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**Local Collaboration to Better Serve Children & Families
CLMHD Recommendations for SPOA & LGU Role in Medicaid Redesign**

The NYS Conference of Local Mental Hygiene Directors, (the Conference), representing the 57 County Directors of Community Services/Mental Health Commissioners and the Department of Mental Hygiene for the City of New York, is pleased to put forward the attached white paper describing our vision for the function and expanded structure of Children and Youth Single Point of Access (C&Y SPOA) in the context of a new 1115 Medicaid Waiver, Children’s Health Homes, and Medicaid Managed Care.

The Conference is proposing modifications to C&Y SPOA to go beyond its current role as serving primarily children and youth with mental health needs through expanding its purview to function as the SPOA for those children and youth included in the future 1115 Waiver. This new C & Y SPOA would work in collaboration with the county Departments of Social Services and the Local Health Departments.

Children and Youth Single Point of Access (C & Y SPOA) currently determines appropriate level of case management care and services, refers to mental health and other services to meet the child/youth needs, and establishes level of care for the OMH Waiver 9. The C & Y SPOA provides a one stop linkage to mental health and other services at the local level assuring access for youth, families, and their advocates.

Though the C & Y SPOA began as a Mental Health system process, each county’s C & Y SPOA has evolved its operations over time to adapt to changes in the community’s needs. C & Y SPOA has the flexibility to make adjustments to respond to the constant developmental changes of children and youth and is in a unique position to both identify and facilitate linkages of high-need children and youth while providing the consistency of a single point of contact to coordinate services for the child and family. The C & Y SPOAs and LGUs have experience, expertise and knowledge of the county networks, and are a critical resource for the success of Medicaid Redesign for Children, Youth and Family services in meeting the goals of the Triple Aim.

The attached white paper details the value of C & Y SPOAs; how its expertise can assist the various statewide initiatives at the county and community level to improve care and reduce costs, while at the same time provide local systems oversight and accountability, assuring the unique needs of the child and family are met.

Sincerely,

Katherine G. Alonge-Coons, LCSW-R
Commissioner, Rensselaer Co. Dept. of Mental Health
Chair, CLMHD Children & Families Committee

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Local Collaboration to Better Serve Children & Families

CLMHD Recommendations for Children and Youth SPOA & LGU Role in Medicaid Redesign

December 2015 White Paper

Introduction

Children and Youth Single Point of Access (C & Y SPOA) is a part of County Local Government Units (LGUs) that bring together Cross System partners in order to provide the right service to the right children and their families at the right time. Children's Health Homes will enroll eligible children and youth in September 2016; a number of Home and Community-Based Services (HCBS) Medicaid waivers for children will be combined into a single 1115 Waiver in January 2017; and the full Medicaid benefit for children's services, including foster care and residential treatment facilities, will be managed by Managed Care Organizations in 2017.

The state agencies developing this new design (DOH, OMH, OASAS & OCFS) have been working in collaboration with the Children's Medicaid Redesign Team (MRT), the child-serving providers and the County/NYC Directors of Community Services (DCSs).

The children's system is a complex system for a variety reasons. In order to meet the needs of the child and the family, multiple systems must be involved to provide services and supports. For children with serious emotional disturbance (SED) and/or substance use disorders, the package of services and supports needed to be in place requires initial input and ongoing contact with many of the following systems: primary care providers; mental health or substance abuse treatment providers; the school system; the Local Department of Social Services (LDSS) if the child is in child protective services, foster care, and/or prevention services, County Juvenile Probation and Family Court.

Today a majority of counties involve the parent(s) or guardian and the child/youth in the initial C & Y SPOA meeting to assure that a family-driven and youth-guided approach is used to develop a plan of care for the child and the family. The ability to coordinate the various moving parts is daunting for many families and the consequences of lack of coordination can be detrimental and result in an increased likelihood that the child not receive services and/or decline care altogether; consequences that result in greater risk of using high cost inpatient and Emergency Room services. Families are best served via one person/office to ensure that "cross-system" collaboration occurs at the outset of care. In New York State, the Local Government Unit (LGU) is that point of contact through the C & Y SPOA.

