

Improving Children's Behavioral Health-Pediatric Grand Rounds-20241025_082933-Meeting 10-25-24

October 25, 2024,

12:29PM

1h 0m 17s

● **Kamat, Deepak M** started transcription



Kamat, Deepak M 0:36

Good morning.

It's 730 on time to start our grand rounds.

The CME code is in the chat box and will keep repeating it every 10 to 15 minutes.

Also just a reminder to complete the evaluations.

Which daily Asse after the grand rounds that helps me provide feedback to the grand Round speaker.

It's my great pleasure to introduce this morning's grand Round speaker, doctor Ryan Van Ramsart, who is our chief medical director for the for the Medicaid and Chief Services Division.

At the Texas Health and Human Services Commission.

In this role, he serves as the lead physician for Texas Medicaid program, which provides needed health services to over 5 million Texans.

He supervises the Office of Medical Director responsible for providing clinical direction and oversight of managed care and FISA service programs. He has been in this role since February 2019.

He completed his undergraduate studies in biology and Spanish at Chapman University in Orange, CA.

He then completed medical school at Baylor College of Medicine Houston and subsequently completed his internship residency Chief Residency.

At the UT Health San Antonio, he then completed his fellowship in academic general Pediatrics at UT Health San Antonio. During his fellowship training, he graduated from the University of Texas School of Public Health with a master's degree in public health.

His work experience includes practice in an underserved community on South side of San Antonio as part of a national.

Service COPS scholarship service commitment Dr. Ramshaw is a board certified in general Pediatrics and in healthcare quality and management.

He's a fellow of the American Academy of Pediatrics and a diplomat of American Board of Quality Assurance and Utilization Review Physicians. He continues to see patients here at UT health sanitation on the voluntary basis as an faculty.

At UT Health, San Antonio, doctor Ramshaws, thank you very much for accepting our invitation.

And the floor is yours.

VD **Van Ramshorst, Ryan D (HHSC)** 2:46

Doctor Kama, thank you so much for that introduction and for the for the invitation to speak at grand Rounds and a special thanks to Delia Calderone for making it so easy for me to get prepared for this morning.

Well, happy Friday everybody.

Thrilled to be spending some time with you all this morning. Many of you I've known for many years.

I I consider UT health San Antonio to be my home institution and I'm really proud. As Doctor Kamet mentioned, to still be a joint faculty in the Department of Pediatrics. I could talk about Medicaid for hours on end, but I'm gonna make the most out of our time this morning to cover some ground about behavioral health and what to look for in the coming legislative session.

I have no disclosures.

And here are our learning objectives.

So we'll spend a bit of time just talking about the Medicaid program in general, as I think you all are aware, pediatricians have a very special role when it comes to delivering services to individuals enrolled in our Medicaid and CHIP program.

So wanna make sure that you leave this morning's presentation with a good understanding of kind of the the Medicaid 101 if you will?

We'll then pivot to really talking about behavioral health specifically, and I'll walk us through.

Some of the behavioral health benefits and services available through Medicaid, many of which I was not aware of until I stepped into this role in 2019.

And so I see this as an opportunity to make sure that that our Community of providers is aware.

I'll. I'll. I'll get a little what we call policy wonky to talk about a few different ways that we cover services in Medicaid, which is not unique to behavioral health.

But I'll walk us through the difference between covering a service's estate plan

service.

And in lieu of service or through the early periodic diagnostic screening and treatment modalities and then we'll kind of conclude our morning by talking about other behavioural health initiatives that are ongoing with the specific focus on looking to what potentially will happen when our lawmakers, our state law.

Convene in Austin in mid January for the 89th Texas legislative session.

All right. So we're gonna jump right in with Medicaid 101 essentially. And I know that many of you are familiar with this already.

So Medicaid, as you know, is a jointly funded state federal program that provides healthcare services and long term services and supports for vulnerable individuals. And we serve many, many Texans.

And we'll get into the enrollment numbers shortly.

CHIP, the Children's Health Insurance Program, is a similar program in terms of what benefits are covered covered.

That program was designed to cover individuals children living in working families where that family was unable to access private insurance for whatever reason not available through their employer. Not available to get it through the health insurance exchange.

And then we do have some clients in Medicaid that are what we call dually eligible. Where they have Medicaid eligibility and are enrolled in Medicaid and are also enrolled in Medicare.

Medicare, of course, being a federal health care program that largely serves individuals 65 years of age and older, regardless of income.

And so that's kind of the landscape of of these public health service programs now at the top of that slide, you'll see hhsc and that stands for the Texas Health and Human Services Human Services Commission.

We are one of the single largest state agencies in the country with around 38,000 full time employees.

While I would argue that Medicaid is one of the most important things that hhsc does, the agency does a tremendous amount of other work.

And I know that on this morning's presentation, not only have I been joined by some of my colleagues from the Medicaid area of HHSC, but also joined by colleagues that work in the behavioral health services of our agency, which delivers behavioral health services.

Through other funding streams, not Medicaid.

And again, we'll we'll spend some time unpacking that shortly.

I mentioned this term long term services and supports and that is a term that we use to refer to services such as private duty nursing, personal care services, attendance services, those services that are designed to help individuals largely with disabilities and medical complexity with their activities of.

