

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL
HEALTH

Specialty Mental Health
Services Under Medi-Cal
For Children and Youth

MISSION

- ▶ Enhancing lives through partnerships designed to strengthen the community's capacity to support recovery and resiliency

OVERVIEW

- ▶ Medical Necessity Criteria for Specialty Mental Health Services (SMHS)
- ▶ Service Array of Specialty vs. Non-Specialty Mental Health
- ▶ Mental Health Services Act (MHSA) funded
- ▶ Specialized Services

MANAGED CARE PLAN: MENTAL HEALTH SERVICES ELIG.	SPECIALTY MENTAL HEALTH SERVICES (LACDMH) ELIG.
Mild to Moderate Impairment in Functioning	Significant Impairment in Functioning
DSM 5 mental disorder resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning	1. DSM 5 mental disorder which is an “included mental health diagnosis”
	2. Has a significant impairment in an impt area of life function, or a reasonable probability of significant deterioration in life function, or a reasonable probability of not progressing developmentally as individually appropriate
	3. Proposed treatment addresses #2
	4. Proposed treatment will significantly diminish impairment, prevent signif deterioration in an impt area of function.
	5. Condition is not responsive to physical health care treatment

CATEGORIES OF MH SERVICES

Managed Care Plans

MH services when provided by licensed MH care professionals acting within the scope of their license:

- Individual and group evaluation/treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a MH condition
- Outpatient services for the purposes of monitoring medication therapy
- Outpatient laboratory, medications, supplies, and supplements
- Psychiatric consultation

Specialty MH Services

Medi-Cal MH Services:

- MH services (assessment, plan development, therapy, rehab, collateral)
- Medication support services
- Day treatment (intensive)
- Day rehabilitation
- Crisis intervention
- Crisis stabilization
- Targeted case management
- Intensive care coord.
- Intensive home-based services
- Therapeutic foster care
- Therapeutic behav. serv.
- Acute inpatient
- Psych health facility
- Inpatient prof. serv.
- Community treatment facility

SMHS

- ▶ Populations with non-serious mental health issues are served by primary care, Medi-Cal Managed Care Plan providers, or fee-for-service mental health providers

SMHS

Specialty mental health services pursuant to California law are provided to Medi-Cal beneficiaries of each county through a county mental health plan (MHP) contract with the State Department of Health Care Services.

SMHS

Target populations for SMHS are:



- Children/youth experiencing serious emotional disturbance (SED)
- 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 SED

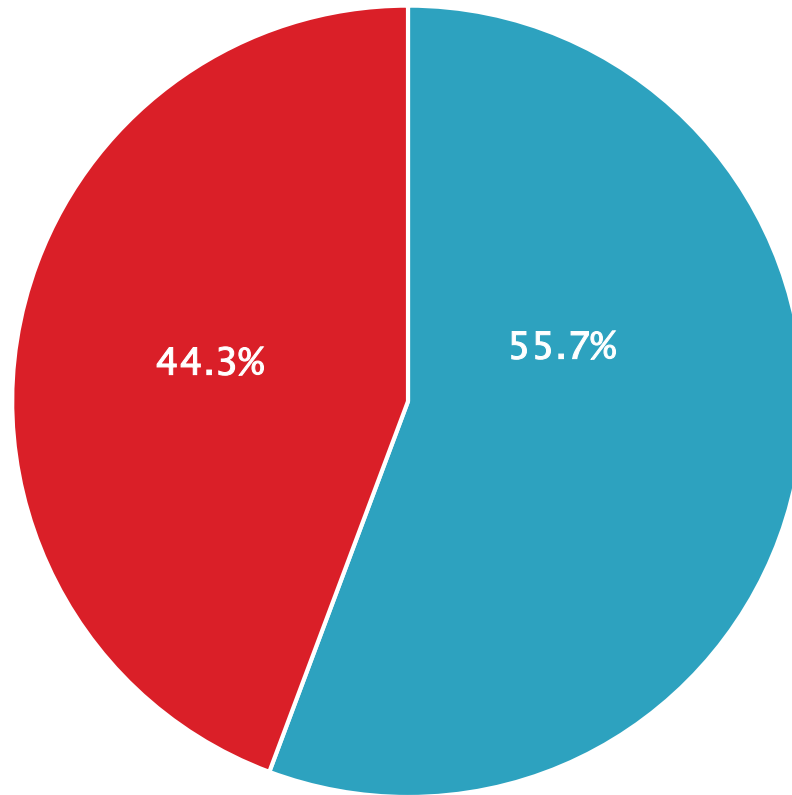
PROFILE OF SERVICE RECIPIENTS (FY 13–14)

- ▶ 1.75 million Medi-Cal eligible
- ▶ 92,860 (5.3% of eligible total): Unique count of children and youth receiving SMHS in L.A. County via Short-Doyle/Medi-Cal claiming system

