

Referrals, Accountability, and
Communication Between
California Counties and
Healthy Families Health Plans

Executive Summary

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INTRODUCTION

In 1998, the California Institute for Mental Health developed the *Implementing Healthy Families Mental Health and AOD Benefits Project*, supported through a grant from the David and Lucile Packard Foundation, to assist counties and health plans implement the Healthy Families Program (HFP) mental health and alcohol and other drug services benefits. Working closely with key representatives from health plans participating in HFP, California Mental Health Directors Association (CMHDA), Managed Risk Medical Insurance Board (MRMIB) staff, and the State Department of Mental Health (DMH), this project has served to convene those involved in the implementation of these benefits, and encourage identification and development of strategic responses to obstacles in providing the services as planned. This Executive Summary represents one of the work products developed within this CIMH project.

The mental health benefits for the Healthy Family Program are designed to utilize the resources of the health plans participating in HFP, as well as the county mental health departments. Health plans provide the “basic” mental health benefit that includes less intensive mental health services, such as limited outpatient therapy visits and medication management, as well as “high end” services in the form of limited inpatient psychiatric hospitalization. When a child is determined to meet the W&I codes for Serious Emotional Disturbance (SED) (W&I Code 5600.3), and to be in need of additional mental health services, the county mental health departments are responsible for providing the “SED” mental health benefit to children within the HFP. This benefit makes available the array of mental health services offered by the local county mental health department for children with SED.

California has had, up to this point, very little experience with this type of private/public relationship between health plans and the public mental health system. The absence of such history appears to play a role in many of the struggles to implement the HFP mental health benefits as quickly and effectively as possible. In response to this issue, the CIMH project, with the participation of three county mental health departments and the health plans participating within HFP in these counties, completed an in-depth assessment of mental health service provision to HFP beneficiaries within these three counties.

The CIMH project engaged the services of Managed Care Economics and Planning (MCEP) of Berkeley, a consulting group with extensive experience in public and private health systems to work with this component of the project. The report “Referrals, Accountability, and Communication Between California Counties and Healthy Families Health Plans” highlights their findings regarding the areas that must be addressed to enhance the utilization of the HFP mental health benefits. The CIMH project, with the assistance of MCEP, is currently undertaking a series of activities designed to respond to the initial report findings, to develop materials designed to assist county mental health departments and health plans to overcome some of the barriers to the smooth provision of the HFP mental health benefits. As a first step in this process, the CIMH project is providing you with the Executive Summary of the report.

EXECUTIVE SUMMARY

In the spring of 2000, the California Institute for Mental Health engaged Managed Care Economics & Planning (MCEP) of Berkeley to address three particular issues that have arisen during implementation of California's Healthy Families program and its mental health benefits:

- The availability of data and information systems necessary for effective oversight and monitoring of mental health services;
- The referral by health plans of children with SED to county mental health departments for services, referrals required by the Healthy Families program; Counties' ability to identify and refer current mental and
- Health clients eligible for, but not enrolled in, Healthy Families benefits.

The project comprised a series of meetings, structured interviews, and focus groups with three health plans (serving over 50% of Healthy Families enrollees) and three counties (Los Angeles, San Mateo, and Stanislaus), as well as extensive collection and review of available data, background material, and best practices literature.

The project resulted in the presentation of findings and recommendations. The consulting team identified a large number of detailed findings and recommends a set of detailed steps to improve the functioning of the Healthy Families mental health services. The details of the project are presented in the context of five major findings, and four major recommendations, summarized below.

MAJOR FINDINGS

Five major issues affect each of the specific areas this project examined:

- The current lack, at both health plans and the counties, of effective collection and reporting of data on referrals, eligibility, utilization, and costs for Healthy Families enrollees. These gaps affect accountability, quality of care, and county finances (which indirectly affect all indigent residents in need of mental health services).
- The total number of children enrolled in the Healthy Families program that are receiving services for the treatment of SED through county mental health systems is not known, because the Healthy Families program may not be billed for some of these services. For example, it is possible that some children enrolled in Healthy Families are receiving services for treatment of SED identified in an educational setting under the provisions of AB 2625. In this case, the Healthy Families program may not be billed for these services to a Healthy Families enrollee. In addition, there is no requirement under current accountability systems for plans to report the number of children who are receiving mental health services from the plans themselves under the basic benefits portion of their coverage. These two factors mean that data on the total mental health utilization of Healthy Family enrollees is currently lacking, both for enrollees with SED and for those without SED. Therefore, it is difficult if not impossible to evaluate the access of Healthy Families enrollees to mental health services.
- The significant cultural and expectations gaps between Healthy Families health plans and county mental health departments, which affect every interaction in the system, rarely to the benefit of enrollees.
- The major gaps in information and effective procedures for both counties and health plans who wish to improve services to Healthy Families enrollees. Clear information and explicit procedures are the bedrock for any new system's successful functioning, particularly one in which the parties face the kinds of differences in culture and incentives that plans and counties face.
- The potential impacts of California's parity law for mental health services, which could present significant opportunities for those health plans and counties who have developed functional relationships and services (and for children who need those services), as well as threats when these relationships are not formed.

MAJOR RECOMMENDATIONS

As a result of the major findings discussed in the previous section, we offer four major recommendations as the framework for future strengthening of Healthy Families mental health services and ongoing coordination between counties and health plans:

- CIMH should take an expanded role as facilitator and process leader, creating structured dialogue among all parties (DMH, MRMIB, plans, counties) on the issues discussed here, serving as a clearinghouse and publisher of detailed information appropriate for plan and county use, providing a neutral ground for discussions and negotiations of new accountability requirements, and acting as

advocate and technical resource for creation of specific referral, confidentiality, billing, and other policies and procedures necessary for effective coordination.

- Counties and health plans, with facilitation by CIMH, should begin now to discuss the referral and coordination of benefit issues raised by Healthy Families in light of mental health parity. CIMH needs to work closely with counties to develop estimates of the impacts of parity on county enrollees, and to use that data and the current efforts related to Healthy Families as a springboard to ensure creation of effective processes and systems for coordination between plans and counties.
- Counties and health plans, with assistance and support from CIMH, MRMIB, and DMH, should work aggressively to fill the data collection, reporting, and sharing gaps that now impact referral, care coordination, billing, and accountability.

Detailed recommendations provide specific suggestions for proceeding.

PERSPECTIVE ON A NEW SYSTEM

The Healthy Families program should be seen as among the first of a new set of requirements/opportunities for counties and health plans to work together to improve access to mental health care for Californians. Because it is among the first, and because it requires the coordination of vastly different systems, with different incentives and stakeholders, Healthy Families mental health services have suffered from the same lack of existing protocols, relationships, and infrastructures that affect all new programs.

Today, CIMH, the State, health plans, and the counties can take advantage of the program's newness and continue forging a new, functional infrastructure for the program. MCEP recommends an enhanced role for CIMH, and a set of accountability mechanisms, coordination procedures, and information sharing and training activities that would contribute significantly to improving and expanding mental health services for Healthy Families enrollees and enrollment in Healthy Families among current mental health clients. The executives, managers, and staff who spoke with us and provided information during this project all demonstrated high levels of commitment to ensuring access to health and mental health services for Healthy Families enrollees.