Behavioral Health Seminar
Overview

• Background
• Benefit
  o Mild/Moderate vs. Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED)
  o Other Healthcare Coverage (OHC)/Medi-Medi
  o Autism Spectrum Disorder (ASD)
• Program Review
• Referral Process
  o Data sharing (PCP)
• Co-occurring disorders
  o Collaboration between Holman and County Behavioral Health Departments
• Continued Collaboration and Services
  o Warm handoffs, no shows
  o Transportation assistance
  o Health navigation/peer assistance with Holman- medication oversight
• Questions
Historical Medi-Cal Coverage

• In 1991, CA transferred financial and administrative responsibility for mental health programs to Counties. (Carve Out)

• Public mental health services in CA have been delivered through county systems that operate separately from other publicly funded health care services. (Severe Conditions)

• Medi-Cal beneficiaries with less severe mental health conditions face significant gaps both in coverage and in access to services.

Technical Assistance Collaborative, *California Mental Health and Substance Use Needs Assessment*.
The Impact of Mental Illness

• A major impact on an individual’s overall health status and quality of life.

• Estimated that, on average, people with serious mental illness die 25 years earlier than the general population.

• Unaddressed mental illness impacts overall health care costs.

• For Medi-Cal patients with chronic conditions, health care costs are up to 75% higher w/ mental illness.

National Association of State Mental Health Program Directors, *Morbidity and Mortality in People with Serious Mental Illness* (October 2006).

Cynthia Boyd et al., *Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations*, Center for Health Care Strategies (December 2010)
Mental Health and the ACA

• Under ACA, health plans in Covered CA must cover 10 Essential Health Benefits, including mental health and substance use disorder services.

• These services must be provided at parity with medical and surgical benefits, in accordance with the 2008 federal Mental Health Parity Act.

• Benefits to Medi-Cal patients also must meet these requirements, offering mild to moderate coverage.

Benefit

• CenCal Health is responsible to provide care and treatment for members with a mild to moderate mental health diagnosis. Delegation of this benefit to The Holman Group.

• The County Behavioral Health Departments continue to be responsible for care and treatment for individuals with Serious Mental Illness (SMI) – Adults or Serious Emotional Disturbance (SED) – Children.

*Refer to Medi-Cal MHSUD Delivery System handout in packet

• CenCal Health members may have Other Health Coverage (OHC) including Medicare or commercial insurance. These services have been specifically excluded from CenCal Health’s scope and members should use their Medicare or commercial insurance benefit.
Benefit – Continued

• Autism Spectrum Disorder (ASD) – CenCal Health responsible for care and treatment provided to children under age 21. Services delegated to The Holman Group.

• If a Primary Care Physician (PCP) feels a child under 3 years of age may have ASD, they refer to Tri Counties Regional Center (TCRC).

• If the child is over 3 years of age – PCP refers to The Holman Group for referral to therapy. The Holman Group may refer the child to TCRC, if there are other conditions under developmentally delayed or disabled that the child could benefit from, that are not a result of one being on the Spectrum.
Program Review

2015 4th Quarter Totals
Santa Barbara 2,307
San Luis Obispo 1,734

2015 YTD:
Santa Barbara 8,150
San Luis Obispo 5,355

- 86% of CenCal Health members under the oversight of the Holman Group were seen by a mental health provider within 30 days.
- 50% of the time this visit took place within 10 business days.
Program Review

• Median time for authorization approval, matching patient to an available provider and communication with that provider in 2015 was between 3.7 and 5 days.

• Utilization continues to be the highest for those members diagnosed with bipolar, adjustment and anxiety disorders.

• 99% of members were assigned to a mental health professional (non MD) with a first available appointment within 10 days.

• Over 70% of members were assigned to a psychiatrist (MD) with a first available appointment within 15 days. The Holman Group continues to recruit physicians to its provider network.

• 100% of child psychiatrists in Santa Barbara County and 50% in San Luis Obispo County have available appointments within 15 days.
Referral Process

- No wrong door approach
  - Providers may refer members
  - Members may also self refer by calling directly.

- Contact The Holman Group 24 hours a day, 365 days a year via their toll free number (800) 321-2843.

