Human Services Policy Advisors Institute

Supporting Youth and Families with Complex Behavioral Health Needs

March 15th, 2023

NATIONAL GOVERNORS ASSOCIATION

Housekeeping Items

MEETING IS NOT FOR ATTRIBUTION

During this meeting we hope to generate a frank and open dialogue. For that reason, our discussion today is closed door and not for attribution.

CHAT IS OPEN

Please leverage the chat functionality to share materials, ask questions, provide feedback, etc.

CONTACT FOR TECHNICAL HELP

For technical issues, please chat or email Mackenzi Matthews – Mmatthews@nga.org

INCLUDE STATE IN NAME

Please re-name yourself to include your name and state (John, DE)

Agenda

Welcome

Breakout State Discussion

State Spotlight: North Carolina

State Spotlight: Ohio

Open Discussion and Q&A

Supporting Youth and Families with Complex Behavioral Health Needs

March 15th, 2023

Breakout Room Questions

- What does supporting youth with complex behavioral health needs look like in your state?
- Within this topic, are there any specific populations that your administration is prioritizing and/or targeting for services?
- What strategies or policies are already on your radar? What are the challenges blocking you from pursuing these strategies?

North Carolina

Sharon Bell

Child Behavioral Health Manager, Division of Child and Family Well-Being with the North Carolina Department of Health & Human Services

Lisa Cauley

Senior Director of Human Services for the North Carolina Division of Social Services

CHILD WELFARE and Family Well-Being TRANSFORMATION

NGA Presentation

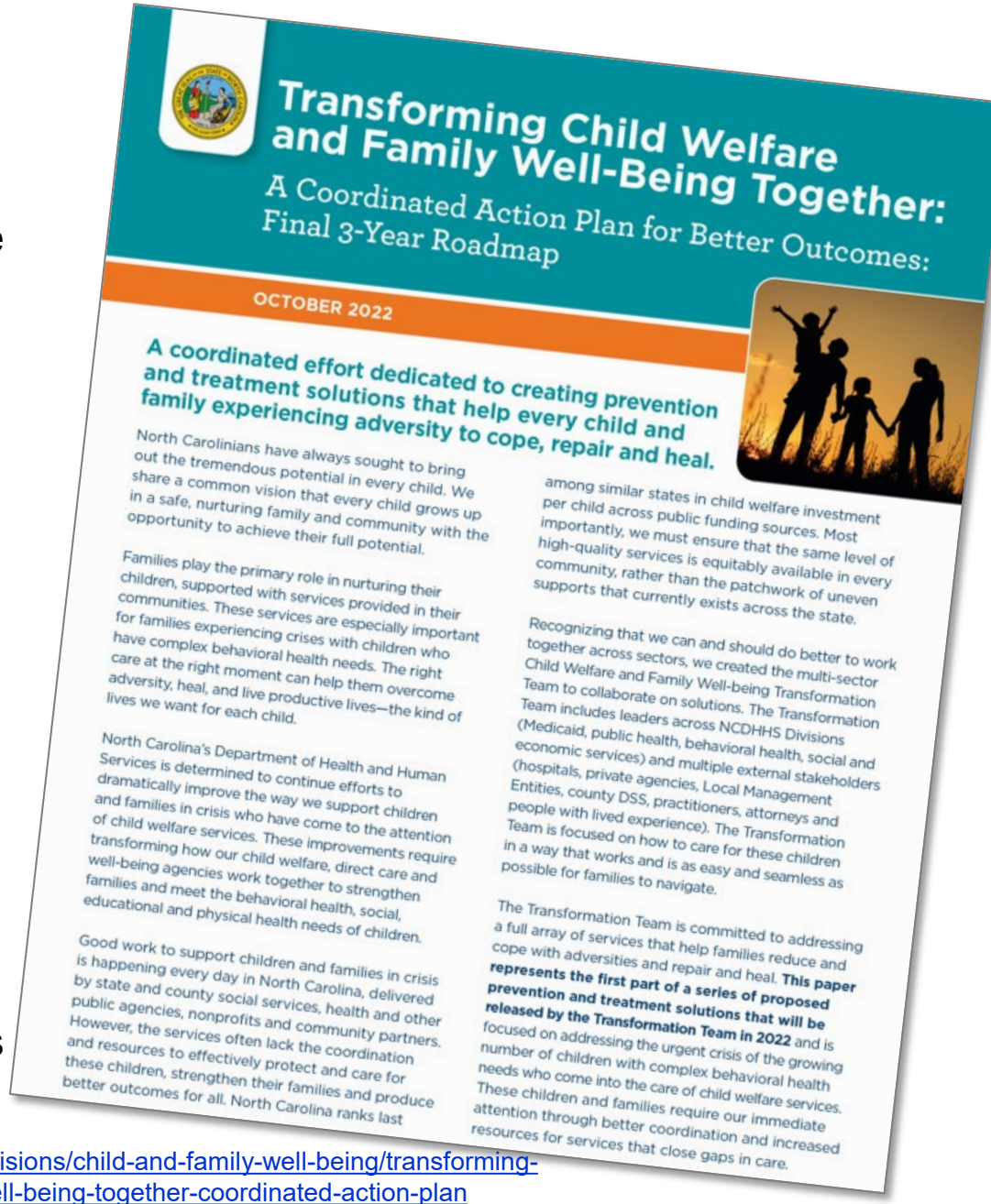







What is Child Welfare and Family Well-Being Transformation? What is our Coordinated Action Plan?

