



Agenda Item

DATE: July 17, 2007
 TO: Board of Supervisors
 FROM: Giang T. Nguyen, Director, Department of Behavioral Health
 Catherine A. Huerta, Interim Director, Department of Children and Family Services
 SUBJECT: Approve Policy Recommendation Regarding Priority Target Populations that Local Mental Health Programs are Mandated to Serve

RECOMMENDED ACTION:

Approve the policy recommendation for Fresno County mental health services provision regarding priority target populations that local mental health programs are mandated to serve, to conform their services with the California Welfare and Institution Code Section 5600.1 and 5600.2.

Approval of the recommended action will allow the Departments of Behavioral Health and Children and Family Services to focus provision of mental health services to those populations the County is mandated to serve while maximizing funding, with no increase in net County cost.

FISCAL IMPACT:

There is no increase in net County cost associated with the recommended action. In FY 2005-06, the Department of Behavioral Health (DBH) spent an estimated \$2.4 million for adult outpatient services to non-Medi-Cal, non-severely mentally ill consumers.

IMPACTS ON JOB CREATION:

The recommended action has no impact on the Regional Jobs Initiative.

DISCUSSION:

The Fresno County Departments of Behavioral Health (DBH) and Children and Family Services (DCFS) are dedicated to providing quality services to the priority target populations identified within the Bronzan-McCorquodale Act (Welfare and Institution Code Section 5600.1 and 5600.2) and to all County residents who are Medi-Cal beneficiaries and meet the State Department of Mental Health's medical necessity criteria.

In accordance with Welfare and Institution Code Sections 5600.1 and 5600.2, the County is mandated to

ADMINISTRATIVE OFFICE REVIEW

BOARD ACTION: DATE

APPROVED AS RECOMMENDED

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UNANIMOUS _____ ANDERSON _____ CASE _____ LARSON _____ PEREA _____ WATERSTON _____

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provide mental health services to adults with severe and disabling mental illness (SMI) and children who are severely emotionally disturbed (SED) regardless of financial means. The priority population criteria and eligibility for the adult target population is outlined in Attachment A and for the children/youth in Attachment B. These regulations require that local mental health program's first priority will be to provide an array and intensity of services required by the State for the priority target populations. County residents who are Medi-Cal beneficiaries must meet the State Department of Mental Health's medical necessity criteria established in the Welfare and Institutions Code Section 5777 and Section 1830.205 of Title 9 of the California Code of Regulations. The Medi-Cal Managed Care Medical necessity criteria is outlined in Attachment C.

Historically, the Departments have provided mental health services to a broader population than that mandated under the California Welfare and Institutions Code Section 5600.1 and 5600.2 and the State Department of Mental Health's mental health managed medical necessity criteria. This was accomplished through the use of both budgeted and unbudgeted General Fund revenues that are no longer available. This recommended policy change will establish the County's mission and the priority mental health target populations to be served in conformance with existing state law.

The transition plan regarding the adult populations is illustrated in Attachment D and will effect 650 clients annually. Non-Medi-Cal eligible non-SMI consumers will continue to provide outpatient services for a maximum of twelve months until the consumers are stabilized on medications and/or from receiving counseling services. If appropriate, DBH will provide a transfer of services to a community provider as outlined in the adult transition plan, Attachment E. Providing a higher and more concentrated level of services to the adult SMI populations will reduce the use of acute inpatient services and the number of consumers who are subsequently placed on conservatorship and experience long term institutional care.

The DCFS estimates 48 children will be effected if the recommended action is approved. There are 244 children receiving services from DCFS that have private insurance; of those 189 are served by the Department's crisis division and 7 receive services from court services. Both of these populations would continue to be services regardless of payor status.

Crisis intervention services will continue to be provided to all County residents, as mandated by Welfare and Institutions Code section 5600.2(d), regardless of financial means, who as a result of their mental illness are determined to be a danger to their self or others or are gravely disabled and require acute services.

OTHER REVIEWING AGENCIES:

The item was reviewed by County Counsel and discussed with the Fresno Chapter of the National Alliance for the Mentally Ill (NAMI) Executive Committee. On June 27, 2007, the Mental Health Board approved the proposed policy and transition plan and concurred with presentation to your Board for consideration.

GN:vug

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TARGET POPULATION FOR ADULT SERVICES

PRIORITY POPULATION CRITERIA

The priority target population is to individual with a severe and persistent mental illness. The criteria utilized are that the individual suffers from (1) a severe psychiatric impairment (Axis I and II), (2) exhibit an impaired level of functioning that prevents them from sustaining themselves in the community without treatment, supervision, rehabilitation and supports, and (3) whose illness and impaired level of functioning is persistent in duration. Excluded from this criterion are individuals who have a primary diagnosis of substance abuse and those individuals with a sole diagnosis of developmental disabilities. The criteria also exclude individuals with a primary diagnosis of organic brain syndrome.

