Connecting the Dots:
New Services to Support Children with Complex Behavioral Health Needs

April 9, 2024

Health Plans We Support

Welcome and Housekeeping

This webinar is being recorded

Attendance will be tracked via log-in

Send a message to the host if you cannot hear or see the slides

After the webinar you will get a copy of the PowerPoint and recording link

Participants are automatically MUTED. Please communicate via the chat

If we are unable to address your questions in today's webinar, we will address your questions in an upcoming forum

Agenda

- Welcome and Introductions

- Learning Objectives

- Prevalence of Behavioral Health (BH) Needs for Children and Youth

- Review on Access to BH Care for Children: Non-Specialty BH Benefits vs Specialty BH

- Best Practices to Support Seamless Care

- Provider Spotlight: AltaMed

Welcome and Introductions

Nancy Wongvipat Kalev, MPH, Health Net
Senior Director, Systems of Care

Today's Presenters

Serene Olin, PhD
Health Management Associates

Kelli Stannard
Health Management Associates

Provider Spotlights

**Sandra Pisano, PsyD
AltaMed**

**Frances Chinchilla
AltaMed**

**Christina Mirzaian, MD, MPH, IBCLC, FAAP
AltaMed**

Behavioral Health

Pediatrics

Learning Objectives

- Describe common Behavioral Health issues among children and youth and how to access behavioral health care

- Understand the range of Behavioral Health Services in Non-Specialty MH: Medi-Cal Family Therapy benefits and Dyadic Services

- Identify Best Practices to Ensure Seamless Care

Getting to Know You!

Prevalence of Behavioral Health Needs for Children and Youth

Facts about Children's Behavioral Health

Mental, behavioral and developmental disorders start in early childhood

- *1 in 6 U.S. children aged 2–8 years has a diagnosed mental, behavioral, or developmental disorder*

Prevalence of mental disorders change with age

- *Diagnoses of ADHD, anxiety, and depression become more common with increased age.*
- *Behavior problems are more common among children aged 6–11 years than younger or older children.*
- *For adolescents, depression, substance use, and suicide are key concerns*

Many family, community, and healthcare factors are related to children's mental health

- *Poverty, child welfare, justice involvement, LGBTQ+, adverse childhood events (ACES)*

Access to mental health and substance use treatments varies

- *Where you live, type of disorder, gender, age, race/ethnicity, insurance coverage, and other factors affects access to behavioral health care*

Sources:
https://www.cdc.gov/childrensmentalhealth/data.html
https://opa.hhs.gov/adolescent-health/mental-health-adolescents/access-adolescent-mental-health-care

Long Wait Times to Access Behavioral Health Care

- Statewide data about how long patients wait for requested appointments is not available

- Survey data of managed care providers indicate that many are unable to provide timely care.

- Varies based on managed care plan, geography and type of appointment

Figure 5
Phone Call Surveys Showed a Wide Variance in Times for the Next Appointment for Children

Psychiatrist—Urgent
19 of 44 (43%) of appointment times exceeded the 96 Hour Standard

Psychiatrist—Non-Urgent
8 of 47 (17%) of appointment times exceeded the 15-Business Day Standard

Therapist—Urgent
322 of 559 (58%) of appointment times exceeded the 48 Hour Standard

Therapist—Non-Urgent
157 of 610 (26%) of appointment times exceeded the 10-Business Day Standard

