



## Then, Now, and Tomorrow: System of Care in NH

June 16, 2020

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## Agenda

- Introductions
- Overview of System of Care
- Policy and Infrastructure Developments to Build NH's System of Care
- Advocacy
- Special Applications of System of Care
- Systems Support

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## How Our Town Hall Is Organized

Overview:

- Daryll Tenney
- JoAnne Malloy

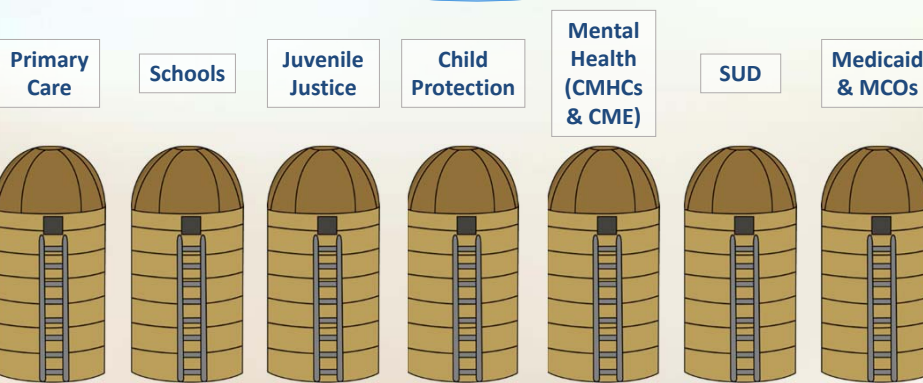
Panelists:

- Family- and Youth-Driven High-Fidelity Wraparound
  - Maureen Gross – Wraparound Practice
  - Hannah Raiche – Youth Peer Support
  - Brian Huckins – Family Peer Support
  - Trini Tellez – Cultural and Linguistic Competence
- Policy and Infrastructure Developments to Build NH's System of Care
  - Erica Ungarelli – state CBH policy
  - Kelly Untiet – state DOE policy
  - Karen Cusano – Care Management Entity (CME) – statewide
  - Dennis Calcutt – Care Management Entity (CME) – regional
  - Dellie Champagne – CBH Advocacy
- Special Applications
  - Nicole Quinn – Children's Community Mental Health
  - Melissa Davis – pilot projects for special populations

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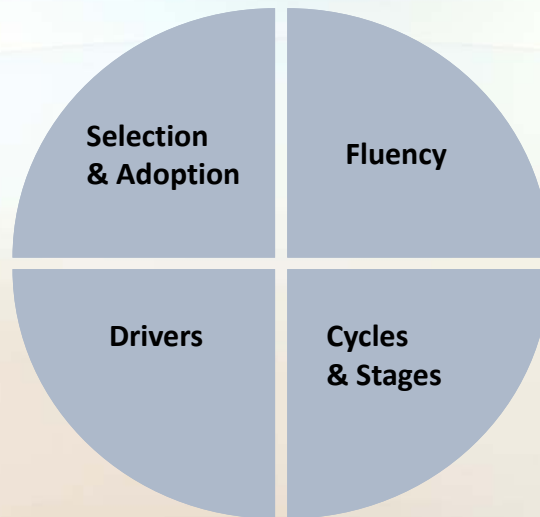
## We Have a Fragmented System of Providers that often Work in "Silos"

### Children & Families



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## We Are Using Research-Based Implementation Strategies to Scale-Up System of Care in NH



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## System of Care Defined...

“A spectrum of **effective, community-based** supports, that is organized into a **coordinated** network, builds **meaningful partnerships** with families and youth, and addresses their **cultural and linguistic** needs, in order to help them to succeed at **home**, in **school**, in the **community**, and throughout life”

(Stroul & Friedman, 2010)

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## System of Care Core Values

1. **Family driven and youth guided**, with the strengths and needs of the child and family determining the types and mix of services and supports provided.
2. **Community based**, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. **Culturally and linguistically competent**, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

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## Systems of Care Are Effective!



**Decreased suicide rates,** substance abuse, juvenile justice involvement, and inpatient/ residential stays



**More stable living situations** for children and youth, including fewer out-of-home placements and fewer placement changes.



**Improved family functioning** and reduced caregiver stress.



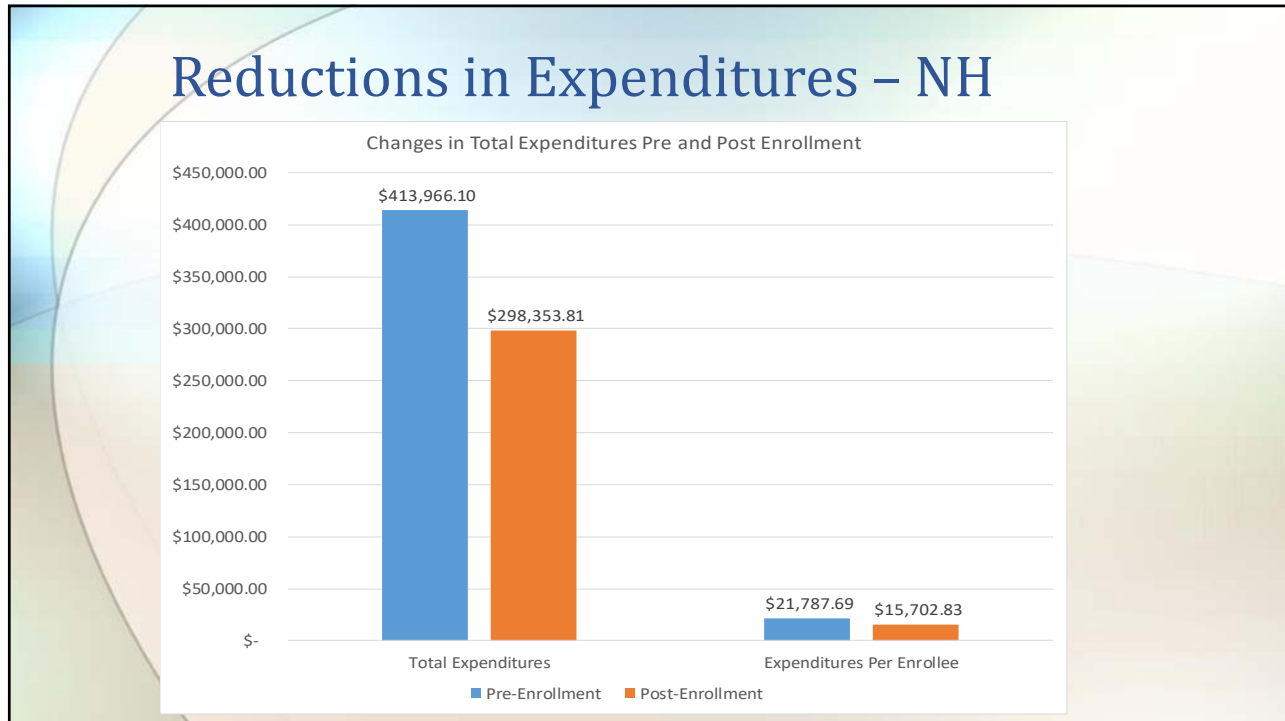
**Increased use of evidence-based practices** and an expanded array of home- and community-based services and supports.



