

# R.I. Children's Cabinet

---

DECEMBER 5, 2016

10:00AM-11:30AM – DOA CONFERENCE ROOM A



# Meeting Agenda

---

- Call to Order
- Children's Behavioral Health, Part 3
  - Presentation from Governor's Council on Behavioral Health Sub-Committee on Youth
  - Children's Behavioral Health System Scan Data
  - Cabinet Brainstorm – Next steps.
- Public Comment

# Governor's Council on Behavioral Health

Sub-Committee on Youth

---



# Children's Behavioral Health

*System Scan Data*

---



# Recall: Defining System Terms

---

- **Population Health:**

- Physical and behavioral health of the population.

- **Children's Behavioral Health:**

- Mental health and substance abuse of children ages 0-21.

- Pre-natal?
- 21 = Agency Transition Age
- 24 = CC Scope
- 26 = Coverage Transition Age

- **Children's Behavioral Health Services:**

- Prevention, residential and community-based treatment, and other community-based, social-emotional supports.

- Focus on Prevention
- Continuum of Responsive Services
- Multiple Points of Entry
- Serving Children, Adolescents & Families
- Publically and Privately Funded

# System Scan [Data compiled by Data Spark at Providence Plan]

## *Findings - Overview*

---

- This analysis identified **92** distinct programs/services administered through **5** state agencies - BHDDH, DCYF, DOH, Medicaid, RIDE.
  - The majority of programs provide **direct treatment** (38, or 41.3% of all programs)
  - Followed closely by **support services** (35, or 38.0% of all programs).
  - 5 programs (5.4%) are focused on **prevention** and 5 (5.4%) are focused on **screening**
    - All 5 prevention programs are substance use programs (2 general substance use, 2 alcohol/tobacco, 1 marijuana).

# System Scan


## *Definitions*

---

- **Program Type:**

- Prevention
- Screening
- Support
- Promotion
- Treatment
- Crisis

- **BH Focus:**

- Substance Use
  - General MH
  - SMI-SMPI
  - Emotional Disturbance
  - Trauma
  - Family Supports
  - Life Skills
  - Crisis Response
- 

# System Scan

## *Findings - Age Ranges*

---

Among the 86 programs that provided information on eligible age range:

- 47 programs serve 0-7 year olds
- 57 programs serve 8-15 year olds
- 79 programs serve 16-24 year olds
- 40 programs are available to children across all three age categories.

These age categories are not mutually exclusive, and many programs serve a range of ages that covers more than one of these categories.




# System Scan

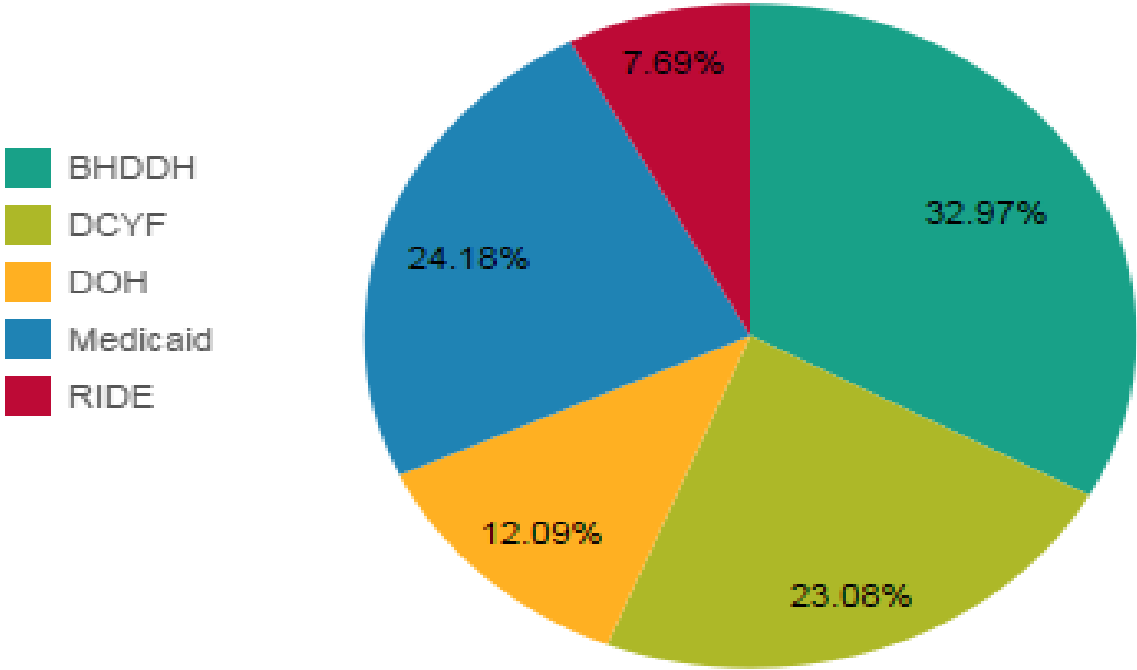
## *Findings - Geography*

---

While many programs don't have specific geographic eligibility requirements, the location of the provider(s) may limit access.

