OPPORTUNITY AND INNOVATION:

Strengthening Illinois' continuum of Mental Health and Substance Abuse treatment for children and adults

Reflections and "lessons learned" from a Massachusetts colleague

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New Opportunities in Illinois

- Gov. Pritzger supports MH funding
- Children's Health Caucus
- Legislature's new MH Committee
- Omnibus MH legislation filed
- EPSDT consent decree
- Medicaid program has 1115 waiver
- Strong provider & advocacy communities

Today…

- Reflections on building systems of care over time
- Using EPSDT litigation to create systems of care - Massachusetts' experience
- Implementation Science
- Opportunities for Illinois

My experience shapes my perspective

- Seven years as the Research Director for the Mass. Legislature's Committee on Human Services and Elderly Affairs
- Led the Legislative staff team that drafted the 2006 Health Care Reform law – model for the ACA
- 20 years experience developing innovative Medicaid-funded services for youth with behavioral health needs
- Oversaw implementation of the Children's Behavioral Health Initiative (CBHI) – result of EPSDT "Rosie D." class action lawsuit 2007-2016
- Since 2016, Deputy Commissioner for Child, Youth and Family Services in the Mass. Dept. of Mental Health

Reflections on building systems of care over time

- There is no perfect "model"…you can't transplant a model, you have to develop it, in its context, based on your organizational and political history, capacities, deficits, strengths and challenges
- Systems are almost never designed as a whole, they develop over time. You generally can't "start over" but build onto and/or transform. **Be strategic about your building blocks**
- Good systems are designed and implemented with the involvement of the people served, provider agencies, advocates, Legislators, researchers and government administrators
- The work is never done; we keep learning how to do the work better and understand new and different needs
- **And, the best news:** Good "seeds" GROW

Using EPSDT litigation to create systems of care - Massachusetts' experience

Children's Behavioral Health Initiative:

CBHI

UNIVERSAL BH SCREENING

in pediatric practices

+

Use of the

CHILD AND ADOLESCENT NEEDS AND STRENGTHS TOOL

to ensure comprehensive assessments

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SIX NEW STATEWIDE SERVICES:

- Intensive Care Coordination, using Wraparound
- In-Home Therapy
- In-Home Behavioral Services
- Therapeutic Mentoring
- Family Support and Training (Family Partners)
- Mobile Crisis Intervention