Number of Days Until the Next Available Appointment

Appointment Wait Time Standard
Median Appointment Wait Time
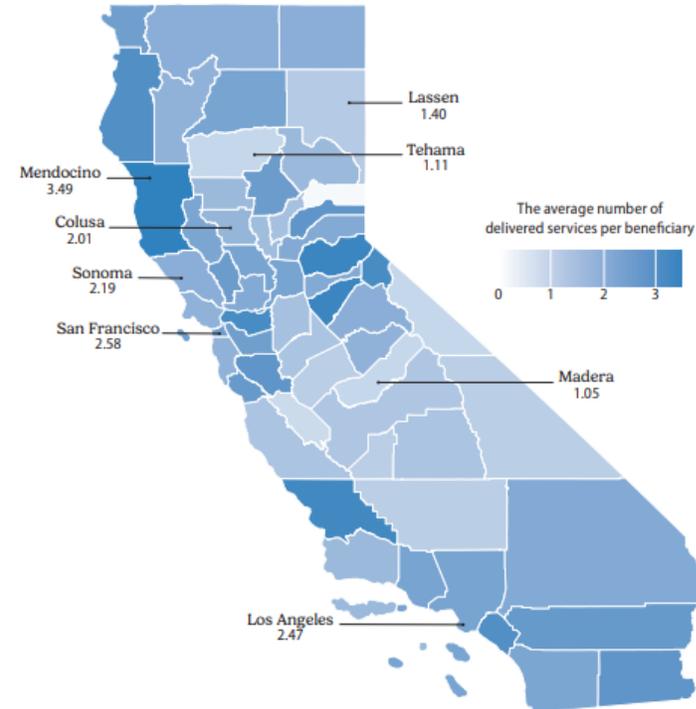
Source: DHCS' 2022 Medi-Cal Timely Access Survey Data.
Note: Each dot represents a surveyed provider's next available appointment time and does not represent a specific managed care plan's average appointment time.

Average Number of BH Services Children Receive Varies Widely

Where you live matters:

- Regional disparities in access to BH services

- Disparities in access for the same health plan that serve different regions

https://www.auditor.ca.gov/pdfs/reports/2023-115.pdf

Figure 6
The Average Number of Delivered Behavioral Health Services per Beneficiary in Some Counties During 2022 Was More Than Triple the Average in Others

Lassen 1.40
Tehama 1.11
Mendocino 3.49
Colusa 2.01
Sonoma 2.19
San Francisco 2.58
Madera 1.05
Los Angeles 2.47

The average number of delivered services per beneficiary
0 1 2 3

Source: DHCS Claims Data.

Note: Our analysis defined *behavioral health services* as Medi-Cal claims where behavioral health was the principal condition requiring medical attention. While each encounter can consist of multiple procedures that are collectively reported to DHCS on a claim, we counted each claim as one service. The results for all counties are located in Appendix B.
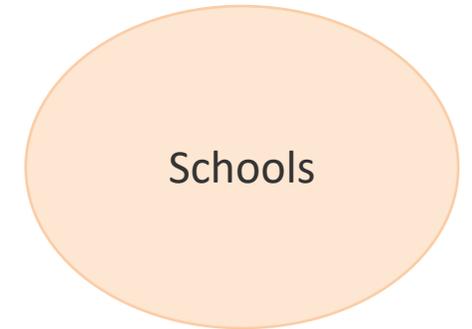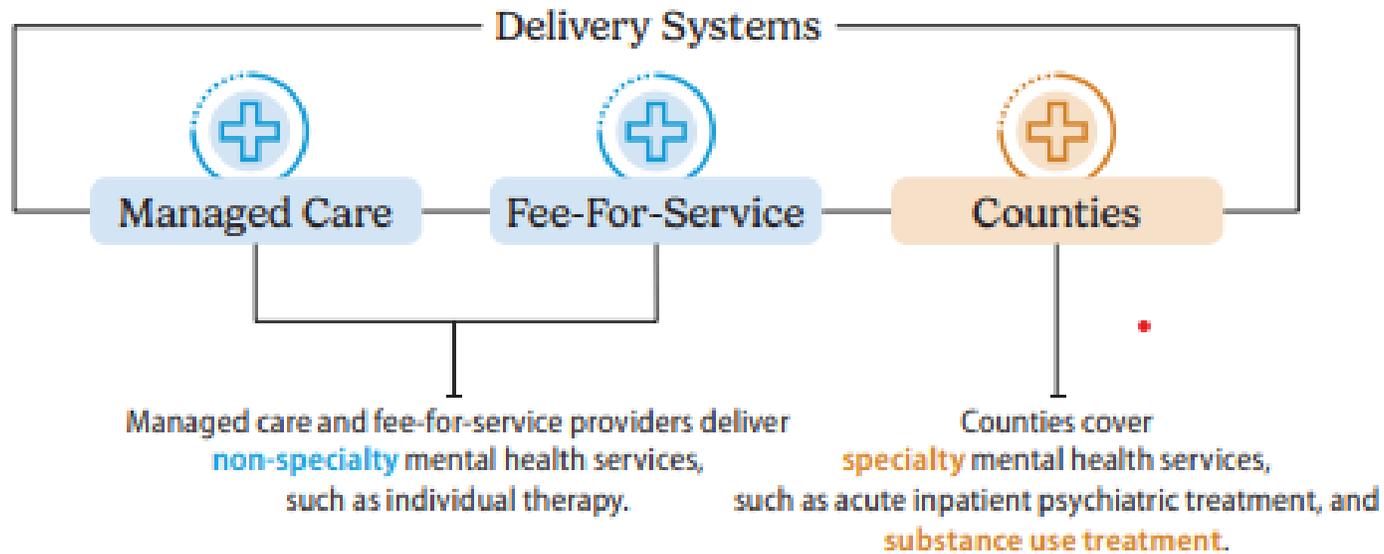
Review on Access to BH Care for Children: Non-Specialty BH Benefits