Children and Youth SPOA meets the required person-centered planning process; assuring that the process provides necessary information and support to ensure that the individual or family directs the process to the maximum extent possible. Children and Youth SPOAs are best positioned to implement HCBS conflict-free requirements and quality improvement strategies that include continuous quality improvement processes, measures of program performance, and experience of care, by expanding the participants it can serve as a core of the Independent Entity.

CORE C & Y SPOA functions include:

- Conduct screenings for referred children;
- Develop and monitor individualized care plans for children at risk;
- Connect children and families to community services; and
- Support communities to manage access to intensive services.

Children and Youth Single Point of Access (C & Y SPOA)

The Children and Youth Single Point of Access was created in 2001 to “link and provide timely access to an array of intensive OMH services and supports based on the identified service need of the youth and his/her family.” Every county and borough in New York State has a Children and Youth SPOA which is embedded in the LGU and operates under the auspice of each County’s Director of Community Service (DCS). Children and Youth SPOA’s function independently of the service providers in the community and are responsible for oversight of referral and care planning. Consequently, the C & Y SPOA

experiences no conflict of interest in regard to the child’s referral source, the determination of need or level of care, or which agency provides the services. The predominant vested interest of the C&Y SPOA is to ensure children and families gain access to the right high quality service at the right time, in the right amount. Another central component of the C & Y SPOA is the ability to evolve to continuously meet need for access to services for local children and families. While C&Y SPOA began as a Mental Health system process, each county’s C & Y SPOA has evolved over time to adapt to changes in the community’s needs. Children and Youth SPOA has the flexibility to make adjustments when necessary while providing the single point of contact to coordinate services for the child and the family.

The combination of depth of experience and demonstrated ability to evolve to meet the needs of the local community position the County C & Y SPOAs to be highly effective in developing comprehensive plans of care with cross-system partners specific to each child’s need. Children and Youth SPOAs participate in LGU local services planning to redeploy existing resources and develop new resources to meet emerging needs in a rapidly changing environment through collaboration with other child-serving agencies.

Summary of Proposal

The C & Y SPOAs and LGUs have experience, expertise and knowledge of the county networks, and are a critical resource in the local community for the success of Medicaid Redesign for Children, Youth and Family services in meeting the goals of the Triple Aim. To most efficiently achieve these goals, the LGUs and the Conference of Local Mental Hygiene Directors (CLMHD) put forward the C & Y SPOA process and expertise as the central point at the ground level for referrals, ongoing consultation and facilitation of cross-system meetings for collaborative planning of care upon implementation of health home care management. As the Children’s System of Care transitions to a Medicaid Managed Care environment, the C&Y SPOA is well-positioned to assume the role of the Independent Entity for assessing Level of Need/Level of Care for children who may have historically been Medicaid ineligible children, yet may be deemed “family of one” Medicaid eligible and granted access to the appropriate HBCS services.

C & Y SPOAs directly support the “Triple Aim”

- ✓ Improving the quality of care
- ✓ Improving population health
- ✓ Reducing per capita costs

As described in more detail below, the CLMHD is proposing the C & Y SPOAs have full access to the Medicaid Analytics Performance Portal (MAPP) to effectively provide care planning at the local level. In addition, the CLMHD is proposing that C&Y SPOAs are designated as the Independent Entity (IE) in the Children’s HCBS workflow for Medicaid ineligible children who are Level of Need/Level of Care Eligible. The CLMHD, Directors of Community Services of LGUs, and C & Y SPOAs look forward to working with state, regional, and local partners to improve the quality of care and health for Children, Youth and Families, by capitalizing on the family-driven, youth-guided values and community relationships embedded in the C & Y SPOA process to help address the social determinants and improve the quality of services to children in New York.

