

DEPARTMENT OF HEALTH CARE SERVICES - SYSTEM OF CARE

PHYSICAL AND MENTAL HEALTH – PANEL VI WRITTEN RESPONSES

1. How does the Department define interagency care coordination and the role of the Department in engaging in interagency care coordination with other state departments and agencies?

Physical Health

At the state level, the Department of Health Care Services' (DHCS's) role in interagency coordination includes joint policy and program development, administration, funding, and quality assessment with the California Department of Social Services (CDSS), the California Department of Developmental Services (DDS), the California Department of Public Health (CDPH), and the California Department of Education (CDE). Recent examples include policies developed with DDS for the developmentally disabled waiver, CDSS for the in-home supportive services program, to improve services for mental health conditions for children in foster care, and coordination with CDE to address local CCS Medical Therapy Program (MTP) concerns. At the local level, DHCS promotes partnerships for referrals to providers and agencies to address a child's identified needs, as well as care teams that coordinate multiple service providers. Also, within DHCS there are partnerships across managed care, California Children's Services (CCS), mental health and substance use disorder services, dental services, and eligibility programs, to provide consistent and coordinated health care policy and operations for children.

DHCS partners with state, county, and local agencies, public and private organizations, providers, and families to promote the coordination of physical health, mental health, developmental disability care, and education services. As the single state Medicaid agency and California's administrator for the State Children's Health Insurance Program (S-CHIP), as well as the administrator of CCS, DHCS leads the state's physical, mental health and dental care delivery system for children with special needs.

Mental Health:

DHCS understands the importance of engaging in interagency care coordination and works closely both intra-departmentally and with other state departments to coordinate care. While DHCS does not have a formal "definition" of interagency care coordination, we consider interagency and intradepartmental care coordination to involve the following key components and principles as it relates to mental health services:

- The intentional organization of beneficiary care activities between two or more systems involved in the beneficiary's care to facilitate the appropriate delivery of health and behavioral health care and other services, including but not limited to social services, and educational services;
- Inclusion of the beneficiary, and, as appropriate, the beneficiary's family members in treatment planning;
- Effective care coordination meets patients' needs and preferences in the delivery of high-quality, cost-effective health and behavioral health care and guides the delivery of safe, appropriate, and effective care.
- Effective care coordination strategies should include:
 - Bi-directional referral processes;
 - Intensive case management;
 - Data and information sharing/exchange;

- Cross-system education and training; and
- Coordinated, whole-person centered service provision.

2. How does the Department coordinate with other state departments and agencies in the delivery of care and services for children with special needs and their families? Please provide MOUs when available.

Physical Health:

DHCS has interagency agreements with CDPH for Title V activities, CDE for MTP services, CDSS for child welfare/foster care and In-Home Supportive Services, DDS for developmental services, and the California Department of Rehabilitation (DOR). Under each of these agreements, DHCS works collaboratively with the respective state departments, providing joint policy and operations, data reporting, and Medicaid and S-CHIP funding.

Mental Health

California administers the 1915(b) Specialty Mental Health Services (SMHS) waiver whereby Medi-Cal mental health services are provided through a contract with each county Mental Health Plan (MHP) to provide medically necessary SMHS to eligible Medi-Cal beneficiaries. The contract template can be viewed at:

<http://www.dhcs.ca.gov/services/MH/Documents/Attachment%20%20MHP%20Contract%20Boilerplate.pdf>

All beneficiaries receiving SMHS are considered to have “special health care needs.”

Medi-Cal Managed Care Covered Mental Health Services

Effective January 1, 2014, Medi-Cal managed care plans (MCPs) cover mental health services for beneficiaries diagnosed with a mental health condition as defined by the current diagnostic and statistical manual of mental disorders resulting in mild to moderate distress or impairment of mental, emotional, or behavioral functioning (those who do not qualify for SMHS). The implementation of the MCP mental health services did not change the array of SMHS services, or the MHPs’ responsibility for providing or arranging for the provision of these services.

MHPs are required to enter into a Memorandum of Understanding (MOU) with any MCP that enrolls beneficiaries covered by the MHP to ensure effective and quality care coordination for beneficiaries that are covered by both the MHP and the MCP. MOUs include the following elements:

- Covered Services and Populations
- Oversight Responsibilities of the MCP and the MHP
- Screening, Assessment, and Referral (including an agreed-upon assessment tool)
- Care Coordination
- Data/Information Sharing/Exchange
- Reporting and Quality Improvement Requirements
- Dispute Resolution
- After-Hours Policies and Procedures
- Member and Provider Education

As DHCS is not a party to the MOUs between MHPs and MCPs, we do not have a template to provide in response to this question. DHCS’s Mental Health Services Division works closely with the MHPs and the MCPs to facilitate communication and effective care coordination,

especially care coordination for beneficiaries with complex diagnoses. DHCS hosts inter-divisional quarterly meetings with MHPs and MCPs to further these goals.