Daily living and again those nursing services.

For children, largely, many of which you see in your clinical practice day in and day out, the role of hhsc. So as I mentioned, we are the the parent organization. We administer the Medicaid program and it is our responsibility to provide oversight of our Medicaid program, which I.

Touch upon briefly. So in terms of our impact as of.

Earlier this year, June of 2024 specifically.

These are preliminary numbers.

We are serving.

4.3 million Texans between Medicaid and Chip, I know that many of you are familiar with the end of continuous Medicaid coverage, otherwise known as the great unwinding. I think thankfully, we are.

We are through the bulk of that and thanks to lots of organizations and individual clinicians such as yourself, I know that you were instrumental in helping to make sure that individuals who were eligible for Medicaid continue to get those services.

Certainly some challenges along the way, but.

4.3 million figure is actually higher than what our Medicaid enrollment was before the pandemic began and our enrollment peaked in the middle of the pandemic at around 5.5 million Texans.

And still we are the third largest Medicaid program in the country by enrollment California and New York being number one and #2 and Texas being third.

And you can see the percentage of Texans that we cover, you are likely aware that Texas Medicaid covers over 50% of births in Texas.

43% of children in Texas are covered by Medicaid and Chip, and we also have a really important role to play for individuals needing long term services and nursing facilities. And we'll unpack that shortly.

So Medicaid eligibility, as I mentioned, it is a state federal partnership.

And so the federal government in the Social Security Act that was passed in 1965 kind of dictates Medicaid coverage.

And then states have flexibility to tailor that eligibility to meet the needs of their

state.

So federal law requires coverage for certain populations and services, which you could consider to be the floor of enrollment. And then again, states have that flexibility.

To qualify for Medicaid, there are financial criteria that you must meet, and there's also non financial criteria in terms of eligible categories. We cover children and youth, which I would consider to be low income. Typically developing healthy children.

We cover a small number of parents and caretakers and caretaker relatives.

We cover women, specifically pregnant women, and as you are likely aware, we now provide full Medicaid coverage for a full year after delivery.

We cover older individuals with disabilities and children and adults with disabilities as well.

So we're now going to break down quickly how that all works and so on.

The X axis you can see kind of our broad eligibility categories.

Starting with pregnant women and infants through one year of age on the left and on the right.

You can see that long term care for individuals with disabilities on the Y axis. You can see the percentage of federal poverty limit that an individual must be at or below to qualify. Right now, the federal poverty level for a family of three is 25,008.

\$120.00, just to put those eligibility percentages into context.

And the blue category again, is that federal minimum coverage and the Gray bar.

Our eligibility that Texas has elected to provide above that that federal floor.

Now what you don't see pictured here because it would make this slide even more complex is the Children's Health Insurance program, or chip. And for the three left most categories, the chip program will provide coverage up through 200% of federal poverty. So really for those.

Children one through 5 and six through 18, chip is going to provide.

Coverage up to 200%, which again Chip is a similar program.

That provides services to those individuals.

Now how are services delivered in Medicaid?

You are likely aware that we, like most other states, have a managed care Medicaid program.

Right now, just about 95 plus percent of enrollees in Medicaid are enrolled in a managed care program, which we'll talk about a little bit more shortly.

And we have a very small population of individuals that are still in fee for service. You might refer to as traditional Medicaid that population or individuals that might be switching between plan.

Transitioning from, you know, pediatric to adult services or newborn infants that are waiting to be assigned to a managed care plan, but that population as you can see on the graph is relatively small.

Now, what are some of the key attributes and benefits of the managed care model so.

Number one has to do with with dollars and cents and in terms of how the state of Texas allocates funding for the Medicaid program.

So just to take a quick step back, you are likely aware that.

Medicaid is roughly 1/4 of the state of Texas budget in the last biennium. Our budget for Medicaid was around \$80 billion.

Again, that's for two years. The bulk of that cost going to direct client services and then a small a much smaller portion going through administration.

So the state has contracts currently with 16 different Medicaid managed care organizations in the Bear County area. You're likely familiar with plans such as superior health Plan, Aetna better health.

Community first health plans, just to name a few. In no particular order. The way that this works is the state of Texas.

Hhsc the taxpayer, which is every one of the individuals listening to this presentation, pays MCO SA fixed amount per member per month, otherwise known as a capitation rate. And as you'll see on the next slide, which I'll get to shortly, we have a variety of man.

Care programs, those managed care organizations, will be paid a higher rate for individuals with special needs and disabilities.

And this capitated model allows for a bit more budget certainty from a state standpoint. The managed care organizations are essentially at full risk for managing the cost of the Medicaid program.

The managed care delivery model also focuses on quality of care, cost effectiveness and value later on in the presentation. We'll talk about some quality of care metrics that are specific to behavioral health and MC OS.

Care organizations are also going to make sure that individuals enroll, have a true medical home offering comprehensive preventive and primary care.

So just a few attributes of that managed care model and the last one that I'll touch

upon, which there's not a fourth check mark, is service coordination and you may be familiar with this term case management, we use the term service coordination and for anybody enrolled in medic.

There is a pathway for them to receive service coordination services.

To help with navigating the healthcare system, getting referrals through identifying unmet medical needs, we'll talk about that more on the next slide.