Background

In 1982, the Children’s Defense Fund published Jane Knitzer’s Unclaimed Children: The Failure of Public Responsibility to Children and Adolescents in Need of Mental Health Services. Children with emotional disorders were found to be “unclaimed” by the Federal and State Agencies responsible for serving them, and the services that existed were not coordinated. Per this report, two thirds of seriously emotionally disturbed children did not receive the services that they need, and many others received inappropriate services. The report identified an overreliance on costly inpatient care, and the necessity for governments at every level to fund and implement community based programs because “when cost effective community based services are possible, children and adolescents get what they need.”

In response to these findings, the Child and Adolescent Service System Program (CASSP) was established by Congress in 1984. CASSP services were intended for children and adolescents with or at risk of developing severe emotional disorders and their families. CASSP principles are that services should be:

- **Child-centered:** *Services meet the individual needs of the child, consider the child's family and community contexts, and are developmentally appropriate, strengths-based and child-specific.*
- **Family-focused:** *Services recognize that the family is the primary support system for the child and participates as a full partner in all stages of the decision-making and treatment planning process.*
- **Community-based:** *Whenever possible, services are delivered in the child's home community, drawing on formal and informal resources to promote the child's successful participation in the community.*
- **Multi-system:** *Services are planned in collaboration with all the child-serving systems involved in the child's life.*
- **Culturally competent:** *Services recognize and respect the behavior, ideas, attitudes, values, beliefs, customs, language, rituals, ceremonies and practices characteristic of the child's and family's ethnic group.*
- **Least restrictive/least intrusive:** *Services take place in settings that are the most appropriate and natural for the child and family and are the least restrictive and intrusive available to meet the needs of the child and family.*

Thirty years later, these principles continue to hold true. The state embraced the federal recommendations and the New York State Office of Mental Health (OMH) funded the LGUs to develop children’s SPOAs to link and provide “timely access to an array of intensive OMH services and supports

based on the identified service need of the youth and his/her family.” Counties then developed the C & Y SPOA process based on the Coordinated Children’s’ Services Initiative (CCSI) principles and structure of service delivery brought forth in the children’s service system in the 1990s. Consequently many C & Y SPOA processes have incorporated the CCSI mission: “designed to promote community-based alternatives that support the care of children in family and family-like settings.” Today a majority of counties involve the parent (guardian) and the child/youth in the C & Y SPOA meeting in order to assure a family driven and youth guided process.

LGUs recognize that the needs of children and families presenting for C & Y SPOA services are complex and almost always involve other community partners, primarily the school district. Through the local services planning process, counties across New York State identified serving cross-system children and families as a high priority, and began looking for innovative approaches such as Children’s Systems of Care.

In the 1990s, several LGUs were awarded multi-year grants from the Substance Abuse and Mental Health Services Administration (SAMHSA) to establish Children’s Systems of Care (SOC) in their counties. From the SAMHSA website:

The system of care model is an organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving services and access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth with a serious emotional disturbance and their families.

Counties that received SAMHSA/SOC grants were able to bring together representatives of the local child serving community to collaborate around ways to better support children/youth and families in the county. Through the SOC grants, county C & Y SPOAs were better able to coordinate services and supports to “meet the physical, mental, social, emotional, education, and developmental needs of children and their families.”

In 2012, SAMHSA awarded Upstate New York a four-year, four million dollar grant to “NYS Success.” This grant builds on the expertise of counties who previously had been awarded SAMHSA SOC grants, and uses a learning collaborative model to support “operation, expansion and integration of Systems of Care through the creation of sustainable infrastructure.” In July, 2015, SAMHSA announced SOC expansion grant awards to Onondaga and Chautauqua Counties.

Throughout New York State, LGUs and C & Y SPOAs have successfully implemented SAMHSA SOC grants and are continuing with the NYS Success SAMHSA SOC grant as a means of strengthening the CASSP values. These values continued to be aligned with the Triple Aim to improve outcomes for children, youth, and families.

The Children and Youth Single Point of Access Expertise

The multi-department team approach helps to facilitate more frequent case conferencing, eliminates giving the runaround to families, and fosters shared responsibility for problem solving.

With this comes the recognition that these are “our kids” rather than the “other system’s kids.”

