Children's Behavioral Health: The Path Forward Through Multiple Systems and Partnerships

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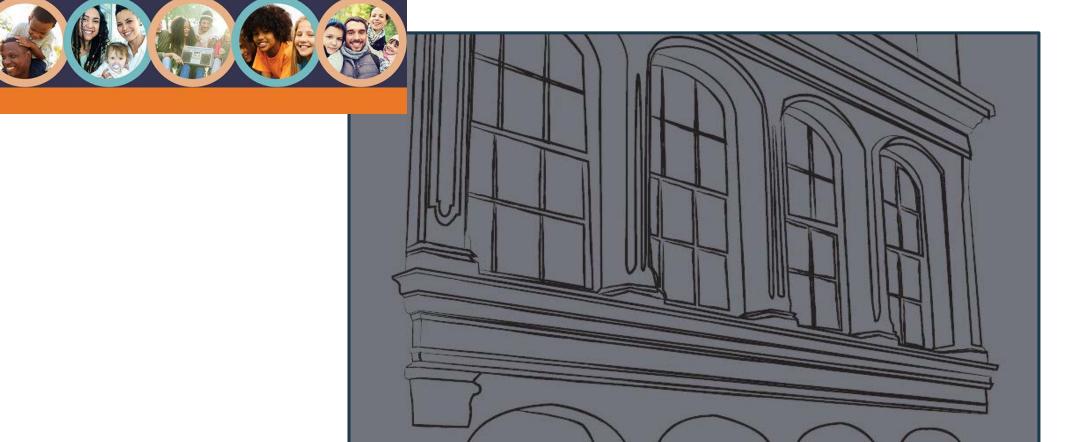
This presentation is by The Institute for Innovation & Implementation at The University of Maryland, School of Social Work, a partner in the National TA Network for Children's Behavioral Health, operated by and coordinated through the University of Maryland.

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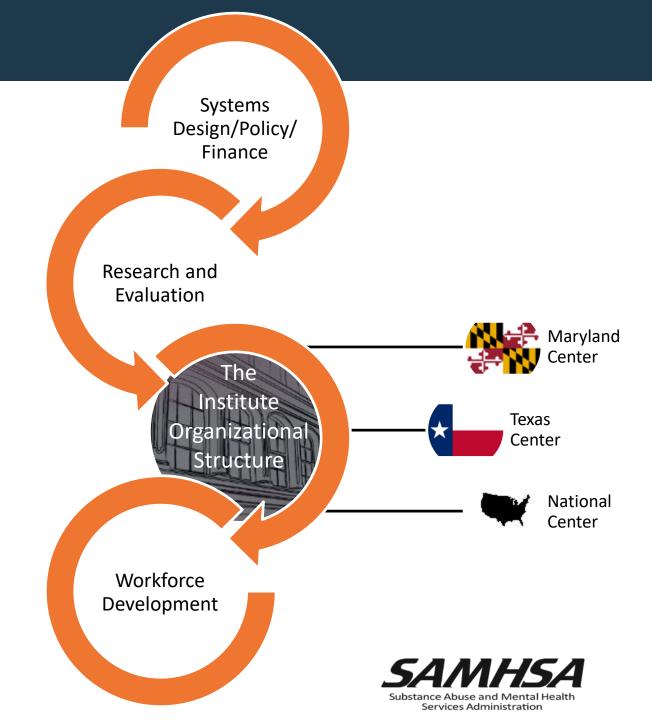


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THE INSTITUTE FOR INNOVATION & IMPLEMENTATION

The Institute supports state and local governments and organizations in implementing and sustaining effective systems and clinical practices that promote system of care values and best meet the needs of children and youth involved in public systems and their families.



