

Children's Cabinet

May 25, 2023

Agenda

- Welcome and Introductions
- Vote on adoption of April meeting minutes
- Children's Behavioral Health System of Care Presentation
- Public Comment
- Adjournment



Rhode Island Behavioral Health System of Care for Children & Youth

Presentation for the Children's Cabinet
May 25, 2023

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Agenda: Behavioral Health System of Care for Children & Youth

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Brief review of System of Care Components and SAMHSA System of Care Grant

Rhode Island Children's Behavioral Health System of Care

System Components & Connectors

Ensuring Racial Equity & Eliminating Disparities

Sustainable & Braided Funding

Universal Screening and Prevention Activities, with a Focus on the Social Determinants of Health

System of Care Key:
Program Components
Foundational Components
Connector Components

Single Point of Access for the system, with No Wrong Door

Data Systems for Outcome Measurement and Evaluation

Mobile Crisis

Care Coordination

Home & Community-Based Services

Residential

Significant Investment in Workforce Transformation

Strong Community Outreach & Family Engagement

SAMHSA System of Care Grant: FY23-26

EOHHS received a SAMHSA System of Care (SOC) Expansion and Sustainability Grant, beginning 9/30/2022. This award totals \$10,598,585 over four years, funding the following initiatives:

Mobile Response and Stabilization Services (MRSS)

Rapid crisis intervention, support, and stabilization for children experiencing mental health crises in their own environment.

Community Based Intensive Care Program

An intensive, home-based program for children facing complex mental health struggles, exceeding the current capabilities of home and community-based services.

Family Engagement Organization

A statewide Family Engagement Organization to be procured, providing a Lead Family Coordinator to collaborate at all decision-making levels for SOC development and implementation.

Data Collection and Performance Evaluation

The EOHHS Ecosystem Data and Analytics Team, led by the Freedman Healthcare team, is responsible for the data analysis, and evaluation of this project

Key Staff Positions

- Project Director (EOHHS): Ellie Rosen
- Qualitative Evaluator (EOHHS): Susannah Slocum
- Sr. Project Mgr. (DCYF) Susan Lindberg
- FEO Lead Family Coordinator: TBD

Mobile Response and Stabilization Services (MRSS): Brief Overview of Model, Programmatic Updates, and Data Updates

Mobile Response and Stabilization Services (MRSS)

The Mobile Response and Stabilization Services (MRSS) model is a **youth-and-family specific** crisis intervention model that provides immediate, on-site intervention and support to children and youth experiencing a behavioral health crisis.

- MRSS was highlighted in SAMHSA's **National Guidelines for Child and Youth Behavioral Health Crisis Care** publication, released in November of 2022.
- MRSS was identified as a best practice in the 2018 **National Association of State Mental Health Program Directors in Making the Case for a Comprehensive Children's Crisis Continuum of Care**.
- The MRSS model has been shown to be effective in reducing hospitalization and out-of-home placement for children and youth in crisis. Studies have also shown that the model is cost-effective and can lead to improved outcomes for children and families. The MRSS model has been implemented in a number of states across the country, and there is growing interest in expanding the model to other communities.

MRSS Consists of a Series of 3 Phases



Triage and Screening

MRSS fields referrals from a variety of sources (parents/caregivers, schools, emergency depts, etc.), triages the call, and dispatches mobile intervention teams when necessary.



Mobile Response

MRSS responds to time and place of family choice within 1-2 hours. This includes the family's home, school, and other community locations.

Initial de-escalation, assessment and safety precautions implemented with family.



Stabilization

Short-term behavioral health intervention of up to 30 days.

