that is done when services are first sought from a *caregiver*. The assessment of the child includes a review of physical and mental health, intelligence, school performance, family situation, and behavior in the community. The assessment identifies the strengths of the child and family. Together, the *caregiver* and family decide what kind of treatment and supports, if any, are needed.

Behavioral disorder:

A disorder characterized by displaying behaviors, over a long period of time, that significantly deviate from socially acceptable norms for the individual's age and situation.

Case manager:

An individual who coordinates mental health, social work, educational, health, vocational, transportation, advocacy, *respite care*, and recreational services, as needed. The *case manager* makes sure that the changing needs of the child and family are met.

Case management:

A service that helps people arrange for *appropriate services* and supports.

Child Protective Services (CPS):

Designed to safeguard the child when abuse, neglect, or abandonment is suspected, or when there is no family to take care of the child. Examples of help delivered in the home include financial assistance, vocational training, homemaker services, and daycare. If in-home supports are insufficient, the child may be removed from the home on a temporary or permanent basis. Ideally, the goal is to keep the child with

the family whenever possible.

Child Psychiatrist:

A physician (M.D.) specializing in mental, emotional, or behavioral disorders in children and adolescents. Qualified to prescribe medications.

Child Psychologist:

A mental health professional with a Ph.D. in psychology or a Psy.D. who administers tests, evaluates, and treats children's emotional disorders. Not qualified to prescribe medicine.

Children and Adolescents at Risk for Mental Health Problems:

Children are at greater risk for developing mental health problems when certain factors occur in their lives or environments. Factors include physical abuse, emotional abuse or neglect, harmful stress, discrimination, poverty, loss of a loved one, frequent relocation, alcohol and other drug use, trauma, and exposure to violence.

Community-based:

In the local community or rural area where the child and his or her family live. This term usually applies to services that are provided while the child lives at home. Restrictive or institutional care is accessed for brief stabilization only.

Continuum of care:

A term that implies a progression of services that a child moves through, usually one service at a time. More recently, it has come to mean comprehensive services. Also see *system of care* and *wraparound services*.

Co-payments:

The dollar amounts that a person is responsible for even after the deductible is met.

Coordinated services:

Child-serving organizations talk with the family and agree upon a *plan of care* that meets the child's needs. These organizations can include mental health, education, juvenile justice, and child welfare. *Case management* is necessary to coordinate services. Also see *family-centered services* and *wraparound services*.

Crisis residential treatment services:

Short-term, round-the-clock help provided in a non-hospital setting during a crisis. For example, when a child becomes aggressive and uncontrollable, despite in-home supports, a parent can temporarily place the child in a *crisis residential treatment service*. The purposes of this care are to avoid *inpatient hospitalization*, help stabilize the child, and determine the next appropriate step.

Cultural competence:

A way of designing and delivering services that incorporates the religious, regional, racial, ethnic and life-style values and beliefs of the family being served.

Day treatment:

Day treatment includes special education, counseling, parent training, vocational training, skill building, crisis intervention, and recreational therapy. It lasts at least 4 hours a day. *Day treatment* programs work in conjunction with mental health, recreation, and education organizations and may even be provided by them.

Deductible:

The dollar amount that a person is responsible for before the insurance company will pay for all or part of the remaining services.

DSM-IV (*Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*):

An official manual of mental health problems developed by the American Psychiatric Association. Psychiatrists, psychologists, social workers, and other health and mental health care providers use this reference book to understand and diagnose mental health problems. Insurance companies and health care providers also use the terms and explanations in this book when discussing mental health problems.

Dual diagnosis:

A diagnosis of an emotional disorder and another, simultaneous disorder, such as developmental delay or drug and alcohol abuse.

Early intervention:

A process used to recognize warning signs for mental health problems and to take early action against factors that put individuals at risk. *Early intervention* can help children get better in less time and can prevent problems from becoming worse.

Emergency and crisis services:

A group of services that is available 24 hours a day, 7 days a week, to help during a mental health emergency. Examples include telephone crisis hotlines, suicide hotlines, crisis counseling, *crisis residential treatment services*, crisis outreach teams, and crisis respite care.

Evaluation:

A process conducted by mental health professionals, which results in an opinion about a child's mental or emotional capacity, and may include recommendations about treatment or placement.

Evidence-Based Practice:

A range of treatments and services with well-documented effectiveness.

Family:

This term can mean the biological nuclear family, extended family caregivers, foster family, and adoptive family.

Family-centered services:

Help designed to meet the specific needs of each individual child and family. Children and families should not be expected to fit into services that do not meet their needs. Also see *appropriate services*, *coordinated services*, *wraparound services*, and *cultural competence*.

Family support services:

Help designed to keep the family together, while coping with mental health problems that affect them. These services may include consumer information workshops, in-home supports, family therapy, parenting training, *crisis services*, and *respite care*.

Home-based services:

Help provided in a family's home either for a defined period of time or for as long as it takes to deal with a mental health problem. Examples include parent training, counseling, and working with family members to identify, find, or provide other necessary help. The goal is to prevent the child from being placed outside of the home. (Alternate term: in-home supports.)

Independent living services:

Support for a young person living on his or her own. These services include *therapeutic group homes*, supervised apartment living, and job placement. Services teach youth how to handle financial, medical, housing, transportation, and other daily living needs, as well as how to get along with others.

Individualized services:

Services designed to meet the unique needs of each child and family. Services are individualized when the *caregivers* pay attention to the needs and strengths, ages, and stages of development of the child and individual family members. Also see *appropriate services* and *family-centered services*.

Inpatient hospitalization:

Mental health treatment provided in a hospital setting 24 hours a day. Inpatient hospitalization provides: (1) short-term treatment in cases where a child is in crisis and possibly a danger to his/herself or others, and (2) diagnosis and treatment when the patient cannot be evaluated or treated appropriately in an outpatient setting.

Least restrictive environment (LRE):

An educational, treatment, or living situation that provides appropriate services or programs for a child with disabilities, while imposing as few limitations or changes as possible to the learning, treatment, or living environment.

Managed care:

Managed care organizations are ones that are empowered to address all the needs of the consumers. They may manage this care in a variety of ways. Managed care is intended to provide more flexibility in the types of services that are available to consumers.

Mental health:

How a person thinks, feels, and acts when faced with life's situations. *Mental health* is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems; and explore choices. This includes handling stress, relating to other people, and making decisions.

Mental Health Care Professional:

A person who has special training to help people with mental health problems. Examples include social workers, teachers, psychologists, psychiatrists, and mentors.

Mental health problems:

Mental health problems are real. They affect one's thoughts, body, feelings, and behavior. Mental health problems are not just a passing phase. They can be severe, seriously interfere with a person's life, and even cause a person to become disabled. Mental health problems include depression, bipolar disorder (manic-depressive illness), attention-deficit/ hyperactivity disorder, anxiety disorders, eating disorders, schizophrenia, and conduct disorder.

