

Behavioral Health Services for Children and Adolescents

Perspectives of California Pediatricians

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AAP California Chapter 1 Survey



- 2017: Chapter 1 Executive Board prioritized access to mental health services for children and teens as a strategic goal
- We formed an ad hoc committee and developed a survey to explore pediatricians' perspectives on access to mental health services and potential methods to improve access



Mental Health Disorders and Primary Care Providers

- Primary care providers are important partners in identifying, treating and referring mental health disorders
- Early recognition is important
 - Half of all lifetime problems with depression and anxiety occur by age 14
 - Longer duration of symptoms correlates with risks of suicide, future depression and life difficulties

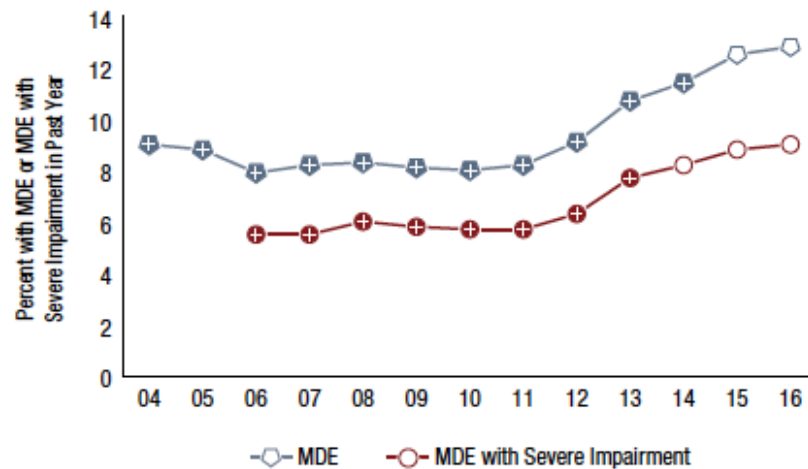
The most common diagnoses seen in the primary care office are anxiety, depression, autism, ADHD and eating disorders



Mental Health Disorders

Rising rates of depression and suicide among youth

Figure 50. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2016



+ Difference between this estimate and the 2016 estimate is statistically significant at the .05 level.

Figure 50 Table. Major Depressive Episode (MDE) and MDE with Severe Impairment in the Past Year among Youths Aged 12 to 17: Percentages, 2004-2016

Mental Health Services for Children and Teens

- Child and adolescent behavioral health issues often develop gradually and may reflect many factors, including family dynamics, developmental stage of the child, chronic illnesses, sleep, social stressors, genetics and cultural and economic factors.



