

California Children's Services Redesign

**Care Coordination / Medical Home /
Provider Access
Technical Workgroup Webinar**

December 11, 2015

Agenda

- **Welcome, Introduction, and Purpose of Today’s Meeting**
 - Anastasia Dodson, Associate Director for Policy, DHCS
- **An Overview of California County Public Mental Health Services for Children**
 - Kirsten Barlow, Executive Director, County Behavioral Health Directors Association of California
- **Integration of Behavioral Health Services for Children with Chronic Illness**
 - Heather Huszti, Chief Psychologist, CHOC Children’s Hospital
- **Alameda County CCS Mental Health Initiative**
 - Barbara Sheehy, CCS Mental Health Initiative Coordinator, Alameda County Public Health Department
 - Ellen Muir, Assistant Director, Alameda County Behavioral Health Care Services Children’s System of Care
- **Wrap-up and Next Steps**
 - Anastasia Dodson, Associate Director for Policy, DHCS

Welcome, Introductions, and Purpose of Today's Meeting

Anastasia Dodson

DHCS Associate Director for Policy

CC/MH/PA Workgroup Goals

- **Goal 1:** Provide the CCS AG and DHCS with technical consultation in regards to implementation of the Whole-Child model.
 - **Goal 2:** Advise the CCS AG and DHCS on ways to improve care coordination between all partners in all counties. Explore new, innovative models of care including Medical Homes, and devise strategies to incorporate relevant components that will increase care coordination and care quality.
 - **Goal 3:** Discuss provider standards and access requirements to promote continuity of care.
 - **Goal 4:** Improve transitions for youth aging out of CCS.
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Recent Topics and Information

- October 9 Workgroup Webinar:
 - DHCS Managed Care: Care Coordination Standards
 - Los Angeles County Case Management Redesign
 - Medical Therapy Program Overview
 - Transitions of Care for Youth Aging Out of CCS
 - October 21 CCS Advisory Group meeting: DHCS current requirements/protections posted on key topics:
 - Transitions to Managed Care
 - Care Coordination Standards
 - CCS Credentialing Standards
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An Overview of California County Public Mental Health Services for Children

Kirsten Barlow

Executive Director

County Behavioral Health Directors Association of California

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Who do counties serve?

- All ages
 - Primarily Medi-Cal beneficiaries
 - Target population under state law are people experiencing a serious mental disorder (adults) or serious emotional disturbance (children/youth)
 - Population with non-serious mental health issues served by primary care, Medi-Cal managed care plan providers, or fee-for-service mental health providers
 - People experiencing a mental health crisis, who come to the attention of law enforcement or emergency rooms
 - Indigent individuals, to the extent resources are available
 - People experiencing the early signs of mental illness
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“Serious Emotional Disturbance”

- A child or adolescent under age 18 is considered to have a serious emotional disturbance if he/she has an identified mental disorder that results in behavior inappropriate to the child's age, and either:
 - Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community) and either:
 - Is at risk of removal from the home or has already been removed, or
 - The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment
 - Displays psychotic features, risk of suicide or risk of violence due to the mental disorder

(See Bronzan McCorquodale Act, 5600.3)

How do children and youth access county mental health services?

- Referrals to the county or organizational providers come from a variety of sources, including:
 - Self or parents
 - Family members, guardians
 - Physical health care providers and health plans
 - Schools
 - County welfare departments
 - County probation departments
 - County mental health 24/7 toll-free access line

EPSDT: A Broad, Federal Medicaid Benefit

- Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) for all Medicaid beneficiaries under age 21
- Comprehensive screening and preventive health, dental, vision, and developmental services.
- Screenings offered through CA's Child Health & Disability Prevention Program (CHDP)
- Most diagnostic and treatment services are provided by Medi-Cal managed care plans

Medi-Cal Managed Care plans and their contracted pediatricians are critical partners in identifying and screening for children's mental health issues.

E.P.S.D.T.

Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified, and
Treatment	Control, correct or reduce health problems found.