Training & TA Provision

40,000+

Participants across all types of training since 2012

6,000+

Total Technical
Assistance Interactions
since 2015



Standard Slide



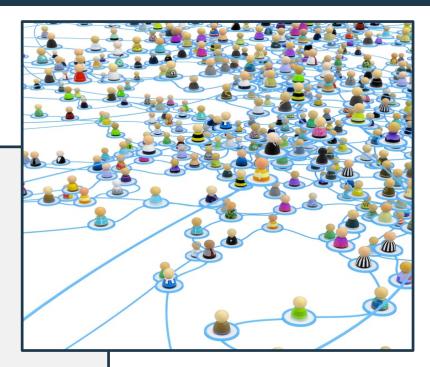
The National Technical Assistance Network for Children's Behavioral Health (TA Network)





Network Approach

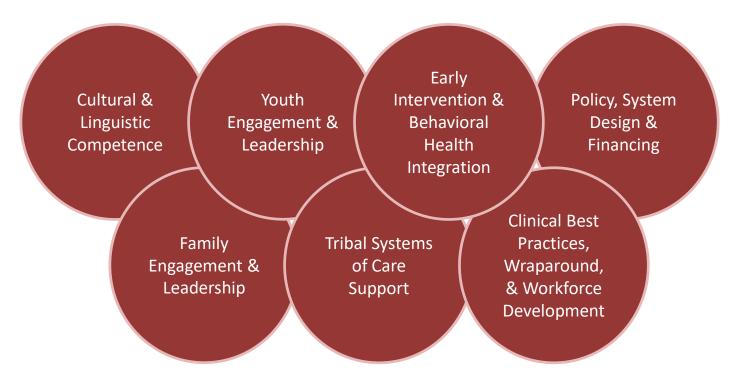
- Draws on expertise from across the county
- Ensures ready access to training and TA for grantees
- Capacity is extensive and flexible
- Diverse perspectives and content expertise
- Offers extensive and varied expertise, operational skills, lived experiences, ethnic and cultural backgrounds, and sexual orientation and gender identity diversity reflecting the multifaceted richness of the states, tribes, territories, and communities





TA Network Resources

- Access to rich, diverse group of advisors, consultants, and other resource organizations.
- TA Network partner organizations and consultant pool allows hubs of expertise in:







TA Network Learning Communities

Clinical High Risk & Early Psychosis

Cultural & Linguistic Competency

Early Childhood Systems of Care

Family Leadership

Rural Mental Health

Social Marketing

System of Care Leadership Tribal Systems of Care

Young Adult Services & Supports

Youth Leadership

Youth with Co-Occurring Substance Use & Mental Health Disorders

TA Network Projects





Quality Collaborative on Improving the Use of Psychotropic Meds in RTFs

Final year of 3-year Quality Collaborative

Reviewing current practices and developing implementation strategies to improve psychotropic med prescribing for children and youth in residential care

9 RTFs from across the nation selected to participate

Use of a CQI tool

Identify objectives and strategies, and track process and outcome indicators using a CQI structure

Adapted from the Quality Improvement Framework developed by CHCS, a core partner in the TA Network



BBI Critical Elements for Success (Walters & Petr, 2008)

Shorter lengths of stay

Increased youth and family involvement

Stability and support in the post-residential environment

Building Bridges Initiative (BBI) Best Practices

Lengths of stay < 6 months (ideally < 3 or 4 months)

Partnerships and collaborations to address **post discharge outcomes**

Permanency for every child

Comprehensive family engagement

Moving away from standardized behavioral approaches towards individualized trauma-sensitive approaches in collaboration with youth and families

Youth-guided care/selfregulation strategies Use of data to implement robust quality improvement practices

Feasibility Trial: Post Discharge Outcome Assessment

Survey development Provider recruitment Provider staff training and ongoing support Findings and lessons learned Recommendations

Additional Information

More information, including a copy of the survey, on BBI's website: https://www.buildingbridges4youth.org/

For more information about the survey, contact: Jason Brennen at jbrennen@chapinhall.org

See "Feasibility of Long-Term Outcomes Measurement by Residential Providers" in Residential Treatment for Children & Youth, 35:3.

https://doi.org/10.1080/0886571X.2018.1455563

The Building Blocks









May 2013 CMS/SAMHSA Joint Information Bulletin –

Children, Youth and Young Adults with Significant Mental Health Conditions

Intensive Care Coordination: Wraparound Approach

Parent and Youth Support Services

Intensive In-Home Services

Respite

Mobile Crisis Response and Stabilization

Flex Funds

Trauma-Informed
Systems and EvidenceBased Treatments
Addressing Trauma



Federal Opportunities



Federal Opportunities



SUPPORT for Patients and Communities Act

WHAT

 SUPPORT (Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment) for Patients and Communities Act

