

California's Public Mental Health Services: A Brief Overview

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Outline



- Who do counties serve?
- What services are provided by Medi-Cal managed care health plans?
- What services do counties provide?
- How are these services funded?



Who do counties serve?

Who do we serve?

- All ages
- Primarily Medi-Cal beneficiaries
- Target population under state law are people experiencing a serious mental disorder (adults) or serious emotional disturbance (children/youth)
 - ▣ Population with non-serious mental health issues served by primary care, Medi-Cal managed care plan providers, or fee-for-service mental health providers
- 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 mental illness

“Serious Mental Disorder”

- An adult is considered to have a serious mental disorder if he/she has an identified mental disorder that is:
 - ▣ Severe in degree
 - ▣ Persistent in duration
 - ▣ May cause behavioral functioning that interferes substantially with the primary activities of daily living
 - ▣ May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time

(See Bronzan McCorquodale Act, 5600.3)

“Serious Emotional Disturbance”

- A child or adolescent under age 18 is considered to have a serious emotional disturbance if he/she has an identified mental disorder that results in behavior inappropriate to the child's age, and either:
 - 1) Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community) and either:
 - Is at risk of removal from the home or has already been removed, or
 - The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment
 - 2) Displays psychotic features, risk of suicide or risk of violence due to the mental disorder

(See Bronzan McCorquodale Act, 5600.3)

Medi-Cal Medical Necessity Criteria for Specialty Mental Health/EPSTD

Adults with a serious mental disorder or children with a serious emotional disturbance who have:

- **Diagnosis:** A qualified mental illness diagnosis
- **Impairment:** A significant impairment in an important area of life functioning.
 - A reasonable probability of significant deterioration in an important area of life functioning.
 - For children under 21, a probability that the child will not progress as developmentally appropriate or when specialty mental health services are necessary to correct or ameliorate a defect, mental illness or condition.
- **Intervention:**
 - The focus is to address the resulting impairment condition.
 - The expectation is the intervention will significantly diminish the impairment, prevent significant deterioration in an important area of life functioning, or allow the child to progress developmentally as individually appropriate.
 - The condition would not be responsive to physical health case based treatment.

(See 9 CCR § 1830.205 and 1805.210)

EPSDT: A Medicaid Benefit

- Early & Periodic Screening Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid benefit for children under 21.
- Preventive, dental, mental health, and developmental, and specialty services.
- Counties provide EPSDT benefit *specialty mental health services* for Medicaid beneficiaries under age 21 who meet medical necessity criteria.

Most Common Diagnoses

- Most common diagnoses:
 - ▣ Major Depression
 - ▣ Anxiety Disorders, including Post-Traumatic Stress Disorder
 - ▣ Disorders of Childhood, including Attention Deficit Hyperactivity Disorder
 - ▣ Bipolar Disorder
 - ▣ Schizophrenia
- Major depression and anxiety disorders disproportionately affect vulnerable populations (e.g., veterans, children exposed to violence, low socioeconomic status, people with serious health conditions)

How do clients access our services?

- Referrals to the county or organizational providers come from a variety of sources, including:
 - Self or parents
 - Family members, guardians, conservators
 - Physical health care providers and health plans
 - Schools
 - County welfare departments
 - Law enforcement agencies
 - County mental health 24/7 toll-free access line
 - LPS Conservatorships



Medi-Cal Managed Care Plans

Medi-Cal Managed Care Plan Services, as of January 1, 2014

- Mental health benefits for mild/moderate mental health conditions were expanded in California's implementation of health reform
- For all Medi-Cal enrollees, including children, the managed care plans now offer:
 - ▣ Individual/group mental health evaluation and treatment (psychotherapy)
 - ▣ Psychological testing
 - ▣ Outpatient services to monitor drug therapy
 - ▣ Outpatient laboratory, drugs, supplies and supplements
 - ▣ Psychiatric consultation
- MOUs between Medi-Cal managed care plans and county mental health plans are key to collaboration and cross-referrals

Parity Laws & Health Reform Will Improve Access

- Mental health is one of the 10 essential health benefits in the Affordable Care Act
- Beginning January 1, 2014, the Affordable Care Act expanded the federal Mental Health Parity and Addiction Equity Act of 2008 to apply to almost all forms of health insurance.
- All health plans must provide equal coverage for mental and physical health
 - ▣ Co-pays, co-insurance
 - ▣ Deductibles, out-of-pocket expenses
 - ▣ Treatment limitations and numbers of visits
 - ▣ Access to medications
 - ▣ Prior authorization requirements



What services do counties provide?