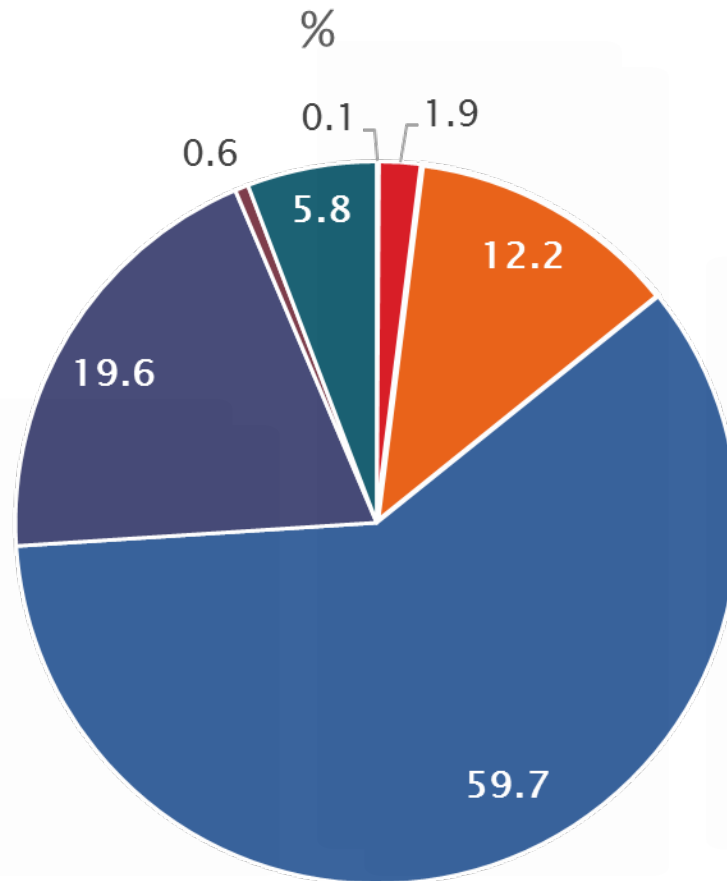
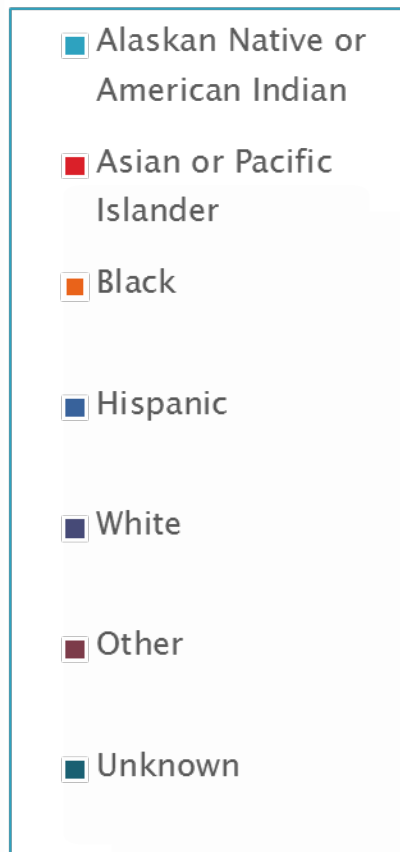
MALE/FEMALE DISTRIBUTION for L.A. County

