New York State
Children’s Mental Health Service System

MHANYS CONFERENCE
ALBANY, NY
OCTOBER 25, 2013
Historical Background

Over thirty years ago, the children’s mental health system looked much like the adult system. Transformation began to better serve children and families prior to their needing hospitalization and/or out-of-home placement:

- Expanding the array of community-based alternatives to residential care
- Increasing the engagement of, support for, and involvement of families and children/youth
- Collaborating with multiple child-serving systems to address the complex needs of children holistically
The Children’s Plan: Widening The Lens

OMH Children’s Division focuses on the mental health of ALL young people

Emotional disturbance with intensive need for specialty services (~5%) 225,000 children

Direct vulnerable individuals to optimistic paths

Early identification of and intervention with at-risk behavior (~12%) 540,000 children

Intervene early when developmental barriers or concerns arise

Youth development builds resiliency factors for all children 3.74 million children

Strengthens all children’s emotional and social development and learning

4.5 million children
Guiding the Division’s Strategic Priorities

- Social and emotional development and learning form a foundation for success in school, in work, and in life.
- Every action should strengthen our capacity to engage and support families in raising children with emotional health and resilience.
- The right service is available at the right time in the right amount.
- One Family-One Plan: Ensuring integrated and effective services and supports.
- An adequately sized workforce that is culturally competent and steeped in a new paradigm of integrated, family-driven care must be developed and sustained.
Tenets of Service Provision

- CASSP Principles
  - Child-Centered
  - Family-Focused
  - Culturally Competent
  - Multi-System
  - Community-Based
  - Least Restrictive/Least Intrusive
Levels of Care

Early is best – the goal is to get kids back on their developmental trajectory!
Programs and Services
To support the social/emotional well-being of children and families, DCFS is strengthening relationships with multi-system leaders to develop an early childhood comprehensive system of care, including:

- Project LAUNCH
- Early Childhood Social and Emotional Development Consultation
- New York State Parenting Education Partnership (NYSPEP)
- Promoting Healthy Development Workgroup
Family Support

- Family support programs serve families of children with serious emotional/behavioral challenges.
- Services are provided by Family Peer Advocates (FPAs).
  - Trained parents/caregivers of children with emotional/behavioral challenges with personal experience in navigating the children’s mental health system and other child-serving systems (e.g. Ed, CW, JJ, etc.)
- Services support families experiencing challenges and empowering parents/caregivers to advocate for and secure services that address their child’s and family’s needs and strengths.
DCFS is committed to soliciting and integrating youth voice into all program development and policy planning efforts.

This commitment was formalized in The Children’s Plan which enabled OMH to contract with YOUTH POWER! (YP!) to hire and train five Regional Youth Partners (RYP) to expand and support youth voice.

RYPs are young people under the age of thirty who had experience in the children’s public mental health system or other child-serving systems, including education, child welfare, and juvenile justice.
Clinic treatment includes assessment, verbal therapies delivered in individual, group, and family format, medication education and therapy, health screening, and referral to reduce symptoms and improve functioning while supporting children in their natural environments and strengthening family functioning.

Currently, it is a challenging time for clinics due to recent changes in regulations, financing, and overall environment.

Clinics are having to be more productive, more efficient, more business-savvy.

They need support and technical assistance to negotiate this rapidly changing environment.
Children’s Technical Assistance Center

- CTAC is a training, consultation, and educational resource center funded by the NYS OMH.
- Assists child-serving clinic providers in addressing the challenges associated with the recent changes in clinic regulations, financing, and overall healthcare reforms.
- Emphasizes practical, user-friendly, accessible, and effective approaches in the context of day to day realities.
- CTAC will bring together finance, practice, and regulation in each project to help clinics adapt to rapidly changing behavioral health landscape.
Day Treatment

- Integrates mental health services and educational services for children and adolescents with serious emotional disturbance.
- Day treatment programs are dually licensed by the OMH and the State Education Department. They may be located in a regular or special education setting, hospital, or in a free standing location.
- The intent of Day Treatment is to equip children with the skills and knowledge needed to support their return to a more traditional educational setting.
Single Point of Access (SPOA)

