



DATE: 4/25/2019

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive/Director, SCVHHS
Toni Tullys, Director of Behavioral Health Services

SUBJECT: Off Agenda Report on BHS Referral System and Direct Referrals

DocuSigned by:
René Santiago
A968A3B7E216400...

DocuSigned by:
Toni Tullys
AB2AABE6ED30409...

Under advisement from the Health and Hospital Committee meeting held on March 13, 2019, at the request of Board of Supervisor (Board) Ellenberg, the Board requested that Administration provide an off-agenda report on how the Behavioral Health Services Department's referral system works for clinics referring clients to specialty mental health services and flexibility around providing direct referrals.

The Behavioral Health Services Department (the Department) utilizes Call Centers with 1-800 numbers for both the Mental Health (1-800-704-0900, MH) and Substance Use Treatment Systems (1-800-488-9919, SUTS). These Centers offer 24/7 contact services for County residents who are either Medi-Cal Beneficiaries or unsponsored individuals requesting treatment services. Beneficiaries with urgent needs can receive walk-in Mental Health services at the Urgent Care Center on the Valley Medical Center campus and those who are seeking Residential or Detoxification Substance Use services are screened 24/7 and offered same day access.

Both Call Centers are required to offer qualified beneficiaries an outpatient treatment slot within ten working days of the telephone screening. For MH Beneficiaries who are at "High Risk" for rehospitalization, outpatient services are scheduled within five days of the referral date from the Hospital or Residential treatment facility they are being discharged from.

The Call Centers provide access to services within the geographic location of the beneficiary. Outpatient services must be available within fifteen miles or thirty minutes traveling time of the beneficiary's residence and are available 8:00 AM – 6:00 PM during the weekdays with evening services available upon request.

As the County's Mental Health Plan, all referrals for specialty mental health services are processed through the county-operated Call Center to assure that the County meets state and federal timely access and beneficiary protection and notification requirements. Referrals and requests from providers are directed to the Call Center and are logged and processed consistent with Medi-Cal requirements. The State Department of Health Care Services conducts an on-site

review and audit of the BHSD Call Center procedures and logs to verify compliance with federal and state requirements.

Given the high volume of calls, the Department is currently analyzing the MH Call Center's processes and workflows and identifying short term improvements that can be addressed within the next three months. Leadership is also reviewing activities that could be managed in other units, to maximize staff time on calls and referrals. Longer term, the Department will be developing a plan, working with staff, managers and Labor Relations, to integrate the two Call Centers to better serve County residents. (See attached PowerPoint which includes the MH Call Center workflow).

Increasingly beneficiaries present with concurrent mental health and substance abuse issues. The presenting issues either indicate a primary Mental Health or Substance Abuse problem and a secondary Substance Abuse or Mental Health problem.

The Department has established an internal referral process for seriously mentally ill adults that also present with a major substance abuse problem. Mental Health providers can screen for substance use and consult with a SUTS Care Coordinator (SCC). Where the presenting issues indicate qualification for SUTS services the SCC initiates a referral to the appropriate level of care with a "warm handoff" from the referring agency.

Services between MH and SUTS are coordinated to ensure proper alignment with the overall integrated treatment goals. The Department is developing a similar referral process for SUTS clients that need concurrent specialty mental health services. With the current augmentation of funds for expanding treatment capacity within the MH contract provider network, projected implementation will be in October 2019 for concurrent mental health services.

Several of the current contractors provide both mental health and SUTS services. Within these programs, clients with the review and concurrence of the SCC, can be opened and served within the same treatment location. This is the ideal arrangement for providing coordinated care. The Department is planning to promote and expand this model across the system of care over the next 18 months, given the number of programs and services. The model allows for immediate case conferencing and joint treatment development within an integrated environment. The beneficiaries also have a clearer view of the goals and objectives that will support both stabilization of the mental health symptoms and abstinence from substances that complicate recovery from both behavioral health issues.