WHEN

• Signed into law 10/24/2018

WHY

- Comprehensive legislation aimed at addressing the opioid epidemic
- Direct additional federal resources toward prevention education, coverage, treatment, workforce, and law enforcement



SUPPORT for Patients and Communities Act – Key Takeaways

At-risk Youth Medicaid Protection (Sec. 1001) Health Insurance for Former Foster Youth (Sec. 1002)

Medicaid Drug Review and Utilization (Sec. 1004) Peer Support Enhancement and Evaluation Review (Sec. 1008)

Medicaid SUD Treatment via Telehealth (Sec. 1009)

Securing Flexibility to Treat SUDs (Sec. 1013) CHIP Mental Health and SUD Parity (Sec. 5022)



Family First Prevention Services Act (FFPSA)

WHAT

• Family First Prevention Services Act (FFPSA)

WHEN

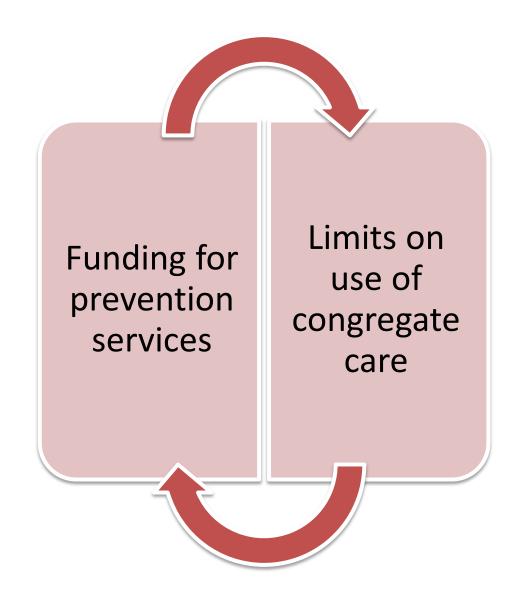
• Signed into law 2/9/2018

WHY

- Reforms federal child welfare financing streams to provide services to families at risk of entering child welfare system
- Aims to prevent children from entering foster care



Two Major Related Goals of FFPSA





Key FFPSA Takeaways

FFPSA presents opportunities for child welfare, behavioral health and Medicaid to:

- Expand mental health and SUD services;
- Expand supports to families/caregivers;
- Expand training for family-driven, youth-guided practices;
- •Obtain better data on mental health and SUD services;
- •Improve the quality of residential care

FFPSA can help to address common cross-agency concerns such as:

- High out-of-home placement rates
- High placement disruption rates
- •Insufficient access to effective home- and community-based behavioral health services
- Challenges to intervening early, and
- Poor performance on quality measures



Juvenile Justice Reform Act of 2018 – Core Requirements

Racial and Ethnic Disparities (RED)

Sight and Sound/Jail Removal

Deincarceration of Status Offenses



Juvenile Justice Reform Act of 2018 – Key Provisions

Requires states to make policy and practice changes to close disparities in measureable ways

Promotes alternatives to incarceration and establishes funding for a continuum of delinquency prevention programs, support, opportunities

Supports implementation of EBPs that address trauma experienced by youth and families

Calls for elimination of dangerous practices, including the use of restraints

Improves conditions and educational services for youth in facilities

Focuses on particular needs of special youth populations (i.e., trafficked youth and tribal youth)

Increases accountability



21st Century Cures Act

21st Century Cures Act (Cures Act; H.R. 34) enacted 12/13/2017

Includes provisions that impact SAMHSA and relate to the agency's work across the continuum of prevention, treatment, and recovery support for individuals with, and at risk for, mental illness and substance use disorders.