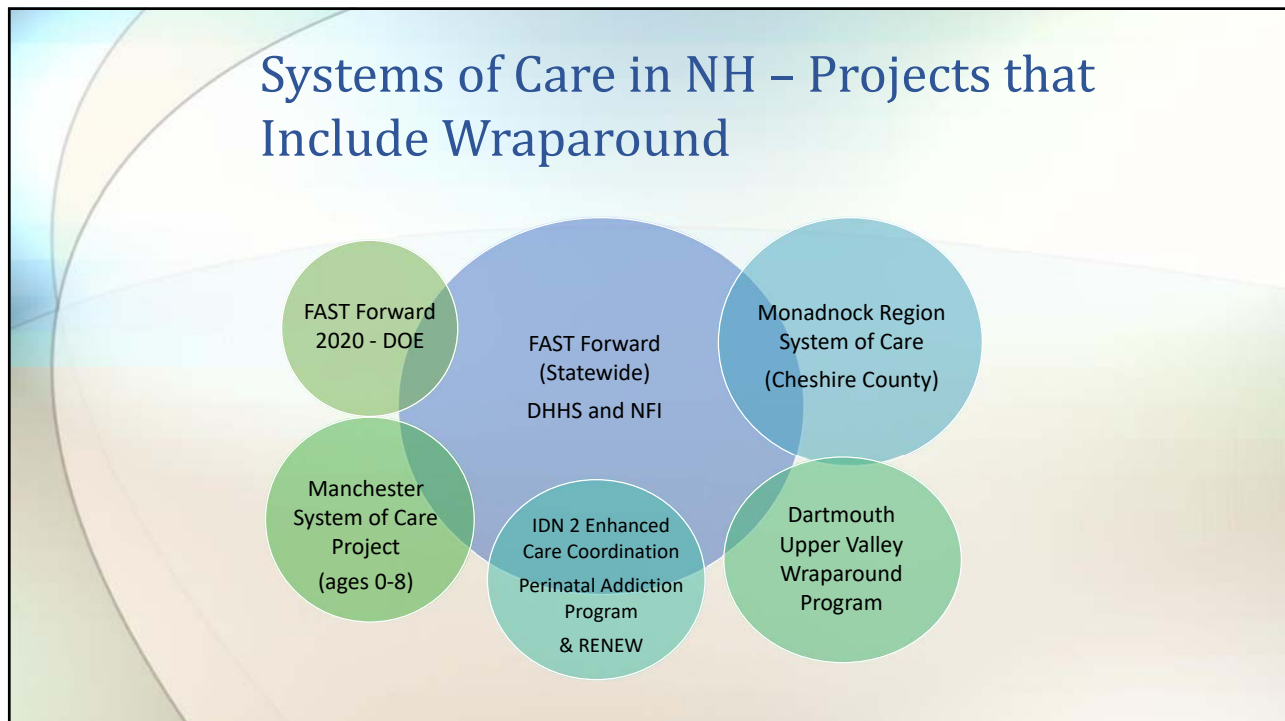
**Increased cross-system collaboration** and improved use of Medicaid and other resources

Stroul, B. A., Goldman, S. K., Pires, S. A., & Manteuffel, B. (2012).

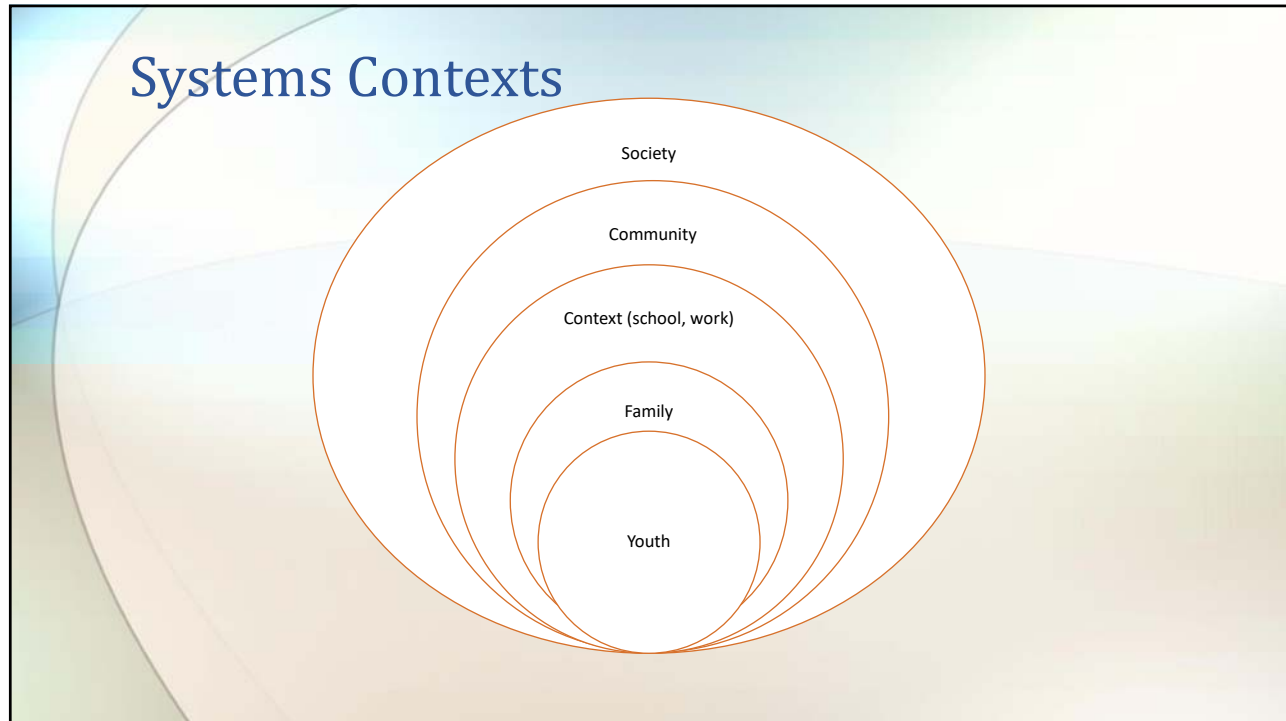
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## Family- and Youth-Driven Wraparound

NH System of Care's  
Most Intensive Level of Care Coordination

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## Wraparound Is the Primary Practice within System of Care

- Based on a clear set of values and principles
- Highly structured planning process
- Family and youth driven
- Capitalizes on family strengths, culture, and values
- Solution focused
- Dynamic teams and supports (public, private, and natural)
- Includes family/youth peer support
- Led by a **trained** facilitator

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## Values and Principles: NH's Wraparound Model

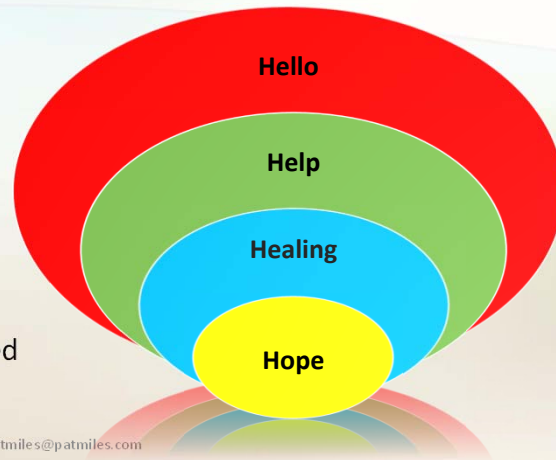


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## NH Wraparound Framework

- **Hello:** Initial contact; engagement of family; getting to know family and building rapport
- **Help:** Agreeing on, providing, and delivering a range of interventions, services, and supports
- **Healing:** Modifying initial helping activities to produce family report of healing
- **Hope:** Future oriented activities designed to sustain family's experience of hope