Guiding State & Federal Laws

- Medicaid/Social Security Act in Federal Law
 - ▣ Specialty Mental Health Freedom of Choice Waiver [1915(b)] requires county operated delivery
 - ▣ Targeted Case Management State Plan Amendment
 - ▣ Rehabilitative State Plan Amendment
- Lanterman Petris Short Act in State Law
 - ▣ Court-ordered, involuntary treatment
- Bronzan McCorquodale Act in State Law
 - ▣ Systems of Care
 - ▣ Indigent to the extent resources are available
 - ▣ 1991 Realignment
- Mental Health Services Act (Prop. 63) in State Law

What services do we provide?

- Counties provide a **broad continuum** of specialty mental health services – both directly operated by counties and through contracted community providers
- Goal to ensure **least restrictive** setting and provide a range of voluntary options
 - ▣ Involuntary hospitalization only when a person, due to a mental disorder, poses harm to their self or others, or is gravely disabled (can't provide basic needs)
 - LPS, long-term care, state hospitals, IMDs
- **Individualized**, based on each person's needs and goals
- **Linguistically and culturally appropriate**
- **Community-based** and mobile, not just clinic-based

The “Basics”

- **Screening, assessment, and diagnosis**
 - ▣ To determine what mental illness issues may be affecting the individual
- **Counseling and psychotherapy**
 - ▣ To alleviate psychological distress and provide support, education, and guidance
- **Medication support**
 - ▣ To alleviate symptoms
- **Case management**
 - ▣ To help people access health coverage, medical care, substance use disorder treatment, social services, education assistance, and other services
- **24/7 crisis response and stabilization services**
 - ▣ To connect people in crisis with community services and avoid hospitalization
- **Acute, short-term inpatient hospitalization (acute psychiatric hospitals, PHFs, and crisis stabilization units)**
 - ▣ The most intensive level of care for mental health issues that cannot be safely or effectively treated on an outpatient basis
- **LPS involuntary treatment (state hospital, IMDs, and PHFs)**
 - ▣ Court-ordered and court-monitored intensive care for mental health issues that cannot be safely or effectively treated on an outpatient basis

Rehabilitative & Other Supports

- Rehabilitative and other support services address more than just the medical symptoms of an illness, and build on each person's strengths.
- From California's Medicaid State Plan Amendment (SPA) for Rehabilitative Mental Health Services:

"Rehabilitation" means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self regulation in multiple life domains relevant to the developmental age and needs of the beneficiary."

"Rehabilitative Mental Health Services allow beneficiaries to sustain their current level of functioning, remain in the community, prevent deterioration in an important area of life functioning, and prevent the need for institutionalization or a higher level of medical care intervention."

Rehabilitative & Other Supports: Key Examples

- Services that help people with their functional, social, communication, or daily living skills to enhance self-sufficiency, can include:
- Peer, client-run, and family member supports to help people connect and get guidance from others who have experienced mental illness
- Employment and education
- Housing and residential treatment

