Georgia's Children's Mental Health System: A New Vision

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Why Community-Based Care?

Community-Based vs. Institutional

- Strong evidence of clinical efficacy
- Cost savings
- Meets Olmstead requirements of the ADA

- Weak evidence base
- Expensive
- Olmstead concerns

Surgeon General's Report on Mental Health: Institutional Care vs. Community-Based Care

- RTCs
  - Used by only 8% of children with SMI but consumes nearly 25%of children's MH budget
  - "Only weak evidence for their effectiveness"
- Hospitalization
  - Concerns with excessive and inappropriate use
  - Consumes about 50% of children's MH budget
  - Intervention with "weakest research support"
- Home-based services/SOC
  - "Strong record of effectiveness"
  - SOC reduce rates of re-institutionalization, reduce out-of-state placement, and improve outcomes
- Therapeutic Foster Care
  - Least restr. form of out-of-home care
  - Improvement in behavior, lower rates of re-institutionalization
  - TFC "produces better outcomes at lower costs than more restrictive types of placements"

2006 SAMHSA Data on Children's Community-Based Mental Health Care

- Reduced costs due to fewer days in inpatient care
- Decreased utilization of inpatient facilities
- Reduced arrests translating into cost savings
- Mental health improvements sustained

2006 SAMHSA Data (cont.)

- Suicide related behaviors significantly reduced
- School attendance improved
- School achievement improved
- Significant reductions in placements in juvenile detention and other secure facilities

Cost Savings With Better Outcomes: Example of Wraparound Milwaukee

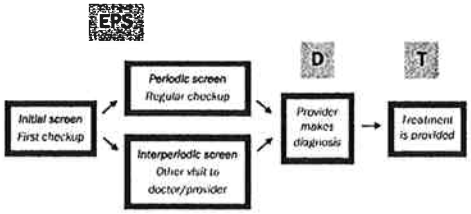
- Cost: RTC monthly cost of $8-10,000 vs. $3,900 per month for WM (vast majority funded by Medicaid)
- Outcomes of WM: vast majority of children in RTCs returned to home/communities; reduced number of days in psych hospital; decreased level of dysfunction; reduced recidivism; educational success

BASICS OF EPSDT

Early and Periodic Screening, Diagnosis and Treatment, 42 USC § 1396d(r)

Screening services and such "other *necessary* health care, diagnostic services, treatment, and other measures . . . *to correct or ameliorate* defects and physical or *mental illnesses* and conditions discovered by screening services, *whether or not such services are covered under the State plan*.

Diagnosis and Treatment



Treatment

- All **necessary** treatment within 1396d(a)
- To "**correct or ameliorate** physical and mental illnesses and conditions"
- Even if the service is not covered under the **state plan**

Medical Necessity

- "Necessary" = medically necessary
- Generally defined as a decision by a health care professional/provider that a person's condition requires a service/course of treatment to address or improve a condition

What does "correct or ameliorate" mean when a problem is found during a screening?

"Correct" means to resolve a health problem or condition.

"Ameliorate" means to lessen the burdens of the problem.

State Plan Issues

- States must provide services so long as they **could be** covered under a state Medicaid plan
- For children, states must cover both mandatory services and services that would be optional for adults
- Fact that another state is covering a service under Medicaid is evidence that the service could be covered under a state Medicaid plan, and therefore, a child in any state should be able to get that service.

Medicaid Categories for Mental Health Services:

- Rehabilitation***
- Case management/targeted case management***
- Clinic
- Physicians & other qualified providers (defined by state)
- General and psychiatric hospitals
- Prescription drugs
- Transportation

Examples of Covered Community-Based Services for Children:

- Screening
- Assess/eval/diagnosis
- Service planning
- Indiv, grp, fam therapy (incl. FFT, MST, etc.)
- Crisis intervention + mobile
- Case management
- Targeted case management
- Therapeutic foster care (minus R&B)
- Meds management
- Intensive in-home/wraparound services
- Parent ed on disorder
- Behavioral aide/mentoring
- Day treatment
- Ther. Recreation
- School-based MH services
- Transition services
- Skills training
- Substance abuse services

No Restrictions on Locations in Which Medicaid Services May Be Provided

- Medicaid can be used to fund services outside of the hospital and clinic settings.
- The services can be provided in the places where children are – such as the home, school or other community settings.
- May also include after-school programs, summer programs, therapeutic nursery programs, and early intervention programs.

