

Pre-Event Evaluation

We are required to evaluate our services to maintain funding, and hope you will assist us.

Please complete the following brief (5 minute) anonymous feedback form so we can tailor our services to your needs:

<https://www.cmhisupport.org/groups/cross-system-strategies-to-support-children-with-complex-behavioral-health-conditions-pre-event-survey/>



SCAN ME

Welcome!

Session 1: Creating a New Service Paradigm for Children with Complex Behavioral Health Conditions

Disclaimer and Copyright Statements

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For more information on obtaining copies, contact Heather Gotham at (gothamh@stanford.edu).



Recording for Today's Session

Please note that we are recording the didactic portion of today's session. While we will not record any group discussions, the recording from today's presentation may be considered for posting on the CMHIS Learning Lab for public use and/or be made available to attendees.



Session Agenda



5 - 10 min — Introduction to the series and today's agenda

- Facilitator: David Miller

10 min — Introduction to the Center for Mental Health Implementation Support (CMHIS)

- Facilitator: Heather Gotham

55 min — Presentation: Key Findings & Takeaways

- Presenter: Nancy Thaler
- Report refresher, primary findings, what states are doing, and polling

30 min — State breakout discussions

15 min – Share out from breakout groups & looking ahead to upcoming sessions

Introducing the Center for Mental Health Implementation Support (CMHIS)



Why CMHIS



**We all want
clients to have
the best
mental health
care**



**Organizational
and practice
change is hard**



- **Most technical assistance (TA, implementation support) is light touch**
- **Mental health providers need intensive support to embed new complex or organization-level interventions**

Why CMHIS?



- Bring the ‘how’ of practice change
 - Grounded in **implementation science**, the study of how to successfully prepare for, implement, and sustain effective practices and programs in routine settings
 - We will be bringing implementation science discussions into our state breakout rooms each session
- Provide targeted and intensive support
- Desire to listen, walk beside, and help navigate roadblocks

What We Do



Events & Activities

Targeted/intensive events focused on real-world practice change.



Consultation & Coaching

Hands-on, tailored problem-solving to help your team navigate roadblocks.



Resources

Practical tools and guides to get started, improve quality, and sustain services.

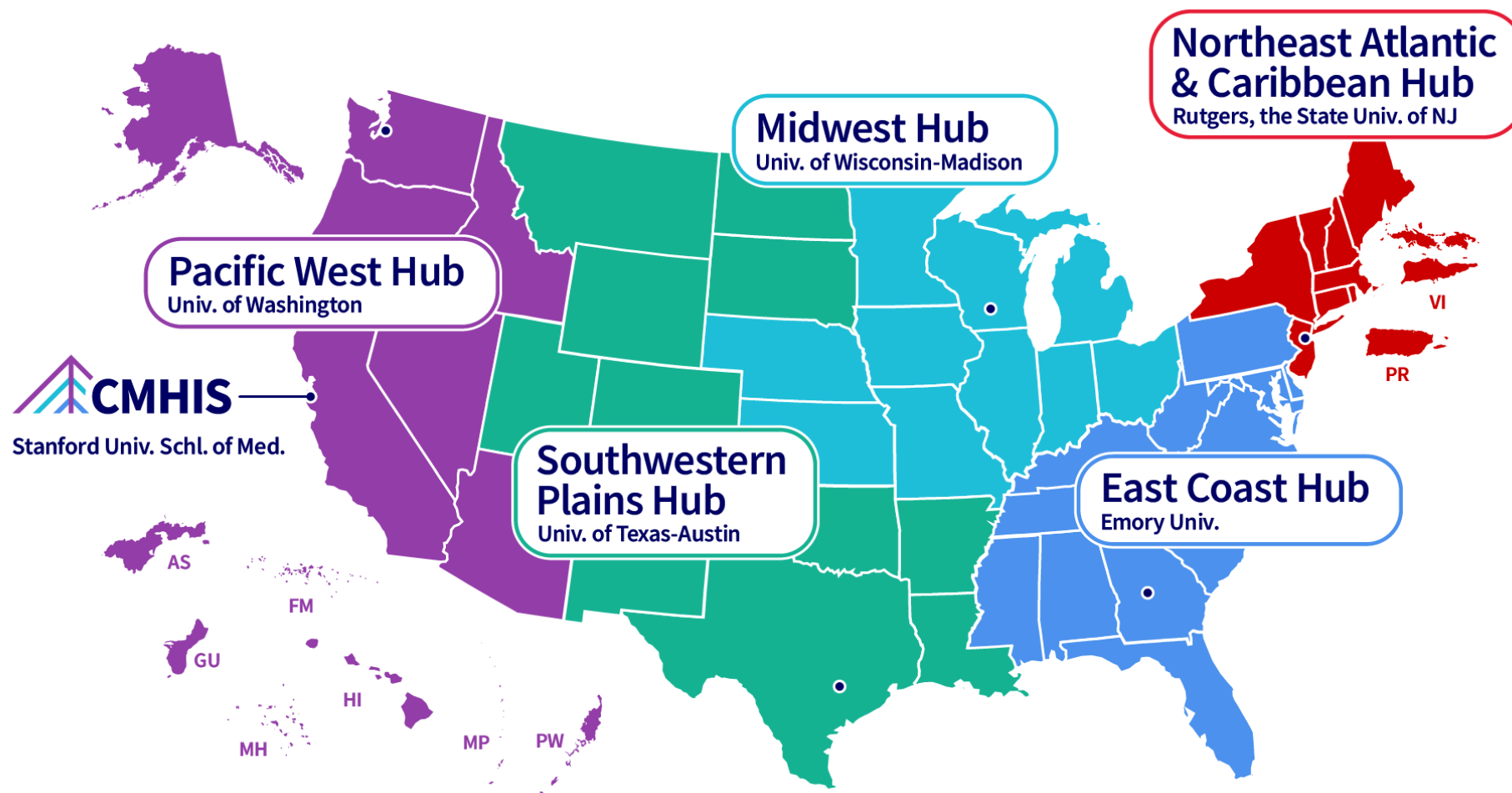


Online Learning

Experts at your fingertips through online courses and recorded sessions in our CMHIS Learning Lab.

Who We Are:

CMHIS and Our Five Bi-Regional Hubs



Who We Serve

- Organizations that oversee or directly provide mental health services
- Grantees funded by SAMHSA's Center for Mental Health Services

System Leaders and
Administrators

Implementation/Change
Leaders

Policy Makers and
Funders

What We Do: Focus on the “How” of Practice Change

The Process of Implementing an Effective Program/Practice



- These are guideposts
- We'll meet you where you are in the process

How We Can Help



- What we do:
 - Support in preparing for, implementing, and sustaining effective mental health prevention, treatment, and recovery practices programs
 - Community-based services
- What we don't do:
 - Clinical training on specific practices/programs
 - Direct aid to obtain a grant, funds to support organization or specific project
 - Support to implement a new level of care

Introductions to CMHIS staff from Stanford and Hubs throughout the series and in session 6



Creating a New Service Paradigm for Children with Complex Behavioral Health Conditions

Presented by:

Nancy Thaler, Project Lead
NASDDDS/Link Center

June 05, 2026



Resource Library ▾ Share

The Link Center is a project led by NASDDDS in close partnership with NASMHPD, NASHIA, and NADD

Advancing systems of care for people with co-occurring conditions

The Link Center works to improve supports for children and adults with intellectual and developmental disabilities (I/DD), brain injuries, and other cognitive disabilities who also experience mental health conditions.

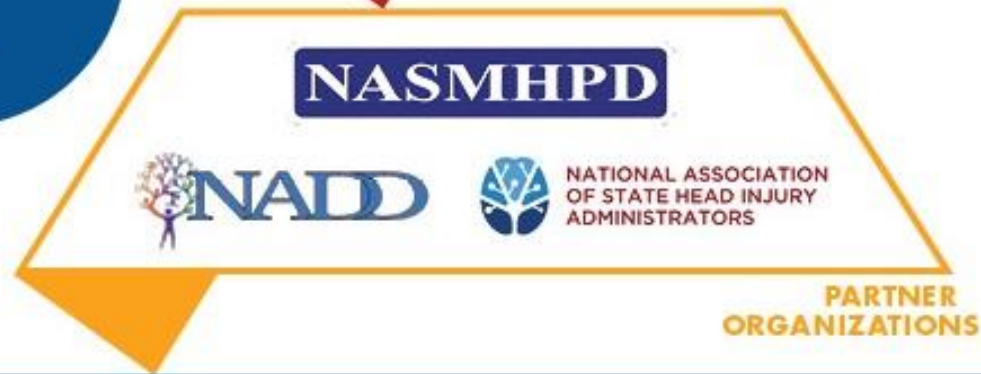
[Learn more about The Link Center ↗](#)



www.thelinkcenter.org



**OUR
PARTNERSHIP
NETWORK**



Thank You



Thank you to the States Interviewed in the LINK Center Report

Colorado
Delaware
New Jersey
Kentucky
Ohio

Oklahoma
Pennsylvania
Tennessee
Utah



A Project of National Significance



Funded by:

The U.S. Department of
Human Services

- Administration for Mental Health and Substance Abuse (SAMHSA)
- The Administration for Community Living (ACL)

