

Children's Cabinet

August 23, 2022

Agenda

- Welcome and Introductions (2 min)
- Vote on adoption of April meeting minutes (2 min)
- Children's Behavioral Health System of Care Presentation (40 min)
- Public Comment (10 min)
- Adjournment



RI Behavioral Health System of Care for Children and Youth – Update and Next Steps

August 23, 2022

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TODAY'S AGENDA

01

BACKGROUND AND CONTEXT

Rhode Island Vision of a Behavioral Health
Continuum of Care
System of Care for Children and Youth
Background

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SYSTEM OF CARE FOR CHILDREN & YOUTH UPDATE

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ALIGNING WITH OTHER BEHAVIORAL HEALTH SYSTEM TRANSFORMATION

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Alignment Planning

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GOVERNANCE PROPOSAL

Public/Private Steering Committee
New Work Groups for Community Partner
Engagement
Q&A

Rhode Island Vision of a Behavioral Health Continuum of Care

Equity and Inclusion, Quality and Capacity Management, and Social Determinants of Health

Care Coordination, Physical/Behavioral Health Integration, and Workforce Development

**Infant &
Child**

**Adolescents &
Transition-
Aged Youth**

Adult

Older Adult

**Promotion,
Prevention
Services and
Universal
Screening**

**Single Point-of-
Access and
988 Service**

**Crisis Response
and Triage/
Evaluation
Services**

**Home- and
Community-
Based Services
and Recovery
Supports**

**Institutional
and Residential
Treatment
Services**

Children's Behavioral Health in Rhode Island Today

Lack of Clarity for Caregivers

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. Caregivers may not know what to do, or who is available to help meet their child's needs in a culturally, linguistically, and developmentally competent manner.

Lack of Alignment within the System

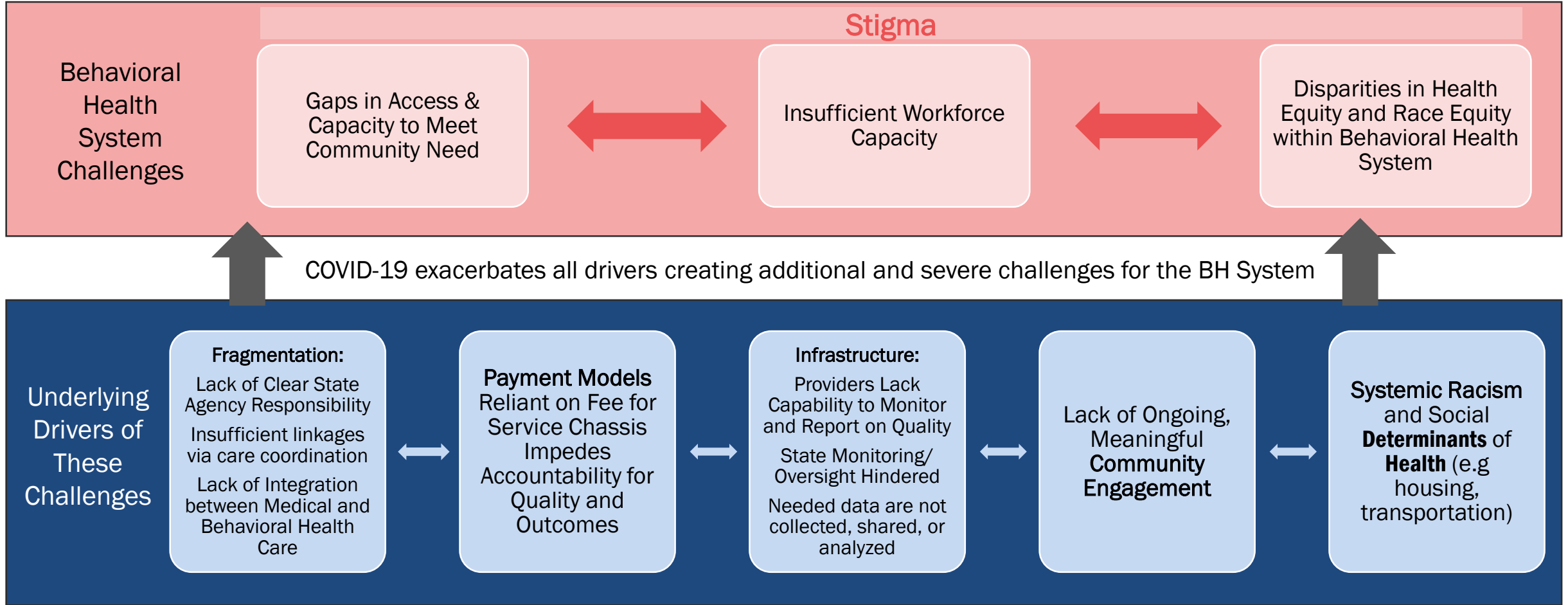
Our current system is siloed. Responsibility for children's behavioral health services is fragmented across different state agencies. This makes it difficult for the system to deliver effective behavioral healthcare to all of our children and families in Rhode Island.

