

Testimony to Little Hoover Commission

Submitted by
Nancy Presson, M.P.H.
Community Mental Health Services
City and County of San Francisco
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Providing Mental Health Services to Children and Youth

California has encouraged Counties to develop mental health service delivery systems for children and youth based on System of Care principles. A System of Care offers an array of mental health treatment services for that :

- Are coordinated through Case Management
- Are governed by a planning process with key stakeholders including parents, providers and other child serving agencies
- Feature collaborative efforts with Child Welfare, Special Education, Juvenile Probation and Primary Health Care
- Improve community outcomes including reduction in out-of-home placement, improvement in school and a lessening of juvenile justice system involvement

San Francisco has embraced these principles and developed a service system to meet the needs of SED (seriously emotionally disturbed) children. At the same time there is recognition of the importance of providing early intervention to children and families in mental health clinics and in community settings such as schools, health centers, child care centers that children and families frequent.

Attachments describe the System of Care more completely. The continuum of services include outreach and consultation, school-based services, outpatient clinic and home based services, case management, day treatment, residential treatment, acute hospital and crisis services. Wrap-around services augment the more traditional clinic based services offering mentoring, therapeutic behavioral services and other in-home and in-school supports.

Access to County Mental Health Services for Children and Youth

San Francisco embraces a broad access strategy. There is a 24 hour Mental Health Access Line which is a State requirement for all County Mental Health Plans. Clinics have direct access available to families who feel more comfortable accessing services in their own community or in facilities which have focused services for their specific language or cultural groups. Also there is access for children with disabilities through the AB3632 referral process. The San Francisco AB3632 Unit assures compliance with school district timelines and requirements for assessment and development of the IEP (Individual Educational Plans). San Francisco is proud of the recently developed Foster Care Mental Health Program. It offers a comprehensive assessment and triage service to children and families referred through Child Welfare. The recent Project Impact grant expands an access route for children and youth in the Juvenile Justice system. The goal is to reach these families early to reduce the risk of out-of-home placement and to build on the child's strengths.

Factors Determining Eligibility for Services

The Board of Supervisors in San Francisco has adopted a "Single Standard of Care" policy statement for mental health services that supports equal access to Medi-Cal recipients and indigent uninsured individuals. San Francisco also serves as the safety net service for underinsured individuals. This policy results in broad eligibility hampered by lack of funding for non-insured or underinsured families and the difficulty in implementing new programming due to a shortage in trained clinicians.

The insurance situation has potential for improvement. The Healthy Family Program has broadened insurance coverage for children in San Francisco. The Mental Health Parity Law implemented in July, 2000 adds coverage for many insured individuals. It is common for third party insurance to have restrictions on mental health care; the parity law calls for equity across psychiatric and physical health benefit packages.

Children are screened through medical necessity criteria. The criteria for Medi-Cal for children under Federal EPSDT (early periodic, screening, diagnosis and treatment programs mandated for full-scope Medi-Cal eligible children 0-21) is very broad. Children with a condition that can be ameliorated by treatment not available through the primary care provider are eligible for mental health plan services. Medical necessity in private insurance benefit plans and in the realignment legislation governing community mental health is more considerably more constrained. These differences in eligibility and funding

create disparities for community mental health systems. Although San Francisco has a stated policy to implement a single program, funding differences make this policy implementation problematic.

Administration and Funding of Children's Mental Health Systems

Children's Mental Health Systems are funded through State realignment dollars, EPSDT Medi-Cal, System of Care grants and patient fees/insurance. In San Francisco this funding base is expanded through County General Fund, specifically protected through the Children's Amendment, Healthy Family insurance revenue, proposition 10 dollars, child welfare realignment dollars, a capitated Medi-Cal program for SED youth sponsored by the State of California and aggressive grantsmanship to augment services for child care providers, juvenile justice system interface and parent involvement.

The Child, Youth and Family (CYF) Section of Community Mental Health Services administers Children's Mental Health Services. CYF is a part of Community Mental Health Services, a branch of the Health Department division: Population Health and Prevention Services (PHP). PHP oversees a broad array of Health Department functions including traditional public health and safety functions, epidemiology, HIV, Substance Abuse, Maternal and Child Health and Mental Health Services. The Health Department has 2 Divisions; the second division administers San Francisco Hospital, two skilled nursing facilities and the primary care clinics. The Mayor appoints a Health Commission that governs the Health Department. The City and County government includes both an 11 member Board of Supervisors and a Mayor.

