

PERFORMANCE OUTCOMES SYSTEM
FOR
MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES FOR
CHILDREN AND YOUTH

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 Medi-Cal 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

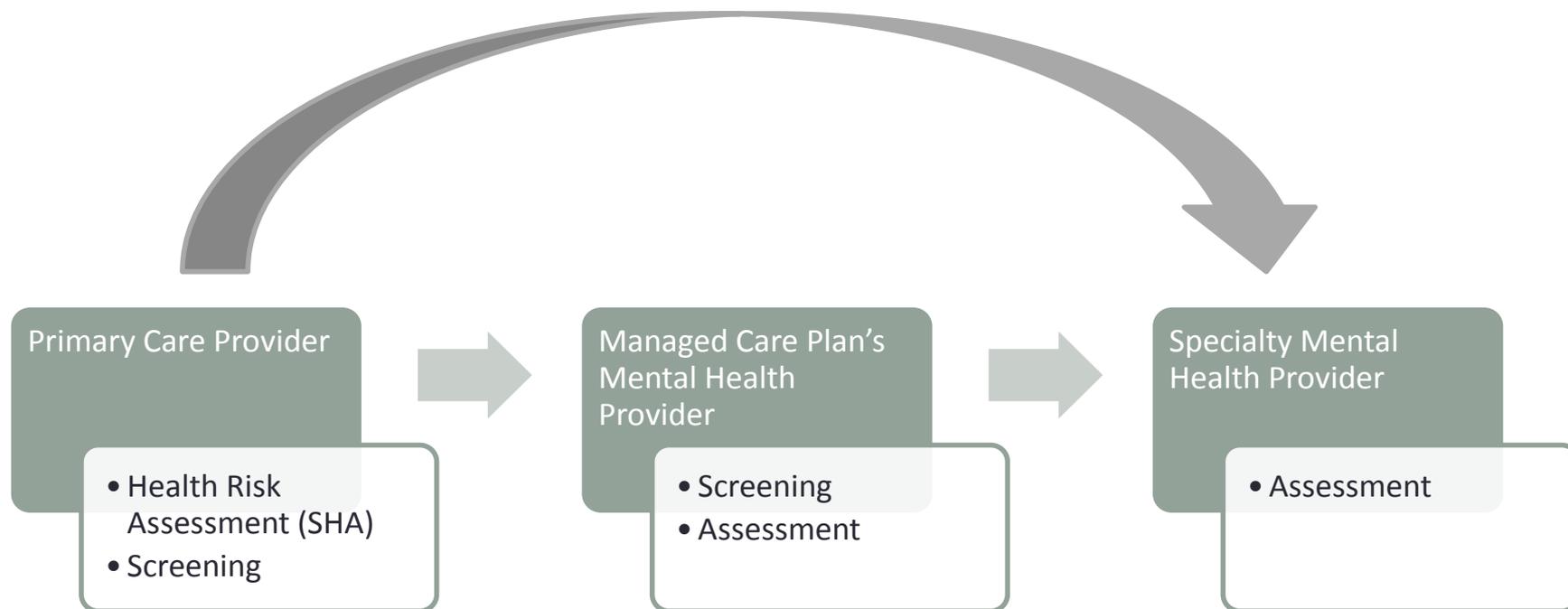
Presented by:

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 st Scheduled Exam <i>(after entering new age group)</i>	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



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.¹ 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, 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.

¹ 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**

AAP Pediatric Recommendations



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in satisfactory fashion. Additional visits may become necessary if circumstances suggest variations from normal.

Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits.

These guidelines represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in *Bright Futures* guidelines (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures Guidelines for Health Supervision of Infants, Children and Adolescents*. 3rd ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008).

