

Bureau for Children's Behavioral Health

1

DHHS
DIVISION FOR BEHAVIORAL HEALTH

Bureau for Children's Behavioral Health

2

- DHHS had many different agencies providing or serving children and youth with behavioral health issues.
- Commissioner Meyers consolidated the areas of the Department with the primary responsibility of serving people with Behavioral Health concerns into one Division. The Division for Behavioral Health.
- Then create a Bureau for Children's Behavioral Health to focus on children and youth approaches to BH practice and services.

**Katja S Fox
Director**

NH Hospital	Glencliff Home	Bureau of Mental Health Services	Substance Use Services	Bureau for Children's Behavioral Health	Policy Analyst for Mental Health	Policy Analyst for Substance use
Bob McLeod CEO	Todd Bickford Director	Michele Harlan Director	Joseph Harding Director	Erica Ungarelli Director	Kelley Capuchino Analyst	Abby Shockley Analyst

Organizational Chart

4

Erica Ungarelli
Director

Adele Gallant
Administrator

Kerri Murphy
SYT-P Grant Coordinator

VACANT
Program Specialist

Area's of Focus for the Bureau

5

- Sustaining and expanding the FAST Forward Program
- State Youth Treatment – Planning Grant (SYTP) in partnership with BDAS.
- Implementing the System of Care law
- Working with CMHC's on children's issues
- Working with Bureau of Mental Health Services on implementation of First Episode Psychosis (FEP) and MATCH implementation... See your handout for more information on both these items!)

FAST Forward Program

6

**A PROGRAM DESIGNED WITH A SYSTEM OF
CARE PRACTICE MODEL**

The Context: Systems of Care

7

“A spectrum of **effective, community-based** supports, that is organized into a **coordinated** network, builds **meaningful partnerships** with families and youth, and addresses their **cultural and linguistic** needs, in order to help them to succeed at **home**, in **school**, in the **community**, and throughout **life**”

(Stroul & Friedman, 2010)

System of Care Values

8

- Family Driven
- Youth Guided
- Community Based
- Culturally and Linguistically Competent

Positive Outcomes of System of Care Development and Implementation

9

- Increased positive social, academic, and behavioral outcomes and community connectedness for children, youth, and families
- Decreased out of home, school, and community placements (and duration of such)
- Increased caregiver capacity, decreased caregiver strain
- Programs and supports that are uniquely tailored to each child and family's culture, strengths, and dreams

(Suter & Bruns, 2009; Bruns & Suter, 2010)