Facilitates linkages to ongoing community services and supports

MRSS in Rhode Island: The First Six Months

→ First intake through SAMHSA Grant: 11/15/22

→ Current Providers:

- Tides Family Services: 145 families served as of May 12, 2023
- Family Services of Rhode Island: 103 families served as of May 12, 2023

→ Certified Community Behavioral Health Clinic (CCBHC) system transformation

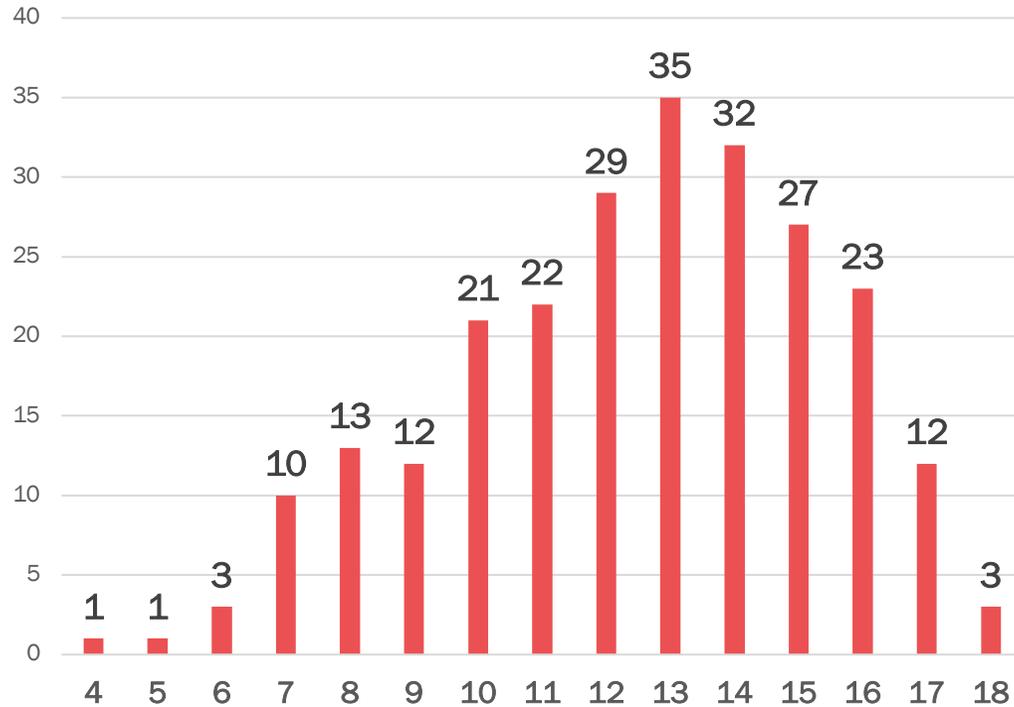
Ongoing planning efforts are also aligned with the larger CCBHC system transformation that will be fully implemented in FY24. This includes:

- Preparing for the transition to a Medicaid rate, as mobile crisis is a required service of CCBHCs.
- Aligning the Children's MRSS activities with CCBHCs through official Designated Collaborating Organization (DCO) relationships

