

NEW YORK
STATE

Child Welfare

Unified Court System • Division of Court Operations

Office of Alternative Dispute Resolution and Court Improvement Programs

Court Improvement Project

Best Practices Bulletin

Bridges to Health: Keeping Children in the Community



Children in foster care may be eligible for the Bridges to Health (B2H) program, which provides comprehensive home and community-based services designed to enhance health care while stabilizing placements.

B2H consists of three 'waivers' or eligibility groups, children who:

- have a diagnosis of serious emotional disturbance;
- have a developmental disability; and/or
- have a medically fragile condition.

B2H offers 14 uniquely designed services to eligible children and their caregivers (see adjacent story). Recognizing that foster children can have many caregivers involved in their lives including foster family, birth family, siblings and adoptive family members, B2H wraps services around the entire caregiver network based on the child's individual needs. Services are provided in an effort to keep children out of more costly institutional care.

B2H is voluntary, offering freedom of choice to the enrolled child and his/her medical consentor (for more information on who can serve as the medical consentor, go to <http://www.ocfs.state.ny.us/main/b2h/manual/b2h%20program%20manual%2001-08.pdf>, Appendix C). As a result, the program cannot be mandated and the medical consentor must agree to waiver services. By supporting children who reside in foster care or are under the supervision of the Office of Children and Family Services (OCFS) Division of Juvenile Justice and Opportunities for Youth (DJJOY), the B2H Waiver Program provides opportunities for improving the health and well-being of these children served by supporting permanency planning in the least-restrictive home or community setting.

The B2H program has four guiding principles:

- freedom of choice;
- person-centered planning;
- strength-based approaches to services and planning; and
- services are additive to those offered under child welfare, juvenile justice, or Medicaid State Plan.

Once enrolled in B2H, services may continue beyond foster care placement as long as the child remains eligible for services until he/she is 21 years old. New York State OCFS Commissioner Gladys Carrión said, "Our responsibility does not end once these children are out of the system. Services will continue through successful reunification with their families or adoption, through young adulthood, so that they can reach their full potential."

Continued on page 2

INSIDE THIS ISSUE

2

Bridges to
Health
Delivery
Structure

3

Key Aspects
of B2H
for Court
Personnel

3

Why Bridges
to Health
Was
Developed

3

Health Care
Integration
Agencies

4

Resources

To qualify for B2H, children must meet certain eligibility criteria including:

- having a qualifying diagnosis and functional limitations;
- qualifying for Medicaid eligibility;
- living in a setting of 12 beds or less;
- being in the custody of the local department of social services (LDSS) or OCFS/DJJOY; and
- willingness of both the child and their medical consentor to enroll in B2H and benefit from the services.

LDSS or DJJOY manage the B2H slots and make decisions regarding referral, eligibility, enrollment and annual reauthorization. Services are coordinated by the selected Health Care Integration Agency. Nineteen not-for-profit child care agencies have contracted with OCFS to provide B2H services (see page 3 for list of agencies). B2H evaluates children and caregivers in the program every six months to measure progress.

For more information on the Bridges to Health Medicaid Waiver, including details on how and where to apply, please contact Mimi Weber, Director of the OCFS Bureau of Waiver Management at 518-408-4054 or access the website at: <http://www.ocfs.state.ny.us/main/b2h/>. ■

B2H Delivery Structure:

The B2H Waiver offers up to 14 services not otherwise available under Medicaid State Plan. Health Care Integration, a required service, provides for development and monitoring of the Individualized Health Plan of services tailored to meet the individual child's needs in B2H. The 13 other services are as follows:

- **Skill Building:** provides support, guidance, and training to the child and caregiver to help the child function successfully in the home and community;
- **Family/ Caregiver Supports and Services:** provides education and training on resource availability to family/caregivers so that the waiver participant can interact and engage with other children in appropriate developmental and community activities;
- **Day Habilitation:** assists individuals with developmental disabilities with the self-help, socialization and adaptive skills necessary to function successfully in the home and community;
- **Prevocational Services:** teaches concepts, to function successfully in any work environment;
- **Supported Employment:** focuses on supervision and training as well as intensive ongoing support and interface with employers regarding the child's needs as they relate to sustained paid work;
- **Planned Respite** provides planned short term relief to family/caregivers to enable them to manage the child's special needs;
- **Special Needs Community Advocacy and Support:** assists the child, caregiver and community/ school staff in understanding and addressing the child's needs related to their disability;
- **Crisis Avoidance, Management and Training:** psycho-education and training to address specific issues that disrupt the child's ability to function in their home and community;
- **Immediate Crisis Response Services:** provides 24-hour immediate response to crises that threaten the stability of the child's placement;
- **Intensive In-home Supports and Services:** provides interventions to secure the child and caregivers, health and safety following a crisis;
- **Crisis Respite:** provides emergency short-term relief for family/caregivers that is often needed to resolve a crisis;
- **Accessibility Modifications:** includes internal and external physical adaptations to the home necessary to support health, welfare and safety of the enrolled child;
- **Adaptive and Assistive Equipment:** includes technological aids and devices that can be added to the home or vehicle to enable child to accomplish daily living tasks.



