



# **REGIONAL PLANNING CONSORTIUMS**

## **CAPITAL REGION CHILDREN & FAMILIES SUBCOMMITTEE**

**TOWN HALL MEETING  
MAY 4, 2017  
THE RADISSON HOTEL**



# Children's Mental Health Awareness Week: Partnering for Health and Hope



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### **CAPITAL REGION CHILDREN & FAMILIES CHAIR**

**BILL GETTMAN, CHIEF EXECUTIVE OFFICER, NORTHERN RIVERS**

### **CAPITAL REGION CHILDREN & FAMILIES LGU LEAD**

**MOIRA MANNING, LCSW-R,**

**DEPUTY COMMISSIONER,**

**ALBANY COUNTY DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES**



# **REGIONAL PLANNING CONSORTIUMS**

## **CHILDREN & FAMILIES AGENDA**

- **WELCOME**
- **ROLE OF THE CHILDREN & FAMILIES SUBCOMMITTEE**
- **HEALTH HOMES SERVING CHILDREN 101**
- **BREAK OUT GROUPS**
  - **IDENTIFICATION OF ISSUES**
- **REPORT BACK**
- **NEXT STEPS**



# **CHILDREN & FAMILIES COMMITTEE** **(PURPOSE & OBJECTIVES)**

- **PURPOSE:** TO BRING TOGETHER STAKEHOLDERS ASSOCIATED WITH SERVICES FOR CHILDREN AND YOUTH IN EVERY REGION TO MONITOR THE TRANSFORMATION OF CHILDREN'S SERVICES ACROSS NYS.
  
- **OBJECTIVE:** ASSIST IN PROVIDING SOLUTIONS TO IMPROVE NETWORK ADEQUACY, INCREASE ACCESS TO SERVICES & SUPPORT CHILDREN AT-RISK TO THRIVE IN THEIR COMMUNITY.