### Framework



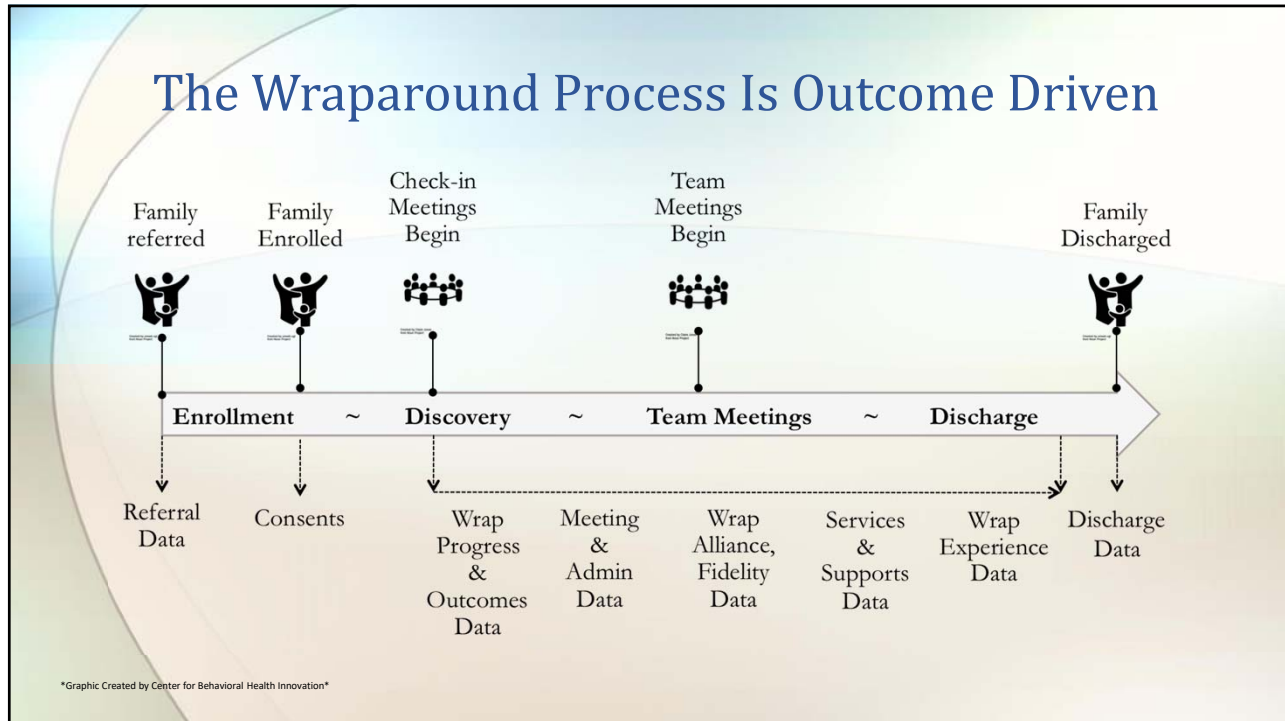
patmiles@patmiles.com

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### NH Wraparound (FAST Forward) Referral Form

Please send this referral to the Daryll Tenney, FAST Forward Program Manager at [Daryll.Tenney@dhhs.nh.gov](mailto:Daryll.Tenney@dhhs.nh.gov) or Call (603) 271-5075

Referrals are being accepted from families and providers for children and youth who...

- Are Medicaid eligible
- Are aged six or older or who are young adults transitioning out of school, foster care, or state placements
- Experience difficulties in day-to-day life due to a diagnosis of serious emotional disturbance
- Are at risk of multi-agency involvement (includes out of home placement in a residential treatment facility, psychiatric hospital, or juvenile justice facility)
- The person shall be able to participate in the program (i.e. Communicate feedback regarding their identified needs, participate in the team planning process, and comprehend and drive their plan of care).

**Youth Information**

Youth first name: \_\_\_\_\_ Youth last name: \_\_\_\_\_  
 Referred Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Town of Residence: \_\_\_\_\_ School Attended: \_\_\_\_\_

**Parent/Guardian/Caregiver information (best person to contact about the referral)**

Parent/Guardian/Caregiver first name: \_\_\_\_\_ Parent/Guardian last name: \_\_\_\_\_  
 Best contact method: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Referent information**

Name of referent: \_\_\_\_\_ Referent title/relationship to student: \_\_\_\_\_  
 Referent phone #: \_\_\_\_\_ Referent email: \_\_\_\_\_  
 Date of referral: \_\_\_\_\_

Have you already spoken with the youth and/or family member about this referral? Yes  No   
 If so, with whom have you spoken? \_\_\_\_\_

**Primary reasons for referral:** Please describe reason for referral, what behaviors are you seeing?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In order to determine eligibility for wraparound, FAST Forward Program Manager will 1) review this form, 2) Connect with referent to discuss and review form, 3) schedule an in-depth conversation with the youth/family about their needs and concerns, 4) collect collateral information and communicate with schools and other organizations as appropriate.

## Eligibility Criteria for FAST Forward

- Medicaid eligible
- Aged 5 or older or young adults transitioning out of school, foster care, or state placements
- Experience difficulties in day-to-day life due to a diagnosis of serious emotional disturbance
- Are at risk of multi-agency involvement (includes out of home placement in a residential treatment facility, psychiatric hospital, or juvenile justice facility)
- The person shall be able to participate in the program (i.e., communicate feedback regarding their identified needs, participate in the team planning process, and comprehend and drive their plan of care).

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## Peer-to-Peer Support

In any healing process it is vital to have a peer who has lived experience and perspective, and can offer hope by:

- Helping to reduce the feelings of isolation
- Supporting the youth and family in times of high stress
- Helping the youth and family to navigate the various and complex systems they use
- Encouraging the family and youth to express their needs
- Conveying a sense that things will get better

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## What Is Youth MOVE New Hampshire?

A statewide youth advocacy organization led by young leaders with lived experience who are dedicated to improving services and systems that serve youth by sharing their authentic youth voices and perspectives and supporting other young people to do the same.



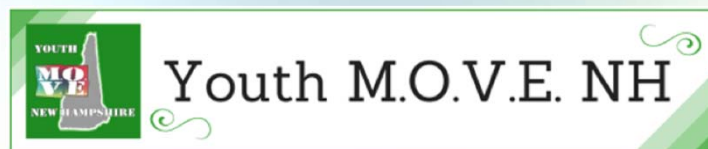
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## What Do We Do?

Youth M.O.V.E. New Hampshire advocates for young people to utilize their power and expertise to foster change in their communities and in their own lives while empowering them to pursue positive outcomes and a brighter future.



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**Youth peer support (YPS)** is a service for young people ages of 13-26 meant to break down the power dynamic barrier that generally exists between professional practitioners and youth and young adults being supported by providing an authentic opportunity for the young people receiving peer support to feel validation and experience a healthy peer relationship based on similar lived experiences with mental health and or substance misuse challenges.

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## What Is Unique about YMNH's Model?

