



Children's Behavioral Health

April 8, 2021

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AGENDA

Children's Behavioral Health System of Care

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Assistant Secretary Ana Novais

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Children's Behavioral Health in Rhode Island

Overview of current state of children's behavioral health in Rhode Island.

Children's Behavioral Health in Rhode Island Today

Lack of Clarity for Parents

Navigating the children's behavioral healthcare system in Rhode Island can be daunting, particularly when a child experiences a behavioral health crisis, especially for families of color. Parents may not know what to do, or who is available to help meet their child's needs in a culturally and linguistically competent manner.

Lack of Alignment within the System

Our current system is siloed. Responsibility for children's behavioral health services is fragmented across different state agencies. This makes it difficult for the system to deliver effective behavioral healthcare to all of our children and families in Rhode Island.

Need for a More Organized System

Rhode Island needs an integrated, culturally and linguistically competent continuum of behavioral health care for all children in the state that will provide an organized pathway to services and supports, in contrast to the multiple, typically confusing paths that are in existence today.

Children's Behavioral Health in RI: A Fragmented System

There are multiple children/youth programs across state government. Fragmented authority at the State level makes it difficult to plan for and meet key behavioral health system goals for Rhode Island's children.

- ✓ DCYF has statutory authority over children's behavioral health for all Rhode Island children (not only those in DCYF care).
- ✓ EOHHS/ Medicaid serves as a large State funding source of behavioral health services for children in the state, serving 1/3 of Rhode Island's children.
- ✓ BHDDH has authority over adult behavioral health and substance use providers as well as substance abuse services for youth and transitional services for youth with behavioral health conditions entering adulthood.
- ✓ RIDOH also is engaged in behavioral health services for children and youth, including suicide prevention and the range of Family Home Visiting services.
- ✓ RIDE has Early Childhood Services and behavioral health services in three school districts through the Project AWARE grant.
- ✓ OHIC has oversight of commercial insurance's array of children's behavioral health services.



Systems of Care

Overview of national and Rhode Island's "System of Care" history

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National Behavioral Health System of Care Overview

Across the country, child-serving systems have implemented a “System of Care” organizational framework to address the problems in serving children and youth with behavioral health challenges and their families.

A “System of Care” is not a prescriptive model but rather an organizational framework, including:

- ✓ A wide spectrum of effective, community-based services and supports that is organized into a culturally competent, coordinated network that meets the needs of all families.
- ✓ A set of principles to guide the way services and supports are provided to children and families that include interagency collaboration; individualized strengths-based care; cultural competence; child, youth, and family involvement; community-based services; and accountability.

Numerous evaluations have found that systems of care are associated with a range of positive outcomes:

- ✓ For example, in the federal Substance Abuse and Behavioral Health Services Administration (SAMHSA) 2009 annual national report to Congress it was reported that systems of care resulted in positive outcomes for children and families and that they are effective in improving services and better investment of limited resources.

History of “System of Care” in Rhode Island

Rhode Island has a long history of working towards improving behavioral health services for children and youth, with many initiatives. More recently, in 2000, Rhode Island formed a Rhode Island System of Care Task Force. A final report issued in 2002 “Toward an Organized System of Care for RI’s Children, Youth and Families” proposed:

- ✓ Children’s Cabinet to be given the authority to coordinate the cross-departmental behavioral development
- ✓ Increased planning and evaluation capacity within DCYF
- ✓ Development of community-based comprehensive care network

In 2009, DCYF created the Family Care Community Partnerships (FCCPs):

- ✓ The five regional FCCPs serve children and families who are not involved with DCYF.
- ✓ They serve children and youth with behavioral health challenges, youth involved with juvenile justice as well as children at risk for involvement with child welfare.
- ✓ The FCCPs utilize high fidelity Wraparound as their care management model, a best practice model for Systems of Care. Wraparound is a defined, team-based service planning and coordination process that ensures that there is one coordinated plan of care for the child and family. Wraparound principles include Family Voice and Choice as well as cultural and linguistic competency.