Mental disorders:

Another term used for *mental health problems*.

Mental illnesses:

This term is usually used to refer to severe mental health problems in adults.

Parent:

This term can mean any guardian of a child, including the biological parent, foster parent, adoptive parent, grandparent, or relative who is filling the role of parent.

Plan of care:

A treatment plan especially designed for each child and family, based on individual strengths and needs. The *caregiver(s)* develop(s) the plan with input from the family. The plan establishes goals and details appropriate treatment and services to meet the special needs of the child and family.

Prepaid Inpatient Health Plans (PIHPs):

In Michigan, Medicaid has approved 18 regional public mental health organizations to provide specialty mental health services. These 18 organizations are PIHPs. The PIHPs are made up of CMHSPs within their region.

Residential treatment centers:

Facilities that provide treatment 24 hours a day and can usually serve more than 12 young people at a time. Children with *serious emotional disturbances* receive constant supervision and care. Treatment may include individual, group, and family therapy; behavior therapy; special education; recreation therapy, and medical services. Residential treatment is usually more long-term than *inpatient hospitalization*. Some are also known as *therapeutic group homes*.

Respite care:

A service that provides a break for parents who have a child with a *serious emotional disturbance*. Trained parents or counselors take care of the child for a brief period of time to give families relief from the strain of caring for the child. This type of care can be provided in the home or in another location. Some parents may need this help every week.

Serious emotional disturbances (SED):

Diagnosable disorders in children and adolescents that severely disrupt their daily functioning in the home, school, or community. Serious emotional disturbances affect one in 10 young people. These disorders include depression, attention-deficit/hyperactivity, anxiety disorders, conduct disorder, and eating disorders.

Service:

A type of support or clinical intervention designed to address the specific mental health needs of a child and his or her family. A service could be provided only one time or repeated over a course of time, as determined by the child, family, and service provider.

Strength-based:

A type of treatment plan whereby the positive aspects of the child, family, and community are considered and are an integral part of the plan.

Stigma:

A group of negative attitudes and beliefs that motivate the public to fear, reject, avoid and discriminate against people with mental illnesses.

Substance abuse:

The misuse of alcohol or drugs.

System of Care:

A method of delivering mental health services that helps children and adolescents with mental health problems and their families get the full range of services in or near their homes and communities. These services must be tailored to each individual child's physical, emotional, social, and emotional needs. In systems of care, local organizations work in teams to provide those services.

OR

In a system of care, mental health, education, child welfare, juvenile justice, and other agencies work together to ensure that children with mental, emotional, and behavioral problems and their families have access to the services and supports they need to succeed. These services and supports may include diagnostic and evaluation services, outpatient treatment, emergency services (24 hours a day, 7 days a week), case management, intensive home-based services, day treatment, respite care, therapeutic foster care, and services that will help young people make the transition to adult systems of care.

Therapeutic Foster Care:

A home where a child with *serious emotional disturbance* lives with trained foster parents with access to other support services. These foster parents receive social support from organizations that provide crisis intervention, psychiatric, psychological, and social work services. The intended length of care is usually from 6 to 12 months.

Therapeutic Group Home:

Community-based, home-like settings that provide intensive treatment services to a small number of young people (usually 5 to 10 persons). These young people work on issues that require 24-hour-per-day supervision. The home should have many connections within an interagency system of care. Psychiatric services offered in this setting try to avoid hospital placement and help the young person move toward a less restrictive living situation.

Transition Services:

Services that help children leave the system that provides help for children and move into adulthood and the adult service system. Help includes mental health care, independent living services, supported housing, vocational services, and a range of other support services.

Treatment Plan:

An outline of the services to be provided for your child and the goals of the treatment. Specific objectives that can be measured are also part of the plan. A treatment plan is developed for children in the mental health system by the parent or guardian, the child (if possible) and the practitioners providing the services. A treatment plan should be flexible and able to change as your child's needs change or new ones develop. The plan should be reviewed regularly (at least quarterly) by the key people involved. You should be involved in designing your child's treatment plan and should sign off on the plan.

Wraparound Services:

A "full-service" approach to developing help that meets the mental health needs of individual children and their families. Children and their families may need a range of community support services to fully benefit from traditional mental health services such as family therapy and special education. See *appropriate services, coordinated services, family-centered services, and system of care*.

INFORMATION ON EMOTIONAL AND BEHAVIORAL DISORDERS IN CHILDREN AND ADOLESCENTS FACT SHEET

Emotional and Behavioral Problems are Real.

Children and adolescents can have emotional and behavioral problems that are real, painful and costly. These problems, often called “disorders” are a source of stress for the child, family, school, community and larger society. Evidence shows that these disorders are treatable, but less than 25 percent receive mental health services.

The number of families who are affected by emotional and behavioral disorders in youth is staggering. It is estimated that as many as one in five young people may have a mental health problem that can be identified and treated. In families who have a limited income, even fewer young people receive care, and their ability to access culturally competent care is even more difficult.

Emotional and behavioral disorders in children and adolescents are caused by biology, environment or a combination of both. Examples of biological factors are genetics, chemical imbalances in the body, and damage to the central nervous system, such as head injury. Many factors in a young person’s environment can affect his or her emotional health such as exposure to violence, trauma, extreme stress, and loss of an important person.

Caring families and organizations working together can help children and adolescents with emotional and behavioral disorders in their communities.

Emotional and Behavioral Disorders

The following is a description of some of the more common emotional and behavioral disorders in children and adolescents. All of these disorders can have a serious impact on a child’s overall health. Some disorders are more common than others and conditions can range from mild to severe. Often, a child has more than one disorder.

Anxiety Disorders

These disorders are among the most common of children, ranging from five to 20 percent of children. Children experience excessive fear, worry or uneasiness that interferes with their daily lives. Anxiety disorders include:

- Phobia
An unrealistic and overwhelming fear of some object or situation.
- Generalized Anxiety Disorder
A pattern of excessive, unrealistic worry not attributable to any recent experience.
- Panic Disorder
Terrifying panic attacks that include physical symptoms such as rapid heartbeat and dizziness.

- Obsessive-Compulsive Disorder
Being caught in a pattern of repeated thoughts and behaviors such as counting and hand-washing.
- Post Traumatic Disorder
A pattern of flashbacks and other symptoms that occur in children who have experienced a psychologically distressing event such as physical or sexual abuse, being a victim or witness of violence, or exposure to some other traumatic event such as bombing or hurricane.

Major Depression



Studies show that 6 out of every 100 children may have depression. Once a young person has experienced a major depression, he or she is at risk of developing another depression within the next five years. Children under stress, who experience loss, or who have attention, learning or conduct disorders are at a higher risk for depression. Depression in children can lead to school failure, alcohol or other drug use, and even suicide.

