



**Department of
Health**

**Medicaid
Redesign Team**

**Office of
Mental Health**

Children's Mental Health System of Care

New York State Office of Mental Health

Division of Integrated Community Services for Children and Families

Meredith Ray-LaBatt, Deputy Director

Michelle Wagner, Program Specialist

Health Home Serving Children Implementation Policy Bi-Weekly Webinar

Wednesday, July, 19th, 2017

1:00 – 2:30pm

Today's Discussion

- I. Prevalence of Mental Health Needs
- II. Mental Health Diagnoses/Serious Emotional Disturbance
- III. Overview of the Continuum of Care
- IV. Accessing Mental Health Services
- V. Local County and C-SPOA
- VI. Youth with High/Complex Psychiatric Needs (Case Example)
- VII. HCBS Waiver Program and Eligibility
- VIII. Resources and Contact Information



Children's Mental Health Overview



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Children's Mental Health

- 1 out of 10 children have a serious emotional disturbance; more children experience psychiatric illness than cancer, blindness, autism, developmental disabilities, and AIDS combined.
- Only 20% of children with an emotional disturbance receive specialty mental health treatment. Children with mental health problems are much more likely to appear in pediatric offices and in schools than in clinics or therapist's offices.
- A majority of children & youth in juvenile justice settings and with "cross-system" needs have serious emotional disturbance.
- Emotional disturbance is associated with the highest rate of school failure. Only 30% of children identified with emotional disturbance graduate with a standard high school diploma.
- Suicide is the third leading cause of death for 15 to 24-year olds.



Children's Mental Health Diagnoses

- Qualified providers (physicians, licensed mental health practitioners, etc.) conduct evaluations to determine if children meet criteria for a mental health diagnosis as per the DSM-V
- Disorders affecting children may include such diagnoses as anxiety disorders, attention deficit hyperactivity disorder (ADHD), bipolar disorder, depression, disruptive behavior disorders, and schizophrenia
- Treatment for mental health issues in children is increasingly being provided by primary care providers; more than doubling in the last 25 years.



Serving Kids w/ Serious Emotional Disturbance

Serious emotional disturbance (SED) - a child or adolescent has a designated mental illness diagnosis according to the most current Diagnostic and Statistical Manual of Mental Disorder (DSM) and has experienced functional limitations due to emotional disturbance over the past 12 months on a continuous or intermittent basis. The functional limitations must be moderate in at least two of the following areas or severe in at least one of the following areas:

- a.) Ability to care for self;
- b.) Family life,
- c.) Social relationships,
- d.) Self- direction/self-control,
- e.) Ability to learn



Children's Mental Health Services System of Care



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Continuum of Care

I. Community Based Services

- Family support, Health Home Serving Children (former TCM), Outpatient Clinic, Home and Community Based Services (HCBS) Waiver, Day Treatment

II. Community Residential Services

- Community Residences, Crisis Residences, Residential Treatment Facilities, Teaching Family Homes

III. Hospital

- Community Psychiatric Inpatient Hospital, State-Operated Inpatient Hospital



Current Continuum of Care



Other Available Services

- Local Communities often have various community based services through multiple funding resources some of which are directed towards youth with social, emotional and behavioral challenges.
- Other services are funded through State Aid dollars, Federal Block Grant Funds, and other child-serving systems
- Different funding streams can impact eligibility criteria and who can receive the services



Accessing Mental Health Services

- Self-refer, parent - and child by a certain age - can make their own referral for assessment if they feel services are needed
- Community Referral from provider, school, other child-serving system can refer to a provider if a need is identified
- County/LGU/Single Point of Access (SPOA) serves as a resource for identifying available services and a gateway to high end services



State and Local Partnership



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Partnering for Access to Mental Health

- Counties, also known as Local Government Unit (LGUs), are authorized under NYS Mental Hygiene Law Article 41 to:
 - Develop in the community preventive, rehabilitative and treatment services offering continuity of care
 - Improve and expand existing community program for individuals with SMI, SED, DD and SUDs
 - Plan for the integration of community and state services
 - Cooperate with other local governments and with the state in the provision of joint services and sharing of resources
- LGUs develop and oversee comprehensive, integrated and cost-effective systems of care locally while working in partnerships with NYS mental hygiene agencies (OMH, OASAS and OPWDD).