EPSDT Mental Health: Counties' Role

- Medi-Cal enrollees who meet medical necessity criteria must access EPSDT ***specialty mental health*** services through their local county mental health plan.
- Collaboration with schools and families
 - Schools may refer children to the county
 - Mobile mental health, rehabilitative, and case management services may be provided at home and/or on school sites by counties and subcontract providers

County Specialty Mental Health Services

- Individual therapy
- Group therapy
- Family therapy
- Crisis counseling
- Case management
- Special day programs
- Rehabilitative mental health services
- Medication

Managed Care Plans' Responsibilities

- Mental health benefits for mild/moderate mental health conditions were expanded in California's implementation of health reform
- For all Medi-Cal enrollees, including children, the managed care plans now offer:
 - Individual/group mental health evaluation and treatment (psychotherapy)
 - Psychological testing
 - Outpatient services to monitor drug therapy
 - Outpatient laboratory, drugs, supplies and supplements
 - Psychiatric consultation

MOUs between Medi-Cal managed care plans and county mental health plans are key to collaboration and cross-referrals.

For More Information

- State Fact Sheet: “Medi-Cal Services for Children and Young Adults: Early & Periodic Screening, Diagnosis & Treatment Mental Health Services”
 - http://www.dhcs.ca.gov/services/MH/Documents/EPSTD_TBSEng.pdf
- Federal Medicaid Overview of EPSDT
 - <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/early-and-periodic-screening-diagnostic-and-treatment.html>
- California Health Care Foundation: “Mental Health Care in California: Painting a Picture”
 - <http://www.chcf.org/publications/2013/07/mental-health-california>
- County Behavioral Health Directors Association of CA (CBHDA)
 - <http://www.cbhda.org>

Integration of Behavioral Health Services for Children with Chronic Illness

Heather Huszti, PhD
Chief Psychologist
CHOC Children's Hospital

Behavioral and Physical Health

- Variety of diseases have behavioral and social origins (i.e., obesity)
- Behavioral disorders recognized as making contribution to poor physical health
- ACES (Adverse Childhood Experiences) known to be major contributor to poor health outcomes
- Combination treatment allows potential to intervene early and ameliorate stress

JAMA, April 21, 2015, 313 (15), 1509 - 1510

From: **Chronic Mental Health Issues in Children Now Loom Larger Than Physical Problems**

JAMA. 2012;308(3):223-225. doi:10.1001/jama.2012.6951

Leading Causes of Limitation in Usual Activities due to Chronic Conditions in US Children

1979–1981

1. Diseases of the respiratory system
2. Impairment of speech, special sense, and intelligence
3. Mental or nervous system disorders
4. Diseases of the eye and ear
5. Specified deformity of the limbs, trunk, or back
6. Nonparalytic orthopedic impairment

1992–1994

1. Diseases of the respiratory system
2. Impairment of speech, special sense, and intelligence
3. Mental or nervous system disorders
4. Certain symptoms or ill-defined conditions
5. Deafness and impairment of hearing
6. Nonparalytic orthopedic impairment

2008–2009

1. Speech problems
2. Learning disability
3. Attention-deficit/hyperactivity disorder
4. Other emotional, mental, and behavioral problems
5. Other developmental problems
6. Asthma or breathing problems

Source: Halfon N, Houtrow A, Larson K, et al. The changing landscape of disability in childhood. *Future Child*. 2012;22(1):13-42.

Figure Legend:

For the first time in more than 30 years, mental health conditions have displaced physical illnesses as the top 5 disabilities in US children. Nearly 8% of children have an activity-limiting disability.

Pediatrician Visits

- 12% of visits purely medical concerns
- 36% purely behavioral
- 52% are a mix of both
- Office visits resulting in mental health care increased faster for children & increased psychotropic medication
- Recent study of children with mental health diagnosis
 - 1/3 saw pediatrician only
 - Children seeing pediatrician more likely to get medication (Attention Deficit Hyperactivity Disorder (ADHD): 74% vs. 61%)

Ontario Child Health Study

- General population 1 in 5 children
- Examined prevalence of psychiatric and social adjustment in children (4 – 16 years)
- Children with chronic illness and disability - > 3 times risk for psychiatric and social adjustment problems
- Children with chronic illness and no disability – 2 times greater risk for psychiatric problems

Effects of Behavior Health

- 50% of children with newly diagnosed epilepsy non-adherent in first year
- Top reason for non-adherence is “forgetting”
- Medical complications (ie, obesity, lack of exercise, non-adherence, etc.)

