



Supporting our Children's Mental Health by Flipping the Script

Families as Allies – 601-355-0915 www.faams.org



Today's Goals

Participants will be able to difference between awareness and acceptance

Participants will be able to share ways both providers and families can use acceptance as a helpful way to make services more responsive

Participants will demonstrate understanding of how programs can be set up to foster acceptance

Participants will be able to describe two policy issues in the state related to flipping the script



Families as Allies

We are the only statewide organization run by and for families of children with behavioral health challenges in Mississippi. We support each other and work together to make things better for our children.

Our **vision** is that all children will have the opportunity to reach their potential and succeed, and our **mission** is that families are partners in their children's care.

Our **core values** define us: **every** child and family, excellence, partnership and accountability.

Join us: www.faams.org, text 228-28 family19

Like us: <https://www.facebook.com/faams.org/>

Call Us: 601-355-0915

Email Us: Info@faams.org



What We Believe about Families

You Know Your Child Better than Anyone

You are your Child's Strongest Advocate

Systems should follow laws and policies about families' and children's rights



What Does Family Driven Mean?

Family-driven means families have a **primary decision making role** in the care of their own children as well as the **policies and procedures governing care for all children** in their community, state, tribe, territory and nation. This includes:

- Choosing culturally and linguistically competent supports, services, and providers;
- Setting goals;
- Designing, implementing and evaluating programs;
- Monitoring outcomes; and
- Partnering in funding decisions.



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Children's Mental Health Awareness Week 2021

NATIONAL FEDERATION OF FAMILIES
Empowered. Experienced. In Family Support.



May 2nd - 8th



www.nfomh.org/awarenessweek



This CMHAW, we hope to educate individuals and communities about the importance of teaching children and youth:

1. That caring for their mental health is a vital part of living a healthy, fulfilling life.
2. That experiencing mental health challenges during their lifetime is not uncommon (1 in 5) and that it is not just ok, but it is important, to ask for help when they do.
3. To offer acceptance, support and respect for others who have mental health challenges in their lives and communities.

What About Awareness Campaigns?



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OBSESSIVE-COMPULSIVE DISORDER (OCD)

Tanner McQuivey | PSY 1010

WHAT IS IT?

OCD is a common disorder in which someone has the same thoughts about something (obsession) and the constant urge or behavior taken in order to maintain or satisfy those thoughts (compulsion). This disorder can be chronic and last for a long time.

This origin of this condition is still unclear but there is much research that is being done to determine if it there is a biological or genetic cause. (Shavitt, 2017, 206)

RISK FACTORS

One of the major risk factors with OCD is the possibility of also suffering from Bipolar Disorder (BD). One study finds that 17-18% of those suffering from one of the disorders also suffers from the other. (Amerio, 2015, p. 99)

POSSIBLE OBSESSIONS

- Fear of Germs
- Having perfect order or organization
- Repeated aggressive urge
- Taboos towards a variety of things.

POSSIBLE COMPULSIONS

- Excessive Hand-washing
- Obsessive counting
- Specifically arranging
- Repeated behaviors such as touching, checking, counting, etc.

CITATIONS



The Problem With Awareness

Can create blame on families and “stigma”

Can let systems of the hook for how they might be stigmatizing (and possibly discriminatory) and need to change

Allow people who don't perceive themselves as having mental health challenges to see this issue as unrelated to them

Don't necessarily lead to policies that change the mental health landscape in ways that are most needed



The Big Secret





Moving from Awareness to Acceptance

What Does This Mean for Me and My Child?

You have the right, and it is in your child's best interest, to expect acceptance

Learn what you can and want to and listen to feedback, but remember those things don't take the place of acceptance

Along with your child, decide what you want for them in the short term and long term and remember it is OK to expect those working with you to support those things

Have a crisis plan before you have a crisis

Ask the people working with you child what expertise/experience they have to help your family reach the goals you have

Trust your gut on the relationship with those who are supposed to be supporting you

Remember your child's perspective may be different than yours – keep checking in

Think about where you want mental health support other than the mental health system



What Does This Mean If I'm Working with Families?

Stay focused on what the family wants in the short and long term, not symptom reduction or problem resolution

Recognize and be responsive to the ways in which systems may be stigmatizing or discriminatory

Remember that just because a parent is asking for support for their child, that doesn't mean they are asking you to change them

Share information and perspectives, not assumptions and judgment

Ask questions to help you understand – not to confirm what you already think

Honestly reflect on your expertise to support this family and what additional support and training you might need

Think about how your perceptions might change if this child came to live with you for a week

Consider how you can use your skills to help the systems already working with this child and family



What Does This Mean at the Program Level?