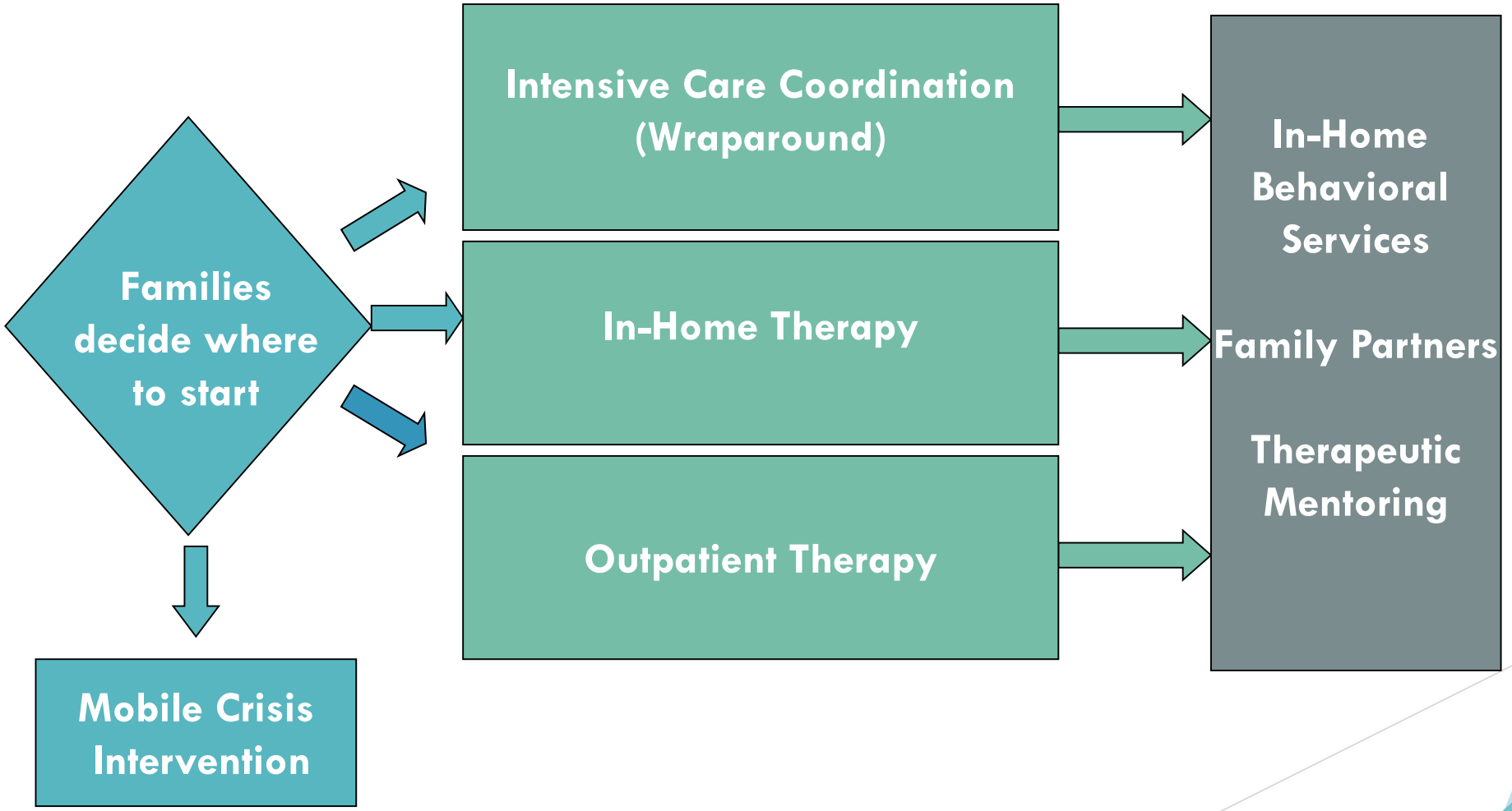
Universal BH Screening

- Medicaid requires PCPs seeing Medicaid-enrolled children and youth to offer BH screening, using one of several tools. Tools reviewed annually
- Practices generally screen all children, not just those on Medicaid
- Medicaid pay PCPs approx. $10 per screen; payment gives us claims data; a modifier indicates whether the screen is positive or negative
- Most pediatric practices in Mass. use “MCPAP”, the Massachusetts’ Child Psychiatry Access Program: free, real-time telephonic consultation with a Child Psychiatrist. DocAssist in Illinois is similar
- Mass. held eight trainings for PCPs, with free CMEs. Resource materials on the CBHI website. Mass. Chapter of the American Academy of Pediatrics were champions. Mass. has the highest rate of BH screening in the US

Child and Adolescent Needs and Strengths (CANS)

- Purpose was to ensure a standard scope of clinical assessment
- Used by Medicaid-funded BH providers, DMH and the Child Welfare agency
- NOT used to determine level of care
- Not a very sensitive tool for tracking clinical change
- Has performed well for intended purpose; field has been frustrated that it replaced a different tool that tracked change better; been very difficult to get the data back to them quickly

CBHI Services are organized around three clinical "hubs"