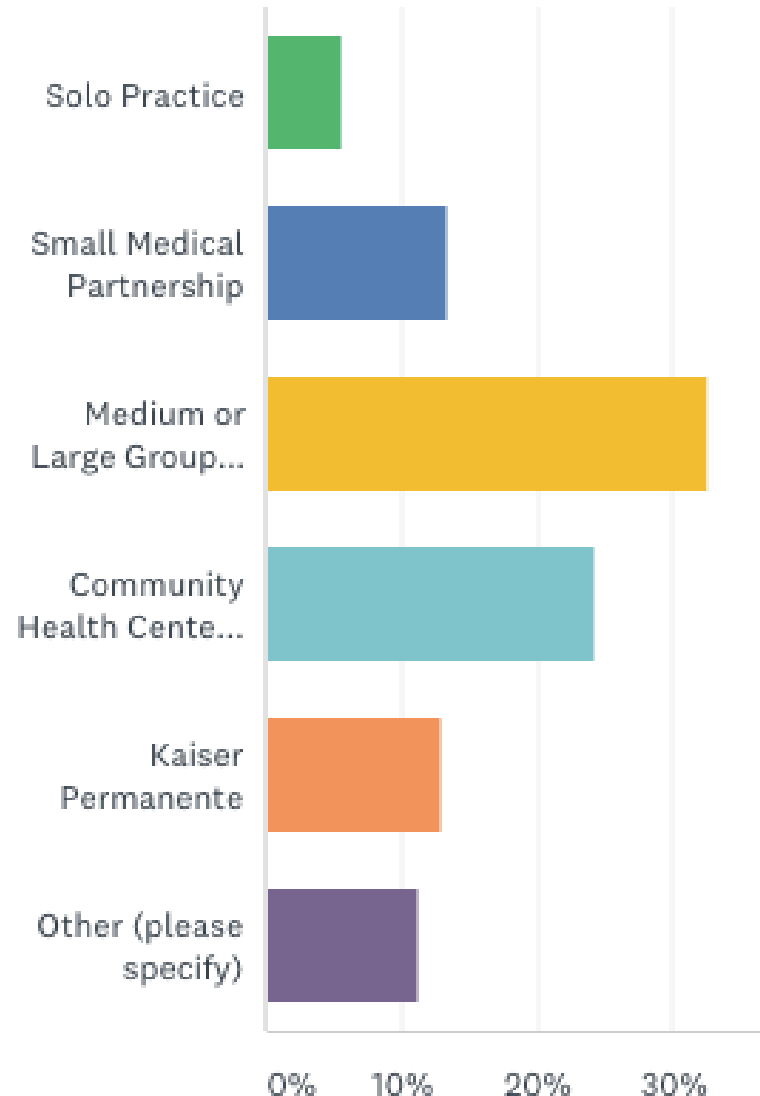
Only 20% of children and teens needing mental health services receive them

Children and teens of color and/or living in poverty have increased rates of mental health problems and unmet mental health needs

Survey Results

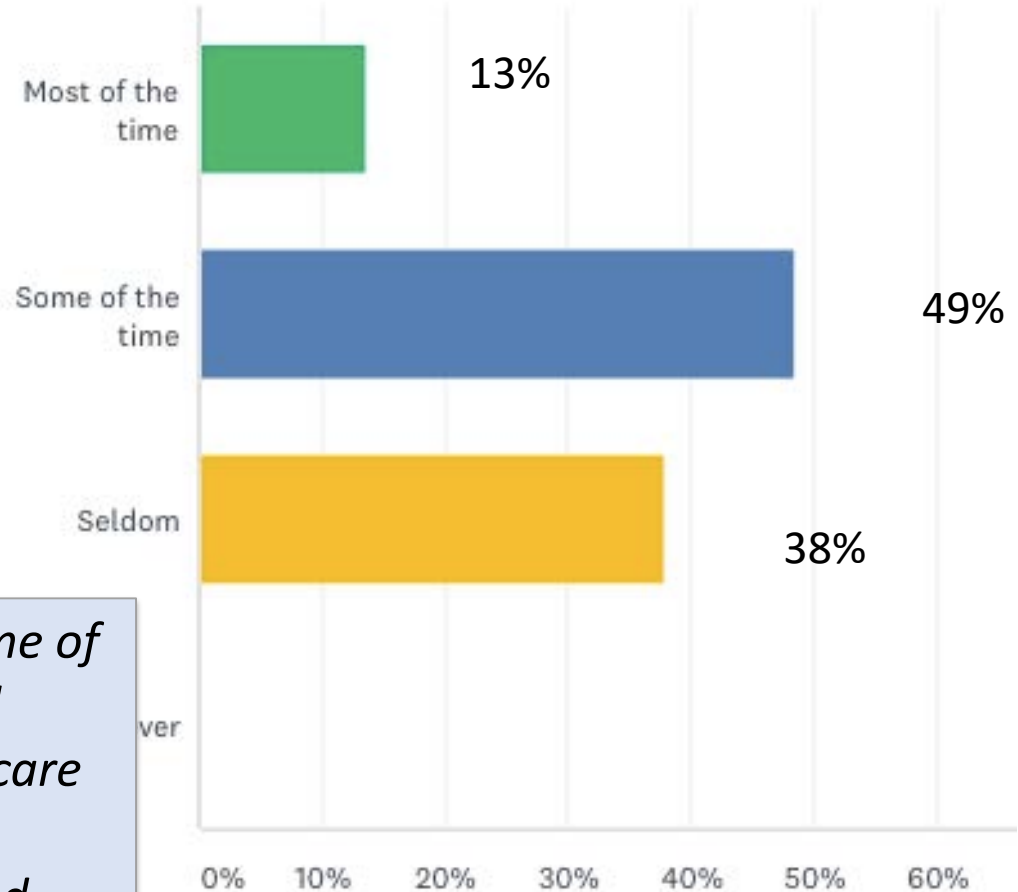
Emailed to > 2000 chapter members in 48 counties in Northern and Central California

