WELCOME :: EPSDT and Interstate

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AAICAMA Learning Series – October 24, 2016
WELCOME

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Our Goals

- Increase **Access** to Appropriate, Individualized Care
- Improve **Quality** and Effectiveness of Care
- Encourage Greater **Collaboration** Among Child-Serving Agencies and Providers
- Promote **Engagement** By, and Accountability to, Young People, Their Families, and the Public
Incidence of Disease across the Lifespan

The graph shows the incidence rate of various diseases per 1,000 population across different age groups. The categories are:

- Other
- Musculoskeletal
- Injuries
- Chronic respiratory
- Neurological & sense
- Mental disorders
- Cancer
- Cardiovascular

A notable increase is observed among the younger age groups, with a significant peak around age 20, which is highlighted in the graph.
50% of students age 14 and older living with a mental illness dropout of high school.

Girls 75% in juvenile detention centers have at least one mental illness.

Suicide is the 3rd leading cause of death in youth ages 15 to 24. 90% of those who die by suicide had one or more mental health condition.
# Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders

### Lifetime Prevalence
- Anxiety disorders: 28.8%
- Mood disorders: 20.8%
- Impulse control disorders: 24.8%
- Substance use disorders: 14.6%
- Any disorder: 46.4%

### Median Age of Onset
- Anxiety—11 years
- Impulse-control—11 years
- Substance use—20 years
- Mood disorders—30 years

*Half of all lifetime cases start by age 14, Three fourths by age 24*
Why Mental Health Matters to FOSTER YOUTH:

• According to a NIMH survey, about half of all foster youth have “clinically-significant” emotional or behavioral problems. Only 1/4th of whom received care during the one-year time period of the survey (Burns et al., 2004).

• Out-of-home placement is associated with disruptions in attachment relationships as children’s attempts to form secure attachments with a primary caregiver are interrupted (Troutman, Ryan, & Cardi, 2004).

• Foster Youth often experience violence and neglect prior to placement, leading to a higher prevalence of mental disorders (Oswald, Heil, & Goldbeck, 2009).

• Foster youth are at an increased risk of exposure to risk factors, such as: poverty and maltreatment, putting them at greater risk for mental health issues (Fish & Chapman, 2004).

What This Means to FOSTER YOUTH Over Time

• More than 50% of former foster children have mental disorders as adults, compared with only 22% in the comparison group (American Psychological Association, 2012)

• 30% of former foster care children suffer from PTSD as adults, compared with the approximately 15% of U.S. combat veterans who suffer from PTSD (American Psychological Association, 2012)

• [Link to additional information](http://www.bettercarenetwork.org/sites/default/files/Information%20Packet%20-%20Emotional%20and%20Psychological%20Well-Being%20of%20Children%20in%20Foster%20Care.pdf)
Most Young People Have a Right to Adequate Care

- Medicaid/EPSDT
- IDEA
- Americans with Disabilities Act (ADA) and Rehabilitation Act § 504
- 14th Amendment—Substantive Due Process for Children in Care
- Other public assistance
Comprehensive Federal Entitlement for Youth:
EPSDT services include: “such other necessary health care, diagnostic services, treatment, and other measures ... to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, \textit{whether or not such services are covered under the State plan.”} 42 USC 1396d(r)
Medicaid/EPSDT: Our Goal
Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Ensure that each Medicaid-eligible children receives all medically necessary health and mental health services in sufficient amount, duration and scope to correct or ameliorate illness or condition.

NO MONEY IS NO EXCUSE!
NO CONTRACT IS NO EXCUSE!
‘NOT INCLUDED IN THE STATE PLAN’ IS NO EXCUSE!
Individual Advocacy:

Medicaid Eligible Child
+ Medically necessary Treatment
+ Medicaid Covered (or Coverable) Service

= EPSDT Entitlement
What Services Are Covered (or Coverable)?

