CIHS Proposes Integrated Care Framework for Youths With Behavioral Health Conditions

Mental illnesses and substance use disorders elevate the risk of premature mortality among adults, largely due to unmanaged general medical conditions. Early identification and treatment of behavioral health disorders can substantially reduce morbidity and premature mortality. Therefore, a critical area of focus for practitioners and policy makers who are advancing integrated care models should be on systems that address the health and well-being of children. To that end, the Center for Integrated Health Solutions (CIHS) has proposed a practical, organizational framework for developing an integrated care system in which the behavioral health needs of children and adolescents are identified and treated in the context of their whole health.

The framework is described in a 33-page report, *Integrating Behavioral Health and Primary Care for Children and Youth: Concepts and Strategies.* The framework is based on the system of care approach for children with behavioral health conditions and the chronic care model of organizing services for people with chronic health conditions. Organizations that plan to serve as integrated systems should embrace both approaches, and the report lays out their values and principles. Organizations must also decide how they will address the care of subgroups with varying severity levels of general medical and behavioral health conditions. A quadrant model illustrates subgroups with low and high levels of complexity and need. For each of the four subgroups, the report recommends the types of providers who should be involved and a service delivery approach to best meet the needs of children in that subgroup. Descriptions of agencies and practices that are currently using the recommended approach are presented in sidebars.

Any organization that intends to serve as an integrated care system for children with behavioral health issues should ensure that it has five core competencies, according to the report. First, an agency should have in place "family and youth–guided teams with care coordination capability." An agency with this competency designates a coordinator to communicate, network, and educate—not only with the family and child but also with the multidisciplinary care team. The choice of coordinator depends on the needs and strengths of the family, child, and team. Family members and the child must be key participants and advisors in this process. Second, the agency must develop individualized care plans that address the child's whole health. The plans should be developed by the care team, with input from primary care and behavioral health providers and the family and child. The plans should incorporate the family's values and preferences and consider the resources available to them. Third, the agency should ensure that practitioners use evidence-based screening and assessment tools and follow the guidance of the Bright Futures initiative of the American Academy of Pediatrics for well-child visits until age 21.

The fourth and fifth competencies involve agency-level issues. Fourth, the agency should create accountable relationships with other entities. For children with behavioral health conditions, the team is likely to include individuals and organizations outside the integrated care system, such as schools. The agency's adaptive infrastructure should link to the community and include a broad and flexible array of services that enhance care. The fifth competency is data-informed planning. The agency must have a clinical information system that supports proactive planning and informed decision making on both individual and population levels.

Both clinical and fiscal sustainability are essential to an integrated system. The final section of the report describes a variety of approaches to funding integrated care systems for youths. In addition to several options under Medicaid and the State Children's Health Insurance Program, the report describes local, state, and federal funding streams that create opportunities for blending financing.

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NEWS BRIEFS

Kaiser issues first of four reports on California's uninsured: On the eve of open enrollment in health insurance plans under the Affordable Care Act, the Kaiser Family Foundation has issued its first report on 2,000 uninsured California adults. This baseline survey will be followed by three other surveys over the next two years that will capture the experiences and attitudes of the same group. The report divides the group into four categories: those whose incomes place them in the target group for Medi-Cal, California's Medicaid program; those whose incomes will give them access to subsidies to purchase coverage through the state's exchange; those who will be able to shop on the exchange but will not be eligible for subsidies; and those who will be unable to access any option because of their immigration status. Survey results from July and August 2013 show that eight in ten felt that they need coverage, including seven in ten of those ages 19 to 25. About two-thirds had been without insurance for at least two years, and one in five reported never having it. Only four in ten believed that the new law will enhance their ability to get health care and insurance, and two in ten expected the law to make this more difficult. About a third said it would not make any difference. As of late August, three-quarters of those likely to get subsidies

were either not sure or presumed that they would not be eligible for them. Only half of those in the Medi-Cal target group presumed they would qualify; however, nine in ten said that if told they qualified, they would want to enroll. The 32-page report, *California's Uninsured on the Eve of ACA Open Enrollment,* is available on the Kaiser Foundation site at kff.org/health-reform/report/californias-uninsured-on-the-eve-of-aca-open-enrollment.