- DHHS has convened a multi-sector workgroup that aims to bridge and align previous and ongoing transformation efforts to strengthen the State's ability to meet the needs of children experiencing or at imminent risk of harm and their families.
- This multi-sector workgroup will:
  - Develop a shared vision for the collective responsibility to protect and foster the potential of every child and family involved in North Carolina's child protection system.
  - Provide specific and time-bound recommendations for actions the State should take to achieve that vision. Recommendations will be integrated with strategic initiatives underway or anticipated.
- The Coordinated Action Plan was our initial plan to address the immediate issue of children with complex behavioral health needs being inappropriate held in DSS offices, emergency departments, and hotels.



Transforming Child Welfare and Family Well-Being Together:

A Coordinated Action Plan for Better Outcomes: Final 3-Year Roadmap

OCTOBER 2022

A coordinated effort dedicated to creating prevention and treatment solutions that help every child and family experiencing adversity to cope, repair and heal.

North Carolinians have always sought to bring out the tremendous potential in every child. We share a common vision that every child grows up in a safe, nurturing family and community with the opportunity to achieve their full potential.

Families play the primary role in nurturing their children, supported with services provided in their communities. These services are especially important for families experiencing crises with children who have complex behavioral health needs. The right care at the right moment can help them overcome adversity, heal, and live productive lives—the kind of lives we want for each child.

North Carolina's Department of Health and Human Services is determined to continue efforts to dramatically improve the way we support children and families in crisis who have come to the attention of child welfare services. These improvements require transforming how our child welfare, direct care and well-being agencies work together to strengthen families and meet the behavioral health, social, educational and physical health needs of children.

Good work to support children and families in crisis is happening every day in North Carolina, delivered by state and county social services, health and other public agencies, nonprofits and community partners. However, the services often lack the coordination and resources to effectively protect and care for these children, strengthen their families and produce better outcomes for all. North Carolina ranks last among similar states in child welfare investment per child across public funding sources. Most importantly, we must ensure that the same level of high-quality services is equitably available in every community, rather than the patchwork of uneven supports that currently exists across the state.

Recognizing that we can and should do better to work together across sectors, we created the multi-sector Child Welfare and Family Well-being Transformation Team to collaborate on solutions. The Transformation Team includes leaders across NCDHHS Divisions (Medicaid, public health, behavioral health, social and economic services) and multiple external stakeholders (hospitals, private agencies, Local Management Entities, county DSS, practitioners, attorneys and people with lived experience). The Transformation Team is focused on how to care for these children in a way that works and is as easy and seamless as possible for families to navigate.

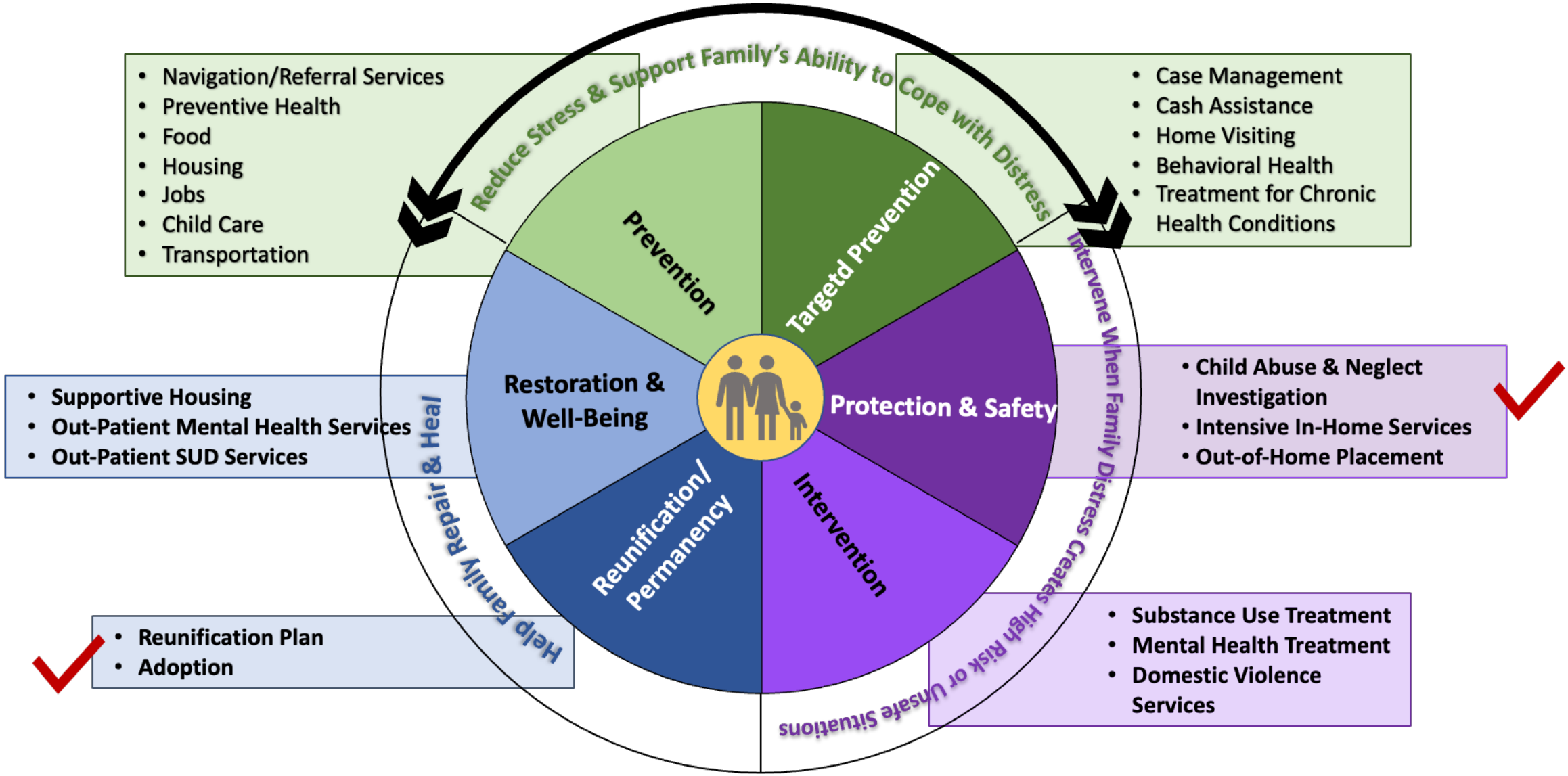
The Transformation Team is committed to addressing a full array of services that help families reduce and cope with adversities and repair and heal. **This paper represents the first part of a series of proposed prevention and treatment solutions that will be released by the Transformation Team in 2022** and is focused on addressing the urgent crisis of the growing number of children with complex behavioral health needs who come into the care of child welfare services. These children and families require our immediate attention through better coordination and increased resources for services that close gaps in care.

