



Lucile Packard  
Children's Hospital  
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# Alameda County Committee on Children with Special Needs: Promoting Interagency Coordination

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# Creation of the Committee

- Established in 1993 as County-Wide Multi-Disciplinary Group
- Originally Created to Assist Alameda County to Plan for Implementation of Medi-Cal Managed Care for Children with Special Needs
- Emphasis on Children and Youth with Special Needs as Broadly Defined (e.g. CCS Conditions, Foster Care, Behavioral/Mental Health Conditions, Developmental Disabilities)
- Goal : Promote Access to Health Care for Vulnerable Children via Interagency Coordination

# Committee Membership

- Multi-Disciplinary, County-Wide Membership, e.g.:
  - Alameda County Child Health Programs (CHDP, CCS)
  - Family Resource Navigators
  - First 5 Alameda County
  - Hospital- and Community-Based Pediatricians
  - UCSF Benioff Children's Hospital Oakland
  - Lucile Packard Children's Hospital
  - Kaiser Permanente
  - Regional Center of the East Bay
  - Alameda Alliance for Health
  - Alameda County Behavioral Health Care
  - Special Education/SELPAs
  - DREDF
  
- Bring In Additional Partners as Needed, e.g., Beacon Health Strategies, Anthem Blue Cross



# Committee Activities

- Focus on Systems Issues Affecting Children and Youth with Special Needs
- Convene Multiple Partners to Identify Problems and Develop Solutions
- Develop Information and Resources for Pediatric Providers to Assist Children and Families to Access Care
- Current Issues Include:
  - Medi-Cal Managed Care Plan Responsibility for Mild to Moderate Mental Health Services
  - Medi-Cal Managed Care Plan Responsibility for Autism Services
  - Better Integration of Pediatric Primary Care and Mental Health Services



# Systems Care Coordination Improvements

## Medi-Cal Managed Care Plan Responsibility for Mild to Moderate Mental Health and Autism Services

- Work with Alameda Alliance for Health/Beacon Health Strategies and Anthem Blue Cross to Improve Access to Services for Children and Youth
- Committee Recommendations to AAH/Beacon Accepted:
  - Training Webinars for Primary Care Providers on New Benefits and Referral Process
  - Changes to Referral and Family Consent Forms
- Alerting Primary Care Providers to Anthem Blue Cross Procedures for Accessing Provider Network
- Circulating Mental Health/Autism Services Barrier Report Form to Capture Data on Access Problems



# Systems Care Coordination

## Improvements

### Improved Integration of Pediatric Primary and Behavioral Health Care

- Systems Barriers to Direct Communication Between Children's PCPs and EPSDT Mental Health Providers
- Result Is Poor Coordination Between Pediatric PCPs and County-Contracted Mental Health Providers
- Created Multi-Disciplinary Subcommittee (County Behavioral Health, PCPs, Mental Health Providers, Families)
  - Created Online Tool Kit for Providers
  - Organized Training for PCPs/Mental Health Providers
  - Working on County-Mental Health Provider Contract Language to Require Better Coordination with PCPs
  - Potential County Payment for PCP-Mental Health



# Systems Barriers to Care Coordination

- Division of Child-Focused Services and Agencies in Separate Silos at State and Local Levels
  - Different Programs for Different Conditions
  - Differing Program Eligibility Criteria
  - Programs May Not Play Well Together
  - Few Incentives for Programs to Coordinate
- Few Local Vehicles for Systems-Level Coordination
  - Must Be Stable to Attract Long-Term Membership and Build Trust
  - Require At Least Minimal Paid Staff to Support Activities



# Conclusion: Interagency Coordination Can Make a Difference for Children with Special Needs

- Systems Coordination Should Be Promoted At All System Levels, from State to Local
- Must Be Multi-Disciplinary, including Families of Children with Special Needs
- Must Be Stable and Long-Term to Build Trusting Relationships
- Requires Paid Staff Support