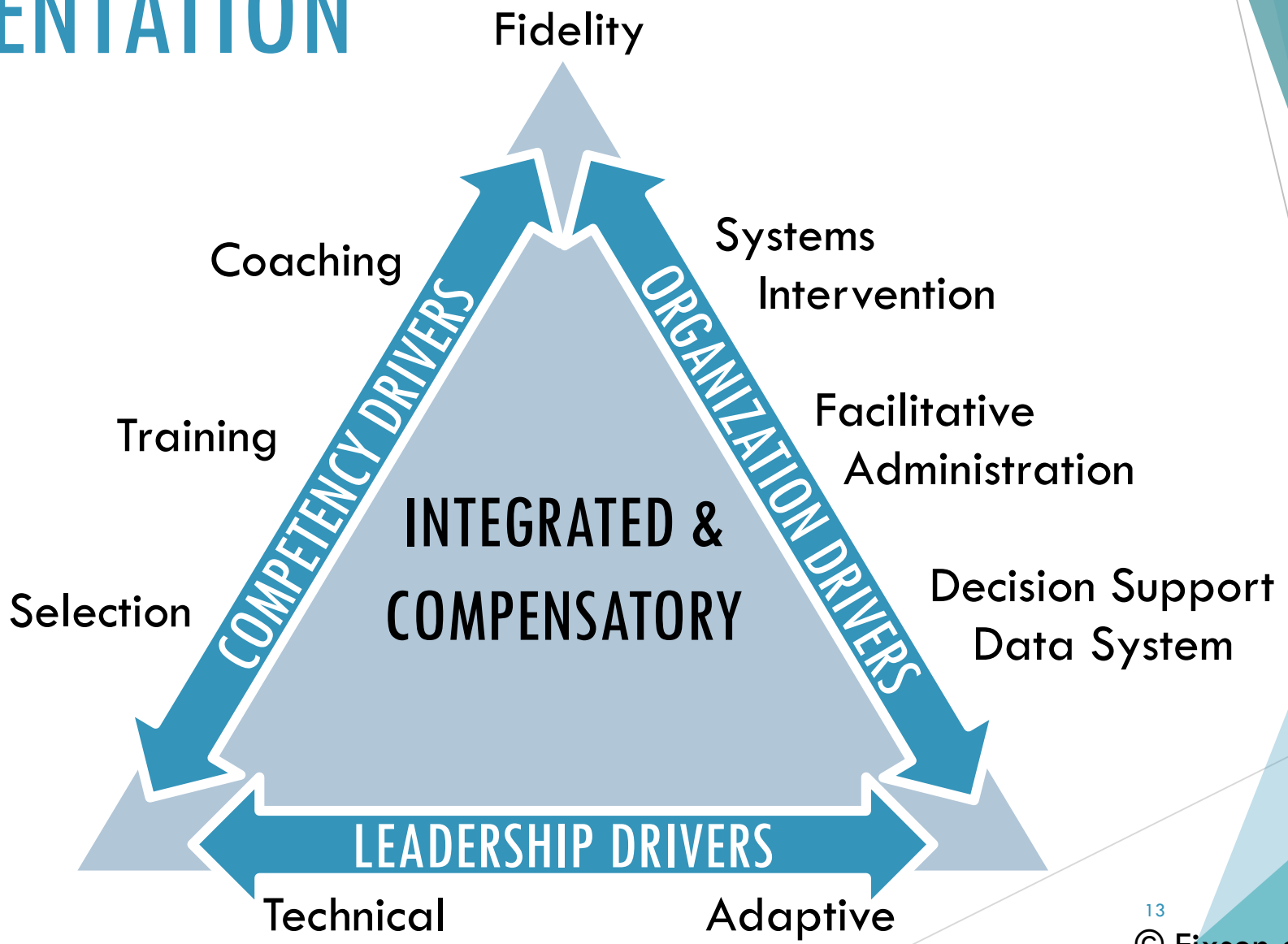
CBHI

- Improving identification of BH needs in pediatrics
- Supporting many more children and youth to live in the community
- Reducing inpatient days by one-third – causing acuity shift in acute care and residential care
- Services help children, youth and families connect to care and stay engaged with care

Implementation Science

Check out the National Implementation Research Network (NIRN) link on the resource page!