https://www.ncdhhs.gov/divisions/child-and-family-well-being/transforming-child-welfare-and-family-well-being-together-coordinated-action-plan

What was the impetus behind Child and Family Well-Being Transformation?

- In recent years, DHHS and its partners have advanced numerous reform initiatives in response to challenges within the State's child protection system. These initiatives include but are not limited to Family First Prevention Services Act (FFPSA) implementation, regionalization of county social service agencies, implementation of a practice model and development of a specialized Medicaid managed care plan for children and youth in foster care.
- These efforts highlighted key underlying challenges and pointed to strategies for improvement. They also have demonstrated the need for a unified effort across child- and family-serving system partners to achieve positive outcomes for children experiencing or at imminent risk of harm and their families.
- Additionally, the emerging crisis of children with complex behavioral health needs routinely staying in DSS offices, emergency departments, or hotels because appropriate settings can not be secured in a timely manner instigated the immediate need to convene the Transformation Team.

Transforming Child Welfare to Child & Family Well-Being: A Multi-Sector Responsibility



✓ *Child welfare and court system mandated involvement*

NCDHHS is working to increase access to both behavioral health and appropriate placement supports for NC children

Top Priority: Finding immediate solutions for children with complex needs living in emergency departments and DSS offices

Launching & seeking investment in evidence-based treatments and placements for children in child welfare with complex behavioral health needs in these areas:

Safe and Stable Home

Treatments and Supports

Child Welfare & Behavioral Health Workforce

What was the first step of creating the Coordinated Action Plan?

- Identifying top-level leaders to champion this work.
- Inviting the right players to the table that are top-level leaders and those with operational experience in the issue within and outside of the agency.
- Agreeing on the vision, mission, guiding principles, target population, and the problem definition for the Transformation Team.

Who needs to be at the table? NC DHHS' Child Welfare Transformation Team Members

Recognizing that we can and should do better to work together across sectors, we created the multi-sector Child Welfare and Family Well-being Transformation Team to collaborate on solutions. The Transformation Team includes leaders across NCDHHS Divisions (Medicaid, public health, behavioral health, social and economic services) and multiple external stakeholders (hospitals, private agencies, Local Management Entities, county DSS, practitioners, attorneys and people with lived experience).

Social Services/ Child Welfare

- Susan Gale Perry
- Susan Osborne
- Lisa Cauley
- Kevin FitzGerald (Strategic Advisor)

Mental Health

- Kody Kinsley
- Carrie Brown
- Keith McCoy
- Victor Armstrong

External Affairs

- Tracy Zimmerman

Medicaid

- Dave Richard
- Jay Ludlam
- Debra Farrington
- Deb Goda

General Counsel

- Julie Cronin

Child & Family Well-Being

- Charlene Wong

Health Services Regulation

- Wendy Boone

Bus. Information & Analytics

- Rob Morrell

Directors of Local Dept. of Social Services

- Brandy Mann (Tyrell)
- John Eller (Mecklenburg)
- Nancy Coston (Orange)

Providers

- Karen McCleod

LME/MCOs

- Rhonda Cox

PHPs

- Taylor Griffin

NC Healthcare Assoc

- Nicholle Karim

Legislature

- Senator Sydney Batch

Family Advocate

- Teka Dempsey

UNC

- Sara DePasquale
- Herman Naftle

DHHS Non-DHHS

What is the infrastructure or strategy required for that collaboration to succeed? What is the role of leadership (especially the Governor)? Is there anything else state executives could do to support work like this?