The Wraparound NH Model

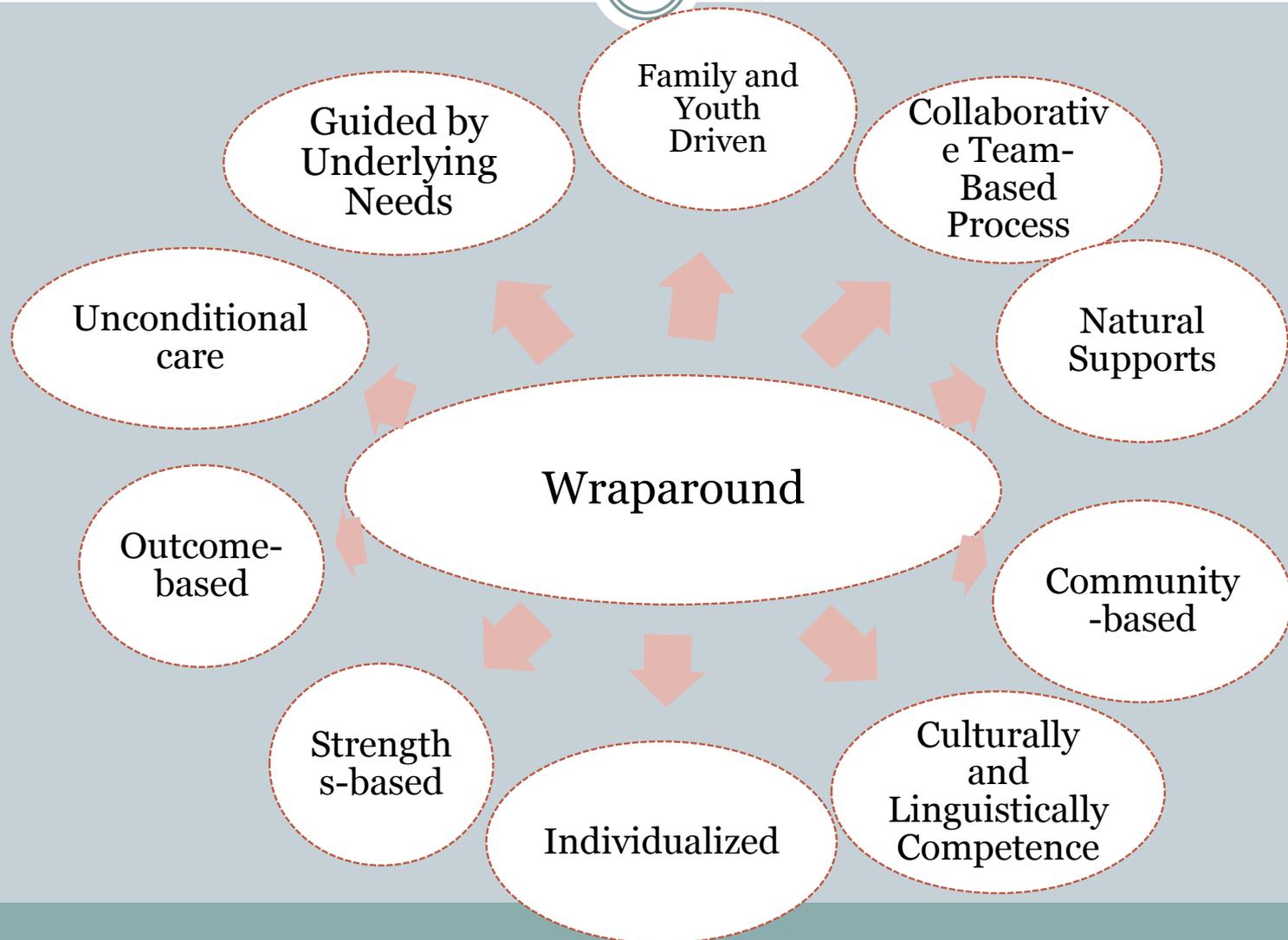
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Wraparound brings families together with supportive teams

to plan and deliver supports and services that build on family-identified strengths and needs, to help families live together safely and productively in the community.

Values and Principles: NH's Wraparound Model

11



What is Wraparound?

12

- Wraparound is a **solution-focused** process that is **family and youth driven**.
- Wraparound connects families to supports and services in their communities, and always includes a mix of **public, private, and natural supports**.
- Wraparound includes access to **family/youth peer support**.
- Wraparound is a process that respects families' **culture** and values.
- Wraparound is led by a **trained** facilitator.

Wraparound Is Not:

13

- A **specific set** of services offered
- A **typical** team meeting
- Any meeting held without family or youth
- An immediate or **quick** solution
- A **crisis** intervention or response
- A **standing** interagency team

FAST Forward NH Project

14

- 4-year System of Care project funded by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Goals:
 - Establish family/youth-driven wraparound in NH
 - Establish a funding, policy, and systems administration to support System of Care and wraparound development in NH

FAST Forward- System of Care *Service Array*

15

- Enhance and expand traditional service array
- Develop new, non-traditional supports
- Natural, unpaid, community based supports
- All team members commit to developing natural community supports and connections

