



Integrated Children's System Initiative

Integrated Children's Service
Initiative Advisory Committee
November 10, 2005



The VISION

- An integrated system in which children have access to a comprehensive range of high quality services available through public systems, regardless of how the child enters the system.



Brief History

- System of Care application in 2003
- Integrated Children's Services Plan for Counties in 2004
- Based on review of county plans by Secretary Richman, decision to use Integrated Children's Services Initiative to address funding challenge for 04-05 and 05-06



Guiding Principles

- Creating an integrated system for children to insure access to a continuum of services;
- Putting the child's needs first in providing timely access to behavioral health treatment services to children in the child welfare and juvenile justice systems;
- Delivering behavioral health services through coordinated planning processes that involve the behavioral health, child welfare and juvenile justice systems
- Paying for medically necessary behavioral health treatment services through the Medical Assistance Program for those children who are eligible for Medical Assistance;
- Enhancing the quality and monitoring of the delivery of behavioral health treatment services to assure successful treatment outcomes.



The Behavioral Health System

○ **Providers**

- 95 Family Based Providers
- 61 Residential Treatment Facilities
- 94 Children's Partial Hospitalization Programs
- 45 CRR Host Homes for Children
- 435 BHRS programs (previous Type 50) within 46 county MH/MR programs
- 117 Intensive Case Management Programs (serving adults and children)
- 231 Psychiatric Outpatient Clinics (serving adults & children)
- Limited Drug and Alcohol services



County C&Y and JPO Perspective

- Behavioral Health services are not responsive to court timelines
- Some providers are unable to participate in the MA system because they lack a MH license, or because the reimbursement is not adequate
- Needs Based Planning has provided resources to address needs



Agreement in Principle

- There is universal agreement with the concept of integrating children's services and utilizing the most appropriate financing
- There is less agreement about how to do it
- We are learning



ICSI Status Update

- Five pilot counties in FY 04/05
 - Residential Providers Identified
 - HC Contract Amendment
 - Payment Methodology approved by CMS
 - Provider Contracts/Payment Initiated
- FY 05/06
 - Work with all counties
 - ICSI Bulletin Issued
 - 23 providers enrolled including 50 new programs
 - Continuous discussions with an additional 37 providers about 54 more new programs
 - HC payment methodology submitted for approval to CMS;
 - Individual County Approaches being developed
 - Communications strategy



Moving to In Home Services

- In- Home Services
 - Programs must be approved or licensed by OMHSAS; examples include:
 - Psychiatric Evaluations
 - Psychological Evaluations
 - Mental Health Counseling Services
 - Multi-Systemic Therapy (MST)
 - Family Functional Therapy (FFT)
 - CRR Host Homes
 - Practitioners must be licensed by the Commonwealth
 - Must be credentialed by the County BH-MCO

Medical Necessity

- Medical Necessity is a clinical determination based on the presenting facts in each individual child/adolescent's situation to establish a service or benefit which will and is reasonably expected to:
 - Prevent the onset of an illness, condition or disability;
 - Reduce or ameliorate the physical, mental behavioral, or developmental effects of an illness, condition, injury, or disability
 - Assist the individual to achieve or maintain functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities appropriate for individuals of the same age.
- HealthChoices: Appendix T
- OMAP : FFS
- Appeal Process in Place

What have we learned....

- ICSI is transforming for both the state and local systems of care
- ICSI provides an opportunity....
- ICSI is hard work.....
- Variables that impact success in developing ICSI
 - County leadership
 - Commitment to ICSI
 - Inter-relationship among and between local child-serving systems
 - Parent voice & advocacy
 - Effectiveness of BH-MCO care-management
 - Quality & Capacity of Provider Network
 - Inter-relationship with local school districts and other partners



What's Next?

- Individual County Approach
- Complete Enrollment of Providers
- Priority Focus on In-Home Services
- Fully Implement Communication Network
- Address additional Q&A's
- Finalize data collection effort in HC counties
- Finalize contract changes in HC contracts



ICSI and ICSP

- Both are part of the vision of an integrated system
- ICSI based on ICSP in general
- We believed ICSI to be “one time,” so limited reference in ICSP Guidelines for 06-07
- Counties will continue to search for the best ways to serve children, and to utilize limited resources



A Learning Process

- It's been a bit bumpy
- We are learning what it takes to work together at the state level
- We are learning from the counties' ICSP and the ICSI plans
- We are catching more glimpses of the vision