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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AGE ¹	INFANCY									EARLY CHILDHOOD						MIDDLE CHILDHOOD						ADOLESCENCE											
	Prenatal ²	Newborn ³	3-5 d ⁴	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y	
HISTORY	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
MEASUREMENTS																																	
Length/Height and Weight	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Head Circumference	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Weight for Length	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Body Mass Index ⁵																																	
Blood Pressure ⁶	★	★			★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
SENSORY SCREENING																																	
Vision ⁷	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
Hearing ⁸	●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	
DEVELOPMENTAL/BEHAVIORAL ASSESSMENT																																	
Developmental Screening ⁹																																	
Autism Screening ¹⁰																																	
Developmental Surveillance	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Psychosocial/Behavioral Assessment	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Alcohol and Drug Use Assessment ¹¹																																	
Depression Screening ¹²																																	
PHYSICAL EXAMINATION¹³																																	
PROCEDURES¹⁴																																	
Newborn Blood Screening ¹⁵		←	●	→																													
Critical Congenital Heart Defect Screening ¹⁶		●																															
Immunization ¹⁷	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
Hematoctrit or Hemoglobin ¹⁸					★				●	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Lead Screening ¹⁹						★	★	● or ★		★	● or ★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★	★
Tuberculosis Testing ²⁰				★																													
Dyslipidemia Screening ²¹																																	
STI/HV Screening ²²																																	
Cervical Dysplasia Screening ²³																																	
ORAL HEALTH²⁴																																	
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