Draft Proposal for Review

Overview of proposed integrated
“System of Care” for children’s
behavioral health

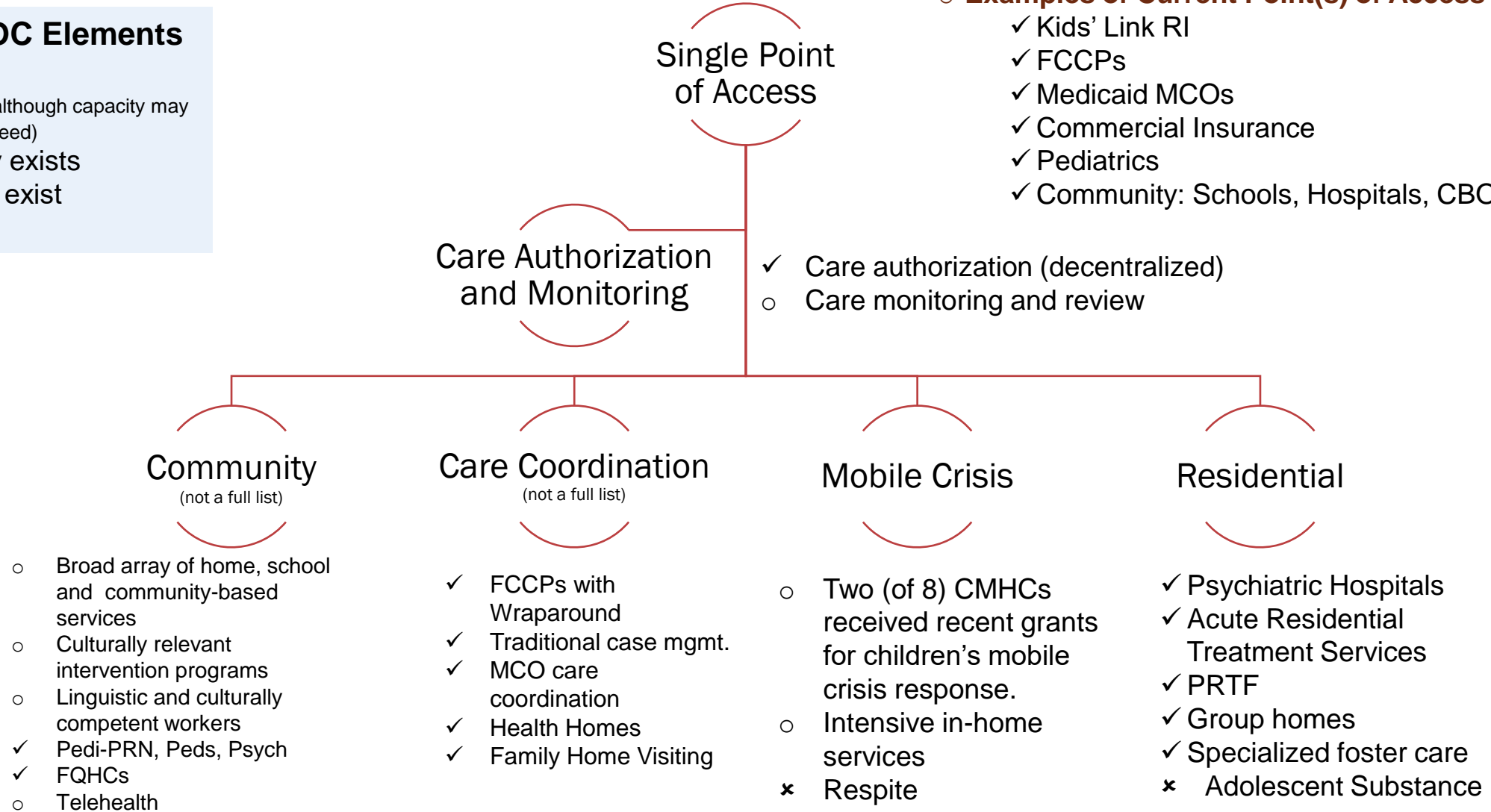
DRAFT Core Elements of Proposed System of Care for Children

Key of SOC Elements

- ✓ Exists (although capacity may be below need)
- Partially exists
- ✗ Doesn't exist

○ Examples of Current Point(s) of Access (not a full list)

- ✓ Kids' Link RI
- ✓ FCCPs
- ✓ Medicaid MCOs
- ✓ Commercial Insurance
- ✓ Pediatrics
- ✓ Community: Schools, Hospitals, CBOs



DRAFT First Year Priorities

Criteria for first year priorities:

Must be accomplished first logically to lay the foundation for development of a SOC and/or

Is likely to have the biggest impact on children's behavioral health and/or

Has a high probability of success to demonstrate initial progress and build momentum and/or

Is likely to provide data that document positive outcomes, cost effectiveness, and return on investment in the SOC approach.