Prevention and Early Intervention

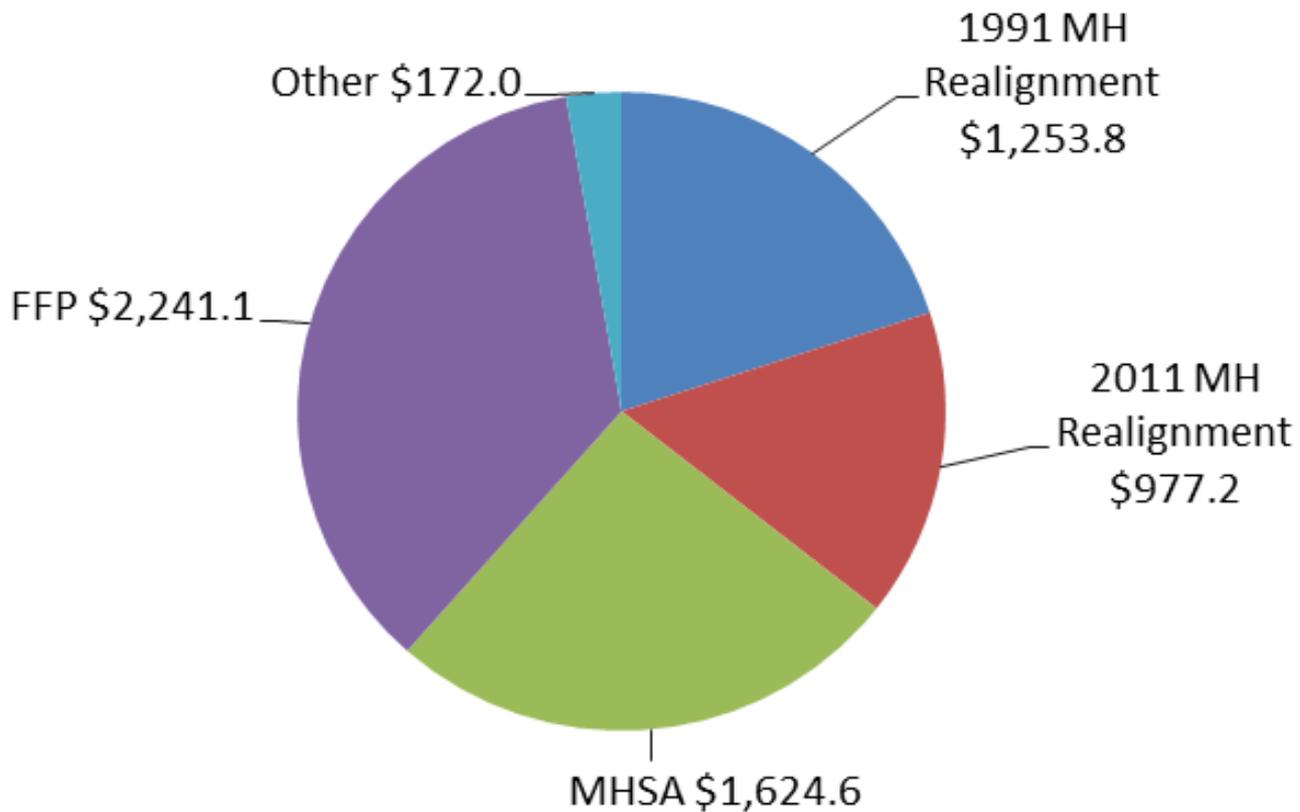
- Suicide prevention (e.g., hotlines, public health education)
- Eliminating the stigma associated with “mental illness” and discrimination toward people with mental illness (e.g., public health education, training law enforcement officers)
- Providing help at the earliest signs of serious mental illness
- Providing assistance to at-risk populations (e.g., children and youth in stressed families, youth involved with juvenile justice system)



How are these services funded?

FY14/15 Estimated Community Mental Health Funding

(Dollars in Millions)



Federal Financial Participation (FFP) is the Largest Funding Source

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- Federal Medicaid FFP reimbursement for Medi-Cal Specialty Mental Health services provided to adults and children makes up the largest share of funding.
- County Mental Health Plans (MHP) are reimbursed a percentage of their actual expenditures (Certified Public Expenditures-CPE), based on the Federal Medical Assistance Percentage (FMAP).

Prop. 63 Provides One-Quarter of Funds

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- Prop. 63 of 2004 (Mental Health Services Act) created a 1% tax on income in excess of \$1 million to expand mental health services
- Approximately 1/10th of one percent of taxpayers are impacted by the tax
- Counties developed service plans with local stakeholder input, per requirements in state law, regulations, and state administrative directives.
- Revenues are distributed to counties monthly.
- Up to 5% of the funds may be used for state administrative purposes.

1991 Realignment Funds Provide Approximately 21%

- Under 2011 Realignment statute, \$93 million per month in dedicated VLF and sales tax revenues are deposited into counties' 1991 Realignment mental health accounts.
- These funds are provided to counties under 1991 realignment, which included:
 - ▣ All community-based mental health services
 - ▣ State hospital services for civil commitments
 - ▣ Mental health services for those in “Institutions for Mental Disease (IMDs),” which provide long-term psychiatric nursing facility care

2011 Realignment Provides Remaining Funding

- Governor Brown: “The realignment moves program and fiscal responsibility to the level of government that can best provide the service, eliminating duplication of effort, generating savings, and increasing flexibility.”
- Dedicated sales tax revenues provided to counties for variety of law enforcement, social services, and behavioral health programs realigned to them.
- Among programs realigned to counties were Medi-Cal Specialty Mental Health, including EPSDT, and substance use disorder programs (1st year: 2012-13).
- Specific proportions of funds are deposited into counties’ Behavioral Health Subaccounts to provide realigned mental health and substance use disorder services.