Methodology

- Literature Review
- Interviews with Subject Matter Experts
- Interviews with National Organizations
- Interviews with Nine States
- National Convening of Experts and States

Take Aways from the Project

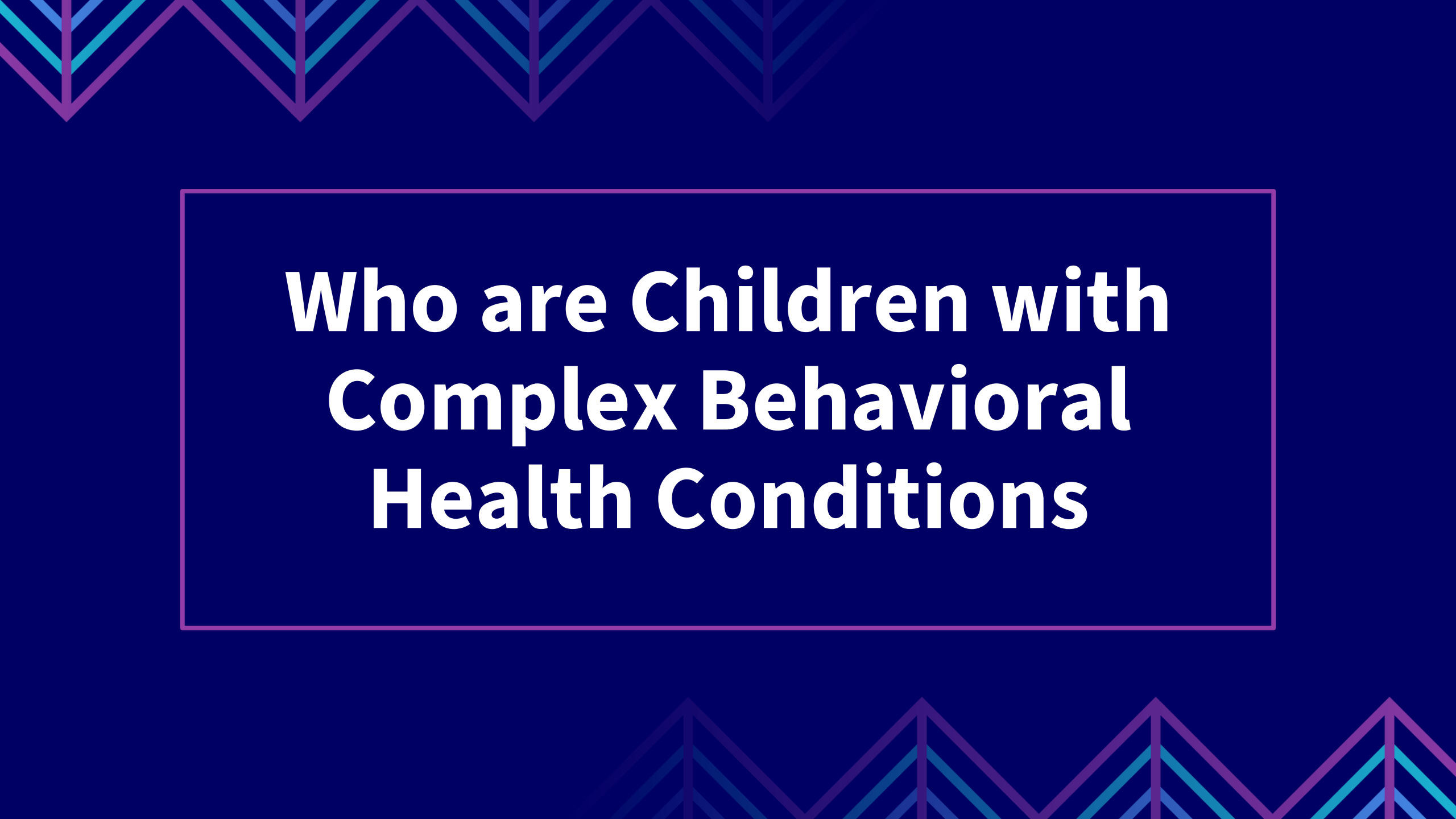


The primary presenting problem is behavior - **dysregulated behavior**.

Dysregulation in children has **multiple causes** making their condition complex

Understanding **brain development and plasticity, neurodevelopmental disabilities and trauma** provides a foundation for effective intervention

Strategies that can help are often not known, their benefits are not understood, or they are not available in the public system.



Who are Children with Complex Behavioral Health Conditions

State Survey Results

In order of prevalence

Age

- 13-17
- 6-12
- 18-21
- 0-5

Dysregulated behavior

1. Physical aggression
2. Disruption/dysregulation in structured settings
1. Suicidal ideation/self-harm
2. Property destruction
3. Inappropriate sexual behaviors
4. Elopement

Developmental Conditions

1. Autism
2. I/DD
3. ADHD
4. Complex Medical Conditions
5. FASD
6. Learning Disabilities

Mental Health Conditions

1. Diabetes
2. Seizure Disorder
3. Asthma

Physical Health Conditions

1. Oppositional Defiance Disorder
2. PTSD
3. Anxiety
4. Conduct Disorder
5. Depression



Dysregulated Behavior

What it Looks Like



Synonyms

Emotional Dysregulation: The underlying inability to manage emotions.

Behavioral Dysregulation: The harmful actions resulting from poor regulation.

Affect Dysregulation: Difficulty managing emotional states.

Impulse Control Issues: Inability to stop immediate, often destructive reactions.

Emotional Instability/Lability: Rapid, extreme mood shifts.

Acting Out: Externalizing behavior problems

What Causes Dysregulated Behavior?



Dysregulation is not a diagnosis, but a symptom often linked to:

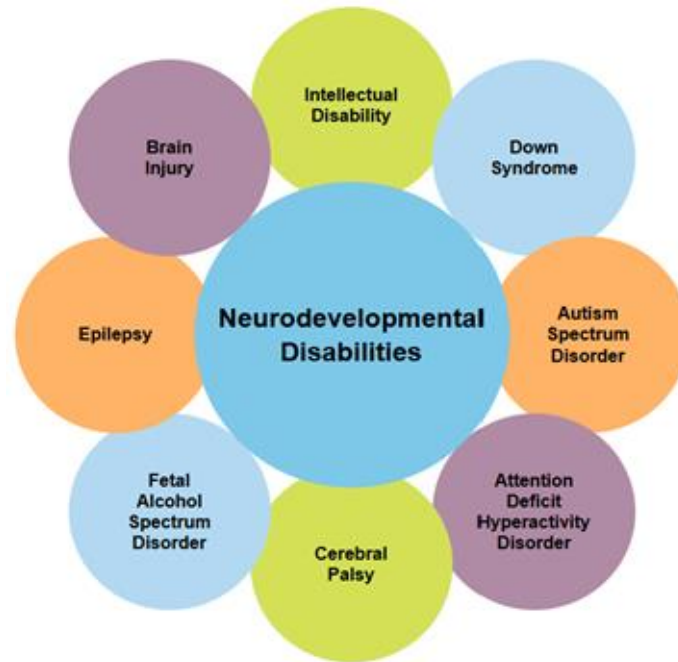
1. Neurological Conditions or Neurodevelopmental disabilities: I/D, ADHD, Autism, TBI, FAS, Downs Syndrome, Fragile X, etc.....
2. Trauma and Neglect: Especially early childhood experiences.
3. Mental Health Conditions: Depression, anxiety, bi-polar disorder, PTSD, Reactive Attachment Disorder, Conduct Disorder
4. Physical Health Conditions
5. Adolescence

The slide features a dark blue background with decorative geometric patterns at the top and bottom. These patterns consist of multiple parallel lines forming a series of 'V' shapes, with colors ranging from light blue to purple. A white rectangular box is centered on the slide, containing the main title in bold white text.

Neurodevelopmental Disabilities and Dysregulation

Neurodevelopmental Conditions

Neurodevelopmental conditions (NDDs) are a group of conditions that affect the development and function of the brain, leading to impairments in various areas of cognitive, behavioral, and motor abilities.