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.

Problem Diagnosis: Underlying Drivers, from the RI Behavioral Health System Review

Key themes have emerged from quantitative and qualitative research including challenges in the current behavioral health system, and underlying drivers of those challenges. Any policy solutions must address the underlying drivers, otherwise the challenges will persist.



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

Introduction – FY 23 Priorities and Status Update

Because the behavioral health challenges for our Rhode Island youth are so dire, EOHHS and our partners at DCYF, BHDDH, RIDOH, and RIDE are prioritizing the following components of the plan for FY23:

- 1) Single Point of Access – aligned with 988
- 2) Mobile Response & Stabilization Services
- 3) Expanding the Service Array
- 4) Care Management
- 5) Prevention



Single Point of Access - 988

988 Planning and Implementation:

- **Planning:** BHDDH led the planning for 988 throughout FY22
- **Training:** BHDDH secured funding for training for 988 staff, focusing on children and families, and the LGBT community. The formal trainings with 988 staff began in July 2022 and are continuing after the July roll-out.
- **988 Implementation:** Governor McKee allocated, and the legislature passed, \$1.87M in federal dollars to implement the 988 phone number in FY23.
- **988 Roll-Out:** 988 officially began on July 16, 2022. The 988 call center had a 100% in-state answer rate on launch weekend.
- **Ongoing Planning:** The Interagency Child Well Being Team is carrying out ongoing planning with BHDDH and 988, to have them support the Mobile Response and Stabilization Services (mobile crisis) in FY23. We are also integrating 988 into the planning for the larger Certified Community Behavioral Health Clinic (CCBHC) system transformation.



Mobile Response and Stabilization Services – Mobile Crisis

Children and Youth Mobile Crisis Planning and Implementation:

- **Planning:** The Interagency Child Well Being Team carried out planning for mobile crisis for children and youth throughout FY22, including seeking funds for implementation
- **Building Block 1:** With funding from RIDE, the state created a small mobile crisis project in May and June of 2022 with vendors Family Service of Rhode Island and Tides Family Services. Together, they served 50 youth, keeping many of them from seeking care in hospitals.
- **Building Block 2:** EOHHS is completing a procurement for a year-long contract for a children’s mobile crisis program with Home and Community Based Services dollars. Successful vendors are expected to be announced in September and the intent is to serve over 1,000 children this year.
- **Ongoing Planning:** The Interagency Child Well Being Team is carrying out ongoing planning to integrate the children’s mobile crisis program into the CCBHC planning. CCBHCs are expected to be fully implemented in FY24.



Expanding the Children's Service Array & Care Management Services

Goal: In order to ensure follow-up services for children who come into the System of Care through mobile crisis, the state prioritized ensuring more slots in the existing DCYF service array and care management program (Family Care Community Partnerships, or FCCPs) - 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 has provided 14% rate increases and dollars to increase the slots by 10% for the children's service array.

