Healthcare Integration Committee

Monthly Conference Call

December 09, 2016

3:30PM-4:30PM

Agenda

Dial-in Information:

Dial-in #: 1-877-951-3290
Participant Code: 8936702

12:30 P.M. Welcome and Introductions
   Robert Blackford, Chairperson

12:35 P.M. Discussion: Work plan – 2016-2017
   Robert Blackford, Chairperson

1:00 P.M. Planning: January Meeting Agenda
   Robert Blackford, Chairperson

1:20 P.M. Public Comment

1:25 P.M. Wrap Up: Next Steps

1:30 P.M. Adjourn

For anyone who would like to participate in person, public access is available at 1000 G Street, 4th Floor, Sacramento, CA 95814. If you have any questions, concerns, would like to participate in person, or need any other special accommodations to participate; please call Tom Orrock 916-322-3071 at least 3 business days prior to the call.

Times on the agenda are estimates.
CMHPC
Healthcare Integration Committee

Work Plan 2015-2016

<table>
<thead>
<tr>
<th>Goal 1: Explore Best Practices for the Delivery of Mild to Moderate level of Services.</th>
<th>Rationale: MCPs are responsible for the delivery of certain mental health services through the MCP provider network to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current DSM, that are outside of the PCP’s scope of practice (ACL 13-021)</th>
<th>Measure of Success: Written Report?</th>
<th>Target Audience: Counties, Public, Legislature</th>
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<tr>
<th>Objectives</th>
<th>Action Steps</th>
<th>Timeline</th>
<th>Leads</th>
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| • To find and highlight different ways mental health services are being delivered for mild to moderate levels. | • Ongoing Presentations at Meetings.  
• Literature Review | | Staff |

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**Goal 2:** Advocate to position Occupational Therapists under Licensed Mental Health Professionals

**Rationale:**
Increase workforce and access to care

**Measure of Success:**
Occupational Therapists are moved to the Mental Health Professional Category

**Target Audience:**
TBD

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<td>TBD</td>
<td>Watch Mode</td>
<td>April 2015- December 2015</td>
<td>TBD</td>
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**Goal 3:** Find what the existing data is around the psychiatric hospitalization rates for members of the managed Medi-Cal health plans. Working with Catherine Teare, CHCF.

**Rationale:**
This project will fall under the full council's theme: *alternatives to locked facilities.*

**Measure of Success:**

**Target Audience:**
TBD

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| Committee has agreed to look at acute hospitalization rates and long-term hospitalization rates. | • Ask the CBHDA for a list of entities to request data from. (Sending f/u letter March 2016)  
• Request data from DHCS and the Dept of Managed Care: *what is the existing data around the psychiatric hospitalization rates for members of the managed Medi-Cal health plans.*  
• Dept of Managed Health Care has responded that they do not have that data available. | Contractor document review late April | Steven Grolnic-McClurg  
Catherine Teare, CHCF |
## CMHPC

### Healthcare Integration Committee

**Goal 4:** Create a comprehensive list of health plans that are “carving in” and those “carving out”?

### Rationale:

MCPs are responsible for the delivery of certain mental health services through the MCP provider network to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current DSM, that are outside of the PCP’s scope of practice (ACL 13-021)

### Measure of Success:

Written Report via CHCF

### Target Audience:

Mental Health Boards
Counties
Public

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| • Highlight some successes  
• Link to all of the MOU’s between the counties and the Managed Medi-Cal Health Plans  
• Training/Presentation to the CALMHB/C regarding MOU’s (Health plans and mental health plans)  
• Question #1: Is it better in places where they are carving in versus carving out  
• Question #2: Is there any difference in the way the county and health plan have arranged their interactions or meeting schedule which leads integration to work better in certain places | • Work with CHCF (Catherine Teare)  
• CHCF Consultant mapping out which health plan is carving in and which health plan is carving out and who they are carving out too, and how they are paying for those services | Contractor document review late April |       |
**Goal 5:**
HCI Committee to monitor CDHS’s (Certified Community Behavioral Health Clinics) preparation for the California’s plan.

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<td></td>
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<td>TBD</td>
<td>Deborah Pitts</td>
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**Rationale:**

**Measure of Success:**

**Target Audience:** 
TBD
**Goal 6:**
The health effects of children on psychotropic medications. Look into what innovative practices are counties and mental health plans doing to decrease the use of psychotropic medications, and what are the alternatives to medications for children.