- 252 pediatricians completed the survey
- 83% primary care pediatricians
- Diverse practice organizations
- 42% of practices had >50% Medi-Cal patients



Survey Results

I feel that my patients have appropriate access to mental health services:



Pediatricians with higher volume of MediCal patients reported significantly poorer access to care

Kaiser pediatricians reported significantly better access to care

Access to Services

Access was worse for severe mental health conditions; all averages poor or fair

Access to Services 1 = Poor, 2 = Fair, 3 = Good, 4 = Excellent	Weighted Avg. Score
Counseling and support for mild-moderate mental health conditions (e.g. ADHD, mild depression, moderately severe behavioral problem)	2.34
Medication management for mild-moderate mental health disorders	2.39
Counseling and support for severe mental health conditions (e.g. severe depression, psychotic disorders)	1.96
Medication management for severe mental health disorders	2.06

Barriers to Mental Health Services

Difficulty Navigating Services

- Patients and families have difficulty navigating the referral process for mental health services

“Patients are lost in a sea of forms, papers, approvals, and when everything is done they only get 20-30 min of therapy per week.”

“There are resources out there, and a county mental Health ‘Access line’ but there are still so any hurdles to jump through that more often than not, this is insufficient to connect patients with appropriate resources”



Barriers to Mental Health Services

Lack of Available Providers/Adequate Reimbursement

- There are not enough mental health providers in my area with training in children's mental health services

“Such a struggle to get into a psychiatrist unless they are under 5150”

“The key word here is appropriate. There are not enough pediatric mental health providers in our area.”

- Reimbursement is inadequate

“Most therapists and psychiatrists don't accept insurance and many parents can't or won't pay out of pocket”



Barriers to Mental Health Services

Lack of Provider Cultural and Language Diversity

- There are not enough mental health providers with diverse races and ethnicities to serve my patients
- There are not enough mental health providers with diverse languages to serve my patients

“so hard to find, especially for non-English speakers.”

“Long wait times, language barriers”



Barriers to Mental Health Services

Lack of Practice Capacity to Manage MH Problems

- Most PCPs have not had training in managing depression, aggression and anxiety disorders
- Providers cited difficulty finding the time to manage these problems and lack of care coordination and support to assist families

Providers endorsed enhanced care coordination and resources for PCPs addressing mental health disorders



Comments and Discussion

- Do these survey results reflect access to mental health care for children and youth in your county?
- How do you see mental health access issues for children and teens affecting your county?