%

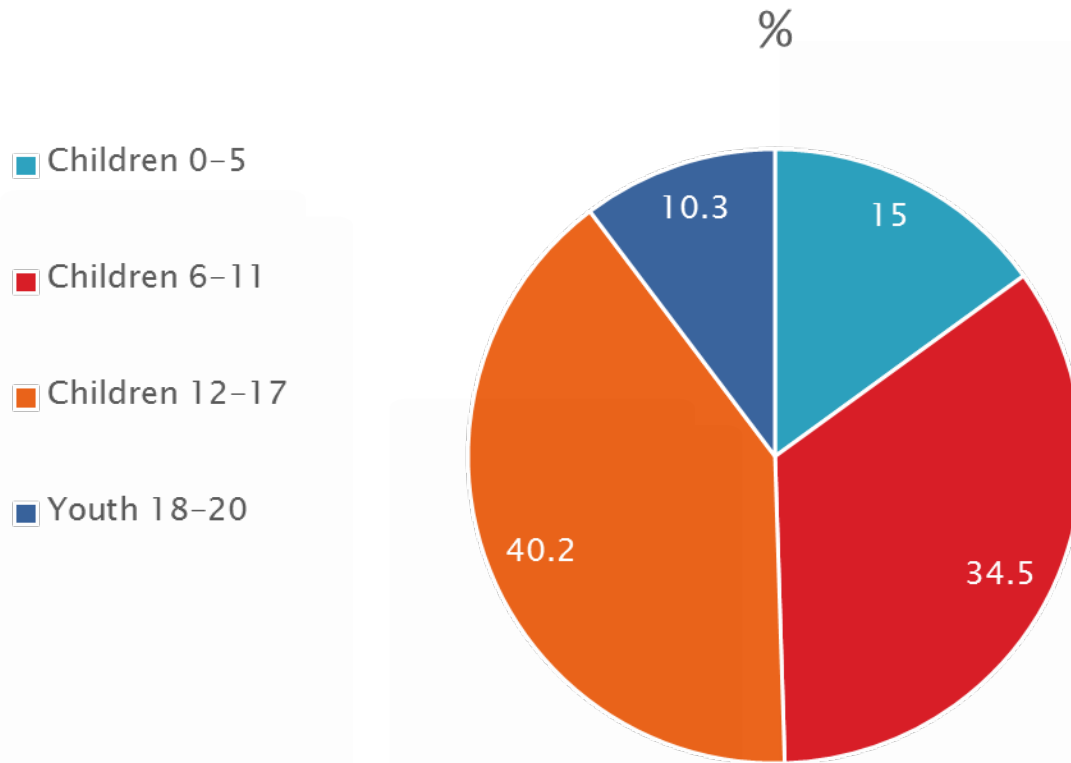
Percentages:
Female: 44.3% 
Male: 55.7% 



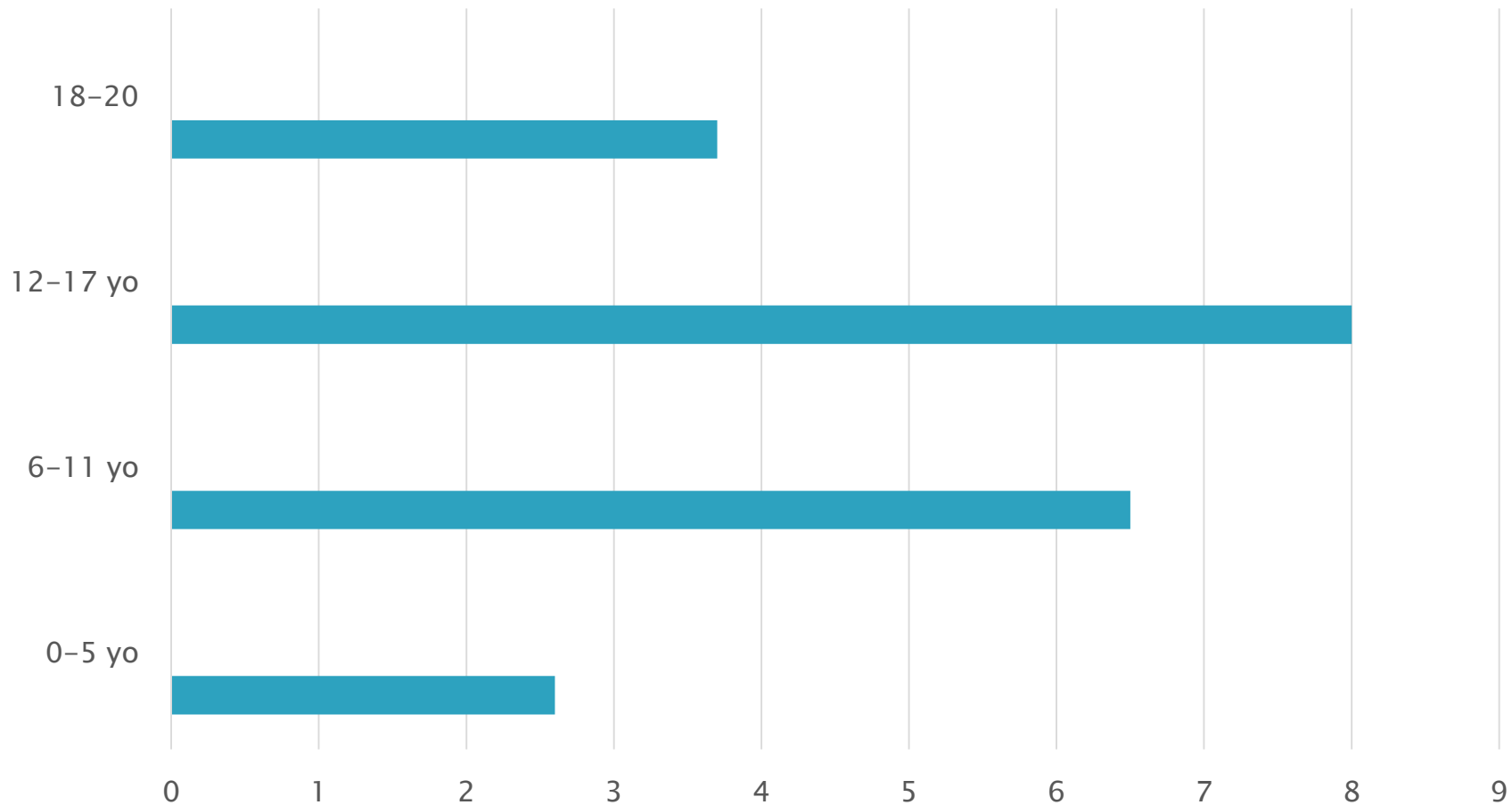
Racial/ethnic distribution of LA County children receiving SMHS