Key Aspects of B2H for Court Personnel

- Families have freedom of choice to enroll or not. The court cannot order a child to be referred or enrolled in this service.
- The court can, however order the LDSS or OCFS/DJJOY to make an eligibility determination and to provide information to the child and their healthcare consentor to help them make an informed decision regarding participation in the program. There is a 90-day window for enrollment: 60 days to gather the necessary documentation and 30 days for the local district to review, providing the child continues to meet all other eligibility criteria.
- There are a certain number of slots available for each of the eligibility categories per county. There are also 300 slots available statewide for qualifying youth in the care of OCFS/DJJOY. A waiting list can be maintained up to 10 percent of the allotted slots.
- Services may follow the child after discharge from foster care if otherwise eligible up to age 21. Transition planning must begin 18 months prior to the child reaching the age of 21, in order to ensure services continue with the adult system
- Services must be cost-neutral. Costs must be under \$51,600 a year. Any request above that amount will be reviewed by OCFS.
- Biological family, foster family, and adoptive family members including siblings may be served along with the enrolled child.

Why Bridges to Health Was Developed

Children in foster care have higher rates of unmet health care needs compared to children in the general population. More than half of children in foster care have one or more mental health disorders which include incidence of post-traumatic stress disorder that is five times that of the general population. In addition, other studies indicate that 60 percent of children in foster care exhibit developmental delays and at least one chronic medical condition, (Northwest Foster Care Alumni Study Casey Family Programs, et. al.).

NYS OCFS received approval from the US Department of Health and Human Services Centers for Medicare and Medicaid Services to administer B2H as a Medicaid Home and Community-Based Services waiver program under Section 1915(c) of the Social Security Act. This approval allows OCFS to use Medicaid funding to provide services not otherwise available through Medicaid.



B2H is the first program of its kind in the nation.

Health Care Integration Agencies

New York City

- Abbott House
- Cardinal McCloskey Services
- Catholic Guardian Society and Home Bureau
- Graham Windham Society
- Jewish Child Care Association
- New Alternatives for Children
- SCO Family of Services

Albany region

- Northeast Parent and Child Society
- Parson's Child and Family Center

Rochester region

- Hillside Children's Center

Syracuse region

- Elmcrest Children's Center
- Hillside Family of Agencies
- House of Good Shepherd

Buffalo region

- Baker Victory Services, Inc.
- Hillside Children's Center

Lower Hudson Valley region

- Astor Services for Children & Families
- Children's Village

Long Island region

- Little Flower Children & Family Services of New York
- SCO Family of Services



Adoption Tax Credit Expanded

The recent federal health care reform legislation included a provision extending and expanding the adoption tax credit. More information available on The New York State Citizens' Coalition for Children web site:

<http://nysccc.org/adoption/financial-supports/adoption-tax-issues/>

Immigration Enforcement and Child Welfare

First Focus, a bipartisan children's advocacy organization, recently released a report titled "The Impact of Immigration Enforcement on Child Welfare." The report, developed in partnership with the Migration and Child Welfare National Network, is the first document of a series entitled "Caught Between Systems: The Intersection of Immigration and Child Welfare Policies" **FULL REPORT:**

<http://www.firstfocus.net/pages/3683/>

Engaging Non-Resident Fathers

The publication *Protecting Children* dedicated an issue to the engagement of non-resident fathers in child welfare proceedings. The publication was a product of the National Quality Improvement Center on Non-Resident Fathers and the Child Welfare System, a national partnership between American Humane, the American Bar Association Center on Children and the Law, and the National Fatherhood Initiative, **FOR MORE INFORMATION AND TO ORDER A COPY:**

<http://www.americanhumane.org/protecting-children/resources/protecting-children-journal/volumes-and-sample-articles.html>

SSI Changes Rule to Benefit Disabled Youth Leaving Foster Care

The Social Security Administration has issued new rules that directly apply to disabled youth leaving foster care. Effective immediately, a disabled youth eligible for Supplemental Security Income (SSI) may file an SSI application up to 90 days before federal foster care payments are expected to end. This is an exception to the general rule of accepting an SSI application in the month before the month of eligibility. This policy will aid disabled youth in foster care to make the transition to adult life by helping to ensure that they have income and health benefits in place.

FULL POLICY:

<https://secure.ssa.gov/apps10/public/reference.nsf/>

Closer Look Series Spotlights Child Welfare Issues

The National Technical Assistance and Evaluation Center for Systems of Care has released the "Closer Look" series, short reports that highlight issues addressed by public child welfare agencies and their partners in implementing systems of care approaches to improve services and outcomes for children and families. These reports draw on the experiences of nine communities participating in the Children's Bureau Improving Child Welfare Outcomes through Systems of Care demonstration initiative, and summarize their challenges, promising practices, and lessons learned. Each issue provides information communities nationwide can use in planning, implementing, and evaluating effective child welfare driven systems of care, and is intended as a tool for administrators and policymakers leading system change initiatives. Topics include cultural competency, strengths-based approaches, family involvement, and accountability. **FULL SERIES:**

<http://www.childwelfare.gov/management/reform/soc/communicate/initiative/closerlook/>