



HEALTHY MINDS
STRONG COMMUNITIES

Service Line Development for Children and Youth

Child, Youth and Family-focused CCBHC Learning Community

April 28, 2025

CCBHC-E

National Training and Technical Assistance Center

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CCBHC S-TAC

CCBHC State Technical Assistance Center

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Acknowledgements and Disclaimers

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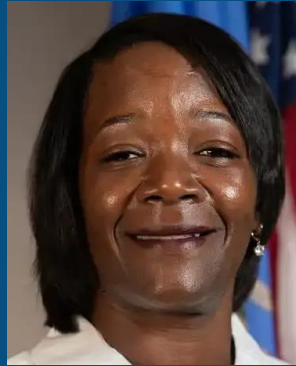
Learning Community: Overview

- Five-month learning community designed to increase access and improve the quality of CCBHC services to meet the needs of children, youth and families.
- Each month, participants will participate in a content webinar, followed by options to participate in cohort-specific office hours on the topics covered, specifically tailored to the needs of clinics and states.
- Learning Community Objectives
 - Understand the value of children's services, the framework and role of child-serving systems and how they align with CCBHC implementation.
 - Identify design and implementation approaches that states and CCBHCs can use to meet the specific needs of children, youth and young adults with behavioral health needs, as well as their families.
 - Explore strategies and examples to support CCBHCs in fulfilling the requirements to serve children and youth.

Learning Community Sessions

Session	Dates/Times
Session 1: Organizational Climate and Culture	March 24, 12-1 p.m. ET <i>State Office Hours: March 24, 1-2 p.m. ET</i> <i>Clinic Office Hours: April 8, 3-4 p.m. ET</i>
Session 2: Service Development for Children and Youth	April 28, 12-1 p.m. ET <i>State Office Hours: April 28, 1-2 p.m. ET</i> <i>Clinic Office Hours: May 13, 3-4 p.m. ET</i>
Session 3: Building Necessarily Cross-System Partnerships	May 28, 12-1 p.m. ET <i>State Office Hours: May 28, 1-2 p.m. ET</i> <i>Clinic Office Hours: June 10, 3-4 p.m. ET</i>
Session 4: Integration with MRSS and Crisis Response for Youth Populations	June 23, 12-1 p.m. ET <i>State Office Hours: June 23, 1-2 p.m. ET</i> <i>Clinic Office Hours: July 15, 3-4 p.m. ET</i>
Session 5: Customization for the Lifespan: Serving Early Childhood and Transition-aged Populations	July 28, 12-1 p.m. ET <i>State Office Hours: July 28. 1-2 p.m. ET</i> <i>Clinic Office Hours: Aug. 12, 3-4 p.m. ET</i>

Your Learning Community Team



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Today's Learning Objectives

- Recognize how to design access points, assessment process, and selected service models with customization for children and youth
- Discuss approaches and key considerations in designing a service line for children and youth
- Identify core components necessary including serving the whole family, intergenerational care, recovery and peer supports specific to this population
- Explore the opportunity and limitations of DCOs in ensuring children and youth are effectively served



Today's Presenters



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Scope of Services

CCBHC

*The CCBHC organization will deliver the **majority of services** under the CCBHC umbrella directly rather than through DCOs (i.e., a majority, or 51% or more, of total service volume delivered across the nine required services).*



Crisis
Services



Screening,
Assessment
and Diagnosis



Person-
centered
and Family-
centered
Treatment
Planning



Outpatient
Mental
Health and
Substance
Use Services



Primary Care
Screening
and
Monitoring



Targeted Case
Management
Services



Psychiatric
Rehabilitation
Services



Peer
Supports
and Family/
Caregiver
Supports



Community
Care for
Uniformed
Service
Members and
Veterans

Provision of all services are person- and family-centered.



Scope of Services Highlights Related to CYF

- Services established must consider the needs of children, youth and families based on community needs assessment findings.
- All services, including screening, assessment, diagnosis, treatment and crisis services, must be available and developmentally appropriate for children, youth, and families.
- Evidence-based treatments must be available and appropriate for the phase of life and development, **specifically considering what is appropriate for children, adolescents, and transition-age youth**, as distinct groups for whom life stage and functioning may affect treatment.
- Supports for children and adolescents **must comprehensively address** family/caregiver, school, medical, mental health, substance use, psychosocial, and environmental issues.
- Peer supports must include family/caregiver supports.

