Challenges in Care Management for Children: Two Examples

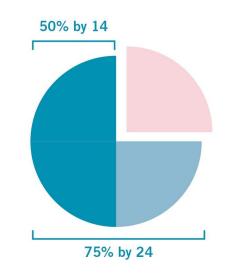
Ann-Louise Kuhns President and CEO



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



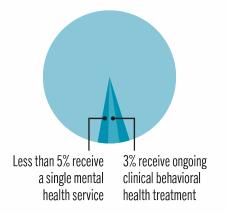
Access to Services for Kids is Very Poor...Despite Federal EPSDT Mandate!



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

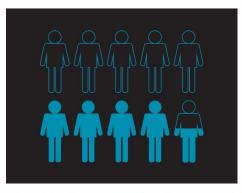


YOUTH ENROLLED IN MEDI-CAL



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.

45% of the state's psychiatrists are over the age of 60 and will likely retire in the next 10 years





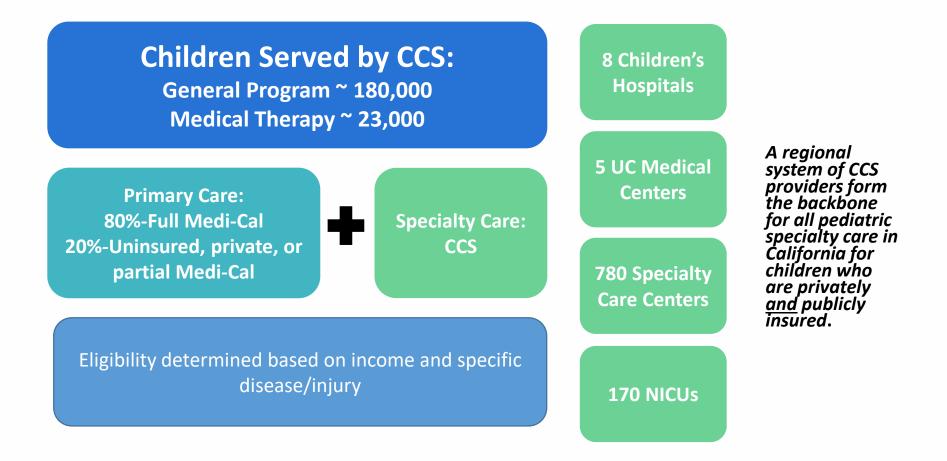
Improving Mental Health Services for Kids Will Take A lot of Work: Our Recommendations

- 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!

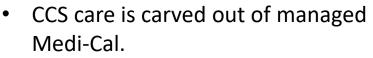


Example 2: California Children's Services Program





How do CCS & Medi-Cal Interact?

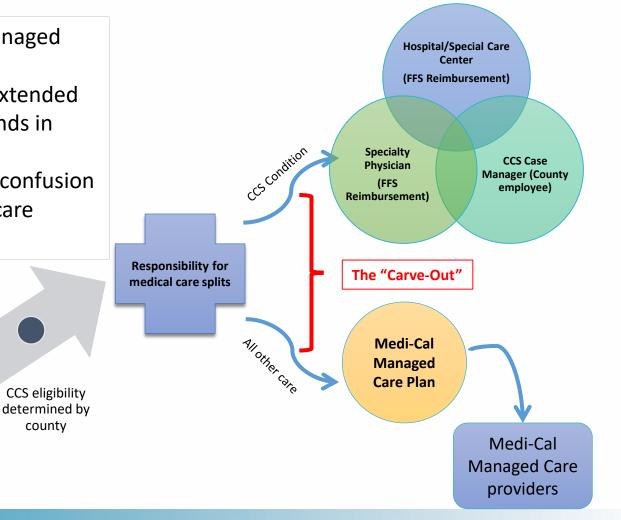


- The "Carve-Out" has been extended four times since 1993 and ends in 2015.
- The "Carve-Out" can create confusion and lack of coordination of care

CCS condition

diagnosed by a

provider





CCS and Managed Care: A Comparison

Traditional Managed Care



CCS – Fee for Service on Managed Care Principles

Regional system of providers based on specialty and need

Case managers authorize treatment, equipment, services, etc.

Provider quality standards

Emphasis on specialty care for complex cases

Nurse case manager coordinates care

Fee for service

"Right Care at Right Place at Right time"