States' Coverage of Skills Training as Rehabilitative Services

- Social skills
- Communication
- Coping skills
- Anger mgmt.
- Behavior mgmt.
- Adaptive skills
- Basic living skills
- Indep. living skills (incl. using transp., $ mgmt., shopping, accessing comm. resources)
- E-ment skills
- Education skills
- Housing skills

Adolescent Substance Abuse Services – Best Practices

- Treatment for adolescents differs from adults – must take into account age, level of maturity, and family and peer environment.
- Social skills building more effective than information or "scaring kids straight"
- For co-occurring disorders, MH and SA treatment should be integrated. Should have planning in collab. with other involved systems (e.g., JJ, CW)
- Adol. SA programs should include daily scheduled activities (incl. positive rec. activ.), peer mentoring, conflict resolution, education and vocational training.

Coverage of SA services for Adolescents:

- SA outpatient and intensive outpatient
- Ambulatory detox.
- Crisis services
- Case management/intensive case management
- Counseling (indiv., group, family)
- Medication management
- Mentoring
- Peer support
- Skills training (incl. vocational and educ.)
- Social/rec. activities
- Day treatment for SA
- TFC

Medicaid Litigation Re: Community-Based Children's Mental Health Services

J.K. v. Eden (AZ)

- EPSDT class action seeking mental health services for all eligible children in the behavioral health system
- State held responsible for private companies for which it contracted for managed care
- Settlement agreement to create and provide community-based services under agreed-upon principles

Highlights of *J.K. v. Eden* Principles

- Services provided in most integrated setting appropriate (focus on home and community)
- Comprehensive array of behavioral health services (incl. case management)
- Best practices – focus on EBPs and ensuring adequately trained and supervised providers
- Inter-agency collaboration
- Individualized services
- Collaboration with child and family
- Functional outcomes (e.g., placement stability, school success, live with family, avoid delinquency)

Katie A. v. Bonta (CA)

- Class action on behalf of CA children in or at risk of placement in state's foster care system who have mental health needs; claims under EPSDT and ADA (Olmstead)
- Challenges CA's practice of placing children in restrictive settings instead of providing community-based services (wraparound services & TFC)

Katie A. – Wraparound Services

- Wraparound services = highly individualized, community-based services for children with emotional/MH needs
  - Development and coordination of services is an interagency, team-driven process (child and family teams)
  - Individualized treatment plan is strength-based and culturally sensitive and includes formal services and natural supports
  - Typical services include comprehensive, strength-based assessment; service plan development and modification; crisis stabilization and planning; individual/family therapy, intensive home-based services; psycho-education, and med. mgmt

Katie A. – Therapeutic Foster Care

- TFC = service for children with SED who cannot be cared for in their own home but can benefit from a home-like setting
  - Alternative to institutional care (esp. RTCs)
  - Employs a strength-based, needs-driven approach
  - Uses foster parents specially trained to deal with children with MH issues
  - Services implemented through an individualized treatment plan including home-based services, mental health services, and crisis intervention

Katie A. – Motion for Preliminary Injunction

- Moved on Medicaid and ADA claims
- Presented evidence to the court, through expert declarations, on (1) the medical necessity of wraparound and TFC; and (2) the ability of Medicaid to cover component services of wraparound and TFC
- Presented evidence, through declarations, of other states whose Medicaid systems cover wraparound services and TFC

Katie A. – Current Status

- Remand from 9th Circuit, and plaintiffs moved for a renewed motion for preliminary injunction.
- Recently, judge assigned a special master to the case. He ordered the parties into negotiations to address coverage and billing of wraparound services, and gave the special master authority to make findings of fact on the motion.
- Also have ordered the parties to discuss eligibility criteria, estimates of need, capacity, infrastructure, etc.

Rosie D. v. Romney (MA)

- EPST class action on behalf of children with SED seeking to compel MA to provide intensive home-based services to allow children to receive services in their homes and communities
- "Home-based services" include: assessment and decision-making by child and family team; intensive care coordination; and home- and community-based support services
- In January 2006, court found home-based services are medically necessary to prevent unnecessary removal from home and unnecessary institutionalization of class members and can be covered by Medicaid

Rosie D. – Current status

- Developing and beginning to implement the following community-based services :
  - Intensive care coordination
  - Comprehensive home-based assessment
  - Mobile crisis intervention and stabilization
  - Crisis stabilization (in-home)
  - In-home behavioral services
  - In-home therapy services
  - Mentoring

Ideas for Next Steps

- Identify the children served and MH services provided by each child-serving system (e.g., MH, foster care, JJ, schools)
- Identify unmet needs (e.g., kids not receiving services, underserved, receiving inappropriate services, on waiting lists, etc.)
- Examine funding issues (Medicaid coverage, use of state funds, institutional and hospital care vs. community care)
- Develop a strategy (including principles)

Other Resources

- Bazelon Center webpage and publications at www.bazelon.org
- Center for Public Representation's Rosie D. webpage: www.rosied.org

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