- **Much of the work in NC was led by NCDHHS. As a consolidated health and human services agency, most of the state leaders necessary to make meaningful change for our target population were in our organization. Leadership committed to breaking down silos within NCDHHS.**
- **State leaders need to identify and lift up the voices of those with lived experience and partners in the work**
- **Executives must commit to promoting and funding the strategies identified in the Plan in collaboration with other entities (e.g., Governor, legislature).**
- **Agency priorities should drive what work is lifted up, and the work that is most likely to be successful should drive agency priorities.**

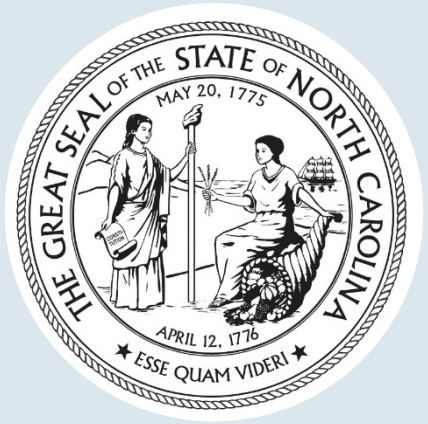
Where are you on implementation? How are you blending funding streams to get work done?

- Strategies Underway
  - Strengthening care coordination for children in foster care (Medicaid)
  - Launching pilot MORES mobile crisis teams (Philanthropic funds)
  - Limited expansion of high fidelity wrap-around services (Governor's Task Force Special State Fund)
- Strategies that require additional funding, which was not appropriated in SFY 2023
  - Establish Placement First Plus pilots
  - Establish Emergency Respite pilots for caregivers

Where is NC heading?

- Governor released on March 8, 2023 a comprehensive plan to invest $1 billion in addressing North Carolina's mental health and substance use crisis.
- Woven throughout the plan are elements of the Coordinated Action Plan and other strategies identified by CWFW Transformation.
- We are hopeful that the NCGA will fund many of the strategies identified by CWFW Transformation.

Investing in Behavioral Health and Resilience (ncdhhs.gov)


THE GREAT SEAL OF THE STATE OF NORTH CAROLINA
MAY 20, 1775
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ESSE QUAM VIDERI

APPENDIX

Populations of focus

- **Imminent Risk** in NC is defined as *"an emergency situation in which the welfare or the life of the child is threatened by the act or failure to act on the part of a parent or caretaker which could results in death, serious physical or emotional harm, sexual abuse or exploitation."*
  - Note: DHHS is receiving feedback from ACF on this definition. DHHS will update based on feedback and share back with this group if it changes.
- Expanded Population of Interest (**Increased Risk**): A child/youth with multiple risk factors identified that substantially increase the chance that the child/youth will experience a threat to their welfare or life in the immediate future by the act or failure to act on the part of a parent or caretaker which could result in death, serious physical or emotional harm, sexual abuse or exploitation.
  - Note: These definitions are not an exact science and there is some fluidity and overlap. The goal is that our final Roadmap has prioritized strategies that we believe data and research indicate will be most beneficial to children and families with the highest risk and immediate need.

NCDHHS is working to increase access to both behavioral health and appropriate placement supports for NC children

Top Priority: Finding immediate solutions for children with complex needs living in emergency departments and DSS offices

Launching & seeking investment in evidence-based treatments and placements for children in child welfare with complex behavioral health needs in these areas:

Safe and Stable Home

Treatments and Supports

Child Welfare & Behavioral Health Workforce

A Safe and Stable Home

Kinship Providers Subsidies

- **Challenge**: NC places fewer children in foster care with kinship providers than other states. Yet, NC children who are placed with kin are twice as likely to achieve permanency within a year than kids not placed with kin. Kinship providers in NC currently receive no financial support.

- **Solution**: We will provide kinship providers with a subsidy to help them care for the new children in their homes and with immediate services to support them in providing care

Foster and Kinship Providers Supports

- **Challenge**: Foster and kinship providers caring for children with complex behavioral health needs often lack the resources they need to support the youth.

- **Solutions**: Expand access to family peer supports and intensive supports in the community that coordinate and wrap services around a family.

Behavioral Health Treatments and Supports

Improved, Timely Clinical Assessments

- **Challenge:** Children are too often waiting days to weeks for an assessment to identify what treatments they need

- **Solutions:**
  - Community assessment teams so that children can be seen, wherever they are, by clinicians who specialize in working with children.
  - NC-Psychiatric Access Line (NC-PAL) providing child psychiatry expertise in multiple settings

Behavioral Health Treatments and Supports

Specialty Behavioral Health Treatments

- **Challenge**: Some children need specialized behavioral health treatments that are currently unavailable for them in North Carolina

- **Solutions**:
  - Expand specialized treatment programs, including community and residential programs, and statewide technical assistance for youth with complex needs, such as intellectual and developmental disabilities and challenging behaviors
  - Strengthen crisis services for children to stabilize them in the community and to divert them away from emergency rooms and child welfare offices
  - Increase inpatient psychiatric treatment for children, through a DHHS and UNC partnership

Child Welfare and Child Behavioral Health Workforce

Our child welfare and child behavioral health workforce are also in crisis. There are simply not enough staff to do the work. Pay is too low to recruit and retain enough staff to serve the children and families in North Carolina.