Childhood and Adolescent Mental Health Services Sources of Care - California

Primary Care Providers

Specialty Mental Health Plans

Medi-Cal Health
Plans
Private Insurers



Schools/Early Childhood Programs

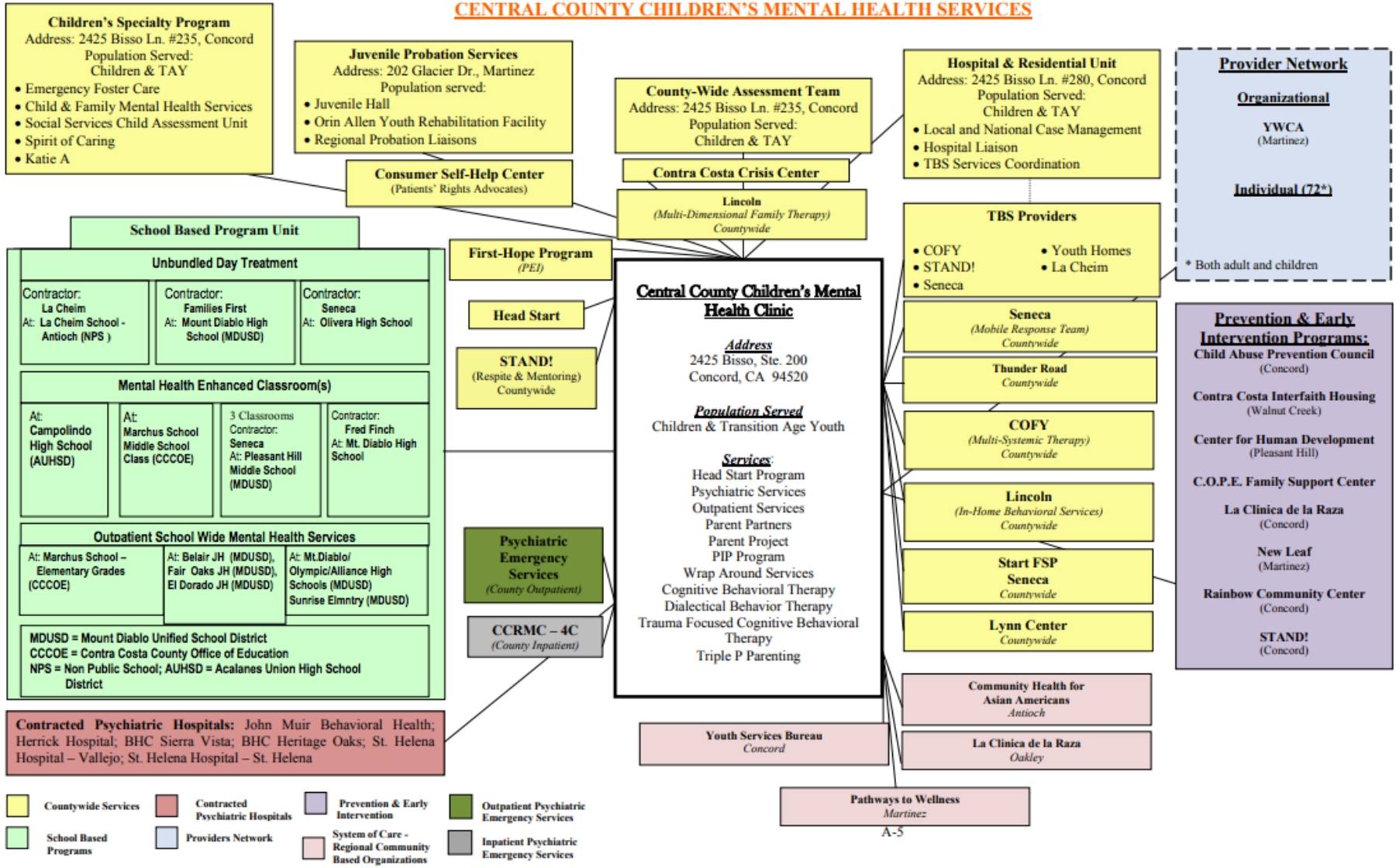
Community-based
programs

County Behavioral Health Services

- Coverage for serious mental health conditions is the responsibility of the County Mental Health Plans (MHP)
- Programs include inpatient and residential care, outpatient services, case management, crisis programs and school-based partnerships.
- Psychiatric staffing has been identified as a significant problem for many County Specialty mental health programs.
- Foster children are usually served by County Behavioral Health Programs.