- **Fetal Alcohol Syndrome (FAS)**
13.5% of all births exposed to alcohol: 1 in 20 children
- **Autism, Learning Disabilities**
- **ADHD**
- **Brain Injury**
- **Intellectual Disability**
- **Lead Poisoning**
- **Syndromes:** (Down, Prader Willi; Fragile X, Reye's)
- **Communication Disorders**
(expressive and receptive)
- **Birth related disabilities**
(Cerebral Palsy)

[Neurodevelopmental Disorders](#)

Neurodevelopmental Disabilities



Functional Limitations Impede Accurate Diagnosis

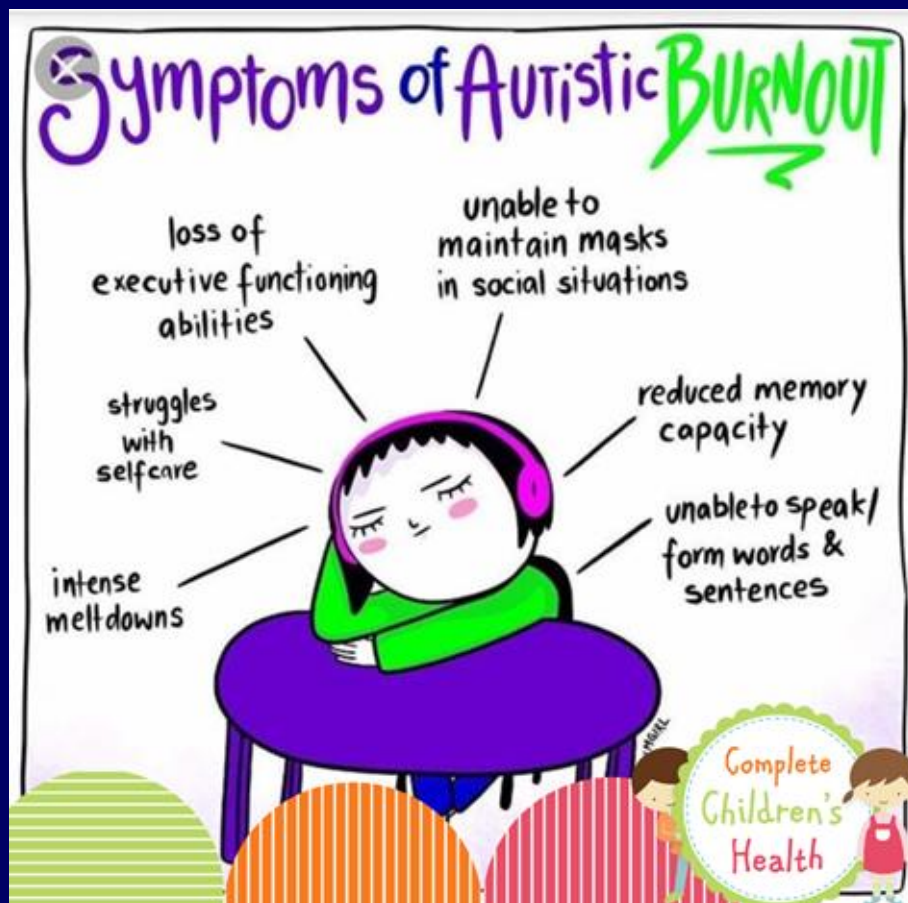
Functional Limitations Cause Stress and Stress causes Dysregulation

- Communication - inability to understand or express thoughts = stress
- Motor function – poor balance and proprioceptor sense = stress
- Cognitive processing – difficulty understanding events, planning, making choices = stress
- Sensory integration – hypersensitivities to light, sound, touch, smell = stress
- Memory and learning difficulties= stress

Dysregulation as a Symptom in Neurodevelopmental Conditions



- **Autism** – sensory sensitivities - high and low to light, sound, texture or pain, repetitive behaviors, intense interests, rigid routines, reduce eye contact, delayed speech, monotone speech, not understanding verbal cues, **meltdowns, anxiety, sleep disturbances, self-stimming, dysregulated behavior**
- **Brain Injury** – agitation, **aggressions, impulsivity, personality changes, poor judgement, reduced inhibition**
- **ADHD** – inattention, **hyperactivity, impulsivity, emotional regulation**
- **Communication Disorders** (expressive and receptive) – frustration, **anger, anxiety, depression, dysregulated behavior**
- **Fetal Alcohol Syndrome FAS** – **impulsivity, hyperactivity**, cognitive deficits, poor judgement, **temper tantrums, defiance, lying, stealing, property destructions, anxiety, depression**, difficulty with eye contact, deficits in memory and visual/spatial abilities, difficulty with math
- **Lead Poisoning** – hyperactivity, **impulsivity, aggression, antisocial behavior**, irritability, reduced attention span, cognitive deficits, mood and energy changes, fatigues, headaches,
- **Syndromes:** (Down, Prader Willi; Fragile X, Reye's)
- **Birth related disabilities** (Cerebral Palsy) - **emotional dysregulation**, brain fatigue, attention and focus difficulties, frustration and **anger**



Autistic Burnout

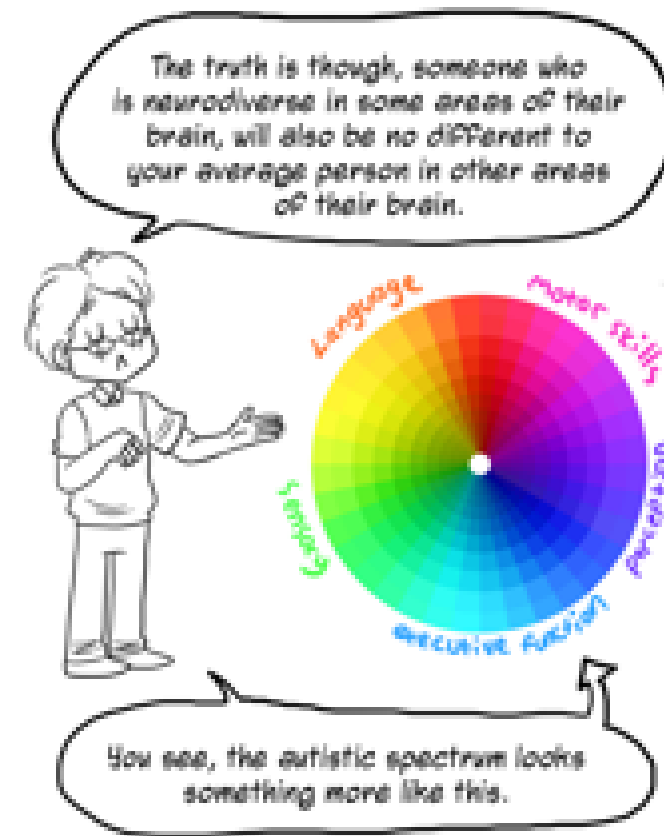
Signs	Causes	How to deal
• Loss of skills • Seeming more 'clumsy' • Total exhaustion • Memory loss • Not getting things done • Seeming 'more autistic' • Digestive issues • Feeling down • Quickly overstimulated • More meltdowns	• Doing too much • Not resting enough • Masking too much • Changes in life • Feeling like too much is expected from you • Emotional and sensory overload • Illness	• Rest, a lot! • Stim as much as you want • Try not to mask • Give it time • Be kind to yourself • Engage in special interests • Set boundaries • Schedule your day • Be mindful • Ask for help

@ActuallyAutisticAlien

The infographic has a light blue background with a white flower icon in the top left corner. It is organized into three columns under the main title 'Autistic Burnout'. Each column has a header in pink: 'Signs', 'Causes', and 'How to deal'. Each header is followed by a list of bullet points. At the bottom, the text '@ActuallyAutisticAlien' is written in a dark blue font.

The Autism Spectrum

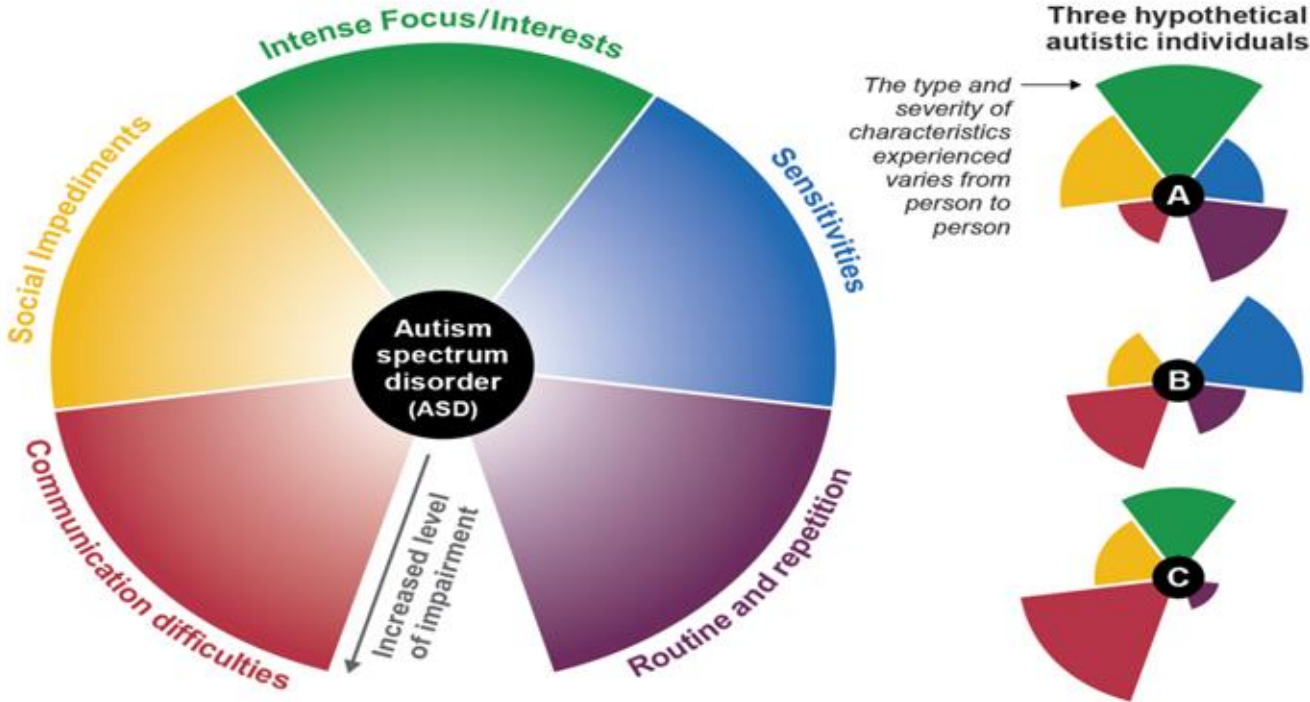
The Most Common Diagnosis in Complex Children



Every Person is Different

Figure 2: Variation in Autism Spectrum Disorder Characteristics

GAO grouped the characteristics associated with autism into five broad categories, with some overlap between categories.