Children's Single Point of Access (C-SPOA)

- In 1991 a study of the NY children's mental health system indicated that while NY had a comprehensive array of services for children with SED and their families, there was not necessarily good coordination with and prioritization of these services
- As a result, the Single Point Of Access (SPOA) was developed as part of the Governor's New Initiative 2000-2001
- Each County/Local Government Unit across NYS has an established SPOA to serve as a way to help support, prioritize and effectively assure access to children's mental health services



Role of SPOA

- Lead contact in county for Children's Mental Health Services
- Collaborates and coordinates across systems, process and structure unique to localities to help facilitate access to services
- Assists families and providers in navigating multiple child-serving systems, address any challenges with access to services
- Identification of available county resources for families and providers, including both formal and informal supports with the goal of maintaining child/youth in their home communities
- Manages, referrals, vacancies, waitlists for high end services and community programs (i.e. HCBS, CR, RTF)
- Serves as a vital linkage to home/community for those children/youth placed out of the home pre and post placement
- Navigate, refer and identify services for children without Medicaid

*More Information on 8/2/17 HHSC Webinar



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Accessing High-End Children's MH Services

- High-End services include Residential Treatment Facilities (RTF), Community Residences, the HCBS Wavier program, and other locally-specific services (e.g. Teaching Family Homes, Family Based Therapeutic Intervention)
- Such services have limited availability, with only a certain number of beds or slots
- To access, referents must complete a SPOA Application (Or for RTF a PACC referral packet) and supply clinical documentation (e.g. Psychosocial, psychiatric, psychological, and in some cases physical/medical)



Accessing Services (Continued)

- Referral to SPOA for High End services will continue to be required for the following services as outlined below:
 - HCBS Wavier: Until the transition to Health Homes/Medicaid Managed Care, approximately July 2018
 - Community Residence/RTF: These services will be transitioning to managed care at a later date and no earlier than 24 months post July 2018; referrals through SPOA will continue until that time
 - Other 'Non-Medicaid reimbursed' services that are funded locally with State and County Resources will continue to be managed by SPOA indefinitely



Youth with Complex Needs



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Case Example

- Jon is a 10 year old boy currently receiving outpatient mental health treatment. Jon was referred to clinic by the school social worker due to ongoing disruptive behaviors. He is also currently being evaluated by the Committee on Special Education.
- Jon's mother, Beth, receives outpatient mental health treatment for depression. Beth struggles to manage Jon's behavior at home and when out in the community. Beth is concerned for the safety of her three year old daughter and has filed a petition with Family Court for a Person in Need of Supervision.
- Beth is having difficulties in making all of the appointments with school, Family Court, Jon's treatment and her own treatment. Resulting in numerous missed appointments with Jon's therapist.



Case Example – (Continued)

- To assist Beth in coordinating all of Jon's services his therapist made a referral to SPOA, who spoke with the family and they all agreed Health Home Care Management would be helpful
- Even with the additional support of the Health Home Care Manager, Jon continued to struggle. Jon had an aggressive outburst at school and the police were called. He was unable to regain control and was taken to ER for observation and an evaluation.
- After the HHCM spoke with the family and therapist, they all decided a higher level of service was needed to avoid continued ER visits and future possible hospitalization. A referral was made to C-SPOA for HCBS Waiver to help support Jon and help keep him home with his family.



OMH Home & Community Based Services (HCBS) Waiver Program



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Home & Community Based Services (HCBS) Waiver

- The OMH Home and Community Based Services Waiver (HCBS) utilizes a strength-based, individualized care model to ensure effective interventions by engaging in a collaborative partnership with the family, treatment provider(s), core waiver services and other natural supports to attain identified goals and maintain the child/youth within their home and community. The goals of the HCBS waiver are to:
 1. Enable children to remain at home, and/or in the community, thus decreasing institutional placement.
 2. Use the wraparound approach to individualized assessment, service planning and delivery.
 3. Expand service options currently available to children and adolescents with a diagnosis of serious emotional disturbance and their families for better outcomes



Waiver Services

- The HCBS Waiver includes six services not otherwise available in Medicaid:
 1. Individualized Care Coordination
 2. Crisis Response Services
 3. Intensive In-home Services
 4. Respite Care (Crisis and Planned)
 5. Family (Peer) Support Services
 6. Skill Building Services

*Four new services are planned once the HCBS Waiver renewal application is approved by CMS. These services are: Pre-Vocational Services, Supported Employment, Youth Peer Advocate and Transitional Case Management.



HCBS Waiver Eligibility

The target population of children eligible for the waiver are children with:

- SED determination,
- between the ages of 5 and 17 years (prior to 18th birthday)*,
- who demonstrate complex health and mental health needs,
- who are at imminent risk of admission to a psychiatric institutional level of care or have a need for continued psychiatric hospitalization,
- whose service and support needs cannot be met by just one agency/system,
- who are capable of being cared for in the home and/or community if services are provided;
- who can reasonably be expected to be served under the HCBS Waiver at a cost which does not exceed that of psychiatric institutional care.

