



California's Public Behavioral Health System: Overview and Current Issues

County Behavioral Health Directors Association of California (CBHDA)

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Presentation Goals

Answer the following questions:

- Who do we serve?
- What services do we provide?
- How are these services funded?
- What are key policy issues for 2016?

MENTAL HEALTH OVERVIEW

Who do we serve?

- All ages
- Primarily Medi-Cal beneficiaries
- Target population for mental health under state law are people experiencing a serious mental disorder (adults) or serious emotional disturbance (children/youth)
 - Population with non-serious mental health issues served by primary care, Medi-Cal managed care plan providers, or fee-for-service mental health providers
- People experiencing a mental health crisis, who come to the attention of law enforcement or emergency rooms
- Indigent individuals, to the extent resources are available
- People experiencing the early signs of mental illness

“Serious Mental Disorder”

- An adult is considered to have a serious mental disorder if he/she has an identified mental disorder that is:
 - Severe in degree
 - Persistent in duration
 - May cause behavioral functioning that interferes substantially with the primary activities of daily living
 - May result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time

(See Bronzan McCorquodale Act, 5600.3)

- Medi-Cal managed care plans provide outpatient mental health services to enrollees with mild to moderate impairment and functioning:
 - Screening
 - Psychotherapy (individual and group evaluation and treatment)
 - Monitoring medication therapy
 - Labs, supplies, supplements
 - Psychiatric consultation

“Serious Emotional Disturbance”

- A child or adolescent under age 18 is considered to have a serious emotional disturbance if he/she has an identified mental disorder that results in behavior inappropriate to the child's age, and either:
 - 1) Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community) and either:
 - Is at risk of removal from the home or has already been removed, or
 - The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment
 - 2) Displays psychotic features, risk of suicide or risk of violence due to the mental disorder

(See Bronzan McCorquodale Act, 5600.3)

Medi-Cal Medical Necessity Criteria for Specialty Mental Health/EPSDT

Adults with a serious mental disorder or children with a serious emotional disturbance who have:

- **Diagnosis:** A qualified mental illness diagnosis
- **Impairment:** A significant impairment in an important area of life functioning.
 - A reasonable probability of significant deterioration in an important area of life functioning.
 - For children under 21, a probability that the child will not progress as developmentally appropriate or when specialty mental health services are necessary to correct or ameliorate a defect, mental illness or condition.
- **Intervention:**
 - The focus is to address the resulting impairment condition.
 - The expectation is the intervention will significantly diminish the impairment, prevent significant deterioration in an important area of life functioning, or allow the child to progress developmentally as individually appropriate.
 - The condition would not be responsive to physical health case based treatment.

(See 9 CCR § 1830.205 and 1805.210)

EPSDT: A Medicaid Benefit

- Early & Periodic Screening Diagnosis and Treatment (EPSDT) is a federally mandated Medicaid benefit for children under 21.
- Preventive, dental, mental health, and developmental, and specialty services.
- Counties provide EPSDT benefit *specialty mental health services* for Medicaid beneficiaries under age 21 who meet medical necessity criteria.
- Medi-Cal managed care plans provide non-specialty mental health services to beneficiaries with mild to moderate mental health needs.
 - The Child Health & Disability Prevention (CHDP) program in California provides the “EPS” aspect of the federal EPSDT benefit.

Most Common Diagnoses

- Most common diagnoses:
 - Major Depression
 - Anxiety Disorders, including Post-Traumatic Stress Disorder
 - Disorders of Childhood, including Attention Deficit Hyperactivity Disorder
 - Bipolar Disorder
 - Schizophrenia
- Major depression and anxiety disorders disproportionately affect vulnerable populations (e.g., veterans, children exposed to violence, low socioeconomic status, people with serious health conditions)

How do clients access our services?

- Referrals to the county or organizational providers come from a variety of sources, including:
 - Self or parents
 - Family members, guardians, conservators
 - Physical health care providers and health plans
 - Schools
 - County welfare departments
 - Law enforcement agencies
 - County mental health 24/7 toll-free access line
 - LPS Conservatorships

What services do we provide?

