

# **PERFORMANCE OUTCOMES SYSTEM**

**FOR**

## **MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR CHILDREN AND YOUTH**

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**Stakeholder Advisory Committee**

**Department of Health Care Services**  
**April 28, 2014**





# INTRODUCTIONS

- Welcome to the fifth Stakeholder Advisory Committee meeting for the Performance Outcomes System Implementation
- Special welcome to the Managed Care Plans who are joining us for the first time
- Primary Presenters:
  - **Gary Renslo**, Branch Chief, Fiscal Management and Outcomes Reporting Branch
  - **Sarah Brooks**, Branch Chief, Program Monitoring and Medical Policy Branch

# AGENDA

1. Welcome and Introductions
2. Purpose & Overview of Law
3. Update on Performance Outcomes System Implementation
4. Questions
5. Mental Health Screening in the Primary Care Setting
  - A. Pre-screening/Screening Tools
  - B. Questions
  - C. Reporting
  - D. Questions
  - E. Feedback on Priorities
6. Public Comment

# Asking Questions

## **In person:**

Please wait to be recognized

## **On the call:**

The operator will give you the opportunity to speak

**Or**

Submit your questions via the WebEx Chat function

# Overview of The Law Welfare & Institutions Code (WIC) 14707.5

## **Purpose**

- To develop a Performance Outcomes System for Medical Specialty Mental Health Services for Children and Youth that will:
  - **Improve outcomes at the individual and system levels**
  - **Inform fiscal decision making related to the purchase of services**

# Overview of The Law (continued)

## Objectives

- Achieve high quality and accessible mental health services for children and youth
- Provide information that improves practice at the individual, program, and system levels
- Minimize costs by building upon existing resources to the fullest extent possible
- Collect and analyze reliable data in a timely fashion

## June 2013 Amendment, Section (e)

- Establishes continuum of care efforts as part of the Performance Outcomes System
- Builds the bridge between managed care plans and county Mental Health Plans in accordance with California's implementation of the Affordable Care Act

# Overview of The Law (continued)

## To Provide Guidance:

- The department shall convene a stakeholder advisory committee comprised of representative of child and youth clients, family members, managed care health plans, providers, counties, and the Legislature.
- This consultation shall inform the creation of a plan for a performance outcomes system for mental health services.





# Continuum of Care

## **Section (e) of the Statute:**

The Stakeholder Advisory Committee shall:

- Develop methods to routinely measure, assess, and communicate program information linking Medi-Cal eligible beneficiaries to mental health services and support.
- Review health plan screenings for mental health illness, health plan referrals to Medi-Cal fee-for-service providers, and health plan referrals to county Mental Health Plans, among others.
- Make recommendations regarding performance outcome measures that will contribute to improving timely access to appropriate care for Medi-Cal eligible beneficiaries.

# New Benefit Overview

## Mental Health Benefits: Managed Care Plans

**Effective January 1, 2014, eligible Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal Managed Care Plans (MCPs). These services will continue to be offered as FFS benefits for eligible beneficiaries that are not enrolled in an MCP.**

### • **MCP/FFS Mental Health Services:**

- Individual and group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Outpatient services for the purposes of monitoring drug therapy
- Outpatient laboratory, drugs, supplies and supplements
- Psychiatric consultation

For more information see the All Plan Letters on the DHCS website:

<http://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx>

APL 13-018 describes the MOU requirements, APL 13-021 MCMCP responsibilities for outpatient mental health services



# Update on Implementation

## Accomplishments:

- Established process for stakeholder interaction
  - Subject Matter Experts & Measures Task Force
  - Stakeholder Advisory Committee
- Developed Matrix of Outcomes for SMHS
- Delivered Plans to Legislature
  - System Plan - 11/1/13
  - System Implementation Plan 1/10/14
- Developed Budget Change Proposal for 4 positions, incorporated in the Governor's January Budget



# Update on Implementation (continued)

## 2014 Activities:

- Initiated collaboration for consistency of outcomes reporting:
  - Katie A. Settlement Agreement – SMHS Sub-group of foster children receiving Medi-Cal specialty mental health services
  - Continuum of Care – Children and youth receiving mental health services from Managed Care Plans and/or Mental Health Providers
- Evaluation of Methods - Request for Information (RFI)
  - Reach out to universities to develop:
    - Recommendations for gathering outcomes information to track child/youth functioning improvement as a result of SMHS
    - Describe impacts to existing clinical practices and local performance outcomes systems, before making a decision
- Develop Quality Improvement Approach
  - Initiate research with other states