So here you can see pictured are different managed care product lines and I know this gets complex really quick 16.

Managed care organizations.

Five Medicaid managed care programs.

And those are kind of distributed through the different managed care company.

So our largest plan is star. You may be wondering why.

These are all called star.

It's not because Texas is the Lone Star State star stands for state of Texas Access reform, which Harkins back to the legislation that directed Health and Human services to pursue a managed care Medicaid program.

About two decades ago, the STAR program is our largest program.

It covers low income, healthy, typically developing children, pregnant women and then again, some of those family care taker relatives.

Star kids is our program for children and youth with disabilities and medical complexity.

The chip program we talked about earlier designed to cover kids living in families that aren't able to access private health insurance and are not able to qualify for Medicaid due to income. Star Health is our managed care program, specific for children and youth involved in the foster care.

System in conservatorship of the Department of Family and Protective Services. That is a unique program in that there is a single.

Statewide managed care organization model that other states use.

This is really viewed as a best practice in Texas, the MCO that administers the Star Health program is superior health plan, the thought being.

Given the the complex needs of children and youth in foster care, and the fact that they often move around that single statewide MCO makes it easier for them to continue to access services and the Star plus program is our program for adults with disabilities.

There's also some smaller programs administered through STAR plus like our breast

and cervical cancer program.

And here is just a map of our managed care service delivery areas, or SDA.

These unfortunately do not overlap with the public health regions determined by the Texas Department of State Health Services, but nonetheless you have our SD as the Bayer SDA is at the bottom left, and again you can see there as of 9/1 of this year the MC.

OS that are operating in those programs and we have MC OS that operate in areas that include rural parts of Texas and certainly in the metropolitan region.

And once you have this slide deck, you'll have access to all of the hyperlinks where you can go and spend more time reviewing this information.

Alright, so So what is covered in Medicaid?

So we cover acute care services. Well child visits. Well, woman exams, diagnostic medical treatment.

You're familiar with that at the top of the presentation I mentioned LTSS or long term services and supports. Again, those are community based services like attendant care, nursing facility services to help individuals.

With special needs, with activities of daily living, et cetera.

Behavioral health services. We're going to dive into into greater detail shortly.

We cover transportation services as well as prescription drugs.

All right, let's spend some time unpacking the behavioral health services that we cover in Texas.

Medicaid. I'm gonna take a caffeine break.

All right, So what you can see there is a non comprehensive list of services that we cover.

Medicaid does cover substance use services, and so it is intentional that I am using the term behavioral health. We consider behavioral health to be an umbrella term that covers not only kind of mental health services that you might be more familiar with, but also services for individuals with.

Substance use disorder.

Such as counseling services.

As pediatricians, you're likely familiar with the first check mark in the left column.

That's hospit screening beef intervention referral to treatment. This is a service where a primary care clinician could spend some extra time with the patient, identify an unmet behavioral health need and make a referral and get reimbursed for that.

And we cover a variety of other services like medication management with a

psychiatrist.

Psychologic evaluation individual group family psychotherapy.

Targeted case management and mental health rehab services.

The mental health rehab benefit is fairly complex, but I wanted it here because it includes our crisis intervention services.

You are likely familiar with this. Our local mental health authority in the Bayer County area is the Center for Healthcare Services.

They operate a mobile crisis outreach team, or an MCOT that can be deployed to an emergency room.

In residence, a community location.

Deliver immediate services to an individual in mental health crisis and help make sure that that individual gets the treatment that they need. And actually every single one of the LMHAS that operates in the state of Texas has an M cot team, one of the.

Things we'll talk about towards the end of the presentation is a youth focused crisis outreach team called the Wichit.

That's one of those things that we're really excited to see move forward.

All right, before I unpack what, in lieu of services are, if you think back to that last slide.

And you think of a behavioural health continuum of care, where one end of that continuum is fully outpatient services to include medication management, seeing a psychiatrist seeing a psychologist or a licensed professional counselor, outpatient services, the other end of that being inpatient care, inpatient psychiatric care for a. Youth with suicidal ideation, etcetera.

And actually for the whole behavioural health system in Texas and in many other states.

There's not a whole lot that is in that middle and in the middle it's sometime referred to as step down type services and so our state legislature a few years ago directed our agency to pursue what's called in lieu of services.

The bill number was Senate Bill 1177, and before we log off, I will show you a resource where if you want to, you can track and review every piece of legislation that has been historically filed and will be filed.

And and I show you how to use that.

So what are in lieu of services?

So let me back up and talk about the Medicaid state plan now.

What is a state plan?

The state plan is essentially the contract that Texas Medicaid has with our federal regulator, the Center for Medicare.

Medicaid Services that really kind of presents the menu of services that are covered for anybody enrolled in Texas Medicaid.

So that's the state plan.

Those are the services that are described in the Texas Medicaid provider Procedures Manual or the TMPPM and those are.

Bread and butter. Everybody has access to those services, provided that they meet medical necessity criteria.

Now, what is in lieu of services?

So this is a way that a managed care organization can substitute one service for another, provided that it's clinically appropriate for that for that individual and it's cost effective.

And so we have implemented a phased approach as we do with many pieces of legislation.

And the first phase is now live, and that was for in lieu of services.