Age group distribution of LA County children receiving SMHS

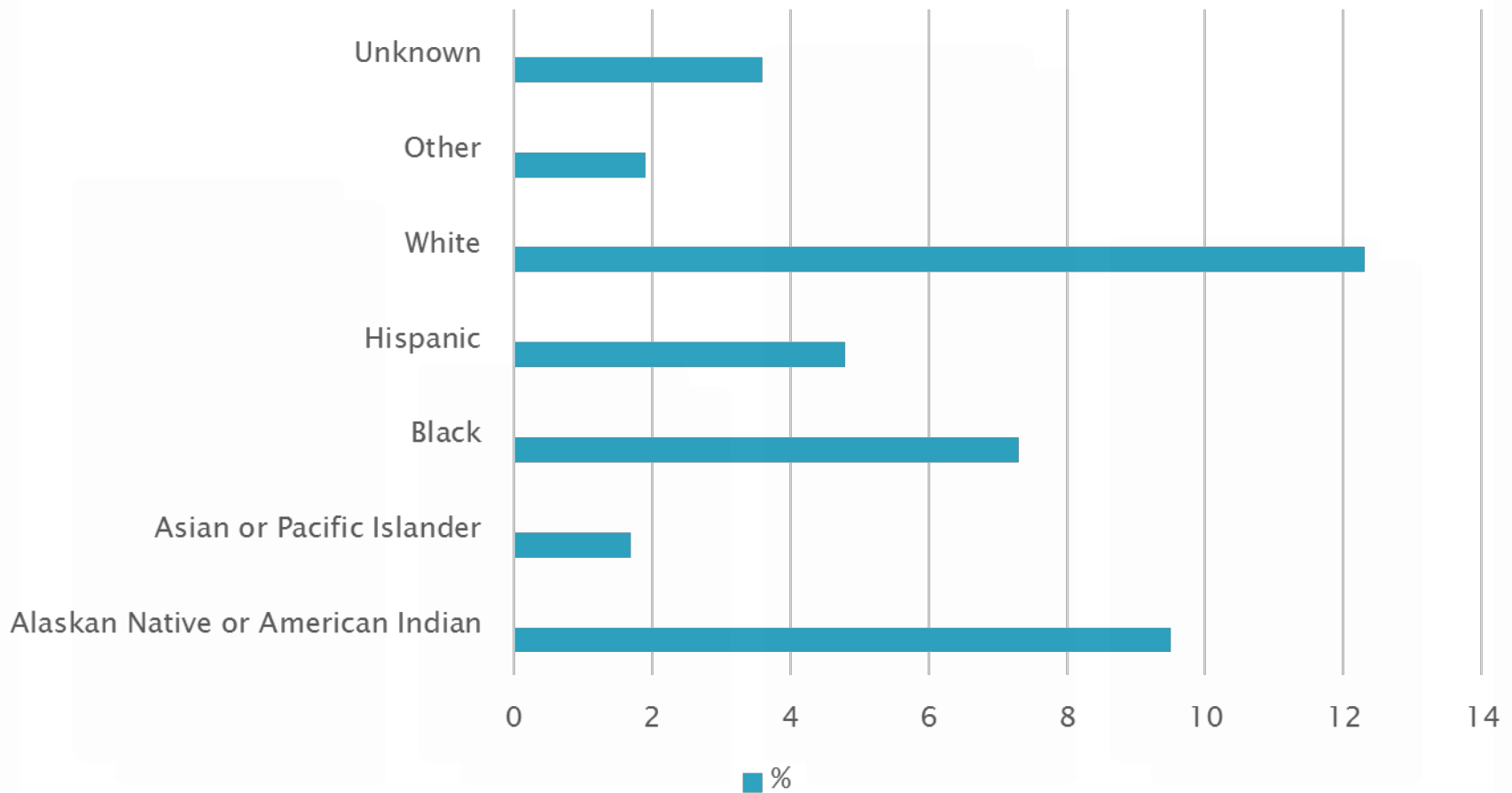


Penetration rate by age for LA County SMHS services



Percentage of children with at least one SMHS visit as a proportion of all SMHS-eligible children in county for FY 13-14

Penetration rate by race/ethnicity, LA County SMHS to children/youth



MHSA Overview

- ▶ Proposition 63 passed by voters in November, 2004
- ▶ 1% income tax on individuals making more than \$1 million
- ▶ Requires stakeholder process and input to design programs for those who are unserved, underserved or inappropriately served
- ▶ Act requires dedicated funding for 5 program categories:
 - Community Services and Supports (CSS)
 - Prevention & Early Intervention (PEI)
 - Innovations (INN)
 - Workforce, Education & Training (WET)
 - Capital Facilities and Information Technology (Cap/IT)

MHSA Overview

Community Services & Supports (CSS)

- Children and youth with Serious Emotional Disturbance (SED)
- Requires that at least 51% of funding is dedicated to Full Service Partnerships (FSP) – all ages
- Flexible funding for essential needs for those enrolled in FSP
- Ongoing funding 80% of the MHSA funds

Prevention and Early Intervention (PEI)

- For those experiencing early symptoms of mental illness
- Requires that at least 51% of the funding is for serving children, youth and their families. In L.A. County, the stakeholders approved 67%.
- Focus on evidence-based practices and collection of outcome measures
- On-going funding 20% of the MHSA funds

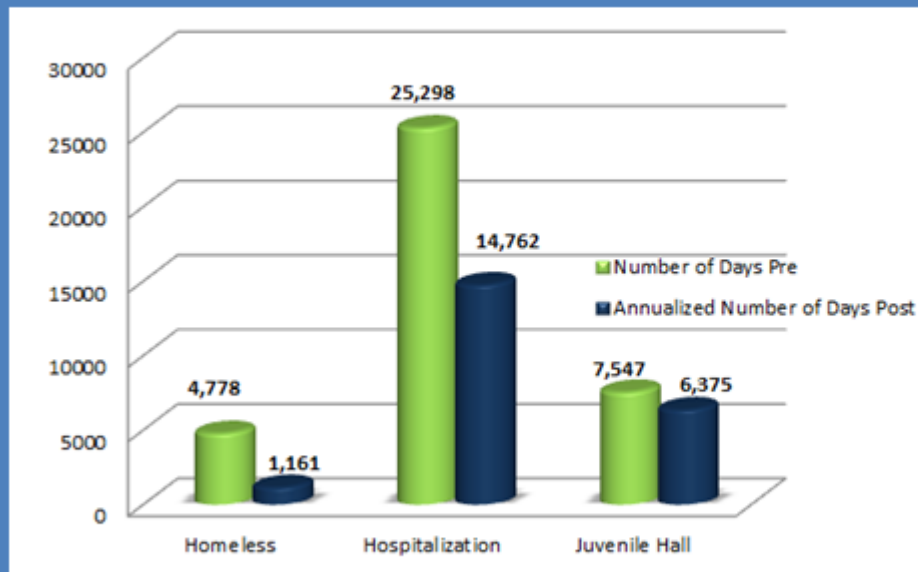
MHSA Services for Children: CSS FY 2014–15