- If a child comes under care for the first time at any point on the schedule, or if any items are not accomplished at the suggested age, the schedule should be brought up to date at the earliest possible time.
- A prenatal visit is recommended for parents who are at high risk, for first-time parents, and for those who request a conference. The prenatal visit should include antenatal guidance, pertinent medical history, and a discussion of benefits of breastfeeding and planned method of feeding, per the 2009 AAP statement "The Prenatal Visit" (<http://pediatrics.aappublications.org/content/124/4/e772.full>).
- Every infant should have a newborn evaluation after birth, and breastfeeding should be encouraged (and instruction and support should be offered). Every infant should have an evaluation within 3 to 5 days of birth and within 48 to 72 hours after discharge from the hospital to include evaluation for feeding and jaundice. Breastfeeding infants should receive formal breastfeeding evaluation, and their mothers should receive encouragement and instruction, as recommended in the 2012 AAP statement "Breastfeeding and the Use of Human Milk" (<http://pediatrics.aappublications.org/content/129/5/e772.full>). Newborn infants discharged less than 48 hours after delivery must be examined within 48 hours of discharge, per the 2010 AAP statement "Hospital Stay for Healthy Term Newborns" (<http://pediatrics.aappublications.org/content/125/2/e276.full>).
- Screen, per the 2017 AAP statement "Expert Committee Recommendations Regarding the Prevention, Assessment, and Treatment of Child and Adolescent Overweight and Obesity: Summary Report" (<http://pediatrics.aappublications.org/content/140/5/e931.full>).
- Blood pressure measurement in infants and children with specific risk conditions should be performed at visits before age 5 years.
- If the patient is uncooperative, rescreen within 6 months, per the 2007 AAP statement "Eye Examination in Infants, Children, and Young Adults by Pediatricians" (<http://pediatrics.aappublications.org/content/119/6/e727.full>).
- All newborns should be screened, per the AAP statement "Year 2007 Position Statement: Principles and Guidelines for Early Hearing Detection and Intervention Programs" (<http://pediatrics.aappublications.org/content/120/4/e698.full>).
- See 2006 AAP statement "Identifying Infants and Young Children With Developmental Disorders in the Medical Home: An Algorithm for Developmental Surveillance and Screening" (<http://pediatrics.aappublications.org/content/118/1/e75.full>).
- Screening should occur per the 2007 AAP statement "Identification and Evaluation of Children with Autism Spectrum Disorders" (<http://pediatrics.aappublications.org/content/120/1/e103.full>).
- A recommended screening tool is available at <http://www.coagie-boston.org/BAFTI/index.asp>.
- Recommended screening using the Patient Health Questionnaire (PHQ-2) or other tools available in the GLAD-PC toolkit and at http://www.aap.org/practice_upgrade_and_policy/health_initiatives/Mental_Health/Documents/PH_Screening_Chart.pdf.
- At each visit, age-appropriate physical examination is essential, with infant totally unclothed and older children unclothed and suitably draped. See 2011 AAP statement "Use of Chaperones During the Physical Examination of the Pediatric Patient" (<http://pediatrics.aappublications.org/content/127/5/911.full>).
- These may be modified, depending on entry point into schedule and individual need.
- The Recommended Uniform Newborn Screening Panel (<http://www.hhs.gov/ohrt/committees/uhns/uhns-report/uhns-report.html>), as determined by the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children, and state newborn screening laws/regulations (<http://www.pediatrics.aappublications.org/content/117/5/911.full>), establish the criteria for and coverage of newborn screening procedures and programs. Follow-up must be provided, as appropriate, by the pediatrician.
- Screening for critical congenital heart disease using pulse oximetry should be performed in newborns, after 24 hours of age, before discharge from the hospital, per the 2011 AAP statement "Endorsement of Health and Human Services Recommendation for Pulse Oximetry Screening for Critical Congenital Heart Disease" (<http://pediatrics.aappublications.org/content/129/1/150.full>).
- Schedules, per the AAP Committee on Infectious Diseases, are available at <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr50a03a.htm>.
- Every visit should be an opportunity to update and complete a child's immunizations.
- See 2010 AAP statement "Diagnosis and Prevention of Iron Deficiency and Iron Deficiency Anemia in Infants and Young Children (3 Years of Age)" (<http://pediatrics.aappublications.org/content/125/6/1040.full>).
- For children at risk of lead exposure, see the 2012 CDC Advisory Committee on Childhood Lead Poisoning Prevention statement "Low Level Lead Exposure Harms Children: A Renewed Call for Primary Prevention" (<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr50a03a.htm>).
- Perform risk assessments or screenings as appropriate, based on universal screening requirements for patients with Medicaid or in high prevalence areas.
- Tuberculosis testing per recommendations of the Committee on Infectious Diseases, published in the current edition of AAP Red Book: Report of the Committee on Infectious Diseases. Testing should be performed on recognition of high-risk factors.
- See AAP-endorsed 2011 guidelines from the National Heart Blood and Lung Institute, "Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents" (<http://www.nhlbi.nih.gov/ia/childhood/pepindex.htm>).
- Adolescents should be screened for sexually transmitted infections (STIs) per recommendations in the current edition of the AAP Red Book: Report of the Committee on Infectious Diseases. Additionally, all adolescents should be screened for HIV according to the AAP statement "Report of the Committee on Infectious Diseases" (<http://pediatrics.aappublications.org/content/125/2/223.full>) once between the ages of 16 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection, including those who are sexually active, participate in injection drug use, or are being tested for other STIs, should be tested for HIV and reassessed annually.
- See USPSTF recommendations (<http://www.uspreventiveserVICES.org/uspstf/09/0901.html>). Indications for pelvic examinations prior to age 21 are noted in the 2010 AAP statement "Gynecologic Examination for Adolescents in the Pediatric Office Setting" (<http://pediatrics.aappublications.org/content/125/5/952.full>).
- Refer to a dental home, if available. If not available, perform a risk assessment (<http://www2.aap.org/pediatrics/2013/05/05/050501a.htm>). If primary water source is deficient in fluoride, consider oral fluoride supplementation. For those at high risk, consider application of fluoride varnish for caries prevention. See 2008 AAP statement "Preventive Oral Health Intervention for Pediatricians" (<http://pediatrics.aappublications.org/content/122/3/1107.full>) and 2005 AAP statement "Oral Health Risk Assessment: Timing and Establishment of the Dental Home" (<http://pediatrics.aappublications.org/content/115/6/1114.full>).