Children and Youth Access BH Care Through Multiple Systems

Figure 1

Children in Medi-Cal Access Behavioral Health Care Through Multiple Delivery Systems

Delivery Systems

Managed Care   Fee-For-Service   Counties

Managed care and fee-for-service providers deliver non-specialty mental health services, such as individual therapy.

Counties cover specialty mental health services, such as acute inpatient psychiatric treatment, and substance use treatment.

Source: State law and DHCS.

Schools

Child Welfare

Medi-Cal's Expanded Benefits to Address Children's Mental Health Needs

2020 Medical Necessity

- Remove Diagnosis Requirement for Family Therapy

2021 Expansion

- Remove Diagnosis Requirement for Psychotherapy
- Expand Health & Behavior Codes

2023 Dyadic Services

- Behavioral Health Well Child Visit
- Case Management
- Psychoeducational Services
- Eliminate same-day restriction for FQHCs

health net

CalViva HEALTH

Community Health Plan OF IMPERIAL VALLEY

Services covered through Managed Care Plans vs County MH Plans

Managed Care Plan Services

- Behavioral Health
- Evaluation/Assessment
- Outpatient Individual, Group and Family Psychotherapy
- Dyadic Services
- Outpatient psychiatry
- Psychiatric consultation
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Applied Behavioral Health Analysis (ABA)
- Outpatient services for the purposes of monitoring drug therapy
- Care coordination with physical health provider (if/when needed)
- Behavioral Health Case Management (telephonic)

Substance Use Disorder Treatment

- Provide Behavioral Health, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women.
- Medication Assisted Treatment (MAT)

County Mental Health Plan & Substance Use Disorder (SUD) Treatment

- Behavioral Health
- Evaluation/Assessment
- Outpatient Therapy
- Outpatient psychiatry
- Intensive Outpatient Treatment (services as clinics, facilities, homes, schools, community, etc.)
  - Specialized by population
  - Injectable anti-psychotic meds
- Facility-Based Care (inpatient psych, etc.)
- Behavioral coaching
- Case Management

Substance Use Disorder Treatment

- SUD Prevention Services
- Outpatient SUD Services
- Intensive Outpatient SUD Services
- Residential SUD Treatment
- Withdrawal Management
- Sober Living/Recovery Residences
- DUI Programs
- Peer Support Services
- Collaborative Courts and Programs (not available in all counties)

Non-Specialty MH: Medi-Cal Family Therapy Benefits

Family Therapy

EPSDT benefit requires that MCPs provide family therapy services if needed to correct or ameliorate a child's mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the condition and are thus covered as EPSDT services

- Members under age 21 can receive up to 5 sessions before a Mental Health Diagnosis is required

- MCPs must provide family therapy without regard to the five-visit limitation for Members under age 21 with risk factors for mental health disorders or parents/caregivers with related risk factors

- Any diagnostic criteria used should be age-appropriate

- Reimbursable family therapy models under the policy include, but are not limited to, Child-Parent Psychotherapy, Triple P Positive Parenting Program, and Parent Child Interaction Therapy

https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-010.pdf

Non-Specialty Mental Health Services: Reimbursement Rates and Billing Codes (non spec mental cd) (ca.gov)

Non-Specialty MH: Medi-Cal Dyadic Services Benefits

Dyadic behavioral health (DBH) well-child visits are intended to occur in parallel with well-child visit and provide a vehicle for comprehensively addressing family needs

