January 4, 2017/REVISED DRAFT #2

Jennifer Kent
Director, Department of Health Care Services
State of California
1501 Capitol Avenue
Sacramento, CA 95814

Dear Director Kent:

The Medi-Cal Children's Health Advisory Panel (MCHAP) is an independent, statewide advisory board, legislatively authorized to advise the Department of Health Care Services (DHCS) on matters relevant to children enrolled in Medi-Cal and their families, including, but not limited to, emerging trends in the care of children, quality measurements, communications between DHCS and Medi-Cal families, provider network issues and Medi-Cal enrollment issues. The impact of care delivered through the Medi-Cal program is substantial with almost six million California children, more than half of all California's youth, currently served by the program.

MCHAP pursues in-depth review of critical issues related to children's health and access to services through review of relevant data, presentations by stakeholders and deliberation of issues and recommendations. The 15 members of the panel are recognized stakeholders/experts in their fields, practicing and/or certified medical professionals, advocates who represent the interest of children's health, and parent members who provide feedback on topics that impact children in Medi-Cal.

During meetings on September 13, 2016 and November 15, 2016, MCHAP engaged in a review of children's mental health and substance use services delivered through schools, primary care providers and county programs. Deep-dive presentations by Medi-Cal managed care plan executives, county mental health representatives, school administrators and providers as well as DHCS staff provided the panel with in-depth information about the structure, delivery systems, financing, needs and challenges of California's system of publicly financed care for youth. Recommendations were developed and reviewed by MCHAP members over the course of two meetings.

Mental health and substance use services to children and families are fragmented, complicated to understand and difficult to navigate for families and providers. The need for integrated and easily accessible services is significant. A review of both the national and international literature found that an average of 17 percent of young people experience an emotional, mental, or behavioral disorder at some point in their youth. Substance abuse or dependence was the most commonly diagnosed condition for young people, followed by anxiety disorders, depressive disorders, and attention deficit hyperactivity disorder. In addition, the onset for 50 percent of adult mental health disorders occurs by age 14, and for 75 percent of adults by age 24.[1] Estimates of California's prevalence rates define conditions more narrowly, with 7.6% of children experiencing serious emotional disturbance that limits participation in daily activities and an additional 2.7% with substance abuse needs (total 10.3%).[2]

[1] http://youth.gov/youth-topics/youth-mental-health/prevalance-mental-health-disorders-among-youth
[2] http://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf; http://www.dhcs.ca.gov/Documents/All%20chapters%20final%201-31-12.pdf

MCHAP members appreciate the leadership of DHCS to expand benefits for mild-to-moderate mental health services as a significant step forward. However, there is more to do to ensure identification of and timely and early access to a full continuum of mental health and substance use disorders services for California's youth. Specific barriers to care include:

- A lack of providers, especially child psychiatrists, therapists, psychologists and psychiatric nurse practitioners.
- Access to inpatient psychiatric beds for children.
- Providers who speak languages other than English specifically for children and youth.
- Difficulty achieving screening, early detection and early intervention.
- Coordination of timely services with multiple systems of care.
- Widespread stigma and lack of knowledge about available services.

Myriad funding sources, categorical programs, and service settings result in barriers to care that require restructuring and innovation across the continuum of care to ensure the EPSDT mandate is achieved. Substance use services are funded through Drug Medi-Cal, the Substance Use Prevention and Treatment Block Grant, and State General Funds. Mental Health Services funding mechanisms include Medi-Cal, Substance Abuse and Mental Health Services Administration (SAMHSA) Grants, the 1991 Realignment funds, Mental Health Services Act, the 2011 Realignment, and the County General Funds. In addition to managed care plans and county mental health plans, services are provided through juvenile justice, probation, child welfare, schools and regional centers.