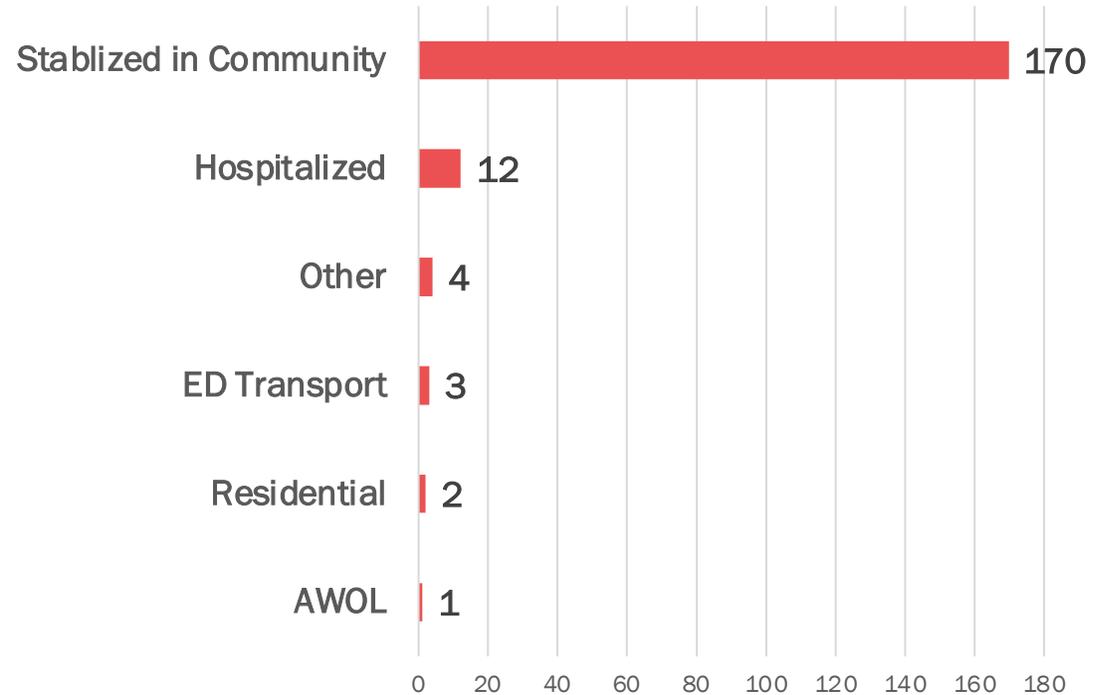
MRSS: The First Six Months

(11/15/22 to 05/12/23)

Number of Children Served at Each Age



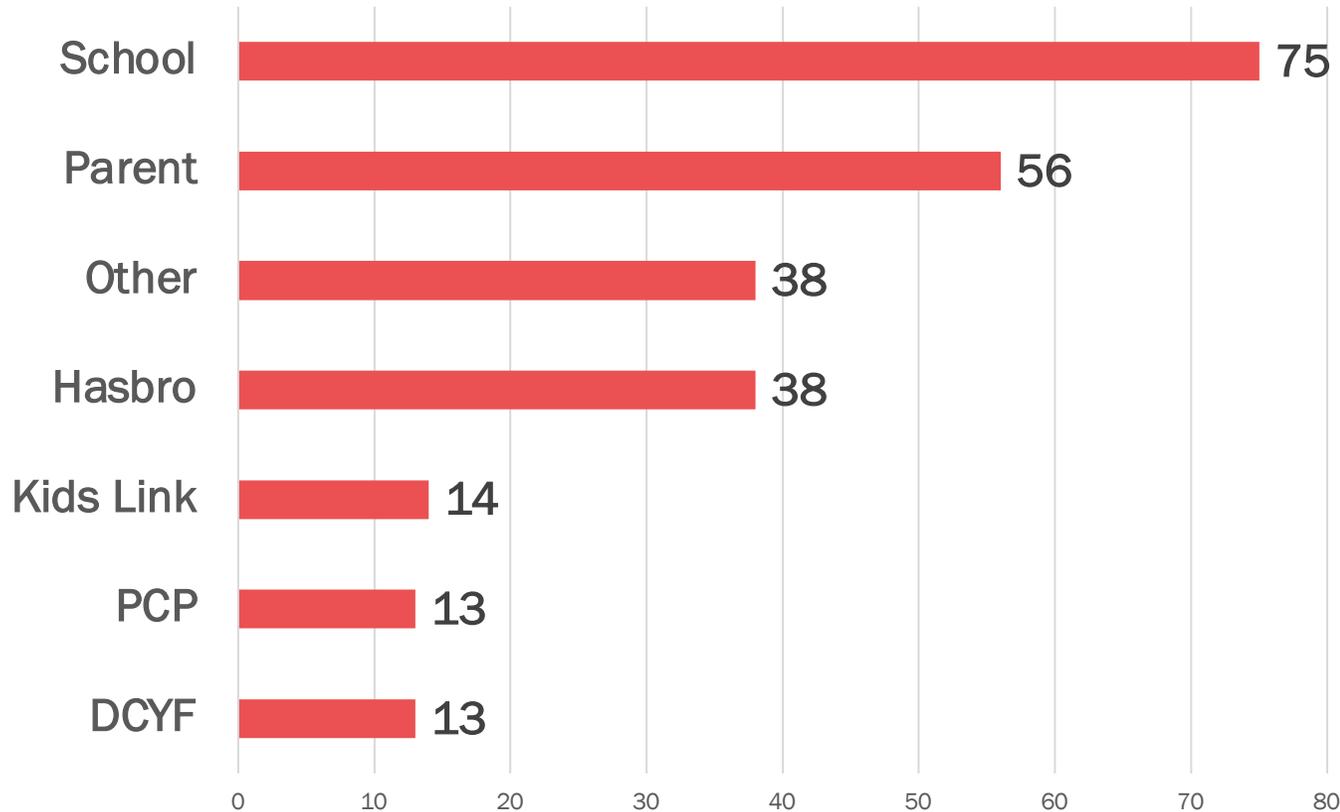
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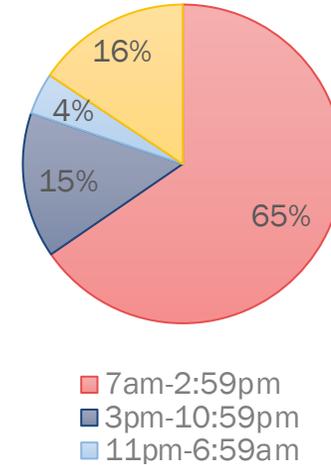
MRSS: The First Six Months