Full Service Partnership (FSP)

- 2,265 children served
- Gross Child FSP Cost: \$31.6 million
- Priority populations include
 - Aged 0–5 at risk of pre–school expulsion, or with parent with SED/SMI or co–occurring disorder
 - Child/youth detained or at risk of detention by DCFS
 - Child/youth experiencing suspension, expulsion, violent behaviors, drug possession or suicidal/homicidal ideation at school
 - Child/youth involved with probation, on psychotropic medication and transitioning to less structured home/community setting

Child FSP Outcomes

Child FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Juvenile Hall Post-Partnership



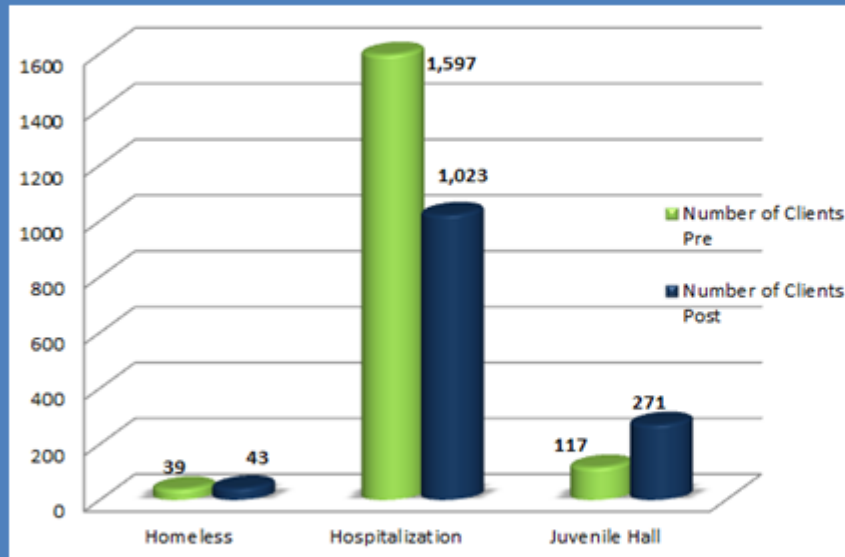
- ⇒ 76% reduction in days homeless post-partnership
- ⇒ 42% reduction in days hospitalized post-partnership
- ⇒ 16% reduction in days in juvenile hall post-partnership

Number of Baselines Included: 7,849
Number Clients Included: 7,679

Data for clients served through June 30, 2015.

Child FSP Outcomes

Fewer Child FSP Clients Were Hospitalized Post-Partnership



- ⇒ 10% increase in the number of clients homeless post-partnership
- ⇒ 36% reduction in the number of clients hospitalized post-partnership
- ⇒ 132% increase in the number of clients in juvenile hall post-partnership

**

Number of Baselines Included: 7,849
Number Clients Included: 7,679

Data for clients served through June 30, 2015.

* There was a 10% increase in the number of clients homeless post-partnership. Data indicates 39 child FSP clients (approximately 0.51% of the child baselines included) reported being homeless 365 days prior to partnership and 43 child FSP clients (approximately 0.56% of the child baselines included) after partnership was established.

** There was a 132% increase in the number of clients in juvenile hall post-partnership. Data indicates 117 child FSP clients (approximately 2% of the child baselines included) reported being in juvenile hall 365 days prior to partnership and 271 child FSP clients (approximately 4% of the child baselines included) after partnership was established.

MHSA Services for Children: CSS

Intensive Field Capable Clinical Services (IFCCS)

- For children in specialized foster care
- Specialized Capacity in FY 14/15 to serve 100 children and youth
- Specialized Contracts being amended by July, 2016 for expansion to 1,000 slots
- Gross Child IFCCS Allocation (FY 16–17): \$27.6 million

Field Capable Clinical Services (FCCS)

- Clinical services delivered in settings preferred by families
- 9,135 children served
- Outcomes: greater relationships formed with caring adults, increased involvement in age-appropriate activities and community involvement

IFCCS & FCCS

- Gross Child IFCCS and FCCS Cost: \$50.9 million

MHSA Services for Children: CSS

- ▶ Field Capable Clinical Services
- ▶ Clinical interventions delivered in settings preferred by or accessible to families such as schools, homes, medical HUBs
- ▶ Priority Populations include:
 - Foster care or at risk of foster placement
 - Co-occurring substance use, developmental, medical conditions
 - Risk of school failure
 - Involved with/or risk of involvement with juvenile justice
 - Trauma experience
 - FSP not appropriate or available
 - History of psychiatric hospitalizations or risk of hospitalization
 - Serious risk of suicide

MHSA Funds Spent on Children with Open DCFS Cases

Calendar Year 2015

MHSA Plan	Children Served	Average Cost Per Client	Total Cost
FSP	432	\$ 9,115	\$ 3,937,680
IFCCS	177	\$ 27,468	\$ 4,861,836
MHSA WRAP	1,003	\$ 17,767	\$ 17,820,301

