

Comprehensive Collaborative System of Behavioral Health Care A Vision for the Future

Children are North Dakota's most important resource. Currently many children in North Dakota face serious behavioral health challenges that are unmet. Those unmet needs result in children in juvenile court, children being placed out of home or state inappropriately and increased school dropout rates.

These challenges are best addressed through a community based family focused approach that begins with early identification of concerns, standardized screening and assessment, family and school based supports and a range of therapy, case management, training and support services that are available and accessible to address the unique needs of each child/family.

The process of developing a comprehensive behavioral health system for children will take strong state and local leadership, a commitment to collaboration across public and private organizations and four to six years to fully implement.

Key Principles:

Begin with the families and schools

- Train parents on behavioral and emotional health needs of children
- Train all teachers/child care on behavioral health
- Expand counseling/mental health resources in the schools through funding for elementary school counselors and/or school based mental health professions.

Strengthen systems networking

- Strengthen local community collaboration between schools, providers (public and private), health care professionals, residential providers, child welfare, faith communities and juvenile court to assure that various partners use common tools, language and systems.

Establish clear definitions and data systems for services and to identify unmet needs

- Use evidence based practices across systems if feasible
- Reduce duplications in assessments/simplify referral process
- Strengthen cross systems movement of child from medical, schools, residential
- Increase child centered/family focused model at every level of care.

Expand service availability based on data

- Increase the availability of case management services for behavioral health issues
- Increase access to less restrictive therapeutic treatment options such as in-home care services, respite. Intensive in-home therapy, targeted transitional services and school based day treatment
- Increased social support systems such as peer support, family support and mentoring like Big Brother Big Sister
- Increase access to specialized services such as child psychiatric services through telemedicine.
- Expand targeted residential services to reduce out of state placements.

IT IS EXTREMELY EXPENSIVE TO DO NOTHING

Children's Behavioral Health - Common Priorities November 2015 Summit

Create/Maximize Funding

- EPSDT seems under-utilized as an entry point to services and/or as a payment source
- Children's Waiver options
- Medicaid Rehab service options
- Incentives/payment to offer telemedicine

Improve Care Coordination/Case Management

- Consider private CM as an option
- Improve care through record-sharing/interoperability of existing EHRs
- Integrate BH in schools
- Utilize Peer Support

Expand Behavioral Health Training for all Systems

- Mandate training for teachers, day care, law enforcement, healthcare providers
- Implement common curriculum for consistency in training

Strengthen Commitment to Prevention and Early Intervention

- Dedicate funding to Implement evidence-based practices known to reduce risk, resulting in reduced occurrence and cost
- Measure effectiveness and cost savings over time

Assessment Network

- Establish children's assessment networks to identify prevalence and service needs

Mobile Crisis Response

- Increase access to quicker assessment and care via mobile crisis teams
- Enhance public awareness of crisis services