UCSF
University of California San Francisco

| Department of Pediatrics | Center for Child and Community Health | Department of Psychiatry and Behavioral Sciences | Child and Adols BH Service Line |

Health Equity Action Time

2023 Focus on Mental Health

Session 1: May 12, 2023

5/24/2023

Land Acknowledgement

Ramaytush Ohlone

"We would like to acknowledge the Ramaytush Ohlone people, who are the traditional custodians of this land. We pay our respects to the Ramaytush Ohlone elders, past, present, and future who call this place, the land that UCSF sits upon, their home. We are proud to continue their tradition of coming together and growing as a community. We thank the Ramaytush Ohlone community for their stewardship and support, and we look forward to strengthening our ties as we continue our relationship of mutual respect and understanding."

HEAT Planning Committee Members

- **Anne Glowinski**
- **Lauren Haack**
- **Joan Jeung**
- **Bryan King**
- **Anda Kuo**
- **Dayna Long**
- **Jennifer Miller**

- **Zarin Noor**
- **Francine Ostrem**
- **Noemi Spinazzi**
- **Petra Steinbuchel**
- **Saun-Toy Trotter**
- **Cassandra Vega**
- **Mylanah Yolangco**

Overall Goal of 2023 HEAT

- Highlight progress UCSF and local Counties have made toward the steps/priorities identified from the last HEAT series

- Identify and discuss ongoing opportunities and barriers to implementing critical steps/priorities

- Take steps to take advantage of opportunities and remove barriers

Webinar Objectives

1.

Ground a discussion in a case to highlight different system resources and limitations for a patient with mental health needs in San Francisco

2.

Describe the elements of care program models that facilitate care of a child or adolescent with mental health needs

3.

Identify some of the ongoing system barriers to providing care for children and adolescents with mental health needs

Agenda

- Welcome and brief summary of 2022 HEAT

- Case presentation to ground our discussion

- System touch points highlighted by case
  - (May) Integrated behavioral health, MCP (managed care plan) care management
  - (June) School district, child psychiatry

- Discussion of resources and limitations of each system

Brief Synopsis of 2022 HEAT

- Goal: a multidisciplinary forum to foster learning, connection, and concrete action to strengthen the system of care for Bay Area children and adolescents and improve their well-being and mental health outcomes

- Concrete next steps to improve child and adolescent mental well-being:
    - Build capacity, including training and workforce development.
    - Improve partnerships with communities, including schools.
    - Increase direct clinical services.
    - Provide infrastructure for cross-sector and cross-silo collaboration and info sharing.
    - Scale and sustain integrative behavioral health services.

- 2022 HEAT Series Summary and recordings

SCAN ME

Case TM

- 13 yo patient; numerous visits in past year but inconsistent primary care

- Patient Priorities:
    - leg cramps – misses a lot of school. Later states he has daytime sleepiness
    - poor attention and requests help with IEP (possible history of ADHD)
    - BMI >99%. Daily sugar sweetened beverage. History of fatty liver
    - depression – PHQ 14 no SI. Has weekly counseling at school. Trouble with sleep onset.

- Social hx: Middle school. Plays video games mostly by himself. Feels lonely. Strength – "he's nice." Cannot id anything he is good at. 2018 moved to SF +IPV. Verbally abused by relative at age 5yo and received therapy. Lives with mom and stepfather whose preferred language is Spanish. Both came to the visit

- Family hx: does not identify history of depression.

Highlighting System Touchpoints

- Touchpoints
  1. Clinic
  2. Health plan
  3. School (June HEAT)
  4. CAPP (June HEAT)