Expanding Care Coordination

- **FY23 Expansion:** Also with funding from HCBS, the state is expanding the FCCPs contracts by 12% to increase these vendors' ability to serve more children.

Prevention

Supporting Family Home Visiting

- FY23 Support: With HCBS dollars, Family Home Visiting providers will receive a temporary rate increase for First Connections, to reflect current operating cost needs and to ensure program strength.



Additional Prevention Activities:

- The Opioid Settlement Advisory Committee has recommended the allocation of \$4,000,000 for a combination of school-based and community-based youth prevention activities.

Rhode Island Behavioral Health System Review

Initial Focus:

- 1. System Concerns
- 2. Gaps
- 3. Significant Shortages
- 4. Moderate Shortages
- 5. Slight Shortage

Problem Diagnosis: Major Identified Gaps and Shortages in the Continuum of Care

Gap indicates that there was no evidence in our qualitative or quantitative analysis of the service existing in Rhode Island.
Shortage indicates that while some level of service exists it is not adequate to meet the need of Rhode Islanders with BH/SUD conditions.

Mental Health Services for Adults and Older Adults	Gaps	Mobile Crisis Treatment
	Significant Shortages	Community Step Down Hospital Diversion State Sponsored Institutional Services Nursing Home Residential
	Moderate Shortages	Non-CMHC Outpatient Providers Intensive Outpatient Programs Dual Diagnosis Treatment Crisis/Emergency Care Inpatient Treatment Home Care Homeless Outreach
	Slight Shortage	Licensed Community Mental Health Center tied to accessibility statewide
Substance Use Services for Adults and Older Adults	Gaps	Mobile MAT
	Significant Shortages	Indicated Prevention Correctional SUD Transitional Services Recovery Housing Residential – High & Low Intensity*
	Moderate Shortages	Intensive Outpatient Services Supported Employment

Continuum of Care for BH for Children	Gaps	Community Step Down Transition Age Youth Services Residential Treatment for Eating Disorders**
	Significant Shortages	Universal BH Prevention Services Hospital Diversion State Sponsored Institutional Services Nursing Home Residential/Housing**
	Moderate Shortages	SUD Treatment Enhanced Outpatient Services Home and Community Based Services Mobile Crisis
	Slight Shortage	Emergency Services

Key Message: The gap in inpatient/acute services appears to be driven by the lack of crisis intervention and community wrap around support and prevention. Our recommendation is not to build additional inpatient capacity, rather to invest resources in better community support to alleviate the bottleneck for the existing inpatient beds.