# Future Dates in the Law

- I. Update the System Plan no later than October 1, 2014
- II. Update the System Implementation Plan no later than January 10, 2015

# Mental Health Screening in the Primary Care Setting

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Presented by:

Sarah Brooks, Chief  
Program Monitoring and Medical Policy Branch  
Medi-Cal Managed Care Division

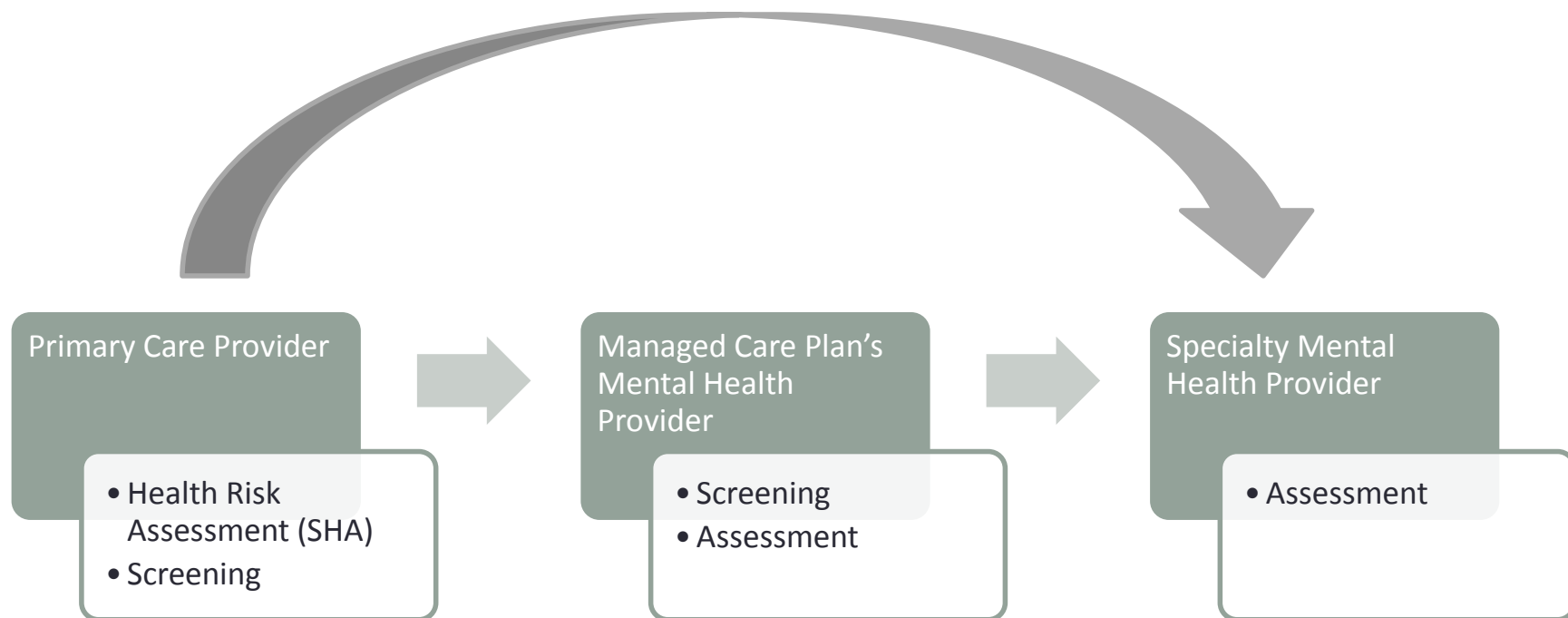


# Introduction

- Both individual health assessment and clinical screening in the primary care setting are included in the Medi-Cal managed care plan's (MCP) standard capitation rate.
- MCPs must offer the individual health assessment to all members.
- MCPs may set their own policies and procedures about screening, as long as they comply with the US Preventive Services Task Force (USPSTF) recommendations.
- MCPs must also abide by the American Academy of Pediatrics (AAP) periodicity schedule.