- For all children (under age 21)
- Aligned with the American Academy of Pediatrics periodicity schedule for behavioral/social/emotional screening assessment and when medically necessary, per Medi-Cal's Early and Periodic Screening, Diagnostic and Treatment (EPSDT) standards
- Does not require prior authorization, a referral, or diagnosis
- Available to all families regardless of request (parent/caregiver does not need to be enrolled in Medi-Cal or have other coverage)
- Should be offered on the same day as the medical well-child visit

"Dyadic" approach = Recognizes the critical role of the child's caregivers' health in promoting positive outcomes and healthy child development

Source: APL 22-029 (ca.gov)

Where families can access Non-Specialty Mental Health Services

Integrated Provider Sites:

Community Health Centers, FQHCs, and some Primary Care Sites, can initiate NSMH services by administering both the medical well-child visit and the Dyadic behavioral health well-child visit (DBH), preferably during the same visit and/or on the same day.

Non-Integrated Provider Sites:

Primary Care Providers or sites that do not offer behavioral health services can initiate family therapy or dyadic services by conducting the medical well-child visit and referring the member to Health Net for coordination and linkage to family therapy or dyadic services providers, as needed.

For Contracting and Billing, contact:
Lesley Adair, Supervisor, Provider Relations at: Lesley.A.Adair@MHN.com

Who can you refer for Specialty Mental Health Services?

Enrolled beneficiaries under 21 who meet either of the following criteria below:

(1) Has a condition placing them at **high risk for a mental health disorder due to experience of trauma**
(e.g., scoring in the high-risk range using a trauma assessment tool, child welfare system involvement, juvenile justice involvement, or experiencing homelessness).

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2).

OR

(2) **Meets both of the following requirements** in a) and b), below:

a. Has **at least one** of the following:

i. A significant impairment

ii. A reasonable probability of significant deterioration in an important area of life functioning

iii. A reasonable probability of not progressing developmentally as appropriate

iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.
AND
b. Whose condition as described in subparagraph (2) above is due to **one of the following**:

i. A diagnosed mental health disorder

ii. A suspected mental health disorder that has not yet been diagnosed

iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.

https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf

Role of ECM Provider

ECM Provider
- **Role**: "Air Traffic Control"
- **Purpose**: To provide an additive "layer" of coordination for C/Y and their families
- **Core ECM Services**:
  - Outreach and Engagement
  - Comprehensive Assessment and Care Management Plan
  - Enhanced Coordination of Care
  - Health Promotion
  - Comprehensive Transitional Care
  - Member and Family Services
  - Coordination of and Referral to Community Social Support Services

Updated July 2023: No further criteria are required to be met for children and youth in this POF. MCPs may not impose additional eligibility requirements for ECM authorization.

Children & Youth who:

Meet the **eligibility criteria** for participation in, or obtaining services through one or more of:

- Specialty Mental Health Services (SMHS) delivered by Mental Health Plans*;

- The Drug Medi-Cal-Organized Delivery System (DMC-ODS) **or** The Drug Medi-Cal (DMC) program

*Note that members are not required to be enrolled in or have accessed services through SMHS, DMC ODS or DMC to be eligible for ECM.

Best Practices to Support Seamless Care

Reference Slide – Services covered through Managed Care Plans vs County MH Plans

Managed Care Plan Services

- Behavioral Health
- Evaluation/Assessment
- Outpatient Individual, Group and Family Psychotherapy
- Dyadic Services
- Outpatient psychiatry
- Psychiatric consultation
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Applied Behavioral Health Analysis (ABA)
- Outpatient services for the purposes of monitoring drug therapy
- Care coordination with physical health provider (if/when needed)
- Behavioral Health Case Management (telephonic)

Substance Use Disorder Treatment

- Provide Behavioral Health, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT) to members ages 11 years and older, including pregnant women.
- Medication Assisted Treatment (MAT)

County Mental Health Plan & Substance Use Disorder (SUD) Treatment

- Behavioral Health
- Evaluation/Assessment
- Outpatient Therapy
- Outpatient psychiatry
- Intensive Outpatient Treatment (services as clinics, facilities, homes, schools, community, etc.)
  - Specialized by population
  - Injectable anti-psychotic meds
- Facility-Based Care (inpatient psych, etc.)
- Behavioral coaching
- Case Management

