



Child and Adolescent Mental Health: Roundtable Discussion for Consultants

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- Introduction
- Goals:
 - Discuss business case for child and adolescent mental health treatment
 - Introduce *An Employer's Guide to Child and Adolescent Mental Health* and corresponding recommendations
 - Roundtable discussion and brainstorming

Why is this important?

- Behavioral and mental health disorders in children and adolescents are prevalent and problematic; few receive treatment
- Impact on parent/employees/employer
 - Absenteeism
 - Presenteeism
 - Lost productivity
 - Direct medical costs
- Early intervention can be preventive
- Early treatments which are effective are cost saving

How does this affect employers?

- Caregiving Employees
 - Almost 9% of a company's employees care for a child with special needs (including mental health problems)
 - Nearly 40% of parents caring for a child diagnosed with a mental health disorder report caregiver burden
 - Financial problems are common for these families due to high out-of-pocket costs
 - Caregivers report less sleep, more anxiety/depression, and greater health risks

Employer Costs - Caregiving

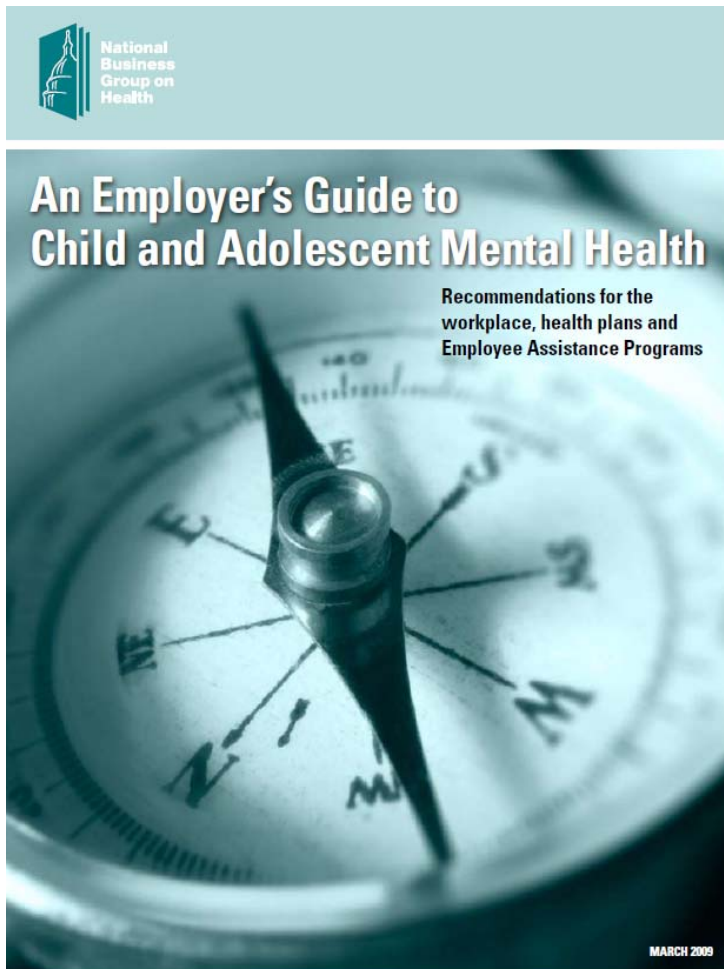
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TABLE 1.3. Employer Costs Associated with Caregiving Employees

Cost Drivers	Frequency	Average Salary/Cost	Total Impact
Absenteeism (full-day and early departures)	1—2 days/month	\$588/week (women) \$731/week (men)	\$1,411—\$2,822/year \$1,754—\$3,508/year
Presenteeism	4 hours/week	\$588 (women) \$731 (men)	\$2,940/year \$3,655/year
Replacement Costs	17% of all caregiver employees	30—50% entry level 150% mid-level 400% specialized, high-level executive	Based on individual salary
Job-Share Costs (full-time to part-time)	36% of all caregiver employees	\$2,306/employee for large business	Based on individual salary

Sources: Burton WN, Chen C, Conti D, et al. Caregiving for ill dependents and its association with employee health risks and productivity. *J Occup Environ Med.* 2004;46:1048-1056; Metlife Mature Market Institute. *Caregiving Cost Study: Productivity Losses to U.S. Businesses.* New York; 2006; Center for Child and Adolescent Health Policy, MassGeneral Hospital for Children. *Children with Special Needs and the Workplace: A Guide for Employers,* 2004. Available at www.massgeneral.org/ebs. Accessed February 18, 2009.

An Employer's Guide to Child and Adolescent Mental Health



- Advisory Council composed of large employers and experts
- Designed to help employers improve the delivery of child & adolescent behavioral health services and provide services for family caregivers
- Part I: Background, Epidemiology, Cost
- Part II: Current state of child & adolescent behavioral health treatment, recommendations for action

How were the recommendations structured?