Key Takeaways from CCBHC Criteria

- CCBHCs must provide services across the lifespan that are tailored and developmentally appropriate for children, youth and families.
- The CCBHC criteria outlines a comprehensive array of services and supports to meet community behavioral health needs, including those for children, youth and families.
- Clinics have the flexibility to build a continuum of services and supports for children, youth and families specific to their community's needs and informed by the community needs assessment.
- States can build upon the CCBHC criteria to specify additional services, evidence-based practices, and staffing requirements to meet the needs of children, youth and families in their state.

Implementation Considerations

- Scope of Services
 - Flexibilities in making determinations at the state and clinic level (Ex: state-required EBPs)
 - Considerations for the service array/EBPs and service locations based on community needs (Ex: leveraging needs assessment to prioritize EBPs, where services are received)
- Designated Collaboration Organizations
 - Opportunities for engaging specialty providers in the CYF space

Children's Behavioral Health in the U.S.

- **Nearly 20%** of children and young people ages 3-17 in the United States have a mental, emotional, developmental, or behavioral disorder
- **Over 10%** have a Serious Emotional Disorder (SED)
- Suicidal behaviors among high school students **increased more than 40%** from 2010-2019
- Rates of emergency department visits for MH **increased by 25%** for children between 2016 and 2018
 - Rates for older age groups showed no statistically significant change.
- In 2020, **only 44%** of adolescents ages 12-17 with a major depressive episode in the last 12 months reported receiving treatment.

2022 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; October 2022. AHRQ Pub. No. 22(23)-0030.



Children & Youth with Serious Behavioral Health Conditions are a Distinct Population from Adults with Serious and Persistent Mental Illness



Do not have the same high rates of co-morbid physical health conditions.



Are multi-system involved – two-thirds typically are involved with CW and/or JJ systems and 60% may be in special education – systems governed by legal mandates.



To improve cost and quality of care, focus must be on whole family – takes time – implies lower staffing ratios and higher rates

Have different mental health diagnoses (ADHD, Conduct Disorders, Anxiety; not as much Schizophrenia, Psychosis, Bipolar), and diagnoses change often