Substance Use Disorder Treatment

- SUD Prevention Services
- Outpatient SUD Services
- Intensive Outpatient SUD Services
- Residential SUD Treatment
- Withdrawal Management
- Sober Living/Recovery Residences
- DUI Programs
- Peer Support Services
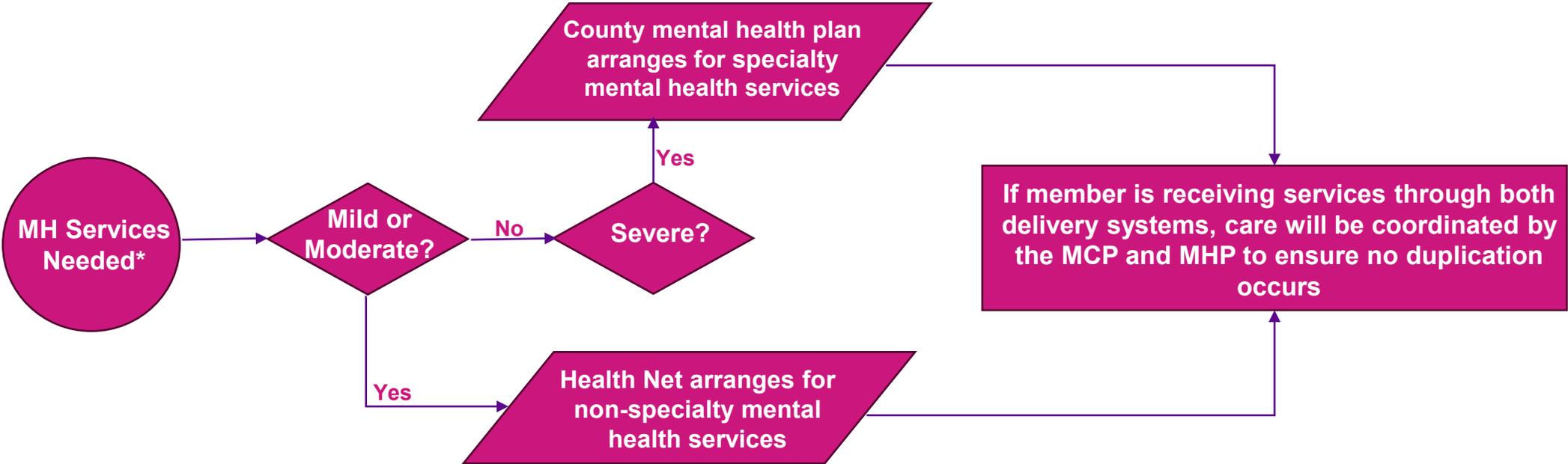- Collaborative Courts and Programs (*not available in all counties*)

No Wrong Door

MEDI-CAL MENTAL HEALTH SERVICES

NON-SPECIALTY MENTAL HEALTH SERVICES

SPECIALTY MENTAL HEALTH SERVICES

- **Intent**: Medi-Cal members receive **timely mental health services** without delay regardless of where they seek care and remain with their current clinician, if preferred.

- **Goal**: All Medi-Cal members receive **coordinated services** and **improve their health outcomes**

- Identifying the appropriate **service delivery system** is determined through a set of screening tools used by the MCPs and MHPs: **DHCS Screening tool for Medi-Cal Mental Health Services** and the **DHCS Transition of Care Tool for Medi-Cal Mental Health Services**

- Transitioning from one service delivery system to another, and adding services from another delivery system is made by a clinician, through a patient-centered shared decision-making process

Process Flow: Accessing Mental Health Services

MH Services Needed* → Mild or Moderate?

- No → Severe?
  - Yes → County mental health plan arranges for specialty mental health services
- Yes → Health Net arranges for non-specialty mental health services

If member is receiving services through both delivery systems, care will be coordinated by the MCP and MHP to ensure no duplication occurs

*Need can be identified by the member's provider, the MCP, or the MHP.

For more information about determining the level of need (mild/moderate or severe) see the DHCS Screening tool for Medi-Cal Mental Health Services and the DHCS Transition of Care Tool for Medi-Cal Mental Health Services (these are used by the MCPs and MHPs).

