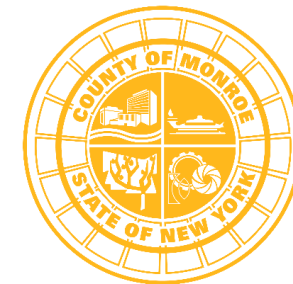




Quarterly Meeting

24 June 2025



Agenda

Working together for children with unmet complex needs



- Welcome and Introductions
- Working Group Updates
 - Advocacy Workgroup
 - Future Workgroup Planning – Updated Timeline
- Guest Speaker – Sarah LaTourette, Chief Advocacy Officer, Ohio Children’s Alliance / Child & Family Health Collaborative of Ohio)
- Discussion
- Other Updates & Announcements
- Wrap Up

Youth with Complex Needs (A7603/S7978)

Giving Children the Care They Need, When and Where They Need It

May 2025

The Need

Children with complex intellectual and developmental disabilities and behavioral or mental health needs are being **hospitalized** longer than medically necessary and/or their families are surrendering them to **foster care** so they can receive care their families cannot otherwise access.

The Solutions

New York needs to: (1) ensure OPWDD, OCFS and OMH work together so children can access residential and community-based services, (2) consistently track and report on the number of children boarding in hospitals, and (3) adequately fund the Council on Children and Families to facilitate multi-system care coordination.

During a 3 month period¹

52 NY children

Experienced a "delayed discharge" from the hospital or emergency department due to issues such as lack of available care or residential options in the community, payment issues, legal barriers, and conflicting state regulations

This resulted in

5,110 days

of medically unnecessary in-patient hospitalization

408 days

of medically unnecessary emergency department stays



Over 1 year we can expect

208 NY children

to experience unnecessary hospital stays totaling

20,440

in-patient days

and
1,632 ED days

The average cost per child or adult with complex care discharge delays is **\$168,000** for in-patient care and **\$18,000** for emergency department care.¹ This does not include costs related to out-of-state residential placement of children with I/DD complex care needs when there are no beds available in NYS. A current case of out-of-state care is costing a VNY county **\$455,606** per year for the care and education of one child.

¹ The Scope of Complex Case Discharge Delays in New York State, Healthcare Association of New York State, 2023

Youth with Complex Needs



Behind every number is a child and a family...



"It's been traumatic navigating a system that often punishes families instead of supporting them."



"The system has failed us, and now my son faces an uncertain future, likely not finishing high school."



"We constantly search for staff to help care for our son. It feels like we're always starting from scratch."

"It's heartbreaking to see my son who has severe autism struggle without the help he needs to thrive in his community and at home."

Support A7603/S7978



Upon referral to the Council on Children and Families Interagency Resolution Unit, an **evaluation and diagnostic study** shall be completed within 72 hours and **placement or services** effectuated within 5 business days of the evaluation



Create a confidential, online data portal to help state, local, and voluntary agencies with **coordination** of residential and community-based services



Require a **report to the Governor and legislature** every 6 months on the status of children who are boarding in hospitals, awaiting discharge to an appropriate residential program or community service



Fund \$25 million to the **Council on Children and Families** for the online data portal, staffing of the Interagency Resolution Unit, diagnostic services, and multi-system care coordination

Sign on by Close of Friday

stephanie.townsend@dfa.state.ny.us



As One Healthcare IPA
AutismUp
Bronx Developmental Disabilities Council
Center for Youth
Children's Health Home of Upstate New York
Collaborative for Children and Families
Coordinated Care Services, Inc.
Council of Family and Child Caring Agencies
Developmental Disabilities Alliance of WNY
Education Success Foundation
EnCompass: Resources for Learning
Families Together in New York State
Genesee County Department of Social Services
Golisano Institute for Developmental Disability
Nursing at St. John Fisher University
Hillside Family of Agencies

Inter Agency Council
Lifespire
Mary Cariola Center
Monroe County Department of Human Services
Mount Hope Family Center
NY Public Welfare Association
NYS Coalition for Children's Behavioral Health
Pathways, Inc.
Rising Ground
Rochester Regional Health
Society for the Protection and Care of Children
Together for Youth
University of Rochester Medical Center
Wayne County Department of Social Services
Wyoming County Department of Social Services
Youth Advocate Programs, Inc.

Future Workgroup Planning



OhioRISE – Multi-System Youth Program



An example of another states' effort to address unmet complex needs



Resilience through
Integrated Systems and Excellence

A specialized managed care program for youth with complex behavioral health and multisystem needs



Specialized Managed Care Plan

Aetna Better Health of Ohio serves as the single statewide specialized managed care plan.



Shared Governance

OhioRISE features multi-agency governance to drive toward improving cross-system outcomes – we all serve many of the same children, youth, and families.



Coordinated and Integrated Care & Services

OhioRISE brings together local entities, schools, providers, health plans, and families as part of our approach for improving care for enrolled children and youth.



Prevent Custody Relinquishment

OhioRISE's 1915(c) waiver targets the most in need and vulnerable families and children to prevent custody relinquishment.

OhioRISE Eligibility

Children and youth who may be eligible for OhioRISE:

- ✓ Are eligible for Ohio Medicaid (either managed care or fee for service),
- ✓ Are age 0-20, and
- ✓ Require significant behavioral health treatment needs, measured using the Ohio Child and Adolescent Needs and Strengths (CANS) assessment or a recent inpatient behavioral health hospital/psychiatric residential treatment facility admission.

OhioRISE Services

- ✓ All existing behavioral health services – with a few limited exceptions (behavioral health emergency dept.)
- ✓ Intensive and Moderate Care Coordination **NEW**
- ✓ Intensive Home-Based Treatment (IHBT) **ENHANCED**
- ✓ Psychiatric Residential Treatment Facilities (PRTF) **NEW**
- ✓ Behavioral health respite **ENHANCED**
- ✓ Flex funds to support implementing a care plan **NEW**
- ✓ 1915(c) waiver that runs through OhioRISE **NEW**
 - Unique waiver services & eligibility
- ✓ Mobile Response and Stabilization Service (MRSS) **NEW**
 - Also covered outside of OhioRISE (managed care or fee for service)

Guest Speaker

Working together for children with unmet complex needs



Sarah LaTourette
Chief Advocacy Officer

**Ohio Children's Alliance /
Child & Family Health Collaborative of Ohio**

Working Groups – Setting the Stage

Working together for children with unmet complex needs



Systems & Services Redesign Workgroup – *Co-Chairs* ***TBD***

Draft Purpose - The purpose of the Systems & Services Redesign Workgroup is to identify and implement local and statewide solutions that support youth with complex needs and their families now while creating the infrastructure for a long-term integrated approach. Our goal is to help children thrive by keeping families together and providing effective services close to home.



Discussion

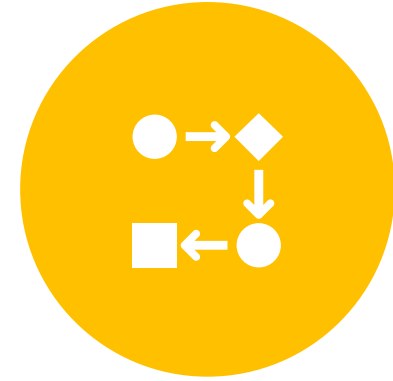
Working together for children with unmet complex needs



What about Ohio's MSY program example **sparks your interest or curiosity?**



Based on what you have heard, what are the **key elements we should consider in New York to eliminate custody relinquishment** due to children's behavioral health needs?



As we **set the stage for redesign**, are there principles or strategies we can incorporate now?