# REGIONAL PLANNING CONSORTIUMS

## CHILDREN & FAMILIES SUBCOMMITTEE

### RPC LOGIC MODEL

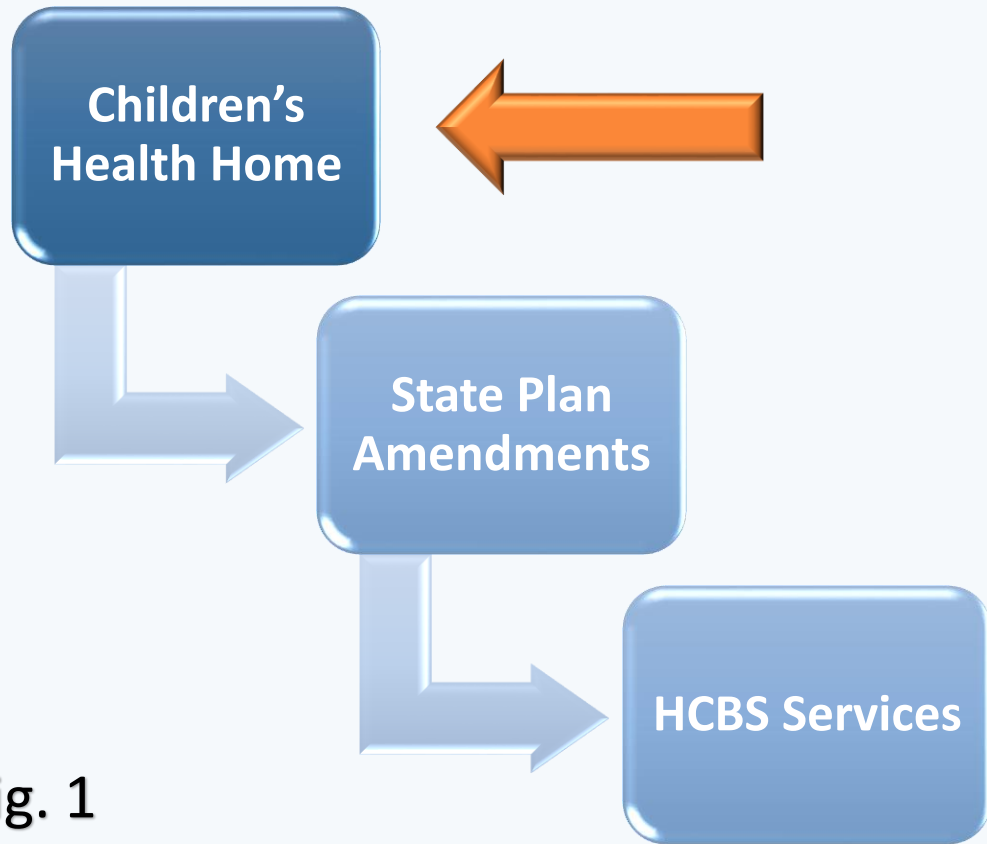


Fig. 1

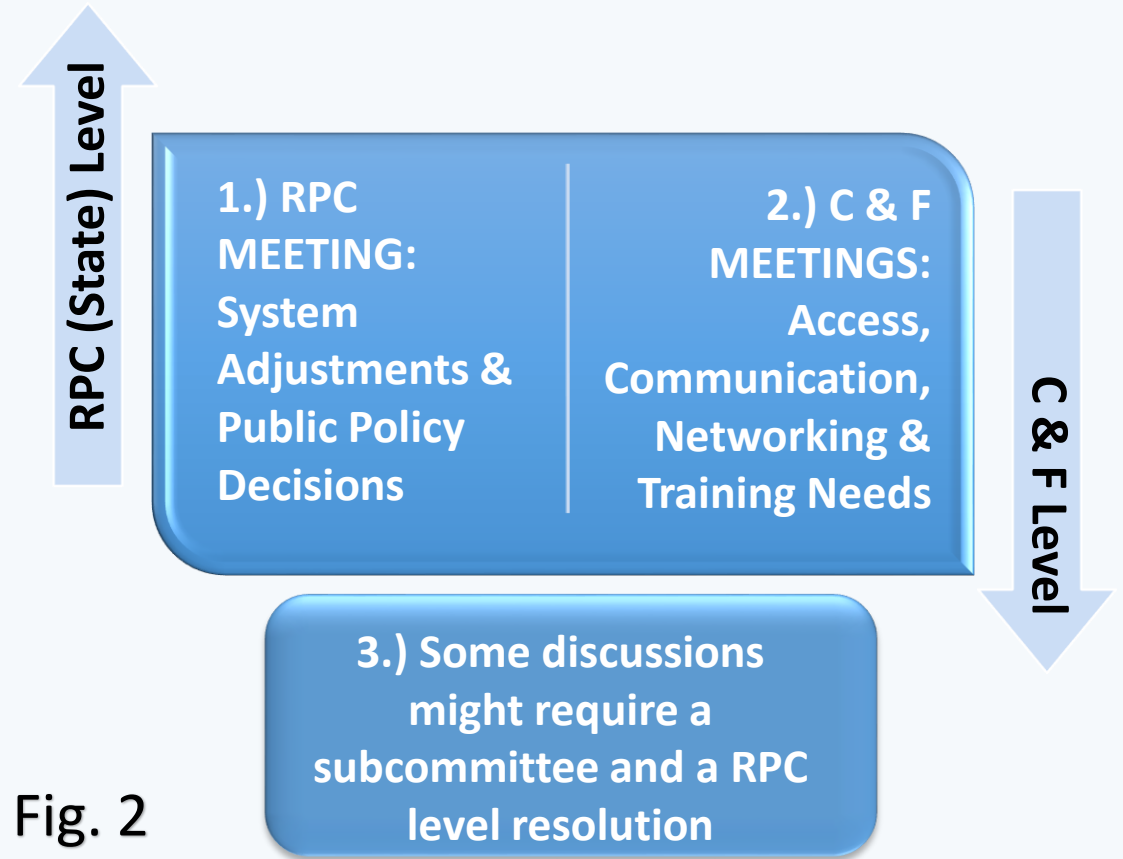


Fig. 2

We are using this logic model to shape the C & F discussions in each of the regions. It should be noted that this is not an exclusive list. We have encouraged the Children and Family Chairs and LGU Leads to keep a tight focus on the issues that are discussed and develop a sense for what is a reasonable issue for the C & F Committees to work on.