- Counties provide a **broad continuum** of specialty mental health services – both directly operated by counties and through contracted community providers
- Goal to ensure **least restrictive** setting and provide a range of voluntary options
 - Involuntary hospitalization only when a person, due to a mental disorder, poses harm to their self or others, or is gravely disabled (can't provide basic needs)
 - LPS, long-term care, state hospitals, IMDs
- **Individualized**, based on each person's needs and goals
- **Linguistically and culturally appropriate**
- **Community-based** and mobile, not just clinic-based

Specialty Mental Health Services

- Screening, assessment, and diagnosis
- Counseling and psychotherapy
- Medication support
- Case management
- 24/7 crisis response and stabilization services
- Acute, short-term inpatient hospitalization (acute psychiatric hospitals, PHFs, and crisis stabilization units)
- LPS involuntary treatment (state hospital, IMDs, and PHFs)

Prevention and Early Intervention

- Suicide prevention (e.g., hotlines, public health education)
- Eliminating the stigma associated with “mental illness” and discrimination toward people with mental illness (e.g., public health education, training law enforcement officers)
- Providing help at the earliest signs of serious mental illness
- Providing assistance to at-risk populations (e.g., children and youth in stressed families, youth involved with juvenile justice system)

SUBSTANCE USE DISORDER OVERVIEW

Public SUD Treatment Services: Background and Context

Historically, public treatment of substance use disorders has been predominantly provided in separate specialty services programs, some of which are based on social-model recovery (i.e. 12-step), and others which offer medication-assisted treatment (i.e. narcotic treatment programs).

Public SUD Treatment Services: Background and Context

Traditional sources of funding for public SUD services:

- Federal Substance Abuse Prevention & Treatment Block Grant
- FFP for Drug Medi-Cal
- Realignment Funding (formerly SGF) for:
 - ✓ Drug Medi-Cal Match
 - ✓ Perinatal Services
 - ✓ Drug Court Treatment Programs
 - ✓ Funding from Criminal Justice System (i.e. PSN, AB 109)
 - ✓ Discretionary (very limited)

Drug Medi-Cal

- Drug Medi-Cal (D/MC) was originally a set of benefits within Short-Doyle Medi-Cal. The two systems separated in the late seventies, but still today are linked in the billing process at the state level.
- At the state level in California, D/MC is a fee-for-service Medi-Cal specialty carve-out entitlement program. Services reimbursed by D/MC must be medically necessary and provided by or under the direction of a physician.

Drug Medi-Cal Organized Delivery System Waiver

The goals are to:

- Improve Substance Use Disorder (SUD) services for California beneficiaries.
- Reduce emergency rooms and hospital inpatient visits.
- Ensure access to SUD services.
- Increase program oversight and integrity.
- Place clients in the least restrictive level of care.
- Support coordination and integration across systems.
- Use evidence-based practices to improve client outcomes.
- Give counties ability to selectively contract with treatment providers.

General Provisions

- Amendment to Bridge to Reform and folded into Medi-Cal 2020 1115 Waiver
- Pilot for 5.5 years
- Counties choose whether to opt-in
- 53 of 58 counties expressed an interest
- Using ASAM Criteria for medical necessity determination and patient placement

Historic DMC Benefits (Prior to Medicaid Expansion)

- Mandatory Population Only
- Modalities
 - ✓ Outpatient Drug Free (ODF) - all mandatory populations
 - ✓ Narcotic Treatment Programs (NTP) - all mandatory populations
 - ✓ Residential (perinatal only in non-IMDs)
 - ✓ Intensive Outpatient Therapy (IOT) – perinatal & EPSDT only

DMC Services Under the ODS Waiver

(available to all Medi-Cal-eligible beneficiaries based on medical necessity)

- Outpatient
- Intensive Outpatient
- Partial Hospitalization (optional)
- Residential/Withdrawal Management (IMD Exclusion waived)
- Opioid/Narcotic Treatment Program
- Additional Medication-Assisted Treatment (optional)
- Recovery Services
- Case Management
- Physician Consultation Services

ODS Waiver and Non-Waiver Services

| DMC Services | SPA 13-038 (Non-Waiver) | Opt-in Waiver |
|------------------------------------|--------------------------|---------------|
| Outpatient/Intensive Outpatient | X | X |
| NTP | X | X |
| Residential | Perinatal, non-IMD | X (one level) |
| Withdrawal Management | | X (one level) |
| Recovery Services | | X |
| Case Management | | X |
| Physician Consultation | | X |
| Additional MAT | | X (optional) |

DMC-ODS Services (continued)

- Continuing care after “formal” treatment is required as essential for successful recovery. Recovery Services include the following components:
 - ✓ Outpatient counseling (individual or group)
 - ✓ Recovery monitoring & coaching
 - ✓ Peer-to-peer services & relapse prevention
 - ✓ Education & job skills
 - ✓ Family support
 - ✓ Support groups
 - ✓ Ancillary services, with linkages to **supportive housing assistance**, transportation, & case management.

