BH Service Delivery to Children in Foster Care

December 5, 2016
Purpose of Meeting

• Quarterly meeting with BH contractors who serve foster/kinship/adoptive children
• Forum to update on major initiatives aimed at improving service delivery to children in foster care
  ▪ System of Care Plan
  ▪ Network Development and Management Plan
  ▪ Behavioral Health Utilization and Timeframes for CMDP Members
  ▪ DCS Rapid Response Monthly Reconciliation Report
  ▪ Performance Monitoring Report

Reaching across Arizona to provide comprehensive quality health care for those in need
Goals of SOC Serving Foster/Kinship/Adoptive Children

• Access to timely and evidence based services

• Better outcomes
  o Improved mental/emotional health
  o Decreased placement disruptions
  o Decreased time to permanency
Current Standards

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BH Appointment Standards

- **Rapid Response** when a child enters out-of-home placement within the timeframe indicated by the behavioral health condition, but no later than 72 hours after notification by DCS that a child has been or will be removed from their home.

- **Initial Evaluation** within seven calendar days after referral or request for behavioral health services.

- **Initial Appointment** within timeframes indicated by clinical need but no later than 21 days after the initial evaluation.
BH Appointment Standards

• **Subsequent Behavioral Health Services** within the timeframes according to the needs of the person, but no longer than 21 days from the identification of need.

• **Psychotropic Medications**: If clinically indicated, provide an appointment with a Behavioral Health Medical Professional (BHMP) within the timeframe indicated by clinical need, but no later than 30 days from the identification of need.

• A minimum of **one monthly service** is required for the first six months post removal.
Performance Measures

• Follow-Up After Hospitalization for Mental Health, 7 days
• Follow-Up After Hospitalization for Mental Health, 30 days
• Mental Health Utilization
• Use of multiple concurrent antipsychotics in children and adolescents
• Access to Services: first six months post DCS removal*
Results of 6 month measure

• 4 reporting months for GO scorecard to date
• Numerator: total number of claims adjudicated for population
• Denominator: total number of claims expected based on length of enrollment for first six months in out of home
## Statewide Results

<table>
<thead>
<tr>
<th>Month Range</th>
<th>Result</th>
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</thead>
<tbody>
<tr>
<td>10/1/15-3/31/16</td>
<td>70.1%</td>
</tr>
<tr>
<td>9/1/15-2/29/16</td>
<td>69.9%</td>
</tr>
<tr>
<td>8/1/15-1/31/16</td>
<td>69.9%</td>
</tr>
</tbody>
</table>
### 6 month measure by RBHA

<table>
<thead>
<tr>
<th>BHS Site</th>
<th>Total Months</th>
<th>Months with Matching Claims</th>
<th>Claim/Month Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>CENPATICO 3</td>
<td>565</td>
<td>513</td>
<td>90.80%</td>
</tr>
<tr>
<td>NORTHERN AZ REG BEHAVIORAL SER</td>
<td>2,021</td>
<td>1,751</td>
<td>86.64%</td>
</tr>
<tr>
<td>COMM PARTNER SO AZ SVC AREA 5</td>
<td>5,174</td>
<td>4,253</td>
<td>82.20%</td>
</tr>
<tr>
<td>HEALTH CHOICE</td>
<td>1,451</td>
<td>1,155</td>
<td>79.60%</td>
</tr>
<tr>
<td>CENPATICO 2</td>
<td>462</td>
<td>360</td>
<td>77.92%</td>
</tr>
<tr>
<td>CENPATICO</td>
<td>5,641</td>
<td>4,385</td>
<td>77.73%</td>
</tr>
<tr>
<td>CENPATICO 4</td>
<td>1,613</td>
<td>1,147</td>
<td>71.11%</td>
</tr>
<tr>
<td>MERCY MARICOPA</td>
<td>31,315</td>
<td>20,839</td>
<td>66.55%</td>
</tr>
<tr>
<td>UHCCP/CHILDRENS REHAB</td>
<td>1,018</td>
<td>319</td>
<td>31.34%</td>
</tr>
</tbody>
</table>
21 Day Measure

• 2442

“IF AFTER THE SCREENING AND EVALUATION IT IS DETERMINED THAT THE CHILD IS IN NEED OF BEHAVIORAL HEALTH SERVICES, THE REGIONAL BEHAVIORAL HEALTH AUTHORITY SHALL PROVIDE AN INITIAL BEHAVIORAL HEALTH APPOINTMENT FOR THE CHILD WITHIN TWENTY-ONE CALENDAR DAYS AFTER THE INITIAL EVALUATION.”

• Current methodological limitations
• Feedback on future direction
High fidelity Wraparound and Care Management
BH Case/Care Management

- Provider Level
  - Regular CM
  - HNCM
- RBHA Level
  - Care management
  - Children’s Services Liaison
- CMDP Level
  - Care management

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Care Management Entity

- A CME is an organizational entity that serves as a centralized accountable hub to coordinate all care for youth with complex behavioral health challenges who are involved in multiple systems and their families.
High Fidelity Wraparound

• Vandenberg recommended model 1:10-15
• Current standard for RBHAs 1:20
  ○ Option to go as high as 25 for sibling groups or those transitioning to lower level of care
CMDP BH Unit Overview

• Referral Sources include DCS Field Staff, Caregivers, BH community, Juvenile Probation

• Assist with complex BH situations
CMDP BH Unit Overview

- Participate/facilitate CFTs
- Develop service plans
- Gather clinical information related to service requests
- Assist with discharge planning
- CMDP and RBHA Medical Director staffings
- Appeals to service denials
- Attendance at court

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CMDP BH Assistance: Sept 2016

- CIC 64 members
- MMIC 85 members
- HCIC 116 members
- CRS 7 members
CMDP Children Assigned HNCM

• Ad Hoc Report due in to AHCCCS DHCM SOC Unit by December 19
Statewide Standardized RR Referral Form

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Quarterly Reporting Template
Next Quarterly RBHA Meeting

- Standardized reporting template will be sent out to RBHAs
- Focused on BH appointment standards (rapid response), Monthly Services for first Six Months, Performance Measures, and 2442 reporting requirements
Summary of RBHA Deliverables
Summary of RBHA Deliverables: BH Needs of Children in Foster Care

Monthly

• DCS & Adopted Children Services Reporting: Calls and Reconciliation
• DCS & Adopted Children Services Reporting: Rapid Response Monthly Reconciliation Report

Quarterly

• DCS & Adopted Children Services Reporting: Access to Services
• DCS & Adopted Children Services Reporting: Provider Termed Due to Rates (CRS)
Summary of RBHA Deliverables: BH Needs of Children in Foster Care

- System of Care Plan
- Network Development and Management Plan
- Behavioral Health Utilization and Timeframes for CMDP Members
- Performance Monitoring Report