- SPOA is a process that identifies youth with significant mental health needs and develops appropriate supports (both formal and informal) with the goal of maintaining them in their home communities.
- If an out-of-home placement is warranted, the SPOA also serves as a linkage back to a child’s community of origin enabling a smooth transition and shorter length of stay in residential placement.
Case Management

- Three levels of care:
  - Intensive Case Management (ICM) – transitioning into health home care coordination
  - Supportive Case Management (SCM)
  - Blended Case Management (a hybrid of ICM and SCM)
- Case Management is designed to assist children and youth and their families to live successfully in the community.
- Case Managers coordinate assessments and the development of individualized, comprehensive service plans to provide supportive services to children and their families in such areas as: Crisis intervention, behavior management, system access, advocacy, parent education, and support groups.
Home and Community-Based Services (HCBS) Waiver provides medical assistance to children and adolescents who meet the eligibility criteria for SED (Serious Emotional Disturbance) and who are at risk of inpatient psychiatric hospitalization.

The goal of the Waiver is to maintain children at home and in the community by providing individualized care to the youth and their family, by strengthening youth voice and family partnerships, natural supports, and coordination with other treatment and service providers.
Children’s Crisis Residence

- Crisis Residence provides a short-term (1-21 day) residential option for children and adolescents experiencing a clinical crisis which, without intervention, could lead to hospitalization.
- The goal of the program is to stabilize the crisis situation, support the family or service provider's efforts to keep the child in his or her current residence, decrease the inappropriate use of an inpatient facility or other out-of-home placements, and develop strategies in order to prevent future crisis situations.
Community Residences

- The Children’s Community Residence (CCR) is a 24-hour staffed and supervised group living home accommodating up to 8 youth.
- The program emphasizes partnership with youth and their families while developing individualized plans for service and programmatic goals.
- Service plans are developed to address mental health related challenges that interfere with the youth continuing to live in the family home.
Residential Treatment Facilities (RTF) is an inpatient psychiatric facility that provides comprehensive mental health treatment for children and adolescents between 5-21.

The objective of the program is to help a child improve his or her daily functioning, develop coping skills, support the family, and to develop or strengthen community linkages and supports.
Project TEACH

- Project TEACH (Training and Education for the Advancement of Children’s Health) provides specialized training, consultation, and linkage with mental health treatment for primary care physicians statewide.
- Collaboration of OMH with the Department of Health (DOH), Conference of Local Mental Hygiene Directors, American Academy of Pediatrics (AAP), and the New York State Academy of Family Physicians (AAFP).
- The program seeks to provide ongoing training and consultation services to better meet the mental healthcare needs of some of the children seen in primary care practices.
NYS Children’s Psychiatric Centers

- Sagamore Children’s Psychiatric Center
- New York City Children’s Center
- Rockland Children’s Psychiatric Center
- Western NY Children’s Psychiatric Center
# Children’s Units in Adult PCs

- South Beach
- Binghamton
- Elmira
- Mohawk Valley

- Hutchings
- St. Lawrence
- CDPC (Child and Adolescent Outpatient Clinic *Only*)
Our statewide outpatient programs serve approximately 3,300 youth at any given time
- Clinic
- Day Treatment/Intensive Day Treatment
- Intensive Case Management Services
- Learning Resource Center (Brooklyn Children’s)
- Community Residence: Smith Road, Rochester PC
- Community Respite Program: Brooklyn Children’s
Evidence-Based Treatment Dissemination Center (EBTDC) is a training and consultation program focused on improving the lives of children and families by providing greater access to evidence-based treatments.

There is a 15- to 20-year gap between the time a treatment is proven effective and when it is widely practiced in the public sector.