Attachment

cc: Miguel Marquez, Chief Operating Officer
James R. Williams, County Counsel
Megan Doyle, Clerk of the Board
Chief Board Aides
Debbie Dills Thompson, OBA Agenda Review Administrator

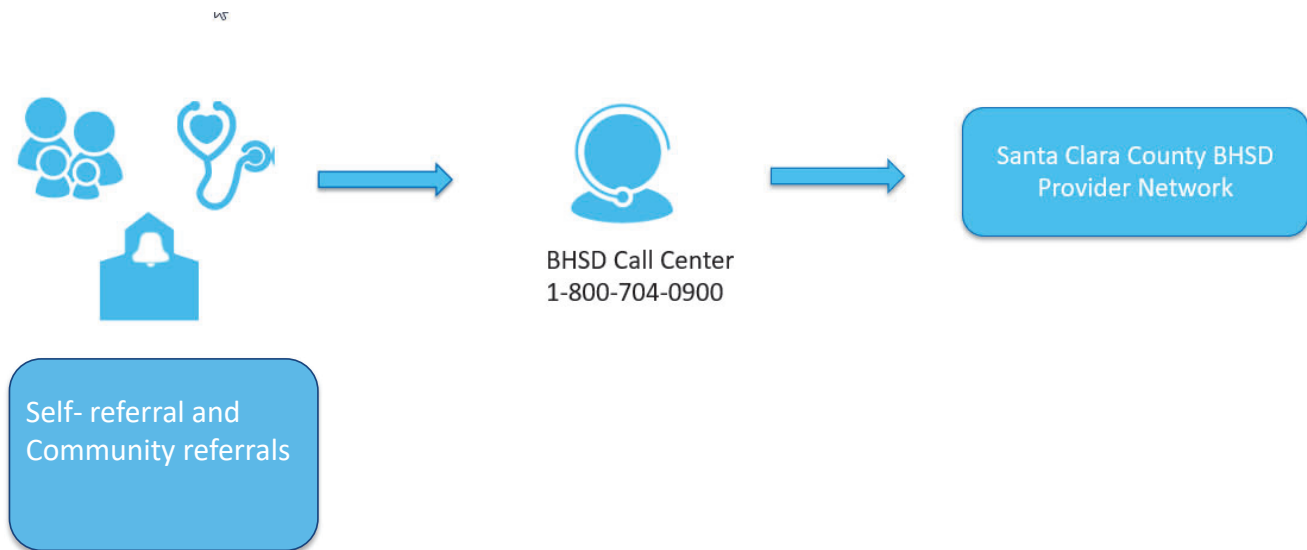


SANTA CLARA COUNTY
Behavioral Health Services

BHSD REFERRAL PROCEDURES FOR MENTAL HEALTH
APRIL 24, 2019

OVERVIEW OF SCC BHSD REFERRAL POLICIES

All referrals for County Specialty Mental Health Outpatient Services are processed through the BHSD Call Center. The Call Center will screen and refer the client to the most appropriate treatment provider.



OVERVIEW OF SCC BHSD REFERRAL POLICIES (CONTINUED)

The Call Center refers the beneficiary to the most appropriate level of care:

- Clients with private health insurance are referred back to the private provider.
- Clients with Medi-Cal only, Medicare only or Medi-Cal/Medicare are screened and referred to available County or Contractor outpatient services based on level of care need.
- Clients who are uninsured are screened and referred to the County-operated Central Wellness and Benefits Clinic, based on level of care need.

OVERVIEW OF SCC BHSD REFERRAL PROCEDURES

High Risk: Patient to be seen within 5 working days from the date of referral. Must meet one of the following criteria:

- Patient discharged from hospital, EPS or a crisis residential program.
- Patient does not meet 5150 criteria but appears to represent a significant risk of harm to self/others or is gravely disabled.
- If the patient is not seen within five working days the patient is at risk for being placed on 5150.