Katie A. v. Bonta

As a result of the *Katie A. v. Bonta* Settlement Agreement and subsequent Implementation Plan, CDSS and DHCS, agreed to perform a number of actions including the establishment of a Shared Management Structure (SMS) to develop a shared vision and mission statement, provide policy and program direction with clear and consistent guidance, and develop outcome and accountability measures. The SMS consists of a Transformation Manager/Facilitator and two leadership teams—the Executive Team (ET) and the Community Team (CT).

The Transformation Manager/Facilitator works across both departments and has experience with families and youth with lived experience. The ET is composed of senior leadership from both departments and it provides leadership and decision-making in the implementation of Child Welfare/Mental Health state interagency and intra-agency collaborative policy and practice consistent with the Core Practice Model. The CT is comprised of family and youth members, advocates, providers, county representatives and state representatives from the ET. The role of the CT is to ensure that stakeholders are engaged and equal partners in leading the collaborative effort to change policy and practice. The team provides leadership, direction, advice, and feedback about state policies and programs relevant to service delivery, data collection, quality improvement, and accountability regarding child welfare youth and families who need mental health services. Both, the ET and CT, meet on a monthly basis.

The departments are in the process of finalizing a Memoranda of Agreement (MOA) articulating the Interagency Policies and Procedures, in order to better coordinate child welfare and mental health systems, program, and practice efforts that will serve child welfare youth with mental health needs.

Collaboration with the California Department of Education (CDE)

On June 30, 2011, Assembly Bill (AB) 114 (Chapter 43) was signed into law. Under AB 114, several sections of Chapter 26.5 of the California *Government Code* (GC) were amended or rendered inoperative, thereby ending the state mandate on county mental health agencies to provide mental health services to students with disabilities.

AB 114 also returned responsibility for ensuring that students with disabilities receive the mental health services from the former Department of Mental Health (DMH) back to the school districts, and State administration and oversight to CDE.

In 2012, DMH was eliminated, and the SMHS program transitioned to DHCS. To the extent that DHCS is required by law to provide or pay for Medicaid (Medi-Cal) specialty mental health services that may also be considered special education or related services, DHCS must do so directly or through a contract or other arrangement.

Following the passage of AB 114, DHCS now collaborates with CDE to help ensure that students with mental health needs receive timely, medically necessary specialty mental health services that are identified in the child's individual education program.

To formalize this collaboration, DHCS and CDE are in the process of drafting an interagency agreement (IA) between the two departments that will clarify the two departments' roles and responsibilities and formalize coordination activities.

Examples of coordination tasks that may be included in the draft IA between DHCS and CDE include:

- Designated staff to facilitate and monitor statewide interagency collaboration and coordination between the two departments;
- Developing and providing training and/or technical assistance to each department's staff on relevant subjects;
- Collaboratively planned and implemented training for MHPs and local education agencies (LEAs) that facilitates local interagency collaboration and service delivery;
- A dispute resolution process; and
- Agreement to mutually discuss issues MHPs and LEAs may want to consider including in contracts developed at the local level and how such information can best be conveyed to local partners, e.g., MHPs and LEAs.

3. Please list the interagency care coordination activities and relationships currently underway by the Department for children and youth with special needs and how these activities are funded, specifically the funding source and estimated monetary figure allocation?

Physical Health

- As part of the CCS Redesign effort, DHCS's Whole Child Model proposes an organized delivery system in a limited number of counties to improve care across primary and specialty care, through local partnerships between health plans, counties, providers, and regional centers. In addition, the CCS Care Coordination Technical Workgroup has discussed best practices and program improvements around mental health and physical health coordination for children and youth with special health care needs. These efforts are funded with existing DHCS state and federal resources.
- To improve services for mental health conditions for children in foster care, DHCS has worked with CDSS to develop strategies under the Foster Care Quality Improvement Project, as well as interventions and monitoring. DHCS has developed guidelines and informational materials for providers, counties, and youth. DHCS will also provide further guidance to county staff through the Health Care Program for Children in Foster Care. These efforts are funded with existing DHCS state and federal resources.
- DHCS is partnering with Medi-Cal managed care plans and DDS to implement the Behavioral Health Treatment benefit in 2016. These efforts are funded with existing DHCS state and federal resources.
- DHCS is working with local Child Health and Disability Prevention programs to promote partnerships among local county public health, CCS, and mental health agencies, as well as health plans, medical and dental providers, and continue local strategies for referrals and coordinated care. These efforts are funded with existing DHCS state and federal resources.
- The Medi-Cal 2020 1115 Waiver recently approved by the federal Centers for Medicare and Medicaid Services provides federal funding for local interagency partnerships via the Whole-Person Care Pilots and Dental Transformation Initiative. These efforts are funded with existing DHCS state and federal resources.
- DHCS partners with CDPH for Title V joint reporting on shared goals to improve the delivery system for children and youth with special health care needs. These efforts are funded with existing DHCS federal resources.

