

**Lenawee Community Mental Health Authority**  
**Children's Services Program (SED)**  
**517-263-8905**

**LCMHA Children's Services Department** provides a comprehensive system of care for children ages 0-17 with severe emotional disorders. Services are based on the philosophy of helping caregivers and children build strong relationships and keeping the family unit together. Mental Health services are primarily provided in the family home which allows for a greater opportunity for success. In order to address the vast needs of many families, the LCMHA Children's Services Team continues to develop and provide a number of evidence based programs including: Parent Management Training-Oregon model, Trauma-Informed CBT, and Wraparound Facilitation. The Children's Services Team remains committed to helping children and families.

The Children's Services Team of LCMHA is located in the Human Services Building at 1040 South Winter Street, Adrian, MI. The Team is staffed by 8 full-time employees including 1 Master's Level Supervisor, three Master's level clinicians, and four bachelor's level case managers/wraparound facilitators. All staff are licensed by the State of Michigan in either social work or counseling. In addition, the program utilizes two part-time child psychiatrists for evaluations, medication reviews, and on-going treatment. Program components include: Case Management, Wraparound Facilitation, Intensive Home-Based Therapy with Highfield's, Inc., LCMHA Family & Individual Counseling, Home-Based Infant Mental Health, and Community Living Supports.

**Case Management:**

Individuals requiring case management services are children with emotional and/or behavioral disturbance who are experiencing functional impairment as a result of their disturbance. Problems are often demonstrated in the family home, school, or community. They are often involved in multiple systems (school, court) and require coordination of services. In addition, many families struggle with primary health care, housing, transportation, and employment. Case management services provide linking/coordination of services; monitoring of services; crisis intervention and supportive problem-solving; advocacy in education and assessing educational systems; assistance in securing primary health care/social security application/Medicaid application; assistance in connecting to socialization and behavioral mentoring programs; support and referral to transitional services; basic needs referrals; connecting to support groups/community agencies and other professional services; and establishing and monitoring treatment plans and services.

**Wraparound Facilitation:**

The mission of Wraparound it to help children and families realize their hopes and dreams. Wraparound's goal is to maintain emotionally and behaviorally challenged children with their family and community in the most normative and least restrictive environment. The program aims to increase the family's capacity to meet the youth's special needs and improve the child and family's functioning across all identified life areas. Wraparound services are child/family centered; strength-based, and provided within the community. Typically, families are often involved in multiple systems including juvenile court, DHS, schools, and mental health. Representatives of these systems meet as a team in which decisions are reached by team consensus whenever possible. All members of the team have input into the plan. Teams meet regularly and address a full-range of life needs that could affect the child and family. Teams assist in the development of crisis/safety plans and focus on achieving attainable goals.

**Intensive Home-based Services with Highfield's:**

Intensive home-based therapy and case management services are bundled together to provide families who need interventions in the home and in the community (including the school setting) to reduce the risk of out-of-home placement. The families in need of intensive home-based services generally experience a high level of chaos and disruption, often lack the needed resources and skills to cope with their difficulties and have not demonstrated an ability to cope with the impact of their child's problems. They are often involved with multiple systems of care and require coordination of these services. CAFAS scores are typically 120 or higher. Therapy sessions are held with child and parent for at least one hour per week in the family home or agreed upon location. Additional therapy sessions can be held each week depending upon the treatment plan. Parents are expected to attend each therapy session as well as the youth. Typical length of stay is 12 months. Treatment planning is conducted with input from family and youth with therapist assisting in implementation.

**Individual and Family Counseling with LCMHA clinicians:**

This service is for children who are struggling with emotional and behavioral issues at home, school, or community. They may be involved in multiple systems but are not at risk of out-of-home placement. Youth/families involved in this service meet in the family home and focus on a variety of issues. Often, these children are experiencing functional impairment as well as demonstrating problems in their home and school settings or in their relationships; and require mental health services in order to improve their functioning in these areas. They carry a DSM qualifying diagnosis and exhibit emotional and behavioral problems in either home, school and/or community settings. Once per week in-home therapy sessions of 60 to 90 minutes are conducted with child and parent present. Additional sessions can be held each week per treatment plan.

**Safety and crisis planning:**

Crisis services available 24 hours a day from LCMHA as appropriate to stabilize and resolve crisis situations.

Other services may also be available and recommended in accordance with Medicaid guidelines and as determined to be medically necessary and as found in the Michigan Medicaid Provider manual at [www.michigan.gov](http://www.michigan.gov). You may also request a copy of this manual from the child and family department.

**Evidence Based Practice Description and Criteria:**

Parent Management Training-Oregon Model: Developed by Gerald Patterson and colleagues at the Oregon Social Learning Center, recognizes the vital role parents play as being the primary change agents within their family. Parents are supported and encouraged as they learn skills they can utilize to provide appropriate care, instruction, and supervision for their children. Clinicians utilize role-play and problem solving to promote the development of parents' skills. Sessions with parents are structured yet flexible to deal with specific family needs and crises as they arise. PMTO is taught with parents in individual sessions in the family home. Sessions are once per week for approximately 55-90 minutes. PMTO includes learning skills in five core areas: encouragement, setting limits/discipline, supervision/monitoring, positive parental involvement, and family problem solving. Parents will also learn supporting parenting practices including emotional regulation, giving effective directions, tracking, and positive communication skills. PMTO is typically a 16-20 week program but it is dependent upon parent learning skills, parent participation, and parent application. Pre/post CAFAS and Caregiver Wishlist will be completed during this program.

Parenting Through Change (PTC) consists of 14 weekly parent group sessions at 90 minutes per session. The parenting practices introduced and practiced include: skill encouragement, limit setting, problem solving, monitoring and positive involvement. Other core issues addressed include developing and building emotional regulation, problem solving, crisis intervention, and improving basic communication. Each session will include an introduction of new topic, practice of new skills/tools, and home practice assignment. Parent participants are expected to attend all 14 sessions of PTC. Once completed, parent participants will receive a 'certification of attendance'. Participation in group discussions, some small group activities, and some role play may take place during group sessions. Parents are expected to arrive on time and stay for the all 90 minutes of each session. Materials are provided for each participant. All sessions will be held at LCMHA and facilitated by LCMHA staff.

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT): is a structured therapy provided for youth who display signs that trauma is having negative impact on their behavior or emotions. TF-CBT is designed to help youth and families manage feelings, talk about trauma, and develop plans for feeling safe in the future. Trauma is defined as an unexpected or sudden event that creates feelings of extreme fear or helplessness. Many different kinds of trauma including physical assault, car accidents, exposure to violence, fires, tornados or sexual assault can be addressed with this type of treatment. Youth and families learn about common reactions to stress, coping skills, relaxation tools, cognitive restructuring, safety planning as well as write a trauma narrative. TF-CBT can be completed within 15-20 sessions but is dependant upon the learning style of each youth/family. TF-CBT can take place in the family home during weekly sessions of approximately 45-90 minutes. Youth and caretaker will complete pre/post assessment tools.