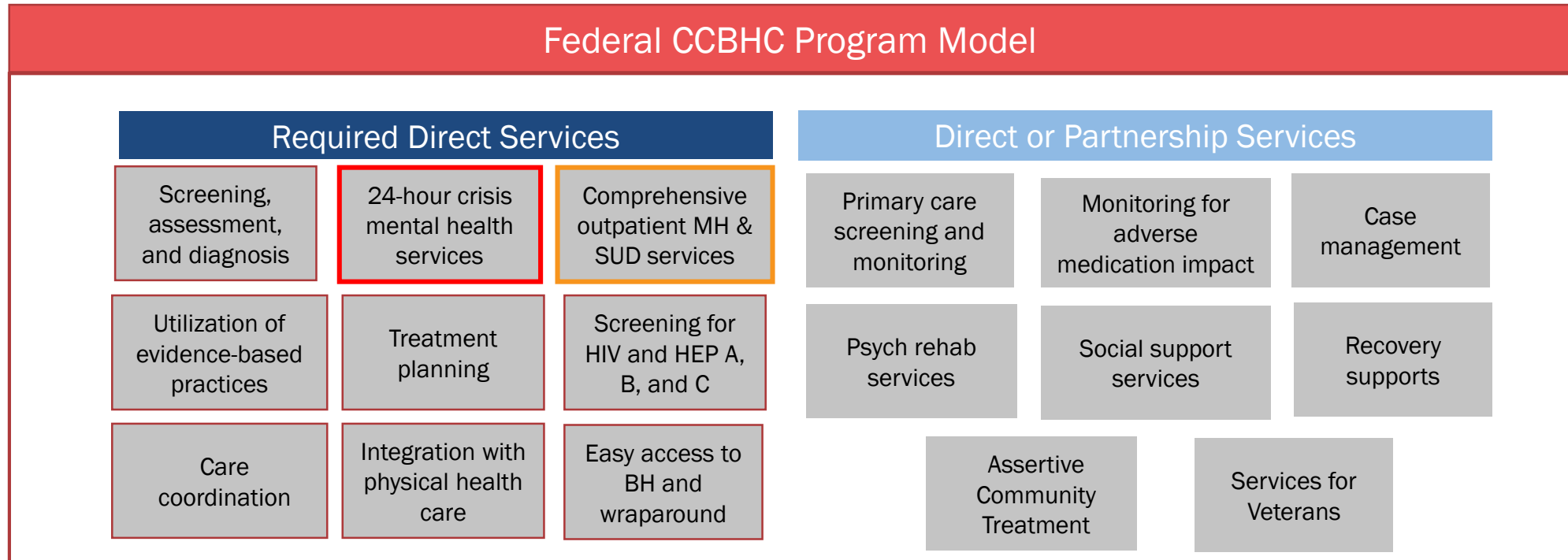
- System Concern Due to Gaps**
1. Access to children’s BH services is significant challenge for RI families, and for RI providers trying to match treatment level need with available capacity.
 2. RI’ers often struggle to access residential and hospital levels of care for mental health and substance use.
 3. Capacity and access to prescribers within behavioral health treatment services is mixed.
 4. Crisis services are difficult to access.
 5. Access to counseling and other professional services in the community is mixed.
 6. Access to prevention services is inconsistent and under-funded.

*Between Aug-Dec 2020, between 55-108 people were waiting for residential services.
 **Between May-Dec 2020, between 5-31 children and adolescents were waiting for residential svcs.

Documentation of qualitative and/or quantitative findings related to gaps and shortages are available in Section 4 of this report.

CCBHC Model Overview

CCBHC is a federally defined service delivery model that will address identified gaps in Rhode Island's BH system and improve BH and SUD-related outcomes, with targeted supports for diverse/ underserved populations.