Primary Care Model: Obesity

- Psychologist and intern attend primary care clinic
 - Training in Motivational Interviewing (MI)
 - Psychologists and Pediatricians
 - Target obesity
 - Intern work with resident and meet with children and parents
 - Help to identify psychosocial problems
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Primary Care Clinic

- High patient satisfaction
- High satisfaction with medical team
- 41 received 1 motivational interviewing (MI) session
 - 16 had decrease in body mass index (BMI) in next visit (39%)
 - 7 had increase (17%)
 - 18 not yet returned to CHOC (44%)

Co-Occurring Clinic Model

- Pilot with County Behavioral Health
- Targeting children with physical health and mental health diagnoses
- Follow throughout treatment process (inpatient and outpatient)
- Initial appointments at medical clinic or inpatient unit

Co-Occurring Clinic

- Staffed by psychologists, psychiatrists, and social workers
 - 1 psychiatrist in Neurology Clinic
 - Multi-disciplinary eating disorder clinic
 - Increase family's understanding of linkage between mental health and physical health
 - Ability to provide care in way to fit with family's culture
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Recommendations

- Increase behavioral – physical health care integration
- Triple Aim: better care, better health, lower costs
- Change Medi-Cal reimbursement policies:
 - Allow same day visits
 - Promote cultural change for integration
 - Encourage screening and referral

Alameda County California Children's Services (CCS) Mental Health Initiative

Barbara Sheehy

CCS Mental Health Initiative Coordinator

Alameda County

Ellen Muir

Assistant Director, Alameda County Behavioral
Health Care Services Children's System of Care

Impetus for the Project

- Alameda County CCS, client, and family access to Mental Health Services
- CCS and Outpatient Mental Health Services Numbered Letters
- Lucile Packard Foundation for Children's Health California Community Care Coordination Collaborative (5Cs)

Project Goals, Progress, and Learning to Date

- Organize a multidisciplinary coalition of stakeholders including client and family representatives
 - Family resource navigators
 - CCS client and family representatives
 - Through the Looking Glass
 - UCSF Benioff/Children's Hospital Oakland
 - Community pediatricians
 - Beacon Health Strategies
 - Alameda Health Consortium
 - Child Health and Disability Prevention
 - Alameda Co. Behavioral Health Care Services
 - Regional Center of the East Bay
 - Kaiser Permanente
 - Lucile Packard Hospital Medical Home Project
 - Anthem Blue Cross
 - Alameda Alliance
 - Alameda Co. Center for Healthy Schools and Communities
 - North County SELPA (Special Education Local Plan Area)
 - Alameda Co. Developmental Disabilities Council
 - Counseling services for the deaf
 - First 5
 - CCS

Project Goals, Progress, and Learning to Date Cont.

- Map the mental health service system, identify gaps and barriers
- Develop system improvement recommendations
- Identify mental health provider's experience with, and interest in, serving CCS clients and their families, provide needed training
- Build capacity and skill within the current county systems to serve CCS clients and provide coordinated care
- Identify and address mental health provider billing and reimbursement issues specific to CCS

Plans for the Future/Sustaining the Work

- CCS staff training re. client and family mental health needs, screening, and referral
- Distribution of mental health initiative recommendations to service system partners
- Primary care and mental health provider training re. CYSHCN and mental health services
- Develop mental health child psychiatry and mental health consultation for CCS staff
- Building on project progress by collaborating with other local and statewide efforts focused on CYSHCN and mental health

Wrap-up and Next Steps

Anastasia Dodson

Associate Director for Policy, DHCS

CCS Stakeholder Meeting

CCS Advisory Group Stakeholder Meeting

When: Wednesday, January 6, 2016

10:00am – 4:00pm

Where: Sacramento Convention Center

1400 J St, Sacramento

Information and Questions

- For CCS Redesign information, please visit:
 - <http://www.dhcs.ca.gov/services/ccs/Pages/AdvisoryGroup.aspx>
- Please contact the CCS Redesign Team with questions and/or suggestions:
 - CCSRedesign@dhcs.ca.gov
- If you would like to be added to the DHCS CCS Interested Parties email list, please send your request to:
 - CCSRedesign@dhcs.ca.gov