• First Year System Priorities:

- Establish a clear focal point of management and accountability for the system of care.
- Establish a core State interagency leadership group for the system of care planning and implementation process.
- Establish a public/private table for stakeholder engagement for planning and implementation, including parents and children, schools, nonprofit organizations, pediatricians and other medical providers, and other youth-serving stakeholders.

• First Year Service Priorities:

- Plan for and begin implementation of a culturally and linguistically crisis continuum of care for children's behavioral health emergencies that will include:
 - Single Point of Access (SPOA)
 - Statewide 24/7 Mobile Response and Stabilization Services (MRSS)

More Detailed Descriptions of Draft System of Care

Single Point of Access



Single Point of Access

A goal of systems of care is to provide a more organized pathway to services and supports, in contrast to the multiple, typically confusing paths to services posed by traditional, fragmented delivery systems. For children experiencing a behavioral health emergency or for those who have complex behavioral health needs, it is essential that there is an easy, streamlined way for families to access the culturally and linguistically competent behavioral health services needed regardless of a family's financial resources or insurance status.

Proposal for Action:

- *Create a Single Point of Access (SPoA):* This SPoA will have 24/7/365 availability with the ability to screen, triage and initiate referrals to appropriate services and supports. A SPoA will streamline the process and removes barriers to obtaining timely, necessary services and supports for children and youth during a behavioral health emergency or for those children with complex behavioral health needs. In order to ensure that the system is as accessible as possible to all Rhode Island families, a broad outreach and communications plan will be essential, in multiple languages and with the engagement of a variety of community and faith organizations, social and other media, or other ways that Rhode Islanders can best receive this information. Families need to learn about Single Point of Access at any door by which they attempt to enter the system – so that there is indeed no wrong door they can choose.

Mobile Response and Stabilization Services



Mobile Response & Stabilization Services

Mobile Response and Stabilization Services (MRSS) can be instrumental in averting unnecessary emergency department (ED) visits, psychiatric hospitalizations, out-of-home placements, and placement disruptions, and in reducing overall system costs. MRSS services are designed specifically to intercede upstream, before urgent behavioral situations become unmanageable emergencies. States that have implemented MRSS have consistently demonstrated cost savings while simultaneously improving outcomes and achieving higher family satisfaction

Proposal for Action:

- *Development of 24/7 emergency services through a Mobile Response and Stabilization Services (MRSS) model to be implemented statewide. The MRSS will have 24/7/365 availability with the ability to screen, triage and initiate referrals to appropriate culturally and linguistically competent services and supports.*

The absence of mobile crisis services is a significant gap within Rhode Island.. A working group established after the Governor's Office release on November 30, 2018 of the report "Improving Behavioral Healthcare for Youth in Rhode Island" found that the total number of ED visits for children with a primary behavioral health diagnosis have been rising in Rhode Island for more than a decade, increasing by more than 60%.

Care Authorization and Monitoring



Care Authorization & Monitoring

Care authorization has to do with who or what structure has responsibility and what is the process for approving care, thereby authorizing the go-ahead on delivery of services and supports. Subsequent care monitoring and review has to do with who or what structure has responsibility and what the process is for monitoring implementation of care at the individual child and family level.

Proposal for Action:

- *Complete a deeper analysis with recommendations from the range of options available and on the workforce needed to implement the system*

There are many different approaches to structuring care authorization utilized across the country. For example, in some systems of care, planning for culturally and linguistically competent care is done at the local level, but then the state approves care plans. Other systems of care use managed care with a lead agency at the local level that is assigned care planning responsibility. Still other states have an administrative services organization (ASO) providing this function.

Care Coordination



Care Coordination

Many children and families will have easily identified needs and they can be quickly and directly referred to service providers. However, other children will have serious emotional and/or behavioral disturbances and multiple system involvement and will require intensive coordination of services and supports. High fidelity Wraparound is a care management model considered a best practice model for Systems of Care. Traditional case management, MCO care coordination, or health home approaches are often not sufficient for children and youth with significant behavioral health challenges.