IMPLEMENTATION DRIVERS



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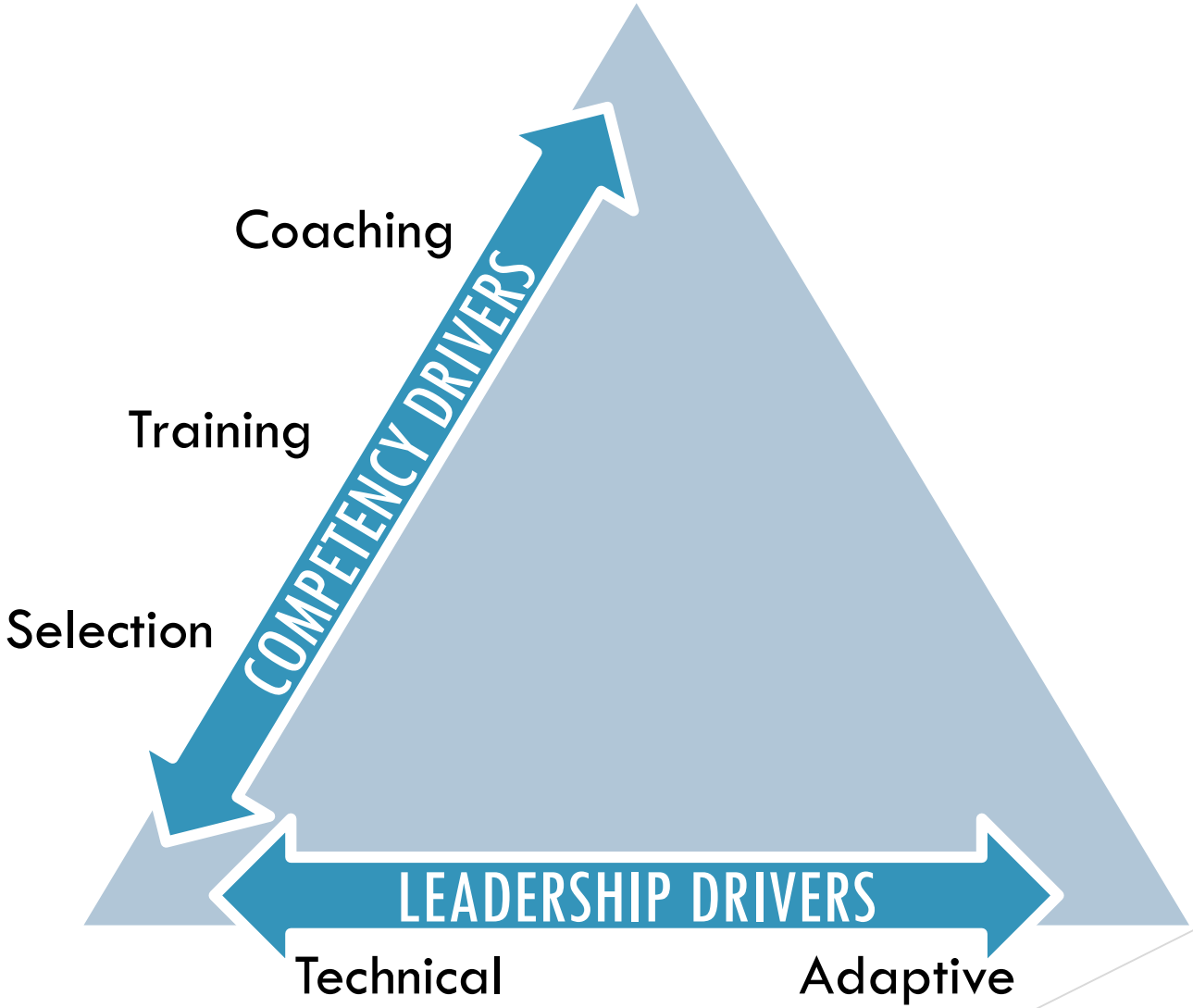

