



NEW YORK STATE COALITION FOR CHILDREN'S BEHAVIORAL HEALTH

Andrea Smyth, President & CEO

Addressing Complex, Cross Systems Needs of Children

New York State's health, mental health, substance use, development disability, child welfare and education systems are intimidating on their own. For youth with specialized needs across these systems access to care is daunting. For cross systems, complex needs youth and families, the care journey covers a discouraging, isolating path characterized by a series of ineffective services, abrupt transitions, and few positive outcomes.

In an ideal world, the failure pattern would end. Youth in cross systems, complex care would achieve developmental and health milestones and youth and families would express satisfaction with their care.

Therefore, the NYS Coalition for Children's Behavioral Health proposes an alternative payment methodology placeholder be included in the 1115 Waiver Concept paper so that Complex Care Coordinated Networks for Children can be formed and tested.

Scope of the Problem

Each service "silo" defines the children who have complex care differently. The foster care system has a "hard to serve, hard to place" category. The hospitals have written about "complex case discharge delays." The Council for Children and Families convenes state commissioners to discuss specific children who have bounced from service to service in an effort to "resolve" a complex case with a placement.

The number of these "cross systems" complex care youth is relatively small, but the "siloed" counting should be aggregated into a single category of clinical and social determinant needs.

Based upon the preliminary priorities put forth for the next iteration of the 1115 Waiver, the time is right for us to invest available resources differently.

Other circumstances that make this effort timely include Medicaid Managed Care enrollment of previously exempt youth, expansion of most services up to aged 21, system valuing family and youth involvement, and use evidence-based treatment.



Concept

Youth with complex needs spanning multiple systems and their families will no longer cycle through hospitalizations, long waiting periods for out-of-home-care opportunities, multiple assessments, and re-evaluations for needed supports.

Providers will supply a high-quality, effective array of services as needed.

Plans will support reimbursement for the array of services with an alternative payment model. Families and youth will be engaged in family-based care, treatment plan development and selection of staff to meet their health, behavioral health and social determinants of health needs



Components of Complex Care Coordinated Networks

New York's residential system is extremely siloed. Each facility has narrow eligibility and requirements. Admission for youth with complex, cross-systems needs is often barred. A portion of the residential system needs to be re-tooled to meet specialty care needs. There is an opportunity to transform and clinically re-purpose some residential resources and turbo-charge the existing array of post-discharge community services into Complex Care Coordinated Networks for children and families with complex care and cross-systems care needs.

The networks will offer evidence based and trauma-informed residential interventions that are short term. The strength of the discharge plans will be enhanced by youth and family treatment while the residential stay occurs. The intensive aftercare treatment plans will start once the

residential stay has prepared the youth, the family and the community providers for the next steps.

Once admitted to the network, the child and family MUST be served and will not have to undergo separate additional applications or eligibility determinations for 12 months. Staff who began evidence-based services in residential will remain involved in the community-based care.

The NYS Coalition for Children's Behavioral Health will engage a consulting entity to assist with the development of an alternative payment methodology that bundles a short-term out of home residential stay with intensive aftercare.

We believe this approach will engage families and youth in because it will address their needs more immediately and with accountability. The goal is to identify strategies and service combinations that are identified with the youth and

family/caregivers that can best achieve the outcomes they prioritize. The youth and family will participate in identifying what they feel are the right array of services and staff.

Characteristics of the Network Approach

If this concept is well designed the following will be true for various stakeholders:

- Hospitals will have available, intensive discharge options for children
- Community and residential based treatment and service providers will offer streamlined eligibility and referral processes
- Youth will have choice and voice in their service array
- Youth & families will be notified when staffing changes must take place
- Youth & families will have more consistent individual care givers and be involved in selecting those caregivers
- Youth & families will receive an orientation and understanding of each services' purpose and goals
- Youth will have ongoing mentoring & peer support
- Youth will be able to access to their natural support networks during any stage of the intervention
- Youth & families will not have to re- tell their story or re-visit events, behaviors, or the past when it is not relevant to the current treatment planning
- Families will have access to the services their children need
- Youth & families will face fewer assessments, evaluations, applications, and clinical interviews
- Plans will contract with accountable providers, predictable costs and support quality metrics for youth
- The residential treatment will confirm diagnoses, review medication, initiate evidence-based & family focused clinical work, and develop a discharge plan based on current Social Determinants of Health,
- The community treatment will provide diagnostic monitoring medication management, on-going clinical treatment, family-focused therapies and two-generational services, respite or planned re-admission to adjust diagnosing, medication or treatment plan, school and home-based clinical supports



Contact information:

New York State Coalition for Children's Behavioral Health
Andrea Smyth, President & CEO

PO Box 7124, Albany, NY 12224

(518) 795-5270 • andrea@asmithadvocacy.com