Commonwealth Fund survey on insurance marketplaces and Medicaid expansion: Data from the *Commonwealth Fund Health Insurance Marketplace Survey, 2013*, conducted from July 15 through September 8, 2013, indicate that more than three-quarters of adults ages 19 to 64 know that they are required to have health insurance next year. However, only 40% of those surveyed were aware of the new insurance marketplaces or that financial help is available. When asked whether they might use these new options, 61% of adults who might be eligible said that they were very or somewhat likely to take advantage of them. There are concerns that young adults will not enroll in the new coverage options, which is key to the success of the marketplaces. In the survey, 55% of those ages 19 to 29 who are potentially eligible for coverage options said that they are very or somewhat likely to access the marketplaces to buy a plan and find out about financial help. The percentages were larger among older individuals: 65% of those ages 30 to 49 and 62% of those ages 50 to 64. The nationally representative telephone survey of 6,132 adults also found widespread support for the Affordable Care Act's provision to expand Medicaid to individuals earning less than 138% of the federal poverty level ($15,856 for an individual and $32,499 for a family of four). The 18-page issue brief, *What Americans Think of the New Insurance Marketplaces and Medicaid Expansion,* is available on the Web site of the Commonwealth Fund at www.commonwealthfund.org/~/media/Files/Publications/Issue%20Brief/2013/Sep/1708_Collins_hlt_ins_marketplace_survey_2013_rb_FINAL.pdf.

SAMHSA Enrollment Coalitions Initiative's marketplace enrollment toolkit: An online toolkit to help behavioral health organizations prepare for open enrollment has been released by SAMHSA's Enrollment Coalitions Initiative. The toolkit explains the health care law, outlines how to use the insurance marketplace, and provides materials for outreach to uninsured individuals in the community. Materials are available in multiple languages and customized for specific population segments. The toolkit is an automated, narrated presentation. It has been developed in six different formats, including formats designed for use by consumer and peer organizations, housing and homeless organizations, and criminal justice organizations. More information is available on the SAMHSA site at beta.samhsa.gov/health-reform/samhsa-health-reform-efforts/enrollment-coalitions-initiative.

CSG Justice Center's framework for reducing criminal justice recidivism: In every state, substantial proportions of incarcerated and paroled populations have mental or substance use disorders, and many individuals cycle in and out of jails and prisons. State corrections, mental health, and substance abuse treatment systems must build collaborative responses to the problem. A new report from the Justice Center of the Council of State Governments (CSG) outlines a framework for such responses. The evidence-based framework categorizes the target population into eight groups on the basis of varying criminogenic risk and behavioral health needs, giving professionals from the three systems a common language and a way to establish priorities, tailor approaches, and target scarce resources. The framework and accompanying report strongly support the use of science-based screening and assessment tools to predict individuals' likelihood of committing a new crime, so that systems can focus limited resources on those most likely to cycle back into the justice system. To support closer collaboration and better understanding between professionals from the three systems, the report also details the principles and practices of each system. The 70-page report, *Adults With Behavioral Health Needs Under Correctional Supervision: A Shared Framework for Reducing Recidivism and Promoting Recovery,* was prepared with support from the National Institute of Corrections and Bureau of Justice Assistance and is available on the Justice Center's site at csgjusticecenter.org/mental-health-projects/behavioral-health-framework.

MHA announces resource on CAM treatments for mental health conditions: Mental Health America (MHA) has launched a Web-based program (www.mentalhealthamerica.net/go/mentalhealthandcam) that compiles evaluations of treatments based on complementary and alternative medicine (CAM) that are most studied, recommended, and used for mental health conditions. The site presents brief summaries of eight CAM treatments: SAM-e, fish oil, rhodiola, DHEA, cranial electrotherapy stimulation, yoga, meditation, and ginkgo biloba. An accompanying 263-page report analyzes the research behind these and a dozen other CAM treatments. The material on the site is designed to counter "the blizzard of competing claims" about the effectiveness of CAM treatments and to alert users to possible side effects, including toxicity and interactions with drugs or other herbs. Users of CAM treatments are encouraged to make informed decisions, weighing the evidence for all treatment options, and to consult a physician.