- a service provided by a young person (18+) who is trained to strategically use their own lived experiences **to inspire other young people to take action towards creating better outcomes for their future**
- created to specifically address the psychological and developmental needs of **transition-aged youth and young adults (13-25)**
- Youth Peer Support Specialists (YPSS) are trained to **inspire hope** for other young people by sharing their lived experiences to highlight healthy lifestyle changes & resources for coping with their struggles
- YPSS **help young people to develop and hone their own voices and advocacy skills** in order to open channels of communication between family members, natural supports, and other providers who are involved in futures planning.
- YPS is just one service option along a continuum of options & not every young person will desire and/or benefit from Youth MOVE New Hampshire's model of youth peer support

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## YPSS IS NOT:

- Friend
- Therapist
- Case Manager
- Crisis Responder
- Clinician
- Respite Provider
- Babysitter
- Spy
- Convincer
- Compliance Monitor

\*\*\*and should not be expected to provide every detail that does not relate to safety or treatment, unless requested to do so by the youth. Even if requested early on, the primary role will always be to assist the youth to speak up and find their own voice

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## Intended Outcomes for Young People:

- Increased feelings of hope for a brighter, meaningful future
- Increased engagement in wellness and futures planning
- Identification of short and long term wellness goals and/or other life goals related to education, employment, healthy relationships, and transitioning to greater independence
- Improvement in overall mental health and well-being
- Increased ability for emotional self-regulation and successful problem solving
- Increased competence and confidence in self-advocacy
- Increased youth leadership & advocacy in their schools & communities
- Increased connectedness to community resources and natural supports
- Improvement in overall mental health and well-being

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## Critical Roles Family Peer Support Partner

- Member of the family team
- Supports and coaches the family
- Assists the family to identify, prioritize, and articulate their needs
- Ensure that the family's culture is respected
- Helps the family learn how to navigate and advocate within the system
- Fosters a sense of resilience and hope within the family
- Provides information on resources
- Helps connect to natural supports and resources

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## FAST Forward: Expand “Family to Family” Support, Education, and Leadership Training

### SUPPORT

- Family Peer Supports
- Information & Resource Line
- Support Group - Community
- Facebook Page

### EDUCATION

- PMC Family Education Program
- Webinars
- Annual Conference

### LEADERSHIP TRAINING

- PMC Teacher
- Support Group Facilitator
- “Life Interrupted” - Speaker
- “It’s Your Move”- Advocacy


- NAMI New Hampshire is a grassroots organization working to improve the quality of life for all by providing support, education, and advocacy for people affected by mental illness and suicide.
- Comprised of a network of affiliate chapters and support groups, staff, and volunteers, NAMI NH provides information, education, and support to all families and communities affected by mental illness and suicide.


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## Cultural & Linguistic Competence (CLC)

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## Every human interaction is a cross-cultural interaction!





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## CLC is one of our *Core Values*

The *System of Care (SOC)* is culturally and linguistically competent,

- with agencies, programs, & services that
- reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve
- to facilitate access to and utilization of appropriate services and supports and
- to eliminate disparities in care



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## Why do we need to be CLC?



1. To respond to current and projected demographic changes in the U.S.
2. To **eliminate longstanding disparities** in the health status of people of diverse racial, ethnic, and cultural backgrounds
3. **To improve the quality of services and health outcomes**
4. To meet legislative, regulatory and accreditation mandates
5. To gain a competitive edge in the marketplace
6. To decrease the likelihood of liability/malpractice claims

- The Georgetown University National Center for Cultural Competence

<https://nccc.georgetown.edu/>

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## What is CLC?

*...the beliefs, behaviors, knowledge, skills, and systems through which individuals and organizations demonstrate empathy and understanding of and respect for the values, historical context, expectations, language, and experiences of a diverse population*

**Cultural** Competence



Adapted from Cross et al., 1989

**Linguistic** Competence

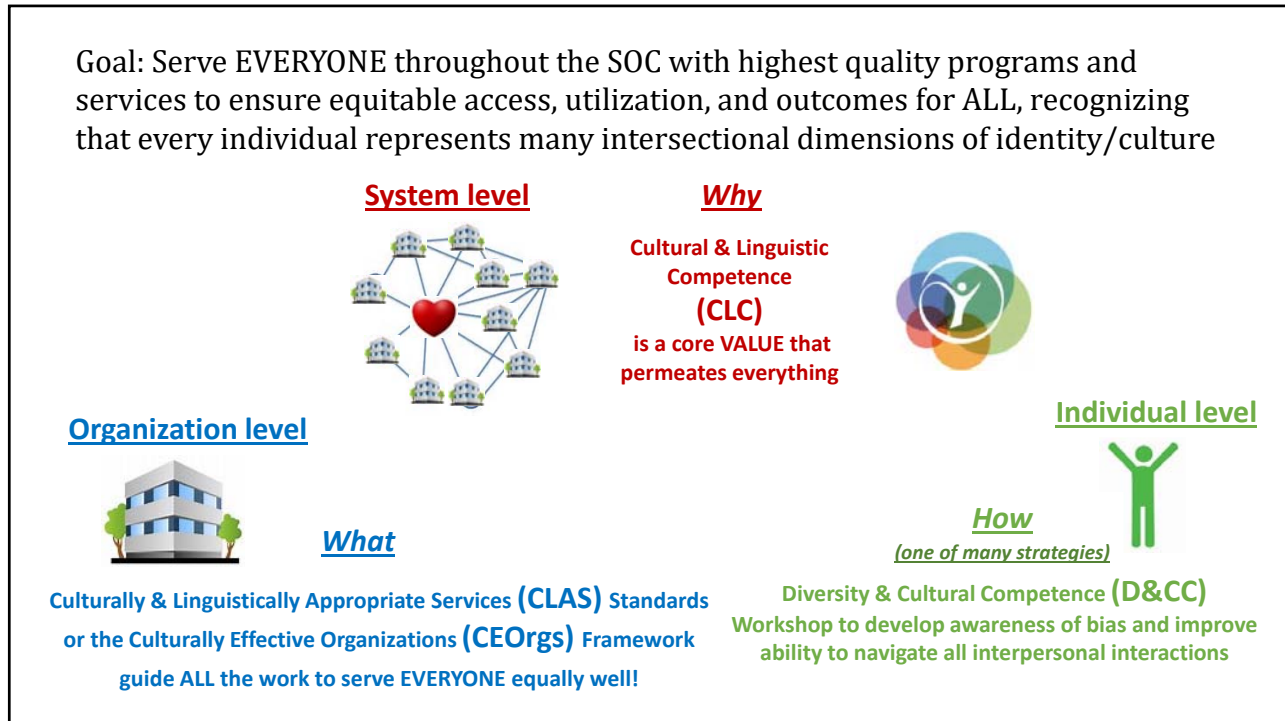


Goode & Jones, 2009

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Goal: Serve EVERYONE throughout the SOC with highest quality programs and services to ensure equitable access, utilization, and outcomes for ALL, recognizing that every individual represents many intersectional dimensions of identity/culture



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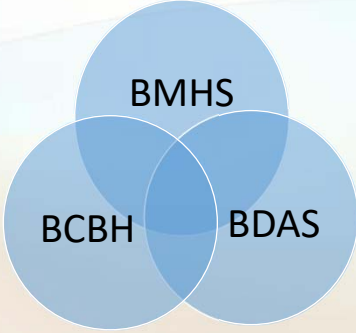


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# Systems Level Work



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## Division for Behavioral Health