(11/15/22 to 05/12/23)

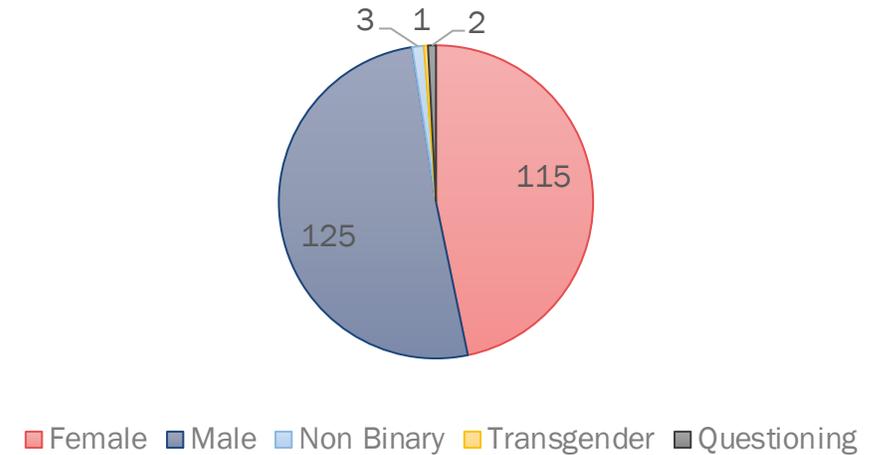
Referral Source



Time of Calls



Client Gender



Community-Based Intensive Care (CBIC) and Family Engagement Organization (FEO) Updates

Community-Based Intensive Care (CBIC)

- EOHHS issued a Request for Proposal (RFP) for Community-Based Intensive Care (CBIC) on April 3, 2023, which closed on May 1, 2023.
- This RFP was for a home and community-based service that is very intensive and works with the most complex behavioral health difficulties with children in order to maintain them in their home or step them down from psychiatric hospitalizations or intensive residential programs.
- The state is currently evaluating the proposals for this procurement.

Family Engagement Organization (FEO)

- The Executive Office of Health and Human Services (EOHHS) issued a Request for Proposals (RFP) for a Family Engagement Organization (FEO) in December 2022. This RFP closed the week of January 23, 2023.
- The state is close to completing the procurement process.
- This FEO will hire a Lead Family Coordinator that will join this project's Project Director as key staff.
- The Lead Family Coordinator will play a crucial role in developing and implementing the Children's Behavioral Health System of Care. They will be involved in all decision-making levels, from planning to implementation and evaluation.