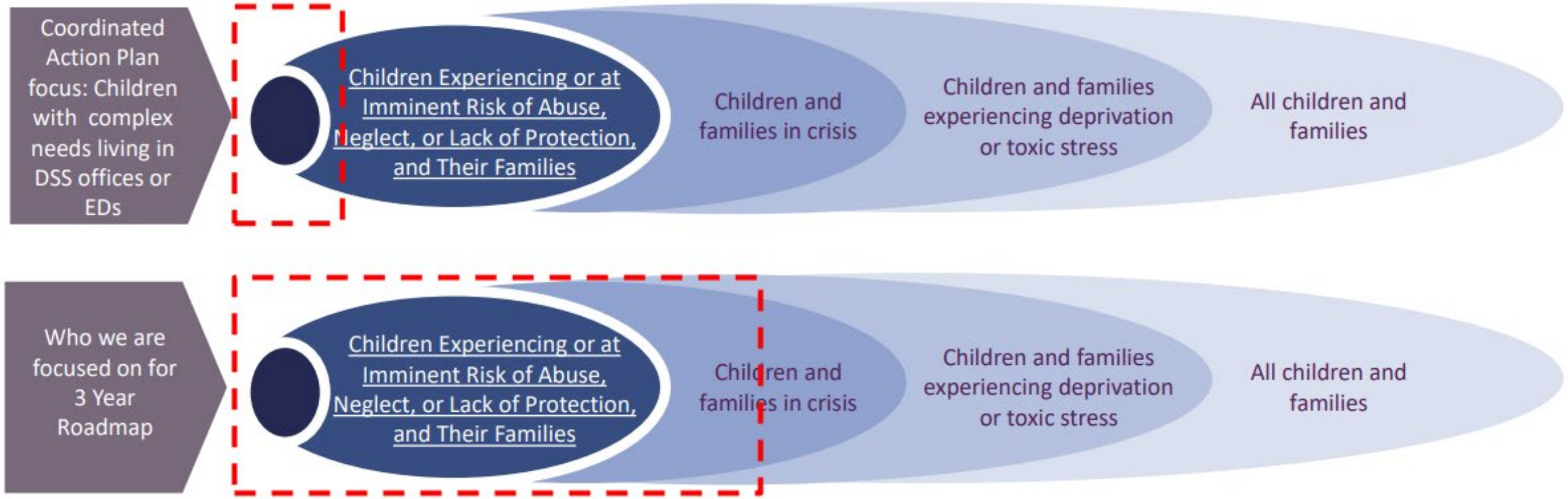
Child Welfare Workforce

- Counties need more flexible funding to hire and retain enough staff to do their essential work

Child Behavioral Health Workforce

- Grow training opportunities for child behavioral health treatments with critical care gaps
- Invest in workforce multipliers through statewide, virtual child behavioral health consultation
- Policy changes to help providers be financially sustainable, including Medicaid expansion and clinical loan forgiveness programs

Population of Focus for the Roadmap



Proposed Vision Statement, Mission Statement, and Guiding Principles

Vision

Every child grows up in their own safe, nurturing family and community with the opportunity to achieve their full potential.

Mission

North Carolina's child- and family-serving systems act collaboratively to provide equitable access to strength-based supports and protection to children experiencing or at imminent risk of harm and their families.

Guiding Principles

1. Keep children and families at the center of all policies and processes
2. Take bold action to dismantle and counter the effects of structural racism to create more equitable child- and family-serving systems
3. Promote stability by keeping families together safely whenever possible, minimizing placement changes, and preserving children's natural support networks
4. Engage families with cultural humility, ensure their voices are heard, and learn from their lived experience
5. Recognize and embrace the family unit in its many forms
6. Respect the rights and autonomy of families
7. Earn trust, be transparent, assign responsibility, and hold ourselves accountable
8. Ensure consistency and seamless coordination across child- and family-serving agencies
9. Value relative caregivers, foster parents, and the child- and family-serving workforce and enable them to fulfill their vital roles

Ohio

Marisa Weisel

Deputy Director, Ohio Department of Medicaid

Kara Wente

Director of the Governor DeWine's Children's Initiative

Ohio | Department of Medicaid

OhioRISE Overview

March 15, 2023

Kara Wente, Director of Children's Initiative, Governor Mike DeWine
kara.wente@governor.ohio.gov

Marisa Weisel, Deputy Director of Strategic Initiatives, Ohio Department of Medicaid
marisa.weisel@medicad.ohio.gov

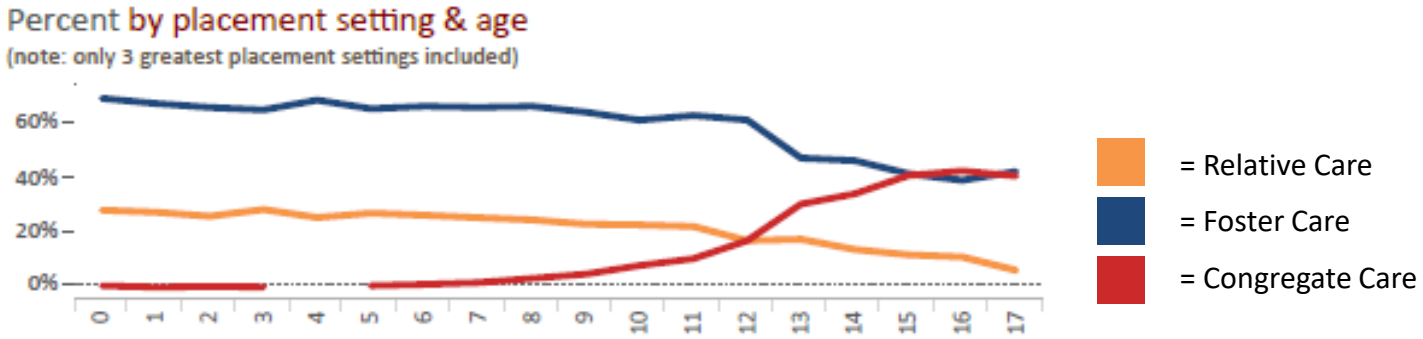
Ohio's Next Generation Medicaid Program, Established 2019