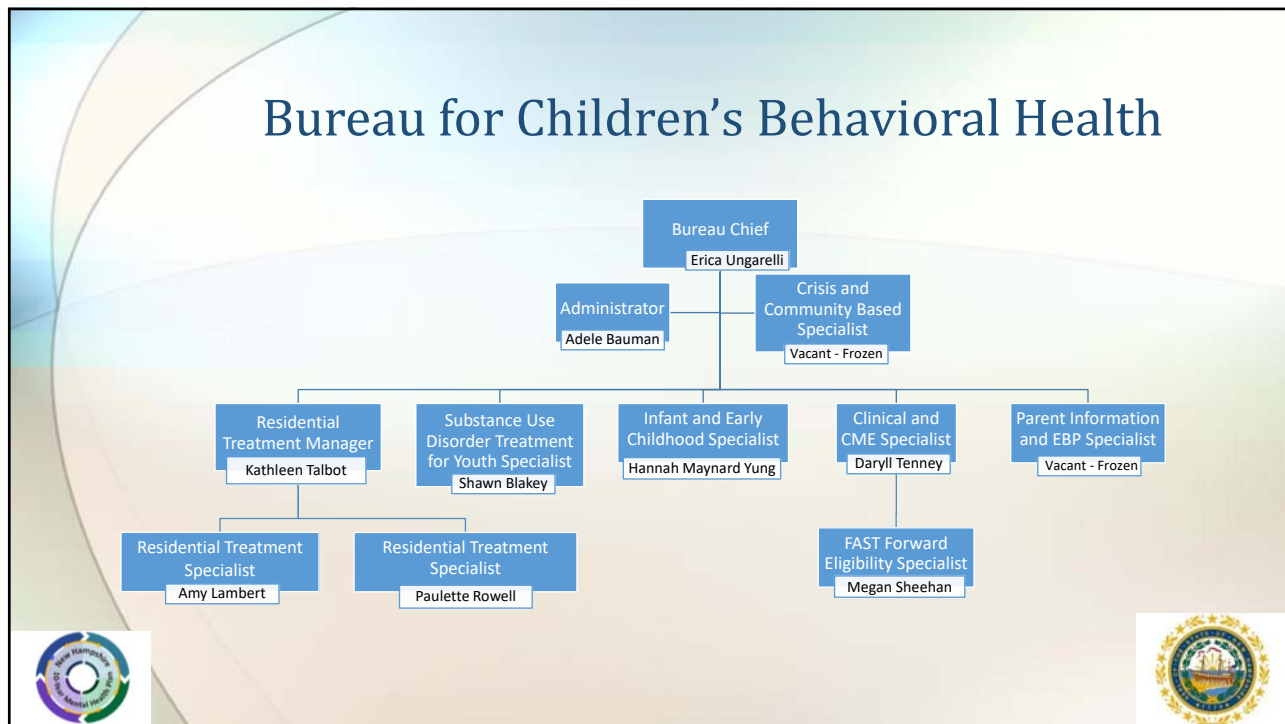


**Division for Behavioral Health (DBH)**

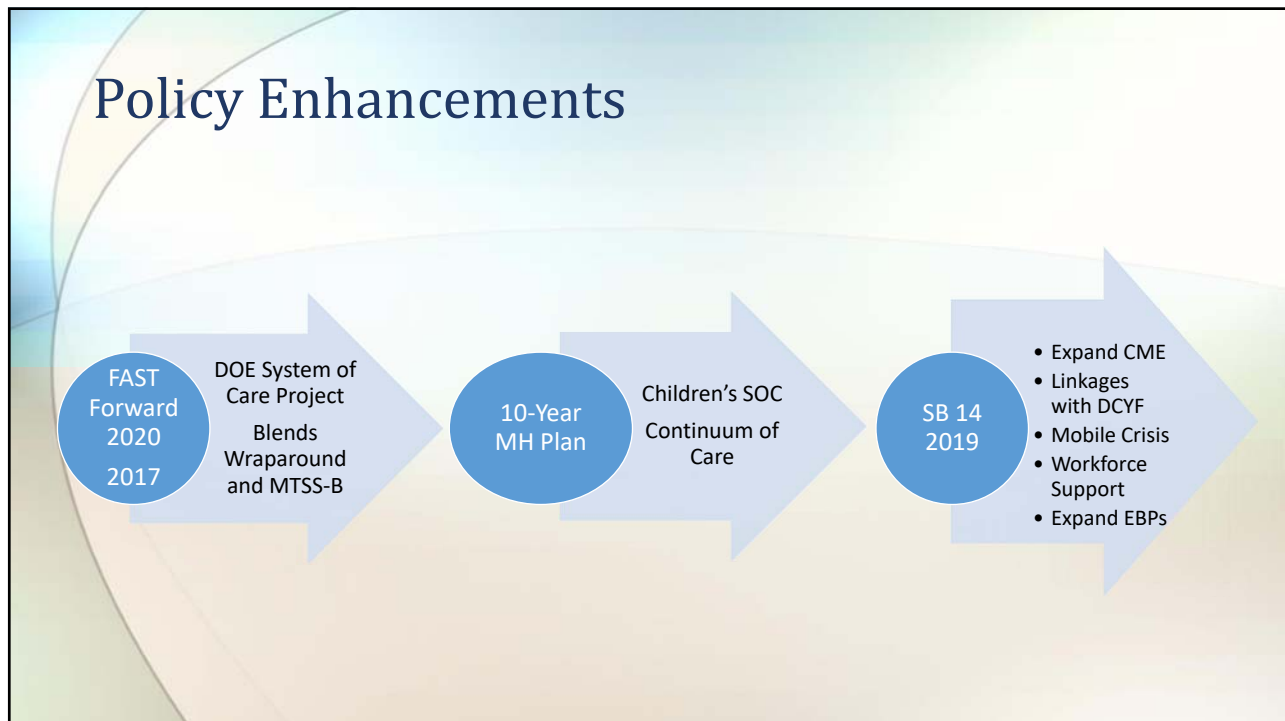
- **Bureau for Children's Behavioral Health (BCBH)**
  - Focus: Prevention, Early Identification & Intervention, Senate Bill 14 requirements
- **Bureau of Mental Health Services (BMHS)**
  - Focus: SMI, SPMI & Co-occurring Disorders (CMHA)
- **Bureau of Drug and Alcohol Services (BDAS)**
  - Focus: Unmet treatment needs in Opioid Crisis and MAT. Doorway System (SOR)