Symptoms of child and adolescent depression vary in severity and duration and may be different from those in adults. Young people with depression may have a hard time coping with everyday activities and responsibilities, may have difficulty in getting along with others or may suffer from low self-esteem. Learn to recognize the symptoms of depression:

- Missed school or poor performance
- Changes in eating and sleeping habits
- Withdrawal from friends and activities once enjoyed
- Persistent sadness and hopelessness
- Problems with authority
- Indecision, lack of concentration or forgetfulness
- Poor self-esteem or guilt
- Overreaction to criticism
- Anger and rage
- Lack of enthusiasm, low energy or motivation
- Frequent physical complaints, such as headaches and stomach aches
- Drug and/or alcohol abuse
- Thoughts of death and suicide

Bipolar Disorder (Manic-Depressive Illness)

In children and adolescents, it is marked by exaggerated mood swings between extreme lows (depression) and high (mania). During a manic phase, the child or adolescents may talk nonstop, need very little sleep, and show unusually poor judgment. Bipolar mood swings can recur throughout life. The onset of bipolar disorder is usually during the teenage years.

Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD is one of the most common disorders of childhood, occurring in 5 of every 100 children. Children and adolescents with ADHD are unable to focus attention and are often impulsive and easily distracted. Most children with this disorder have great difficulty remaining still, taking turns, and keeping quiet. Symptoms must be evident in at least two settings (for instance, at home and at school) for attention-deficit/hyperactivity disorder to be diagnosed.

Learning Disorders

Learning disorders affect the ability of children and adolescents to receive or express information. These problems can show up as difficulties with spoken and written language, coordination, attention, or self control. Such difficulties can make it harder for a child to learn to read, write, or do math. Approximately 5 out of every 1,000 children in public schools are identified as having a learning disorder.

Conduct Disorder

Conduct disorder causes children and adolescents to act out their feelings or impulses toward others in destructive ways. Young people with this disorder repeatedly violate the basic rights of others and the rules of society. Examples of this behavior include lying, theft, aggression, truancy, fire setting and vandalism. Youth with this disorder usually have little care or concern for others. Research suggests that 4 to 10 of every 100 children and adolescents are affected.

Eating Disorders



Eating disorders can be life threatening. There are two types of eating disorders: *Anorexia Nervosa* and *Bulimia Nervosa*, which primarily affect adolescent girls. The onset of anorexia is often associated with a stressful life event, such as leaving home for college. Children with anorexia cannot be persuaded to maintain a minimally normal body weight. This young person is intensely afraid of gaining weight

and does not believe that he or she is underweight. Anorexia affects 1 in every 100 to 200 adolescent girls and a much smaller number of boys.

Bulimia is characterized by episodes of “binge and purge.” Youngsters with this condition feel compelled to binge (eat huge amounts of food at a time) and afterward to prevent weight gain, rid themselves of the food by vomiting, abusing laxatives, taking enemas, or exercising obsessively. Reported rates vary from 1 to 3 of 100 young people.

Autistic Spectrum Disorder or Autism

Children with autism have problems interacting and communicating with others. This disorder usually appears before a child's third birthday. Children behave inappropriately, often repeating behaviors over long periods. For example, some children bang their heads, rock or spin objects. These impairments can range from mild to severe. Children with autistic disorders may have very limited awareness of others and are at increased risk for other mental disorders. Studies suggest that autism affects 1 out of every 250 children (Autism Society of Michigan).

Schizophrenia

Schizophrenia is characterized by psychotic periods when they may have hallucinations (sense things that do not exist, such as hearing voices), withdraw from others, and lose contact with reality. Other symptoms include delusional or disordered thoughts and an inability to experience pleasure. Schizophrenia occurs in about 3 of every 100 adolescents.

NIMH Center for Mental Health Services

COMMONLY PRESCRIBED MEDICATIONS USED FOR TREATING MENTAL DISORDERS

Brand Name	Generic Name	Approved Age	
STIMULANT MEDICATIONS			
Aderall	amphetamines	3 and older	*Due to its potential for serious side effects affecting the liver Cylert should not ordinarily be considered as first line drug therapy for ADHD.
Concerta	methylphenidate	6 and older	
Cylert *	pemoline	6 and older	
Dexadrine	dextroamphetamine	3 and older	
Dextrostat	dextroamphetamine	3 and older	
Ritalin	methyl phenidate	6 and older	
ANTIDEPRESSANT AND ANTIANXIETY MEDICATIONS			
Anafranil	clomipramine	10 and older (for OCD)	
BuSpar	buspirone	18 and older	
Effexor	venlafaxine	18 and older	
Luvox (SSRI)	fluvoxamine	8 and older (for OCD)	
Paxil (SSRI)	paroxetine	18 and older	
Prozac (SSRI)	fluoxetine	18 and older	
Serzone (SSRI)	nefazodone	18 and older	
Sinequan	doxepin	12 and older	
Tofranil	imipramine	6 and older (for bedwetting)	
Wellbutrin	bupropion	18 and older	
Zoloft	sertraline	6 and older (for OCD)	
ANTIPSYCHOTIC MEDICATIONS			
Clorazil (atypical)	clozapine	18 and older	
Haldol	haloperidol	3 and older	
Risperdal (atypical)	risperidol	18 and older	
Seroquel (atypical)	quetiapine	18 and older	
(Generic Only)	thioridazine	2 and older	
Zyprexa (atypical)	olanzapine	18 and older	
Orap	pimozide	12 and older (for Tourette's syndrome)	
Data for age 2 and older indicate similar safety profile			
MOOD STABILIZING MEDICATIONS			
Cibalith-S	lithium citrate	12 and older	
Depakote	divalproex sodium	2 and older (for seizures)	
Eskalith	lithium carbonate	12 and older	
Lithobid	lithium carbonate	12 and older	
Tegretol	carbamazepine	any age (for seizures)	

MEDICATIONS

Background

Children are in a state of rapid change and growth during their developmental years. Diagnosis and treatment of mental disorders must be viewed with these changes in mind. While some problems are short-lived and don't need treatment, others are persistent and very serious and parents should seek professional help for their children.

Not long ago, it was thought that many brain disorders such as anxiety disorders, depression, and bipolar disorder began only after childhood. We now know that they can begin in early childhood. An estimated 1 in 10 children and adolescents in the United States suffers from mental illness severe enough to cause some level of impairment. Less than 1 in 5 of these children receives treatment. Perhaps the most studied, diagnosed, and treated childhood-onset mental disorder is attention deficit hyperactivity disorder (ADHD), but even with this disorder there is a need for further research in very young children.

Medication may help with many problems, but not with everything. Medication may help with disturbances of mood, attention, and impulse control problems and with confused thinking.