For inpatient care, again, these are services that would be a substitute for inpatient services, and these are all examples of kind of that middle of the continuum, partial hospitalization, intensive, outpatient. Those are similar in that those are not psychiatric inpatient care, but these are programs where an individ.

Would go receive services.

For a few hours every day, or for a full day, be able to go home, sleep in their own bed.

But continue to receive those more intensive services, especially as compared to just seeing a psychiatrist outpatient a little bit more partial hospitalization or PHP is generally 20 to 40 hours a week and that can last for two to three weeks.

Intensive outpatient, sometimes referred to as IOP, can last 8 to 12 weeks.

Slightly less intensive at 10 to 20 hours a week, and again that individual can receive those intensive services during the day and go home to be with.

Their own community, their own family. At the end of the day, what is coordinated? Specialty care?

Briefly, this is a collaborative recovery oriented model specifically for individuals experiencing the first episode of psychosis that might be associated with a schizophrenia spectrum disorder type condition. We won't spend a whole lot of time talking about that.

Now, where are we with our MC OS 'cause I mentioned this is something that's really unique to the managed care model.

Thankfully, almost all of our managed care organizations and all of the ones in the Bear County area.

Have been green lighted to, to start to deliver these services, and almost all of the plans.

Will be offering partial hospitalization and intensive outpatient.

There's a smaller number that are initially going to offer the coordinated specialty care, but we are really, really hoping that this will make it much easier for individuals to access the.

Step down type services and I know that we are all familiar with children and youth with complex behavioral health needs that might have been hospitalized multiple times at an inpatient facility.

And so we're really hoping that these programs really help fill that gap. Now, I mentioned that this has been a phased approach.

And so phase two is in lieu of outpatient services.

Again, phase one was in lieu of inpatient.

Phase two is in lieu of outpatient.

These are examples of services that will be considered.

We have worked very hard with stakeholder groups through our advisory committees to help our agency identify those services that the Community feels would be most beneficial.

I'll talk a little bit about multi systemic therapy, MST and functional family therapy FFT. You know, both of these are intense short term therapeutic models that are really designed for you know individuals that are at risk for.

Or being hospitalized or being at risk for a family may feel the need to relinquish their rights, and also for individuals, youth that are involved with the juvenile justice system.

So evidence based models that are really tailored to meet needs of individuals with complex behavioral health needs and phase three is more of a grab bag category of additional services which we hope to continue to work on.

So I wanna take a pause and talk a little bit about EPSDT.

And this is not unique to behavioural health services, but this is really a hallmark of Medicaid. And this was a provision that was added to the Social Security Act a few years after Medicaid was initially signed into law, along with Medicare. And you may

know this as the.

Texas Health Steps program, especially for those of you that are delivering.

Primary care.

Well, child visits EPSDT applies to anybody enrolled that is younger than 21 years of age.

And so when I refer to children and youth and Medicaid, I'm usually referring to individuals less than 21.

I know we all consider individuals less than 18 to be a child, but just a little bit of Medicaid speak, if you will.

So in addition to the Texas Health Steps Program, EPSDT essentially requires that if a service is identified as medically necessary.

Even if that service is not described in the state plan.

Or the state plan identifies a limit the managed care organizations still must consider coverage on a case by case type basis, and we call this our children's Comprehensive Care program or the CCP.

Now a few examples of this, or we'll start with one just in the interest of time.

Home oxygen, our Texas Medicaid provider procedures manual.

Lists out the conditions for which home oxygen would be approved.

Perhaps you have a patient with a complex congenital heart lesion that doesn't necessarily meet the criteria as outlined in our state plan. Regardless if the clinician treating that child feels that home oxygen is medically necessary, the MCO, like I said, must consider coverage.

And so this is something really important to be aware of.

So when you may be engaged in a peer-to-peer conversation with one of the MCO medical directors, this is something to ask about to to make sure.

That that child's needs have been viewed through an EPSDT lens, as I'll call it.

So here and on the next slide, I just have screenshots of what we call the periodicity schedule, which again are our primary care pediatricians and providers are going to be intimately familiar with, which outlines all of the services that are part of the Texas Health Steps Program, I.

Do want to highlight that we do include mental health as part of that you can see towards the left of that.

And we have two pages to this because it's it's fairly busy as you can see birth through 10 years of age and 11 through 20 years of age. I mentioned earlier in the presentation advisory committees, our agency in partnership with Department of

State Health Services, which is the.

State's public health arm.

We operate over 30 different advisory committees and councils.

Including committees such as the Sickle Cell Task Force, the Drug Utilization Review Board, which is actually meeting today.

The state Medicaid managed Care advisory committee.

These are all opportunities where individuals like you can get involved, get appointed to a committee or provide public comment. And we also have a group called the Texas Health Steps Clinician Advisory Panel that helps inform us when we are making decisions about this periodicity schedule. Are there serv?

That should be added.

Are there services that need to be updated as clinical guidance has changed and are there services that we should consider removing?

One other.

Service I wanted to call out is our Texas Health steps online provider education platform.

This offers dozens of different free continuing education courses.

Some of them are longer format courses and we have shorter courses called Quick courses where CE is not available but give quick information on specific targeted issues.

And so I would encourage all of you to visit this to share this widely.

Again, it's free continuing education education.