- Meant to guide employers
- Divided into recommendations for:
 - Health Plan
 - Employer Oversight
 - Workplace
- Employers are encouraged to assess their existing networks and add recommendations to contract language if needed

Recommendation 1

Challenge: Provider Networks

- Ensure a comprehensive network of active providers
- If needed, direct MCOs/MBHOs to add providers that can adequately deliver child and adolescent behavioral health services
 - MCOs/MBHOs should have standards for inclusion in provider networks

Recommendation 2

Challenge: Provider Networks

- Assess and address availability of culturally-competent and ethnically-diverse providers
 - Health plans can request information from network providers regarding race, ethnicity, and language
 - Employers should consider their own employee diversity when looking at the diversity of providers within the network

Recommendation 3

Challenge: Coverage

- Ensure primary care screening and assessments are reimbursed
 - Reimburse for screenings and assessments with resulting v-code diagnoses
 - Reimburse screenings in same manner as lab test
 - Use screening instruments standardized for use with children and adolescents

Recommendation 4

Challenge: Coverage

- Provide coverage for a full range of treatment options
- Assess network for providers proficient in evidence-based therapies
 - cognitive-behavioral therapy
 - family-focused therapy
 - Parent-training programs
 - Interpersonal therapy

Recommendation 5

Challenge: Supporting Collaborative Care

- Support Collaborative Care: design benefit plans to reimburse primary care and mental health providers for:
 - Telephonic consultation
 - School mental health service providers, teachers and parents
- Two major mechanisms for payment:
 - Clinical CPT codes; or
 - MCO, MBHO, EAP vendor or management company administrative payments



Recommendation 6

Challenge: Supporting Collaborative Care

- Consider providing a designated case manager for coordination and continuity of care through:
 - Employed through EAP or health plan
 - Develop communication plans (including routine updates) for providers and other caregivers.

Recommendation 7

Challenge: Supporting Collaborative Care

- Monitor continuity and coordination of care between general medical and behavioral health services
 - Ensure seamless and appropriate behavioral health care
 - Request evidence from vendors about how they coordinate behavioral health care

Recommendation 8

Challenge: Supporting Collaborative Care

- Work with health plans to:
 - provide primary care providers access to a list of in-network mental health professionals skilled in the care of children and adolescents, accepting referrals and are willing to work collaboratively.
 - Consider tele-providers when geographic area has few or no providers.



Recommendation 9

Challenge: Supporting Collaborative Care

- Employers should work with their managed care providers to:
 - Develop a means of releasing/accepting school records, avoiding duplicative costs of assessments and screenings.
 - Follow HIPAA regulations in the transfer of records.

Recommendation 10

Challenge: Mgmt. of prescription medications

- Adopt a nationally accepted best-practice guideline with MBHOs, MCOs, Pharmacy Benefit Managers (PBMs) for dispensing of and prescribing of psychotropic drugs to children and adolescents.



Recommendation 11

Challenge: Mgmt. of prescription medications

- Work with MBHO/MCO to verify that patients prescribed psychotropics receive periodic and routine follow-up. Diagnosis, treatment plan and follow-up care should be documented in the patient's medical record.

Recommendation 11, continued

Challenge: Care coordination

- Follow suggested guidelines when referring to specialty care:
 - Document that patient was referred, reason, and notify MBHO that a referral was made
 - Primary care physician should (with patient's permission) contact specialty care clinician and advise of the need for the referral and any relevant data.



Recommendation 12

Challenge: Collecting and Analyzing Data

- Identify and develop a process for coordinating data collection between MBHOs, MCOs and the PBM. Use this information to assess the value of the mental health interventions.
- Identify care gaps and work to develop a plan for performance improvement

Recommendation 13

Challenge: Collecting/Analyzing Data

- Desired analyses should be conducted within the scope of the normal annual contract.
- Identify reports of interest during contract negotiations to avoid unforeseen costs.

Recommendation 14

Challenge: Improving Work-Life Benefits

- Implement programs and policies that decrease caregiver strain and improve work-life balance
 - Flexible leave policies
 - flexible work practices



Recommendation 15

Challenge: Improving Work-Life Benefits

- Assess and review caregiver resources available through EAP services. EAPs should:
 - Assess caregivers
 - Encourage family counseling
 - Provide support services
 - Ensure an inventory of child specialists
 - Offer advocacy services
 - Host educational seminars

Recommendation 16

Challenge: Organizational Culture

- Educate all levels of organization about mental illness
 - Mental disorders require care as do chronic diseases
 - Promote early recognition and treatment of mental health disorders (EAPs can help provide some services)

Questions for discussion

- What are you hearing from employers about child and adolescent mental health?
- What is problematic in this area? Lack of treatment/providers? Costs? Etc.
- How are EAPs addressing this issue, or how should they be addressing it?
- How can employers develop benefits that will assist parents/children and improve productivity?

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