DCYF Service Array and FCCP Expansion

Expanding access to the DCYF home-based array and FCCPs

Goal: To ensure follow-up services for children who come into the System of Care through mobile crisis and other entry points, the state prioritized providing more slots in the existing DCYF service array and wraparound care coordination program (aka Family Care Community Partnerships, or FCCPs). This expansion was done specifically for children not in DCYF custody.



Expanding the Children's Service Array

- **FY23 Expansion:** With funding from Home and Community Based Services (HCBS) dollars, as of July 2022, the state provided 14% rate increases and funding to increase slots by 10% for the DCYF home-based service array.

Expanding Wraparound Care Coordination

- **FY23 Expansion:** Also, with funding from HCBS, the state expanded the FCCP's contracted funding to serve more children.

The DCYF home-based service array provides intensive, child and family-focused behavioral health services to families open to DCYF and to families who have no department involvement all (and who do not need to open to the department to access the services).

Breadth of Services Available through the Home-Based Array

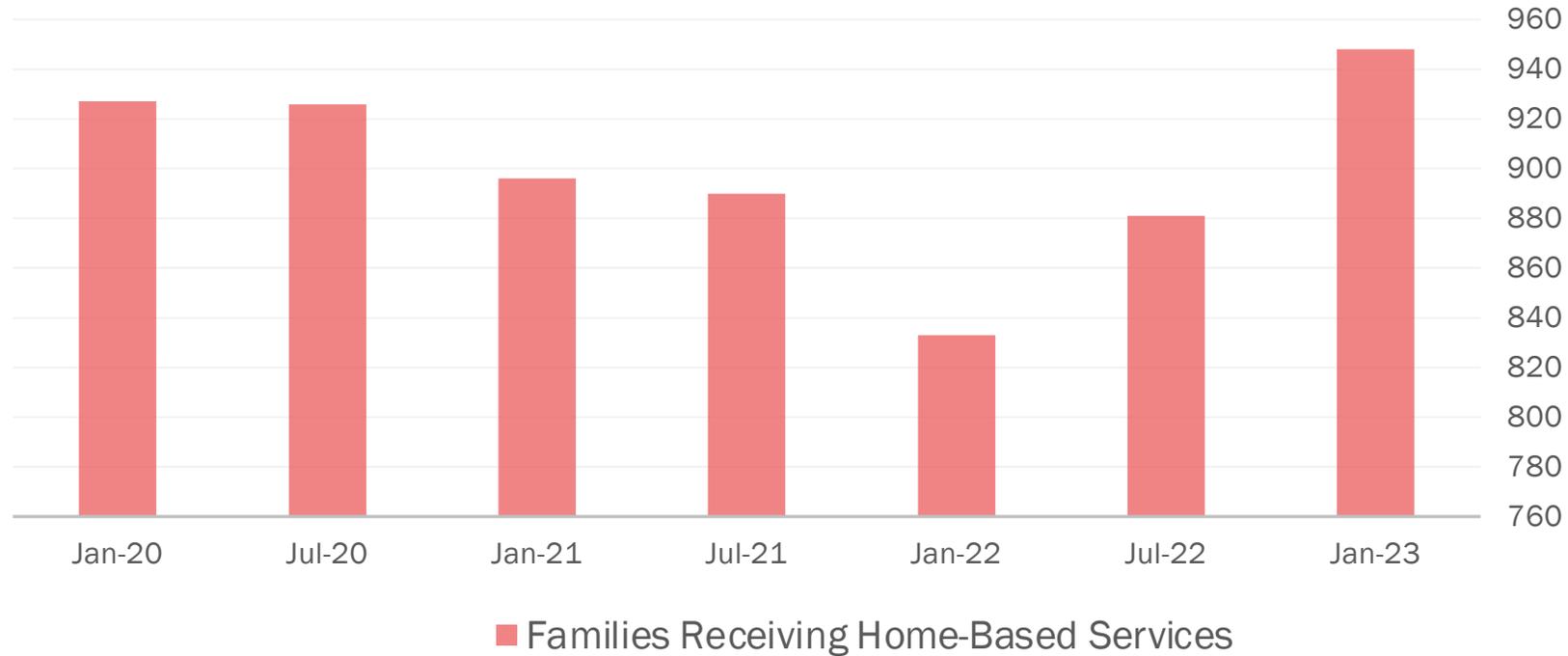
The following is the full array of DCYF-contracted, home-based services, as categorized by service type and needs addressed:

Disruptive Behavior Programs	Family Stabilization Programs	Mental Health Programs	Visitation Programs	Special Populations	Parent Training + Skill Building	Miscellaneous Programs
<ul style="list-style-type: none"> • Family-Centered Treatment • Functional Family Therapy • Multi-Systemic Therapy • Parenting with Love & Limits • Positive Parenting Program • Preserving Families Network 	<ul style="list-style-type: none"> • Enhanced Family Support Services • Family-Centered Treatment • Family Pres • Family Pres - DD • Family Stabilization Program • Project Connect • Homebuilders • Trauma Systems Therapy - Community Health Team 	<ul style="list-style-type: none"> • Family Centered Treatment • Functional Family Therapy • Parenting with Love & Limits • Preserving Families Network • Preserving Families Network Lite • Teen Assertive Community Team • Trauma Systems Therapy 	<ul style="list-style-type: none"> • Families Together Visitation • BoysTown Visitation • Immediate Response Visitation Program • Immediate Response Visitation Program DD • Integrated Permanency Supports Visitation • Integrated Permanency Supports Visitation DD • Trauma Systems Therapy Visitation 	<ul style="list-style-type: none"> • CSEC Day One • Familias Unidas • Strong African American Families • Family Preservation and Permanency • Multi-Systemic Therapy, Problem Sexual Behavior • Parent & Family Empowerment Program • Supporting Adoptive and Foster Families Everywhere • Supporting Teens and Adults At-Risk • Trauma Treatment, Evaluation, Assessment, and Management 	<ul style="list-style-type: none"> • Best Start • SafeCare • Positive Parenting Program 	<ul style="list-style-type: none"> • Outreach & Tracking • Parent Support Network • Teen Focus • Youth Advocates Program

For an in-depth description of each service, please refer to the DCYF Resource Guide at: <https://dcyf.ri.gov/services/behavioral-health/central-referral-unit/service-provider-guide>