Tips for Providers to Connect their Patients to Needed Mental Health Services

☑ Call **Member Services** with your patient/family

☑ Remind patients/families of the available 24/7 Behavioral Health Number, including **crisis support**

☑ Access the **online provider directory** to identify available providers

☑ Access additional information, including **available services** and **referral processes**, online

☑ If SMHS services are needed, a provider can make a direct referral to their county mental health plan. Contact information can be found at: https://www.dhcs.ca.gov/individuals/Pages/MHPContactList.aspx

When a patient/family is on the line with a provider, a health plan representative can:
- Complete the DHCS screening tool for Medi-Cal Mental Health Services over the phone
- Provide information about available non-specialty mental health services
- Review provider options, including telehealth options
- Schedule appointments
- For members with a severe level of impairment and/or SUD needs, make connections, including warm transfers, to county agencies for specialty mental health and SUD services

When a provider calls with out a patient/family on the line, a representative can:
- Answer questions, such as available providers, processes for referrals, etc.

Health Plan Contact and Resource Information

	Health Net	CalViva	Community Health Plan of Imperial Valley
Member Services	1-800-675-6110	1-888-893-1569	1-833-236-4141
24/7 BH Number, including Crisis Support	1-888-426-0030 (can also access through Member Services line)	Same as Member Services Line	Same as Member Services Line
Online Provider Directory	https://www.healthnet.com/portal/providerSearch.action	https://providers.mhn.com/member/practSearchStartStep2.do?memberType=OPT&memSelectorRadio=OPT&memberTypeSelect=HNAZ&method=startSearch&submit.x=15&submit.y=6&calViva=calViva	https://chpiv.org/find-a-provider/#directory
Additional Information	https://providerlibrary.healthnetcalifornia.com/medi-cal/provider-manual.html	https://www.calvivahealth.org/providers/	https://chpiv.org/provider-resources/

Additional Considerations for Providers

Think about the supports/services to meet the needs of the member/family holistically.	Identify and implement policies and procedures that promote coordination and collaboration.
• Would the member benefit from **Enhanced Care Management (ECM)**? Consider ECM, especially if the member/family needs help with navigating within and among various "systems." • Would the member benefit **from Community Supports (CS)** services? • Would the member/family benefit from **Community Health Worker (CHW)** services?	• Understand who your local partners are • Establish roles and delineate responsibilities – We all have a role in promoting seamless care for our members/patients – do you understand your role amongst the entire "care team"? Do you understand the roles of others? • Lean on MCPs for guidance and resource assistance

Chat in: What other best practices, or considerations, do you want to share with your colleagues?

health net.

CalViva HEALTH

Community Health Plan OF IMPERIAL VALLEY

Considerations in Creating the Right Mix of Services

Provider and Network Challenges

- Community Health Worker services, as well as ECM and CS services are also available for those who are eligible.

- Assessment from multiple delivery systems require coordination

- Community referrals critically important

- How to braid funding streams to avoiding duplication of services and augment services for optimal care

Benefit Challenges

- In-person and family engagement critical to assessing child/youth needs

- Availability of Dyadic Care Services (integrated vs non-integrated provider sites)

- Willingness and ability to navigate access to Specialty Mental Health Services

- Availability and accessibility of SMHS

- Avoiding service duplication: clarifying roles and responsibilities

Provider Spotlight: AltaMed

Interview with AltaMed Providers: **BH and Pediatrics**

1. Tell us briefly about your program – populations served, common BH issues, services provided

2. How do children and families access BH services through your department?
   a. Who **refers** to you, or who do you refer to for BH services?
   b. How do you **identify** when it is appropriate to refer your clients to non-specialty mental health (NSMH) or specialty mental health services (SMHS)?

3. How are you preparing to bring on ECM services in your department?

4. How do you leverage ECM or Community Supports for seamless care in your work?

5. What are the key issues to attend to as you integrate ECM services for youth?

6. What **advice** do you have for others – either for those seeking to provide ECM services or referring patients to ECM services?

Chat in with questions you have for our spotlighted Providers!

Questions?

if time allows

THANK YOU!!!!
Before You Go...

Please Complete the Evaluation of Today's Session

Once the webinar has concluded, the survey will pop-up in a separate browser.