- Opportunities and limitations

- Facilitators and barriers
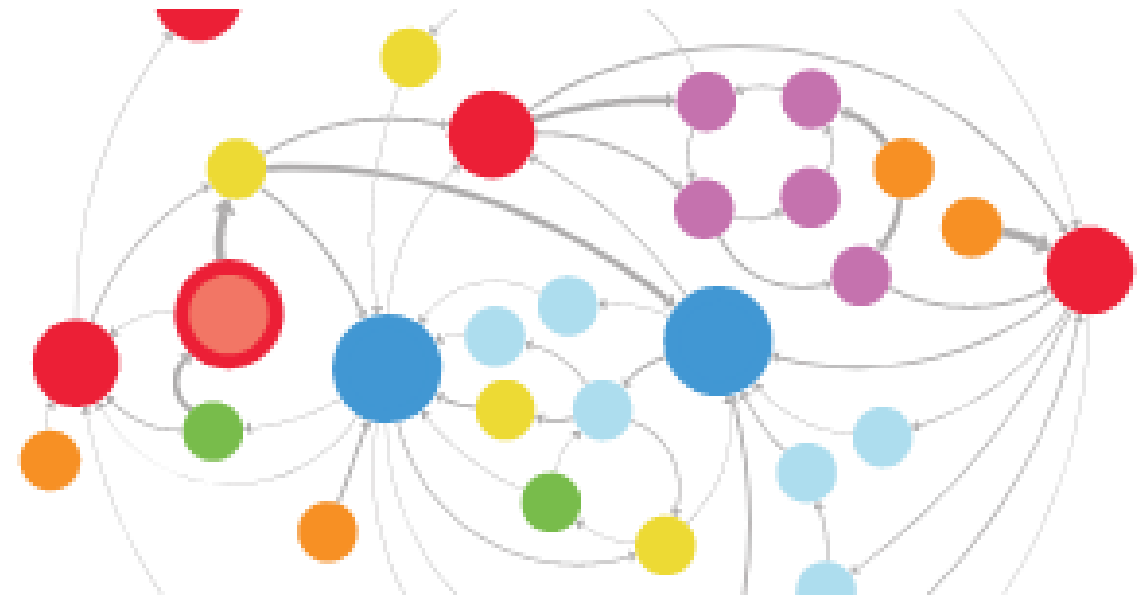
2021-22 UCSF Pediatric Service Mental Health Map
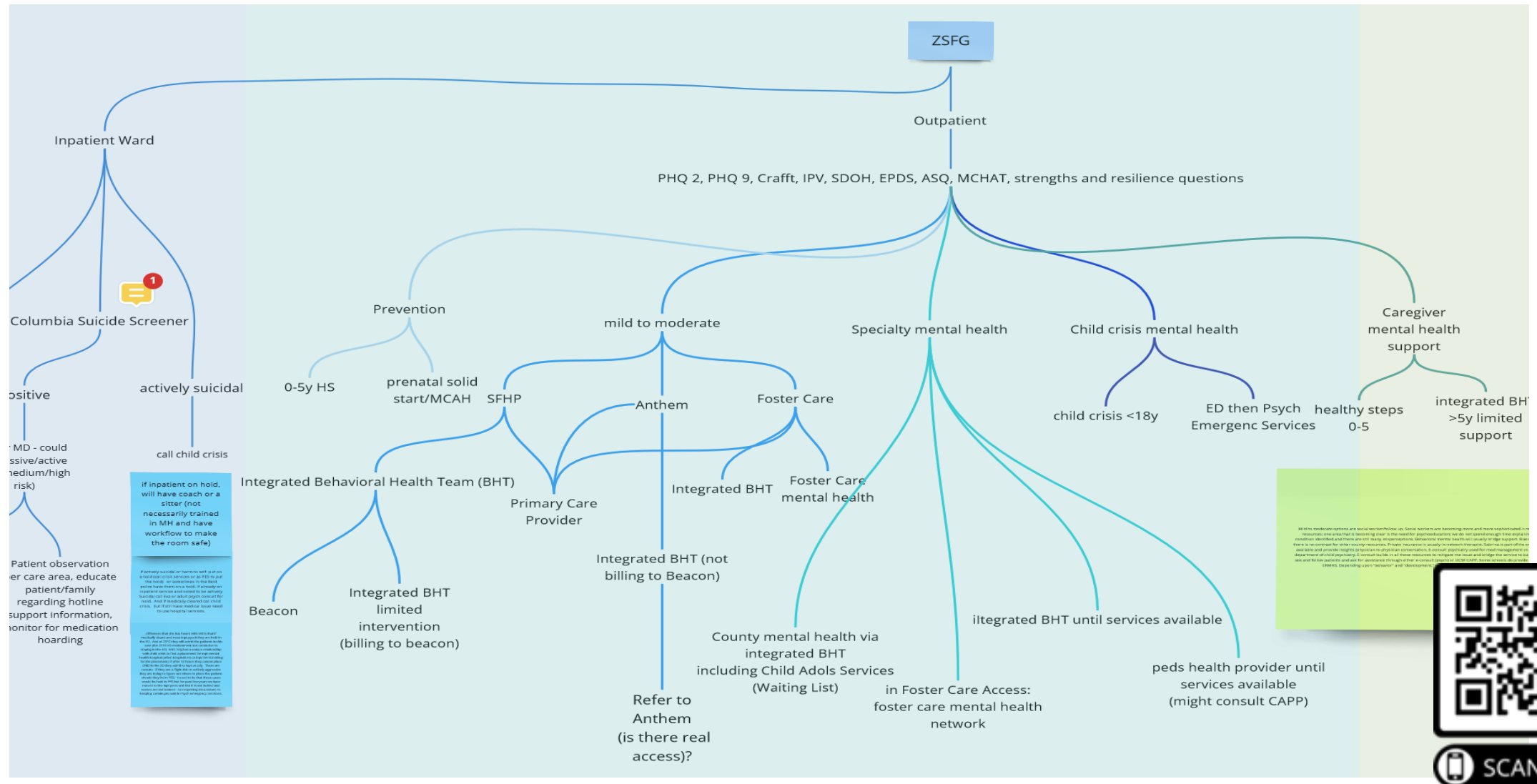
What happened in the 1st clinic visit?