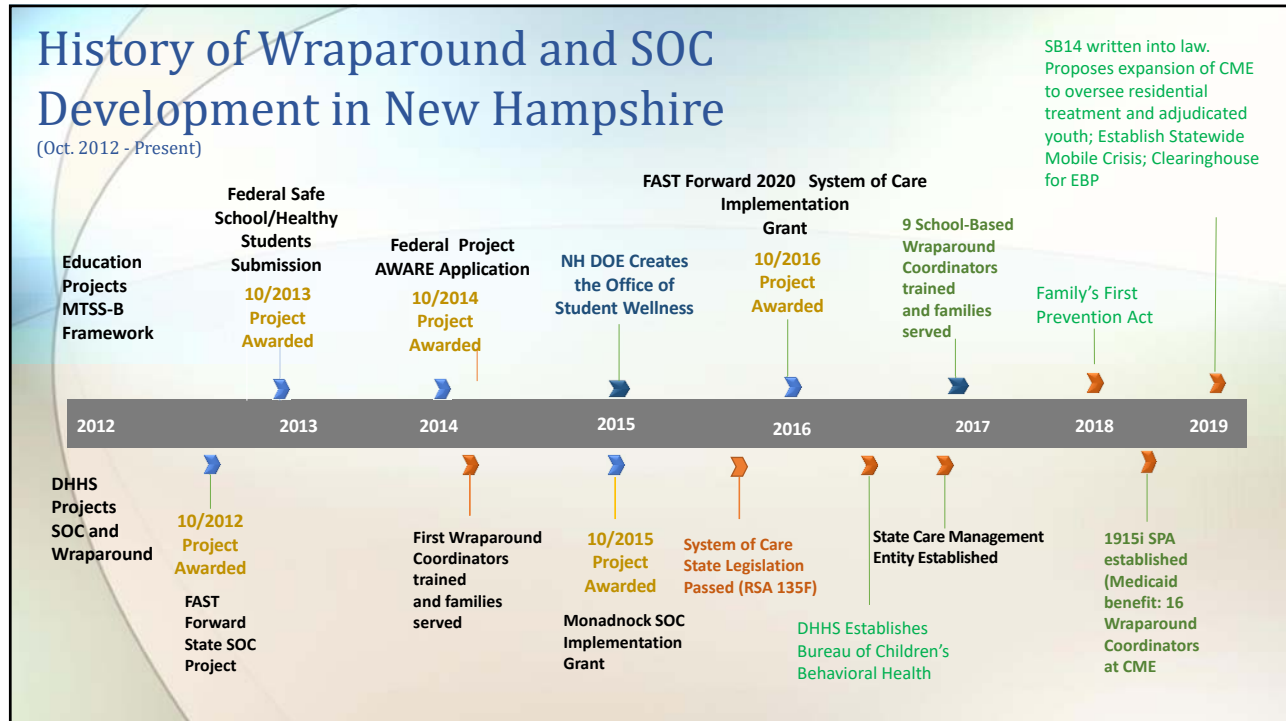
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## SB 14 requirements and progress

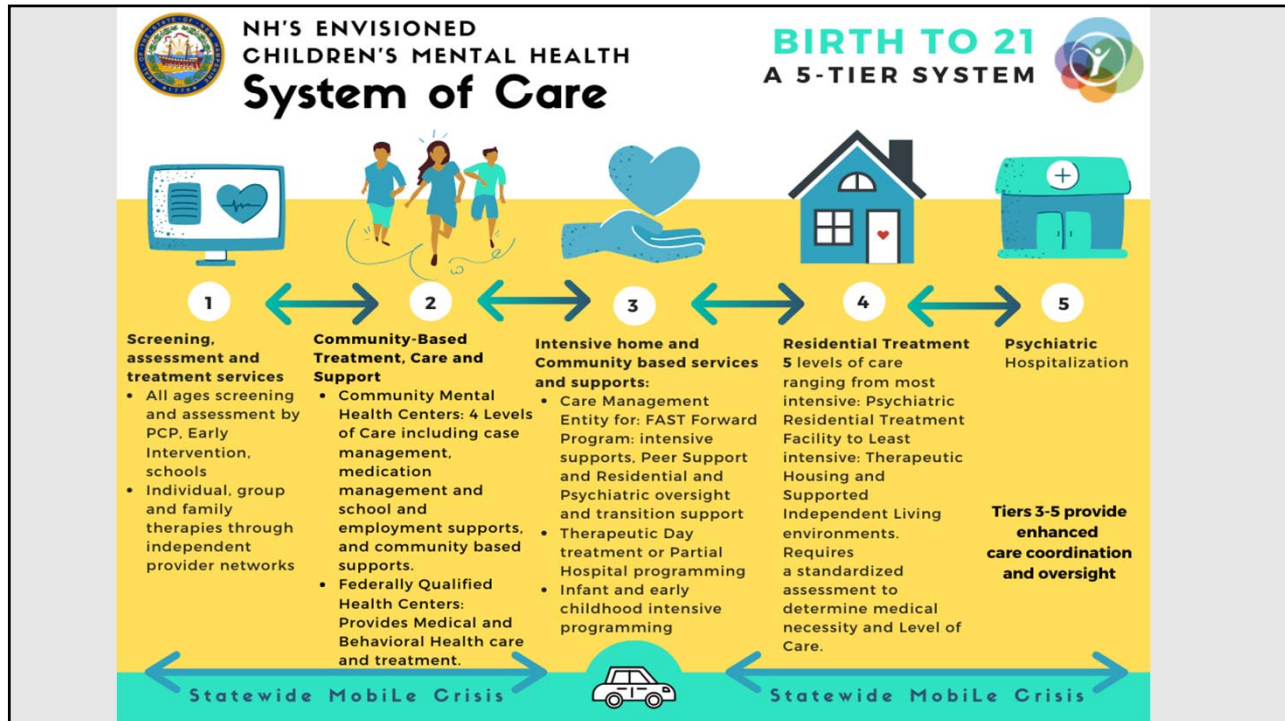
### Staffing Resources

3 new staff hired since end of March  
4<sup>th</sup> staff will start in July

CME Expansion	Second CME	Residential Treatment Transformation	Mobile Crisis for Kids	Parent information and resource/ EBP TA
<ul style="list-style-type: none"> <li>Contract amendment complete and approved for expanded responsibilities and population</li> </ul>	<ul style="list-style-type: none"> <li>Contract work near completion</li> <li>Operational timeline- Fall 2020</li> </ul>	<ul style="list-style-type: none"> <li>Models of care in development</li> <li>Crafting the RFP with assistance from Harvard's GPL</li> <li>Comprehensive Assessment of Care RFP in development</li> </ul>	<ul style="list-style-type: none"> <li>Model of care in development</li> <li>Development of the RFP to soon.</li> </ul>	<ul style="list-style-type: none"> <li>Draft RFP in beginning stages</li> </ul>

Additional program development not included in SB 14:  
Infant and Early Childhood Mental Health programming, transitional aged youth supportive housing

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**RSA 135: F – NH System of Care for Children’s Mental Health**

Under the new law, the Department of Health and Human Services and the Department of Education are required to lead collaborative efforts to develop “a delivery system of behavioral health services across the lifespan of children, youth, and adults with behavioral health needs.”

A System of Care is defined as “an integrated and comprehensive delivery structure for the provision of publicly funded behavioral health services to NH children and youth.”

**Section 135-F: 9 System of Care Advisory Committee**

- Promotes coordination across state agencies
- Identify cost-savings
- Create a more efficient and improved service array & service delivery system
- Assist and advise the Commissioners of NH-DOE & NH-DHHS on the System of Care principles & values & implementation of RSA135-F

**System of Care Framework**

Child & Family

**VISION** To create, improve, and expand a system of care to support all children, youth, and their families.

**MISSION** All children, youth, and their families are supported to be mentally and emotionally well so they can thrive in their home, school, and community.


**VALUES** Family and Youth Driven – Family & youth are at the core of the work & take a leadership role at all levels including service delivery level, policy, planning, & systems.

**Community Based** – Services are provided at the community level with the youth and family in their home and community & include, system management, resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.

**Culturally & Linguistically Competent** – Agencies, programs, and services reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve to facilitate access to and utilization of appropriate services & supports.

**Children’s System of Care Advisory Committee (CSoC)**

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# Bureau of Student Wellness

New Hampshire Department of Education

We envision a New Hampshire in which all learners and their families are supported to be well so they can thrive in their home, school, and community.