Fiscal Year 2014-15

MHSA Plan	Children Served	Average Cost Per Client	Total Cost
PEI	7,434	\$ 4,168	\$ 30,984,912

MHSA Services for TAY: CSS

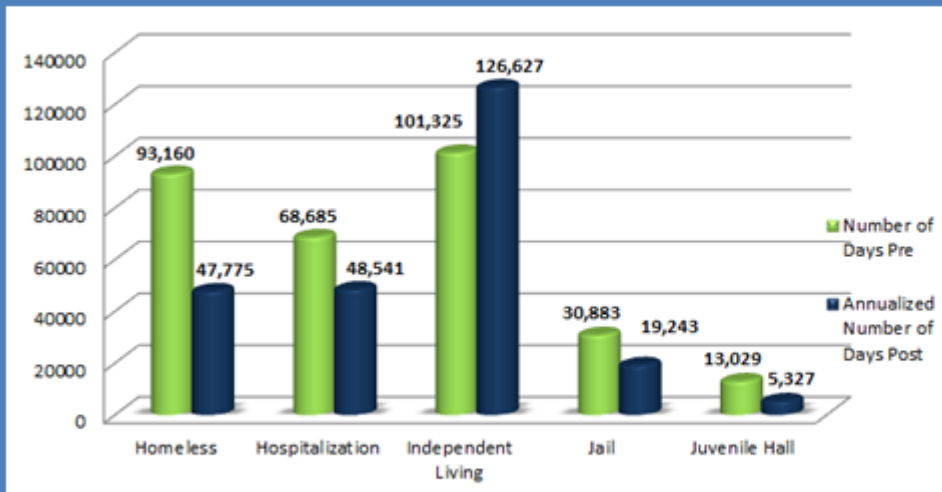
- ▶ Full Service Partnership
- ▶ Priority Population: Serious emotional disturbance or SMI +
 - Aging out of child welfare or juvenile justice system
 - Leaving long-term institutional care
 - Experiencing first psychotic break
 - Co-occurring substance use disorder + any of above
 - Homeless or currently at risk of homelessness

MHSA Services for TAY: CSS

- ▶ Full Service Partnership (cont.)
- ▶ 1,774 Transitional Age Youth (TAY) served
- ▶ \$20 million Gross Cost
- ▶ Increased FSP capacity to serve TAY in Independent Living Programs (ILP)
- ▶ Completed the Telephonic Client Satisfaction Survey of TAY FSP Clients – 84% of those surveyed (n = 244) indicated being satisfied with their FSP services

TAY FSP Outcomes

TAY FSP Clients Spent Fewer Days Homeless, Hospitalized, and in Jail/Juvenile Hall and More Days Living Independently Post-Partnership



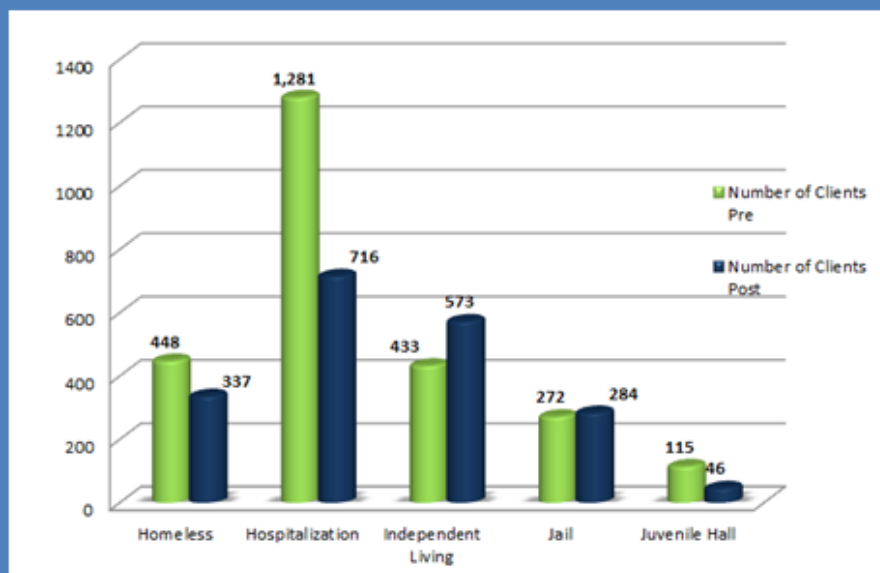
- ⇒ 49% reduction in days homeless post-partnership
- ⇒ 29% reduction in days hospitalized post-partnership
- ⇒ 38% reduction in days in jail post-partnership
- ⇒ 59% reduction in days in juvenile hall post-partnership
- ⇒ 25% increase in the number of days living independently

Number of Baselines Included: 3,888
Number Clients Included: 3,797

Data for clients served through June 30, 2015.