There are many things that medication can and cannot do. For example, a child with delayed development will not quickly "catch up" with his/her peers because of the medication they are taking. Medications will not take away language disorders or ways of relating seen in children with autism.

There has been public concern over reports that very young children are being prescribed psychotropic medications. The studies to date are incomplete, and much more needs to be learned about young children who are treated with medications for all kinds of illnesses. In the field of mental health, new studies are needed to tell us what the best treatments are for children with emotional and behavioral disturbances.

QUESTIONS AND ANSWERS ABOUT MEDICATIONS MOST COMMONLY USED FOR TREATING MENTAL DISORDERS IN CHILDREN

Question: Does medication affect young children differently than older children or adults?

Answer: Yes. Young children's bodies handle medications differently than older individuals and this has implications for dosage. The brains of young children are in a state of very rapid development. Animal studies have shown that the developing neurotransmitter systems can be very sensitive to medications. Research is still needed to determine the effects and benefits of medications in children of all ages. It is important to remember, however, that serious untreated mental disorders can negatively impact brain development.

Question: Are there situations when psychotropic medications should be given to young children?

Answer: Psychotropic medication is the general name for medications that are given for the purpose of producing behavioral, emotional or cognitive effects. They may be prescribed for young children with behavioral or emotional symptoms when the potential benefits of treatment outweigh the risks of the medicines. Some emotional and behavioral problems are so severe and persistent that they would have serious negative consequences for the child if untreated, and psychosocial interventions may not always be effective by themselves. The safety of most psychotropic medications has not yet been studied in young children.

As a parent, you will want to ask many questions to your doctor about the risks of starting and continuing your child on these medications. *Learn everything you can about the medications prescribed for your child, including side effects.* Learn which side effects are tolerable and which ones are threatening. Also, keep in mind the goals of a particular treatment, such as change in specific behaviors. Studies suggest that combining multiple psychotropic medications should be avoided in very young children unless absolutely necessary.

Question: If my preschool child receives a diagnosis of a mental disorder does this mean that medications have to be used?

Answer: No. Psychotropic medications are not generally the first choice for a preschool-age child with a mental disorder. The first goal is to understand the factors that may be contributing to the condition. The child's own physical and emotional state is key, but many other factors such as parental stress or a changing family environment may influence the child's symptoms. Certain psychosocial treatments may be as effective as medication.

Question: How should medication be included in an overall treatment plan?

Answer: Medication is only one strategy. There are other services that you may want for your child. Family support services, educational classes, behavior management techniques, family therapy and other options should be considered. When medication is prescribed, it should be monitored and evaluated regularly.

Question: What medications are used for different types of childhood mental disorders?

Answer: There are several major categories of psychotropic medications: stimulants, antidepressants, anti-anxiety, antipsychotics and mood stabilizers. Medication dosages for use in children depend on body weight and age and are approved by the FDA. The Medications Chart (see page 55) shows the most commonly prescribed medications for children with mood or anxiety disorders (including OCD).

Stimulant Medications

Stimulant medications increase the brain's ability to slow itself down and allow the brain to be less distracted. When prescribed for children with attention deficit hyperactivity disorder (ADHD), (the most common behavioral disorder of childhood), they speed up the frontal parts of the brain that are not filtering out distractions, as they should be. *Medication treatment should be administered and monitored in the context of the overall needs of the child and family, and consideration should be given to combining it with behavioral therapy. If the child is of school age, collaboration with teachers is essential.*

Antidepressant and Anti-anxiety Medications

Antidepressants are used for to treat depression in children and adolescents. They are also prescribed for ADHD, obsessive-compulsive disorders, tic disorders and bedwetting. The most commonly prescribed medications for these disorders are the selective serotonin reuptake inhibitors (the SSRIs).

Antipsychotic Medications

These medications reduce psychotic (the state of being completely out of touch with reality) symptoms, such as hallucinations in children with schizophrenia and other psychotic disorders, reduce manic symptoms in bipolar disorder and reduce verbal and motor tics in Tourette's Syndrome.

Mood Stabilizing Medications

These medications are used to treat bipolar disorder (manic-depressive illness). Because there is very limited data on the safety and efficacy of most mood stabilizers in youth, treatment of children and adolescents is based mainly on the experience with adults. The most typically used mood stabilizers are lithium and valproate (Depakote®), which are very effective for controlling mania and preventing recurrences of manic and depressive episodes in adults. Research on the effectiveness of these and other medications in youth with bipolar disorders is ongoing.

Question: What about side effects of medications?

Answer: Parents should expect some side effects since no medication comes without them. Sometimes these side effects are expected, while some can be signs that something is very wrong. Part of the treatment plan should include an understanding of which side effects are acceptable and which ones are very serious and need the attention of your doctor.

Medication for the treatment of emotional, mental and behavioral disorders could cause these side effects:

- Excessive fatigue;
- Headaches;
- Upset stomach;
- A dry mouth;
- Constipation;
- Increased or lowered appetite;
- Rashes;
- Tardive dyskinesia (abnormal muscle movements).

It is important for you to discuss and understand which side effects can be expected, how long they may last and when and how they should be reported to the doctor. Sometimes these medications can cause more serious side effects. Anytime you are uncomfortable with changes in your child due to medication, you should discuss this with your doctor.

QUESTIONS TO ASK ABOUT YOUR CHILD'S MEDICATION

The following questions about your child's medication may be helpful in talking with your health care provider.

- ✓ What is the name of the medication?
- ✓ Is it called by any other name?
- ✓ Why did you recommend this one?
- ✓ What side effects can be expected?
- ✓ Are there side effects that can affect my child's school performance?
- ✓ How will we know if the medication is working?
- ✓ How long will it take?
- ✓ Will any tests or other blood work have to be done before or during the course of the medication?
- ✓ What happens if we miss a dose?
- ✓ How will this be written into my child's treatment plan and shared with others on the care team, including those at school?

Question: What difference does it make if a medication is specifically approved for use in children or not?

Answer: The Food and Drug Administration (FDA) approval of a medication means that the drug manufacturer has provided adequate data to the FDA to show safety and efficacy of this medication for treatment of a specific condition in

a certain population. Based on the data, a label indication for the drug is established that includes proper dosage, potential side effects, and approved age. Doctors prescribe medications, as they believe appropriate even if those uses are not included in the labeling. Researchers recognize that more studies in children are needed if we are to know appropriate dosages, how a drug works in children and what effects there are on learning and development.

Question: What does “off-label” use of a medication mean?

Answer: The FDA has not officially approved many medications that are on the market for use in children. Treatment of children with these medications is called “off-label” use. For some medications, the off-label use is supported by data from well-conducted studies in children. For other medications, there are no controlled studies in children, but only isolated clinical reports. In particular, the use of psychotropic medications in preschoolers has not been adequately studied and must be considered very carefully by balancing severity of symptoms, degree of impairment and potential benefits and risks of treatment.