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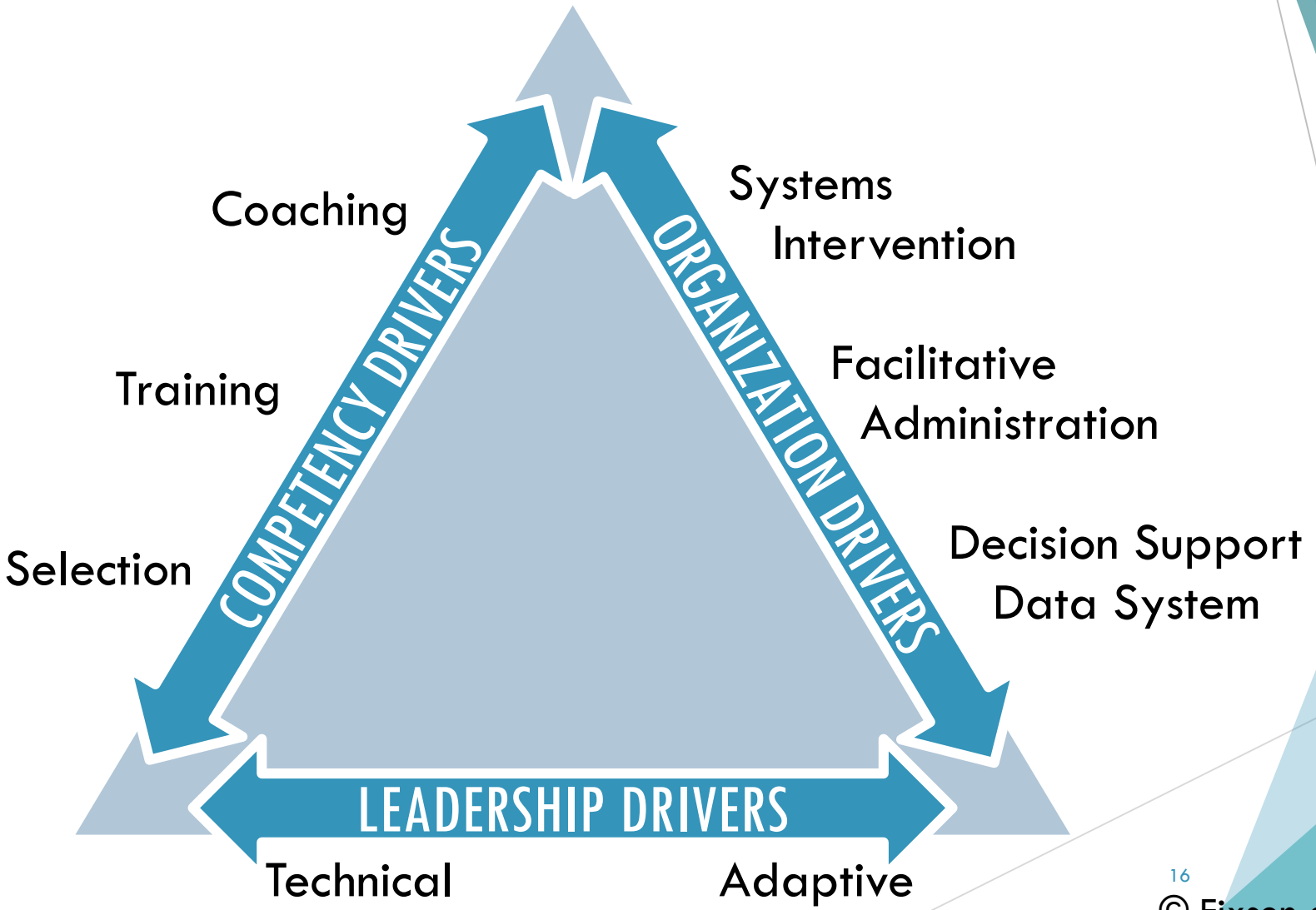