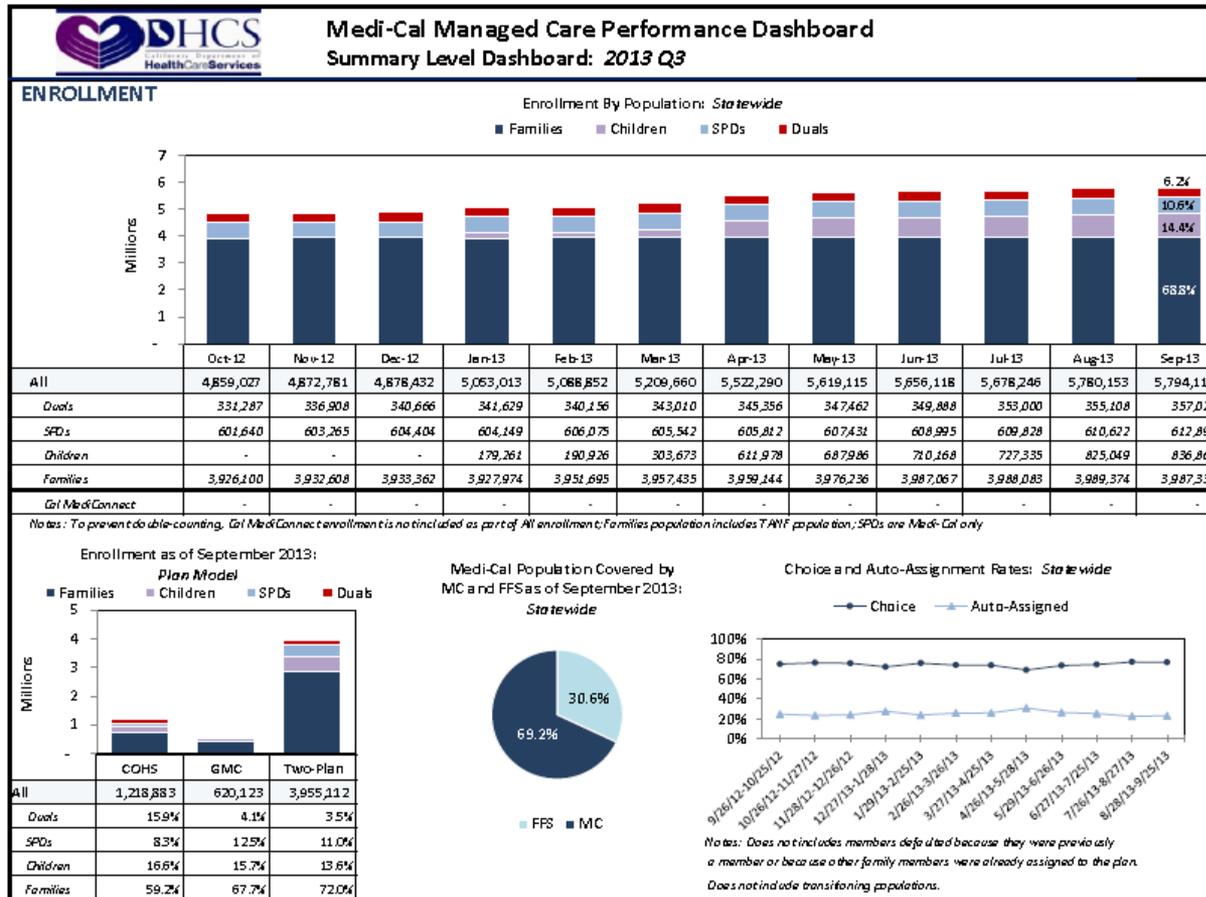
KEY ● = to be performed ★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided

Refer to Attachment D

Mental Health Reporting

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

Medi-Cal Managed Care Dashboard



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
 - cmhpos@dhcs.ca.gov

PUBLIC COMMENT

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

THANK YOU FOR YOUR PARTICIPATION...