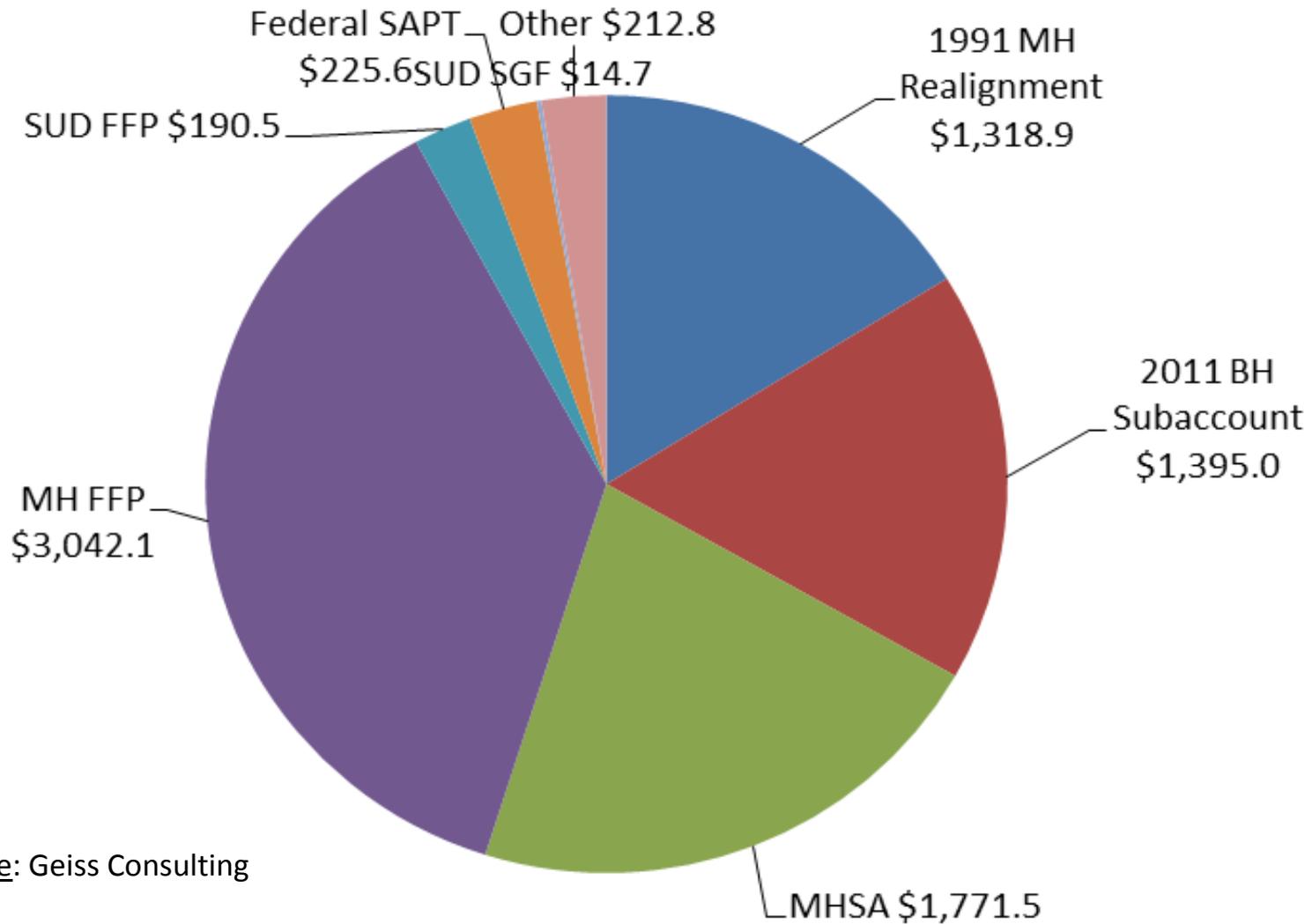
DMC-ODS Services (continued)

The DMC-ODS Waiver emphasizes the treatment of SUD using a team-based approach that focuses on treatment adherence, coordinated access to recovery, overall health, counseling, case management, and **linkages to ancillary services such as supportive housing**, in order to provide a more holistic approach to health care for individuals with opioid dependence that mirrors the high quality care provided for other chronic health conditions.

HOW ARE THESE SERVICES FUNDED?

FY16/17 Estimated Behavioral Health Funding

(Dollars in Millions)



Source: Geiss Consulting

2016 Key Policy Issues for CBHDA

- 2011 Realignment Behavioral Health Subaccount: Base and Growth Stability
- Continuum of Care (AB 403) Implementation
- DMC-ODS Implementation
- Housing for Individuals with Behavioral Health Needs
- Crisis Services for Individuals with Behavioral Health Needs
- Promote Integration of Public Behavioral Health Care Delivery within the Health Care Delivery System
- SB 614 (Leno) Peer Specialist Certification to provide Medi-Cal