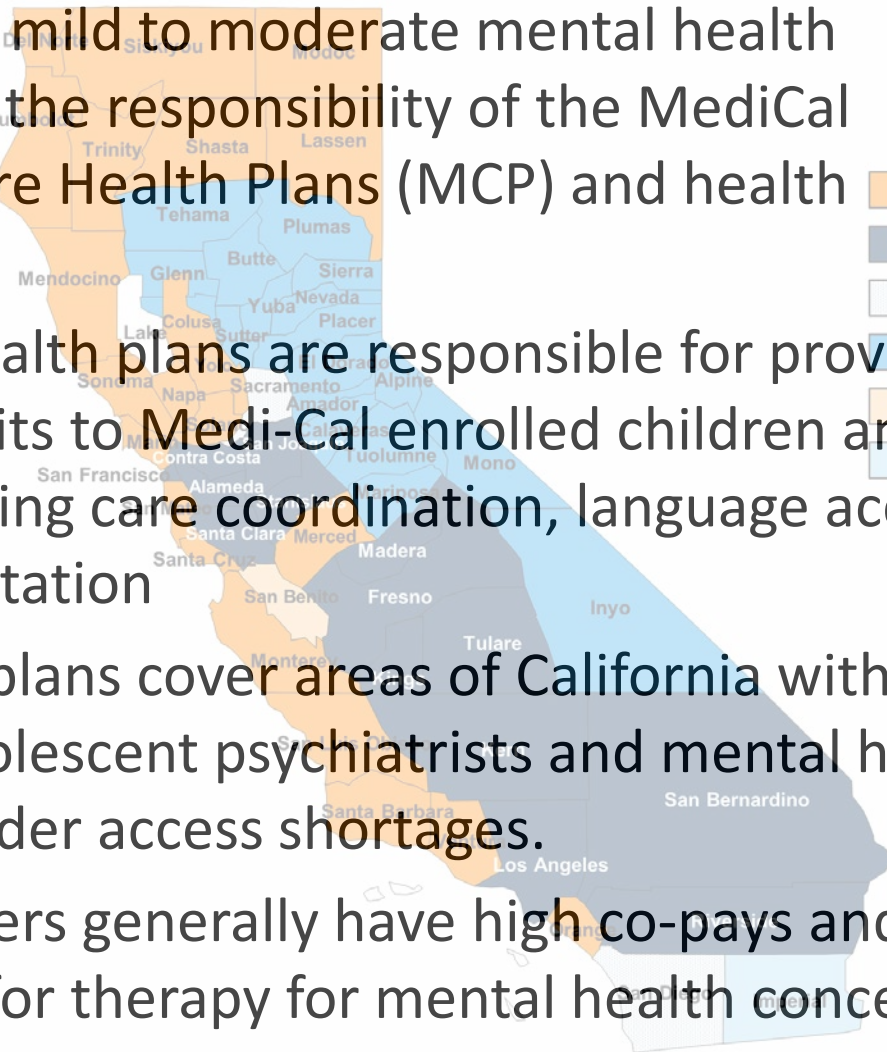


CENTRAL COUNTY CHILDREN'S MENTAL HEALTH SERVICES



Health Plans and Health Insurers

- Coverage for mild to moderate mental health conditions is the responsibility of the MediCal Managed Care Health Plans (MCP) and health insurers
- The MMC health plans are responsible for providing EPSDT benefits to Medi-Cal enrolled children and teens, including care coordination, language access and transportation
- Many MMC plans cover areas of California with no child and adolescent psychiatrists and mental health service provider access shortages.
- Private insurers generally have high co-pays and deductibles for therapy for mental health concerns



Many problems exist with the coordination of mental health services between specialty MHPs, MMC plans, primary care providers, schools and community-based organizations.