Source: GAO analysis of the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). | GAO-17-109



Trauma and Neglect and Dysregulation

To Understand Dysregulation from Trauma We Need to Know About the Brain



**1. WHERE IN THE
BRAIN EMOTIONS
ARE REGULATED**



**2. HOW & WHEN
THAT PART OF
THE BRAIN
COMES ONLINE**



**3. WHAT CAUSES
EMOTIONAL
DYSREGULATION**

We Begin Life as Dysregulated Beings



Brain Development

Early Childhood (Ages 0-5) Brain Stem and Cerebellum

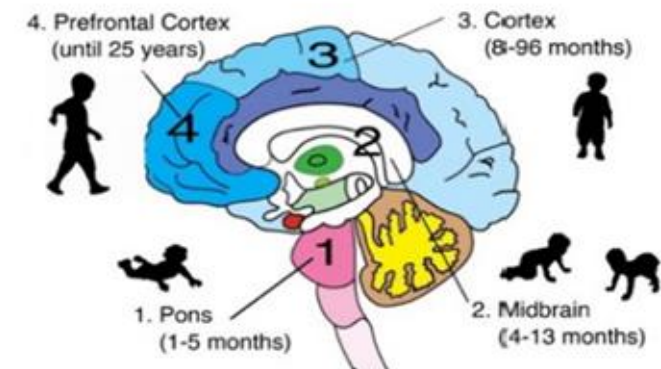
- Basic sensory processing, motor control, speech, and early emotional regulations. Attachment relationships

Middle Childhood (Ages 6 - development lasts through the late 20s) Hippocampus and beginning of the Prefrontal Core

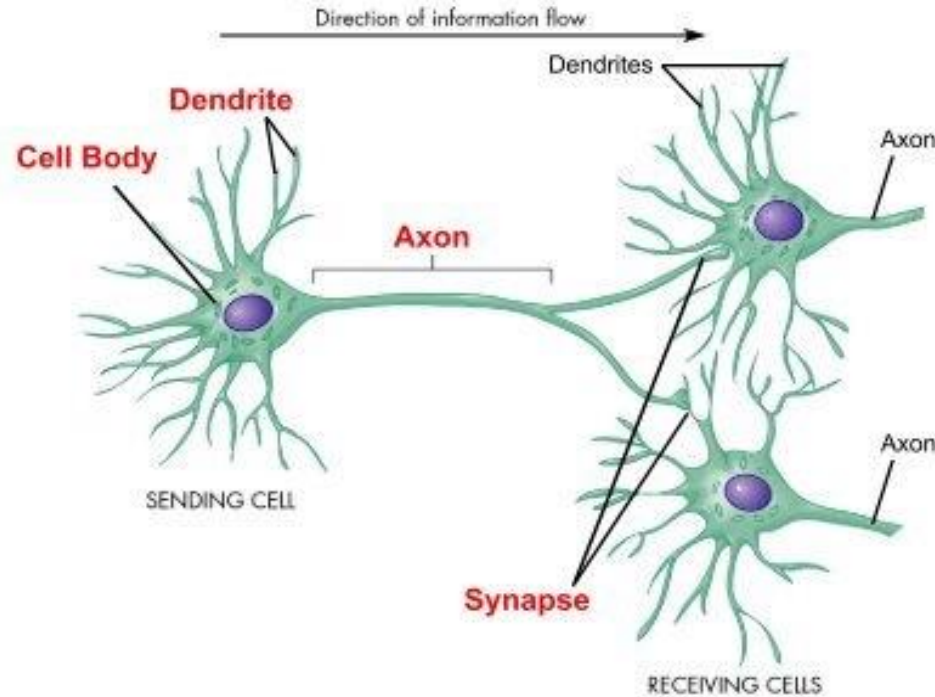
- Hippocampus – learning and memory
- The prefrontal cortex—responsible for planning, impulse control, and executive function

Early Adolescence (Ages 11-14)

- The limbic system surges in activity — heightening emotional reactivity, reward-seeking, and sensitivity to peer evaluation — while the prefrontal cortex is still catching up. This imbalance is often described as a “dual systems” model and helps explain risk-taking behavior and emotional volatility in early teens.



Neuron (Nerve cell) Anatomy



**Basic Construct of
the Brain**

**Neurons that Fire
Together
Wire Together**

How Children Learn to Self-Regulate

Through repeated, secure interactions, babies transition from external help to self-soothing skills.



Key Aspects of Developing Self-Regulation

- **Co-Regulation:** Consistent, responsive caregiving helps them learn that distressing emotions pass, building trust and a foundation for managing their own emotions.
- **Secure Loving Attachment:** When caregivers are attentive and responsive to a baby's needs, the infant feels safe and secure, which is essential for self-regulation development.
- **Brain Development:** Positive, attuned interactions (like face-to-face, reciprocal social play) help build neural pathways that link the brain's prefrontal cortex (responsible for control) to the amygdala (emotional responses), enhancing a child's capacity for emotional regulation.

Key Aspects of Developing Self-Regulation

Strategies to Promote Self-Regulation

- **Respond to Cues:** Notice when a baby is tired or overstimulated and change their environment (e.g., quiet, dim lighting).
- **Mirroring Emotions:** Gently copying a baby's sounds and facial expressions helps them feel connected and safe.
- **Soothing and Self-Soothing Skills:**
 - **Physical Contact:** Skin-to-skin care, cuddling, swaddling, and rocking are crucial for soothing.
 - **Sucking:** A pacifier, finger, or thumb can help babies calm themselves.
 - **Routines:** Consistent daily routines help babies feel safe and secure, which is foundational to regulating.
 - **Modeling:** Babies learn to calm down by observing the calm, consistent demeanor of their caregivers.

What if a Child is Abused and Neglected?