Adapted from NIMH.

RESOURCES

Arc Michigan

1325 S. Washington Avenue Lansing, MI 48910

(517) 481-5426(800) 292-7851;

Fax: (517) 487-0303

Email: arcmi@voyager.net Website: www.arcmi.org

Association for Children's Mental Health

2465 Woodlake Circle, Suite 140, Okemos, MI 48864

(517) 381-5125 Fax: (517) 349-6FAX

Website: www.acmh-mi.org

Autism Society of Michigan

6035 Executive Dr., Suite 109, Lansing, MI 48911

(517) 882-2800 or (800) 223-MSAC (6722); Fax: (517) 882-2816

Website: www.autism-mi.org

Bridges4Kids

2465 Woodlake Circle, Suite 140, Okemos, MI 48864

Email: info@bridges4kids.org

Website: www.bridges4kids.org

Citizens Alliance to Uphold Special Education (CAUSE)

6412 Centurion Dr., Suite 130, Lansing, MI 48917

(800) 221-9105

Email: info@causeonline.org

Web: www.causeonline.org

Center for Educational Networking (C.E.N.)

Eaton Intermediate School District

1790 E. Packard Hwy, Charlotte, MI 48813

(517) 541-1318 ext. 4; (800) 593-9146 ext. 4; Fax: (517) 541-1351

Learning Disabilities Association of MI

200 Museum Drive, Suite 101, Lansing, MI 48933

(517)485-8160; (888) 597-7809; Fax: (517)485-8462

Email: ldami@aol.com; Website: www.ldaofmichigan.org

Mental Health Association of Michigan (State Office)

15920 W. 12 Mile Road, Southfield, MI 48076

(248) 557-6777 or (800) 482-9534; Fax: (248) 557-5995

Website: www.mha-mi.org

Michigan's Assistive Technology Resource

1023 South US 27, St. Johns, MI 48879-2424

(989) 224-0333; (800) 274-7426 (Voice/TDD);

Fax: (989) 224-0330 Email: matr@match.org

Michigan Association for Children with Emotional Disorders

15920 West 12 Mile Road, Suite 201, Southfield, MI 48076

(248) 433-2200; Fax: (248) 433-2299

Website: <http://www.michkids.org/>

Michigan Commission on Disability Concerns

320 N. Washington Sq., Suite 250, P.O. Box 3065, Lansing, MI 48909
(517) 334-8000; Fax: (517) 334-6637
Toll Free (877) 499-6232
Website: www.michigan.gov/fia

MI Department of Career Development, Rehabilitation Services

201 Washington Sq.; Victor Bldg. 4th Floor, Lansing, MI 48909
(517) 373-3390; Fax: (517) 335-7277

Michigan Department of Community Mental Health, Office of Public Information

Lewis Cass Building, 320 South Walnut, Lansing, MI 48913
(517) 373-3500; Fax: (517) 335-3090
(or contact your local community mental health board)
Website: www.michigan.gov/mdch

Michigan Department of Community Health (Medicaid)

Sixth Floor, Lewis Cass Building, 320 South Walnut Street, Lansing, Michigan 48913
(517) 373-3740; TDD (517) 373-3573

Michigan Department of Community Health, Children Special Health Care Services

Capital Commons Center 7th Floor, 400 S. Pine, Lansing, MI 48933
(517) 335-8983; Fax: (517) 335-9491
Website: www.michigan.gov/mdch

Michigan Department of Education Office of Special Education & Early Intervention Services

608 W. Allegan, P.O. Box 30008, Lansing, MI 48909
(517) 373-0923; Fax (517) 373-7504
Website: www.michigan.gov/mdch
Hotline: (888) 320-8384

Michigan Works Agency

904 Oak Drive-Turk Lake, Post Box 368, Greenville, MI 48838
(616) 754-9315; Fax: (616) 754-9310

Project Perform

Washtenaw ISD, 1819 S. Wagner Road, P.O. Box 1406, Ann Arbor, Michigan 48106-1406
(734) 994-8100 or (800) 5524821
Website: <http://www.wash.k12.mi.us/~perform>

Office of Recipient Rights

6th Floor - Lewis Cass Bldg., 320 S. Walnut, Lansing, MI 48913
(517) 373-2319; Fax (517) 335-0135
Booklet: Your Rights When Receiving Mental Health Services in Michigan:
http://www.michigan.gov/mdch/0,1607,7-132-2941_4868_4901-16988--,00.html

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH COMMUNITY MENTAL HEALTH SERVICES PROGRAMS (CMHSP)

Allegan County CMH Services

3285 122nd Avenue
P.O. Drawer 130
Allegan, MI 49010
Paul M. Brinkley, ACSW, County Director
(269) 673-6617 Voice, TDD & 24-Hour
Emergency
(269) 673-2738 Fax
(800) 795-6617

AuSable Valley CMH Services

(Iosco, Ogemaw, & Oscoda)
1199 West Harris Ave., P.O. Box 310
Tawas City, MI 48764
Floyd R. Smith, PhD, Executive Director
(989) 362-8636 Voice
(989) 362-7800 Fax
(800) 442-7315 24-Hour Emergency

Barry County CMH Services

915 West Green Street
Hastings, MI 49058
Jan McLean, Executive Director
(269) 948-8041 Voice & 24-Hour Emergency
(269) 945-4831 TDD
(269) 948-9319 Fax

Bay-Arenac Behavioral Health

201 Mulholland
Bay City, MI 48708
William B. Cammin, PhD, Chief Exec Officer
(989) 895-2300 Voice, TDD & 24-Hour
Emergency
(989) 895-2357 Fax

Berrien Mental Health Authority

P.O. Box 547
Benton Harbor, MI 49023
Allen R. Edlefson, MHA, Chief Exec Officer
(269) 927-6065 Voice & 24-Hour Emergency
(269) 925-6746 TDD
(269) 927-6063 Fax
(800) 336-0341 24-Hour Emergency

CMH of Ottawa County

12265 James Street
Holland, MI 49424
Gerard Cyranowski, Executive Director
(616) 392-1873 Voice
(616) 393-5657 Fax
(616) 396-HELP 24-Hour Emergency

CMH Authority of Clinton-Eaton-Ingham Counties

812 East Jolly Road; Suite G10
Lansing, MI 48910
Robert Sheehan MSW, MBA, Executive Director
(517) 346-8200 Voice
(517) 374-7037 TDD
(517) 346-8245 Fax
(517) 372-8460 24-Hour Emergency
(800) 372-8460

CMH Services of St. Joseph County

210 S. Main
Three Rivers, MI 49093
Kristine Kirsch, Executive Director
(269) 273-2000 Voice
(269) 651-1508 TDD
(269) 273-9456 Fax
(800) 622-3967 24-Hour Emergency

