

Managed Risk Medical Insurance Board (MRMIB) was allocated MSHA funds to enhance the Healthy Families Program (HFP) relating to the HFP Mental Health Delivery System. The HFP provides low cost health, dental and vision insurance to uninsured children, until the age of 19, to working families. MSHA funds are used to improve the delivery of mental health services to children.

Summary of Major Activities during July 1, 2008 - December 31, 2008:

Implementation of Mental Health Services Evaluation Contract

APS Healthcare will be evaluating basic mental health and substance abuse services that are provided to HFP subscribers by contracted health plans. One activity in the evaluation will be focus groups of parent subscribers in five counties to discuss HFP member experiences in accessing and obtaining mental health and substance abuse services from HFP plans. The counties where the focus groups will be held are San Joaquin, Los Angeles, Orange, Riverside, and Santa Clara. One focus group will be conducted in Spanish.

The evaluation will also consist of the following activities:

- Evaluate the provision (delivery) of Mental Health and Substance Abuse Services provided by health plans and/or their subcontracted mental health and substance abuse providers.
- Evaluate plan Quality Monitoring processes and policies and/or data impacting and supporting mental health and substance abuse services.
- Evaluate plan processes and policies relating to subscriber Access to Services.
- Evaluate plan processes and policies relating to plans' and plan subcontractors' Cultural and Linguistic Proficiency as related to mental health and substance abuse services.
- Review, evaluate, and assess health plan materials and subscriber correspondence related to mental health and substance abuse services.
- Provide updates to MRMIB staff and Board Members.
- Review, evaluate and assess HFP plan (and/or subcontracted behavioral health provider) utilization data.
- Communicate and collaborate with HFP health plans and subcontracted behavioral health providers and stakeholders.
- Monitor progress of the evaluation.
- Prepare a final report with recommendations of changes needed to improve the provision, quality, coordination and continuity of mental health and substance abuse services to children in the HFP.

APS will be scheduling meetings with plans and counties in the coming months.

MRMIB changed vendors in May 2008 and APS Healthcare was selected as the new vendor for the mental health and substance abuse services evaluation. The APS Healthcare contract was suspended as a result of the Governor's July 31, 2008 Executive Order. MRMIB was able to obtain an exemption from the

Governor's Executive Order and resumed the APS Healthcare contract November 1, 2008.

On December 18, 2008, MRMIB held a kickoff meeting with APS Healthcare and the health plans to discuss the evaluation and timeline. Plans will be asked to provide policy and procedure documents to APS by mid-February. MRMIB will hold a meeting with APS Healthcare and the health plans in early February to discuss member level data gathering methodologies.

Prescription Drugs for Children with SED

HFP provides "basic" mental health services defined as inpatient care up to thirty days per benefit year and outpatient care up to 20 days per benefit year [California Code of Regulations (CCR), Title 10, Chapter 5.8, §2699.6700(a) (12)]. However, if a child is thought to have a Serious Emotional Disturbance (SED) condition as defined in Welfare and Institutions Code §5600.3, the HFP enrollee is referred to his or her local county mental health department for an assessment. If the mental health department determines that the child meets the SED criteria, the county mental health department is supposed to assume responsibility for the provision of and payment for all treatment of the SED condition(s), with the exception of the first thirty days of inpatient psychiatric services per benefit year, which remain the responsibility the HFP health plan.

The HFP SED carve-out is intended to ensure that services provided by the counties to HFP children with SED conditions are similar to the services provided to children enrolled in Medi-Cal under the Medi-Cal Specialty Mental Health Services Program. County mental health departments are responsible for covering the cost of medications and related laboratory services provided to HFP SED children. However, there currently is no claiming mechanism in place for county mental health departments to be reimbursed for providing these medications and laboratory services to children enrolled in the HFP.

MRMIB staff has met with the HFP health plans, Department of Health Care Services (DHCS), Department of Mental Health (DMH), county liaisons, and the County Mental Health Directors Association (CMHDA) to discuss issues concerning payment for prescriptions for HFP members who have SED conditions. The following options were identified to address these issues:

- Use the DHCS Fiscal Intermediary (FI) to pay pharmacy claims. DHCS has recently released a Request for Proposal for a new FI. It will be two years before any kind of billing could be done through that system.
- Use the Short-Doyle Medi-Cal (SD/MC) system to bill for prescriptions.
- Carve-in the SED services to the HFP health plans.
- Carve-in prescriptions for children with SED to the HFP health plans.
- Contract with a pharmacy benefits manager for all HFP prescriptions.

Mental Health and SED Utilization Report

MRMIB staff is developing a report that summarizes SED claims data from DMH and SED referral data from the HFP health plans. MRMIB has obtained utilization data of basic mental health services from the health plans. The report will cover services provided in the 2004/2005, 2005/06 and 2006/07 benefit years and will include a trend analysis over the 3 years. The report is scheduled to be presented to the MRMIB Board in April 2009.

Mental Health Liaison Workgroup Meetings

MRMIB holds quarterly meetings to improve communication between MRMIB, HFP participating plans and county mental health departments in order to improve services for HFP subscriber children. Participants include HFP health plans, county mental health department liaisons, MRMIB staff, CMHDA, DMH and APS Healthcare.