• Any service that must be (mandatory services) or can be (optional services) covered under Medicaid may be a medical necessary service. *If it is covered by any state* (other than by waiver), than it is a Medicaid-coverable service in your state.

• An EPSDT service does not need to be listed in the State Plan. It does not need to be available to adults.

• Outreach and informing, routine and inter-periodic screens, assessment, case management, treatment, collateral, transitions, as well as appointment and transportation assistance are all covered services. Each state publishes a list of categories of services available.
STEP 1: You Cannot Do This Alone

- **Build A Team**
- The Fulcrum of the Team is a Supportive Clinician
- Focus on the Child and Family’s Goals
- A Care Coordinator or Case Manager can help to build and sustain the team, plus it’s a Medicaid-covered service.
Step 2: Be as SPECIFIC as possible about the child’s symptoms/behaviors and treatment needs

- Nobody “needs” a group home.
- The more specific one is in describing challenges and interventions, the easier it is for you to assess whether services “fit.”
Step 3: BELIEVE in the ENTITLEMENT

• In the real world, the EPSDT entitlement is often unknown, ignored, restricted, delayed or denied. Many stakeholders and providers have internalized this experience.

• If you believe in the entitlement, you are more likely to act it out. If you act it out, your are more likely to realize its benefits for your child.

• Learn to recognize when you’re being ‘denied;’ Try to hold the decision-maker accountable, in writing.

• The law is on your side. That is of little consequence if you don’t use it.
Finding Solutions

• If you have a **professional recommendation** for services and you can find a service provider, pushing the system is easier.

• If you **do not** have a professional recommendation for services, you will not be able to effectively advocate for your child.

• If the service has been recommended but the system does not have capacity, you have strong grounds for advocacy. But, getting a recommendation for a “non-existent” service can be challenging.

• Remember: **INDIVIDUAL SERVICE AGREEMENTS OR CONTRACTS** by the state may be the only solution—*compliance with EPSDT may require this.*

• Building **system** capacity will require **system level advocacy**.
Resources

- National Health Law Program NHeLP
  www.healthlaw.org
  An Advocate's Guide to the Medicaid Program

- Bazelon Center for Mental Health Law
  www.bazelon.org

- Young Minds Advocacy
  www.youngmindsadvocacy.org
Don’t forget...

1. Build a Team with a supportive clinician
2. Be as CONCRETE as possible re: what you / your client needs
3. Believe in the ENTITLEMENT!

Thank you!

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EPSDT Screening

• Periodic comprehensive screens required.

• Five components
  (1) comprehensive health and development history that accounts for physical and mental health as well as substance use disorders;
  (2) comprehensive unclothed physical examination;
  (3) immunizations per the Advisory Committee on Immunization Practices;
  (4) laboratory testing; and
  (5) health education for both child and caregiver.

• 42 U.S.C.A. § 1396d(r)(1).
EPDST Behavioral Health Class Action Lawsuits
Children’s lawyers are your friends

- **Rosie D. v. Romney** (Massachusetts)
  - Class action to provide home-based mental health services to Medicaid-eligible youth

- **Katie A., et al. v. Bonta** (California)
  - Sought wraparound and therapeutic foster care services for Medicaid-eligible children in or at risk of placement in foster care or group homes

- **TR v. Dreyfus** (Washington)
  - Sought establishment and implementation of a system that focuses on intensive home and community-based MH services for ALL Medicaid-eligible children under 21

- **Jeff D. v. Otter** (Idaho)
  - Class action for improved access to community-based mental health services for estimated 9,000 Medicaid-eligible youth with serious emotional disturbances

- **JK v. Symington** (*Arizona*), etc.

“Children with serious emotional disturbance are among the most fragile members of our society. ... Prompt coordinated services that support a child’s continuation in the home can allow even the most disabled child a reasonable chance at a happy, fulfilling life.” U.S. District Court Judge Michael A. Ponsor, *Rosie D. v. Romney*, 2006