**Rationale:**
This project will fall under the full council’s theme of: *Children and Youth*

**Measure of Success:**
Written Report

**Target Audience:**
TBD

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<tr>
<td>Explore the health effects of psychotropic medications on Children.</td>
<td>• Invite a panel to present at the April 2016 meeting</td>
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<td>Research innovative practices and alternatives to medications.</td>
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<td>Gather information from Health Plans, County Mental Health, and the youth and family, and a Nurse Practitioner.</td>
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Goal 2: Explore the health effects of psychotropic Medications on Children and alternatives to medication

Objective 2: Research innovative practices counties and mental health plans are doing and **alternatives to medications for children.**

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<tr>
<th>Types of Alternative Approaches</th>
<th>References/Resources</th>
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| **Policy level** initiatives that address systemic challenges to delivering 'care', in particular improving oversight and monitoring of use of psychotropic medication with children. May also include staff to child ratio, provider mix, location of care, commitment to trauma informed, child-family centered care, etc. | CDSS and DHCS (?). California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care [http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/Clinical/Deliver/Guidelines.pdf](http://www.dhcs.ca.gov/provgovpart/Documents/PharmacyBenefits/QIPFosterCare/Clinical/Deliver/Guidelines.pdf)  
| **Workforce development** approaches that increase providers readiness to address behavioral and psychosocial needs of children that are typically targeted by medication | **Guidance Regarding Prescription Practices**—  
**Guidance and Resources Regarding Agency-Based Trauma-Informed Care (TIC) Training**—  
SAMHA’s Trauma Informed Care & Alternatives to Seclusion and Restraint [http://www.samhsa.gov/ntic/trauam-interventions](http://www.samhsa.gov/ntic/trauam-interventions)  
Center  
| Neuroscience informed therapeutic approaches sometimes integrated with attachment focused therapies to address arousal/emotion regulation problems experienced by children that often result in behavioral problems medication often targets, particularly informed by and/or including occupational therapy's sensory processing/sensory integration approaches. | May-Benson, T.A. & Sawyer, S. (May 2016). SAFE Place: A Collaborative Sensory Integration-Based Approach to Trauma (Poster Presentation @ Spiral Foundation).  
| Alternative and complementary medicine, e.g. nutritional approaches, addressing medical conditions that may be influencing child’s behavior. | Complementary & Alternative Medicine for Mental Health (2016). Mental Health America. [http://www.mentalhealthamerica.net/sites/default/files/MHA_CAM.pdf](http://www.mentalhealthamerica.net/sites/default/files/MHA_CAM.pdf) |
California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care


This was a project of the CDSS and DHCS to provide guidelines around the treatment of foster youth. The guidelines include information about treatment planning, the basic principles of care, psychiatric evaluation, diagnosis, and prescribing of medicine. The end of the document provides some nice checklists that prescribers should consider before prescribing, when prescribing, and after prescriptions have been made. There is discussion in the document about the importance of the Child and Family Team (CFT) and their involvement in the process of considering medications. The CFT is a major part of the Core Practice Model. Medications are approved for foster use through the use of a JV220, which is the authorization given by the court. I have always wondered why a judge is asked to approve psychotropic medications. Judges are lawyers, not psychiatrists. Should this approval be provided by a physician assigned by the court? What are the procedures with this?


The nuts and bolts of this report is the four policy recommendations made in 2004. They are,

1. The National Institute of Mental Health (NIMH) should make a significant investment in research on early onset mental disorders and the use of psychotropic medications in children and adolescents.
2. Children should only be diagnosed and treated by the best qualified mental health professionals and properly trained medical professionals. Children should be protected from inaccurate diagnoses.
3. Families and all professionals that work with children should receive appropriate information and education about early-onset mental illnesses - including how to recognize the early warning signs as well as information about the latest research related to the use of psychotropic medications.
4. Legislative or regulatory consideration related to the use of psychotropic medications for children and adolescents must be guided by science. Action should be taken only after obtaining testimony and input from qualified and well-recognized medical and mental health professionals and families and on the basis of sound scientific research.
AACAP (2015). Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems


This is a great report which gives an exhaustive description of best practices for the clinical practice of prescribing medications to youth, the monitoring and oversight of medication management, and the research needed to help us make the best decisions for treatment. There are a total of 18 recommendations made at the end of the report. The recommendations are broken down into the three categories mentioned above. Psychotropic medication has a legitimate role in the treatment of children. Prescribers should have an understanding of trauma informed care. It is also very important for prescribers to work within the framework of the family and to consider the child and families input before and while prescribing medications.