Not just for physicians but dentists, nurses, social workers.

Very robust platform. We're very proud of this, but we want to make sure that it's being utilized and there are many modules that deal with mental health.

I did want to call out now a few services that I consider to be unique on the behavioral health spectrum and certified family partner services is one of the newest services that we are considering.

And So what is a certified family partner?

This is an individual that has lived experience raising a child with a mental health condition, and that partner can be paid to provide support to another parent or family that is trying to support a child.

Filed with mental illness. So while family partner's going to use their lived experience, their expertise, navigating the system to provide those supports to the other family, we're very excited to see this move forward.

There's been lots of stakeholder interest in this, and I also wanted to highlight this policy implementation timeline, obviously because it's important for this service, but I wanted to call out that when our program considers adding or modifying a benefit.

With few exceptions.

Our policy is posted for public comment for two weeks.

Where anybody, any stakeholder, can review that comment and provide us with feedback. And there are a couple of policies that are on our website right now. If you were to Google, Texas Medicaid, Medical and Dental benefits website, you will see a listing of those policies that are open.

For public comment.

You can see that we're hoping to go live with this March 1st of next year.

You know another program that I wanted to focus on for a moment is.

The turning point program in our Star Health program and this is a psychiatric hospital diversion program that is operated by Superior health plan.

So I would consider this to be in that middle of the behavioral health continuum or a step down provides 24 hour crisis services, mental health assessments, counseling referrals, medication management and provides an actual location.

Where a child or a youth can get those services in a safe, nurturing environment.

It is outside of their regular home, but hopefully after their short involvement they're able to go back to their home.

It prevents a hospitalization and psychiatric facility, and since this program's inception, there have been thousands of children that have been diverted from inpatient hospitalizations, which means they were able to receive other services in the community to meet their needs that didn't require.

A.

Mental health hospitalization and one of the outcomes that superior tracks closely.

Is the readmission rate for children and youth with mental illness?

And this program has actually been shown to decrease 90 day readmission rate for children and youth with behavioral health conditions.

Currently there is a program in Fort Worth which I know is not exactly close to the San Antonio area, but that program actually would serve any child regardless of where they are in the state.

And superior health plan would facilitate transportation etcetera to get the youth that need.

There is a really robust website about all things foster care fostercaretx.com, and there's a specific web page about the turning point program and how to access that. Wanted to spend a second talking about one of our newer services. It's it's newer to coverage in Medicaid but not necessarily a new service out there and that's the collaborative care model.

You know, we talk a lot about integration of services, which I think has largely been Co location of behavioral health services where you have a clinic, you have a counsellor that's in the same facility as a primary care pediatrician's office, but not necessarily a whole lot of.

Coordination between those two entities.

This model integrates services of a case manager, a psychiatric consultant and the primary care provider wrapping around the individual with mental illness to really provide integrated, coordinated care. This model has been shown to have better outcomes. Our coverage actually went live in 2022, so over 2.

Years ago, unfortunately, there's been relatively little uptake and we know that there's always a ramp up period.

When new benefits come online, but specifically for the collaborative care model, this is really along the lines of healthcare delivery transformation, where health systems and clinics academic institutions need to come together to figure out how this might work with their organization.

So it does require some activation energy to use a term from my high school chemistry class to get this off the ground.

And of course, now Medicaid does cover the codes for that service.

I wanted to spend a second.

Just reminding the group about our Tele services. As you may know, during the pandemic, one of the Silver Linings was this revelation of the role of telemedicine and telehealth services.

You're likely aware that some of the strongest evidence to support telemedicine and telehealth is in the behavioral health space.

Many of the flexibilities that Hhsc created during the public health emergency have become permanent policy.

And some of those services are even approved for audio only or telephone, although certainly audio plus visual is preferred.

I think we continue to be challenged as a state with broadband and digital health literacy.

I know that many of our MC OS have been working with clients to make sure they have Wi-Fi or a device that they can use to receive these services. But. Just wanted folks to know that these services are available and remain covered. Now I mentioned at the top of the presentation that there are plenty of services that I wasn't necessarily familiar with before sitting in the chair that I now do. And so I wanted to call out a few of our waiver programs.

Now, what is a waiver?

A waiver is when a Medicaid agency asks the federal government for permission to waive or create flexibility in some of those federal requirements.

This is usually done for a new concept, a new idea, something that is innovative and exciting.

One of our waivers is the yes waiver. The Youth Empowerment Services waiver and this is designed for youth where they are at risk for relinquishment, which again means that the family is considering relinquishing their rights for that youth because of the behavioral health complexity.

These youth are also at risk for hospitalization and this is such a unique program it provides true.

Wrap around services and it also includes specialized therapy. Actually, animal assisted therapy like equine therapy, art therapy, music therapy.

Which, as you likely know, can be tremendously impactful for individuals with mental with mental illness and behavioral health conditions.

And so this waiver has specific eligibility criteria.

You know, ideally a child or youth with behavioral health condition is working with their service coordinator through their managed care organization to apply for this. But it is those local mental health authorities again that help to administer services through this program.

There are generally speaking, slots that are available for this waiver, and so if you have patients that are struggling with behavioral health conditions, this is absolutely something to consider. The 2nd waiver, I'll call out, which is for adults, is a similar program that is tailored for individuals with.