- Holman will conduct an initial screening to determine level of need. If mild to moderate – assessment conducted and member referred for services. If screening determines a need for specialty mental health services a warm handoff to County Behavioral Health Department will be coordinated.

- *Refer to referral process handout in packet

- In an effort to communicate more effectively with our Primary Care Physicians regarding mental health referrals, we revised our Coordination of Care Portal to provide feedback on their case managed members.
Provider Portal – PCP Practice
Summary

Coordination of Care

<table>
<thead>
<tr>
<th>Practice Summary</th>
<th>Case Management</th>
<th>Member Addition</th>
<th>Member Reassignment</th>
<th>Health Screening</th>
<th>RAF Tracking</th>
<th>Mental/BHT Services</th>
<th>Medical Authorization</th>
<th>ER Utilization</th>
<th>Inpatient Utilization</th>
</tr>
</thead>
</table>

CHCCG - San Luis Obispo Casa, 77 Casa St Ste 201 (Adults) and Ste 202 (Peds), San Luis Obispo, CA 93405, (805) 269-1500

Current Case Load Distribution

Past 3 Months Trend

Case Load Summary

<table>
<thead>
<tr>
<th>Plan</th>
<th># of Members</th>
<th>Capacity</th>
<th>Remaining</th>
<th>Access Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLOHI</td>
<td>10,543</td>
<td>13,500</td>
<td>2,957</td>
<td>Auto</td>
</tr>
<tr>
<td>SLOMO</td>
<td>8,503</td>
<td>2,000</td>
<td>10,500</td>
<td>Auto</td>
</tr>
</tbody>
</table>

Summary of Avoidable ER Utilization

| # of Avoidable ER Visits | 0 |

Case Mix Summary

<table>
<thead>
<tr>
<th>Plan</th>
<th>Total Members</th>
<th>CCS</th>
<th>Medi-Medi</th>
<th>OHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>SLOHI</td>
<td>11,081</td>
<td>114</td>
<td>1,451</td>
<td>1,650</td>
</tr>
<tr>
<td>SLOMO</td>
<td>11,081</td>
<td>114</td>
<td>1,451</td>
<td>1,650</td>
</tr>
</tbody>
</table>

Health Screenings

<table>
<thead>
<tr>
<th>Screening</th>
<th># Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>29</td>
</tr>
<tr>
<td>Mammogram</td>
<td>29</td>
</tr>
<tr>
<td>Well Child Check</td>
<td>75</td>
</tr>
<tr>
<td>Well Teen Check</td>
<td>126</td>
</tr>
</tbody>
</table>

Disclaimer: An avoidable ER visit is a visit which could have been more appropriately managed in a primary care provider’s office or clinic. To determine which ER visits are ‘avoidable’, CenCal Health uses the primary diagnosis codes developed by the Department of Health Care Services for this purpose.
CHCCC - San Luis Obispo Casa, 77 Casa St Ste 201 (Adults) and Ste 202 (Pediatrics) 93405, (805) 269-1500

Current Case Load Distribution

- SLOHI, 99%
- SBHI, 1%

August SBHI: 138
July SBHI: 143
June SBHI: 137
August SLOHI: 10,943
July SLOHI: 11,035
June SLOHI: 11,035

Case Load Summary

<table>
<thead>
<tr>
<th>Plan</th>
<th># of Members</th>
<th>Capacity</th>
<th>Remaining</th>
<th>Access Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBHI</td>
<td>138</td>
<td>2,000</td>
<td>1,862</td>
<td>Established Patients Only</td>
</tr>
<tr>
<td>SLOHI</td>
<td>10,943</td>
<td>13,500</td>
<td>2,557</td>
<td>Auto</td>
</tr>
</tbody>
</table>

Case Mix Summary

<table>
<thead>
<tr>
<th>Total Members</th>
<th>CCS</th>
<th>Medi-Medi</th>
<th>OHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,081</td>
<td>114</td>
<td>1451</td>
<td>1650</td>
</tr>
</tbody>
</table>

Summary of Avoidable ER Utilization

# of Avoidable ER Visits: 0

Health Screenings

- Screening
  - Cervical Cancer Screening: 29
  - Mammogram: 20
  - Well Child Check: 79
  - Well Teen Check: 126

Disclaimer: An avoidable ER visit is a visit which could have been more appropriately managed in a primary care provider’s office or clinic. To determine which ER visits are ‘avoidable’, CenCal Health uses the primary diagnosis codes developed by the Department of Health Care Services for this purpose.
CenCal Health Primary Care Provider Portal
Co-Occurring Disorders

- People who have substance use disorders (alcohol or drug abuse) as well as mental health disorders are diagnosed as having co-occurring disorders, or dual disorders. This is also sometimes called a dual diagnosis.