No consistent care feeding, soothing or cuddling

Neuro circuits are disrupted

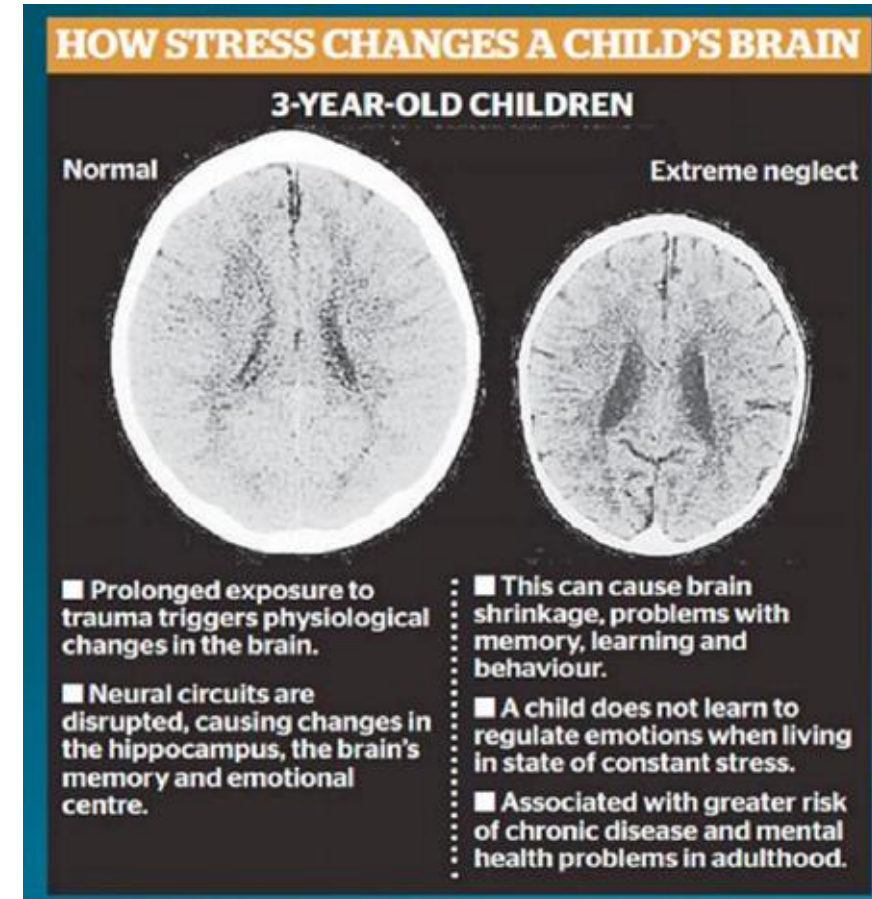
The brain shrinks

Problems with memory, learning and behavior

Does not learn to regulate emotions

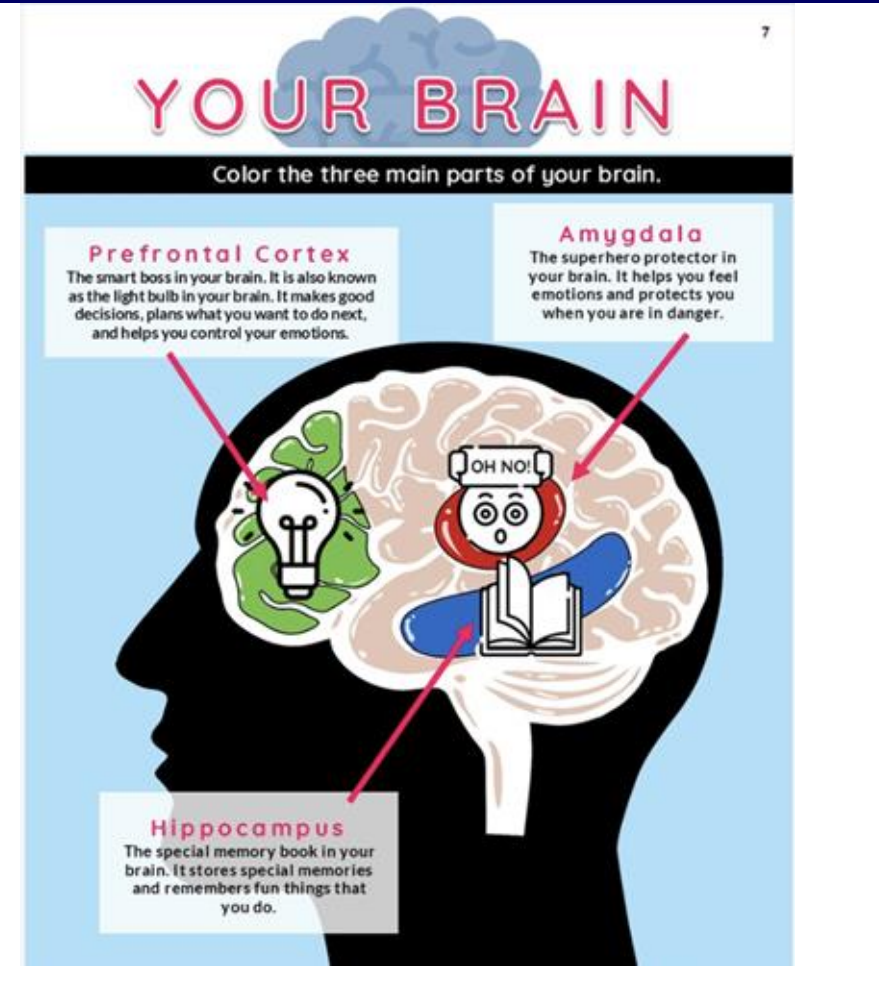
Creates risk of chronic disease and MH problems

Develops coping behaviors that become problematic in other situations



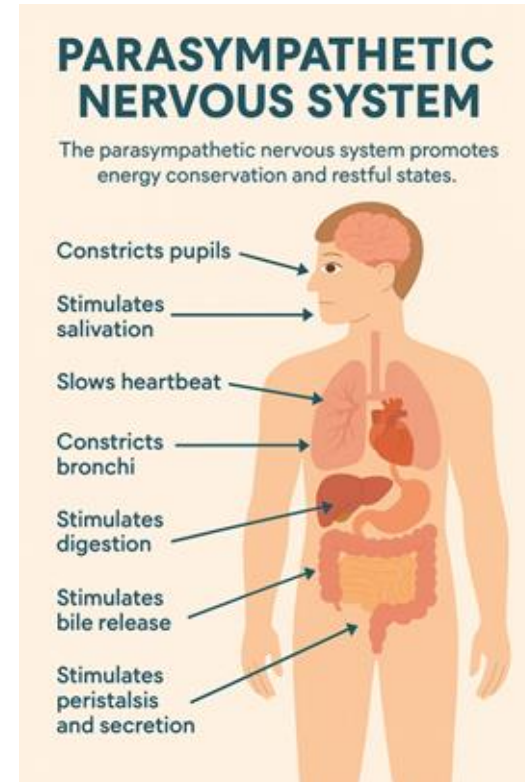
Emotions and Behavior are Regulated in the Prefrontal Cortex

- Amygdala – goes on alert!
- Hippocampus shrinks and does not store memories
- Prefrontal Cortex – plans, control emotions, makes decisions – goes offline



Trauma Impairs the Ability to Self-Regulate

- The amygdala activates the adrenal glands to secrete cortisol increasing breathing, heart rate, stopping digestion and closing the senses.
- Difficult to return to a calm state after a threat.
- Creates a persistent state of hyperarousal
 - ✓ racing heart
 - ✓ anxiety,
 - ✓ state of hyperarousal with symptoms like dissociation, fatigue, and depression.
- The nervous system gets stuck in either the fight/flight or freeze/shutdown position, both of which impairs the parasympathetic nervous system's ability to self-regulate.



Flight

Fight

Freeze



Sympathetic Nervous System

Trauma activates “Fight/Flight/Freeze”

Parasympathetic Nervous System

Trauma Shuts Down “Rest and Digest”

SYMPATHETIC NERVOUS SYSTEM



Stress Response

Revs you up, preparing you to fight, take flight or freeze

- Heart beats fast
- Breath is fast and shallow
- Pupils of eyes expand (can make you sensitive to light)
- Gut becomes inactive (difficult to digest)
- Blood rushes to your skeletal muscles and away from your brain, making it hard to think clearly
- Hormones rush through your body, making you feel anxious
- Expend your energy

PARASYMPATHETIC NERVOUS SYSTEM



Relaxation Response

Calms you down, preparing you to rest, think and restore

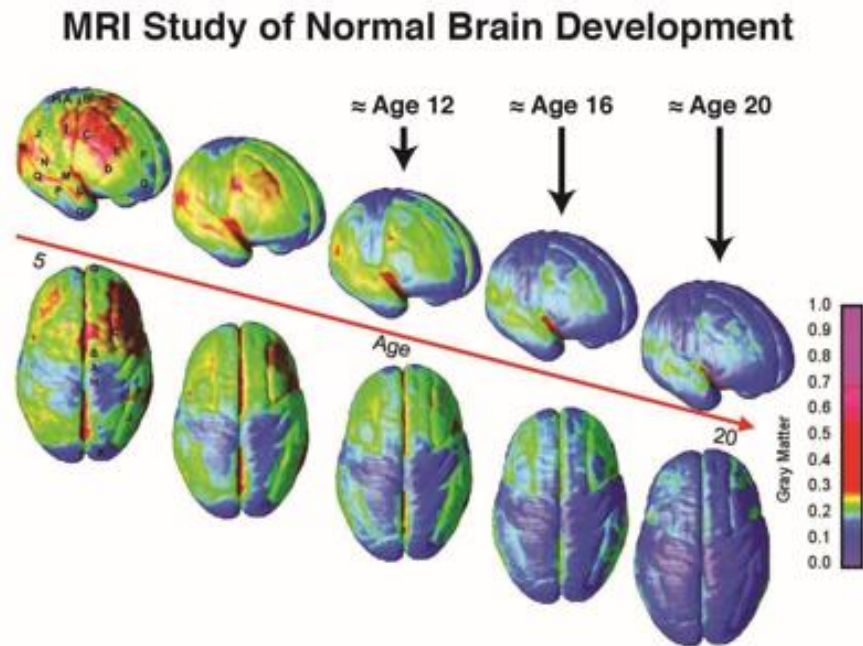
- Heart beats in slow, rhythmic pattern
- Breath is full and slow
- Pupils of the eyes shrink
- Gut is active (helps you digest and absorb the nutrients from your food)
- Increased blood flow to gut, lungs and brain
- Hormones rush in, lifting your mood and helping you to relax
- Conserves your energy





Adolescence and Dysregulation

Adolescents Are Not Fully Wired to Self-Regulate



The decade-long magnetic resonance imaging (MRI) study of normal brain development, from ages 5 to 20, by researchers at NIH's National Institute of Mental Health (NIMH) and University of California Los Angeles (UCLA) Source: Paul M. Thompson, Ph.D., Laboratory of Neuro Imaging, UCLA, NIMH/UCLA Project. Reprinted with permission from Dr. Paul Thompson.

Emotions and Behavior are Regulated in the Prefrontal Cortex

The area of the brain that controls “executive function” - Including weighing long-term consequences and controlling impulses – is among the last to fully mature.

Full maturity of the prefrontal lobe is 25 for women and early 30s for men.

Prefrontal Cortex Development

Signs of a fully developed prefrontal cortex

- Consistent emotional regulation: You can manage emotions without being overwhelmed, a sign of the connection between your amygdala (emotional center) and prefrontal cortex (rational center) being strong.
- Thoughtful decision-making: You tend to consider long-term consequences and weigh pros and cons before acting.
- Impulse control: You can resist immediate rewards and engage in self-control.
- Problem-solving and abstract reasoning: You can think through complex problems and situations logically.
- Goal-oriented behavior: You can stay focused and work toward long-term goals without being easily distracted.