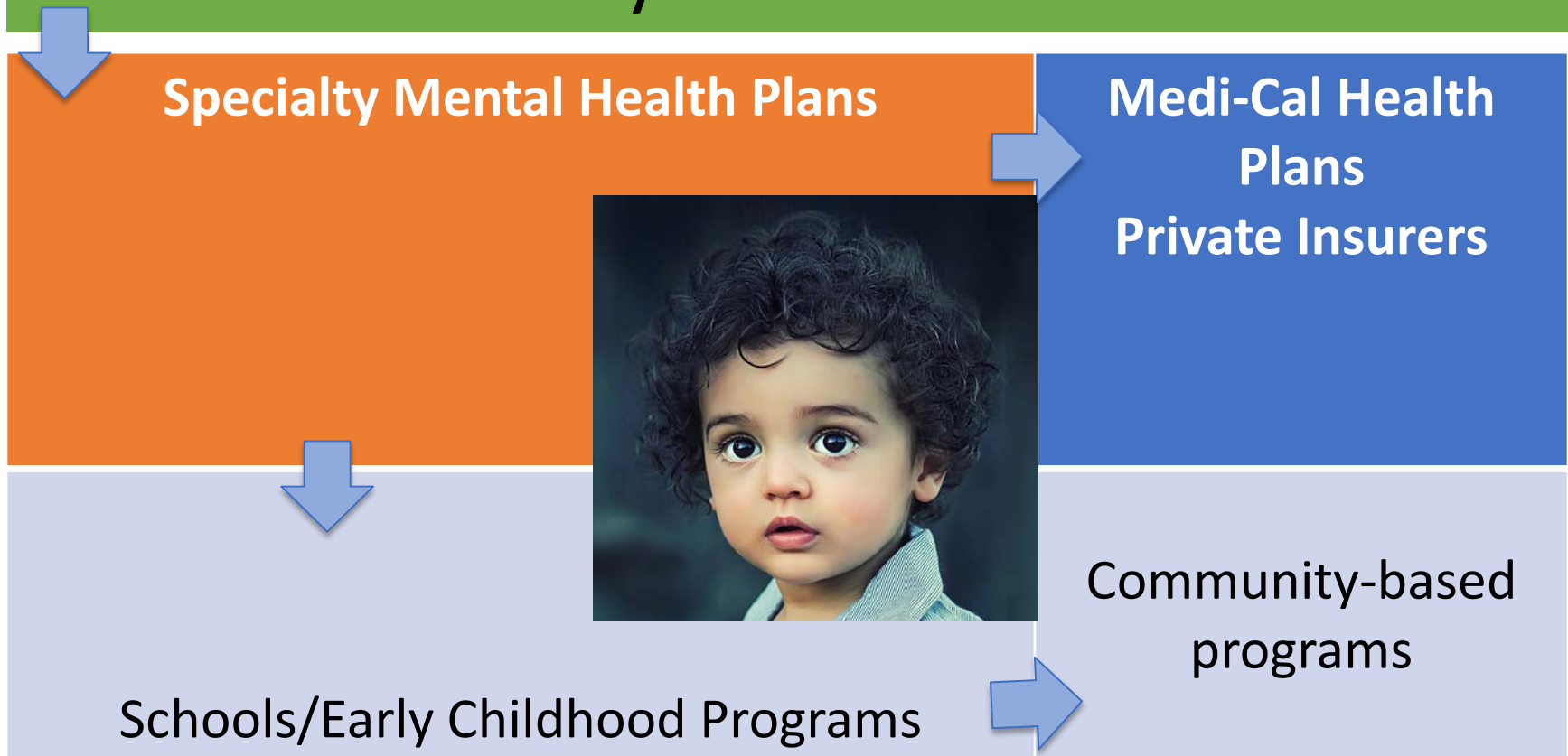
Community Based Organizations Schools, Early Childhood programs

- Many non-profit agencies provide mental health services on a sliding scale to interested families. They also have some contracts with specialty mental health programs and schools to provide therapy.
- Most children receiving mental health support through schools qualify as part of their Individualized Educational Plan
- Early childhood mental health programs, in participating preschools and child care programs support nurturing climates and individualized interventions