Mission Statement

2019: State of Affairs for Children with Multi-System Needs

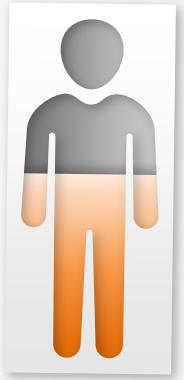
13% of children in the child welfare system were in **congregate care** and…

…for **kids over age 15,** this number **increases** to over 40%

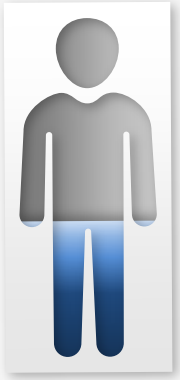


140 kids per day were receiving care out of state

Nearly **700 children** in the past 4 years and a **200% increase** in kids **in 2019**



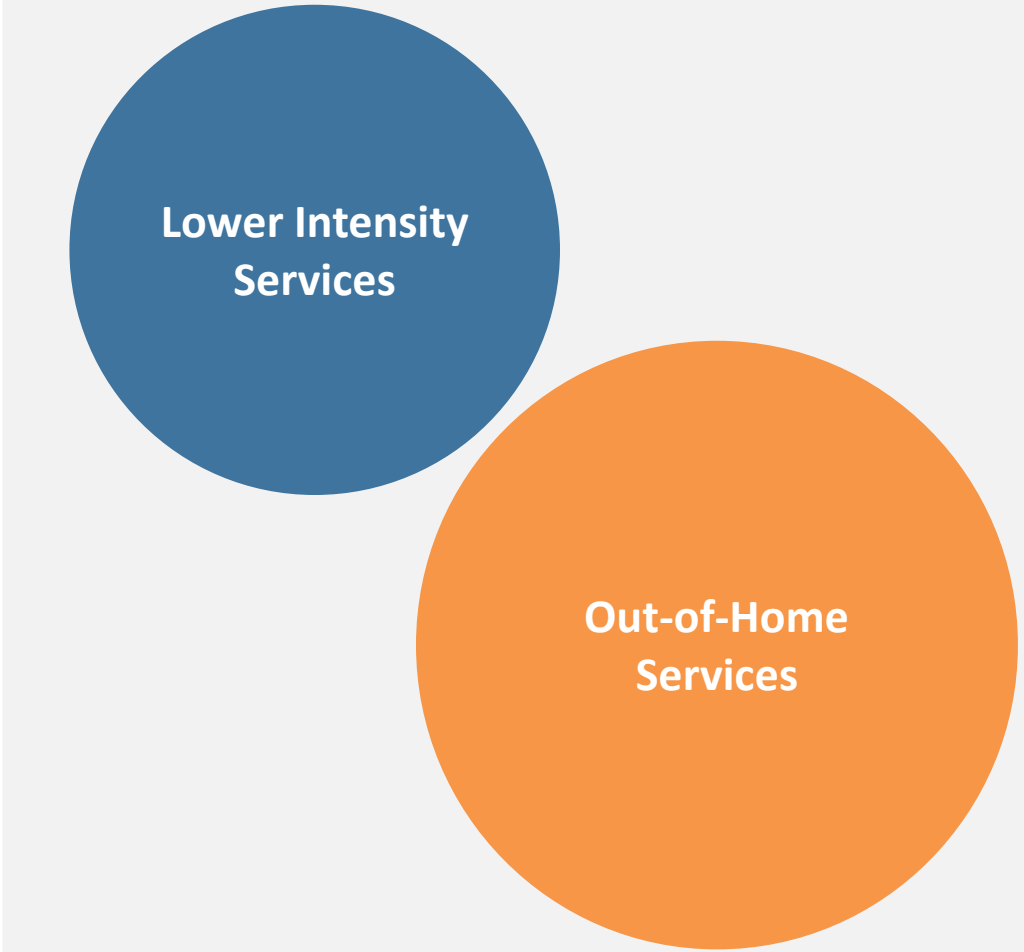
58% of children on a **DD waiver were** taking behavioral health pharmaceuticals