Signs of an underdeveloped prefrontal cortex

- Impulsivity: You may act on sudden urges without thinking them through.
- Poor judgment: You struggle to make sound decisions or consistently assess risks.
- Reward-seeking: You might be more prone to risky behaviors or seeking immediate gratification.
- Emotional dysregulation: You can get easily overwhelmed by emotional situations, and the rational part of your brain struggles to manage the emotional response.

What Do Children Need?

A New Service Paradigm



A New Service Paradigm



Paradigms are **mental frameworks** or "**maps**" that organize how individuals perceive, interpret, and act upon the world, providing structure to complex information.

They provide **rules** for success, set **boundaries** for what is possible, and **guide decision-making**.

Paradigms Across Systems



- **Medical Model** – fixing
- **Social Model** - Rights, Opportunities, Inclusions, Self-determination, housing, employment
- **Precision Mental Health** – brain imaging, neurological testing to target brain circuits for customized treatment
- **Behaviorism** - Behavior is intentional and in response to interactions with others
- **Biopsychosocial Model** - complex interaction of biological, psychological and social factors.
- **Integrated Care Model** - coordination of physical/behavioral health/substance use healthcare.
- **The Investigate and Protect Model** - View families through an investigative lens
- **Family Preservation** - prevention services, support kinship care, decrease of congregate care

A Service Paradigm for Children with Dysregulated Behavior

A Place that is Safe



Treatment to Heal



Opportunities to Grow





A Place That Is Safe



Calm the Parasympathetic Nervous System Build Trust with Adults and Caregivers

- ❑ **Physical Safety** - free from violence, abuse, and physical harm
- ❑ **Psychological Safety** - safe to explore, take appropriate risks, and make mistakes without fear of punishment
- ❑ **Emotional Safety** – free to express emotions without fear of rejection or punishment
- ❑ **Comfort** - An environment that meets the need for activity, privacy, comfort and beauty.
- ❑ **Predictability** - Consistent routines, clear expectations, and transparent decision making
- ❑ **Cultural Safety** - Children need to feel their identities, cultures, and communities as valued



A Place That Is Safe



Relationships

The most important protective factor in building resiliency is the presence of at least one consistent, supportive relationship with an adult.

Identify that adult(s) and preserve and support the relationship.

- Parents, grandparents or other relatives
- Adoptive parents
- Foster parents
- Direct Care Staff

Relationships Need Support

Train and mentor caregivers to be therapists.
Therapy is delivered through interactions between care givers and the person at all times of the day.

Caregivers know the person and interact at the most intimate level

- Eating together
- Personal care activities
- Doing chores together
- Helping with homework
- Play
- They are with the person in the big and small crises
- Develop trusting relationships

Treatment to Heal

- Physical Health
- Mental Health



Physical Health



People with communication difficulties or who are not “in touch” with their bodies are unable to determine and communicate discomfort or pain.

- ✓ Assess for physical conditions that cause pain or discomfort such as seizure disorders, asthma, diabetes or toothaches, headaches, or sinus pain, menstrual cramps.
- ✓ Assess for allergies that cause discomfort or pain, such as gluten - based products, sugar, or soy-derived foods.

Mental Health



- ✓ Strategies/ Habilitation - A Place that is Safe
- ✓ Treatment Strategies/Somatic
- ✓ Treatment Strategies Children Can Use
- ✓ Treatment Strategies/Based on Communication
- ✓ Treatment Strategies/Family-Focused
- ✓ Psychopharmacology

Strategies/Habilitation is Therapeutic



- Stable supportive relationships
- Care givers who are trained to support the child
- Social connections
- Predictable daily routines
- Physical exercise- outdoor activity
- Meaningful activity – play, games and other group activities
- Good diet
- A pet
- Building mindfulness and body awareness activities into daily routines.
- Learning new skills
- Applied Behavior Analysis

What is Somatic Therapy for Trauma?

What it is

Somatic therapy is a body-focused approach to healing trauma.

It combines:

- Breathing techniques
- Body awareness
- Traditional talk therapy

How it works

It helps you:

- Release trauma stored in the body
- Regulate your nervous system
- Process and release emotions

The Outcome

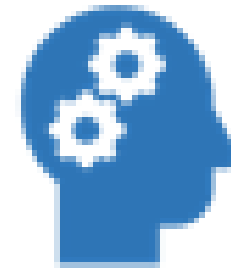
- Holistic healing
- Mind-body connection
- Emotional balance

What it helps with

- PTSD
- Anxiety
- Chronic pain



Treatment: Somatic Therapies



- [Bio/Neurofeedback, Neuro- Entrainment](#)
- [Brain Stimulation Therapy](#)
- [Eye Movement Desensitization and Reprocessing \(EMDR\) Therapy](#)
- [Other bilateral stimulation therapies](#)
- [Neuro Affective Relational Model Therapy](#)
- Occupational Therapy/Sensory-Integration
- [DIRFloortime®](#)
- [Play Therapy,](#)
- Expressive Therapies: [Art Therapy,](#) [Music Therapy,](#) [Psychodrama](#) [Dance/movement](#)
- [Mindfulness Mood Balance Therapy](#)
- [Animal Assisted Interventions](#)
- [Trauma-informed Yoga, physical exercise](#)
- Group activities that involve rhythmic movement – [drumming](#), dancing, singing

Strategies to Teach Children to Use



- [Grounding techniques and Breathing Exercises](#)
- [Zones of Regulation](#)
- [Know your triggers work sheets](#)
- [Bilateral Stimulation](#)
- [Emotional Freedom Tapping \(EFT\)](#)
- [WRAP Wellness Recover Action Plan](#)
- [Dan Siegle's Hand Model of the Brain](#)
- Mobile Apps as guides for calming, breathing, mindfulness, and meditation
- Weighted Blankets

Growth Opportunities



School is a Major Part of Every Child's Life

- **Education is central to the child development. It develops cognitive and social skills, fosters personal growth, cultivates critical thinking, communication, and teamwork and promotes a sense of community.**
- **Too often it is interrupted through suspensions, instruction in the home or placement in residential facilities**
- **Individual Education Plan (IEP) practices align with state service system practices**
 - Individual assessment,
 - A plan that includes goals
 - Expectations that children will be educated with their non-disabled peers.

Medicaid HCBS Habilitation

- **In-home supports** –conducting ADLs; participating in family activities
- **Mental wellness programs**
- **Structured learning activities**
- **Community participation**
- **Consultative Somatic therapies**
- **Caregiver/family training**
- **Respite**
- **Transition/Employment related services**
- **Transportation**
- **Coordination with school program**

What Are Your Thoughts On The New Service Paradigm?

A Place that is Safe



Treatment to Heal



Opportunities to Grow



What is A State's Role in Implementing the New Paradigm?



What Service Providers Need – The State’s Role in Supporting the Supporters

- **Service Definitions that communicate expectations** including qualifications and training requirements to create a therapeutic environment
- **Rates that reflect the competencies** and amount of clinical support and supervision needed
- **Service unit definitions that are customized for the service.**
- **Service limits that recognize the amount of support needed** by families, foster families, other caregivers, and children. Frequency and duration may need to be modified for children with complex behavioral health conditions.
- **Service authorization practices:** Requiring frequent (90 Day) reauthorizations, frequent requests for an exceptional case review or excessive documentation to substantiate continued need for the service can be barriers



What Service Providers Need – The State’s Role in Supporting the Supporters

Single fee-for-service vs. bundled rate: When multiple services are needed, e.g. in-home assistance, respite, behavioral support, and community integration—fee-for-service billing can fragment care delivery. A rate that bundles groups of related activities under a single service definition can enhance coordination, streamline service integration, and simplify accountability while better meeting the child’s comprehensive needs

Care Coordination: individual providers lack authority to do cross-system coordination. A lead care coordinator formally recognized across all systems with the authority to convene multidisciplinary teams, monitor service delivery, and ensure that services align with the child’s evolving needs.

Support during crises: Even when assessment, planning and services are optimal, crises happen. Planning for them reduces trauma to the child and strengthens the capacity of care givers and providers so they do not give up on the child.

Developing Capacity: While individual providers may build expertise, their organizational capacity often remains limited. Most states face a shortage of qualified providers, making statewide capacity-building essential.



When it Works Well

Cross System Solutions – Everyone is Responsible

A Place that is Safe



Treatment to Heal



Opportunities to Grow



- **Child Welfare: Title IV-E**
 - Family First Preservation Service ACT
 - Treatment and Therapeutic Services
 - Foster Care and residential alternatives
- **Mental Health: Medicaid EPSDT**
 - Treatment including inpatient
- **Developmental Disabilities: Medicaid**
 - HCBS Habilitation services including residential
 - Therapies
- **Education – IDEA**
- **Juvenile Justice**

Shared Philosophies



- **Child-centered** focuses on placing the child at the heart of all decisions and processes, ensuring their needs, rights, and voices are respected and prioritized.
- **Youth guided** means that young people are empowered, educated, and given a decision-making role in their care and in the policies that affect all youth.
- **Person-centered** puts the individual's personal preferences, needs, and goals at the forefront of planning and service provision.
- **Life course** views development as a lifetime of interconnected and continuous experiences, emphasizing that early events, experiences and decision influence health and behavior later in life.
- **Trauma-informed care** recognizes the pervasive impact of trauma and organizes services to avoid re-traumatization.
- **Family-focused and family centered** approaches are grounded in the belief that families are the primary unit of care. By actively engaging, involving, strengthening, and supporting the entire family unit, these approaches provide the most effective pathway to ensuring children's safety, permanency, and well-being.