Childhood and Adolescent Mental Health Services Sources of Care - California

Primary Care Providers



Solutions and Advocacy

Pediatricians identified the following improvements that would enhance their ability to deliver effective mental health services

- Expanded access to child-trained psychiatrists
- Increased accountability of health plans, health insurers and County mental health plans
- Enhanced primary care resources, including integrated behavioral health
- Integration of MH services among practices, MH providers, schools and families
- Enhanced care coordination and outreach to families



Solutions and Advocacy

Lack of Available Providers/Adequate Reimbursement

LICENSED MENTAL HEALTH PROFESSIONALS

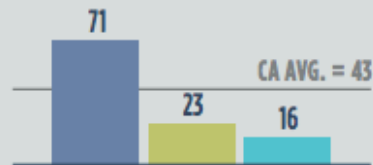
(2016) Per 100,000 people

BAY AREA

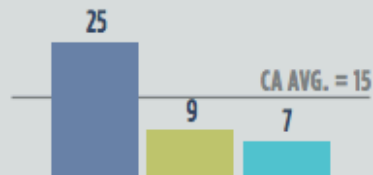
NORTHERN & SIERRA

SAN JOAQUIN VALLEY

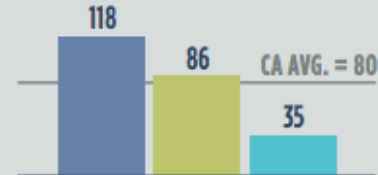
PSYCHOLOGISTS



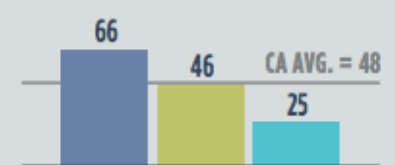
PSYCHIATRISTS



MARRIAGE & FAMILY THERAPISTS



LICENSED CLINICAL SOCIAL WORKERS



For more information and sources, see *Mental Health in California: For Too Many, Care Not There* at www.chcf.org/mentalhealth and *California's Current and Future Behavioral Health Workforce* at <https://healthforce.ucsf.edu/BHWorkforce>.

AAP Chapter 1 Mental Health Action Plan

Lack of Available Providers/Adequate Reimbursement

- Enhance mental health skills for practicing primary care providers
 - Developed a CME course
 - AAP Chapter 1 Mental Health website:
<https://www.aapca1.org/mental-health>
- Enhanced care coordination and outreach for pediatric mental health disorders
- Expanded access to child-trained psychiatrists for consultation and direct provision of services
- Explore the use of telepsychiatry, enhanced coding, exchange of information to improve connectivity



Improving Access to Mental Health Care through Behavioral Health Integration

Extensive literature has documented the efficacy of integrated behavioral health (IBH) and collaborative care in addressing childhood and adolescent mental health concerns



CLINIC

Practicing together

The primary care practice has a care provider for mental health practicing on-site who is responsible for screening and referrals and may provide therapy. This is often called co-location.




CARE COORDINATOR

Improving referrals and communication

A care coordinator manages referrals to care providers for mental health and needed social services, and maintains communication between the primary care practice and care providers for mental health.

IBH leverages the therapeutic relationship that pediatricians have with families to address child and family mental health concerns



Phone consultation

The primary care provider can receive consultation by phone about a diagnosis and treatment plan from the care provider for mental health.

and youth
ted care

AAP Chapter 1

Mental Health Action Plan

Difficulty navigating services

- Advocate for adequate network capacity
 - MediCal health plans are now required to report their network adequacy for mental health therapists serving children and teens.
 - Yet managed care health plans and specialty mental health plans vary in their rates of providing care for mental health conditions.
 - Partnership Health Plan 50.63 Mental Health visits/ 1000 member months
 - Santa Clara Family Health Plan 5.75 Mental Health visits/1000 member months
 - Advocate for re-design of the Behavioral Health system for children and youth
 - Advocate for integrated behavioral health for children and youth