TAY FSP Outcomes

Fewer TAY FSP Clients Were Homeless, Hospitalized and in Juvenile Hall and More Clients Lived Independently Post-Partnership



- ⇒ 25% reduction in the number of clients homeless post-partnership
- ⇒ 44% reduction in the number of clients hospitalized post-partnership
- ⇒ 4% increase in the number of clients in jail post-partnership
- ⇒ 60% reduction in the number of clients in juvenile hall post-partnership
- ⇒ 32% increase in the number of clients living independently

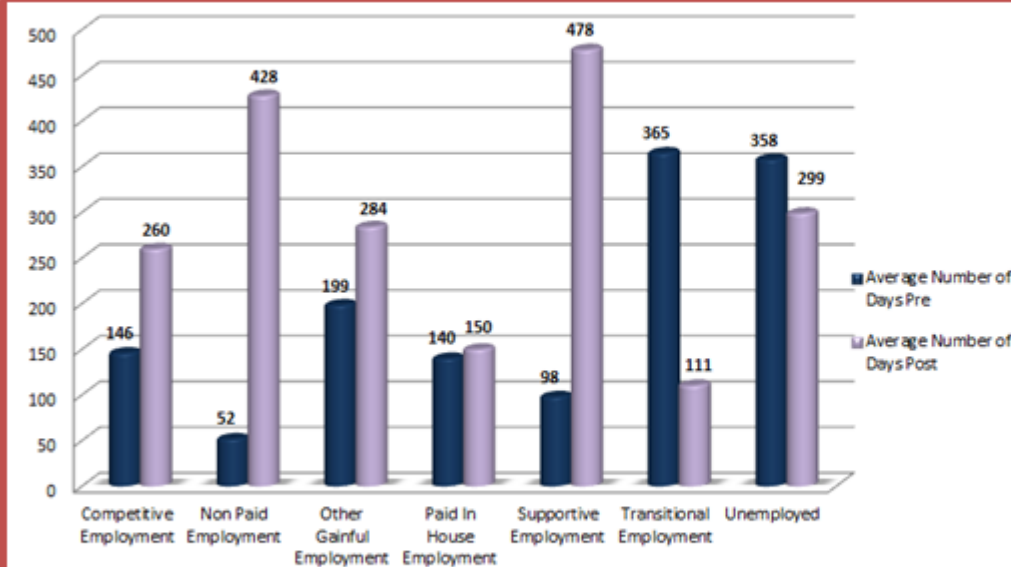
Number of Baselines Included: 3,888
Number Clients Included: 3,797

Data for clients served through June 30, 2015.

* There was a 4% increase in the number of clients incarcerated post-partnership. Data indicates 272 TAY FSP clients (approximately 7% of the TAY baselines included) reported being in jail 365 days prior to partnership and 284 TAY FSP clients (approximately 7% of the TAY baselines included) after partnership was established.

TAY FSP Employment Outcomes

TAY FSP Clients, on Average, Spent Fewer Days Unemployed and More Days in Employment Post-Partnership



- ⇒ 78% increase in the number of days spent in competitive employment
- ⇒ 726% increase in the number of days spent in non-paid employment
- ⇒ 43% increase in the number of days spent in other gainful employment
- ⇒ 388% increase in the number of days spent in supportive employment
- ⇒ 70% decrease in the number of days spent in transitional employment

Number of Baselines Included: 1,295
Data for clients served through June 30, 2015.

Clients can participate in more than one employment category at a time.

MHSA Services for TAY: CSS

- ▶ Field Capable Clinical Services
- ▶ 2,760 TAY Served
- ▶ \$12.9 million Gross Cost
- ▶ Individuals ages 16–25 who have SED or SMI and/or COD
 - Need mental health services but unwilling to go to clinic setting
 - At transition points (to adult mh, from congregate care etc.)
 - Mental health needs can be met in community settings
 - Those who can live independently with services and supports in the community

MHSA Services for TAY: CSS FY 2014-15

- ▶ TAY Drop-in Centers: Entry points for youth who have SED or SMI and are living on the street or in unstable situations
- ▶ 935 TAY Served
- ▶ \$651,934 Gross Cost
- ▶ Currently three Centers; will increase to 8 (1 per Service Area)
- ▶ TAY Drop-in Centers offer
 - Low-demand, high tolerance settings in which youth can find temporary safety and basic supports
 - Increased access to services including showers, meals, housing, linkage to mental health and substance use disorder treatment

MHSA Services for TAY: CSS

Probation Camps (clients served by MHSA funded staff)

- 873 client contacts
- \$1.6 million Gross Cost
- Provides an array of mental health services, including:
 - Assessment
 - Individual, Group, and Family Therapy
 - Medication Support
 - Aftercare and Transition Services
- Interventions include evidence-based practices (Aggression Replacement Training; Adapted Dialectical Behavior Therapy; and Seeking Safety)

MHSA Services for TAY: Prevention & Early Intervention

Programs and Projects

- School-based services
- Family education, training and support
- At-risk family services
- Trauma recovery services, including veterans
- Primary care and behavioral health
- Early care and support for TAY
- Juvenile Justice
- Early care and support for older adults
- Improving access to underserved populations
- Services for Native Americans

Fiscal Year 2014-15

- 10,613 TAY served
- Gross TAY PEI Cost: \$44.3 million

MHSA Services for Children and TAY: PEI

Symptom improvement exceeded 40% after completing treatment such as the following:

- ◆ Severe Behaviors/Conduct Disorders
 - Brief Strategic Family Therapy
 - Multisystemic Therapy
- ◆ Parenting Difficulties
 - Parent-Child Interaction Therapy
 - Triple P Positive Parenting Program
- ◆ Multiple Challenges
 - Managing and Adapting Practice
- ◆ Trauma
 - Alternatives for families – CBT
 - Child Parent Psychotherapy