- 14 programs (15.2%) were identified to be limited by only being offered in one, or a few geographical locations
  - 9 programs (9.8%) were only available to children, youth, or families belonging to specific communities, municipalities, or schools
  - The remaining 69 programs (75.0%) have no apparent geographical limitations on access.
- 

**Breakdown of Children's Behavioral Health Programs by Overseeing State Agency**



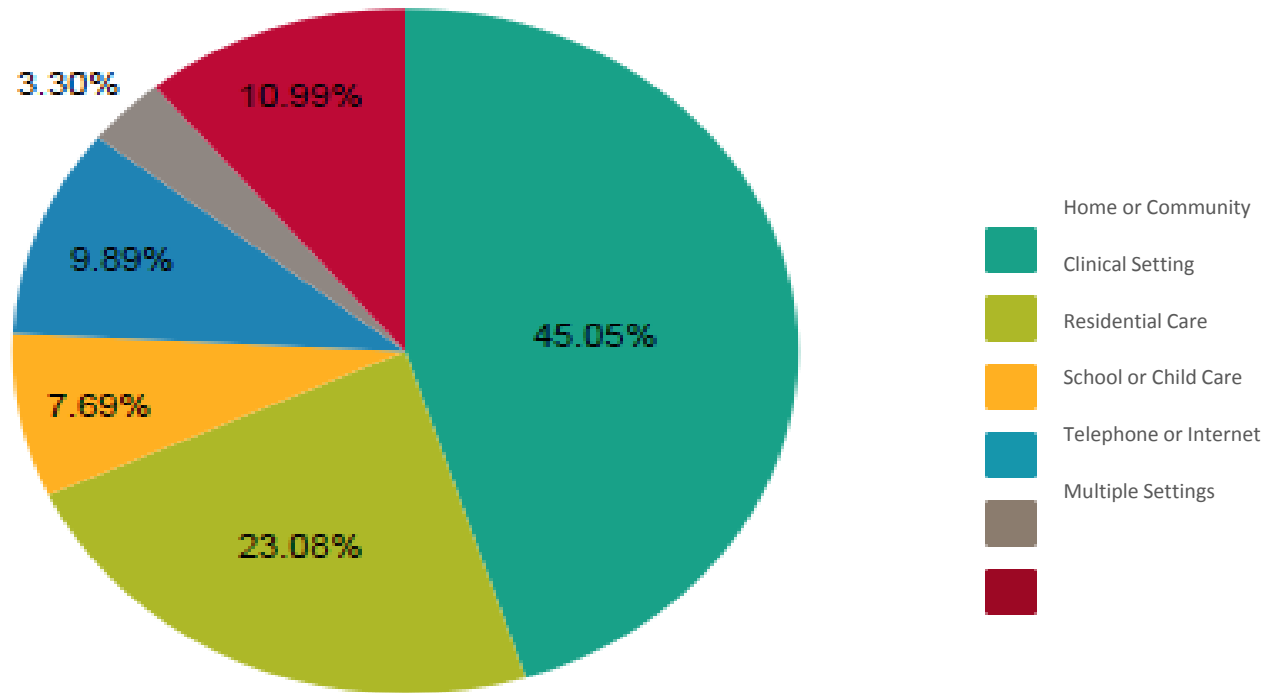
### Children's Behavioral Health Program Focus by Department

BH Focus	State Agency				
	BHDDH	DCYF	DOH	Medicaid	RIDE
Crisis Response			1	2	
Emotional Disturbance/Trauma		5	1		
Family Support	1	10	2		
General MH	1	4		20	
Life Skills	4	2	4		8
SMI/SPMI	3				
Substance Use	21		3		