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**Who are we?**

## OFFICE OF SOCIAL AND EMOTIONAL WELLNESS

"The needs of our complex society cannot be met by adults who are simply academically prepared; they must also be personally and socially competent."



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## What is Wellness?

**1 Social**  
Ability to develop a sense of connection, belonging, and a well-developed support system.  
[NHStudentWellness.org/Social](http://NHStudentWellness.org/Social)

**2 Personal**  
Ability to create a sense of purpose and meaning in life.  
[NHStudentWellness.org/Personal](http://NHStudentWellness.org/Personal)

**3 Occupational**  
Ability to gain personal satisfaction and enrichment from one's work.  
[NHStudentWellness.org/Occupational](http://NHStudentWellness.org/Occupational)

**4 Environmental**  
A school's ability to promote safe and supportive environments in the home, school, and community that encourage wellbeing.  
[NHStudentWellness.org/Environmental](http://NHStudentWellness.org/Environmental)

**5 Intellectual**  
Ability to recognize their creative abilities and find ways to expand knowledge and skills.  
[NHStudentWellness.org/Intellectual](http://NHStudentWellness.org/Intellectual)

**6 Emotional**  
Ability to cope effectively with life and create satisfying relationships.  
[NHStudentWellness.org/Emotional](http://NHStudentWellness.org/Emotional)

**7 Physical**  
Ability to learn and model healthy practices and routines.  
[NHStudentWellness.org/Physical](http://NHStudentWellness.org/Physical)

CAMP TREETOP STAFF

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## The Response

Protective Factors — Risk Factors = Resiliency

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## Care Management Entity (CME)

What is a CME?


- Organization that serves as a centralized accountable hub that coordinates all care for youth and their families with complex Behavioral Health challenges.
- Organization that works in partnership with the systems that families are often connected to.

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## What Services Are Provided? In what ways does a CME coordinate care?

- Evidenced-Based Practices, including (High Fidelity Wraparound)
  - NH Wraparound Model
  - Utilizes Evidenced-Based Assessment and Outcome Measures
    - Child and Adolescent Needs and Strengths
    - Youth Progress Scale
    - Team Meeting Rating Scale
    - Document Review Measure
- Family Peer Support Services (NAMI NH)
  - Lived Experience and Empowerment of Family voice
  - Comprehensive model with fully developed competencies
- Youth Peer Support Services (Youth MOVE NH)
  - Lived Experience and Empowerment of Family voice
  - Comprehensive model with fully developed competencies
- Customizable Goods and Services
- Service Provider Development
- Manages Medicaid benefit and costs (income and expenses)
- Ensures that all required data are collected, including CANS, fidelity, and participant experience data



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## Monadnock Region System of Care: Care Management Entity foundation

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- We have developed strong collaborative regional relations through our system of care grant work and the Integrated Delivery Network (IDN Region 1)
- We are all the beneficiaries of the statewide infrastructure that has been built supporting a System of Care approach
- We will be expanding a regional approach as a care management entity (and hopefully in a SAMHSA expansion grant)
- Expansion will require a name change – say it isn't so...no more MRSoC!\*

\*("Mister Sock" ☺)

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## Monadnock Region System of Care: Care Management Entity features & functions

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Expand into Sullivan and lower Grafton Counties



Regional System of Care hub



Three levels/types of care coordination



Residential/hospitalization oversight

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## Regional SoC hub

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System/service

Convening & oversight

Spread adoption of SoC values throughout system

Monitoring, quality improvement

Information hub



Referral Support

Assess/triage needs

Facilitate referrals

Track/improve referral success

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**Community-Based Care Coordination**

-  NH Wraparound model
-  Hire, train, support coordinators, peers

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**Residential/hospitalization**

-  Oversight
-  Facilitate transition to/from
-  Enhanced care coordination

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**Commitment to learning about our work**

-  Monitor, evaluate, improve, share

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**Advocacy**

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- No mention of children in the 2008 10-year Mental Health Plan
- The Children's Behavioral Health Collaborative (CBHC) was first convened in 2010 through a joint initiative of the NH Endowment for Health and the NH Charitable Foundation
- Embraced a framework for system transformation
- Issued a Strategic Statewide Plan in 2013
- New Futures was selected to serve as the backbone organization in 2014



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## Policy Priorities: Past and Present

Increasing access to mobile crisis response and stabilization services for ALL children

Improvements to the System of Care and systems integration



The BUDGET & The 10-Year Mental Health Plan

Supporting and expanding the use of NH's prevention framework for school-based behavioral health supports and services:

Multi-Tiered System of Supports for Behavioral Health and Wellness (MTSS-B)

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## Community Mental Health Centers (CMHC)

- Ten non-profit state-designated community mental health centers (CMHCs)
- CMHC's provide a broad, comprehensive array of high quality, effective, and accessible mental health services
- CMHC's provides evaluations and treatment services to children, adolescents, and families as well as adults and the elderly who reside in our designated catchment areas, regardless of their ability to pay.
- CMHC's accept most major insurances and offer a sliding fee scale for uninsured consumers.

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## Enhanced Clinical Care Coordination (ECC)

- Target population: children and youth ages 0-21
- Quick, reliable access to family
- Youth driven planning
- Facilitated referral services
- Actively links to targeted support services that address a pressing need, crisis, or program transition as identified by the family/individuals
- Outcomes: Client/family will achieve their short-term goals, experience stability, and be engaged in longer term services.

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## Role of CMHC and ECC within SOC

- CMHC representatives are members of NH Wraparound Work Group.
- CMHC and ECC collaborate with CMEs and within the SOC.
- CMHC and ECC are members of client's individual teams.

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# Choices for Families

## Partnership between Waypoint, NAMI, Concord Hospital, and Riverbend's Choices Program

Served: Pregnant and Parenting Mothers and Parenting Fathers with diagnosed SUD; parenting children up to age 6

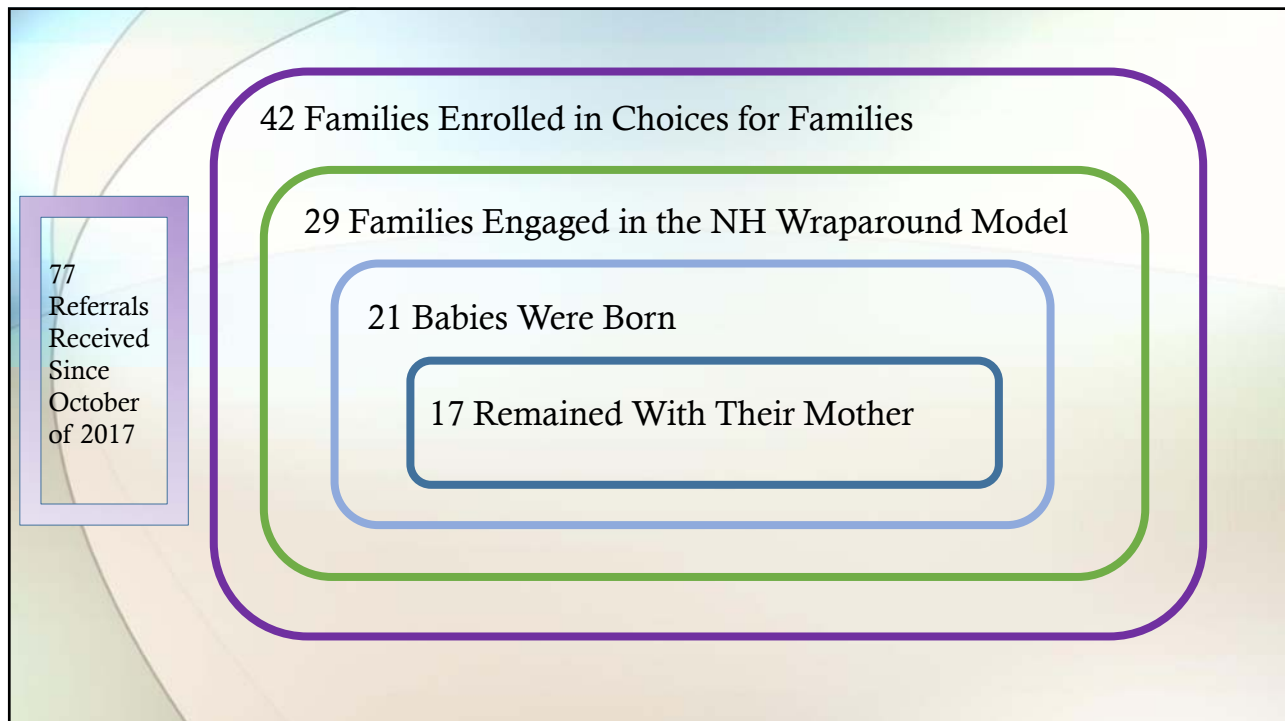
Adjustments we made to support this specific population...

