

# CHILDREN'S BHO RECOMMENDATIONS

Report to the MRT Behavioral Health Workgroup

FALL 2011

Chair: Gail Nayowith,  
Executive Director SCO Family of Services;

Kristin Riley, Deputy Commissioner – OMH  
Steve Hanson , Acting Associated Commissioner- OASAS

# Children's Workgroup Membership

**Chair:** Gail B. Nayowith, Executive Director, SCO Family of Services,

Euphemia S. Adams, Executive Director, Families on the Move NYC, Inc.

Scott Bloom, Dir of School MH Services, NYC DOE, NYCDOHMH

Lauri Cole, Executive Director, NYS Council Community Behavioral Healthcare

Carmen Collado, Dir of Public Policy and Government Relations, JBFCS

Kevin Connally, Executive Director, Hope House , Albany

John Coppola, Executive Director, Assn of Addiction Providers of NYS

Phil Endress, Commissioner of Mental Health, Erie County DMH

William Gettman, Executive Deputy Commissioner, OCFS

Steven Hanson, Acting Associate Commissioner, NYS OASAS

Adam Karpati, Executive Deputy Commissioner, NYC DOHMH

Danielle Laraque, M.D., Chair of Pediatrics, Maimonides

Brian Lombrowski, Youth Advisor, NYC Field Office, NYS OMH

Angel Mendoza, M.D., Asst Commissioner, ACS

Paige Pierce, Executive Director, Families Together in NYS

Jim Purcell, CEO, Council of Family and Child Caring Agencies

Kathy Riddle, Executive Director, Outreach Development LI and Queens

Kristin Riley, Deputy Commissioner, NYS OMH

Phil Saperia, Executive Director, The Coalition of Behavioral Health Agencies

Glenn Saxe, Chair, Child Psychiatry New York University

Andrea Smyth, Executive Director, NYS Coalition for Children's MH Services

Phyllis Silver, President, Silver Health Strategies

Lauren Tobias, Assistant Director, Division of Financial Planning and Policy, DOH

# Charge

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- Involve experts, families and youth with knowledge and experience specific to children with serious emotional disturbances and substance use disorders in the specification of child-specific chapter within the larger BHO Subcommittee report
- 5 Meetings July 28- September 8th

**New York State should articulate core expectations for all payers of behavioral health services for children.**



# Critical building blocks that support a comprehensive operating framework for KIDS and their FAMILIES:

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- Children and their families should be looked at through a holistic lens that sees health, behavioral health and ability to function at home, in school and in the community as necessary capacities to be supported and enhanced for each child.
- Peer and family support, self help and natural supports should be integrated with other behavioral health services to empower children and their families, offer choice in approach to care and reduce reliance on formal systems of care.

# Critical building blocks that support a comprehensive operating framework for KIDS and their FAMILIES:

- All children must have access to effective behavioral health services where and when needed. Services should be responsive, timely and adaptable to complex and changing needs and evolving situations.
- Intervention should occur at the earliest possible juncture through screening and other methods of early identification. Health and behavioral health services should be provided through a perspective that is informed about childhood trauma, child and adolescent development, family life and is adept at identifying and providing effective services to this significant population.

## Critical building blocks that support a comprehensive operating framework for KIDS and their FAMILIES:

- Continuity of the child's care and relationship with primary care and behavioral health providers should be maintained regardless of changes in health insurance coverage or managed care plan
- Managed care arrangements must support providers across child-serving systems in maintaining compliance with statutory, court ordered and/or public obligations for child safety, public safety, access to appropriate education and primary and preventive health care.



## Workgroup Recommendations: Children

- The children's behavioral health system lacks capacity to best serve the needs of the State's children and youth; community-based care should be targeted for planned investments and reinvestments. This need for investment must be taken into account when savings targets are being considered.



# Recommendations Children's Behavioral Health Managed Care

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1. Identify the core elements of the benefit package and priorities for the basic Medicaid Managed Care, Child Health Plus, Family Health Plus and Commercial Insurance Plans.
2. Identify the enhanced elements of the benefit package and processes for a Special Behavioral Healthcare Managed Care Plan for children with special needs.
3. Develop outcome measurements and standards to review program performance.



# Workgroup Recommendations: Children

- Core behavioral health standards for children should be met by all public and private health insurance plans.
- General Behavioral Health Benefits for Children in Medicaid Managed Care, Child Health Plus, Family Health Plus or Commercial Insurance should include and promote:
  - *Routine screening for behavioral health;*
  - *Crisis services available on a 24/7 basis;*
  - *Accountability for access*
  - *Greater transparency on medical necessity.*



## Workgroup Recommendations: Children

- Specialty managed care for children should include a comprehensive benefit of treatment, family support, care management and wrap around.
- Eligibility for specialty behavioral managed care should be based on a combination of clinical/functional factors.
  - *Children with an individualized educational plan (IEP) or who are served in the child welfare or juvenile justice systems should have streamlined and facilitated enrollment (“presumptive eligibility”)*



## Workgroup Recommendations: Children

- A small number of behavioral health outcomes specifically for children should be tracked, reported and incentivized to anchor quality in both mainstream and specialty care.
- Establish clear processes to measure and use outcomes to appraise performance and improve quality across 9 recommended areas.
- The public should have open access to regular performance reports for the BHO and for behavioral health services in basic plans.



## #3 Outcome Areas:

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- Improvement in psychiatric symptoms for which treatment is sought
- Improvement in functional status (e.g. social, school function)
- Consumer Satisfaction/Involvement
- Critical incidents
- Success/failure at transition to less intensive level of care
- Access
- Medication Management
- Cross Systems Communication/Case Planning
- Network Adequacy



# Health Homes + Kids.....

- *Brief Update*
- *Kids MRT Working Group*
- *December 1<sup>st</sup> – target for unified recommendation to DOH, OMH, OASAS and OCFS*