# REGIONAL PLANNING CONSORTIUMS

## CHILDREN & FAMILIES SUBCOMMITTEE

### GUIDING PRINCIPLES

**THE CHILDREN & FAMILIES SUBCOMMITTEE IS FOUNDED UPON THE FOLLOWING PRINCIPLES:**

- **FAMILIES ARE BEST ENGAGED IN THEIR OWN COMMUNITIES WHERE THEY LIVE AND ARE MOST COMFORTABLE, AND WHERE THEY HAVE CULTURALLY RELEVANT RESOURCES TO USE IN THE ACHIEVEMENT OF THEIR GOALS;**
  - **FAMILIES ARE VIEWED AS PARTNERS AND COLLEAGUES IN THE DISCUSSION;**
- **CHILD AND FAMILY SERVING SYSTEMS/AGENCIES MUST COLLABORATE TO CREATE A SEAMLESS SYSTEM;**
- **EVERY CHILD SERVING STAKEHOLDER MUST BE INCLUDED IN THE CONVERSATION;**
  - **RECOMMENDATIONS MUST BE SOLUTION-FOCUSED;**

**\*THIS IS NOT UNIQUE TO THE RPC'S, BUT IT IS A REITERATION OF THE CASSP VALUES (CHILD AND ADOLESCENT SERVICE SYSTEM PROGRAM) WHICH WERE DEVELOPED IN 1983.**