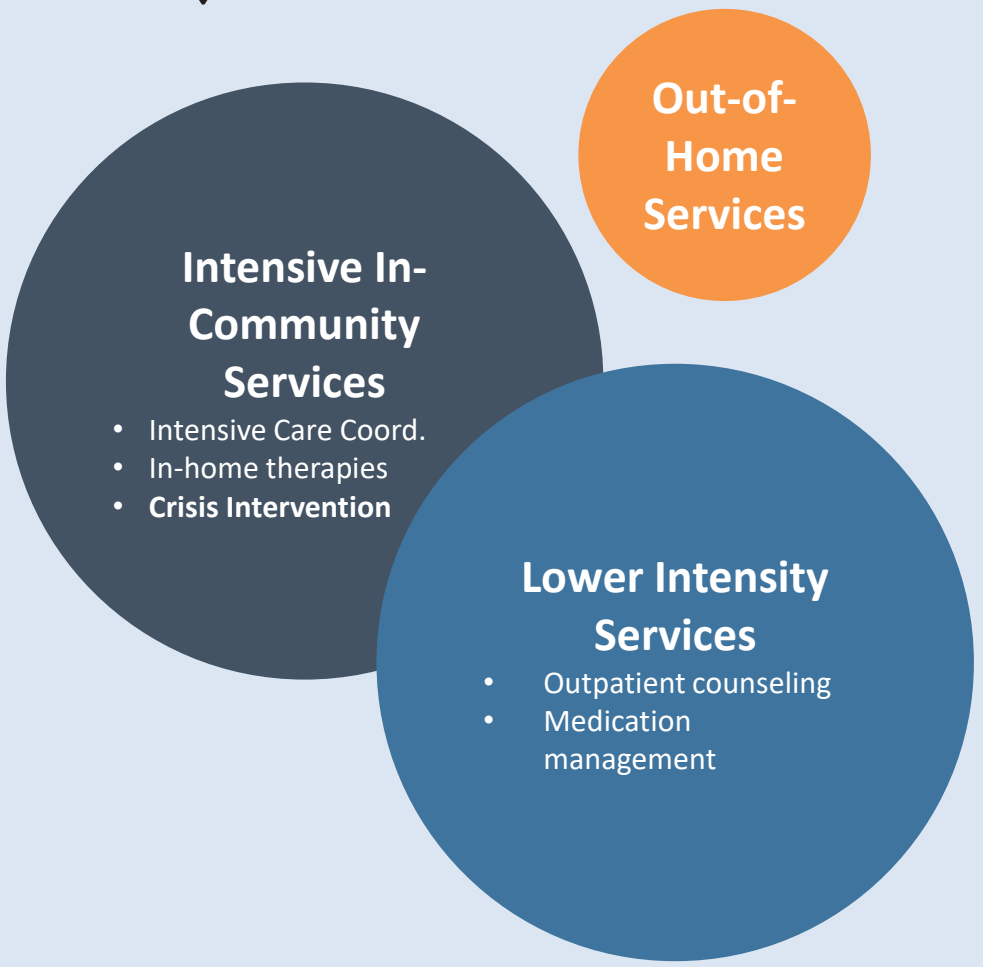
38% of youth in the Medicaid had **families** with a history of OUD, SUD, and/or SED primary diagnosis

Ohio Needs to Build Significant Capacity for Intensive In-Community Services

CURRENT STATE



FUTURE STATE



OhioRISE

Resilience through Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multi-system needs

Specialized Managed Care Plan

Aetna Better Health of Ohio will serve as the single statewide specialized managed care plan.

Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same kids and families.

Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled youth.

Prevent Custody Relinquishment

OhioRISE will utilize a new 1915c waived to target the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Enrollment

- ✓ Enrolled in Medicaid (managed care or fee for service)
- ✓ Up to age 21
- ✓ In need of significant behavioral health service
- ✓ Require significant functional intervention, as assessed by the Child and Adolescent Needs and Strengths (CANS)
- ✓ Estimate 55-60,000 children & youth by end of year 1

OhioRISE Services

- ✓ All existing behavioral health services
- ✓ Intensive and Moderate Care Coordination *NEW*
- ✓ Intensive Home-Based Treatment (IHBT) *ENHANCED*
- ✓ Psychiatric Residential Treatment Facility (PRTF) *NEW*
- ✓ Behavioral health respite *ENHANCED*
- ✓ Flex funds to support implementing a care plan *NEW*
- ✓ 1915(c) waiver that runs through OhioRISE *NEW*
  - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) *NEW*
  - Also covered outside of OhioRISE (MCO and FFS)