For NH's Top-Tiered Children in Need of Mental Health Services

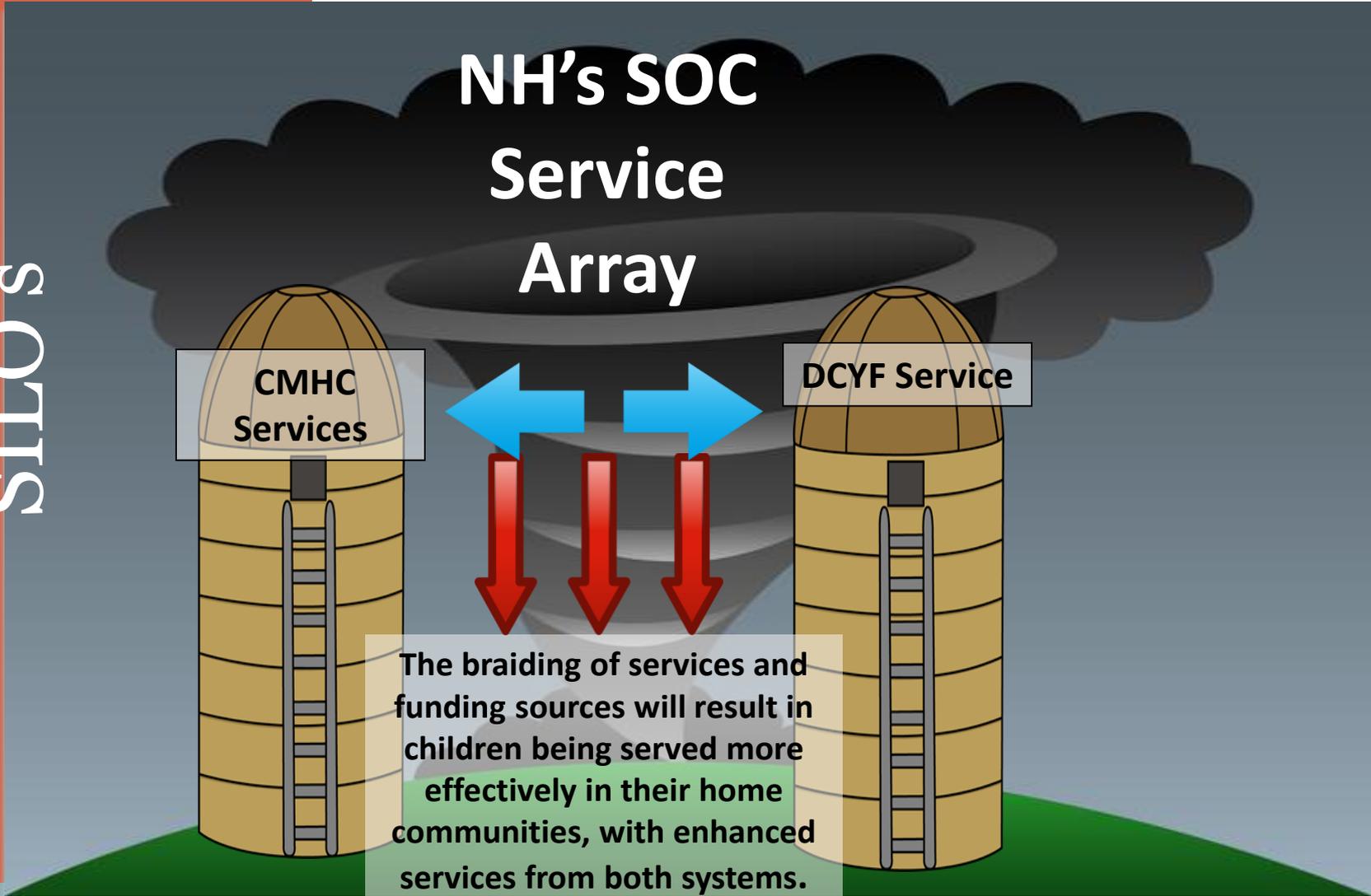
Breaking down the
SILO's

NH's SOC Service Array

CMHC
Services

DCYF Service

The braiding of services and funding sources will result in children being served more effectively in their home communities, with enhanced services from both systems.



NH System of Care

Individuals in FAST Forward have access to a full service array:

17

Reimbursable through CMHC Medicaid Program:

- Assessment and diagnostic evaluation
- Outpatient therapy: Office based, individual, group and family therapies
- Medication management
- Psychiatric/medication consultation
- Functional support services
- Case Management
- Crisis intervention;
- Outreach support to children and their families, both in their homes and in community settings
- Sexual offender assessments and treatment; and
- Specialty services for the treatment of attachment disorder.
- Substance Use intensive outpatient treatment
- Substance use disorder support services

Provided by Fast Forward Grant:

- Care coordination/wrap facilitation
- Participation in wraparound meetings: Stipends for team members
- Family Support, Leadership and Education
- Youth Peer Support, Leadership and Education
- Flexible Funds

Provided by ACT Projects:

- Mobile Crisis intervention – Assertive Community Treatment (ACT)

NH System of Care Service Array

18

Reimbursed through DCYF Program:

- Community Youth Mentor/behavioral aide service
- Therapeutic Day Treatment: after school programs
- ISO in home supports
- Home Based Therapeutic Support
- Child Health Support/Parent Aide
- Respite Services
- Therapeutic Foster Care: ISO foster care
- Residential Treatment

FAST Forward NH Project

Roles:

19

Wraparound NH Coordinators in the Fast Forward Project (2012-2016):

- Works with families to establish wraparound teams, hold initial meetings with families, facilitates wraparound meetings and performs care coordination, facilitates referrals to other supports and services, develop crisis plans, facilitates the development of the family's vision and plan of care, collaborates with Family and Community Support Specialists, collects data and completes required documentation.