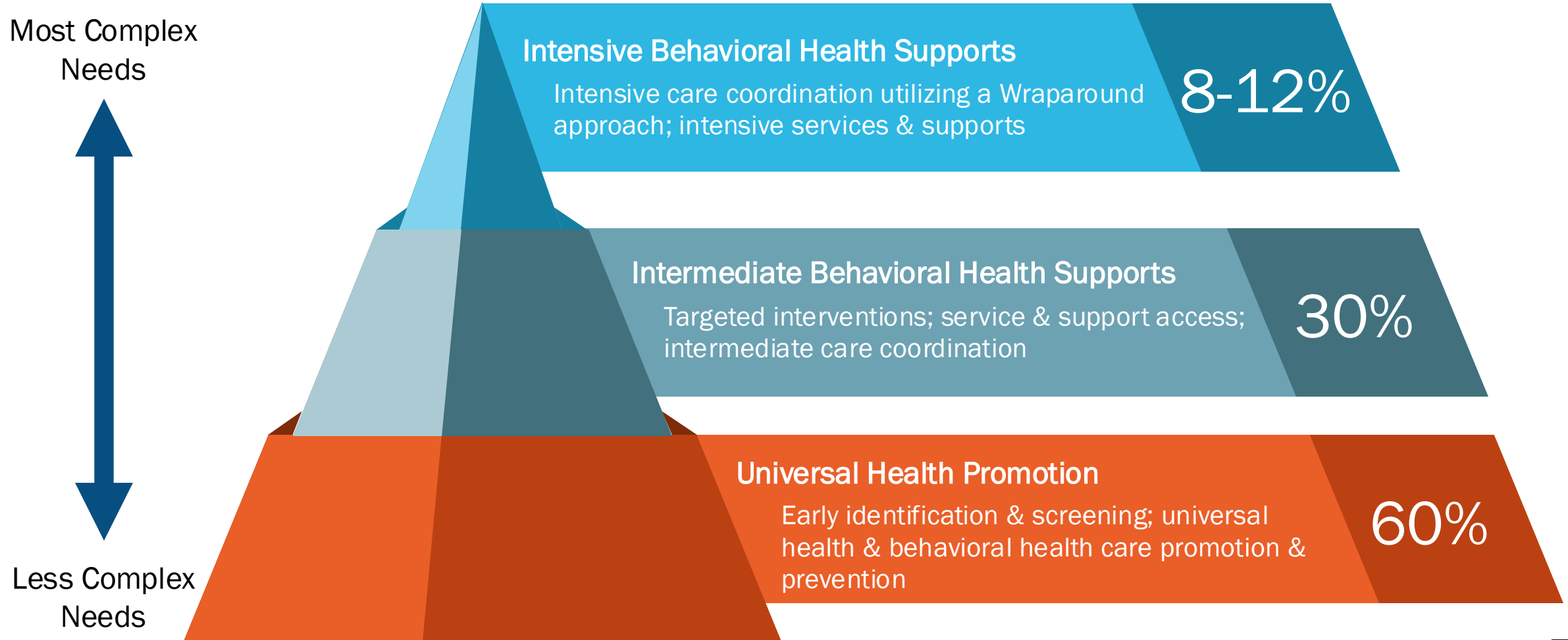


Coordination with other children's systems (CW, JJ, schools), between behavioral health providers, as well as family issues, consumes most of care coordination activities, not coordination with primary care.



Pyramid Of Children And Service Needs

Public Health Approach



Behavioral Health Care Services and Supports for Children, Youth, and Young Adults and Their Families



Guyer et al. (2023). Leveraging Medicaid to Support Children and Youth Living With Complex Behavioral Health Needs: Framework and Strategies. Manatt Health.

Joint CMCS and SAMHSA Informational Bulletin. (2013). Coverage of Behavioral Health Services for Children, Youth, and Young Adults with Significant Mental Health Conditions.

Why Effective Care Coordination Is Needed



FAMILY NEEDS ARE COMPLEX

- Youth with complex behavioral health challenges have multiple & overlapping areas of need
- Families often have unmet basic needs
- Traditional services do not attend to health, mental health, substance use, & basic needs holistically
- Prioritization of what to work on is hard to figure out

FAMILIES OFTEN ARE NOT FULLY ENGAGED

- Child-serving systems are complex & difficult to navigate, & families often do not know how or where to access services.
- Families & youth often feel that the system is not working for them
- Limited engagement leads to treatment dropouts & missed opportunities

SYSTEMS ARE IN SILOS

- Systems do not work together well for individual families unless there is a way to bring them together
- Youth get passed from one system to another as problems get worse
- Families relinquish custody to get help
- Youth are placed out of home



Behavioral Health Commission



KANSAS

Stakeholder Relationships

- Relationships are key to the expansion and growth of services for children and families. KDADS as the Behavioral Health authority and DCF (Department of Children and families) have worked hand in hand to have open and transparent communication.
- Clear communication between the state and the MCO's, providers and stakeholders is critical to ensure that all families receive the needed services across the state. This involvement is invaluable in the development of programs and policy.

YLINK Youth Leaders in Kansas

Youth Leaders in Kansas, known more commonly around the state by its acronym, YLINK, offers an opportunity for young adults to develop community awareness and youth leadership skills during the formative ages of 12 to 18 years that address mental health stigma reduction, suicide prevention, behavioral health awareness. Various YLINK sites can be found in cities and small towns across Kansas. They operate with the local support and guidance of caring adult volunteers and community partners and alongside the youth's primary caregiver(s), especially parents.

<https://www.kdads.ks.gov/ylink>

<https://www.kdads.ks.gov/ylink-sites>

<https://www.kdads.ks.gov/ylink-spotlight>

Governor's Behavioral Health Services Planning Council

The federal government mandates that all states have a mental health service planning and advisory council. The Governor's Behavioral Health Services Planning Council fulfills that mandate for Kansas. The Council is made up of a cross-section of mental health consumers, family members of mental health consumers, mental health service providers, state agency staff, and private citizens. The Council is actively involved in planning, implementing, monitoring, evaluating, and advising state government regarding Kansas' mental health services. The information linked here further describes the role of the Council and its subcommittees.

The newly formed youth sub-committee has begun its work, this provides youth voice directly to the planning council and all other subcommittees. This subcommittee is made up of youth, ran by youth and supported by adult sponsors. They have the same responsibilities as any other subcommittee in the state.

<https://www.kdads.ks.gov/GBHSPC>

Crisis Respite Programs

Children's Crisis Respite Programs is a new service for stabilization of youth and families. The Crisis Respite Centers are an alternative to acute hospital or Psychiatric Residential Treatment Facility (PRTF) treatment for youth and family. Any Kansas youth and family can access crisis respite programming; including those in foster care, who require an immediate episode of care (from hours to a maximum of 28 days) for the amelioration of psychological and substance use symptoms and impairment and/or until the family rupture involving the youth and family has stabilized.

Family is defined by the youth and may include biological, foster or chosen family. These centers provide services within a defined geographical area of the state through specialized consultation, technical assistance, crisis intervention, crisis stabilization and care management to ensure youth and family can remain intact in their home community and connected to local providers and services. There are currently 5 operating facilities and 1 additional facility in development along with a pending RFA to add additional centers and increase the coverage across the state.