*The age requirement is being increased to prior to 21st birthday once the HCBS Waiver renewal application is approved by CMS



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Things to Consider:

- Do you have a youth with SED and complex needs who needs additional supports and services than they are getting now?
- Do they have acute psychiatric needs that have resulted in or put them at risk of ER visits and/or inpatient hospitalization?
- Have you tried other community based services and supports and still found them insufficient to meet the needs of the youth?
- Do they continue to struggle with functioning, being successful in their home, school and community?



Things to Consider:

- Do you have a youth with SED who was just discharged from an inpatient psychiatric hospital (State or local)?
- Do you have a youth with SED who was just discharged from a Residential Treatment Facility or Community Residence?

If you have answered “yes” to any of the above questions, your youth may be in need of and eligible for the HCBS Wavier.

Contact the county SPOA.



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Accessing HCBS Waiver

- Applications for admission to Waiver are made to county SPOAs based on the county of residence of the child and family.
- SPOAs use the CANS-NY, and other required documentation, to assess the child's "level of care" (LOC) eligibility for Waiver.
- Once LOC is determined, local governmental units verify the child's eligibility before a child can be enrolled in Waiver.
- Only upon discharge from Waiver can a child referred and enrolled in Health Homes



Resources and Contact Information



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health

Services Available in your County/Area

- Do you know what services are available? Go to “Find a Program” on the OMH website:
<http://bi.omh.ny.gov/bridges/index>
- Other Key Resources:
 - Local County Department of Mental Health
 - NYS OMH Regional Field Offices



Local Departments of Mental Health

- Know your local county mental health department and Director of Community Services (DCS)
- Know your Children's Single Points of Access (C-SPOA)

http://clmhd.org/contact_local_mental_hygiene_departments/

- Know your mental health jargon!

<http://www.omh.ny.gov/omhweb/resources/acronyms.html>



OMH Regional Field Offices

<http://www.omh.ny.gov/omhweb/aboutomh/FieldOffices.html>

Region	Field Office Location	Counties Covered
Long Island	West Brentwood	Nassau and Suffolk
New York City	NYC	Bronx, Kings, Queens, Manhattan, Richmond
Hudson River	Poughkeepsie	Albany, Columbia, Dutchess, Greene, Orange, Putnam, Rensselaer, Rockland, Saratoga, Schenectady, Schoharie, Sullivan, Ulster, Warren, Washington, Westchester
Central	Syracuse	Broome, Cayuga, Clinton, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Onondaga, Oswego, Otsego, St. Lawrence
Western	Buffalo	Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Orleans, Ontario, Schuyler, Seneca, Steuben, Tioga, Tompkins, Wayne, Wyoming, Yates

NYS OMH Contact Information

Division of Integrated Community Services for Children & Families

- Main Division Phone Number : # (518) 474-8394
- LGU/SPOA and OMH TCM Legacy/Care Coordination

Michelle Wagner: Michelle.Wagner@omh.ny.gov

- OMH HCBS Waiver Team: DCFS@omh.ny.gov



Department of
Health

Medicaid
Redesign Team

Office of
Mental Health



Questions and Answers:

Q: Can a child be referred to Health Homes Serving Children upon discharge from Waiver if they lost their Medicaid upon discharge from waiver.

A: Health Home Serving Children is a Medicaid program and therefore a child must have Medicaid to enroll. A child with SED being discharged from Waiver, and as a result is no longer Medicaid eligible, can be referred to SPOA for linkages to supportive services. SPOA has referral capabilities to the OMH TCM Legacy providers. The OMH TCM legacy providers receive OMH State Aid funding to provide care coordination for children without Medicaid.

Q: So can a child with private insurance apply for Medicaid (the insurance) based on their SED diagnosis?

A: A child with SED can be deemed a family of one, and apply for Medicaid, for HCBS Services. A SED alone does not make a child eligible for Medicaid.



Questions and Answers:

Q: Can a child in an OMH Residential Treatment Facility (RTF) or Community Residence(CR) receive Health Home Care Management?

A: Care coordination is included in the array of services provided in RTF and CR and to avoid duplicative Medicaid billing, a child cannot receive HH care management services until 30 days prior to discharge. The HH Care manager should begin to work with the child/family as part of the discharge/transition plan.

Q: How does SPOA and how will health homes know which provider in area that provide HCBS?

A: SPOAs have a collaborative relationship with the HCBS providers in their respective county. SPOAs is a resource for Health Homes Serving Children and Health Home Serving Children CMAs on identifying HCBS providers. A list of HCBS by providers can also be found here:

https://www.omh.ny.gov/omhweb/guidance/hcbs/html/providers_by_county.htm