We found that the women in PAT/MAT needed:

- ❑ More time for up-front stabilization – help with basic services: diapers, financial support, housing, transportation.
- ❑ More case management – linkages to new services after they gave birth.
- ❑ More peer support – linked to Families Together and other peer group supports.
- ❑ More emphasis on the adult's parenting skill

The program is able to provide flexible funds to support families with things like car repairs, overdue bills, security deposit, etc.

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## Manchester System of Care Project

Partnership between Waypoint, NAMI, UNH, Manchester Health  
Department, DHHS and Amoskeag Health

### Population Served:

- Families with Children 0-8 experiencing significant behavioral and emotional distress
- Family has had multi-system involvement
- Child has elevated scores on specific social emotional screeners
- MSoC will adapt the NH Wraparound Practice Model to fidelity to address the unmet mental health needs among young children requiring additional services and supports.
- MSoC will build an infrastructure to screen for, assess, and address the growing needs of infants, toddlers, and younger children experiencing socio-emotional, behavioral, or mental health disorders

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## Systems Support

Training, Coaching, and Evaluation

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## SoC evaluation – Behavioral Health Improvement Institute

### Past

- Evaluated original FAST Forward grant
- Established that NH wraparound could be implemented with fidelity
- Data helped make the case that wraparound could save money, by reducing psychiatric hospitalization

### Present/Future

- Wrapping up evaluation of the Monadnock Region's System of Care Project
- Conducting more sophisticated research into 1) what predicts family outcomes/success and 2) the return on investment of wraparound
- More focus on evaluation of systems work, beyond just wraparound
- Expanding evaluation of the wraparound delivered through the CMEs

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## Coaching and Training = Fidelity

The Institute on Disability (IOD) at the University of New Hampshire has worked with national experts and community and state partners to develop the NH Wraparound Practice model.

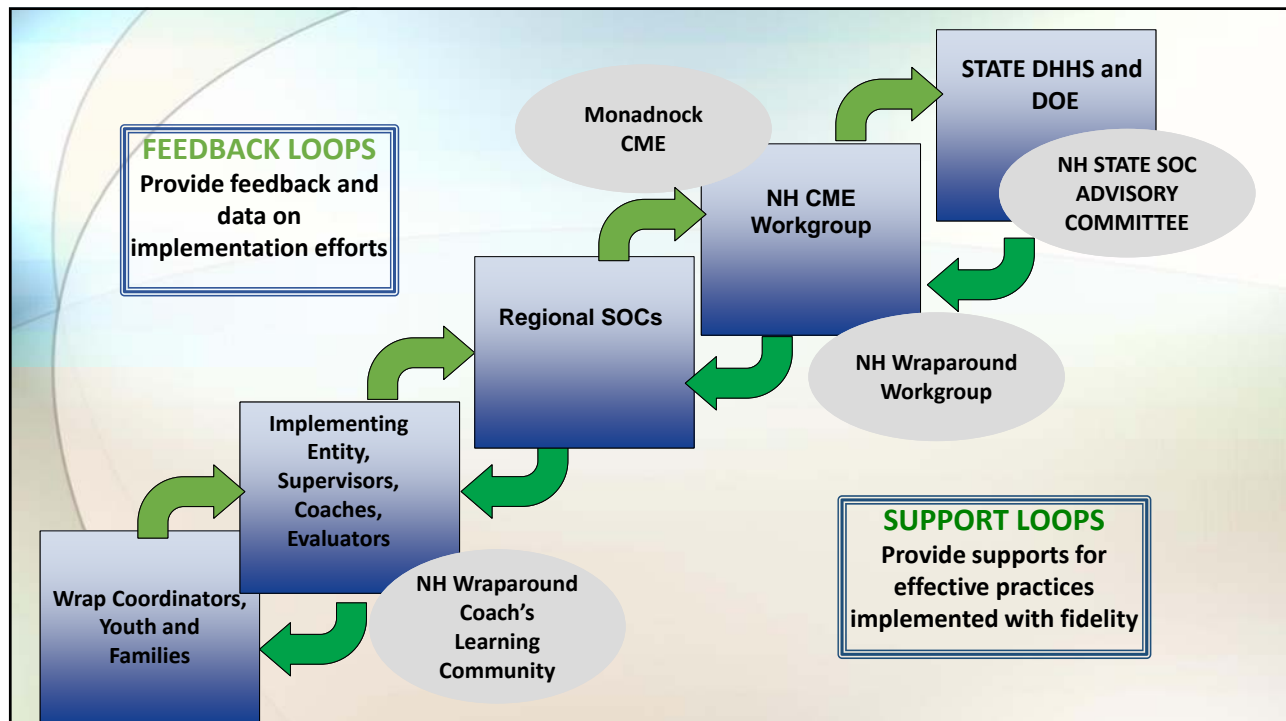
### The IOD:

- Convenes partners to articulate the practice model elements
- Conducts NH Wraparound training and coaches Wraparound Coordinators across all projects;
- Offers a Learning Portal for trained Wraparound Coordinators
- Convenes system partners across all projects to ensure high fidelity provision of Wraparound and Enhanced Care Coordination

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There is more to do....

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## Thank You to Our Partners



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## Resources

- UNH Institute on Disability Wraparound project page: [iod.unh.edu/projects/new-hampshire-wraparound-practice-model](http://iod.unh.edu/projects/new-hampshire-wraparound-practice-model)
- National Wraparound Initiative: [nwi.pdx.edu](http://nwi.pdx.edu)
- System of Care, Substance Abuse and Mental Health Administration (SAMHSA), US Department of Health and Human Services: [www.samhsa.gov/health-care-health-systems-integration](http://www.samhsa.gov/health-care-health-systems-integration)
- NH Children's Behavioral Health Program at New Futures: [www.nh4youth.org](http://www.nh4youth.org)

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## Thank you!

- Brian Huckins - [bhuckins@naminh.org](mailto:bhuckins@naminh.org)
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