EBTDC has provided training to clinicians statewide:

- Trauma-Focused Cognitive Behavioral Therapy
- Trauma-Informed Care for direct care staff
- Disruptive Behavior Disorders/Coping Power trainings for clinicians and parents
- Dialectical Behavioral Therapy
- Adolescents with Co-occurring Disorders
Next Steps in Managed Care Transition

PROGRAM & POLICY DEVELOPMENT PHASE
STAKEHOLDER INPUT PHASE
OPERATIONAL PHASE
FISCAL MODEL PHASE
IMPLEMENTATION – JANUARY 2016
**Proposed 2016 Children’s Medicaid Managed Care Model**

For all children 0-20 years old

**Mainstream Medicaid Managed Care Organization: Benefit Package***

- All Health & Pharmacy Expanded Benefits
- Behavioral Health State Plan Services
- Potential Children’s 1915c-like Services
- Children’s 1915c HCBS Waivers (OMH and OCFS B2H)

**Care Management for All**

Care Management will be provided by a range of models that are consistent with a child’s needs (e.g., Managed Care Plans, Patient Centered Medical Homes and Health Homes (HH). Health Homes will serve children with the highest level of need.)

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*MCOs may opt to contract with other entities (e.g., BHOs) to manage behavioral health benefits*
Mainstream Medicaid Managed Care Organization: 2016 Benefit Package

- Clinic
- Inpatient/Outpatient Psychiatric/Hospital Services
- Pediatric Care (medical, developmental, BH)
- Pharmacy
- Home Health
- Dental & Orthodontics
- Foster care per diem

OMH: day treatment, rehabilitation services within community residences, residential treatment facilities, and intensive/supportive/blended case management

OASAS: RRSY, opioid replacement treatment, outpatient chemical dependence rehabilitation, outpatient clinic, methadone maintenance, rehab supports for community residences

OCFS: foster care per diem paid to voluntary agencies to manage the health and behavioral health needs of children in foster care.

Supportive services to be defined for children who fall between the cracks and/or do not need 1915c level of care

OMH HCBS: individualized care coordination, family support, crisis response, skill building, and respite care

OCFS B2H: Health Care Integration: Family/Caregiver Supports and Services; Skill Building; Day Habilitation; Special Needs Community Advocacy and Support; Prevocational Services; Supported Employment; Planned Respite; Crisis Avoidance, Management and Training; Immediate Crisis Response Services; Intensive In-home Supports and Services; Crisis Respite; Adaptive and Assistive Equipment; and Accessibility Modifications.
New York State Health Home Model for Children

Managed Care Organizations (MCOs)

Health Home
Administrative Services, Network Management, HIT Support/Data Exchange

HH Care Coordination
- Comprehensive Care Management
- Care Coordination and Health Promotion
- Comprehensive Transitional Care
- Individual and Family Support
- Referral to Community and Social Support Services
- Use of HIT to Link Services

Care Managers Serving Adults
(To support transitional care)

Care Managers Serving Children

Pediatric Health Care Providers
OMH TCM (SCM & ICM)
Waivers (OMH SED, CAH & B2H)
DOH AI/COBRA
OASAS/MATS
OCFS Foster Care Agencies and Foster Care System**

Access to Needed Primary, Community and Specialty Services (Coordinated with MCO)
Pediatric & Developmental Health, Behavioral Health, Substance Use Disorder Services, HIV/AIDS, Housing, Education/CSE, Juvenile Justice, Early and Periodic Screening Diagnosis and Treatment (EPSDT) Services, Early Intervention (EI), and Waiver Services (1915c/i)

Note: While leveraging existing Health Homes to serve children is the preferred option, the State may consider authorizing Health Home Models that exclusively serve children.

Lead Health Home
Downstream & Care Manager Partners
Primary, Community and Specialty Services

Network Requirements

AI/COBRA
Waivers (OMH SED, CAH & B2H)
OMH TCM
Pediatric Health Care Providers
Care Managers Serving Adults
Care Managers Serving Children
DOH AI/COBRA
OASAS/MATS
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**Foster Care Agencies Provide Care Management for Children in Foster Care

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<td><strong>Collaborate with Stakeholders to Refine Health Home</strong></td>
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<td>- Model and Develop Health Home Application for Children</td>
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Transitions to Serve Children: Managed Care and Health Homes

Children transition into Health Homes

January 2015

PARALLEL PLANNING

Children’s Medicaid Services transition into managed care

January 2016