Role of Family and Community Support Specialists

20

- Brings “lived” experience to the team
- Coaches and empowers the family to find their own voice in the process
- Provides resource information and connects the family with support activities
- Ensures the family’s culture is respected
- Helps family identify strengths and natural supports

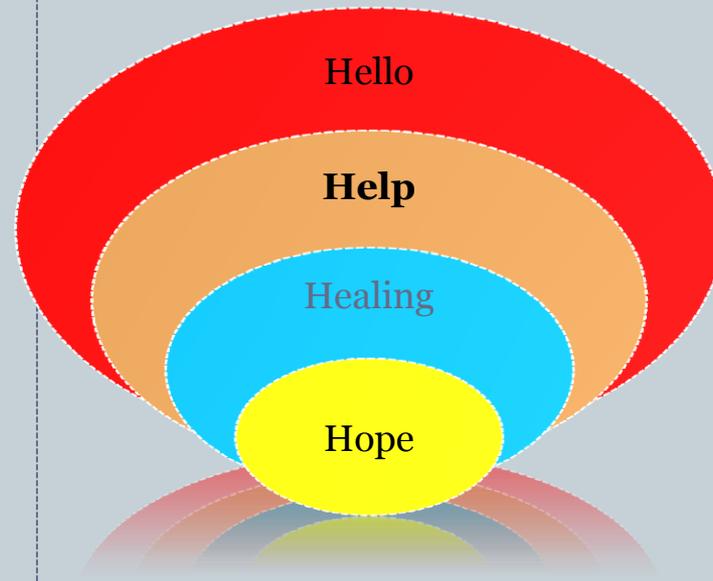
NH Wraparound Framework

21

4 Phases of Wraparound

- **Hello:** Initial contacts of welcoming and setting the stage for “engaged enough”
- **Help:** Agreeing on, providing and delivering a range of interventions, services & supports
- **Healing:** Modifying initial helping activities to produce family report of healing
- **Hope:** Future oriented activities designed to sustain family experience of hope

Framework



Weaving the Phases Together

22

“Just as hello isn’t something that only happens at the outset of the arc of care, hope isn’t confined to the closing moments. Hello should kindle and nurture hope throughout the course of the process.

Help should be delivered in the context of a powerful optimism designed to increase expectancy on the part of all team members as well as families.

Healing should be recognized throughout the entire process of Wraparound as a way to acknowledge and celebrate gains and set the stage for a future of possibilities” –Pat Miles, 2014

Partners

23



NH Children's
Behavioral Health
Collaborative



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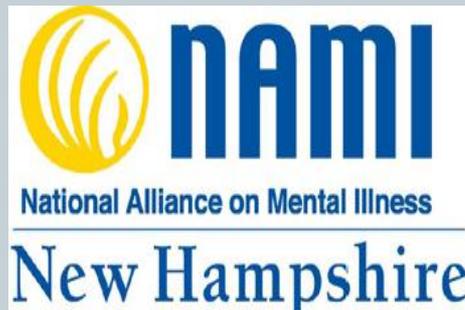


GRANITE STATE
FEDERATION OF FAMILIES

For Children's Mental Health



NH Department of Health
and Human Services



- Questions or comments?

State Youth Treatment- Planning (SYT-P) Initiative

Statement of Need

- In the state of New Hampshire, youth have rates of substance use that are significantly higher than the national average and other Northeast states.
- NH also ranks among the worst in percentage of youth and young adults “needing but not receiving treatment” for substance use disorders.
- An assessment of SUD services conducted in May of 2014 found a severe lack of services for youth:
 - Of the 191 identified public and private sites, only 35 offer adolescent and/or young adult services; most of which are outpatient services.
 - The state does not have any residential treatment providers for adolescents.
 - There is a distinct disparity in the geographic location of these providers with most being located in the southern part of the state, leaving the northern areas lacking the capacity to treat youth in their communities.

