The Children’s Behavioral Health Initiative and the System of Care Philosophy:
Progress towards Parity for Children's Mental Health and Promise for the Patient-Centered Medical Home

Peter Metz, MD
peter.metz@umassmed.edu
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<th>Source</th>
<th>Consultant</th>
<th>Advisory Board</th>
<th>Speakers’ Bureau</th>
<th>Research Support</th>
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Objectives

• Overview of System of Care Philosophy, the grounding values and principles for the Children’s Behavioral Health Initiative (CBHI)
• Overview of CBHI services
• Implications for the Patient-Centered Medical Home and Health Home
Parity Issues for Children’s Mental Health

• Screening for mental health disorders

• Access to Care, especially youth with what Medicaid defines as having “Serious Emotional Disturbance” (SED) = Axis 1 DSM Dx and a year or more of significant functional impairment in two or more domains (home, school, community)

• Availability of Intensive Home and Community Based services to avoid more restrictive hospital or residential setting, e.g. as compared to availability of home-based ventilator care
System of Care Values and Principles

• System of Care (SOC) has been the major federally-supported framework for improving children’s behavioral health delivery systems for over 20 years, including intensive care coordination high fidelity Wraparound

• SOC is the value frame for the Children’s Behavioral Health Initiative as well as other MA EOHHS services
SOC Values and Principles--2

- Child centered and family focused, with the needs of the child and family dictating the types and mix of services provided.
- Family partnership at all levels of the system
- Community based
- Culturally and linguistically competent with equal opportunity for access to care
- Coordination and collaboration among child-serving professionals and natural supports, aiming towards integrations of services into a single plan of care
SOC Values and Principles--3

• Access to comprehensive array of services
• Strength-based, Individualized service planning
• Priorities on early identification and intervention as well as transition into adulthood
• Measurement of outcomes, accountability and cost effectiveness
• SOC philosophy is consistent with broader health care reform values and principles
Rosie D. v. Romney

• A class action lawsuit filed in 2001 on behalf of children and youth with SED insured by Mass Health

• Alleged that the Massachusetts Medicaid program, MassHealth, had failed to meet the obligations of a component of the federal Medicaid entitlement “Early Periodic Screening Diagnosis and Treatment” (EPSDT)
Rosie D. v. Romney

- January, 2006, the Court found that MassHealth had not provided sufficient:
  - Behavioral Health Screening in primary care
  - Behavioral Health Assessments
  - Service Coordination
  - Home-based Behavioral Health Services
- Court’s final Order issued July 16, 2007
- CBHI legislation enacted to incorporate the court ordered remedy. Services began 6/30/09
Children’s Behavioral Health Initiative
Mission Statement

To strengthen, expand and integrate Massachusetts services into a comprehensive system of community-based, culturally competent behavioral health and complementary services for all children with serious emotional disturbance and other emotional and behavioral health needs, along with their families.
CBHI Service 1:
Intensive Care Coordination with High Fidelity Wraparound

• Youth with SED and Mass Health are eligible
• Family-driven, Youth-guided, individualized, team-based care planning process using a structured approach built on SOC values
• Adhere to specified procedures: engagement, individualized care planning, identifying and leveraging strengths and natural supports, and monitoring progress and process.
Wraparound - 2

• Wraparound incorporates a dedicated full-time care coordinator working with small numbers of families (1:10-14) and access to family and youth peer support: Parent Partners and Therapeutic Mentors, to develop and monitor a strengths-based plan of care

• Teams address youth and family strengths and needs holistically across domains of physical and behavioral health, social services, and natural supports
Wraparound from the Family Perspective

• Care Coordination, with needs identified and prioritized and team membership determined by the parents/caregivers
• No Blame, No Shame
• Voice and Choice
• Nothing About Us Without Us
• If the plan is not working, assume there is a problem with the plan, not the family
Evidence Base for Wraparound

• To date, 9 controlled published studies of Wraparound, 7 of which found consistent and significant outcomes in favor of Wraparound compared to control groups

• CMS Psychiatric Residential Treatment Facility Waiver Demonstration focusing on children with SED found average per capita savings ranging from $20-40K per year for children receiving high quality wraparound
Service 2: Youth Mobile Crisis Intervention

- Short-term (up to 7 days), mobile, face-to-face.
- Therapeutic response to a child’s mental health crisis by trained crisis professionals, including Family Partner support.
- In community settings, including the home.
- Avoids necessity of the family in all cases to bring the child to the emergency room setting to receive urgent care, which often involves a wait of several hours. 60% of evals are done in the community.
Service 3: Family Partners

• One-to-one relationship with parent or caregiver by a trained peer with previous “lived experience” raising a child with Serious Emotional Disturbance. No degree requirement
• Includes education, coaching, and support to improve effectiveness of the caregivers to parent their child with SED: “do for, do with, cheer on”
• Promotes engagement in treatment through increasing cultural competence by having a workforce that comes closer to reflecting the population served
• The lynch pin for what makes Wraparound different from typical case management
Service 4: 
In-Home Therapy Services

