Challenges in Care Management for Children: Two Examples

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President and CEO
Example 1: Children’s Mental Health in California

Mental illness is a disease of youth

50% of all lifetime cases of mental illness begin by age 14 and 75% begin by age 24.

Source: Arch Gen Psychiatry
Access to Services for Kids is Very Poor...Despite Federal EPSDT Mandate!

CALIFORNIA HOSPITALIZATIONS FOR MENTAL HEALTH ISSUES (AGES 5-19)

YOUTH ENROLLED IN MEDI-CAL

Less than 5% receive a single mental health service
3% receive ongoing clinical behavioral health treatment

For every 100,000 youth in the state, California has only 13 practicing board-certified child and adolescent psychiatrists. There is a need for 47.

There aren’t enough places for youth with mental health issues to get the treatment they need...

42 Counties WITHOUT Child/Adolescent Beds
16 Counties WITH Child/Adolescent Beds

45% of the state’s psychiatrists are over the age of 60 and will likely retire in the next 10 years
Improving Mental Health Services for Kids Will Take A lot of Work: Our Recommendations

- Set Clear goals
- Enforce existing laws (EPSDT and MH parity)
- Support early intervention programs
- Address gaps in services, like lack of IOP/PHP
- Support coordination among providers
- Improve care coordination
- Invest in behavioral health workforce
- Encourage interagency collaboration

...See our Fact Sheet for More Information!
Example 2: California Children’s Services Program

Children Served by CCS:
General Program ~ 180,000
Medical Therapy ~ 23,000

Primary Care:
80%-Full Medi-Cal
20%-Uninsured, private, or partial Medi-Cal

Specialty Care:
CCS

8 Children’s Hospitals
5 UC Medical Centers
780 Specialty Care Centers
170 NICUs

Eligibility determined based on income and specific disease/injury

A regional system of CCS providers form the backbone for all pediatric specialty care in California for children who are privately and publicly insured.
How do CCS & Medi-Cal Interact?

- CCS care is carved out of managed Medi-Cal.
- The “Carve-Out” has been extended four times since 1993 and ends in 2015.
- The “Carve-Out” can create confusion and lack of coordination of care.
## CCS and Managed Care: A Comparison

<table>
<thead>
<tr>
<th>Traditional Managed Care</th>
<th>CCS – Fee for Service on Managed Care Principles</th>
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<tbody>
<tr>
<td>Provider network – Usually geographic</td>
<td>Regional system of providers based on specialty and need</td>
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<tr>
<td>Utilization review process</td>
<td>Case managers authorize treatment, equipment, services, etc.</td>
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<tr>
<td>Quality improvement programs</td>
<td>Provider quality standards</td>
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<tr>
<td>Emphasis on preventative care</td>
<td>Emphasis on specialty care for complex cases</td>
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<tr>
<td>Primary Care Physician oversees care</td>
<td>Nurse case manager coordinates care</td>
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<tr>
<td>Capitation</td>
<td>Fee for service</td>
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<tr>
<td>High quality care, wellness, cost containment</td>
<td>“Right Care at Right Place at Right time”</td>
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