Table 3: NH Highest in Needing Not Receiving Treatment

	New Hampshire		Northeast	
	12-17	18-25	12-17	18-25
Illicit Drug use past month	11.77% 7 th highest	29.84% 4 th highest	9.18%	21.44%
Illicit Drug use not including marijuana past month	3.0% 35 th Highest	10.04% Highest 	3.36%	6.88%
Illicit Drug Dependence or Abuse in the Past Year	4.38% 6 th Highest	9.39% 2 nd Highest	3.76%	7.59%
Dependence or abuse of illicit drugs or alcohol in past year	6.82% 3 rd Highest	23.66% Highest 	5.66%	18.09%
Binge Alcohol past month	8.06% 3 rd Highest	48.96% 3 rd Highest	6.73%	38.7%
Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year	3.9% 10 th Highest	8.61% Highest 	3.49%	6.94%
Needing But Not Receiving Treatment for Alcohol Use in the Past Year	4.32% 2 nd Highest	18.66% Highest 	2.96%	13.34%

Grant

28

NH Department of Health and Human Services (NH DHHS) has been awarded a grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) to develop an action-oriented three-year strategic plan to increase access to integrated evidence-based screening, assessment, treatment, and recovery services/supports for adolescents 12-17 and transitional aged youth 18-25 with Substance Use Disorders and/or Substance Use Disorders and Co-Occurring Mental Health Disorders (SUD/COD) throughout NH.

Grant Requirements

- Link and coordinate with other systems serving adolescents and young adults through the work of an Interagency Council that must include: State agencies Medicaid, Health, Education, Juvenile Justice, Mental Health, and Child Welfare. Adolescents, transitional aged youth, and families with lived experience must play a pivotal role on the council.
- Develop a cross-agency state-wide financial map to identify, link, and coordinate financing resources.
- Develop a three-year state-wide workforce training implementation plan to provide content and skills related to SUD treatment.
- Design and implement a workforce map to identify the composition and expertise of the state workforce assessing, treating, and delivering recovery support services to youth and young adults with SUD/COD.
- Create a three-year plan for the development/expansion of a Family and Youth state-wide structure to promote family and youth involvement in substance use treatment and recovery services.
- Develop a formal relationship with the System of Care grantee to allow for the leveraging of federal resources and promote comprehensive, integrated services for adolescents/transitional aged youth with SUD/COD.
- Create a plan to develop new and/or modify two state policies and procedures which impact adolescents/transitional youth with SUD/COD.
- Develop a comprehensive three-year strategic plan in order to improve treatment for youth and young adults with SUD/COD. The strategic plan must be accompanied by a culturally and linguistically competent social marketing and strategic communication plan that focuses on promoting the importance of providing evidence-based services, developing effective partnerships, using outcome data and personal stories, and fostering inclusion of services in community-based settings.

Financial Mapping

30

- The Substance Use Disorder Financing Workgroup (SUDF) will:
 - Develop a cross-agency statewide financial map
 - Develop the financing section of the Strategic Plan
- Activities of the group include:
 - Assessment of existing NH plans
 - Identification of the full range of a comprehensive, integrated continuum of services
 - Identification of Federal and State Expenditures for services to form a baseline within fiscal years
 - Alignment with system of care finance principles
 - Identification of screening, assessment, treatment, and recovery supports
 - Creation of a 3-year plan that addresses financing and coordinates with workforce strategies
 - Coordination with the communications workgroup to develop strategic communications plan for finance re-structuring
 - Coordination with policy task force to develop policy and procedure plan
- Deliverables include:
 - Systemic finance re-structuring to ensure sustainability of resources to support implementation of services
 - Comprehensive 3-year plan to rapidly support expanded access to recovery, treatment, and supportive services
 - Ongoing tracking of shifts in relevant and dedicated funding sources

Workforce Mapping

31

- The Workforce Workgroup will design a Youth SUD/COD Workforce Map to identify the composition and expertise of the statewide workforce who provide screening, assessment, treatment, and recovery support services for adolescents and transitional aged youth.
- The map will include:
 - Knowledge, skills, and abilities of the workforce in providing evidenced-based services to youth with SUD/COD, and their families.
 - Data on relevant positions within treatment and recovery services and supports structure.
 - An aggregate snapshot of the state workforce including but not limited to gender, ethnicity, years of experience, highest degree earned, level of certification/licensure, certification in evidence-based practices, lived experience, current position, and type of agency.

Workforce Training Plan

32

- **The Plan will include:**
 - Preparing faculty in appropriate college and education settings to deliver curricula that focus on specific adolescent and/or transitional aged youth SUD/COD evidence-based practices
 - Developing continuing education events throughout the state to enhance the knowledge and skills of administrators, treatment staff, youth program staff, and health professionals
 - Promoting coordination and collaboration with family support organizations to strengthen services
 - Dissemination planning for selected EBPs
 - Content and skills development related to SUD treatment
 - Cross-training of staff across agencies and providers serving youth with SUD/COD

Questions/Comments???