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- DHCS hosts the bi-monthly Medi-Cal Children's Health Advisory Panel, a forum for stakeholders to discuss cross-cutting issues affecting children enrolled in Medi-Cal. These efforts are funded with existing DHCS state and federal resources.
- DHCS has ongoing meetings with CDE to discuss the CCS MTP and related local special education issues to enhance coordination of services for children with special health care needs. These efforts are funded with existing DHCS state and federal resources.
- In July 2014, DHCS, the California Department of Rehabilitation (DOR), and the federal Social Security Administration signed a Memorandum of Understanding to provide Medi-Cal data to the SSA on youth receiving Supplemental Security Income (SSI) and their families enrolled in the Promoting Readiness of Minors in SSI (PROMISE) model demonstration project funded by the US Department of Education. The purpose of PROMISE is to improve the provision and coordination of services and supports for child SSI recipients and their families in order to achieve improved outcomes, such as completing postsecondary education and job training to obtain competitive employment in an integrated setting that may result in long-term reductions in the child recipient's reliance on SSI. These efforts are funded with existing DHCS state and federal resources.
- DHCS is a member of the PROMISE Interagency Council whose purpose is to review the progress in meeting PROMISE goals and objectives and to ensure effective operation of the program through demonstrated organizational support.
- Infants with hearing loss identified through the Newborn Hearing Screening Program are referred to the Early Start program, administered in collaboration with CDE.
- The Hearing Conservation Program is a statewide program administered by DHCS and CDE that provides comprehensive screening to identify hearing loss in children up to age 21.
- The California Perinatal Quality Care Collaborative is a statewide initiative in partnership with CDPH, established to improve health care quality for mothers and infants, particularly in CCS-approved Neonatal Intensive Care Units throughout California.

Mental Health:

- As described on page two, MHPs are required to enter into an MOU with any MCP that enrolls beneficiaries covered by the MHP to ensure effective and quality care coordination for beneficiaries that are covered by both the MHP and the MCP. DHCS's Mental Health Services Division works closely with the MHPs and the MCPs to facilitate communication and effective care coordination, by hosting inter-divisional quarterly meetings with MHPs and MCPs to further these goals.

Medi-Cal Managed Care Covered Mental Health Services

- Funding for MHP and MCP coordination is included in the MHPs' and MCPs' general operating administration costs which for MHPs are funded by federal Medicaid funds and local county funds, and for MCPs are funded by federal Medicaid funds and state general funds.

Katie A. v. Bonta

- There is no specific funding allocation for the Shared Management Structure between DHCS and CDSS. The Executive Team as well as staff from both departments conduct

activities and related work as part of their existent activities and duties. Funds to reimburse the Transformation Manager are provided by CDSS.

Collaboration with CDE

- There is no designated funding for the interagency coordination activities between DHCS and CDE.

4. Does the Department share resources with other departments and agencies to support interagency care coordination activities for children with special needs; if so please provide examples?

Physical Health:

DHCS shares resources with several departments and agencies to support interagency care coordination for children with special needs. Key examples include:

- As the single state Medicaid agency for California, and the administrator for S-CHIP in California, DHCS provides federal Medicaid and S-CHIP funding to CDSS, DDS, and local health, social service, mental health, and education agencies for a wide array of health programs for children with special needs.
- Title V funding is shared by DHCS and CDPH, to fund local CCS and maternal, child and adolescent health programs.

Mental Health

In regards to the Shared Management Structure between DHCS and CDSS, resources are shared at multiple levels. The departments formed a “state team” with staff that work collaboratively on projects such as the development of joint information notices, manuals, etc. This team meets on a weekly basis. Both departments contribute to the success of this team by allowing the team to utilize both departments’ resources such as conference rooms, conference lines, posting documents on each other’s websites, implementation of a share point drive, access to buildings (i.e., DHCS staff have CDSS badges), etc. In addition, each department’s resources are leveraged for the benefit of the team as a whole. For example, CDSS and DHCS have contracts with training entities that are utilized to provide training to each other, to counties, providers, youth and families and other stakeholders or for the development of manuals or other training curricula. Moreover, CDSS used one of its contracts to bring on board the Transformation Manager/Facilitator who will assist both departments in the establishment of the shared management structure (noted in response to question 2).