# HEALTH HOMES SERVING CHILDREN

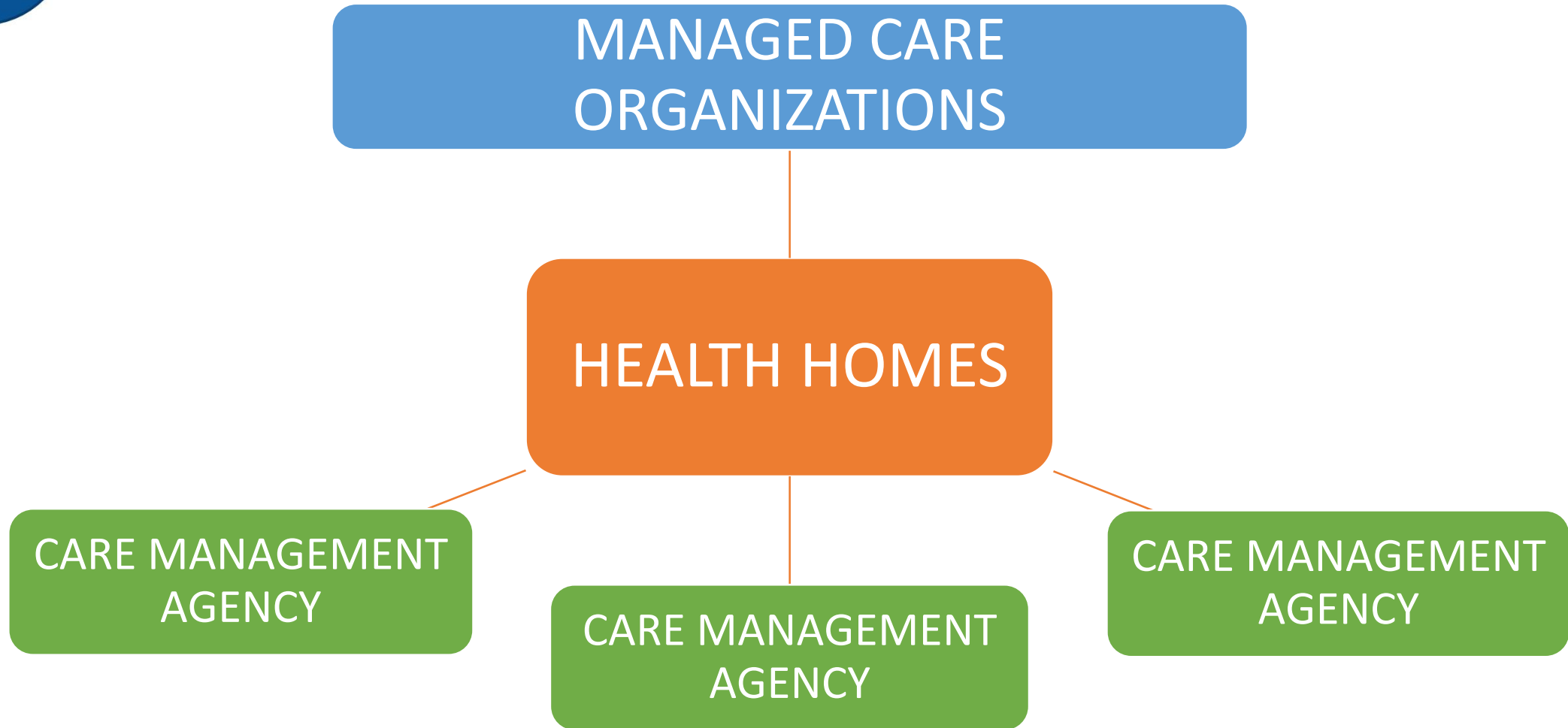
## BACKGROUND

- **BACKGROUND:** HEALTH HOMES WERE APPROVED IN NYS BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) IN 2012. AT THIS TIME THERE WAS NOT SPECIFIC CONSIDERATION MADE FOR SERVING THE CHILD AND YOUTH POPULATION.
- IN 2014, THE STATE AGENCIES BEGAN CREATING THE HEALTH HOMES SERVING CHILDREN MODEL WITH SPECIAL CONSIDERATION FOR THE CHILD AND YOUTH POPULATION.
- IN 2015, THE STATE AGENCIES DESIGNATED 16 HEALTH HOMES SERVING CHILDREN.
  - IN DECEMBER, 2016, HEALTH HOMES SERVING CHILDREN BEGAN ENROLLING ELIGIBLE CHILDREN AND YOUTH.





# HEALTH HOMES SERVING CHILDREN MODEL



**CARE MANAGEMENT AGENCIES COULD INCLUDE OMH TCM PROVIDERS, VOLUNTARY FOSTER CARE AGENCIES, WAIVER PROVIDERS (OMH SED, CAH I, II, B2H), AIDS INSTITUTE/COBRA, OASAS/MATS.**



# **HEALTH HOMES SERVING CHILDREN**

## **PRINCIPLES FOR SERVING CHILDREN IN HEALTH HOMES AND MANAGED CARE**

- **ENSURE MANAGED CARE AND CARE COORDINATION NETWORKS PROVIDE COMPREHENSIVE, INTEGRATED PHYSICAL AND BEHAVIORAL HEALTH CARE THAT RECOGNIZES THE UNIQUE NEEDS OF CHILDREN AND THEIR FAMILIES**
- **PROVIDE CARE COORDINATION AND PLANNING THAT IS FAMILY-AND-YOUTH DRIVEN, SUPPORTS A SYSTEM OF CARE THAT BUILDS UPON THE STRENGTHS OF THE CHILD AND FAMILY**
- **ENSURE MANAGED CARE STAFF AND SYSTEMS CARE COORDINATORS ARE TRAINED IN WORKING WITH FAMILIES AND CHILDREN WITH UNIQUE, COMPLEX HEALTH NEEDS**
- **ENSURE CONTINUITY OF CARE AND COMPREHENSIVE TRANSITIONAL CARE FROM SERVICE TO SERVICE (EDUCATION, FOSTER CARE, JUVENILE JUSTICE, CHILD TO ADULT)**



# **HEALTH HOMES SERVING CHILDREN**

## **PRINCIPLES FOR SERVING CHILDREN IN HEALTH HOMES AND MANAGED CARE**

- **INCORPORATE A CHILD/FAMILY SPECIFIC ASSENT/CONSENT PROCESS THAT RECOGNIZES THE LEGAL RIGHT OF A CHILD TO SEEK SPECIFIC CARE WITHOUT PARENTAL/GUARDIAN CONSENT**
  - **TRACK CLINICAL AND FUNCTIONAL OUTCOMES USING STANDARDIZED PEDIATRIC TOOLS THAT ARE VALIDATED FOR THE SCREENING AND ASSESSING OF CHILDREN**
  - **ADOPT CHILD-SPECIFIC AND NATIONALLY RECOGNIZED MEASURES TO MONITOR QUALITY AND OUTCOMES**
- **ENSURE A SMOOTH TRANSITION FROM CURRENT CARE MANAGEMENT MODELS TO HEALTH HOME, INCLUDING TRANSITION PLAN FOR CARE MANAGEMENT PAYMENTS**