This is a short fact sheet from the AACAP which outlines guidelines for psychiatrists and families around prescribing of medications for youth. The article stated that psychiatrists should be experienced in child psychiatry, explain the benefits and risks, and alternatives available. The article goes on to list the types of disorders which are treated by psychotropic medications i.e. bedwetting, ADHD, OCD, eating disorders, depression.

AACAP (2012). Psychiatric Medications for Children and Adolescents: Part II-Types of Medications


This article outlines the importance of research so that psychiatrists are prescribing the medications that have achieved the best outcomes. The article lists the types of disorders experienced by children and the best options for medications to prescribe.

https://www.childwelfare.gov/pubPDFs/mhc_caregivers.pdf

This was written as a guide for foster parents, caregivers, and others who interact with foster youth. It is a follow up guide to “Making Healthy Choices” which was a guide written for youth in foster care. The guide would help them to know about trauma informed care and the prescribing of medications. This guide assists caregivers to advocate for youth who are being considered for medications. The topics discussed in the guide are:

- Consider options besides medication
- Learn about safe medication use
- Empower youth and give them a voice
- Learn about trauma and its effects
- Honoring youth’s specific ethnic, racial, cultural, and sexual identities
- Asking questions of the doctors and specialists who provide services to youth
- Realistic expectations of yourself, the young person, and your relationship

(copied from the document)

Guidance and Resources Regarding Agency-Based Trauma-Informed Care (TIC) Training— SAMHA’s Trauma Informed Care & Alternatives to Seclusion and Restraint

http://www.samhsa.gov/nctic/trauma-interventions
Trauma Informed Care Toolkit


This article discusses “complex trauma” and how it differs from other types of trauma. Also discussed is the ACES’s study and the area of a child’s life which are disrupted due to trauma. The article urges child welfare systems to adopt a trauma informed perspective for use throughout the system. This would include screenings of all children in foster care, and implementation of a trauma focused therapeutic approach to be used with children. This article discusses what a trauma informed child welfare system looks like and provides several models to review. The article discusses the importance of addressing secondary trauma. There is a list of practice recommendations and resources for caregivers.

http://archpedi.jamanetwork.com/article.aspx?articleID=2470861

A focus on providing a trauma-informed approach within hospital or primary care settings when children and youth are ill or injured and require hospitalization or treatment after a medical event. The article talks about the prevalence of trauma and its effects on ALL People within the healthcare system. Several definitions of “trauma-informed” approach are provided. There is a nice graphic which explains the overlap of “Family Centered” and “Trauma Informed” approaches. Pediatric healthcare providers require training which takes these two approaches into consideration. The HealthCareToolbox.org and the Trauma Toolbox for Primary Care are discussed as training tools.
This is a one-page web page. The mission of the project is included. “Our mission is to help people recover from traumatic experiences through RICH® relationships—those hallmarked by Respect, Information Sharing, Connection, and Hope, and in so doing to reduce the time, trauma, and costs of healing for all involved.”

https://www.apa.org/pi/families/resources/child-medications.pdf

The following is taken from the Preface to the report. This is a 246-page report and an exhaustive review of best practice in prescribing and monitoring youth who have been prescribed psychotropic medications.

“The Report of the APA Working Group on Psychotropic Medications for Children and Adolescents was completed over a two-year period—a time of rapid changes in the field of child and adolescent mental health. It has been a particularly challenging time for mental health care providers and caregivers as they struggle in their quest to determine the appropriate treatments for children and adolescents. The volatile nature of developments surrounding various pharmaceuticals, resulting in advisories and black box warnings, has complicated their decision making process. Against this backdrop, the American Psychological Association commissioned this working group and charged it with reviewing the literature and preparing a comprehensive report on the current state of knowledge concerning the effective use, sequencing, and integration of psychotropic medications and psychosocial interventions for children and adolescents. This review includes a comparative examination of the risk–benefit ratio of psychosocial and pharmacological treatments and the range of child and adolescent psychopharmacology, including the appropriateness of medication practice.”

http://www.mentalhealthamerica.net/sites/default/files/MHA_CAM.pdf

The report states that “this outline has been developed by Mental Health America (MHA) from the principal available evidence-based sources of information concerning “complementary,” “alternative,” “integrative,” “natural,” and often self-administered treatments for mental health conditions.” This 272-page resource provides several alternative methods to treat mental health conditions.