Children and Youth SPOAs are in a unique position to both identify and facilitate linkages of high-need children and youth to services and supports. The specific local mechanisms for care planning vary. In most counties, the C & Y SPOA committee meets to review referrals, ensure timely service provision, discuss the initial care plans, and monitor the progress of existing cases. In Monroe County, the C & Y SPOA uses both qualitative and quantitative data collection methods to support the identification of community members with high needs. Westchester County has partnered closely with families and family-run organizations to develop and sustain a “system of care” which not only gives children

access to a variety of services, but also ensures that these services are coordinated and individualized to meet a child and family’s needs.

In counties such as Orange and Erie, cross-system partners have agreed to co-locate intake staff to review referrals and regularly interact with the community stakeholders. In Erie County, the local Departments of Mental Health, Social Services and Juvenile Probation share office space and participate as multidepartment teams. Per Orange County, this rich formal and informal communication facilitates more frequent case conferencing, eliminates the runaround and streamlines the process for families, and fosters shared responsibility for problem solving. With this comes the structural recognition that these are “our kids” rather than the “other system’s kids.”

Children and Youth SPOAs are essential to the success of Children’s Health Homes. Children and Youth SPOAs have cross-system experience, and deep knowledge of the community supports. Because of experience with CASSP, SOC and now NYS Success, LGUs and C & Y SPOAs have built the infrastructure and community presence to ensure family focus and reduced reliance on institutional care.

Local Government Unit Expertise

Examples of LGU expertise:

- Relationships with & provider of Mental Health & SUD clinic services;
- Knowledge of housing and shelters;
- Oversight and management of behavioral health system;
- Relationships with local Departments of Social Services; and
- Relationship with Sheriff, juvenile probation, & Family Court.

The Local Government Unit (LGU) is charged under Mental Hygiene Law to be administratively responsible for planning, directing, coordinating, and monitoring programs of prevention, treatment and rehabilitation involving mental health, mental retardation and developmental disabilities, and alcohol and substance abuse services. As part of their planning function, LGUs collaborate with cross-system partners on social indicators of health; for example, the Onondaga LGU worked closely with the Onondaga Health Department on the Community Health Assessment and Improvement Plan. LGUs use

qualitative and quantitative data to identify community needs which goes beyond Medicaid claims, often considering the social determinants of health and wellness. LGUs contract with not-for-profit agencies to provide specific services and they collect and use performance data such as the quality and

quantity of non-Medicaid funded services, treatment services for individuals without Medicaid and indicators of recovery.

It is critical to retain and build upon the strength and expertise of the C & Y SPOA process and the LGU expertise to ensure that children and families continue to have the support of C & Y SPOAs to help assure they will have access to needed services and supports in a coordinated manner, especially as the children's system heads into a comprehensive transformation. LGUs and CLMHD embrace the goals of the Triple Aim, and are best positioned to use our strengths and expertise for:

- ✓ Care planning and monitoring;
- ✓ Building upon existing local cross-system structures and processes that work in rural, suburban and urban settings;
- ✓ Perform the local planning function; and
- ✓ Provide local oversight.

The LGUs are well-positioned to support the various statewide initiatives at the county and community level to improve care and reduce costs, while at the same time providing local oversight.

Ready for System Change

Children and Youth SPOAs are prepared to support both Children's Health Home implementation and the transition to a Medicaid Managed Care environment. In collaboration with the Health Homes, C & Y SPOAs will provide critical access to local community supports for Health Home enrollees. Because of local relationships, C & Y SPOAs will be able to assist Health Homes to identify and engage children in need of Health Home services. For counties with more than one Health Home, C & Y SPOAs will facilitate enrollment in the appropriate Health Home, minimizing duplicate efforts and confusion for families. Children and Youth SPOAs will advocate on behalf of individual children and families when there are perceived Health Home performance issues. Finally, C & Y SPOAs and LGUs will provide a local presence in support of improved Health Home performance. In addition, C&Y SPOAs and LGUs will continue to receive and process referrals to care management for children and families that have behavioral health care management needs, yet are not Medicaid eligible. It is the priority of C&Y SPOAs to ensure that this population continues to have access to care management services that equitable to health home care management in both quality and funding mechanism.