State Solutions

A Systemic Approach to Meeting the Needs of Children
with Complex Behavioral Health Conditions



State Breakout Discussions



- Introductions: Who is at the table?
- What kinds of partnerships exist on the team/within the state?
- Who else should be at the table/involved?
- What has been successful thus far in this work?

State Breakout Discussions



- Reflections from breakout discussions
- 3 teams willing to share something that stood out from their discussions or share something that might resonate with other state teams

Upcoming Sessions

Treatment and Support Strategies that work:

June 26, 2026

- Understand what EMDR Eye Movement Desensitization and Reprocessing (EMDR) is, how it treats trauma and its unique benefits for children with complex conditions.
- Understand what Bi Lateral Stimulation and Co-Regulation are and how these interventions can be integrated into a child's routines to help them self-regulate.
- Explore application and adoption in state programs.

Presenter: Beth Barol, Ph.D. LSW, BCB,NADD-CC

Treatment and Support Strategies that work:

July 10, 2026

- Understand the practice of Neurofeedback and its benefits for children with complex conditions and dysregulated behavior, including children with Autism.
- Explore application and adoption in state programs.

Presenters: Nathan Brown, Ph. D and Lou Moore,
Executive Director, Forestall

Treatment and Support Strategies that work:

July 31, 2026

- Understand the benefits of Equine Assisted Therapy for children with complex conditions, including trauma.
- Learn about somatic/body-based practices to reduce trauma that can be implemented as part of the children's routines.
- Explore application and adoption in state programs.
- Presenter: Hela Baer, LCSW, E-RYT, PATH Intl. Equine Specialist in Mental Health and Learning: Masterson Method Equine Specialist

How to fund services and provider capacity development:

Aug. 7, 2026

- Learn how various federal funding streams can support providing a "Place that is Safe, Treatments to Heal and Opportunities to Grow."
- State successes and challenges: An opportunity for participating states to present their efforts and challenges and to exchange strategies.

State implementation successes and challenges:

Aug. 21, 2026

Pre-Event Evaluation

We are required to evaluate our services to maintain funding, and hope you will assist us.

Please complete the following brief (5 minute) anonymous feedback form so we can tailor our services to your needs:

<https://www.cmhisupport.org/groups/cross-system-strategies-to-support-children-with-complex-behavioral-health-conditions-pre-event-survey/>



SCAN ME



Appendix State Solutions

State Solutions

A Systemic Approach to Meeting the Needs of Children
with Complex Behavioral Health Conditions



Agency Leadership, Shared Vision, and Goals



- **Colorado** – The [Colorado System of Care Plan](#), issued by the Department of Health Care Policy and Financing (HCPF), focuses specifically on reforming service delivery for members under age 21 with complex behavioral health needs.
- **Delaware** – [Senate Concurrent Resolution 62 \(SCR62\)](#) encouraged the Division to develop a comprehensive approach to serving with ID/DD who need significant behavioral health supports. In collaboration with the Division of Substance Abuse and Mental Health and The Center for Disabilities Studies (the State's UCEDD), a multiyear strategy emerged focused on assessment, capacity building, and integration into existing support structures.
- **Kentucky** - [Families First](#), spearheaded by the Kentucky Cabinet for Health and Family Services (CHFS), is a comprehensive, multi-year initiative aimed at enhancing the existing system of care for all Kentucky children and youth.
- **New Jersey** - the [Children's System of Care \(CSOC\)](#) was embedded in the Department of Children and Families (DCF) which enables cross-system collaboration and coordination between behavioral health services, developmental disabilities and child welfare.
- **Ohio** - Ohio has made youth with complex behavioral health needs a statewide priority through [OHioRISE](#) (Resilience through Integrated Systems and Excellence) the state's specialized Medicaid managed care program for high-complexity children/

Agency Leadership, Shared Vision, and Goals



- **Oklahoma** - [House Bill 4106](#) directs each public school district to develop and maintain a protocol for responding to students in mental health crisis to prevent suicide, self-harm, and harm to others.. Both the Department of Mental Health and the Department of Education must provide technical assistance to districts and their mental health provider partners.
- **Pennsylvania** - The Blueprint [Improving the Lives of Children, Youth, and Young Adults with Complex Needs and Their Families](#) included recommendations aim to improve outcomes for youth with complex behavioral health needs and their families, ranging from amending state law to developing cross-system service innovations, and addressing administrative inefficiencies.
- **Tennessee** - [TN Strong Families initiative](#), the Department of Intellectual and Developmental Disabilities (DIDD) partnered with the Department of Children's Services (DCS) to support children with IDD who are in state custody or at risk of entering custody
- **Utah** - issued the [Utah Behavioral Health Assessment and Master Plan](#) with seven priorities that include "Improve the availability of services and supports for individuals with serious mental illness and complex behavioral health needs and their families..

Policy

- **Expanding access**

- **Delaware's** Division of Prevention and Behavioral Health Services: Provides behavioral health assistance to youth who are enrolled in Medicaid or the Children's Health Insurance Program (CHIP); who lack Medicaid or private mental health/substance abuse benefits, or who have exhausted private benefits.
- **New Jersey's** Children's System of Care makes services available to all youth up to the age of 21, regardless of system involvement, income level or insurance eligibility.

- **Prevention**

- **Colorado's I Matter Program:** Provides six free counseling sessions for anyone under age 18, or age 21 with an Individualized Education Program (IEP). No insurance is required.
- **Ohio's Parent and Youth Ambassadors (PYAs):** Provide regional supports that help individuals, families, and youth find answers and access services at the local level. Support is available before, during, or after a crisis at no cost.
- **Pennsylvania's Early Intervention System** offers a wide array of services and supports to infants, young children, and their families with developmental delays.
- **Tennessee's Early Intervention System (TEIS):** Offers therapy and other services to families of infants and young children with developmental delays or disabilities. Services are provided at no cost to families

Service Innovation



Colorado: [Brain injury screening](#) – Integrates the Teach Acute Concussion Tool (TACT) with education systems to identify and support children with brain injuries. [EMDR Therapy training](#)

Oklahoma: The array of services designed for children in the Child Welfare System with complex behavioral health needs

- [Therapeutic Foster Care](#) (TFC) for children ages 3-18 with psychological, social, behavioral, and emotional needs who require more intensive therapeutic services than traditional foster care.
- [Enhanced Foster Care](#) (EFC) for children with complex behavioral, medical, developmental, and mental health needs. 24 hour supports; monthly in-home quality worker visits; weekly in home individual therapy, in-home family therapy,.
- [Evidence-based treatments](#) available include Trauma-Focused Cognitive Behavior Theory (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR) Therapy, Parent-Child Interaction Therapy (PCIT), Trust Based Relational Therapy (TBRI), Child Parent Psychotherapy (CPP), and Systems of Care Wraparound services.
- [Post-Adoption Support](#): a post-adoption clinical team provide adoption-competent mental health care to families facing rising challenges with an adoptee. The EFF Foster and Adoptive Parent Toolkit provides comprehensive information on available services.
- [Extensive Residential Supports](#): This Waiver supports children with significant behavioral health needs using an agency foster care model with a person-centered approach, wraparound behavioral supports and creative staffing to keep children in their home state and the community.
- [Foster and Adoptive Parent Toolkit](#)

Service Innovation



Ohio

Family Coaching

Multi-Disciplinary Comprehensive Assessment Team (MCAT) and Regional Coaches provide multidisciplinary assessment with follow-along coaching to help families and teams apply recommendations.

24/7 Foster Family Support Pilot: Around-the-clock assistance for treatment foster families caring for high-needs youth.

Second Opinion Psychiatric Consultations: Specialized MI/ID psychiatric assessments through the MI/ID CCOE.

Intensive Behavior Support Rate Add-On (IBSRAO): Time-limited, intensive stabilization with family involvement

Ohio RISE Care Coordination: A tiered approach to care coordination that matches intensity of support to child and family needs, with clear pathways for escalation when complexity increases.

Utah – Message therapy

Kentucky

Intensive In-Home Supports: The Medicaid Waiver program provides in-home supports for up to 16 hours per day, enabling Families to care for children with complex needs at home while receiving substantial professional assistance.

Proposed CHILD Waiver: The Community Health for Improved Lives and Development (CHILD) 1915(c) waiver will serve children until the age of 21 who meet a (PRTF) or (ICF/IID) level of care. Additionally, the CHILD waiver aims to serve children, youth, and young adults regardless of custody arrangement.

Service Innovation



New Jersey: State Plan ([State Plan](#)) Amendment (SPA) #19-0003, “Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Autism Benefit,

Eligibility: Any Medicaid/NJ FamilyCare member (ages 0-21) with an autism diagnosis made by a Qualified Healthcare Professional (QHP).