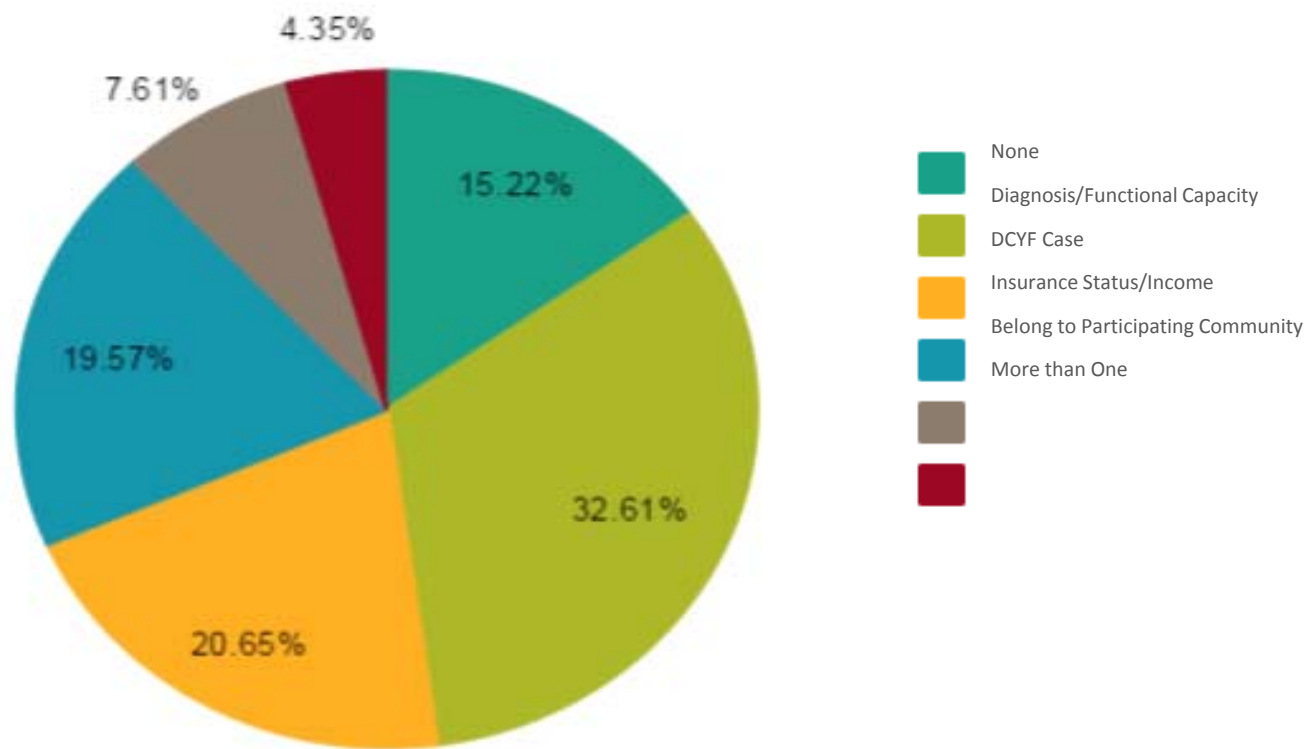
### Children's Behavioral Health Program Type by Department

Prog Type	State Agency				
	BHDDH	DCYF	DOH	Medicaid	RIDE
Crisis				2	
Prevention	4		1		
Promotion	3		2		
Screening	2		3	2	
Support	12	10	5		8
Treatment	9	11		18	

### Breakdown of Children's Behavioral Health Programs by Service Delivery Setting



### Breakdown of Children's Behavioral Health Program Eligibility Requirements



# System Scan

## *Recommendations from Data Spark*


---

1. While we were able to obtain information on the number of children or families served and the cost of administering services for *some programs*, the data was not complete enough to report on or draw conclusions from.
  - A deeper dive into total numbers served, utilization of services, and dollars spent using Medicaid claims data and clarifying a distinct period of time (FY2015 or earlier to ensure complete data) is recommended.
2. This analysis investigated broadly factors that may affect access to services, such as eligibility by age, insurance status, DCYF involvement, or geography. This analysis demonstrated that many of the behavioral health programs available to children require that child to be a Medicaid recipient, be enrolled in DCYF, or have a behavioral health diagnosis, each of which may pose barriers to access.
  - A deeper investigation into processes for referral/enrollment, limitations based on program availability and waitlists, and coordination of services between programs and other care providers would be necessary to better understand and identify barriers to access. An investigation of this sort would benefit from a mixed-methods approach.
3. From these data, it seems that many investments are going toward home and community based care, compared to more costly institutional or hospital settings.
  - An analysis of costs broken down by service delivery setting, or tracking individual patients to see if receiving services in the home and community results in decreased utilization of more costly services would uncover whether these investments are paying off.

# Brainstorm

## *Next Steps*

---

- Development of recommendations related to leveraging Medicaid-match in schools to deliver school-based mental health services?
  - Cross-agency Lean Kaizan event to address children's mental health transitions between DCYF and BHDDH?
  - Partnership with OHIC to explore issues related to children's mental health parity through their upcoming market conduct examination?
  - Further service system review focused on cross-agency approaches to maintaining a responsive continuum of care for adolescents and young adults?
  - Other?
- 



# PUBLIC COMMENT

Please contact Dacia Read, with questions,  
concerns or comments.

[Dacia.Read@OHHS.RI.GOV](mailto:Dacia.Read@OHHS.RI.GOV)