# Managed Care Screening Pathways







# Staying Healthy Assessment (SHA)

- The Staying Healthy Assessment (SHA) is the Department of Health Care Services' (DHCS's) Individual Health Education Behavior Assessment (IHEBA).
  - The IHEBA is part of the Initial Health Assessment (IHA), which consists of a history and physical examination, in addition to the SHA.
- Developed in 1999
- Recently updated in June 2013



# Individual Health Education Behavioral Assessment (IHEBA) Goals

- Identify and track high-risk behaviors
- Prioritize patient health education needs related to lifestyle, behavior, environment, and cultural and linguistic needs
- Initiate discussion and counseling regarding high-risk behaviors
- Provide tailored health education counseling, interventions, referral, and follow-up

# SHA Languages

- Available in English and in the languages below:
  - Arabic
  - Armenian
  - Chinese
  - Farsi\*
  - Hmong
  - Khmer\*
  - Korean
  - Russian
  - Spanish
  - Tagalog
  - Vietnamese

\* These languages are not currently available on the DHCS website but can be obtained from the managed care plan

# SHA Age-appropriate Questionnaires

- 7 Pediatric Questionnaires:

- 0-6 months
- 7-12 month
- 1-2 years
- 3-4 years
- 5-8 years
- 9-11 years
- 12-17 years

- 2 Adult Questionnaires:

- Adult
- Seniors
  - Developed to address the unique needs of Seniors and Persons with Disabilities (SPDs) after the mandatory enrollment into Medi-Cal managed care

- Link to SHA Questionnaires:

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx>

*Department of Health Care Services*



# SHA 12-17 Years: Mental Health

- Refer to **Attachment A**
- SHA for 12-17 years contains one question pertaining to mental health:

*“Do you often feel sad, down, or hopeless?”*

# SHA Periodicity Table

Questionnaire	Administer	Administer/Re-administer		Review
Age Groups	Within 120 Days of Enrollment	1 <sup>st</sup> Scheduled Exam (after entering new age group)	Every 3-5 years	Annually ( <i>Interval Years</i> )
0-6 mo.	✓			
7-12 mo.	✓	✓		
1-2 yrs.	✓	✓		✓
3-4 yrs.	✓	✓		✓
5-8 yrs.	✓	✓		✓
9-11 yrs.	✓	✓		✓
12-17 yrs.	✓	✓		✓
Adult	✓		✓	✓
Senior	✓		✓	✓

# SHA Refusal

- Patients may refuse to complete a SHA or skip any or all parts of it.
- Refusals are documented and kept in the patient's medical record.
- Patients are encouraged to complete an age appropriate SHA every subsequent year during a scheduled exam.

# Mental Health Screening: Evidence-Based, 12 to 18 Years

“The US Preventive Services Task Force (USPSTF) recommends screening for major depressive disorder (MDD) in adolescents (ages 12 to 18 years) when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and follow-up.”



# Evidence-based Depression Screening: 12 – 18 Age Group

- According to USPSTF, the following screening tools “have been shown to do well in teens in primary care settings:”
  - Patient Health Questionnaire for Adolescents (PHQ-A)
  - Beck Depression Inventory-Primary Care Version (BDI-PC)

# PHQ-A

<b>ADDRESSING</b> <i>Mental Health</i> <b>CONCERNS IN</b> <b>PRIMARY CARE</b> <small>A CLINICIAN'S TOOLKIT</small>	<b>PATIENT HEALTH QUESTIONNAIRE FOR ADOLESCENTS (PHQ-A VERSION 3.6.05)</b>
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## PATIENT HEALTH QUESTIONNAIRE FOR ADOLESCENTS (PHQ-A Version 3.6.05)

**INSTRUCTIONS:** This questionnaire will help in understanding some problems that you may have. Please make sure to circle YES or NO for each question unless the instructions tell you to skip over some questions.

First, here are some questions about depression and your mood.

Have you had any of the following problems during the last 2 weeks?