- Provided Vanderbilt for parent and teacher

- E-referral to Behavioral Health Clinician

- 1 week f/u with PCP

- Reflection: Integrated Behavioral Health (Amy Whittle, Associate Medical Director of Integrated Care, ZSFG Children's Health Center; Jennifer Miller, BH Service Line Dir, BCH)
  - Resources and Limitations

Specialty Mental Health

Mental Health Services

Medi-Cal for Kids & Teens covers all medically necessary mental health services for children and youth under age 21 enrolled in Medi-Cal. There are two different systems that the State leverages to deliver mental health services depending on the child and youth's level of need, including:

Non-Specialty Mental Health Services (NSMHS)

» **Managed care plans** are responsible for providing medically necessary NSMHS for children and youth under the age of 21

» NSMHS are **"carved in"** to Medi-Cal Managed Care

Specialty Mental Health Services (SMHS)

» **County mental health plans** are responsible for providing medically necessary SMHS for children and youth under the age of 21

  ▪ If a child/youth meets the criteria for SMHS, then they should be receiving any NSMHS from the mental health plan, except in cases where the No Wrong Door policy applies (see slide 45))

» SMHS are **"carved out"** of Medi-Cal Managed Care

Children and youth under age 21 do **not** require a diagnosis in order to receive mental health services.

https://www.dhcs.ca.gov/services/Medi-Cal-For-Kids-and-Teens/Documents/DHCS-EPSDT-Provider-Training.pdf

No Wrong Door Policy

DHCS implemented a "No Wrong Door" policy in July 2022 to ensure enrollees receive mental health services without delay regardless of where they initially seek care.

Clinically appropriate NSMHS and SMHS are covered and reimbursable even when:

» Services are provided **prior to determination of a diagnosis**, during the assessment period, or **prior to determination of whether NSMHS or SMHS access criteria are met**;

» Services are not included in an **individual treatment plan**; *(currently only applies to NSMHS; guidance forthcoming for SMHS)*

» The child has a **co-occurring mental health condition and SUD**; or

» NSMHS and SMHS services can be **provided concurrently,** if those services are coordinated and not duplicated

NSMH Family Therapy & Dyadic Care Codes allow for sustainable integrated care

Qualifications for Specialty MH:

SMHS Access Criteria

Covered SMHS shall be provided to children and youth who meet either of the following criteria, (1) or (2) below:

(1) The child is at high risk for a mental health disorder due to experience of trauma (i.e., scores in the high-risk range under a trauma screening tool, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness) **OR**

(2) The child meets **both of the following** requirements in a) and b), below:

    a) The child has at least **one of the following**:

        i. A significant impairment

        ii. A reasonable probability of significant deterioration in an important area of life functioning

        iii. A reasonable probability of not progressing developmentally as appropriate

        iv. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide **AND**

    b) The child's condition as described in (2) above is due to **one of the following**:

        i. A diagnosed mental health disorder

        ii. A suspected mental health disorder that has not yet been diagnosed

        iii. Significant trauma placing the child at risk of a future mental health condition, based on the assessment of a licensed mental health professional