- **Applied Behavior Analysis (ABA)** - to teach new skills (e.g., communication, social interaction, daily living skills), decrease challenging behavior through more functional communication,
- **Occupational Therapy (OT), Speech Therapy (ST) and Physical Therapy (PT)** for the treatment of autism - to improve motor skills, reciprocal play skills, the frequency and quality of speech and overall communication skills to enhance daily living.
- **Augmentative and Alternative Communication** methods and/or devices are used to supplement or replace speech or writing for individuals with ASD. The devices and therapies assist children who are having difficulty speaking or writing to communicate
- **Developmental and Relationship-based Approaches Relationship based approaches** focus on the importance of relationships. Several types of relationship based models exist including the Developmental, Individual-difference, Relationship-based (DIR) Floortime model. DIR Floortime is a child-led approach during which an adult follows a child’s lead and focuses on objects of interest to the child. This service integrates psychodynamic and cognitive learning principles designed to address social engagement, social communication, and broadening the individual’s interests.
- **Therapy Sensory integration therapy** is intended to provide a child with help receiving and processing input from their senses. The therapy helps the child create an appropriate response to sight, sound, or touch information encountered in their environment. By exposing children to sensory stimulation in a structured, repetitive way, over time, the therapy may help the brain to adapt and allow the child to process and react to sensations more efficiently. These changes may expand the child’s ability to complete activities of daily living and improve their quality of life.
- **Skill Acquisition and Capacity Building** - children diagnosed with autism who also have an intellectual/developmental disability (IDD), may also be eligible to receive skill acquisition and capacity building services.

Financing

- **Medicaid Eligibility:** Excluding family income for children with disabilities whose parent's income exceeds eligibility limits
 - Pennsylvania's Medicaid for Children with Special Needs (PH95)
 - Delaware Children's Community Alternative Disability Program
 - New Jersey's Family/Care Comprehensive 1115 Demonstration
- **1915(c) HCBS Waivers eligibility:** States use 1915 (c) waivers, which can include "institutional deeming" rules that count only the child's income, not the parents' income when determining eligibility.
- **Private Insurance:**

Pennsylvania's Mental Health Parity Enforcement: As of January 1, 2024, Pennsylvania requires insurers offering commercial health insurance policies with autism services coverage to administer claims in compliance with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and Pennsylvania's state mental health parity requirements.

Medicaid Waivers for Children with SED



- **Kansas** — the Serious Emotional Disturbance (SED) 1019(c) Waiver serves ages 4–18, providing attendant care, skills building, respite, parent support and training, and wraparound facilitation.
- **Michigan** — the 1019(c) Waiver for Children with Serious Emotional Disturbances serves ages 0–21, providing respite, therapeutic foster care, community living supports, family training, and wraparound services.
- **New York** — the 1019(c) SED Waiver covers ages 5–21, providing crisis response, family support, intensive in-home services, respite, and skill building. New York also consolidated several SED-related waivers into a single Children's Waiver in 2019.
- **West Virginia** — the 1019(c) Children with Serious Emotional Disorder Waiver covers ages 3–17 (and mental illness ages 18–21), providing in-home family support, skills building, wraparound facilitation, mobile response, and peer parent support
- **South Carolina** — the 1019(c) Palmetto Coordinated System of Care (PCSC) Waiver covers ages 0–21 with SED, providing high-fidelity wraparound, respite, and individual directed goods and services.
- **Wisconsin** — the 1019(c) waiver Children's Long-Term Support (CLTS) Waivers include a specific track for children with severe emotional disturbance (SED).
- **Wyoming** — 1019(c) provides youth and family training and support services to children ages 4–17 with SED who meet a hospital level of care.
- **Indiana, Colorado, New Hampshire, Wisconsin** have Section 1115 IMD waivers that include SED focused on short-term inpatient stays.

Training and Technical Assistance



Training Formats:

- Low and high-intensity training programs
- Conferences and seminars
- Clinical networks with case presentations
- Certification and credentialing requirements
- Specialized provider development programs

Supporting Infrastructure:

- Payment practices that incentivize specialized skills
- Clinical case consultation and peer learning
- Cross-system training initiatives

Training and Technical Assistance

- **New Jersey**

- **Rutgers' University Behavioral Health Care (UBHC) Training and Technical Assistance (TTA)** program trains the Children's System of Care (CSOC) workforce through live webinars, on-demand modules, and in-person professional development at partner agencies. The program uses competency-based curriculum design and adult learning principles to equip professionals with the knowledge and skills needed to support families and children with complex needs..
- **Autism NJ- Home (ANJ)** offers specialized training and resources for professionals serving individuals with autism, including virtual sessions for newly diagnosed families, statewide connection sessions, and a library of hour-long pre-recorded videos .
- **Boggs Center** provides training, technical assistance, and consultation to enhance provider capacity for children with ID/DD who are dually diagnosed with psychiatric disorders or exhibit challenging behaviors unresponsive to ABA or other standard interventions.
- **Parents of Autistic Children (POAC)** is a nonprofit member of the NJ Governor's Council on Autism, POAC hosts hundreds of annual events including training for parents, educators, police, and first responders. The organization also provides recreational and support services while advocating for autism-related legislation.
- **CCIS Clinical Capacity Improvement Project** equips interprofessional behavioral health teams on children's crisis units with trauma-informed care strategies and cultural safety principles to support healing environments for children who have experienced trauma.
- **Infant and Early Childhood Mental Health Initiative (CSOC)** partners with **Montclair State University's Center for Autism and Early Childhood Mental Health** to build workforce capacity in early relational health, helping professionals support young children and caregivers in identifying and meeting developmental needs.

Training and Technical Assistance



Colorado Pediatric Psychiatry Consultation & Access Program (CoPPCAP):

- Statewide teleconsultation for behavioral health cases
- Training and educational resources for primary care providers
- In-person or telehealth patient consultation to guide treatment planning
- Support connecting families with local resources

Delaware: Building Workforce Capacity Through Certification

Training frontline care providers, including Direct Support Professionals, as Registered Behavioral Technicians (RBTs) • Strengthening the knowledge base for supporting individuals with developmental disabilities and behavioral health needs • Cross-system expansion to the Department of Services for Children, Youth, and Families (DSCYF)

Kentucky: Kentucky System of Care (SOC) Academy

Annual Statewide Training Initiative: The System of Care (SOC) Academy is convened annually by the Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) in partnership with stakeholders across child-serving systems.

Training and Technical Assistance



Ohio

- **Complex Needs Technical Assistance Team:** On-site and virtual consultation focused on maintaining youth at home.
- **Multi-Disciplinary Comprehensive Assessment Team (MCAT) and OCALI Coaching:** Expert case review followed by practical, ongoing implementation support.
- **Supporting Youth with Intensive and Complex Needs Training:** Required for the Intensive Behavior Support Rate Add-On (IBSRAO) program and based on the Ziggurat Model. 76 ☞ thelinkcenter.org
- **OCALI Navigation Essentials:** Easy-to-use tools, videos, and templates for educational and behavioral collaboration.
- **Keeping Families Together (KFT) Crisis Intervention Grants:** Funding for counties to develop local crisis-trained teams.

Utah

- **EMDR Training** – The Division of Child and Family Services (DCFS) covers training costs for providers to deliver EMDR services to families.
- **The Training for Adoption Competency (TAC)** is a nationally recognized, evidence-based postgraduate training program for licensed clinicians working with adoptive families.
- **The Utah MHIDD Training Initiative** a three-phase initiative concluding in 2026, consisting of statewide landscape analysis, action plan development, and implementation. The program currently offers an ECHO training series for health professionals and disability service providers.

Using Data

- The **NJ Child Welfare Data Hub | Data Hub** is a collaboration between the New Jersey Department of Children and Families (DCF) and the Institute for Families at the Rutgers University School of Social Work. The Data Hub disseminates New Jersey child welfare and well-being data.
- The **Data Portal** allows users to view key indicators of child well-being, populations characteristics, and socioeconomic variables at the state and county-level. Users can explore the interaction between social environments, and the children and families served by NJ's Children's System of Care and child welfare systems.
- **Ohio** tracks outcomes across its complex needs programs to monitor progress and guide practice improvements.
 - Placement stability and use of short-term Intermediate Care Facilities For People with I/DD (IC/IDD) stabilization
 - Multi Systems Youth (MSY) funding trends and custody-relinquishment prevention
 - Multi-Disciplinary Comprehensive Assessment Team (MCAT) recommendations follow-through and family-reported stability
 - Intensive Behavior Support Rate Add-On (IBSRAO) outcomes, including reduced incidents and successful transitions

Using Data

- **Pennsylvania PeopleSTAT Office** supports efforts to understand and track trends among youth with complex behavioral needs and their families. Analysis includes diagnoses across physical health, mental health, and developmental disability domains; out-of-home placement history; child welfare involvement; short and long-term outcomes; and other critical areas. This data informs decision-making and strengthens Pennsylvania's child-serving systems.
- **Tennessee TN Strong Families Program Impact** measures program success through placement stability during enrollment, tracked by the reduced number of moves experienced by children in custody.
 - Year One Results:
 - 87% of enrolled children maintained placement stability with zero moves
 - 99% of enrolled children had one move or fewer
 - By comparison, DCS data for the same period showed only 23% of children in custody maintained placement with zero moves and 38% had one move or fewer
 - Year Two Results:
 - 87.5% of children maintained placement stability with zero moves
 - 99% of children had one move or fewer
 - Comparable DCS data for this period is pending