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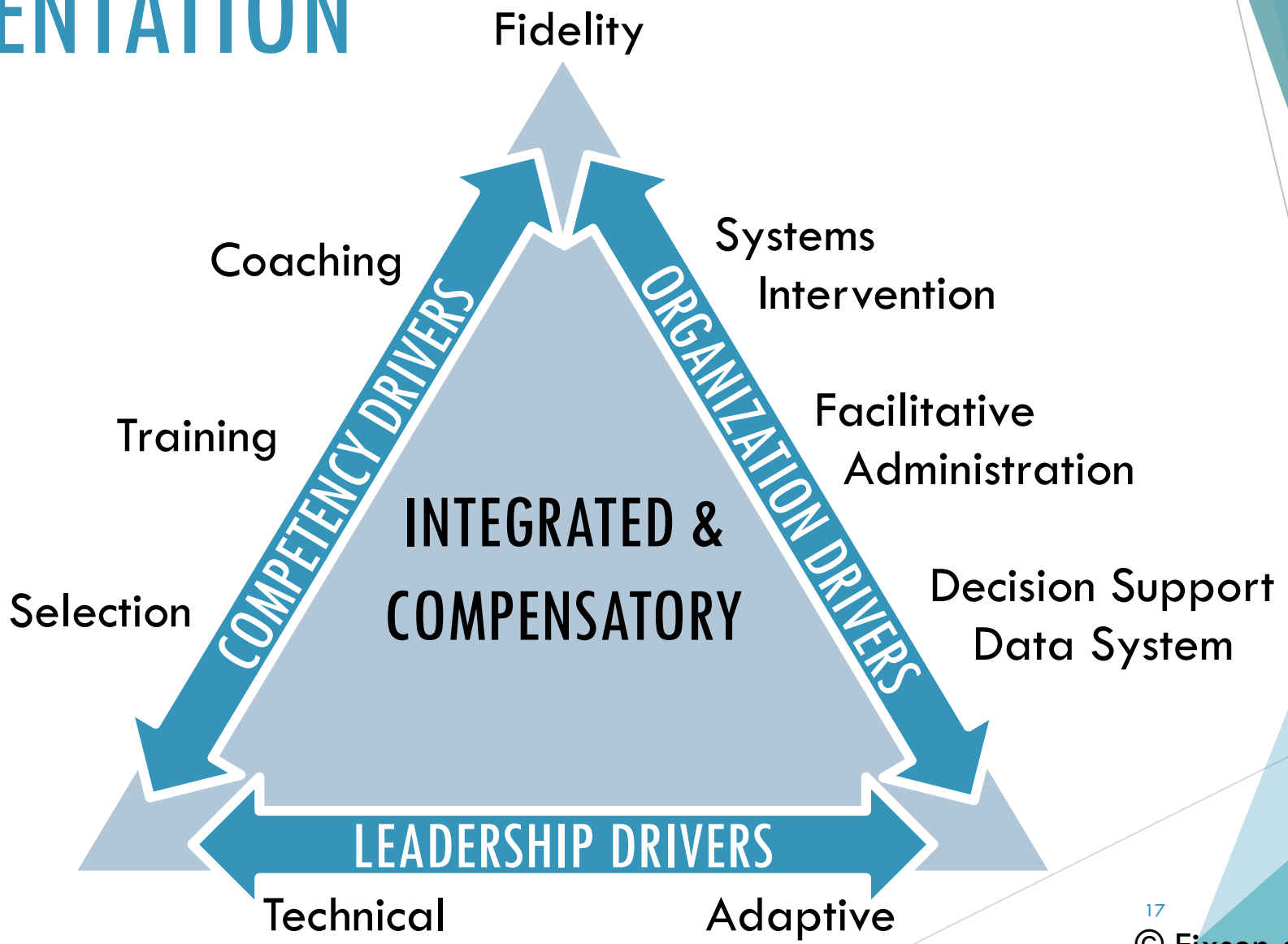