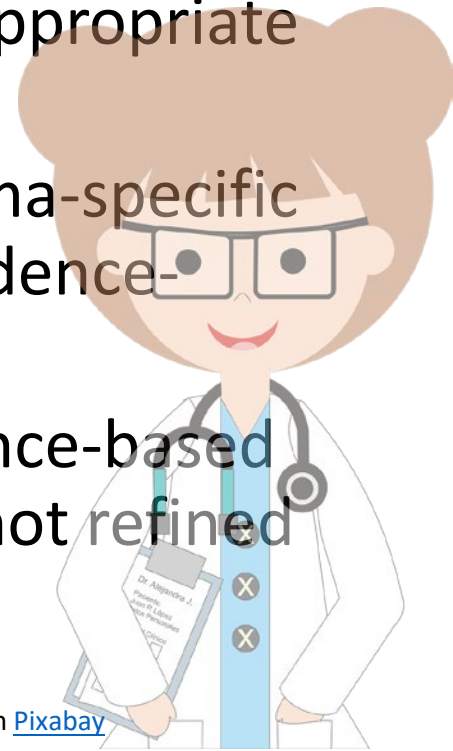


Trauma Screening

- DHCS is proposing to institute Trauma screening in primary care practices for children and adults up to age 65.
- The medical literature reflects disagreement regarding whether ACEs screening in primary care is appropriate or feasible
- Proponents: Harm is well-established; Trauma-specific interventions (e.g. trauma-focused CBT) evidence-based; Potential cost savings
- Opponents: Insufficient resources for evidence-based treatment in primary care; Screening tools not refined

Choi, Kristen R. ER al. Pediatrics. April 2019

Image by [Alejandra Jimenez](#) from [Pixabay](#)



Trauma Screening Recommendations

- Research to compare and refine screening tools
- Assure sufficient evidence-based treatment resources
- Cost-benefit analysis
- Support trauma-informed practice, integrated behavioral health
- Programs to prevent adversities

The May Revision of the California budget proposes funding to administer trauma screens and train providers.

Mental Health Initiatives

Welcome

Pediatricians are, and will continue to be, an important first resource for parents who are worried about their child's behavioral problems.



Finkelhor, David. Child Abuse and Neglect.2018

Survey Conclusions

California pediatricians note significant problems in access to mental health care for children and adolescents

Advocacy and prevention are needed to improve California children's resiliency and allow them to flourish.



Comments and Discussion

- Do these barriers to care apply to your county?
- Do you have any best practices to suggest for addressing these barriers?
- Do you have other suggested strategies to improve mental health access for children and teens?
- Do you have any best practices to suggest for preventing mental health illnesses in children and teens?

Resources

Measures of Access

- Specialty Mental Health
- Foster Care

<http://www.dhcs.ca.gov/provgovpart/pos/Pages/Performance-Outcomes-System-Reports-and-Measures-Catalog.aspx>

- MediCal Health Plans
 - Mild-Moderate Services

<https://www.dhcs.ca.gov/services/Documents/MMCD/March282019ADARRelease.pdf>

- Access

https://www.dmhc.ca.gov/Portals/0/Docs/OPM/2017TAR_1.pdf

<https://www.dhcs.ca.gov/formsandpubs/Pages/NetworkAdequacy.aspx>

Quality of Care/Funding

- MediCal Health Plans
 - HEDIS measures – Depression screening, Access to Primary Care Practitioners, ADHD meds

https://www.dhcs.ca.gov/dataandstats/reports/Documents/CA2017-18_EQR_Technical_Report_F1.pdf

- Citations, Grievances, Mental Health Equity
<https://www.dmhc.ca.gov/>
- Specialty Mental Health
 - MHSA Plans
<https://www.dhcs.ca.gov/services/MH/Pages/MHSA-County-Plans-and-Updates.aspx>
 - Mental health Parity
<https://www.dhcs.ca.gov/services/Pages/Mental-Health-Plan-Final-Rule-and-Parity-Information.aspx>