Families and youth should be involved in all aspects of program development, implementation and evaluation to ensure programs are focused on supporting acceptance and real world outcomes

Programs should begin with the assumption of acceptance and goals of helping children and youth having the same opportunities at success as any other child/youth.

Expect systems to use evidence-based practices and adequately train, supervise and support staff to implement them

Prioritize embedding good mental health practices into the places where children already are –

- School
- Primary Medical Provider – Medical Homes, [CHAMP](#) (601) 984-2080



What About at the Policy Level?

Mississippi Youth Programs Around the Clock (MYPAC)

“Mississippi Youth Programs Around the Clock (MYPAC) is a home- and community-based Medicaid program for children and youth with Serious Emotional Disturbance (SED), that follows the High Fidelity Wraparound process. MYPAC provides an array of services, as an alternative to traditional Psychiatric Residential Treatment Facilities (PRTF). Wraparound is an all-inclusive planning process that is youth-guided and family-driven. This process is based on a strength-based philosophy of care that brings community services and natural supports together from various parts of the youth and family’s life. The all-inclusive planning process is a way to help children and youth with complex mental health needs, and their families, achieve their hopes and dreams. Parents and/or guardians are much more involved with the planning and implementation of the services provided for their child while in MYPAC. Youth may be eligible for the MYPAC program if:

They meet the clinical criteria for PRTF (psychiatric residential treatment facility) admission.

They are under age 21.

They meet the financial criteria for Medicaid.





MYPAC Service Requirements

Individualized Service Planning to include informal and formal supports

Individualized Crisis Management Plan

Wraparound Facilitation

Mental Health services using evidence-based practices

Social services to ensure basic needs are met, provide family support, and develop age appropriate independent living skills

Physical health and welfare services

Recreational activities to identify skills and talents, enhance self-esteem, and increase opportunities for socialization

Other supports and services as identified by the family and child and family team

Minimum Service Requirements



1. Must facilitate a child and family team meeting once a month;
2. Must meet face-to-face with the MYPAC participant at least once a week;
3. Must meet face-to-face with the family at least twice a month;
4. Contacts related to ISP implementation must occur at least three (3) times a week;
5. MYPAC participants on medication must see a doctor every ninety (90) days for medication management and monitoring.
6. Conduct Quality Assurance activities to regularly review each participant's Individualized Service Plan (ISP) and treatment outcomes.

Billing Methodology is Changing

The all-inclusive mental health rate (\$347.74 per day for up to 115 days of treatment per year) is changing to use a targeted case-management model with additional medically necessary mental health services being billed separately.





Provider Per Diem Rates

ALLIANCE HEALTH CENTER INC	423.91
CANOPY COVE EATING DISORDER TREATME	411.90
CHILDRENS SOLUTIONS JACKSON CAMPUS	417.98
CROSSROADS	446.42
DIAMOND GROVE CENTER	424.71
MILLCREEK MAGEE	379.86
MILLCREEK OF PONTOTOC	418.30
NEURORESTORATIVE	490.00
PARKWOOD RTC	440.96
SPECIALIZED TREATMENT FACILITY	485.00
YOUTH VILLAGES DOGWOOD	450.00

<https://www.ms-medicaid.com/msenvision/ProviderRates.do?ratetype=PRTF>



Things to Consider

If you have received MYPAC, what did you like?

Does MYPAC help foster acceptance and help families and youth reach the goals they identify?

Is it based on family voice and choice and individualized to each family?

Is the full array of services it says it offer available? Can families choose from a variety of providers?

Do services and supports happen in the manner and at the frequency that feels right to the family?

Does it seem like it's cost effective using the current rate?

Do staff have the training and support they need to deliver the services?



Public Comments

Written comments should be sent to the Division of Medicaid, Office of the Governor, Office of Policy, Walter Sillers Building, Suite 1000, 550 High Street, Jackson, Mississippi 39201 or Margaret.Wilson@medicaid.ms.gov by June 4. Public comments will be published and available for review.

Department of Justice Lawsuit



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“Mississippi respectfully maintains and preserves the arguments that it has made in this case, does not waive or forfeit any of its arguments, and maintains that it is not liable.....Mississippi is now in substantial compliance with Title II of the Americans With Disabilities Act..... The Court should therefore not issue sweeping relief that invades the inner, day-to-day workings of State government”



If You Have Feedback

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How Did We Do?



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