



State Agency Report on the Use of Mental Health Services Act Funding

Report to the California Department of Mental Health

July 2009

California Managed Risk Medical Insurance Board
Benefits and Quality Monitoring Division



1. Program Information:

- a) Summary of Major Activities during January 1, 2009 – June 30, 2009.

Mental Health Services Evaluation Contract Progress

In January 2009, APS Healthcare sent a survey instrument to all 24 health plans. The purpose of the survey is to collect and analyze health plan documentation (policies and procedures, list of providers, etc.) in order to assess how plans provide mental health and substance abuse services to Healthy Families Program (HFP) subscribers. Areas of analysis include:

- Assessment (this includes assessment instruments in primary care and specialty mental health providers, and mental health and substance abuse screening).
- Coordination and authorization (this includes coordination with primary care, referral processes and referral barriers, and administrative procedures to authorize care).
- Provider network characteristics (this includes the availability of specialty mental health and substance abuse provider lists; distribution of providers by ethnicity, gender and languages spoken, the existence, criteria and procedures for credentialing specialty mental health and substance providers, the availability of interpreters, and evidence of training given or required of providers and interpreters).

Serving Children with Serious Emotional Disturbance (SED) Options Paper

In May 2009, an SED Carve-out options paper was presented to the Managed Risk Medical Insurance Board (MRMIB). The purpose of the options paper was to begin discussion with the counties, the plans, the HFP subscribers, and the Legislature and Administration and explore options to improve the services provided to HFP members with mental health and substance abuse conditions.

The options paper identified many of the limitations with the current system for serving HFP members with SED conditions.

The following options were presented to the Board in May 2009:

- Do not provide mental health or substance abuse benefits in the HFP.
- Provide mental health and substance abuse services through an Early Periodic Screening Diagnosis and Treatment program.
- Remove the SED carve-out and provide all mental health and substance abuse services through the HFP health plans.

- Carve in prescription drug costs to the plans for HFP children with SED. County mental health departments would continue to provide all inpatient and outpatient services to HFP children with SED.
- Maintain the current process.

Mental Health and SED Utilization Report

MRMIB staff developed a report that summarizes SED claims data from the Department Mental Health (DMH) and SED referral data from the HFP health plans. MRMIB also obtained utilization data of basic mental health services from the health plans. The report covered services provided in the 2004/2005, 2005/06 and 2006/07 benefit years and includes a trend analysis over the 3 years. The report was 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, and MRMIB staff, County Mental Health Directors Association (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 Phase 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 January, April and July 2009. The MRMIB web site has been updated to include information about the Mental Health Workgroup meetings, agendas and minutes. The link to the website is:

http://www.mrmib.ca.gov/MRMIB/Mental_Health_Workgroup/purpose.html

Resolution of HFP Subscriber Mental Health Access Issues

MRMIB's staff also works to resolve problems reported by HFP subscribers needing mental health and substance abuse services.

Conferences and Seminars

MRMIB staff attended the following conferences and seminars between January and July 2009:

- California School Health Centers Association conference on “Putting the Pieces Together: Policy, Practice and Resources for School Health and Mental Health” hosted in Sacramento, CA. March 3, 2009,
- 7th Annual Conference on “Co-Occurring Disorders: Transforming Challenges into Opportunities” held March 31-April 1, 2009, in Long Beach, CA., and
- The Latinos and Mental Health briefing on July 13, 2009.

Information received from these meetings and conferences will be used to propose changes to HFP health plan contracts to clarify plan roles in the provision of mental health and substance abuse services and to address access issues faced by HFP members.

b) Identify 2 or 3 activities or accomplishments that are considered highlights and help further the intent of the MHSA:

- MRMIB obtained an exemption from the Governor’s Executive Order and resumed the APS Healthcare contract November 1, 2008.
- Collecting and analyzing health plan policies and procedures, provider networks and other information to assess how plans provide mental health and substance abuse services to Healthy Families Program (HFP) subscribers).
- The SED options paper identified many of the limitations with the current system for serving HFP members with SED conditions. The options paper was presented to the MRMIB Board, County Mental Health Directors Association and the Mental Health Services Act workgroup.
- The Mental Health report showed for benefit years 2004/05, 2005/06, 2006/07 that approximately 1% of non-Kaiser HFP children were treated by counties for SED. The average cost per case (data from DMH) increased 33%. Over the three year period about one quarter of 1% of HFP children were referred to the county mental health department for assessment and treatment of SED.

c) Identify activities being coordinated with the local mental health system:

- MRMIB staff works to resolve any problems that arise with access to mental health services when HFP children are referred to the county for assessment of SED services.
- The Mental Health Workgroup works to improve communication between MRMIB, HFP participating plans and county mental health departments which will ultimately result in better services for HFP subscriber children.

2. Attachments:

- Web page was created this year for the Mental Health Workgroup meetings, agendas and minutes. The link is the following:
http://www.mrmib.ca.gov/MRMIB/Mental_Health_Workgroup/purpose.html