1. Little interest or pleasure in doing things?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
2. Feeling down, depressed, irritable or hopeless?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
3. Trouble falling asleep, staying asleep, or sleeping too much?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
4. Feeling tired or having little energy?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
5. Poor appetite, weight loss, or overeating?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
6. Feeling bad about yourself – or feeling that you are a failure, or that you have let yourself or your family down?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
7. Trouble concentrating on things like school work, reading, or watching TV?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO
8. Moving or speaking so slowly that other people could have noticed?  Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	YES: <u>Nearly every day</u> in the past 2 weeks.	YES: <u>A few days</u> in the past 2 weeks.	NO

- PHQ-A stands for Patient Health Questionnaire for Adolescents

- Form is available at <http://pandapeds.com/forms-policies/PHQ-A.pdf.pdf>

- Refer to **Attachment B**



# BDI-PC

- BDI-PC stands for Beck Depression Inventory for Primary Care
- 7 item questionnaire: Each answered on a scale of 0 (absent) to 3 (severe):
  - Sadness
  - Pessimism
  - Past failure
  - Loss of pleasure
  - Self-dislike
  - Self-criticalness
  - Suicidal thoughts and wishes

# Other Mental Health Screening Tools

## MENTAL HEALTH SCREENING TOOLS

### Introduction

This paper provides a listing of best practice and validated mental health screening tools identified from three sources:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) — Health Resources Services Administration (HRSA) Center for Integrated Health Solutions.
- The American Association of Pediatrics (Child and Adult Assessment Tools).
- Additional literature review on mental health screening tools.

The purpose of the paper is to provide references for selection of mental health screening tools in primary care settings.

### SAMHSA-HRSA Website for Screening Tools

The SAMHSA–HRSA Center for Integrated Health Solutions provides a website listing validated and best practice mental health screening tools.<sup>1</sup> These tools can be used in primary care and other healthcare settings to facilitate earlier identification of mental health disorders. A selection of the tools is described below, organized by diagnostic categories.

#### General Mental Health

The Kessler 10 (K-10) Adult Mental Health Screening Tool is self-administered and used for a general adult population. It measures the mental health condition of the individual in the last 30 days. The K-10 is available at <http://www.integration.samhsa.gov/images/res/K10%20-%20Self%20Administered.pdf>, accessed 23 September 2013. Additional information on the tool is available at [http://www.tac.vic.gov.au/files-to-move/media/upload/k10\\_english.pdf](http://www.tac.vic.gov.au/files-to-move/media/upload/k10_english.pdf), accessed 30 September 2013.

The Duke Health Profile, Department of Family and Community Medicine, is a 17-item standardized self-report, copyrighted tool that measures physical, mental, social, general, and perceived health and self-esteem and four dysfunction measures (anxiety, depression, pain, and disability). The profile is available at <http://www.integration.samhsa.gov/clinical-practice/DukeForm.pdf>, accessed 23 September 2013.

#### Depression Screening

The PHQ-9 Patient Depression Questionnaire, Kroenke K, Spitzer RL, is reported by SAMHSA-HRSA as the most common screening tool to identify depression and is available in Spanish. The PHQ-9 is available at <http://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>, accessed 25 September 2013. An article discussing the validity of PHQ-9 by Kroenke and Spitzer is available at <http://www.lphi.org/LPHIadmin/uploads/PHQ-9-Review-Kroenke-63754.PDF>, accessed 25 September 2013.

<sup>1</sup> SAMHSA-HRSA Center for Integrated Health Solutions, <http://www.integration.samhsa.gov/clinical-practice/screening-tools>, accessed 23 September 2013.

- Links to other mental health screening tools in primary care settings
- Refer to **Attachment C**