CMH Services of Muskegon County

376 Apple Avenue
Muskegon, MI 49442
James Elwell, Executive Director
(231) 724-1104 Voice
(231) 722-4103 TDD
(231) 724-1300 Fax
(231) 722-HELP 24-Hour Emergency

CMHSA Network of West Michigan

728 Fuller Ave., N.E.
Grand Rapids, MI 49503
Paul Ippel, Executive Director
(616) 336-3765 Voice
(616) 336-3805 TDD
(616) 336-3593 Fax
(616) 336-3909 24-Hour Emergency

Community Mental Health for Central Michigan

(Clare, Gladwin, Isabella, Mecosta, Midland,
Osceola)
301 South Crapo, Suite 100
Mt. Pleasant, MI 48858
George Rouman, MSW, ACSW, Executive
Director
(989) 773-6961 Voice & 24-Hour Emergency
(989) 773-2890 TDD
(989) 773-1968 Fax

Copper Country CMH Services
(Baraga, Houghton, Keweenaw & Ontonagon)
901 West Memorial Drive
Houghton, MI 49931
Lawrence J. Pollack, PhD, Executive Director
(906) 482-9400 Voice
(906) 482-8037 TDD
(906) 483-0269 Fax
(906) 482-4357 24-Hour Emergency

Detroit-Wayne County CMH Agency
640 Temple, 8th Floor
Detroit, MI 48201-2558
Richard Visingardi, Transitional Exec Dir
(313) 833-2500 Voice
(313) 833-2417 TDD
(313) 833-4281 Fax
(313) 224-7000 24-Hour Emergency

Genesee County CMH Services
420 West Fifth Avenue
Flint, MI 48503
Danis Russell, Executive Director
(810) 257-3705 Voice
(810) 767-7736 TDD
(810) 257-3770 Fax
(810) 257-3740 24-Hour Emergency

Gogebic CMH Authority
103 West U.S. 2
Wakefield, MI 49968
Rick A. Minkin, Executive Director
(906) 229-6100 Voice & TDD
(906) 229-6190 Fax
(906) 667-0712 24-Hour Emergency

Gratiot County CMH Services
P. O. Box 69
Alma, MI 48801-0069
Robert Wernick, MSW, Chief Exec Officer
(989) 463-4971 Voice
(989) 463-1101 TDD & 24-Hour Emergency
(989) 466-5470 Fax

Hiawatha Behavioral Health
(Chippewa, Mackinac & Schoolcraft)
125 North Lake Street
Manistique, MI 49854
Samuel Harma, MA, Chief Exec Officer
(906) 341-2144 Voice & 24-Hour Emergency
(800) 654-0551
(906) 341-5793 Fax

Huron Behavioral Health
1108 S. VanDyke, PO Box 312
Bad Axe, MI 48413

John DeFord, Executive Director
(989) 269-9293 Voice
(989) 269-8966 TDD
(989) 269-7544 Fax
(800) 356-5568 24-Hour Emergency

Ionia County CMH
375 Apple Drive
Ionia, MI 48846
Robert Lathers, Chief Exec Officer
(616) 527-1790 Voice
(616) 527-0453 TDD
(616) 527-0538 Fax
(888) 527-1790 24-Hour Emergency

Kalamazoo CMH Services
3299 Gull Road, P.O. Box 63
Nazareth, MI 49074
Jeff Patton, Executive Director
(269) 553-8000 Voice
(269) 553-8100 TDD
(269) 553-8012 Fax
(269) 373-6000 24-Hour Emergency

Lapeer County CMH Services
1570 Suncrest Drive
Lapeer, MI 48446
Michael Vizena, Executive Director
(810) 667-0500 Voice, TDD & 24-Hour
Emergency
(810) 664-8728 Fax

Lenawee CMH Authority
1040 S. Winter St., Suite 1022
Adrian, MI 49221-3867
Roger Myers, MA, Executive Director
(517) 263-8905 Voice, TDD & 24-Hour
Emergency
(517) 265-8237 Fax

Lifeways
(Jackson & Hillsdale)
1200 N. West Avenue
Jackson, MI 49202
Nancy Miller, Chief Executive Officer
(517) 789-1200 Voice & 24-Hour Emergency
(517) 789-2492 TDD
(517) 789-1276 Fax
(800) 284-8288 24-Hour Emergency

Livingston County CMH Authority

2280 E. Grand River
Howell, MI 48843
Angus M. Miller, IV, MSW, CSW, Executive
Director
(517) 546-4126 Voice, TDD & 24-Hour
Emergency
(517) 546-1300 Fax
(800) 615-1245 24-Hour Emergency

Macomb County CMH Services

5th Floor County Building
10 North Main Street
Mt. Clemens, MI 48043
Donald I. Habkirk, Jr., MA, Executive Director
(586) 469-5275 Voice
(586) 307-9100 TDD & 24-Hour Emergency
(586) 469-7674 Fax

Manistee-Benzie CMH

310 N. Glocheski Dr., P.O. Box 335
Manistee, MI 49660
Michael Moran, MA, Executive Director
(231) 723-6516 Voice and TDD
(231) 723-1504 Fax
(800) 968-5070 24-Hour Emergency (Manistee)
(800) 968-5048 24-Hour Emergency (Benzie)

Monroe CMH Authority

P.O. Box 726, 1001 South Raisinville Road
Monroe, MI 48161-0726
Jane S. Terwilliger, MSW, CEO, Exec Officer
(734) 243-7340 Voice and TDD
(734) 243-5564 Fax
(800) 886-7340 24-Hour Emergency

Montcalm Center for Behavioral Health

611 North State
Stanton, MI 48888
Robert Brown, MA, LLP, Executive Director
(989) 831-7520 Voice & 24-Hour Emergency
(616) 225-7520 Greenville (local)
(989) 831-7540 TDD
(989) 831-7578 Fax

Newaygo County Mental Health Center

P.O. Box 867, 1049 Newell
White Cloud, MI 49349
Greg Snyder, Executive Director
(231) 689-7330 Voice, TDD & 24-Hour
Emergency
(231) 689-7345 Fax

North Country CMH

(Antrim, Charlevoix, Cheboygan, Emmet,
Kalkaska &
Otsego)
One MacDonald Dr., Suite A
Petoskey, MI 49770
Alexis Kaczynski, MA, Director
(231) 347-7890 Voice
(800) 442-7315 TDD & 24-Hour Emergency
(231) 347-1241 Fax

Northern Lakes CMH

(Crawford, Grand Traverse, Leelanau,
Missaukee,
Roscommon & Wexford)
105 Hall Street, Suite A
Traverse City, MI 49684
Gregory Paffhouse, Chief Exec Officer
(231) 922-4850 Voice & TDD
(231) 935-3082 Fax
(800) 442-7315 24-Hour Emergency