- CenCal Health members who have a substance use disorder should be referred to the County Behavioral Health Department – Drug & Alcohol Division.

- If a provider identifies that a member may have a co-occurring disorder they can refer the member to the Holman Group for a screening to determine if the member meets the criteria for mild to moderate mental health diagnosis or SMI. If the member meets the mild to moderate criteria and are in active treatment with the County Behavioral Health Department’s Drug & Alcohol Division, they can be referred for services to a Holman provider for the mental health therapy.

- If they do not meet mild to moderate criteria Holman will coordinate a warm handoff to the County Behavioral Health Department.
Continued Collaboration and Services

• CenCal Health, the Holman Group and our County partners have formed a workgroup and are working to improve coordination of care for our members that have co-occurring conditions.

• In an effort to provide additional access to care, The Holman Group is working with CenCal Health to provide telepsychiatry services.

• CenCal Health Member Services continues to provide:
  o Warm handoffs for our members to the Holman Group
  o Member education regarding no-shows which severely impact the network
  o Assistance with transportation to mental/behavioral health appointments
  o Assistance with navigation, peer assistance with Holman regarding medication oversight
Contact Us

Providers

Provider questions please contact
The Provider Relations Department at The Holman Group
at (800) 321-2843

Provider Grievances please contact
Sheila Thompson, Provider Services Manager CenCal Health at (805) 562-1677

Members

Members may contact The Holman Group
directly at (800) 321-2843.

For escalated issues Members may contact the CenCal Health Member Services Department
Directly at (877) 814-1861.
Behavioral Health Seminar Agenda

I. Network

II. Screening/Agency Hand-Offs

III. Timely Access Data

IV. Co-Occurring (Behavioral Health Disorders/Drug Alcohol Addictions)
I. Network

- Holman Medi-Cal Network Unique Provider Count in San Luis Obispo County

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Provider Count</th>
<th>Spanish Speaking Capabilities</th>
<th>Child/Adolescent Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>QAS Providers</td>
<td>14</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Masters Level Providers</td>
<td>75</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Psychologists</td>
<td>7</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>7</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>3</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>108</td>
<td>26</td>
<td>86</td>
</tr>
</tbody>
</table>

- Holman Medi-Cal Network Unique Provider Count in Santa Barbara County

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Provider Count</th>
<th>Spanish Speaking Capabilities</th>
<th>Child/Adolescent Specialists</th>
</tr>
</thead>
<tbody>
<tr>
<td>QAS Providers</td>
<td>13</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Masters Level Providers</td>
<td>83</td>
<td>20</td>
<td>68</td>
</tr>
<tr>
<td>Psychologists</td>
<td>10</td>
<td>2</td>
<td>9</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>12</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Psychiatric Nurse Practitioners</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>119</td>
<td>34</td>
<td>94</td>
</tr>
</tbody>
</table>
I. Navigating Holman’s Online Provider Search
Search Feature by City

Search by city

Results
Brings up over 50 providers to choose from.
Click on any provider’s name

Results
When you “click” on one of the names on the list and information screen comes up, showing appointment availability, specialties and other pertinent information for that particular individual.
Search Feature by Partial Name

Search our provider directory to find a qualified provider near you.

A provider’s inclusion on this list does not imply a recommendation or preference by The Holman Group.

Our Care Access Department is trained in finding you someone whose training, background and needs, please call our Care Access Department at (800) 321-2843 for personal assistance.

Remember, for emergency or urgent care, go to the closest hospital or call 911.

