

Medical Home Telephone Conference July 27, 2004

Community Mental Health Centers

Guest Speakers: Ming Wang, Program Manager of the Children's Mental Health Services at the State Human Services Department, Ann Foster from Valley Mental Health and Susan Siler from Children's Center in Bear River

The State Division of Substance Abuse and Mental Health (Division) is the state authority on the mental health and substance abuse services. The Division has received a block grant from the federal government and passes the funding down to the eleven community mental health centers throughout the state of Utah to provide direct services. The core function of the Division is to provide monitoring, outcare and assure that the clinical services are providing high quality services. All clinical services are provided at the community mental health centers and only other services that the State offers is through the state hospital inpatient care. To determine which community mental health center a physician should send a child, they can access the Division website, which provides a map of what counties the eleven centers cover.

www.dhs.utah.gov

The direct services provided are: (some rural centers don't provide all services)

1. Crisis services. All mental centers provide a 24-hour home or mobile crisis intervention mechanism – even small rural centers should have clinician on call.
2. Out patient treatment. Includes; individual therapy, group therapy, family therapy medication management, some centers provide psychological testing and all should have capability to provide psychiatric evaluation
3. Case management. Includes: outreach and coordination of aftercare if discharged from inpatient care and improving interagency collaboration especially for children and youths. Look at education component, health care providers and child welfare.
4. Day treatment, full or partial. In the smaller rural centers, this could be in the form of after school group. Larger centers offer more intensive treatment on site. In day treatment also may include skills development, which helps children and youths obtain the skills needed to function in school or home. May include vocational training.
5. Residential treatment program – not all centers have this option but sometimes they may have an agreement with other centers in other counties to access their facilities. This may include therapeutic foster care, therapeutic group care.
6. Inpatient care – hospital based 24hours psychiatric care. Not all centers have this but have contract or agreement with hospitals around state.

7. Could provide education for family support services such as respite care, in home services. A lot of services are risk of being cut because of funding decrease.

Two groups of children who the community mental health centers see:

1. Those on Medicaid. Community mental health centers are the sole providers for the Medicaid population.
2. Unfunded or under funded. They are not on Medicaid. They have a more difficulty getting access into mental health centers because of funding cuts.

In terms of qualifications, funding is only one issue. Another issue is access to services is determined by the presenting problem, the diagnosis and working in conjunction with the family and key providers in looking at what range of services is necessary. All the Community mental health centers have a philosophy of trying to serve even very difficult and complex cases in the least restrictive environment as possible. Different community health center respond to funding issues in different ways. Bear River has a service priority, which includes kids in crisis, Medicaid funded kids and families and children who meet criteria for serious social emotional disturbance. There is a limited sliding scale fee for children with serious emotional disturbances or adults who are seriously or persistently mentally ill. The range of services are available if families have insurance that covers the fees and/or are willing to cover the costs.

A doctor or family can find out if a child qualifies for a program and see what programs they can get into by calling the community mental health centers or doctors can make a referral and can make a request for services or make an appointment to have the child be seen for service. Bear River community mental health center has an intake coordinator, who fields calls and questions. Assessments are made by going to the mental health centers and talking about concerns, what's been tried, so they can get an idea of the complexity of the problem. Either the physician or family could call. If there is a crisis, the mental health center needs to respond within 30 minutes. If the problem is acute they have 3 days to get into an appointment. If it is fairly routine, an appointment will be made for two weeks.

For a physician's office, Valley Mental Health has a form that if the family member signs it, you can send records and the community health centers can contact the family within a certain amount of time.

Population served, such as children with autism or other underlying neurodevelopmental disorders that result in behavior problems how do community mental health systems work with that. Utah Valley Mental Health has an autism program but Bear River does not. There are four autism programs around the state; Utah Valley Mental Health, Ogden, Provo, Cedar City. The Provo clinic is attached

to Wasatch Mental Health. In Bear River, for autism, if the primary diagnosis is development delayed, families are referred to Utah State University's Program. Medicaid says that the mental health centers have a responsibility to diagnose and treat mental illness that may cause co-occurring neurological developmental delays, however it does not reimburse for autism or asperger.

Serious Emotional Disturbance – there is no universal definition. It's determined state by state. Not a diagnosis, but it refers to 3 criteria so it is very helpful for people looking at funding and service deliver. The criteria includes:

1. Does child have mental health illness diagnosis.
2. Do we anticipate the diagnosis lasting at least a year.
3. Does it interfere with child's functioning in at least three functional age appropriate domains.

Accessing Valley Mental Health Services begins at the lowest level of care.

- 1) The usual entry point in the outpatient clinic.
- 2) A parent, primary care physician, pediatrician or even a school teacher calls in and makes a referral.
- 3) Information is gathered to make sure there is enough to substantiate at least an evaluation.
- 4) Work with custodial parent, bring child in for an assessment.
- 5) Get a release of information.

Depending on the severity of the condition, children who have funding from a third party payer who have PPO or HMO that will not cover mental health centers, then they are not able to take a referral from that client so they would help them to refer out. A lot of families have gone through private provider network, but because of severity they need a system of care of continuance of care not available in private sector. Such as after school programs, respite care that support families are not available in private sector.

If a child has commercial insurance and Medicaid its important to know that Medicaid legally is the payer of last resort because it is a federal program. Private insurance is always accessed first.

Next conference is in August.

Next discussion: Allow practices to do sharing – share what's going on in a Medical Home perspective

Attendees: Lisa Samson-Fang, Barbara Ward, Gina Pola-Money, Ming Wang, Ann Foster, Wendy, Sharon, Bob Terashima, Jeff, Kathy, Melissa, Gordon, Darlene