• In-home, intensive, family-based treatment
• Goals: treat child’s mental health needs & promote healthy functioning of the child in family, school and community
• Provided by a team: MA-level therapist and often a Family Partner (“Therapeutic Training and Support”)
Service 5: In-Home Behavioral Therapy Services

• Behavior Management Therapy (MA or PhD)
• Behavior Management Monitoring (BA)
• Specialized ABA-based service for children with persistent problem behaviors, who don’t benefit as much from talk-based therapies
• In any setting where the child is naturally located, including home, school, childcare centers
Service 6: Therapeutic Mentoring Services

- Structured one-on-one mentoring relationship between a young adult therapeutic mentor (BA) and child or adolescent
- Addresses daily living, social & communication needs in home, school or community settings
- Set goals to support social functioning
- Help support engagement of the youth in the wraparound care planning process and the services provided through the plan of care
Provider Network for Remedial Services

Care Planning Team
(Individual Care Plan)

Other Services, incl. primary care
Natural Supports

Mobile Crisis Response
In Home Crisis Services
In Home Behavioral Services

MassHealth Managed Care Entities’ Networks of Providers

Therapeutic Mentoring
Parent Peer-to-Peer Mentoring
Crisis Stabilization

20
Children’s Behavioral Health Initiative
Beyond Remedy Services

- Support the creation of a System of Care
- Workforce Development Strategies
- Strengthen Cultural Competence
- Training to Fidelity & Best Practice
- Measure Client & System-level Outcomes
- Long-term Cultivation of Evidence-Based Practice
CBHI Service Delivery

• Intensive Care Coordination
  – 12,396 FY 12
  – 9,656 FY 11
  – 6,479 FY 10

• Youth Mobile Crisis Intervention
  – 11,388 FY 12
  – 11,194 FY 11
  – 9,727 FY 10

• In Home Therapy
  – 19,362 FY 12
  – 12,529 FY 11
  – 7,492 FY 10

• Therapeutic Mentoring
  – 11,546 FY 12
  – 6,284 FY 11
  – 2735 FY 10
Caregiver Satisfaction with ICC Services

- 154 responses, 38.5% response rate
- Overall, I am satisfied with services my child receives: 98.6% Strongly agree or agree
- The services my child/family received were right for us: 97.4%
- My family got as much help as we needed for my child: 88.2%
- Staff treated me with respect: 99.3%
- Staff spoke with me in a way that I understood: 99%
- “Strongly agree” range from 69-88%
Impact of YMCI

• Approximately 60% of evals done in community, 40% in ED
• Inpatient admission rates for youth presenting to Emergency Support Programs prior to YMCI had been rising
• Inpatient hospitalization rate from YMCI intervention has dropped from 26% of all evals in July, 2009 to 16% in November, 2012
Resources on CBHI and Wraparound

- CBHI Website: [www.mass.gov/masshealth/childbehavioralhealth](http://www.mass.gov/masshealth/childbehavioralhealth)

- National Wraparound Initiative Website: [www.rtc.pdx.edu/nwi](http://www.rtc.pdx.edu/nwi)
Implications of SOC and CBHI for the PCMH and Health Home

• SOC Values and Principles are closely aligned with the charge for transformation in healthcare explicated in the IOM’s Crossing the Quality Chasm (2001)
Summary of new “rules” for a 21st century health care system:

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<th>Current Approach</th>
<th>New Rule</th>
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<td>Professional autonomy drives variability.</td>
<td>Care is customized according to needs and values.</td>
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<td>Professionals control care.</td>
<td>The patient is the source of control.</td>
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<td>Secrecy is necessary.</td>
<td>Transparency is necessary</td>
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<td>The system reacts to needs.</td>
<td>Needs are anticipated.</td>
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<td>Preference is given to professional roles over the system.</td>
<td>Cooperation among clinicians is a priority.</td>
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The Challenge of Enhancing Engagement into Services

• How often is engagement the rate limiting step for actually receiving care, including care coordination?
• NEJM article on evidence base for sertraline vs CBT for treatment of pediatric anxiety (NEJM 12/25/08)
  – 2000 patients screened in for the study
  – 761 pts showed up for the second visit (38%)
  – 24 % completed the 12 weeks of treatment, not counting the few who dropped out for adverse side effects
• The best treatment won’t help people who don’t avail themselves of it.
Implications of SOC and CBHI for the PCMH and Health Home

• Strategies to support patient engagement in shared decision making in the Patient-Centered approach to care of patients with complex needs are well represented by key elements of SOC/Wraparound
  – focus on care coordination that respects the patient’s priorities/voice and choice
  – No shame, no blame, nothing about us without us
  – Family Partners and Therapeutic Mentors can support engagement and cultural competence for youth and families who are at risk not to participate
Resource on the Relevance of SOC Approach to the PCMH and Health Home

• Recent SAMHSA Center for Mental Health Services release on Customizing Health Homes for Children with Serious Behavioral Health Challenges
  – http://bit.ly/WDGf0h