

# Fact Sheet

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## **Recommendations to Improve Access to Mental Health Services for Children with Special Health Care Needs in California**

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### **Background:**

In the fall of 2016, the National Health Law Program (NHeLP) surveyed a targeted group of individuals who work to provide access to services for Children with Special Health Care Needs (CSHCN) in California. The goal was to identify the services that are most difficult for CSHCN and their families to access. The survey results indicated that there is a pressing need to address access to mental health care and counseling. In May 2017, NHeLP brought together stakeholders from around California to discuss potential legal interventions to improve access. The goals of that convening were three: (1) to more clearly identify the primary barriers CSHCN face in accessing mental health care and counseling; (2) to identify the source of those barriers; and (3) to make recommendations for addressing those barriers.

### **Legal Framework and Barriers to Mental Health Services:**

Many public entities, including jails, courts, schools, private health insurance plans, and Regional Centers may provide mental health care and counseling services to CSHCN in California. But Medicaid—known as Medi-Cal in California—is a predominant source of coverage for CSHCN. Moreover, Medi-Cal provides a strong legal entitlement to enrolled children to ensure that they have access to the care, including mental health care, which they need. The current Medi-Cal system can lead to fragmented, inefficient care that does not always meet the needs of CSHCN. California pediatricians report that pediatric psychiatry and psychology services are the most difficult referrals to make, and thirty-seven percent of California children who need mental health treatment fail to receive it.<sup>1, 2</sup>

The California Medi-Cal program must provide mental health services to beneficiaries under age 21, pursuant to the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) mandate of the Medicaid Act. However, a number of barriers exist to accessing mental health services. These include:

- Lack of legal and effective Memoranda of Understanding between managed care plans and mental health plans
- Differences in appeal and grievance processes among the responsible agencies and systems
- Lack of enforcement of existing regulations and contractual obligations
- Lack of assistance to consumers who need to access mental health services
- Lack of timely access to mental health services

- Disruptions of continuity of mental health services
- Lack of transparency about how the mental health system is actually working and how it should work
- Confusion about which entity is responsible for which services

### Recommendation to the Department of Health Care Services:

- Provide consistent guidance on the responsibilities of the various entities providing mental health services to children in California.
- Monitor health plan and mental health plan practices and performance, and take enforcement action as needed.
- Review existing screening practices and screening tools, and recommend preferred practices and acceptable tools for all programs with responsibility for mental health screening.
- Monitor screening practices to identify and correct deficiencies.
- Provide public documentation of health plan and mental health plan performance, non-compliance and corrective actions that are required.
- Provide model Memorandum of Understanding language and promote its adoption.
- Clarify existing guidance or issue new guidance to improve collaboration and coordination between health plans and mental health plans, and clarify their responsibilities to coordinate with other entities providing mental health services.
- Provide enhanced support and assure comparability among entities offering educational materials and training to program staff and families about navigating the mental health system.
- Regularly survey health and mental health plans to identify shortcomings in assuring timely access to good quality mental health services.
- Support legislation to allow foster parents to receive notices of health care eligibility and service recommendations for children in their care.
- Support legislation to clarify the responsibilities of health plans and mental health plans in terms of screening, assessment, referral, continuity and coordination of mental health services.
- Support legislation to address contractual and reimbursement limitation that are impeding access to mental health services.
- Support legislation to increase training opportunities for future mental health service providers.

*This research was conducted by the National Health Law Program. Funding for the project was provided by the Lucile Packard Foundation for Children's Health.*

Read a [full report](#) on the survey, which also reports on access to a broad range of services.

## References

1. Lucile Packard for Children's Health. 1/3 of CA Children Who Need Mental Health Treatment Fail to Receive It. *Kidsdata.org*. March 10, 2017. Available at: <http://www.kidsdata.org/blog/?p=7861>. Accessed May 3, 2017.
2. Calvin K, Okumura M, Knauer H. *Survey: Quantifying Pediatricians' Views on Caring for Children with Special Health Care Needs*. Palo Alto: Lucile Packard Foundation for Children's Health; 2017.

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ABOUT THE FOUNDATION: The Lucile Packard Foundation for Children's Health works in alignment with Lucile Packard Children's Hospital and the child health programs of Stanford University. The mission of the Foundation is to elevate the priority of children's health care through leadership and direct investment. The Foundation is a public charity, founded in 1997.

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