Leadership Drivers: Medicaid leadership

- Many opportunities for innovation opening up with CMS
- How/whether to pursue is highly complex and technical
- Access expert consultation on options – through academic partnerships, foundation support, national associations
- Get to know your Medicaid leadership
- Get to know the constraints under which they must operate: definitive federal rules; historical relationship with CMS; intense Legislative, press & public scrutiny
- Get to know what problems they need to solve – look for synergies

Competency Drivers

- SELECTION – we gathered and disseminated what providers were learning about hiring for peer and paraprofessional roles
- TRAINING and COACHING - Public funds are needed to support staff training and coaching, ideally including funds for lost productivity.
  - We fully funded training of all teams in High Fidelity Wraparound. We monitor fidelity and manage to it.
  - We developed "Practice Profiles" for In-Home Therapy and Therapeutic Mentoring and sponsor Learning Communities to support implementation
- Training without ongoing coaching or participation in a learning community, is worthless
- SPECIFICS WE LEARNED in CBHI:
  - Have Family Partners work in dyads with clinicians
  - Have Family Partners supervised by senior Family Partners
  - FOCUS on supervision, supervision, supervision

Organization Drivers

- Fund provider preparation and “ramp up” of service delivery
- Our MCOs provided held weekly meetings for a few months with the 32 ICC providers to support planning and implementation
- The MCOs paid attention to administration in network management

Other "lessons learned" in CBHI

System Management

- Six managed care companies jointly managed the CBHI provider networks
- Critical to have network management capacity either in gov't or purchased
- Network management included ensuring consistency of:
  - Interpretation of Medical Necessity Criteria
  - Service definitions and performance specifications
  - Billing
  - Documentation
  - Quality of care plans

Culturally-specific provider agencies

- We have three culturally-specific ICC providers
  - Children's Services of Roxbury (African, Haitian and African-American)
  - Gandara Center (historically served Puerto Rican farmworkers in western Mass.)
  - The Learning Center for the Deaf
- Result of consultation by Mario Hernandez and Ken Martinez, University of South Florida
- CSR and Gandara have the most enrollees of all 32 CSAs
- NOT what was expected
- Illustrate how much white agencies AREN'T seen as culturally competent by many in communities of color

Challenges in Massachusetts

- We have these "building blocks" but the overall system is still fragmented; system navigation is still a challenge
  - Mass. Medicaid has implemented Accountable Care Organizations in an effort to incentivize more coherent care
- Integrated MH & SUD
- Whole family approach esp. high quality work with parents with trauma hx., SUD, MH needs, DV, ID/DD
- Services that speak to the needs and values of communities of color
- Deeper understanding of family-driven, youth-guided care

Opportunities in Illinois

- Your "N.B. Class" is BROAD
- Illinois MUST develop individualized plans for each child and MUST pay for medically-necessary services
- To be successful, the Medicaid program will need to design a system with multiple components
- Consider High-Fidelity Wraparound, Family Partners and Therapeutic Mentors
- Your Court Expert, John O'Brien helped us design CBHI. Suzanne Fields, who will be working with John, implemented CBHI with me, as the Director of Behavioral Health for Mass. Medicaid
- Advocate for aggressive development of community-based system before implementing many PRTFs

Resources:

- https://www.mass.gov/masshealth-childrens-behavioral-health-initiative
- https://www.mcpap.com/Default.aspx MCPAP
- https://docassistillinois.org/ DocAssist
- https://www.mcpapformoms.org/ MCPAP for Moms
- http://www.nncpap.org/ National Network of Child Psychiatry Access Programs
- https://www.samhsa.gov/nttac/about The National Training and Technical Assistance Center for Child, Youth and Family Mental Health
- https://nwi.pdx.edu/ National Wraparound Initiative
- https://nirn.fpg.unc.edu/ National Implementation Research Network
- https://www.chcs.org/resource/technical-assistance-network-childrens-behavioral-health-resources/ Center for Healthcare Strategies