Northeast Michigan CMH Services

(Alcona, Alpena, Montmorency & Presque Isle)
400 Johnson Street
Alpena, MI 49707
Charles A. White, MBA, Executive Director
(989) 356-2161 Voice & 24-Hour Emergency
(989) 354-5898 Fax

Northpointe Behavioral Healthcare Systems

(Dickinson, Iron & Menominee)
715 Pyle Drive
Kingsford, MI 49802
Karen Thekan, Chief Executive Director
(906) 774-0522 Voice and TDD
(906) 774-1570 Fax
(906) 774-5000 24-Hour Emergency

Oakland County CMH Authority

2011 Executive Hills Boulevard
Auburn Hills, MI 48326
William J. Allen, Executive Director
(248) 858-1210 Voice
(248) 858-5331 TDD
(248) 975-9768 Fax
(248) 543-2900 24-Hour Emergency

Pathways

(Alger, Delta, Luce & Marquette)
200 W. Spring Street
Marquette, MI 49855
Douglas C. Morton, ACSW, MBA, Chief Exec
Officer
(906) 225-7201 Voice
(906) 225-7204 Fax

(906) 225-4444 TDD
(906) 225-1181 24-Hour Emergency

Pines Behavioral Health Services

(Branch)
200 Orleans Boulevard
Coldwater, MI 49036
John Bolton, MA, LLP, Chief Exec Officer
(517) 279-8404 Voice and TDD
(517) 279-8172 Fax
911 24-Hour Emergency

Saginaw County CMH Authority

500 Hancock
Saginaw, MI 48602
Sandra Lindsey, Chief Exec Officer
(989) 797-3400 Voice
(989) 797-3460 TDD
(989) 799-0206 Fax
(989) 792-9732 24-Hour Emergency
(800) 233-0022

Sanilac County CMH

217 E. Sanilac, Suite One
Sandusky, MI 48471
Roger Dean, PhD, Executive Director
(810) 648-0330 Voice and TDD
(810) 648-0319 Fax
(810) 648-4341 24-Hour Emergency

Shiawassee County CMH Authority

P.O. Box 428
Owosso, MI 48867
Robert Blackford, Executive Director
(989) 723-6791 Voice, TDD, & 24-Hour
Emergency
(989) 725-5061 Fax
(989) 723-0710

St. Clair County CMH Services

1011 Military Street
Port Huron, MI 48060
Michael P. McCartan, MA, Executive Director
(810) 985-8900 Voice
(810) 987-8699 TDD
(810) 985-7620 Fax
(810) 985-7161 24-Hour Emergency

Summit Pointe (Calhoun)

140 West Michigan Avenue
Battle Creek, MI 49017
Ervin Brinker, Chief Exec Officer
(269) 966-1460 Voice
(269) 966-2890 TDD
(269) 966-2844 Fax
(800) 632-5446 24-Hour Emergency

Tuscola Behavioral Health Systems

125 W. Lincoln, P.O. Box 239
Caro, MI 48723
Robert E. Chadwick, II, MBA, Chief Exec Officer
(989) 673-6191 Voice, TDD & 24-Hour
Emergency
(989) 673-1596 Fax
(800) 462-6814

Van Buren Community Mental Health Authority

801 Hazen St., Suite C, P.O. Box 249
Paw Paw, MI 49079-0249
John Clement, MA, LLP, CSW, Chief Exec
Officer
(269) 657-7702 & 657-5574 Voice
(269) 657-3474 Fax
(800) 922-1418 24-Hour Emergency

Washtenaw Community Health Organization

P.O. Box 915, 555 Towner Blvd.
Ypsilanti, MI 48197
Kathleen Reynolds, Executive Director
(734) 484-6620 Voice
(734) 971-2282 Adults
(734) 971-5688 TDD
(734) 971-9605 Children
(734) 484-6634 Fax
(734) 971-2282 24-Hour Emer (9:00am-5:00pm)
(734) 996-4747 24-Hour Emer (5:00 pm-:00am)

West Michigan CMH System

(Lake, Mason, & Oceana)
920 Diana Street
Ludington, MI 49431
Richard VandenHeuvel, Chief Exec Officer
(231) 845-6294 Voice and TDD
(231) 845-7095 Fax
(231) 845-6294 24-Hour Emergency

Woodlands Behavioral Healthcare Network

(Cass)
960 M-60, East
Cassopolis, MI 49031
Kirt E. Carter, Executive Director
(269) 445-2451 Voice and TDD
(269) 445-3216 Fax
(269) 445-2451 24-Hour Emergency
(269) 323-0335

BILL OF THERAPY RIGHTS

This is not a legal bill of rights, but a statement of what you can reasonably expect from a therapist. You have the right:

1. To ask questions at any time.
2. To know if a therapist is available to see you or how long the waiting period would be.
3. To be fully informed of the person's qualifications to practice, including training and credentials, years of experience, and so forth.
4. To be fully informed about the therapist's therapeutic orientation.
5. To be fully informed regarding the therapist's areas of specialization and limitations.
6. To ask questions about issues relevant to your therapy.
7. To be fully informed of the limits of confidentiality in the therapy setting.
8. To be fully informed of the extent of written or taped records of therapy and their accessibility.
9. To specify or negotiate therapeutic goals and to re-negotiate when necessary.
10. To be fully informed regarding fees for therapy and method of payment, including insurance reimbursement
11. To refuse any intervention or treatment strategy.
12. To discuss any aspect of your therapy with others outside the therapy situation, including consulting with another therapist.
13. To require the therapist to send a written report regarding services rendered to a qualified therapist or organization on your written authorization.
14. To give or refuse to give permission for the therapist to use aspects of your case for a presentation or publication.
15. To know the ethics code to which the therapist adheres.
16. To solicit help from the ethics committee of the appropriate professional organization in the event of doubt or grievance regarding the therapist's conduct.
17. To terminate therapy at any time.

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Forms and Letters You May Find Useful

CHILD'S EDUCATIONAL HISTORY

Schools Attended and Performance

Name of School Attended	Location	Grades	Dates
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /
			From: / / To: / /

Any nursery school or small-group experiences before Kindergarten? yes no
 If yes, at what ages? _____ Where? _____

Age child started Kindergarten _____ years and _____ months.

Age child started First Grade _____ years and _____ months.

Has child ever repeated a grade or class?
 If yes, what grade or class? _____

Educational Testing

Interview the educational specialist working with your child to obtain the following information every time your child is tested. Be sure you understand what the results or recommendations mean.

Name of Test:

Person Administering:

Dates Given:

Results/Recommendation:

Which of these areas were tested?

- Mental abilities
- Emotional skills
- Motor skills
- Language skills
- Self-help skills
- Pre-academic skills
- Social/play skills

How do the recommendations or results address the referral question?