Rhode Island CCBHC Enhancements

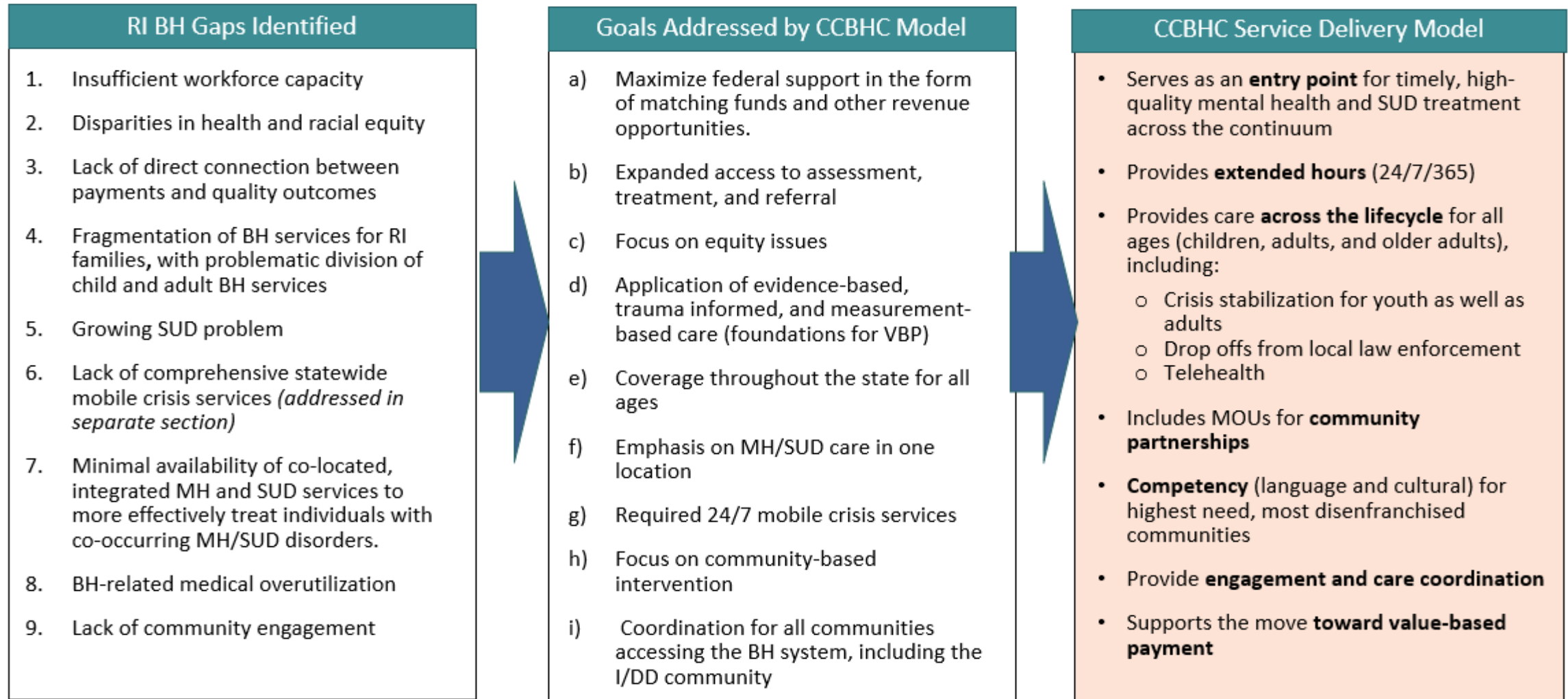
- DCO vs. Direct service requirements: Allowing for tailored service models, providers for specific populations (i.e. Children/Youth vs. Adults, people with IDD)
- Exploring ways to build mobile crisis in the most aligned way possible

CCBHC Details

Certified Community Behavioral Health Clinics (CCBHC):

- ❖ Based on the Federal definitions within the Excellence in Mental Health Act.
- ❖ Designed to provide a de-institutionalized, comprehensive range of behavioral health (i.e., mental health, substance use) and social services to particularly vulnerable populations with complex needs across the life course.
- ❖ CCBHCs are required to offer the following array of services:
 - *Crisis mental health services, including 24-hour, mobile response teams, emergency intervention, and crisis stabilization;*
 - *Screening assessment and diagnosis, including risk management;*
 - *Patient-centered treatment planning within the least-restrictive and appropriate setting;*
 - *Outpatient mental health and substance use services;*
 - *Primary care screening and monitoring;*
 - *Targeted case management;*
 - *Psychiatric rehabilitation services;*
 - *Peer support, counseling, and family support services; and*
 - *Inter-system coordination and connections (e.g., other providers, criminal justice, developmentally-disabled, foster care, child welfare, education, primary care, community-based, etc.).*

Certified Community Behavioral Health Clinics (CCBHCs)



CCBHC Alignment with BH System Review Principles

Goal A state-defined payment model based on historical rates and provider cost data that considers infrastructure and quality performance in alignment with state reform programs that drive the BH system toward value.

