

Serving Early Psychosis Populations in California's County Behavioral Health System

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Who do counties serve?

- * All ages
- * Primarily Medi-Cal beneficiaries
- * People with a serious mental illness or serious emotional disturbance, per state regulations
- * People experiencing a mental health crisis
- * Indigent individuals, to the extent resources are available

How do clients access county mental health 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 mental health 24/7 toll-free access line
 - * County welfare or probation departments
 - * Law enforcement agencies and courts

What services do counties provide?

- * Medi-Cal Specialty Mental Health Services
- * Mental Health Services Act Services
- * Safety Net Mental Health Services

Medi-Cal Specialty Mental Health

- * In 1995, CA received federal Section 1915(b) “Freedom of Choice” waiver to provide “Specialty Mental Health”
- * DHCS operates and oversees, all counties have a contract
- * Counties are “Mental Health Plans” (MHPs)
 - * Managed care service model
 - * Provide or arrange for specialty mental health services for full scope Medi-Cal beneficiaries who meet medical necessity criteria

Medical Necessity for Under 21

- * Children and youth must have all of the following:
 1. An included diagnosis (next slide)
 2. A condition that would not be responsive to physical health care based treatment
 3. A reasonable probability the child will not progress developmentally as individually appropriate
- * The services are necessary to correct or ameliorate a mental illness and condition discovered by a screening
- * The proposed intervention is expected to allow the child to progress developmentally as individually appropriate

Covered Diagnoses (DSM-IV)

- * Pervasive Developmental Disorders, except Autistic Disorders
- * Disruptive Behavior and Attention Deficit Disorders
- * Feeding and Eating Disorders of Infancy and Early Childhood
- * Elimination Disorders
- * Other Disorders of Infancy, Childhood, or Adolescence
- * Schizophrenia and other Psychotic Disorders, except Psychotic Disorders due to a General Medical Condition
- * Mood Disorders, except Mood Disorders due to a General Medical Condition
- * Anxiety Disorders, except Anxiety Disorders due to a General Medical Condition
- * Somatoform Disorders
- * Factitious Disorders
- * Dissociative Disorders
- * Paraphilias
- * Gender Identity Disorder
- * Eating Disorders
- * Impulse Control Disorders Not Elsewhere Classified
- * Adjustment Disorders
- * Personality Disorders, excluding Antisocial Personality Disorder
- * Medication-Induced Movement Disorders related to other included diagnoses

Specialty Mental Health Services

- * Mental Health Services

- * Assessment
- * Client plan development
- * Rehabilitation
- * Collateral
- * Individual and group therapy

- * 24/7 crisis intervention

- * Crisis stabilization

- * Day treatment intensive

- * Day rehabilitation

- * Medication support

- * Inpatient hospitalization

Specialty Mental Health Services

- * Not clinic based, can be mobile and offered in community settings, including home or school
- * A wide variety of eligible providers
- * Individualized, driven by a client's treatment plan
- * Culturally and linguistically appropriate
- * Least restrictive environment
- * With parental consent, for minors

“Mental Health Services”

- * Designed to provide:
 - * Reduction of the beneficiary's mental or emotional disability,
 - * Restoration, improvement and/or preservation of individual and community functioning,
 - * Continued ability to remain in the community consistent with the goals of recovery, resiliency, learning, development, independent living and enhanced self-sufficiency
- * Face-to-face, telephone or by telemedicine anywhere in the community

“Rehabilitation”

- * Recovery or resiliency focused
- * Address a mental health need in the client plan.
- * Assistance 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
- * Includes support resources and/or medication education

“Collateral”

- * Services provided to a significant support person(s) in a beneficiary's life to support the beneficiary in achieving client plan goals
- * Consultation, training to assist beneficiary with resiliency, recovery, or improving utilization of services
- * Consultation and training for better understanding of mental illness and its impact on the beneficiary
- * Family counseling to improve the functioning of the beneficiary

“Therapy”

- * Focuses primarily on symptom reduction and restoration of functioning
- * Cognitive, affective, verbal or nonverbal strategies
- * Based on development, wellness, adjustment to impairment, recovery and resiliency
- * To acquire greater personal, interpersonal and community functioning or to modify feelings, thought processes, conditions, attitudes or behaviors which are emotionally, intellectually, or socially ineffective

California's Mental Health Services Act (MHSA)

- * Prop. 63 passed by voters in 2004, establishing a 1% tax on personal income in excess of \$1 million
- * Reduce the long-term adverse impact of untreated mental illness and expand on proven models
- * Counties gain approval of local plans through local stakeholder input, County Supervisors' approval

County MHSA Services

- * 80% for Community Services & Supports (System of Care)
- * 20% for Prevention and Early Intervention (PEI) programs
- * 5% of total county funding for Innovative programs

MHSA Youth Target Population

- * Seriously emotionally disturbed (DSM diagnosis which results in behavior inappropriate to the child's age) AND one of the following:
 - * Substantial impairment in at least two areas (self-care, school, family relationships, ability to function in the community) and either (a) at risk of removal from home or has already been removed from the home, or (b) the disorder and impairments have been present for more than 6 months or are likely to continue for more than one year without treatment.
 - * The child displays psychotic features, risk of suicide, risk of violence due to a mental disorder.
 - * The child has been assessed and determined to have an emotional disturbance related to federal IDEA law

Community Services & Supports

- * Full Service Partnerships (at least 51%)
- * General System Development
- * Outreach and Engagement
- * Mental Health Services Act Housing Program

Full Service Partnerships for Transition Age Youth

- * Unserved or underserved and one of the following:
 - * Homeless or at risk of being homeless
 - * Aging out of the child and youth mental health system
 - * Aging out of the child welfare systems
 - * Aging out of the juvenile justice system
 - * Involved in the criminal justice system
 - * At risk of involuntary hospitalization or institutionalization
 - * Have experienced a first episode of serious mental illness

Prevention & Early Intervention (PEI)

- * Prevent mental illnesses from becoming severe and disabling
- * Reduce outcomes of untreated mental illness:
 - * Suicide
 - * Incarceration
 - * School failure/dropout
 - * Unemployment
 - * Prolonged suffering
 - * Homelessness
 - * Removal of children from their homes
- * At least 51% for 25 years or younger

PEI - Prevention

- * Reduce risk factors and build protective factors
- * Bring about mental health and reduce negative outcomes
- * Individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average (and their families)

PEI – Early Intervention

- * Address and promote recovery and functional outcomes for a mental illness early in its emergence, including the negative outcomes that may result from untreated mental illness
- * Up to 18 months
 - * Up to 4 years if individual is experiencing 1st onset of a serious mental illness or emotional disturbance with psychotic features

PEI – Access & Linkage

- * Connect children and adults with severe mental illness as early in the onset of these conditions as practicable
- * Improve timely access to underserved populations
- * Non-stigmatizing and non-discriminatory approaches

PEI – Outreach

- * Engage, encourage, educate, and/or train and learn from potential responders
- * Increase recognition of early signs of mental illness program recognize and respond effectively to early signs
- * Examples of responders:
 - * Families
 - * Employers
 - * Health care providers
 - * Community-based, cultural brokers, and faith organizations
 - * Law enforcement and emergency medical service providers

PEI Evaluation Requirements

- * Reduce negative outcomes from untreated mental illness
- * Reduce prolonged suffering
 - * Reduced symptoms/improved recovery
 - * Reduced risk factors
 - * Increased protective factors
- * Numbers of referrals and engagement in treatment
- * Duration of untreated mental illness