Mobile Crisis Response

The Mobile Crisis Response (MCR) and Mobile Response and Stabilization Service (MRSS) Practice Standards are established by the Kansas Department for Aging and Disability Services (KDADS) and serve as the basis for implementation, process improvement, and expansion of MCR/MRSS to advance behavioral health services for Kansans across the lifespan.

Mobile crisis response services offer rapid in-person team, community-based engagement, trauma-informed and empathetic care, support, and intervention to adults, children, youth, and families who are experiencing emotional symptoms, behaviors, trauma reactions and concerns that compromise or impact their ability to function wherever they are physically located at the time of crisis, including at home, work, school, or other community locations. Services are available and accessible 24 hours a day, 7 days a week, 365 days a year.

<https://www.kdads.ks.gov/MCR-MRSS>

Additional Children & Family Services

MHIT Mental Health Intervention Team

The MHIT program is dedicated to improving each of its student's overall academic potential by providing comprehensive mental health services in schools.

<https://www.kdads.ks.gov/mhit>

Parent Peer Support

Kansas is one of a few states where Parent Peer Support is both a requirement for mental health providers and a billable service. Parent Peer Support is a specialized service that provides support to parents with children who are struggling with Serious Emotional Disturbance, Substance Use, or co-occurring conditions. This service is provided to support the stabilization of the child and enhance the family's quality of life.

<https://www.kdads.ks.gov/KCPPSS>

Children & Family Services Cont.

PRTF Pilot

Pilot sites will provide discharge planning and family-based aftercare support for 6 months post-discharge. The PRTF CM and Family Support Specialist shall work in conjunction with the PRTF therapist and community-based providers to ensure there is no gap in services for a youth that is discharging from the PRTF.

Aftercare services will be provided for a 6-month period to clients who discharge from a Psychiatric Residential Treatment Facility

Specialty PRTF

Specialty PRTFs will be facilities that have small units, higher staffing levels and training. Designed to meet the needs of high acuity youth that are being denied services as the PRTFs are unable to safely provide the level of care needed related to levels of aggression, sexualized behaviors and or medical fragile cooccurring diagnosis.

Additional Resources

[Family Psychotherapy without Patient Present](#)

[Environmental Study - PRTF Youth Admissions](#)

[General Information Fact Sheet](#)

[PRTF Roles and Responsibilities Guide](#)

[KDADS Website: CCBHC](#)

[KDADS: What is a CCBHC? YouTube Video](#)

[KDADS: Care coordination at a CCBHC YouTube Video](#)

Design Access Points, Assessment Process, and Selected Service Models for Children and Youth

At **CKMHC**, designing access points for children and youth requires a multi-faceted approach that considers family dynamics, school partnerships, crisis intervention, and developmental needs.

Key strategies include:

- Multiple Entry Points
- Developmentally Appropriate Assessments
- Service Customization

Considerations in Designing a Children and Youth Service Line

To ensure an effective service line for children and youth, CKMHC considers the following approaches:

- Family-Centered Care
- Early Identification and Prevention
- Multidisciplinary Team Approach
- Crisis and Step-Down Support

Core Components Necessary to Serve Children, Youth, and Families

CKMHC recognizes that children and youth **do not exist in isolation**—their care must involve the **entire family unit** and address intergenerational cycles of trauma and behavioral health challenges.

The core components include:

- Family Engagement & Education
- Intergenerational and Whole-Family Care
- Peer and Recovery Supports for Youth

Exploring Opportunities & Limitations of DCOs

While **DCOs (Designated Collaborating Organizations)** can play an essential role in service delivery for children and youth, they come with both **opportunities and limitations**:

- **Opportunities:**

- Expanded Access to Specialized SUD Services
- Leverages Existing Expertise
- Flexibility in Service Delivery
- Data Collaboration and Outcome Tracking
- Workforce Sharing and Innovation
- Scalability and Sustainability

- **Limitations:**

- Coordination and Communication Barriers
- Medical Records and Data Integration
- Accountability and Quality Assurance
- Billing and Reimbursement Complexity
- Cultural and Operational Differences

Questions & Discussion



Upcoming Office Hours

- State Office Hours: April 28, 1-2 p.m. ET
- Clinic Office Hours: May 13, 3-4 p.m. ET

Learning Community Resources

- Webinar and Office Hour Schedule
- Learning Community Recordings and Slides
- Topical Resources
- Registration and Meeting Links

<https://www.thenationalcouncil.org/child-youth-and-family-ccbhc/>

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