Proposal for Action:

- *Expand the capacity of our family-driven Wraparound approaches to service planning and delivery through the Family Care Community Partnerships (FCCP) to ensure that services meet the family and youth's identified strengths and needs, and works to eliminate racial and ethnic disparities in the current system. This will allow for a care-planning approach for children with complex needs that is intensive, individualized, comprehensive, coordinated across child-serving systems, culturally and linguistically appropriate, and carried out in partnership with children and their families.*

Broad Array of Home, School, and Community Based Services



A comprehensive system of care will have available a wide array of community services. While not an exhaustive list, this would include assessment and diagnosis, day treatment/partial hospitalization, intensive in-home services, outpatient psychotherapy, medical management, substance abuse services, school-based behavioral health services, respite services, family support/education, and transportation. All must be culturally and linguistically competent, focused on reducing current disparities in the system.

Proposal for Action:

- *At present, Rhode Island has many of these services available for families, although some gaps exist. At higher levels of acuity, there are limited intensive in-home behavioral health treatment options, which constrains the possibility of offering behavioral health services in the least-restrictive setting appropriate. The initial focus should be on increasing the state-wide capacity of culturally and linguistically competent intensive in-home behavioral health services and expanding school-based behavioral health services.*

Residential



Residential

A system of care will have available an array of residential services, including culturally and linguistically competent therapeutic foster care, therapeutic group homes, residential treatment centers, substance use disorder treatment centers, and inpatient hospital services. It is important to note that service utilization should decrease over time as data shows that systems of care result in savings by reducing inappropriate use of inpatient services, residential treatment, and out-of-home placements across child-serving systems, even as they increase the use of home and community-based services, supports, and intensive care management.

Proposal for Action:

- *At present, Rhode Island has many of these services, although residential treatment for adolescent females with acute behavioral health needs is an area that is lacking, resulting in some of these youth being placed in out-of-state placements. Additionally, the state is without residential treatment capacity for youth presenting with serious substance use disorders.*

Proposed Work Teams for Ongoing System of Care Development



Strategic Planning Process for Children's Behavioral Health SOC

If we come together with a unified vision, a clear strategy and specific goals, we can make great improvements for the children and families of Rhode Island.

To reach this unified vision we will be facilitating a strategic planning process for the Children's Behavioral Health System of Care involving stakeholders. These workgroups will be co-led by a state and community representative.

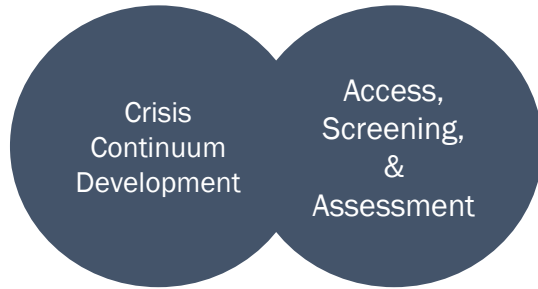
We have selected seven priority areas within which to begin these public/private workgroups:

1. Crisis Continuum Development and Access, Screening, and Assessment
2. Care Authorization, Care Coordination, and Care Monitoring
3. Service Array
4. Ensuring Equity: Race Equity, Family Members with IDD, and LGBTQ+ Families
5. Workforce Transformation
6. Data Systems for Outcome Measurement & Evaluation
7. Community Outreach and Education



Children's Behavioral Health SOC Governance Structure

Co-Led Public/Private Subcommittees



EOHHS Secretary/
Assistant Secretary

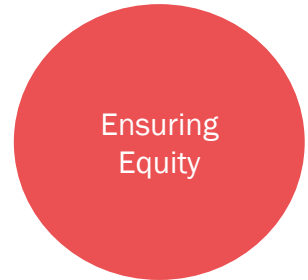


State Implementation
Team



Stakeholder Group

Co-Led Public/Private Subcommittees



Strategic Planning Process for Children's Behavioral Health SOC

Next Steps

- ✓ Each of these workgroups will meet for one-hour sessions on a regular basis starting by May.
- ✓ Each workgroup will be charged with developing and implementing an actionable strategic plan specific to the workgroup topic.
- ✓ We ask you to reach out to colleagues in your sphere of influence and families you work with and encourage them to participate in this Children's Behavioral Health SOC strategic planning process.
- ✓ Click [here](#) to sign up for a Work Group – or click on the link in the chat.