Recommendations:

1. **Collaborate with California Department of Education (CDE) to develop guidelines for mental health services and clarify reimbursement and financial responsibilities.**
    a) Strengthen state-level collaboration to ensure an adequate continuum of services and remove barriers to reimbursement across different programs available to school providers.
    b) Offer joint communication about how to develop, deliver and strengthen school-based services through School Based Medi-Cal Administrative Activities (MAA) and Local Education Agency (LEA). Administration and reimbursement have been challenging due to rule changes and retrospective auditing.
    c) Complete the required MOU between CDE and DHCS to facilitate services.
    d) Identify mechanisms in schools to address linkages to the provision of substance use programs and services

2. **Issue guidance to clarify definitions of mild, moderate and severely mentally ill as well as roles, responsibilities and anticipated actions among local managed care entities and programs, especially as they affect children and youth.**
    a) Families experience significant difficulty and delay in receiving services due to the multiple systems of care between Medi-Cal managed care, schools and county mental health. Currently, there is a lack of clarity regarding what entity should determine the level of the condition and what system of care is responsible for services.
    b) There currently are no consistent definitions of what constitutes 'mild' and 'moderate' mental health conditions and who's responsible for different levels of children's mental health services (schools, counties, Medi-Cal managed care plans).
    c) There is no guidance about what constitutes a change in the level of condition and how to accomplish a transfer from school-based services to county mental health to

Medi-Cal managed care health plan and vice versa when a level of condition changes in order to maintain continuity of care for the child and family.

3. **Improve care coordination by clarifying legal requirements for information exchange and requiring data exchange between county programs, schools and Medi-Cal managed care plans.**
    a) Clarify continuity of care guidelines across systems including schools, county mental health and substance use systems, and Medi-Cal managed care plans.
    b) Promote and adapt best practices for sharing information such as the Developmental Disability Regional Center's population exchange of information policies.
    c) Promote the completion and tracking of mental health and substance use services at school sites through an All Plan Letter.
    d) Monitor and report standardized state-level mental health and substance use disorders service data, including medications and FQHC services billed directly to the state, to identify ongoing barriers and document improved access to services.

4. **Expand benefits and services to improve access, quality and outcomes for children and youth.**
    a) Mandate and reimburse school-based screening and early intervention of mental health, substance and tobacco use (as with current hearing and vision screenings). Include depression screening for all adolescent students.
    b) Improve access to screening and assessment by authorizing reimbursement to primary care providers including school-based clinic providers.
    c) Expand Medi-Cal benefits to include new services and reimbursement to include:
        - respite care and residential crisis services to maintain children in their home setting.
        - family therapy, therapeutic parenting services, collateral and case management services for children and their families through Medi-Cal managed care plans in a similar manner to existing services available through county mental health systems.
        - non-medication based therapeutic interventions to prevent over-reliance on medication treatments.
    d) Develop strategies to significantly expand Substance Use Disorders service capacity to meet needs specifically of children and youth including expansion of the workforce and service modalities.

5. **Improve timely and efficient service delivery by removing barriers to innovative service delivery options and supporting training.**
    a) Ensure that telehealth services can be delivered and reimbursed through home, school and primary care settings.
    b) Promote the use of mental health e-consult/curbside consults/decision support for primary care providers.
    c) Recognize and expand the role of School Based Health Centers as important partners in providing on-site mental health and substance use services to children, youth and their families, and ensure reimbursement for covered benefits.
    d) Support primary care providers and Medi-Cal managed care plans through training in diagnosis and treatment of mental health conditions and substance use disorders as well as management of effective non-medication, medication, and combined treatments.

6. **Raise awareness about services and reduce stigma through provider and public education.**
    a) Consider a statewide public awareness campaign about children's mental health and substance use disorders to educate families about how to access services.
    b) Educate, engage and serve parents in a culturally and linguistically appropriate manner such as involving community health promoters/promotoras and youth health promoters.
    c) Educate primary care providers about mental health and substance use disorder services and systems to increase referrals and knowledge about resources available across systems and how to access them.
    d) Target the teen years for outreach and education, case management, individual and family services and innovative models of peer education, support and empowerment.

Thank you for your efforts to date to expand coverage and improve care for California's children. These recommendations are forwarded with the aim of improving early, appropriate, on-going person centered mental health and substance use disorders services. Robust high quality systems of care that are culturally relevant and easily accessed will improve the health and economic vitality of California. We look forward to continued collaboration with DHCS to improve the health of California.

Respectfully,

Ellen Beck, M.D.

Chair, Medi-Cal Child Health Advisory Panel