21st Century Cures Act

Title X – Strengthening Mental and Substance Use Disorder Care for Children and Adolescents

Reauthorizes and updates CMHI (Section 10001 – Programs for Children with Serious Emotional Disturbance)

Extends eligibility through 21 years of age (rather than *up to* 21 years of age)

Allows provision of technical assistance to entities other than those receiving a grant

Recommends level funding through 2022



InCK and MOM Models

The Integrated Care for Kids (InCK) and Maternal Opioid Misuse (MOM) Models are Center for Medicare and Medicaid Innovation (Innovation Center) models designed to improve care delivery for vulnerable Medicaid and Children's Health Insurance Program (CHIP) beneficiaries, in particular those affected by the nation's opioid crisis, and to improve quality of care and reduce expenditures for beneficiaries.



InCK and MOM Models

InCK Model

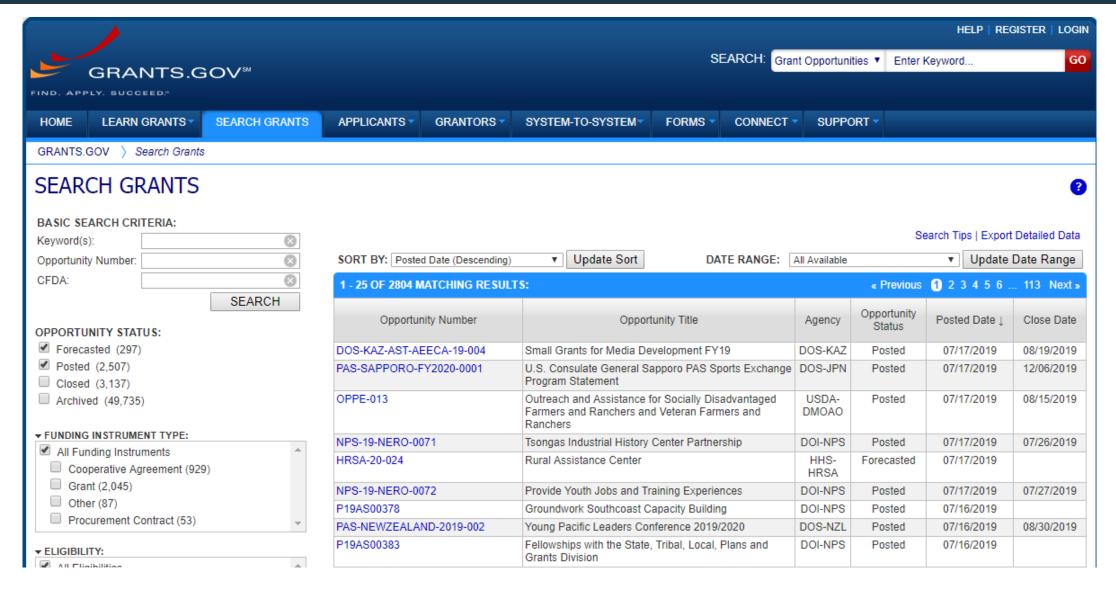
- Focus Population: All attributed Medicaid and CHIP beneficiaries from prenatal stage up to age 21
- Intervention:
 - Population stratification approach that uses a risk assessment strategy for every eligible beneficiary via a comprehensive needs assessment tool
 - Requires integrated care coordination and case management of clinical care with 7 other crosssector core child health services
- Goals:
 - Reduce expenditures and improve quality of care for children under 21 covered by Medicaid and CHIP through prevention, early identification, and treatment of behavioral and physical health needs
 - Improve performance on priority measures of child health, reduce avoidable inpatient stays and out-ofhome placements, and create sustainable APMs

MOM Model

- Focus Population: Pregnant and postpartum Medicaid beneficiaries with opioid use disorder and their infants
- Intervention:
 - Coordinated and integrated care-delivery approach, including addressing beneficiaries' physical and behavioral health needs
 - Requires screening, treatment, and referral to critical wraparound services, with flexibility to define a specific set of services
- Goals:
 - Address fragmentation in care of pregnant and postpartum Medicaid beneficiaries with opioid use disorder through state-driven transformation of the delivery system
 - Improve quality of care and reduce costs for mothers and infants



For more information, visit: www.grants.gov



https://www.grants.gov/web/grants/search-grants.html



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