Principles

1. Measure & **link payment to outcomes**, quality performance & expanded system capacity across the continuum of BH care
2. **Advance Equity** - Include financial incentives that drive performance improvement for most at-need Rhode Islanders
3. Fund important **one-time and ongoing infrastructure** and workforce investments
4. **Transition away from FFS toward value-based payment** methodologies that sustainably support ongoing infrastructure and performance goals
5. **Maximize federal support** in the form of matching funds or other revenue opportunities
6. Manage revised payment model within Rhode Island **Medicaid's budgetary constraints**
7. **Align with other payment models and program investments** within Medicaid and across payors and the RI market

Objectives

- | | |
|--------------------|--|
| Services | <ul style="list-style-type: none">• Reimburse for services that are currently not billable outside of the health home (IHH/ACT) model• Fund expanded service offerings - specifically 24/7 mobile crisis |
| Populations | <ul style="list-style-type: none">• Address IHH/ACT "cliff" - encourage expanded services to be provided to all populations – not just complex, HH eligible (IHH/ACT participants)• Include kids in the CCBHC care delivery model and funding model |
| Providers | <ul style="list-style-type: none">• Enable expanded provider participation• Encourage CMHOs to become CCBHCs, support non-CMHO BH providers who may wish to become CCBHCs |
| Other | <ul style="list-style-type: none">• Build in mechanisms to address variation in services, delivery model for specified populations• Address reporting gaps of a bundled payment model• Keep it simple |

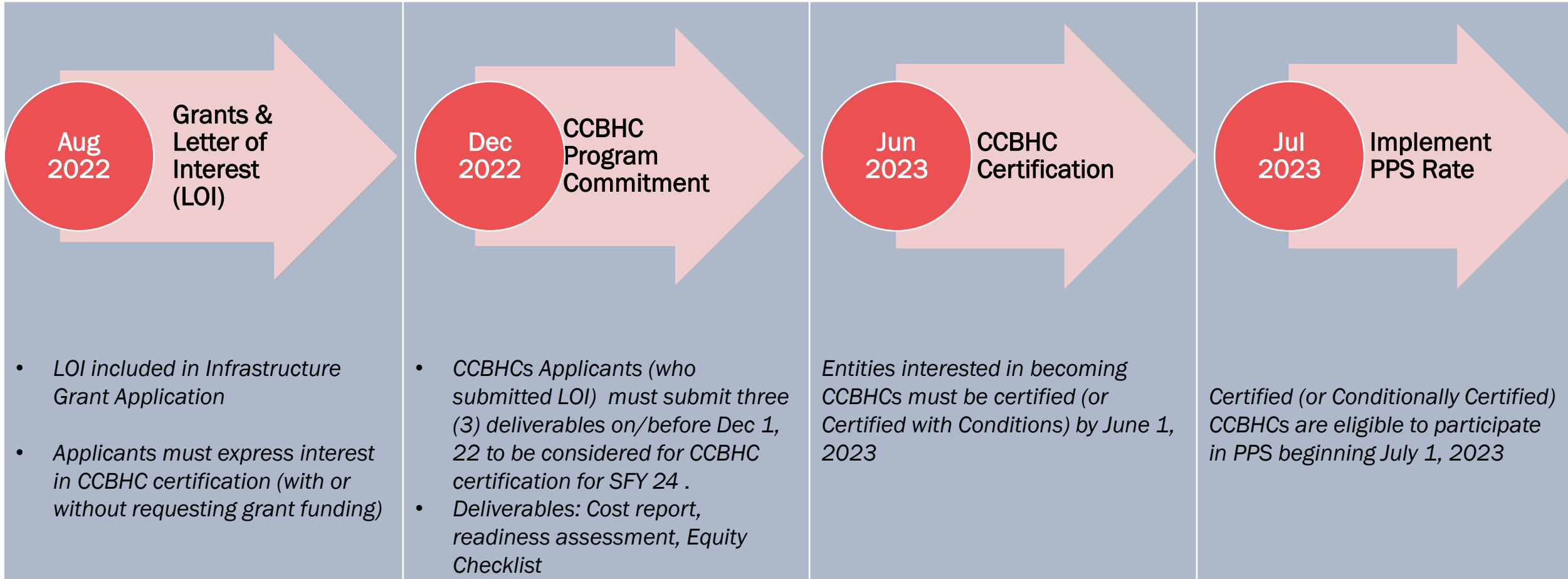
Starting Point: Legislative Language

These bullets are taken from Budget Article 12, as Amended

<http://webserver.rilegislature.gov/BillText22/HouseText22/Article-012-SUB-A-as-amended.pdf> (Starting on Page 13)