The objectives of the workgroup are:

- Resolve any problems that arise while HFP children are being referred to the county for assessment of SED services;
- Develop informational material regarding the referral process for parents of children suspected of having SED;
- Discuss the Phases II and III evaluation of HFP basic mental health and substance abuse services;
- Facilitate communication to ensure adequate access to services for HFP subscriber children;
- Discuss any other issues that are important to any workgroup member.

Workgroup meetings were held in July and October 2008, and in January 2009. The meeting agendas and minutes for the July and October 2008 meetings are included as Attachments 1 and 2.

As noted in the Spring 2008 update, improving the HFP Mental Health brochure is one goal of the workgroup. Several workgroup meetings were spent on discussing the brochure. The brochure was also reviewed by outside advocates and HFP subscriber families. The brochure is in the final review stage based upon the input from the workgroup, the advocates and HFP subscriber families.

Other issues the workgroup has addressed are:

- Disparities among counties, e.g. availability of professionals and referral wait lists
- Lack of coordination between plan liaisons and counties
- Liaison list development
- Autism
- Mental health parity

Healthy Families Program Health Plan Fact Sheet Review

MRMIB contracts with twenty-four health plans to provide services to children enrolled in HFP. The plans annually submit fact sheets on the mental health and substance abuse services they provide. Information contained in the fact sheets submitted for 2007/2008 showed the following:

- Fourteen plans (58.3%) identified the mental health screening and assessment tools used by providers in the plan networks.
- Eight plans (33%) will extend and authorize additional benefits for alcohol and drug services after the benefit limits have been reached.
- Fifteen (62.5%) plans use subcontractors for mental health services.
- Eighteen (75%) plans allow for substitution of inpatient hospitalization (e.g. 2 days of residential treatment, 3 days of day care treatment, or 4 outpatient visits).
- Twelve (50%) plans indicate that they will continue to provide services to a HFP member with a Serious Emotional Disturbance (SED) condition if the county has a wait list.

HFP Member Handbook Changes

MRMIB staff submitted changes to the HFP Plan Handbook that clarify the mental health benefits available to subscribers. The changes distinguish the two different methods of mental health service delivery for basic mental health (plan-provided) and Serious Emotional Disturbances (services carved out to county Departments of Mental Health). The HFP Plan Handbook changes are contained in Attachment 3.

Resolution of HFP Subscriber Mental Health Access Issues

MRMIB's staff also works to resolve problems reported by HFP subscribers needing mental health services. Examples include:

- Working with the plan and county liaisons to provide payment for HFP children's medications.
- Working with HFP health plan and county liaisons to ensure continuity of care for an HFP child receiving treatment outside of their county of residence.

For example, MRMIB staff recently resolved an issue regarding medication access for HFP children from the same family. MRMIB staff researched the issue and worked with the health plan's mental health liaison and the county's mental health liaison to resolve the issue. As a result of MRMIB's efforts, the children will be receiving their medications for a full year through a pharmaceutical assistance program.

Participation in the Statewide Screening Collaborative

MRMIB participates in a Statewide Screening Collaborative convened by the Maternal and Child Health Branch of the California Department of Public Health. The Collaborative met in July, September and December 2008. The Collaborative brings together a variety of State Programs to develop a consistent practice of screening for developmental/socio-emotional issues using validated screening tools such as the Ages and Stages Questionnaires, and Parents' Evaluation of Developmental Status for children 0-5 years of age.

MRMIB is working with the plans to encourage early screening, intervention and referrals for a number of childhood social and developmental issues including mental health and substance abuse. MRMIB believes the use of early screening, intervention and referrals will:

- Prevent developmental behavior problems;
- Intervene early with problems; and
- Promote healthy development.

MRMIB is in the process of engaging HFP subscriber parents including:

- Development of an early screening and intervention resource packet that can be sent to parents when their child is enrolled in HFP.
- Providing information on the importance of early screening and intervention on the HFP website.

Participation in the State Co-Occurring Joint Action Council (COJAC)

The Department of Alcohol and Drug Programs (ADP) and Department of Mental Health (DMH) established the Co-Occurring Disorders Workgroup (COD Workgroup) to improve treatment outcomes for persons with co-occurring disorders. MRMIB Mental Health Unit staff participates in the Partnership Subcommittee on a quarterly basis. MRMIB staff participated in the May and October 2008 conference calls. During the October call, the COJAC Partnership Subcommittee reviewed and made revisions to the State Action Plan.

MRMIB staff also attended the ADP conference on "Prevention, Treatment and Recovery" hosted in Burlingame, CA in June 2008. MRMIB hopes to attend the upcoming "Seventh Annual Statewide Conference on Co-occurring Disorders: Transforming Challenges into Opportunities" scheduled for March 31-April 1, 2009, in Long Beach, CA, if funds allow. Information received from these meetings and conferences will be used to amend HFP health plan contracts to better address the mental health and substance abuse issues faced by HFP members.