MHSA Services for Children and TAY: Innovations 2

- ▶ Focus on Trauma, Community Resilience and Sustainability
- ▶ Children 0–5 and School–age children
 - Screening for trauma
 - Building trauma–informed pre–schools and day care/school classrooms
 - Referral to treatment as needed
- ▶ TAY
 - Reaching out to TAY who are homeless or at risk of homelessness
 - Creating safe places to re–engage youth who are disenfranchised
 - Peer involvement

MHSA Services for Children and TAY: Innovations 2

- ▶ Focus on Trauma, Community Resilience and Sustainability
- ▶ Children 0–5 and School–age children
 - Screening for trauma
 - Building trauma–informed pre–schools and day care/school classrooms
 - Referral to treatment as needed
- ▶ TAY
 - Reaching out to TAY who are homeless or at risk of homelessness
 - Creating safe places to re–engage youth who are disenfranchised
 - Peer involvement

Intensive Field Capable Clinical Services

IFCCS is an integrated, intensive, community based program for high risk children open to DCFS and considered to be a member of the Katie A. Subclass.

Service Components:

- ▶ Katie A. Subclass Members (Ages 0–21 years)
- ▶ Requires DMH approval
- ▶ For children experiencing a high number of placement disruptions
- ▶ Provides services throughout LA County – the team follows the client
- ▶ Services provided in the field 75%

Wraparound Services (a DCFS/Probation Program)

An integrated, intensive, multi-agency community-based program that ensures a child is thriving in a permanent home and maintained by normal community services and supports. Services include mental health and additional child and family supports such as a child specialist that can take the child on outings.

Target Population:

- ▶ High-risk children open to DCFS or Probation
- ▶ Ages 5–17.5 years
- ▶ Can see youth up to age 21 if AB12 eligible



Child & Youth Crisis Stabilization Teams (SB 82)

CYCS is devised to provide triage/crisis services to children for whom field-based crisis response services are currently inadequate.

Target Population:

- ▶ DCFS detained children, placed at the Transitional Shelter Care (TSC) or seen at the Medical HUBs
- ▶ Ages 0–21 years
- ▶ Have 3 or more failed placements within 12 months
- ▶ Katie A. Subclass Members

Intensive Treatment Foster Care (a DCFS Program)

ITFC is an intensive home-based mental health treatment program that integrates mental health and child welfare services, supports and resources.

Program Specifics:

- ▶ Provides an alternative to higher level group homes
- ▶ ITFC places 1 DCFS foster child with an individualized treatment plan in a specialized foster home
- ▶ The foster parents are carefully matched to each child and are specially trained and supported 24/7

Target Population:

- ▶ Ages 6–17 years of age
- ▶ Are members of the Katie A. subclass

Other Specialized MH Services

- ▶ Parent Child Interaction Therapy (PCIT)
- ▶ Nurse Family Partnership (NFP)
- ▶ School Mental Health
- ▶ Multi-disciplinary Assessment Team (MAT)
- ▶ Specialized Foster Care (SFC)
- ▶ Family Preservation Program (FPP)



Parent-Child Interaction Therapy (PEI Funded)

PCIT is an Evidence-Based Program that focuses on promoting healthy parent-child relationships. Assists in increasing the parents' behavior and management skills. PCIT can be used with children 2-7 years of age.

Target Population:

- ▶ Ages 2-5 years
- ▶ Externalized acting out behavior
- ▶ Aggressive behavior
- ▶ Defiance
- ▶ Temper tantrums
- ▶ Can provide services up until 17.5 years (unless AB12 eligible)
- ▶ Oppositional behavior

Nurse Family Partnership (PEI Funded)

NFP uses trained public health nurses (PHNs) who begin follow-up of high-risk, low income pregnant youth/women who are pregnant for the first time and who live in poverty. Mental Health Services provided if needed.

Target Population:

- ▶ First time low-income mothers (begins during pregnancy and continues through child's second birthday).
- ▶ High risk pregnancy
- ▶ Barriers to receive adequate pre-natal care (i.e. social functioning and parental behavior)

Multi-disciplinary Assessment Team

MAT is a DCFS program designed to ensure immediate and comprehensive assessment of children and youth entering out-of-home placement to help identify and address the child's needs.

Target Population:

- Members of the Katie A. subclass
- Usually newly detained by the court
- Removal from family of origin
- Has Full Scope Medi-Cal

Specialized Foster Care

SFC is a DMH co-located Program at all 18 DCFS offices. It was created as a response to the Katie A. Settlement to "improve [service delivery] to all children and young adults under the custody of DCFS, and/or those at risk of entering the child welfare system."

Service Components:

- ▶ Provide mental health services to children/youth under DCFS supervision (voluntary or court)
- ▶ Services include: mental health assessments, crisis interventions, consultation, linkage to community mental health providers, and case management services
- ▶ Participate in multidisciplinary team meetings and other DCFS meetings to assist with mental health linkage

Family Preservation Program

FPP is a DCFS program that offers a broad, integrated, community-based collaborative approach to help families that enter the DCFS system. The services are provided to families that are experiencing family functioning challenges that may be related to child abuse, neglect and/or child exploitation.

Service Components:

- Provides variety of services including parenting classes and mental health services
 - ▶ Aimed at increasing self sufficiency within the family by reducing reliance upon public agency intervention
 - ▶ Help resolve problems causing child safety concerns
 - ▶ Establishes the family's connection to community resources and supports

DISCUSSION