Serious mental illness and a history of hospitalization, involvement with the justice system.

Frequent emergency room use and again provides tailored services to keep an individual in their home in their community.

Prevent them from being hospitalized and to really meet their needs better than

standard fare. Behavioural health services could.

We're gonna pivot now to some quality and program improvement efforts and behavioral health. As you may know, Medicaid operates a pay for quality program where there are a variety of measures that HHS in consultation with stakeholders identify as priority.

We have a list of measures where the MCOs are actually at risk, which means they could lose dollars if they are not able to meet targets.

And we have metrics that are bonus.

Where they are also able to gain additional dollars if performance is better than it need better than we identify a few of the metrics that I wanted to call out, follow up hospitalization for mental illness as you are likely aware, kind of the standard metric is if.

An individual is hospitalized in an inpatient psychiatric hospital.

They need to be seen within seven days and then again within 30 days, again to make sure that they're getting what they need, prevent them from getting.

And we also have actually a couple metrics about ADHD specifically on the need for robust follow up care. Again to make sure that medications are working, if medication has been pursued, identifying other mental health conditions that could be comorbid or Co occurring with ADHD and some of those.

Bonus metrics metabolic monitoring for children and youth on antipsychotic medications.

You're likely aware that many of the second generation even antipsychotics can lead to.

Challenges that lead to metabolic syndrome and so we have a target for metabolic monitoring and then something that's incredibly important is the use of first line psychosocial care for kids on antipsychotics.

So this means did that youth get access to something like psychotherapy first?

And especially when you look at our Star health program, so that group of children and youth in foster care.

Our MCO that operates this is not only outperforming other.

States where that MCO operates, a foster care model.

But we are outperforming higher than the 90th percentile across the country, which means that providers like you are doing a wonderful job of making sure that youth and foster care with mental illness are getting what they need and receiving that follow up. And that monitoring, I know that.

There has been a huge emphasis on primary care and their role in behavioural health, which we'll talk about a little later.

That doesn't mean that there is not opportunity for.

Improvement, but just wanted to call that out.

Another tool that we have for quality and Medicaid are called pips.

This is not peak inspiratory pressure, but performance improvement projects all states with MC OS are required to conduct these pips and over the recent years we have had some behavioral health related pips.

Some of them are listed here. Some of these programs work with PCP, some work with 988. The suicide prevention hotline.

Some work in housing, some other work to identify and meet non medical drivers of health needs.

Case management.

So these are innovative and exciting and lots of partnerships between MC OS and providers and or community based organization.

Now I did want to spend a second talking about something called the Texas Healthcare Learning Collaborative portal, and this is a website that is publicly available where you can go and look at the medical, dental, quality of care measures, CMS core measures, potentially preventable events and really see.

How we as a Medicaid program are performing, you can filter it by service delivery areas.

So if you want to see the outcomes for Bear County, you can do that.

You can tailor it to program.

Wanna see star health versus star kids?

And it's also broken out by managed care organization and year. And so you'll have the link to that.

There's a filter you can set to look at behavioural health metrics alone, and this is something that we feel that stakeholders like you should absolutely have access to, and it can also help inform your clinical practice.

Here's a quick, quick snapshot on the top left you can see the filters that I set.

2022 and the star program for Bear County and I narrow it down by the behavioural health metrics.

And so I know I just went through some of the behavioural health metrics in our pay for quality program.

Obviously, there are other behavioral health related quality of care measures that we

track.

So now I want to talk a bit about behavioural health initiatives that are operated by a different area of the state than Medicaid chip services, where I live and the 1st that I wanted to call out is the Texas Child Mental Healthcare Consortium.

This was created by the 86th Texas Legislature.

Really focusing on behavioral health needs of children and adolescent.

This is a program that is actually administered by the University of Texas system.

And so they are essentially the convener.

There is an Advisory Council that includes lots of individual stakeholders. Individuals with lived experience etcetera to guide their work and this is a non exhaustive list of their initiatives.

We'll talk a little bit more about CPAN and Peripan on the next slide, but the consortium, as it's known, has also really pioneered work with delivering behavioural health services in schools.

Hundreds of the is DS that we have across the state.

Taking advantage of this T chat program where a child that might be identified by a teacher as perhaps having a mental health need could receive consultation while they are at school through a telemedicine platform. Of course, with parent guardian consent and ideally with their participation really, really unique.

Model and there's also a few programs that are totally dedicated to workforce.

So CPAN this is a telehealth based consultation program for primary care providers. Again, I mentioned we are all familiar with the role that primary care has taken with behavioral health specifically.

Where a primary care provider can call the hotline and the average turn around time is now less than 5 minutes. Where that primary care clinician can get a phone call from a child psychiatrist to provide consultation and advice about a child.

So an example would be a teenager.

You're seeing where you have tried 2 antidepressants and they haven't worked as well as. Perhaps you had intended.

There's other concerns. You can call and get that phoneafront assistance.

This is funded with state dollars and this is an example of a great partnership with academic institutions and you may know that UT health, San Antonio and our Department of Psychiatry is an anchor institution for this program in the central region.

You can see that there have been.

Thousands of children that have benefited from this program, I have used this program when seeing patients at the Robert B Green, as have many of my colleagues in the division of general Pediatrics.