DCYF Service Array Utilization

Home-Based Utilization January 2020 – January 2023



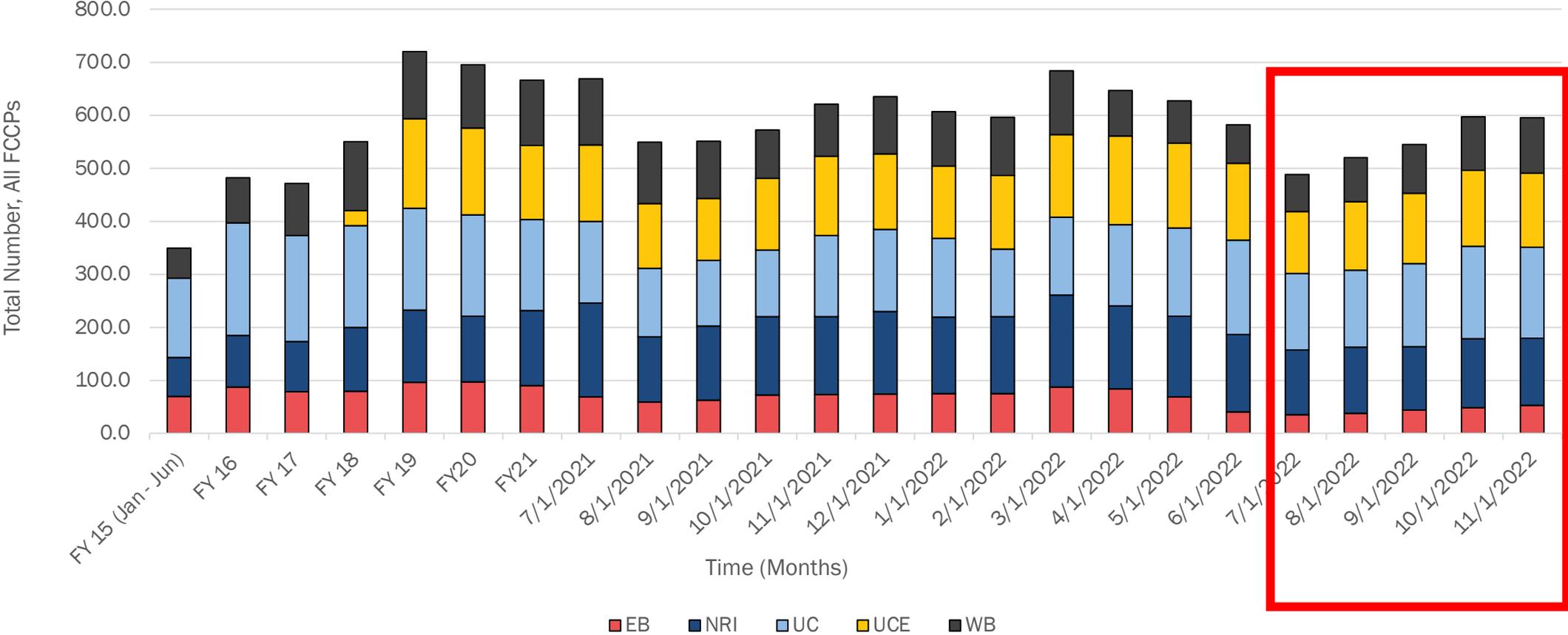
Despite continued difficulties with hiring, the DCYF home-based service array has been able to increase capacity as a result of the HCBS funding that was provided, and DCYF is working to expand capacity further.

Family Care Community Partnerships (FCCPs)

- The Family Care Community Partnerships (FCCPs) represent DCYF's critical primary prevention effort for the state.
- The FCCPs provide high-fidelity wraparound facilitation for families who have children experiencing emotional or behavioral difficulties, serious behavioral challenges at school, stressful life experiences, or a lack of natural and community supports.
- The FCCP teams use a strength-based approach to wraparound the child and family and coordinate services, develop and reach attainable goals, and empower families to become their own advocate through voice and choice.
- The FCCPs are statewide and located in 5 catchment areas:
 - ✓ East Bay, Northern, East Urban Core, West Urban Core, Washington-Kent

Similar to the rest of the DCYF home-based array, DCYF has been able to restore critical capacity for the FCCPs and expand access to wraparound facilitation.

Cases open by FCCP Regions



Infant Early Childhood Mental Health Task Force (IECMH)

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The Charge: House Bill 7801

The executive office of health and human services shall establish a task force to develop a plan to improve promotion of social and emotional well-being of young children as well as screening, assessment, diagnosis, and treatment of mental health challenges for children from birth through age five (5) with Medicaid coverage.

The plan will include:

- Evidence-based and evidence-informed practices in IECMH
- Mental health promotion and prevention parenting supports
- Screening, assessment and treatment in multiple settings and child-serving programs
- A registry of IECMH professionals
- Strengthening knowledge, skills and practice of providers working with young children (birth to five)
- Addressing and responding to the intergenerational effects of racism, economic insecurity, and toxic stress that influence the health and mental health of young children and families
- Please see the full legislation here: <http://webserver.rilin.state.ri.us/BillText22/HouseText22/H7801.pdf>

Equity and Social Justice Statement

The recommendations of this Taskforce:

- Intentionally consider the foundational components of well-being - a daily life resource determined by social, economic, and environmental conditions and negatively impacted by the inequitable distribution of resources.
- Seek to improve overall health for young children in RI, particularly those most disenfranchised, by improving disparities in resource allocation to those most susceptible to poor outcomes and promoting anti-racist practices.

The Taskforce acknowledges the history of institutional and structural racism and its impact on health.