Quality of Services

County mental health plans are required to operate in compliance with State regulations and a quality management plan. San Francisco has a quality improvement process with service specific Quality Improvement Committees to address critical incidents, risk management issues, clinical pathways development and encourage peer review and medication monitoring. The Child, Youth and Family Section has an active quality improvement process led by the Children's Medical Director. At the same time feedback on progress in meeting system wide objectives for the System of Care keep staff and planning bodies focused on the overall objectives of the system and its success in meeting individual family needs.

Improving Mental Health Services

The California children's mental health system has prospered with leadership from the Department of Mental Health, legislative initiatives to implement the system of care led by Senator Cathie Wright and the vigilance of advocates.

The following areas bear consideration in any list of recommendations regarding children's mental health:

1. **PROMOTE FAMILY CARE.** The collaboration between Child Welfare and Mental Health to serve not only children who are dependents of the court but also to participate in services for families at risk of court dependency is critical. Serving children in isolation of their family is poor care. Yet funding streams often provide dollars for the child but not the family. We need ways to promote family treatment. Since health care in general is measured in terms of services to individuals not to families, creativity is necessary to promote collaborations across child welfare and mental health. Family treatment mechanisms make sense to communities and clinicians. Government needs a way to bridge this difficulty between reporting and programming.
2. **FUND YOUNG PEOPLE TO AT LEAST AGE 21 AND BETTER TO AGE 25.** Funding streams such as Medi-Cal end at age 21, reducing service availability to vulnerable transition age youth. This year Medi-Cal eligibility is extended for foster care children from 18 when the dependency ends to age 21. This is a great advance. More is needed to assure coverage of the 18-25 year old group, many of whom enter the Criminal Justice system at this critical time in their lives.
3. **WORK TOWARDS A SINGLE STANDARD OF CARE.** We know that mental health services work. Children and youth who do not qualify for Medi-Cal need the same broad level of services available through the Medi-Cal EPSDT program.
4. **FAMILY INVOLVEMENT.** One of the great lessons of the San Francisco System of Care Grant Implementation was the centrality of the role of parents helping parents. Parent involvement enriches the program planning process, the program accountability process and individual family outcomes. Parent staff can assist in outreach and support in a way that professional mental health staff cannot. We need to expand opportunities for employment for parents in our systems of care.
5. **HOUSING.** Lack of affordable safe housing continues to be a great stressor for families in San Francisco. Housing is a public health concern and needs to be addressed for mental health programs to provide adequate support.

6. **CRIMINAL JUSTICE INTERFACE.** San Francisco's Project Impact provides a model for collaborative programming across juvenile justice and mental health. More is needed.
7. **MANAGING MENTAL HEALTH AND PHYSICAL HEALTH TOGETHER.** San Francisco would like to expand our capitation contract to include responsibility for health care. The Family Mosaic Project which provides comprehensive mental health services to seriously emotionally disturbed children and their families finds that these families have difficulty in accessing and using general medical services. Physical ailments often impinge upon overall progress in meeting treatment goals. Closer collaborations within health clinics and in brokering/managing health interfaces would improve outcomes.
8. **EDUCATING THE COURTS.** Judges and attorneys serving in the Juvenile Court system have little understanding of the mental health system of care. There is a need for interface between our systems and educational opportunities for the trial court lawyers and justices to optimize outcomes for children.
9. **HIPPA IMPLEMENTATION.** The new Federal privacy laws governing information systems, medical records, billing and disclosure can have a great effect on children's mental health systems. Over the past twenty years children's mental health services have developed flexible out-of-clinic, out-of-box services that funding streams such as Medi-Cal have slowly adopted as good practice that should be reimbursed. The rethinking of billing and information systems to seek consistency across health records may challenge these gains. The Rehabilitation Option and the Systems of Care approach are critical to the development of an effective mental health service delivery system and must be maintained as the systems adapt to the new HIPPA requirements.
10. **HUMAN RESOURCE SHORTAGE.** There are shortages in California in manpower able to implement children's system of care which may be the single greatest factor in implementation of new programming. The labor pool is insufficient and lacking in the cultural diversity that is necessary for effective programs for our families. Efforts to encourage children at the high school and undergraduate level to seek careers in community mental health are needed. Child Welfare has established a stipend program for graduate students in State Social Work programs in California, reimbursed 75% by Federal funds. Mental Health needs similar stipend programs for Social Workers, Psychologists, Marriage and Family Counselors and nurses. San Francisco has half of our foster care children placed outside of our County. We feel the lack of trained clinicians, especially Child Psychiatrists,

throughout the State and support regional, Statewide and Federal efforts to address these shortages.

Thank you for giving me this opportunity to address the Little Hoover Commission.