You do need to enroll in this program, which you can do on the website or via phone, but if you are not taking advantage of this program, please continue to think about it. One of the other exciting developments is during the last session.

The consortium received direction to focus on perinatal health.

And so there is a peripan network similarly based where an OB/GYN or a family physician taking care of a mom with postpartum mental illness can get that consultation from an adult psychiatrist on demand.

This program also offers a variety of continuing education initiatives where free CME is available and the consortium as a whole is also doing a really robust job at collecting data to really make sure that these.

These initiatives are working and informing next steps in the behavioral health space. I mentioned earlier WYCOTTS or youth crisis outreach teams.

Again, this is work that came out of our last legislative session builds upon that M Cot mobile crisis model in codes, Clark Crisis stabilization services.

Many other, but these are teams that are focused on youth. The individuals that will work on these teams are individuals that are familiar with the unique needs and challenges of children and adolescents.

There's an enhanced follow up structure where not only is that youth going to get that crisis stabilization service, you know right then and there, but they're also going to be followed for a 30 or even 90 day period of time.

This is a service that is administered by the behavioral Health Services area of our agency.

We've been really excited to help partner with the managed care organizations which are reaching out to the local mental health authorities.

In their community, on another really unique aspect.

We've talked a bit about Star Health and foster care, and we're all familiar with data that shows that children and youth in foster care are more likely to have mental illness as compared to the non foster care Medicaid population. And so some of these wycots will be even.

More specialized to specifically prioritize the needs of children and youth in the conservatorship of the state with the Department of Family and Protective Services, have really enjoyed working with.

Ts.

There's a very strong collaborative relationship between our two agencies, much of that good work has been around behavioral health.

Here you can see a map of these services.

Again, this is this is really an initiative that is pretty much in its infancy.

But we hope that these models are able to show that they work, that they decrease readmission, they provide services.

You'll note that Bear County currently is not highlighted on that map, but again, you have to start somewhere.

And just really, really excited to to see that move forward now.

I've mentioned the legislature quite a bit, and so we're going to pivot now to legislative initiatives and look forward to the next legislative session.

So something that I wanted to call particular attention to is the Children's Mental Health strategic plan.

This is a plan that identifies strategies that the state should consider to address.

The behavioral health needs of children and youth in our state.

Not just children and youth enrolled in Medicaid.

This is due to state leadership. By December 1st it will be released publicly.

It has benefited from input from a variety of organizations.

Again, individuals with lived experience people from Medicaid, people from public health, people from child psychiatry institutions, academic institutions. We know that there have been folks from Bear County that have been really instrumental in this.

And so please look to this.

Which again is going to be released in in less than two months.

So right now we are in what's called the interim offseason is really not the right term because there's lots that happens during the interim, even though the legislature is not actively convened during the interim, both the House and the Senate release what are called interim charges and this.

Is kind of a homework assignment if you will, where certain committees in the House and Senate are supposed to look at issues.

In preparation for the next session.

Legislative session and there were an interim charge specific to children's behavioral health. And so two of the committee's one in the house and one in the Senate, have actually had hearings where they have taken input from stakeholders to talk about these issues to again inform Dec.

That lawmakers will make when they convene in January.

So let's talk briefly about the 89th Texas Legislature.

It is likely that there will be continued interest in behavioral health at large.

I'm not in any way trying to speak for our elected leaders, but we know that this is an area of interest. Again, given those interim activities, there's going to be additional interest in strengthening that behavioral health continuum of care, addressing workforce shortages and really focusing on some special.

Populations to include children and youth in foster care, but also children and youth that have Co occurring mental illness and intellectual or developmental disability.

Now I know there is a happening.

Just under two weeks that will certainly have impacts for the 89th session.

Early bill filing starts in early to mid November.

The legislature will gavel in, as it's called in mid January and then they will meet for 140 days to get the work of the state done.

Just to give you some perspective, in the last legislative session, there was a record set over 11,000 bills were filed, over 800 of which had something to do with Medicaid, which means we were tracking and providing feedback.

And information to our legislative leadership to help them make decisions.

So just doing a little bit of predicting the future, I think behavioral health and specifically behavioural health for kids will remain an area of focus. So you know, I wanted to leave y'all with a few action items or opportunities for improvement. I've mentioned service coordination a few times.

And and we know that it it continues to be challenging for.

Providers to engage with a patient service coordinator or for the service coordinator to engage with the provider and so.

Especially for your youth with complex needs, be the medical or behavioral health.

When you see that child, ask their parent who their service coordinator is. So you can help start that dialogue for children and youth and state conservatorship. The CPS caseworker has an incredibly important role, so trying.

To work with them, you may be familiar with health passport, which is an electronic web-based health information repository for kids in Star health.

Which contains an immunization history.

Visit history and also contains the information for their caseworker and service coordinator and so that is certainly a resource. And I've mentioned the value of local mental health authorities in terms of quality.

You can go visit that portal that I briefly shared with you. Many institutions have a quality improvement office that try to identify unique needs for their community. I think there's an opportunity for behavioral health.

Some electronic medical records have the ability to pull specific reports for behavioral health.

And we know that all of us have to maintain our certification with our certifying bodies and there's certainly opportunities to intentionally choose behavioural health focused initiatives to get your MOC.