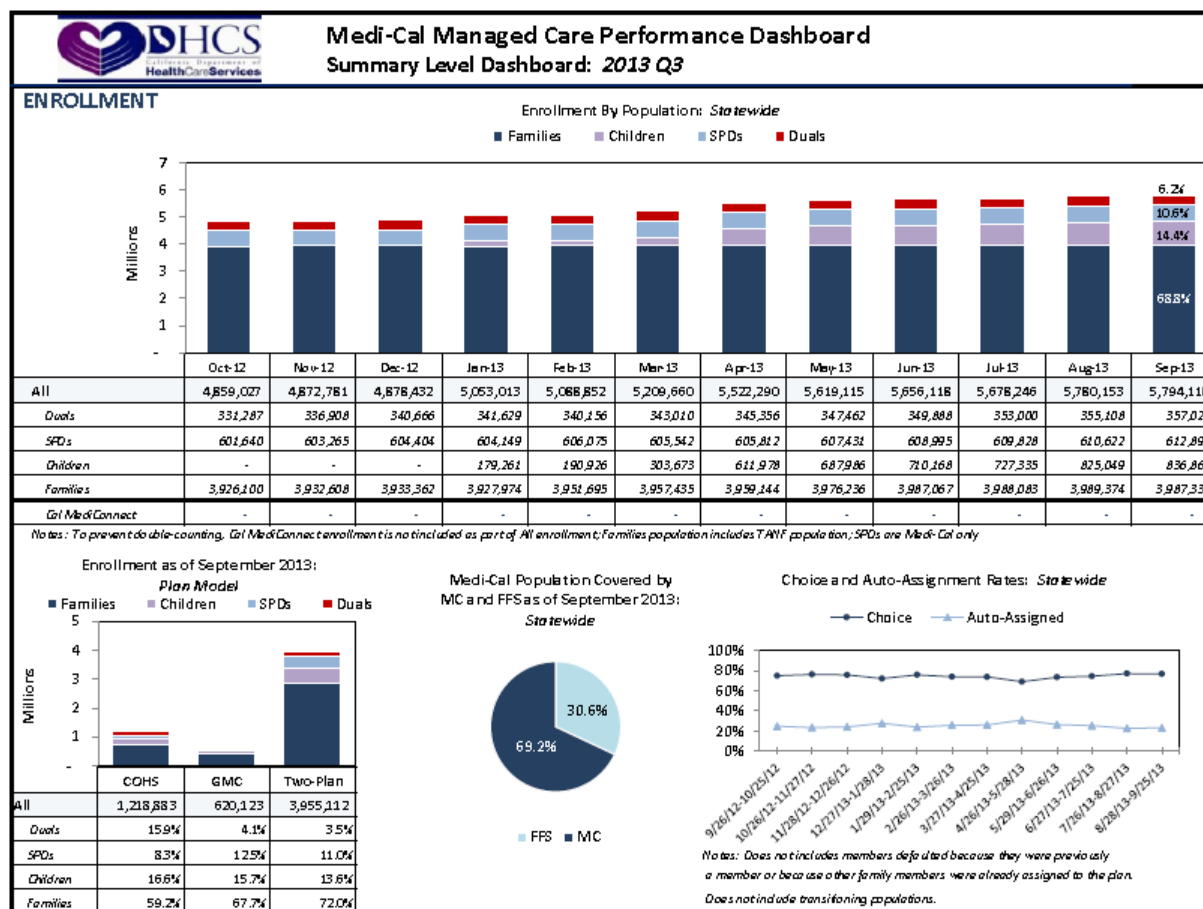




# Mental Health Reporting

- Areas of Focus:
  - Referrals
  - Grievances and Appeals
  - Continuity of Care

# Medi-Cal Managed Care Dashboard



Refer to Attachment E



# Continuum of Care - Next Steps

Addressing the requirements of the statute:

1. Request mental health subject matter expert recommendations on the SHA and screening tools;
2. Request input from the Stakeholder Advisory Committee on priority outcomes and next steps for the Continuum of Care;
3. Develop methods to measure outcomes for Medi-Cal eligible beneficiaries who receive mental health services and support from Managed Care Plans;
4. Develop System and System Implementation Plans by 10/1/2014 and 1/10/2015 respectively.

# What are your priorities?

- Give us your input on
  - Questions, comments, and suggestions regarding the SHA
  - Priority outcomes and
  - Next steps in the Continuum of Care
- Feedback Form – **Attachment F**
  - Respond by June 2, 2014
  - Two mailboxes:
    - [MMCDHealthEducationMailbox@dhcs.ca.gov](mailto:MMCDHealthEducationMailbox@dhcs.ca.gov)
    - [cmhpos@dhcs.ca.gov](mailto:cmhpos@dhcs.ca.gov)

# PUBLIC COMMENT

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**Performance Outcomes System for Medi-Cal Specialty  
Mental Health Services for Children and Youth**

THANK YOU FOR YOUR PARTICIPATION...

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