System of Care for Children's Mental Health: RSA 135-F

34

**AN OVERVIEW OF THE STATUTE AND IT'S
REQUIREMENTS**

System of Care for Children's Mental Health: RSA 135-F

35

- **Effective 6/16/16**
- **Who wrote this statute?**
 - The policy committee of the Children's Behavioral Health Collaborative wrote this legislation.
- **Who does it impact?**
 - DHHS – Program areas that provide services to children and youth with serious behavioral health issues.
 - DOE- to create a multisystem of support for mental health issues for children.
 - Two departments need to work in concert with each other

Creating a plan for implementation

36

The plan at a minimum should address the following;

1. System capacity and workforce sufficiency.
2. Federal funding participation.
3. Changes to statutes, administrative rules, appropriations structures, and department policy, practice, and structure.
4. Projections of cost savings from increased service effectiveness and reduced cost of care, and use of savings to close gaps in services.
5. Recommended modifications to law, practice, and policy regarding the participation of privately funded service providers.

System of Care

37

Is a Practice Model that uses the following values and principles to effectively engage children, youth and their families and coordinate services across systems;

- Family Driven
- Youth Guided
- Community Based
- Culturally and Linguistically Competent
- Broad array of flexible services to meet any need of the child/youth and family. (whole person or social determinates of health)

Plan components and key deliverable

38

- The statute identifies key areas of focus over 4 years.
- Each year has a report due on December 1st Governor and various legislative entities.
- Each year the report requirements are increased.
 - Each year the work completed should align with the report deliverables.

Plan components and key deliverables

Identify and assess



Policy and Practice

Programming

Finance and Workforce

Identify and assess

- Population
- Current expenditures for Children's BH for the DHHS (finance mapping)
- Current services provided across the department
- Current gaps
- Policies and rules across the DHHS that are connected.

Plan components and key deliverables

Identify and assess

Policy and Practice

Programming

Finance and Workforce



Policy and Practice

- Incorporate the SOC Practice Model into Policy and practice where needed.
- Adjust practice where needed to align with the practice model.

Plan components and key deliverables

Identify and assess

Policy and Practice

Programming

Finance and Workforce



Programming and Services

- Assess current services and supports across the department and develop broader access to those services. (Respite and crisis stabilization to reduce caregiver strain, NH Hospital admits)
- New Programming and services to meet the needs of specified population such as SED or other narrower subsets. (Mobile Crisis for Children and Youth)
- Ensuring that programming and services are aligned with SOC practice Model.

Plan components and key deliverables

Identify and assess

Policy and Practice

Programming

Finance and Workforce



Finance and Workforce

- Develop finance strategies to support policy and programming changes.
- Develop workforce strategies to support a competent workforce that aligns with the SOC Practice Model

Population identified in statute

43

- The statute identifies specific groups of children and youth that this System of Care work should impact. All children receiving publicly funded behavioral health services. To include:
 - Children in need of Services – RSA 169-D (DCYF/CHINS)
 - Juvenile Delinquency- RSA 169-B (DCYF/Delinquent)
 - Child Protection- RSA 169-C (DCYF/CPS)
 - Children with disabilities- RSA-186-C (DOE/ SPED)
 - Children and Youth served under RSA 135-C (NH Hospital IEA)
 - Early intervention- Part C of IDEA and He-M 510 (BDS)
 - Children eligible for child care scholarship under He-C 6910 (DCYF /CDB)

Annual report requirements

Year 1

12/1/16

- Total cost of children's behavioral health services across the department. Financial mapping of current dollars and funding sources.
- Description of changes in policies or practices that will affect implementation of a system of care.
- Other relevant information.

Annual report requirements

Year 2

12/1/17

- All items covered in Year 1 report and;
- Interagency Agreement between DOE and DHHS.
- Action plan to maximize federal and commercial funding.
- Gaps in children's BH services and plan to close gaps.
- Identification of changes to:
Statutes, rules, policies, practices and managed care contracts needed.

Annual report requirements

Year 3

12/1/18

- All items covered in Year 1 and 2 report and;
- Projection of future demand for services in the system of care.
- A plan for amendments/changes to Medicaid system required.
- Workforce sufficiency plan
- Number of children and youth awaiting services.

Annual report requirements

Year 4

12/1/19

- All items covered in Year 1, 2 and 3 report and;
- Outcomes: status upon exit from system.
- Financial information: cost effectiveness and updated finance mapping.
- External influences adversely impacting implementation.
- Statistics on children and families served to include;
 - Demographics
 - Service need and provision
 - Involvement in system
 - Service funding sources and site of service provision.

Questions?

48