A.

Few other things is just to promote awareness of programs that support the behavioural health workforce.

I am a very proud alumnus of the National Health Service Corps, where I served again as Doctor Kamat, mentioned on the South side of San Antonio for two years, the federal government paid for two years of my medical education.

They also offer loan repayment.

Texas has its own programs.

There is a physician education loan repayment program that includes psychiatrists as well as a mental health professional program that's for non physician clinicians like counselors really to build up that workforce.

There's also a role to make sure that if there is a denial for a service that you help educate your patients about their appeal rights.

They're able to appeal with the Medicaid managed care organization, and they also now effective 20/22.

Have an opportunity to ask for an external medical review where that patient's case is going to go to an organization totally outside of the MCO for really a second opinion, and I also want folks to be leveraging resources that are out there. We talked about 98.

Eight the state every few years publishes guidelines and parameters for children and youth in public behavioral health.

Doctor Steve Pliska from our psychiatry department has been instrumental in that effort, as have many others.

And we talked about cpam.

So that was a whirlwind tour of behavioral health in Texas Medicaid.

One other thing I wanted to mention is just to say thank you for the work that you do serving clients enrolled in Medicaid.

I know that it's challenging for a lot of reasons. One of the particular challenges that we know is fairly widespread are issues with Medicaid, re validation and enrollment, if you.

Or a colleague is having issues with that?

Please feel free to e-mail me directly and I'll make sure that get that.

Get that gets to the right area.

Thanks for the time this morning, y'all.

And I think we have just a few minutes for questions.

I'm going to take down my screen share. Doctor Comet so we can have a discussion.



Kamat, Deepak M 56:11

Thank you, doctor. When I'm sure that's a wonderful presentation on Texas medicate, I already have a question in the chat box.

Can you comment on what agencies like HSS and Medicaid can do to support preventive services for mental health issues in children, such as trauma, informed social determinants, parenting classes, case management? This is from doctor Manleyk.



Van Ramshorst, Ryan D (HHSC) 56:33

Doctor Manlick, thank you for the question.

A couple things to call out, at least on the Star Health Foster care front.

Superior health plan has a variety of initiatives for promoting trauma informed care.

Continuing education available for providers for parents.

Links to resources and so I can make sure that you have that in follow up with

regards to what we call non medical drivers of health, all of the managed care organizations are doing work in this space. In fact there is a learning collaborative meeting today with all.

Of the MCO.

They're in year four of this national collaborative all about non medical drivers of health.

All of the plans operating in Bear County have some initiative dealing with non medical drivers, which is really exciting.

And I just wanted to call out those things.



Kamat, Deepak M 57:20

For the signer, you have a question.



Seidner, Steven R 57:23

Wonderful presentation, Ryan. Thanks so much.

Great to see you.

You know, one of the challenges with trying to set up integrated behavioral and mental health in clinics is that often.

Even with the billing that reimburses, it only pays for about half the salary of a psychologist.

Are those codes eligible for tips?



Van Ramshorst, Ryan D (HHSC) 57:49

Doctor Seidner, are you referring to the collaborative care model codes?



Seidner, Steven R 57:53

Right.



Van Ramshorst, Ryan D (HHSC) 57:54

I don't know the answer to that question. Off the top of my head, but I can.

I can look into that and get back to you.



Seidner, Steven R 58:01

OK. Thanks.



Kamat, Deepak M 58:04

And you raised your hand.

Do you have any question?

Oh yeah, I think he was.

Go to Hanan.

We had raised your question hand.



patherdon 58:15

At.



Kamat, Deepak M 58:17

Can you ask your question please?



patheron 58:21

Yeah.

As you may know, we've been going around the state putting on these.

Gun violence prevention programs.

Particularly for the school shootings.

And I'm curious exactly what you have in this program.

What various features and elements you can give me thrown together to deal with this issue?

Which is the largest cause of death right now for children and adolescents?



Van Ramshorst, Ryan D (HHSC) 58:51

Thanks, doctor Herndon.



patheron 58:51

Access access access.



Van Ramshorst, Ryan D (HHSC) 58:53

Yeah, I call out two things go ahead.



patheron 58:56

Access to guns.

You know, gun safety training, all of that.



Van Ramshorst, Ryan D (HHSC) 59:03

Yeah. So in terms of our Texas Health Steps program, the anticipatory guidance portion of that, which is really the pediatrician, the pediatric clinician delivering education to that family, usually towards the end of that well child visitors are in the middle of it.

That is an opportunity for providers to deliver any type of counseling services, education that could include firearm violence.

The other initiative that I wanted to call out is there was a recent groundbreaking for

a new psychiatric facility in the uvald.

Area to really make sure that there's a hub of mental health services for that community where there currently isn't.

Those are the things that come to mind.



Kamat, Deepak M 59:43

Thank you, doctor.

Doctor Williamson, thank you for great presentation.

I'm gonna conclude this because I know we have to run for another meeting and we have a facility meeting.

So thank you all for attending this morning's grand rounds.

Thank you, doctor.



patherdon 59:57

H.



Kamat, Deepak M 59:58

That wonderful, wonderful presentation.

Have a wonderful Friday and wonderful weekend. Thank you.

● **Kamat, Deepak M** stopped transcription