Partial name search

Provider info screen

Results

Pulls up all provider locations
II. Screening/Agency Hand-Offs

Member/Provider Mental Health Referral Process

- Warm transfer from CenCal Health
  - Caller cannot be found in Holman eligibility file for CenCal Health
    - Caller contacts Holman directly
      - Caller is determined to be CenCal Health member and IS eligible
        - Caller is not experiencing an emergency
          - Holman completes warm transfer to CenCal Health Member Services Department
        - Caller is experiencing an emergency
          - Holman to follow Emergency Protocols 911 contact county MHP
    - Caller is NOT CenCal Health Child/Adult
      - Holman triages CenCal Health Child/Adult
        - Holman determines CenCal Health Child/Adult needs Specialty Mental Health Services; Routine, Urgent Emergent
          - Urgent/Emergent Holman completes warm transfer to SB MHP / SLO MHP
          - Routine care Holman advises member to call SB MHP / SLO MHP
        - Holman to follow Emergency Protocols 911 contact county MHP
    - Caller contacts County MHP directly
      - Caller is NOT CenCal Health member and is either FFS Medi-Cal or Uninsured
        - MHP provides screening & referral
      - Caller is determined to be CenCal Health member
        - SB MHP and/or SLO MHP triages CenCal Health Child/Adult
          - SB-SLO MHP determines CenCal Health Child/Adult completed Specialty MH Services and/or needs lower level of care
            - SB MHP or SLO MHP completes warm transfer or advises caller to contact Holman
            - Assessment faxed or send secure to Holman
      - MHP provides screening & referral

- Assessment faxed or sent secure to MHP
- Member is Full Dual-provider list
- Member is uninsured or FFS, refer to MHP
- CenCal Health MSR assists member with follow up service
- Urgent/Emergent Holman completes warm transfer to SB MHP / SLO MHP
- Assessment faxed or send secure to Holman
III. Timely Access Data

Department of Managed Healthcare Standard

- The Holman Group’s utilizes by the Appointment Wait Time standards mandated by the Department of Managed Healthcare in California which are as follows:

<table>
<thead>
<tr>
<th>Urgent Appointments</th>
<th>Wait Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>for services that don’t need prior approval</td>
<td>48 hours</td>
</tr>
<tr>
<td>Non-Urgent Appointments</td>
<td>Wait Time</td>
</tr>
<tr>
<td>Specialist Appointment</td>
<td>15 business days</td>
</tr>
<tr>
<td>Appointment with a mental health care provider (who is not a physician)</td>
<td>10 business days</td>
</tr>
<tr>
<td>Appointment for other services to diagnose or treat a health condition</td>
<td>15 business days</td>
</tr>
</tbody>
</table>

**2015 Compliance Rates for Non-Urgent & Urgent Appointments**

- Compliance Rates Data for non-urgent appointment for physician providers and non-physician mental health care providers for 2015: **85.7% for the entire year.**
- Compliance Rates for all urgent appointment standards for 2015: **100% for the entire year.**
Detailed Compliance Data Separated by 5 day and 10 day standard and non-MD versus MD

- **Five (5) Day Standard Compliance Analysis (non-MD only)**

<table>
<thead>
<tr>
<th>Total Number of Members</th>
<th>San Luis Obispo</th>
<th>Santa Barbara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members</td>
<td>2524</td>
<td>3770</td>
</tr>
<tr>
<td># Assigned within 5 days</td>
<td>2398</td>
<td>3409</td>
</tr>
<tr>
<td>Total Compliance Percentage (excluding exceptions)</td>
<td>96.6%</td>
<td>97.9%</td>
</tr>
</tbody>
</table>

- **Ten (10) Day Standard Compliance (non-MD only)**

<table>
<thead>
<tr>
<th>Total Number of Members</th>
<th>San Luis Obispo</th>
<th>Santa Barbara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members</td>
<td>2524</td>
<td>3770</td>
</tr>
<tr>
<td># Assigned to a provider with an available appointment within 10 days (or retro request via claims)</td>
<td>2498</td>
<td>3727</td>
</tr>
<tr>
<td>Total Compliance Percentage</td>
<td>99.0%</td>
<td>98.9%</td>
</tr>
</tbody>
</table>
Detailed Compliance Data Separated by 5 day and 10 day standard and non-MD versus MD