1. **By August 1, 2022, EOHHS will issue** the appropriate Purchasing process and vehicle for organizations who want to participate in the CCBHC model program, based on the federal CMS model.
2. **By December 1, 2022, the organizations will submit a detailed cost report** developed by BHDDH with approval from EOHHS that includes the cost for the organization to provide the required services.
3. **By January 15, 2023, BHDDH, in coordination with EOHHS, will prepare an analysis of proposals, determine how many behavioral health clinics can be certified in FY 2024 and the costs for each one.** Funding for the Certified Behavioral Health Clinics will be included in the FY 2024 budget recommended by the Governor.
4. Subject to the approval from CMS, the CCBHC model pursuant to this chapter, shall be **established by July 1, 2023**, and include any enhanced Medicaid match for required services or populations served.
5. EOHHS should apply for the **federal Certified Community Behavioral Health Clinics Demonstration Program** if another round of funding becomes available.

CCBHC Implementation Timeline



System of Care Proposed Governance – Steering Committee

Steering Committee – Representative group of children’s behavioral health community partners, with a long-term view of the Children’s System of Care.



1. Quarterly Meetings
2. Open Meetings with significant public comment opportunities
3. Would get input from Work Groups (see next slide) and would share input and recommendations with the Children’s Cabinet

System of Care Proposed Governance – Work Groups

1. **Long Term System Planning** – Work Group will set up discussions for the Steering Committee, with in-depth discussions on Policy & Regulations, Ensuring Equity, Aligning with Schools, Workforce Development, Prevention, Family/Youth Engagement, and Long-Term Sustainability of the System of Care for Children & Youth. *Focus is Forward Motion*
2. **Implementation Planning & Data/Analysis** – Shorter term planning for implementation and alignment. Topics would include Qualitative and Quantitative analysis of the System of Care activities, System of Care Implementation Review, Ensuring Equity, Ensuring Alignment with the Child Fatality and Near Fatality Work Group, and Engaging Families with live feedback. *Focus is Analyzing the Program: What’s happening right now and is it working?*
3. **Ensuring Equity** – Working with all the other work groups to lift up equity as an ongoing priority, troubleshoot and problem-solve, and help guide practice for the other work groups. *Focus is Eliminating Disparities.*



System of Care Proposed Governance – Work Groups

4. **Communications and Outreach**, with a focus on equity, including families. Work Group would engage with other Work Groups to publicize the activities and invite community partners, family members, and especially youth, to become involved. There will also be a separate Family Engagement group for their own discussions. *Focus is engaging the people served by the system.*
5. **Infant Mental Health Task Force**, as required by R.I.G.L. 27-38.2-6. The General Assembly has directed EOHHS to 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 5 with Medicaid coverage – and to submit a plan to the Governor and General Assembly by June 30, 2023. This plan will become part of the overall System of Care plan.



Requests of the Children's Cabinet

- Support the **System of Care Plan** as it moves forward through implementation
- Continue to have your agencies participate in the **Governance Structure** prioritizing interagency alignment and breaking down silos
- Support the **Plan's Equity Initiatives** to continue to eliminate disparities

Requests of our Community Partners

- Engage with the Governance Structure:
 - Attend Steering Committee meetings as members or active participants
 - Join one or more Work Groups and help plan or implement the System of Care in our public/private partnership

Questions & Answers

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Public Comment