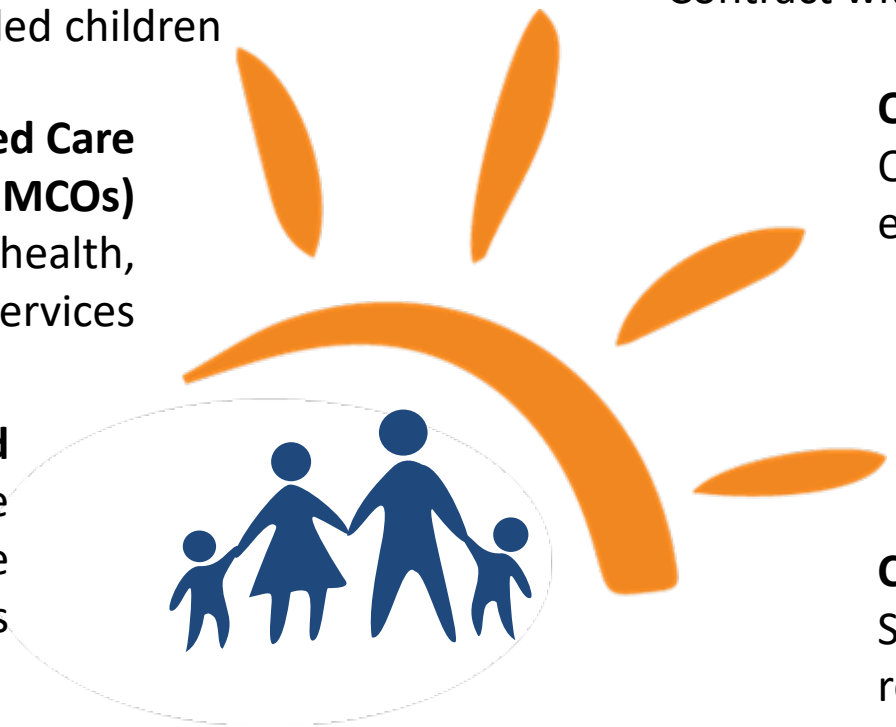
OhioRISE Ecosystem

Family and Children First Cabinet Council:
Governor's Office of Children's Initiatives, Office of Family & Children First MHAS, ODJFS, DODD, ODM, DYS, DRC, ODH, ODE,
Federal and State funds | Governance and Oversight

Aetna, the OhioRISE Plan
Contract with providers, CMEs to deliver care to enrolled children

Medicaid Managed Care Organizations (MCOs)
Coverage of physical health, limited BH services

Department of Medicaid
Contract, provide oversight of the OhioRISE and MCOs



Service Providers
Contract with OhioRISE & MCOs to provide services

OhioRISE Advisory Council
Ongoing stakeholder involvement and engagement

Network of Care Management Entities (CMEs)
Provide Intensive Care Coordination using High Fidelity Wraparound

Child and Adolescent BH Center of Excellence (COE)
Support evidence-based practices, training, fidelity reviews, workforce development

OhioRISE Metrics

OhioRISE | Resilience through Integrated Systems and Excellence

Children and Youth Enrolled in OhioRISE*

18,011

Youth in Custody enrolled in OhioRISE**

2,436

New OhioRISE Care Coordinators serving all 88 Counties*

>400

Ohio CANS Assessors Registered in the CANS IT System*

2,427

**Data collected March 9, 2023*
*** Data collected February 18, 2023*

Noted Challenges and Lessons 8 Months In

- Governor DeWine's strong, long-term leadership and commitment to kids keeps us going every day.
- Statewide system transformation is hard and it takes a *long* time.
- Strong and long foundation of stakeholder engagement has been critically important in Ohio.
- Start-up and ramp-up for providers requires an extended period (not just 3 or 6 months).
- Workforce development and service capacity development are *processes.* They need dedicated resources, flexible thinking, lots of care and feeding.
- Shared governance requires constant leadership, ongoing dedication, care for relationships.

Governor DeWine's January 31, 2023 State of the State Address

> There are other families in Ohio with vulnerable children who have unique needs, who -- up until now -- have had no place to go to seek help. They face challenges that many of us cannot even comprehend. We will help them, as well.
>
> In our last budget, we created OhioRISE -- a specialized program to help children with mental health challenges -- challenges that are so complex and so severe that these children are at risk of being unable to even stay in their homes with their parents. Families in this program are assigned a hands-on case manager -- someone with a small caseload -- who can provide individualized attention and help that family get the best possible care for their child.
>
> OhioRISE is now getting immediate care to over 16,000 Ohio children by helping communities develop new and intensive behavioral health services that are tailored to the specific needs of these children. Our budget will allow us to connect many more families to these desperately needed services.
>
> OhioRISE is also giving hope back to families. In the words of one mother, 'OhioRISE has saved my son's life. He is smiling again. There is laughter in our home. And, my son is healing.'

A Few OhioRISE Case Studies

After being in the hospital for mental health challenges, a young person didn't have resources in their community to get the support they needed. After enrolling in OhioRISE and engaging in care coordination, the young person feels empowered supported. In his own words, he said "Today, because of OhioRISE, I'm linked up with lots of services…and am getting certified as a Youth Peer Support Specialist. I am also taking college prep classes so I can go to college. OhioRISE changed my life."

OhioRISE | Resilience through Integrated Systems and Excellence

A young person experienced a mental health crisis and was hospitalized. Unable to identify the supports and services she needed to safely discharge, she remained in the hospital for months as her guardians and care team searched for a residential provider to care for her. After enrolling in OhioRISE, the youth's new care coordinator brought together a team that brainstormed and created community-based resources to assist. In November 2022, after over a year in the hospital, the young person returned home and is now being successfully supported with in-home and community services.

OhioRISE supported a youth with mental health needs nearing the age of 18 who was set to age out of custody without a family, housing, or other resources to turn to. In part because of the uncertainty the young person felt about their life changes ahead, the young person struggled with significant behavioral health symptoms. After enrolling in OhioRISE, the youth's OhioRISE care coordinator successfully worked with the CPS staff and youth to develop a plan of support for the youth's transition out of foster care and beyond.

Open Discussion and Q&A

Closing

The Children and Families team

Jordan Hynes
Program Director

Jessica Moise
Senior Policy Analyst

Jess Kirchner
Policy Analyst

Mackenzi Matthews
Policy Coordinator

NATIONAL GOVERNORS ASSOCIATION