- **Five (5) Day Standard Compliance Analysis (MD only)**

<table>
<thead>
<tr>
<th>Total Number of Members</th>
<th>San Luis Obispo</th>
<th>Santa Barbara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Members</td>
<td>1288</td>
<td>1906</td>
</tr>
<tr>
<td># Assigned within 5 days</td>
<td>966</td>
<td>1437</td>
</tr>
<tr>
<td>Total Compliance Percentage (excluding exceptions)</td>
<td>76.2%</td>
<td>76.3%</td>
</tr>
</tbody>
</table>

- **Ten (10) Day Standard Compliance (MD only)**

<table>
<thead>
<tr>
<th>Total Number of Members</th>
<th>San Luis Obispo</th>
<th>Santa Barbara</th>
</tr>
</thead>
<tbody>
<tr>
<td># Assigned to a provider with an available appointment within 10 days</td>
<td>987</td>
<td>1402</td>
</tr>
<tr>
<td>Total Compliance Percentage (excluding exceptions)</td>
<td>76.6%</td>
<td>73.6%</td>
</tr>
</tbody>
</table>
IV. Co-Occurring (Behavioral Health Disorders/Drug Alcohol Addictions)

• What was the criteria for patients to stay with Holman?

• What is the criteria now?

• How has the criteria evolved?

• What are Holman’s beliefs on treating patients with co-occurring drug/alcohol disorders?
The Holman Severity Screening Tool

• Please review Holman Severity Screening Tool located in your packets, developed by Dr. Oliver Williams, Research Psychologist.

• We use this tool to assess ALL CenCal Health members who are seeking services.

• This is the tool the Clinicians use at The Holman Group to assess medical necessity, impairment of functioning, and risk factors.

• Holman Clinician’s use this tool to aid in determining the severity of the patient’s symptoms. Is the patient mild to moderate? Or moderate-severe?

• If it is determined that the patient is moderate-severe then the Holman Clinician will immediately warm-transfer the patient to County and fax over The Holman Severity Scale and the On-Call Log Sheet (or summary) to County.
Santa Barbara County
Department of Behavioral Wellness
August 2016
Who does Behavioral Wellness Serve?

• During the FY 15-16 Department of Behavioral Wellness provided treatment, rehabilitation and support services to 8,600 clients with mental illness and 3,350 clients with substance use disorders.

• Behavioral Wellness clients include children experiencing severe emotional disorders, adults with severe mental illness and individuals with co-occurring mental health and substance use conditions.
Overview of the Department of Behavioral Wellness

• Founded in 1962, the Santa Barbara County Department of Behavioral Wellness promotes the prevention of, and recovery, from addiction and mental illness among individuals, families and communities

• An array of services are provided countywide for adults, children and transition-age youth

• Services are provided on an inpatient, outpatient and crisis basis

• For detailed information about programs and services, please visit our website at:

  countyofsb.org/behavioral-wellness
• Behavioral Wellness employs approximately 400 full-time equivalent (FTE) employees.

• Behavioral Wellness contracts with approximately 50 community-based organizational providers for alcohol, drug and mental health services throughout the county, as well as with individual practitioners called “network providers.”
How are services accessed?

There are three ways to access services:

(1) If an individual is experiencing a mental health crisis that places anyone in immediate danger, call 911.

(2) If an individual is experiencing a mental health crisis that does not involve immediate danger, and if the person in crisis has insurance coverage through a health plan, call the health plan to get a referral to a covered mental health provider.

(3) For all others, call the Behavioral Wellness 24-Hour Toll Free Access Line at (888) 868-1649. The call is toll free, and someone will answer to assist you 24 hours per day, seven days per week.
Behavioral Wellness Specialty Mental Health Services

Crisis services
• Mobile Crisis Response Team/SAFTY
• Triage Team
• CSU
• Crisis Residential Services
• Inpatient Psychiatric Hospitalization

Outpatient services
• Adult (ACT, AB109, AOT pilot, Forensic, Supported Housing, Homeless Outreach, Outpatient Clinic - therapy, med mgmt, case mgmt, rehab services)

• Child (Wraparound, Intensive In-Home, Katie A, Therapeutic Behavioral Services, Rehab services, case mgmt)
County ADP currently contracts with Community Based Organizations to provide the following direct services for individuals with substance use disorders:

- Primary Prevention
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Social Model Detoxification
- Outpatient Drug Free (ODF)
- Youth and Family Treatment
- Intensive Outpatient Treatment (IOT)
- Perinatal Residential Treatment
- Narcotic Treatment Programming
Drug Medi-Cal (DMC) is the primary funding stream for County ADP services. DMC currently covers the following medically necessary services:

- **Outpatient Individual Counseling**
  1. Intake and Assessment
  2. Treatment Planning
  3. Treatment Plan Review (Every 90 Days)
  4. Crisis sessions
  5. Discharge Planning
- **Group Counseling**
- **ODF = Up to 8 hours treatment/week**
- **IOT = 9 -19 hours of treatment per week**
- **NTP**
Upcoming Service Expansions and Enhancements

With a change in the DMC system called the Organized Delivery System (ODS), covered benefits will expand to include:

• Non-Perinatal Residential Treatment
• Case Management
• Recovery Support Services
• Withdrawal Management
• Medication Assisted Treatment (MAT)

Pending State and Federal Approval, additional benefits may include:

• Medical Detoxification
• Sober Living
• Regular Individual Counseling
• All Services are Offered in Each Region - SM, LM, SB
• All Services are Bilingual/Bicultural Capable
• Selected Services are Co-Occurring Disorder (COD) or Dual Diagnosis Capable
• All Clients are Administered a Fiscal as well as Clinical (biopsychosocial) Assessment
• All Treatment Services use Evidenced-Based Practices (EBPs)
• All Treatment Providers are Monitored and Audited by County ADP and State DHCS
• Treatment success rates are above National Averages
Clients Access County ADP Treatment services by:

- Calling County ADP Directly
- Court Referral
- Walk in to Contracted Treatment Providers
- County Behavioral Wellness (Mental Health) Clinics, PHF and CSUs
- County Public Health Department (PHD)
- Family Referrals
- Community referrals
- Cottage and Marion Hospitals
- County Department of Social Services (DSS)
- County Probation Department
Mental Health Services

www.slocounty.ca.gov/health/mentalhealthservices.htm
MH Carve Out

SLO Mental Health:
Specialty Mental Health Services

CenCal Health:
Physical Healthcare Benefit
Services provided by Primary Care MD
Target Population
Welfare & Institutions Code 5600.3

Adults with Serious Mental Illness (SMI)
(“Serious” = severe & persistent)

Included diagnosis

+ “Substantial” functional impairment or risk of decompensation

+ Disabled to the degree public assistance, services or entitlements...
Target Population
Welfare & Institutions Code 5600.3

Seriously Emotionally Disturbed (SED) Youth

Included diagnosis

+ “Substantial” functional impairment in two areas:
  (self-care, school, family, community)

+ One or more:

  - Risk of or removed from home
  - Impairments x 6 months
  - Psychotic features
  - Suicide risk
  - Violence risk
Medical Necessity (Outpatient)

1. Diagnosis Criteria
2. Impairment Criteria
3. Intervention Criteria
Diagnosis Criteria

- Included/Excluded list

- Co-Occurring Disorders
  - MH and SUD
  - MH and Physical Health Conditions
Impairment Criteria

As a result of the Mental Health Disorder

A. A significant functional impairment
B. A probability of a significant deterioration
C. A reasonable probability that a child (under 21) will not progress developmentally as individually appropriate
D. EPSDT exception (youth under 21)
Intervention Criteria

A. Must target included diagnosis and/or impairments

B. Reasonably likely to:
   ✓ Significantly diminish the impairment
   ✓ Prevent significant deterioration in functioning
   ✓ Allow the child to progress developmentally appropriately
C. The condition would **not** be responsive to physical health care based treatment

- Recent treatment
- Current readiness to change

- Health care based treatment includes:
  - ✓ Holman
  - ✓ CHC
SLO Mental Health provides:

- Medication Support
- Therapy
- Case Management & Rehabilitation Services
- Day Treatment/Day Rehabilitation
- Crisis Intervention
- Crisis Stabilization/Crisis Residential
- Adult Residential Treatment
- Psychiatric Inpatient/Psychiatric Health Facility (PHF)
- Therapeutic Behavioral Services (TBS)
- “Katie A” services
  - Intensive Care Coordination (ICC)
  - In Home Behavioral Services (IHBS)
SLO Mental Health:

800 – 838 – 1381

Holman Group:

800 – 321 – 2843
Dispute Resolution – MOU

• Level 1: Clinician to Clinician

• Level 2: CenCal QI Manager and Holman/MHP Medical Directors

• Level 3: Combined Clinical Case Management Committee
Modified ‘Quadrant’ Model

- Substance Use Disorder
- Mental Health

- Mild
- Moderate
- Severe

Mental Health – Severity of Impairment

- Medi-Cal SUD
- CenCal Mental Health benefit
- Medi-Cal Specialty Mental Health
Drug Medi-Cal Organized Delivery System (DMC-ODS)

SLO Behavioral Health Department
County is responsible for all DMC providers and services

- County intake and assessment coordinators in each regional clinic (gatekeeper or authorization function for all SUD DMC services)

- Use of the American Society of Addiction Medicine (ASAM) Criteria for level of care placement determination

- Authorizations for residential treatment within 24 hours
Placement into the most appropriate, least restrictive level of care, providing safety and security for the patient

Multi-dimensional assessment around six dimensions (acute intoxication/withdrawal, biomedical, emotional/behavioral, readiness to change, relapse/continued use, and recovery environment)

Matches patient’s severity of SUD illness with treatment levels
# Levels of Care for Treatment

<table>
<thead>
<tr>
<th>ASAM Level of Care</th>
<th>Service</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>.50</td>
<td>Early Intervention</td>
<td>At risk individuals, do not meet SUD diagnosis</td>
</tr>
<tr>
<td>1</td>
<td>Outpatient</td>
<td>Less than 9 hours of service per week for adult, less than 6 hours for youth</td>
</tr>
<tr>
<td>2.1</td>
<td>Intensive Outpatient</td>
<td>9 or more hours per week for adults, more than 6 hours for youth</td>
</tr>
<tr>
<td>2.5</td>
<td>Partial Hospitalization (not required)</td>
<td>20 or more hours of service per week, not requiring residential care</td>
</tr>
<tr>
<td>3.1</td>
<td>Clinically managed, low-intensity residential</td>
<td>24-hour care with trained counselors to stabilize imminent danger, less intense milieu (sober living environment + treatment)</td>
</tr>
<tr>
<td>3.5, 3.7</td>
<td>Residential treatment services</td>
<td>24-hour care with trained staff providing treatment on-site</td>
</tr>
<tr>
<td>4</td>
<td>Medically managed inpatient</td>
<td>24-hour nursing care and daily physician care for severe unstable problems, counseling available to engage into treatment</td>
</tr>
</tbody>
</table>
Required Elements of DMC-ODS

- Outpatient (Level 1)
- Intensive Outpatient Treatment (Level 2.1)
- At least one ASAM level of residential services
- All ASAM levels (3.1, 3.3, 3.5) within 3 years
- Coordination with ASAM levels 3.7 and 4.0
- Withdrawal management (at least one level)
- Recovery Services
- Case Management
- Physician Consultation
Eligibility & Medical Necessity

- Medicaid eligibility must be verified by County
- Reside in the participating County
- Must have one diagnosis from DSM for SUD OR be assessed to be at risk for developing SUD (youth under age 21)
- Must meet ASAM criteria and placement into treatment services
New Changes

- LPHA language for intake, diagnosis, treatment plans and 6-mo Justifications—LPHA can sign.
- SUD treatment services can be provided “in any appropriate setting in the community”.
- Intake/Screening is covered benefit
- Individual therapy (without restrictions)
- Family therapy (different than collateral)
- Patient education
- Medication services required
Residential Treatment

• Short-term residential (1-90 days), up to six months for criminal justice clients and perinatal services

• Residential services provided in a DHCS licensed facility and ASAM level designation

• Authorization for placement into residential facilities is conducted by the County
Medication Assisted Treatment

• Buprenorphine or Suboxone for opiate users.

• Alcohol dependence: Naltrexone (Vivitrol), Disulfiram (Antabuse), and Acamprosate.

• Ambulatory detoxification services.

• Naloxone (Narcan) distribution program for DMC-ODS beneficiaries.
Recovery Services

- Outpatient recovery counseling
- Recovery coaching
- Monitoring via telephone and internet
- Education and job skills
- Family support (such as Celebrating Families!)
- Support groups
- Ancillary services