For more information, please review BHIN 21-073

48

UCSF

Specialty Mental Health Criteria

Question	Yes	No
6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision?[1] **NOTE:** *If yes, stop the screening and refer to the MHP for clinical assessment.*	☐ —	☐ —
7. Are you currently in foster care or involved in the child welfare system?[1] **NOTE:** *If yes, stop the screening and refer to the MHP for clinical assessment.*	☐ —	☐ —
8. Have you ever been in foster care or involved in the child welfare system?	☐ 1	☐ 0
9. Are you currently without housing or a safe place to sleep?[1] **NOTE:** *If yes, stop the screening and refer to the MHP for clinical assessment.*	☐ —	☐ —
10. Have you ever been without housing or a safe place to sleep?	☐ 1	☐ 0
11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?	☐ 1	☐ 0
12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?	☐ 1	☐ 0
13. Are you often absent from school, work, or activities due to not feeling well?	☐ 1	☐ 0

Integrating Primary Care and Behavioral Health to Address the Behavioral Health Crisis

Approaches to Integrating Physical and Behavioral Health Care

Coordinated Driven by communication		Colocated Benefits from proximity		Integrated Fully transformed care	
Screening	**Consultation**	**Care management /navigation**	**Colocation**	**Health homes**	**System-level integration**
Primary care providers (PCPs) identify patients with behavioral health needs and refer them to services	Behavioral health consultants work with patients to meet care goals established by PCPs	Behavioral health care managers embedded within primary care practice monitor patients' care plans and treatment progress and coordinate behavioral health care with patients and PCPs	PCPs and behavioral health providers operate from same facility and collaborate as needed	Health homes offer ongoing care management and coordination, referrals, and support for patients with complex needs, addressing range of health needs, including behavioral	PCPs and behavioral health providers from same facility coordinate and collaborate under one management system; communication, culture of respect, collaboration are key
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Vermont's Hub and Spoke Model	Collaborative Care Model and Comprehensive Primary Care Plus Model	Common in FQHCs, like the Cherokee Heath Systems and Golden Valley Health Centers	Medicaid Health Homes	Intermountain Healthcare

San Francisco Health Network (SFHN) Primary Care Behavioral Health (PCBH)

- Behavioral Health Clinicians
  - Provide brief interventions (~1-6 sessions)
  - Strongly favor warm hand-off to EPIC referral
  - Assist with referrals to specialty MH when needed
  - Billing non-specialty mental health via MCPs (Carelon – SFHP)

- Behavioral Assistant
  - Tobacco cessation counseling
  - Referrals to regional center
  - Warm hand-offs for social needs
  - Durable medical equipment ordering

UCSF Primary Care Behavioral Health Integration

What are the resources and limitations?

Case TM: Follow Up

- Subsequent multiple visits to urgent care and primary care over the next 2 months for abdominal pain and nausea; bullying at school; headache; suicidal ideation. Multiple messages from urgent care to PCP concerned about TM's mental health.

- School counseling ending and TM starts services with clinic BHT.

- Referred to health plan case management.

- TM and mom express interest in treatment with medication

Clinic and Health Plan Coordination

- PCP referral to health plan care management
  - Case manager reaches out via Epic.
  - Arranges a meeting with school, family, PCP. (family and school do not attend)
  - Refers to Support for Families of Children with Disabilities

- Reflection: Health Plan Care Management: Vero Hernandez-Herrera, Lead Bilingual Care Coordinator/Trainer, SFHP and Allison Lam, Dir of Healthcare Management, Anthem Blue Cross

  - What should providers know about resources and limitations of health plans with regards to care management services (and enhanced care management)?

Group Reflection

- Clarifying questions for speakers representing system touchpoints?

- Small goup:
  - What are other facilitators you have experienced in coordinating care for patients with moderate-severe mental health needs?
  - What are the ongoing gaps you have experienced?
  - Are there other additional resources you know of?

HEAT Evaluation Link

Scan the QR code below to take the evaluation survey:

Visit the HEAT webpage by scanning the QR code below:

Contact: Cassandra.Vega@ucsf.edu and Anda.Kuo@ucsf.edu