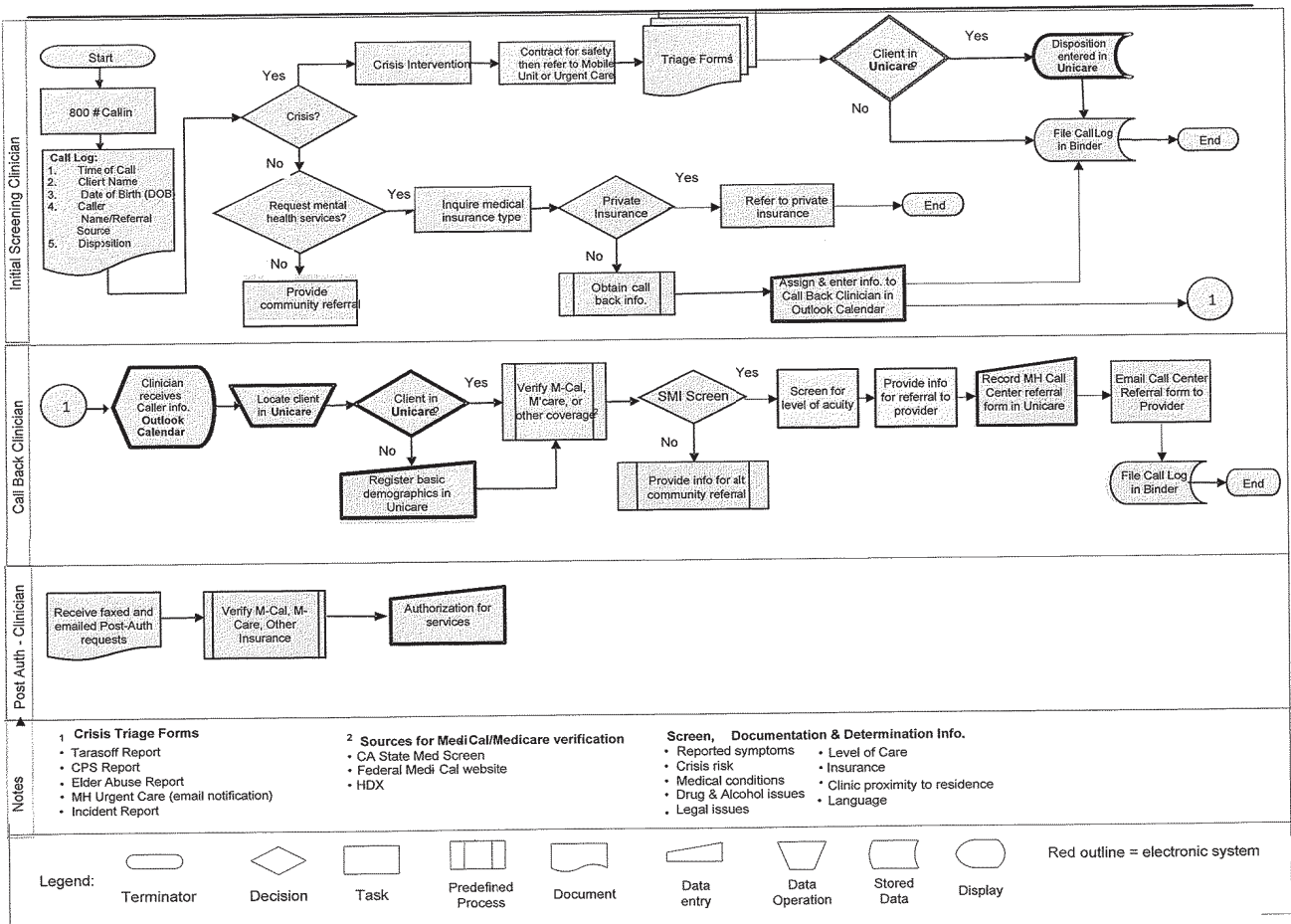
Moderate risk: Patient to be seen within 10 working days from the date of referral. Must meet one of the following criteria:

- Beneficiary appears to meet Medi-Cal medical necessity criteria.
- Beneficiary does not appear to have significant ideations to hurt self or others.
- Beneficiary appears to have sufficient impulse control.
- Beneficiary is able to cooperate with screener.
- Beneficiary's functioning level, although impaired, allows them to meet their basic needs.

MENTAL HEALTH CALL CENTER REFERRAL TASK FLOW

Mental Health Call Center Referral Task Flow

12/1/12



SUMMARY OF SCC BHSD MENTAL HEALTH REFERRALS

- All referrals for specialty mental health services in Santa Clara County are processed through the county-operated Call Center to assure that the County meets state and federal timely access and beneficiary protection and notification requirements.
- Referrals and requests for services from providers are directed to the Call Center and are logged and processed consistent with Medi-Cal requirements.
- The state Department of Health Care Services conducts an on-site review and audit of the BHSD Call Center procedures and logs to verify compliance with federal and state requirements.

NOTE ON BENEFICIARY RIGHTS

- County referral, authorization, and utilization review processes are outlined in the State-County Mental Health Plan contract and are based on federal and state Medicaid (Medi-Cal) managed care requirements.
- Beneficiaries have a right to request a change in network provider, a change to the services authorized by the county, and/or a second opinion.
- The county must review requests and respond formally using the federally-required grievance and appeal process.
- Beneficiaries have a right to appeal the County determination through a formal state administrative hearing.