As children and youth transition into a Medicaid Managed Care environment, the LGU partnerships will be essential in ensuring the greater community is aware of the enhanced array of both State Plan Services and Home and Community Based Services. While it is clear that in the long-term, ensuring network adequacy is the responsibility of the Managed Care Organizations, the C & Y SPOA/LGU can and will facilitate local practice change to ensure the new and existing children/youth providers are participating in readiness, planning and implementation activities, and will monitor the viability of providers to meet the local needs of children, youth and families.

What We Propose

LGUs play an integral part in the administration of the Medicaid program carrying out responsibilities under both Article 41 of the Mental Hygiene Law and section 365-m of the Social Services Law.

This role has been recognized by CMS who pays LGUs for such services through the Federal Salary Sharing program. These payments are made through the Department of Health and there are currently 58 fully-executed MOUs at DOH which are signed by each LGU, OMH, OASAS, OPWDD and DOH formalizing the LGU role and authorizing payment under Federal Salary Sharing.

The C & Y SPOA/LGU will be vital to ensuring policy changes are implemented in ways that best meet the needs of the local community, while preserving the principles and values held to be core to successful child/youth and family service delivery. NYS OMH's recognition that the role of C & Y SPOAs should be expanded and strengthened in relationship to Waiver services, including responsibility for monitoring interim Conflict of Interest restructuring, demonstrates the value of C & Y SPOA to families. Consequently NYS OMH has provided to counties increased funding to support the expanded role of SPOA. Counties are now preparing to implement these new expanded C & Y SPOA functions.

The LGU/C & Y SPOAs propose receiving access to the Medicaid Analytics Performance Portal (MAPP) to provide coordinated Care Planning at the C & Y SPOA level. As referrals come into the enhanced C & Y SPOA, in order to operate effectively, the C & Y SPOA will need the tools that are being developed to support care management for the Health Home population, and the Delivery System Reform Incentive Payment (DSRIP) program performance management.

Direct Access to MAPP for the Health Home assigned/enrolled population should include:

- Identification of the eligible population;
- Health Home assignment;
- Health Home enrollment; and
- Dashboards to evaluate performance.

LGUs seek to work with State Partners to execute the necessary authorization agreements, similar to those implemented for collaboration with the Office of Mental Health in order to gain PSYCKES access.

The LGU/C&Y SPOAs propose being identified as the Independent Entity (IE) for the Children's HCBS workflow for Medicaid ineligible children who are Level of Need/Level of Care Eligible. The NYS vision for the Independent Entity is that the entity is a local government function that can address the needs of all children under 21. In addition, the local government function will have jurisdiction within the mental health, substance use, child

C & Y SPOA MAPP Use Case:

- C & Y SPOA receives a community referral
- C & Y SPOA collects information
- C & Y SPOA obtains consent
- C & Y SPOA checks if child is in foster care
- C & Y SPOA checks if child is in Child Welfare Preventive Services
- C & Y SPOA checks if the parent/guardian is currently enrolled in a Health Home
- C & Y SPOA administers CANS-NY to determine level of care
- C & Y SPOA checks if child has FFS Medicaid or MCO
- C & Y SPOA checks MAPP for parents care coordinator and MCO assignment

welfare, and health networks for the medically fragile children's service systems. The C&Y SPOA has demonstrated expertise in working with children and families with cross-systems needs and in facilitating cross-system collaboration. As a result of this expertise, C&Y SPOAs are best positioned to be the identified Independent Entity within the Children's Medicaid Redesign. Individual C&Y SPOAs are best positioned to describe how the IE function should operate locally and it would be anticipated that in some communities the IE function may be implemented regionally to ensure the most efficient use of resources.

The LGUs and CLMHD seek to be included as a partner with the New York State Agencies responsible for the next steps in Medicaid Reform. The LGUs commit to continue promotion of models that foster family focused and youth guided collaborative cross-system approaches, and look forward to the next phase of growth in the C & Y SPOA process.

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