# **HEALTH HOMES SERVING CHILDREN**

## **ELIGIBILITY CRITERIA**

### **ELIGIBILITY:**

**ENROLLED IN MEDICAID**

***AND***

**SINGLE QUALIFYING CONDITIONS**

- **COMPLEX TRAUMA**
- **SERIOUS EMOTIONAL DISTURBANCE**
  - **HIV/AIDS**

***OR***

- **TWO OR MORE QUALIFYING CONDITIONS**
- **TWO CHRONIC CONDITIONS (MEDICALLY FRAGILE CHILDREN)**

***AND***

- **EACH CHILD MUST MEET APPROPRIATENESS CRITERIA**



# HEALTH HOMES SERVING CHILDREN

## DEFINING A CHILD

- **DEFINITION OF A CHILD:** THE STATE ISSUED THE FOLLOWING DEFINITION OF A CHILD FOR PURPOSES OF HEALTH HOMES SERVING CHILDREN:
  - “IN THE CONTEXT OF THE ADMINISTRATION OF HEALTH HOMES (E.G., CHILDREN’S RATES, HEALTH HOMES PRIMARILY SERVING CHILDREN) A CHILD IS DEFINED AS AN INDIVIDUAL UNDER THE AGE OF 21”
  - “NOTE: AGE IS NOT AN ELIGIBILITY REQUIREMENT FOR HEALTH HOMES (E.G., INDIVIDUALS THAT TURN 21 AND MEET THE CHRONIC CONDITION BASED CRITERIA AND ARE APPROPRIATE FOR HEALTH HOMES CARE MANAGEMENT REMAIN ELIGIBLE FOR HEALTH HOMES”



# **HEALTH HOMES SERVING CHILDREN**

## **CAPITAL REGION**

- 1. CATHOLIC CHARITIES OF BROOME COUNTY ENCOMPASS CATHOLIC CHARITIES CHILDREN'S HEALTH HOME**
- 2. CHILDREN'S HEALTH HOME OF UPSTATE NEW YORK (CHHUNY)**
- 3. CENTRAL NEW YORK HEALTH HOME NETWORK, INC. (CNYHHN, Inc.)**
- 4. HUDSON RIVER HEALTHCARE, INC. DBA COMMUNITY HEALTH CARE COLLABORATIVE**

# Health Home Serving Children Outreach and Enrollment Stats

Capacity	1 <sup>st</sup> Quarter				
	December	January	February	March	
Outreach	3,739	4,203	4,708	3,839	
Enrollment	3,138	4,776	6,331	7,585	

Taken from Webinar Hosted by the NYS Department of Health on 4/26, “Health Homes Serving Children Status of Implementation, Review of Recent Guidance, And Q & A”

[https://www.health.ny.gov/health\\_care/medicaid/program/medicaid\\_health\\_homes/docs/2017-03-23\\_review\\_of\\_implementation.pdf](https://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/2017-03-23_review_of_implementation.pdf)



# BREAK OUT GROUPS

## ISSUES IDENTIFICATION





# ALL RECONVENE

## REPORT BACK



# NEXT STEPS

- **INTEREST AND INVOLVEMENT: A SURVEY MONKEY WILL BE SENT OUT FOLLOWING TODAY'S MEETING TO OBTAIN INTEREST FROM ANYONE WISHING TO PARTICIPATE IN FUTURE CHILDREN & FAMILIES SUBCOMMITTEE MEETINGS.**
- **NEXT MEETING:**

➤ **MAY 24, 2017 2-4PM**

**PARSONS SATRI TRAINING FACILITY  
60 ACADEMY ROAD  
ALBANY, NY**

**AN EVENTBRITE INVITATION WILL BE FORTHCOMING TO ANYONE WHO COMPLETES AN INTEREST AND INVOLVEMENT SURVEY FOR THE CHILDREN & FAMILIES SUBCOMMITTEE.**



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## **REGIONAL PLANNING CONSORTIUMS**

### **FOR MORE INFORMATION ON CAPITAL REGION CHILDREN & FAMILIES SUBCOMMITTEE**

**ALEXIS HARRINGTON, CAPITAL REGION RPC COORDINATOR**

**PHONE: 518-396-9413**

**EMAIL: [ah@clmhd.org](mailto:ah@clmhd.org)**

**WEBSITE: [www.clmhd.org/rpc](http://www.clmhd.org/rpc)**