DIAGNOSES

Date:

Physician's Name:
Specialization

Diagnosis

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SAMPLE LETTER FROM PARENTS REQUESTING EVALUATION TO DETERMINE ELIGIBILITY FOR SERVICES UNDER IDEA AND/OR SECTION 504

(Be sure to keep a copy for your records)

Your Full Return Address

Date

Name of Director of Special Education

School Address

Dear (Name of Director of Special Education):

I am the parent of _____, whose date of birth is _____ and who is a student in the _____ grade.

Because my child has been having difficulties in school, I am requesting that s/he be evaluated to determine his/her eligibility for assistance and accommodations under the Individuals with Disabilities Education Act (IDEA) and/or Section 504 of the Rehabilitation Act of 1973.

I am particularly concerned about [List all areas you see producing problems at school that you wish to be considered, such as failing grades, inattentiveness, distractibility, inability to follow directions, problems completing school work, disorganization, behavior or social problems, etc.]. I would like to schedule this evaluation as soon as possible to determine the impact of (child's name)'s difficulties on his/her ability to learn or benefit from his/her educational program.

Before the evaluation, I would like to know more about the tests to be given, the testing process, and the date of the evaluation. I would like to know the name of the evaluator and the person who will observe (child's name) under classroom conditions. I believe it is important that the evaluation include a complete assessment to explore all possible reasons for my child's difficulties.

I understand that under Michigan regulations, I am a member of the multidisciplinary team (MDT). I will be happy to provide information about my child's history, strengths, and needs to other members of the team.

I look forward to receiving a consent form for your proposed evaluation so that we can move ahead. Please make sure that the form contains sufficient detail that I will be able to sign it immediately and move this process forward. I understand that under Michigan special education rules and federal regulations, I will receive the consent form within 10 calendar days of your receipt of this letter, and that the process of determining eligibility (and completing an initial IEP, if my child is deemed eligible for services under the IDEA) will be completed within 30 school days from receipt of my consent.

I believe that, by working together, we can help (child's name) experience success in school and in life. If you have any questions about this request, please contact me during the day at (daytime phone number).

Thank you.

Sincerely,

Your Name

[Keep a copy of this letter for your files and be sure to send a copy to the principal.]

LETTER REQUESTING AN INDEPENDENT EVALUATION*

(Be sure to keep a copy for your records)

(Date)

(Name of Director of Special Education)
(Address)

Dear (Name of Director of Special Education):

I am the parent of (name of student) who attends _____ school. I disagree with the results of the evaluation of (name of student) on (date) because (reason why you feel the tests were invalid, inadequate or not an accurate measure of your child's performance).

I would like an independent evaluation to gather additional information about my child so that we may plan an appropriate educational program for my child. Please send me information on: (1) the district's criteria for qualified examiners, (2) suggested sources and locations for examiners, (3) the district's procedures for reimbursements, and (4) what the district considers reasonable and expected costs.

I understand that the school must pay for the independent evaluation. Please inform me in writing within seven calendar days regarding your intention to honor my request or to request a hearing on the issue.

I look forward to sharing the results of the evaluation with you because, as I understand it, the results of an independent evaluation must be considered in any future decisions about my child's education.

Thank you. I look forward to hearing from you soon.

Sincerely,
(Your name)
(Your address)
(Your telephone number)

CC: Principal

*Materials taken from Parent Manual - Education for Your Handicapped Child, Advocacy Incorporated, Austin, TX, 1979. Revised to conform to Michigan law by Michigan Protection & Advocacy Service, Inc., Lansing, MI 48827, (800) 288-5923, www.mpas.org

**LETTER REQUESTING AN INDEPENDENT EVALUATION THAT WILL
COST MORE THAN THE SCHOOL DISTRICT'S RECOMMENDATION
OF "REASONABLE COST"**

(Be sure to keep a copy for your records)

(Date)

(Name of Director of Special Education)

(Name of School)

(Address of School)

Dear (Name of Director of Special Education):

I am the parent of (student's name). On (date you requested the independent evaluation) I requested an independent evaluation because I disagreed with the school's evaluation of my child. I disagreed with the evaluation because (reason why you feel the tests were invalid, inadequate or not an accurate measure of your child's performance). On (date you received independent evaluation information from the school), I received information from you on obtaining an independent evaluation. Contained in this information was an amount, (amount), which is your proposed reasonable expected cost for the evaluation.

While I agree in principle with your desire to contain costs, there are unique circumstances which preclude an evaluation for the costs you mention. (Here give your argument for the tests you think are required, e.g. although in general there is agreement that my child has learning disabilities, no tests to date have identified any specific disability or teaching strategies that will help, or although we agree that my child has an emotional impairment, the program based on current evaluations has failed to meet his needs).

I have identified a qualified examiner who has had success in (the examiner's unique area of expertise). Costs for this evaluation are expected to be (cost). I understand that if you believe these fees are unreasonable you may either pay this cost or initiate a due process hearing to prove that the costs are unreasonable.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

CC: Principal

*Materials taken from Parent Manual - Education for Your Handicapped Child. Advocacy Incorporated, Austin, TX, 1979. Revised to conform to Michigan law by Michigan Protection & Advocacy Service, Inc., Lansing, MI 48827, (800) 288-5923, www.mpas.org

LETTER REQUESTING RE-EVALUATION*

(Be sure to keep a copy for your records)

(Date)

(Name of Director of Special Education)

(Name of School)

(Address of School)

Dear (Name of Director of Special Education).

I am the parent of (name of student). I recently reviewed my child's evaluation and it is (out-of-date incomplete inappropriate due to growth and changes time for a three year evaluation). I request that my child be re-evaluated. Please tell me in writing who will be doing the evaluation and when they will be scheduled.

Thank you for your help. I look forward to hearing from you soon.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

CC: Principal

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LETTER REQUESTING ADDITIONAL TESTING*

(Be sure to keep a copy for your records)

(Date)

(Name of Director of Special Education)

(Name of School)

(Address of School)

Dear (Name of Director of Special Education):

I am the parent of (name of student). I have studied the reports of the school's evaluation of my child and feel that (student's name) was not evaluated in every area of concern. I believe additional testing is needed in the area of (list areas needing further testing). Please tell me in writing who will be performing the additional testing.

Thank you for your help. I look forward to hearing from you soon on this matter.

Sincerely,

(Your name)

(Your address)

(Your telephone number)

CC: Principal

*Materials taken from [Parent Manual - Education for Your Handicapped Child](#), Advocacy Incorporated, Austin, TX, 1979. Revised to conform to Michigan law by Michigan Protection & Advocacy Service, Inc., Lansing, MI 48827, (800) 288-5923, www.mpas.org



The Association for Children's Mental Health

Web: <http://www.acmh-mi.org>