We are committed to improving the quality of life for all Rhode Island residents while eliminating the inequities that threaten the lives of low-income communities and communities of color disproportionately affected by substance use, chronic diseases, and their risk factors.

Core Principles

- Children’s mental health is first and foremost about supporting, promoting, enabling communities and families with young children to thrive.
- When a child needs support for mental health or behavioral challenges, all families can equitably access a family-centered IECMH system of care (as a component of the [Rhode Island Behavioral Health System of Care for Children and Youth](#)).
- The IECMH system of care empowers families by making them full partners in the planning and delivery of services.
- The IECMH system of care actively works to reduce racial and ethnic disparities and class inequities in all actions and responses. This includes:
 - Fostering inclusion and countering the effects of discrimination and marginalization jeopardizing healthy development.
 - Providing culturally competent, linguistically responsive, strengths-based, trauma-informed services that respect how different cultures and ethnic groups may have different views and interpretations, both of the concepts of children’s social and emotional development and wellness, and the type of system needed to address the needs of young children and their families.
 - The IECMH system of care strives to strengthen and preserve the child’s primary attachment and caregiver relationships.

Core Principles (Cont'd)

- The IECMH system of care emphasizes prevention and early intervention through timely screening, identification, and delivery of services to maximize opportunities for babies and young children to thrive.
- The IECMH system of care supports the stability of the child's family, whether biological, adoptive, or foster, including attention to social determinants of health and mental health.
- Services and supports in the IECMH system of care are evidence-based/informed and embedded in a wide range of settings.
- Services and supports in the IECMH system of care are delivered by a high-quality, well-trained, racially and ethnically diverse workforce reflective of the communities they serve.
- Services and supports are coordinated, aligned, and integrated at the state and local/community levels.
- The workforce is supported with appropriate compensation and workloads, training, consultation/coaching, and attention to wellness to increase continuity and stability of care and avoid burnout and turnover.

Proposed IECMH Plan Introduction

The following slides outline the recommendations for building capacity underneath 10 priorities.

Some of what needs to change would require little funding but will necessitate fundamental changes in how people think, work together, interact with families and partners, and make decisions.

Other changes would require new investments.

- We will need to invest in new thinking and systems change efforts to ensure that the decisions we are making, the policies we are developing, and the services we are funding are reducing racial disparities and are not overtly or covertly creating further inequities.
- We must support a system responsive to the diverse needs of children and families of different races, languages, and cultures that intentionally address racial and economic disparities.
- More resources are needed, and more can be done with existing resources to develop a more effective approach to meeting young children's needs.

Proposed IECMH Plan Framework

For each priority, the participants in this planning process have identified a set of recommendations.

The recommendations for each priority are differentiated by the type of recommendation and investment required.

- Recommendations that could be accomplished within 12 months and/or supported through reallocation of resources or policy change.
- Recommendations requiring additional resources:
 - One-time investment
 - Ongoing investments



Recommendations important to parents and caregivers are denoted with:



10 IECMH Proposed Plan Priorities

1. Implement Coordinated IECMH Workforce Development And Support: IECMH Clinicians
2. Implement Coordinated IECMH Workforce Development And Support: Broader Early Childhood Workforce
3. Advance Policies To Address Underlying Inequities And Root Causes Of IECMH Challenges
4. Universally Promote The Importance Of IECMH
5. Screen, Evaluate, And Connect Parents and Caregivers to Treatment
6. Screen And Refer Children To Evaluation And Treatment For IECMH Challenges
7. Ensure A Robust and Coordinated System Of Preventive Interventions And Support
8. Provide IECMH Consultation In Early Childhood Settings
9. Expand Access To Evidence-Based, Family-Based Dyadic IECMH Treatment
10. Promote Developmentally Appropriate Assessment and Diagnosis

Thank you!

- Thank you for your attention. We welcome any questions, comments, or feedback you may have regarding the presentation.
- Reach out to Ellie Rosen with any questions: Ellie.Rosen.CTR@ohhs.ri.gov

Public Comment