OPERATIONAL DEFINITION

Individual who are considered to be severe and persistently mentally ill must meet the following criteria to be eligible for services:

Criteria A

At least one of the following diagnoses as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorder IV-TR:

Schizophrenia

- 295.1 Disorganized
- 295.2 Catatonic
- 295.3 Paranoid
- 295.4 Residual
- 295.5 Undifferential

Schizoaffective Disorder

295.70

Bipolar Disorders

- 296.0x Bipolar I
- 296.4x Manic
- 296.5x Depressed
- 296.6x Mixed
- 296.7 Most Recent Episode, Unspecified
- 296.80 Bipolar Disorder Not Otherwise Specified
- 296.89 Bipolar II Disorder

Major Depression

- 296.3x Recurrent

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Delusional Disorder
297.1

Psychotic Disorder Not Otherwise Specified
298.9

Criteria B:
A Global Assessment Functioning Scale with a score of 60 or lower

Criteria C:
The client's actual Functional Impairment(s) must be specifically identified and documented in writing in the chart and the notation must indicate how they have limited or impacted the individual's daily functioning.

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TARGET POPULATION FOR CHILDREN/YOUTH SERVICES

PRIORITY POPULATION CRITERIA

The priority population of children and youth are permanent residents of the County or Medi-Cal beneficiaries of Fresno County and who meet the following criteria:

- Children/Youth who are beneficiaries of Medi-Cal, Healthy Families or Healthy Kids insurance and who meet the State-defined medical necessity criteria for specialty mental health services including services to children and youth who are severely emotionally disturbed (SED).
- Any Fresno County resident who is a ward or dependent of the court.
- Children and Youth determined to eligible for services under Government Code Section, Title 1, Division 7, Chapter 26.5.
- Children/Youth in psychiatric crisis.

OPERATIONAL DEFINITION

Individuals who are considered to be included with the target population must meet the following criteria:

Criteria A

Included diagnoses include at least one of the following as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorder IV-TR:

- Pervasive developmental Disorder (except Autistic Disorder)
- Attention Deficit and Disruptive Behavioral Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Eating Disorders
- Impulse-Control Disorders, not classified elsewhere
- Adjustment Disorders
- Personality Disorder (except Antisocial Personality Disorder)
- Other Disorders of Infancy, Childhood or Adolescence

Criteria B

At least one of the following current degrees of impairment:

- Either a significant impairment in an important areas of life functions, or
- A probability of significant deterioration in an important area of life functioning, or
- There is a probability that the child/youth will not progress developmentally as individually appropriate.

Criteria C

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At least one of the following degrees of risk as demonstrated:

- Significant Risk of out of home placement or failed school placement.
- Past/present psychiatric emergency visits and hospitalizations that indicate a high probability of current risk, unrelated to substance abuse, medical conditions or cognitive impairment.
- Significant degree of current risk of self-injurious behavior or injury to others as a result of an included diagnosis, as demonstrated by:
 - Recent serious thoughts of harming self/others, or
 - Recent significant injurious behaviors

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**STATE DEPARTMENT OF MENTAL HEALTH
MEDI-CAL MANAGED CARE
MEDICAL NECESSITY CRITERIA**

Medical necessity for managed care specialty mental health services which are the responsibility of the County mental health plan must meet the three following criteria:

DIAGNOSES

Must have one of the following DSM IV-TR diagnoses, which will be the focus of any treatment intervention which is provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorders which are excluded
- Attention Deficit and Disruptive Behavioral Disorders
- Elimination Disorders
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders, Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorder, excluding Antisocial Personality Disorders
- Medication-Induced Movement Disorders

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autistic Disorders
- Tic Disorders
- Delirium, Dementia, Amnestic and Other Cognitive Disorders
- Mental Disorders due to a general medical condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorders

A beneficiary may receive services for an included diagnosis even when an excluded diagnosis is

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also present.

IMPAIRMENT CRITERIA

Must have one of the following as a result of a mental disorder(s) identified in the diagnostic criteria and must have one of 1, 2, or 3 below

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.

INTERVENTION RELATED CRITERIA

Must have all 1, 2, and 3 below:

1. The focus of the proposed intervention must address the condition identified as part of the impairment criteria above and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and
3. The condition would not be responsive to physical based health care treatment.

**DEPARTMENT OF BEHAVIORAL HEALTH
TRANSITION PLAN FOR CLIENTS
BASED ON TARGET POPULATIONS POLICY
Presented to Mental Health Board 6/27/07**

POPULATION	TARGET POPULATION	CRISIS SERVICES	NEW CLIENTS	CURRENT NUMBER AFFECTED	TIME FRAME TO TRANSITION OUT OF COUNTY OUTPATIENT SYSTEM
NON MEDICAL ELIGIBLE & NON-SERIOUSLY MENTALLY ILL (SMI)	NO	CONTINUES	NOT ACCEPTED AFTER POLICY APPROVAL	650	CLIENTS CURRENTLY RECEIVING SERVICES WILL CONTINUE TO RECEIVE SERVICES UNTIL THEY ARE STABILIZED ON MEDICATIONS AND/OR FROM RECEIVING COUNSELING SERVICES - UP TO 12 MONTHS MAXIMUM. TRANSFER TO COMMUNITY PROVIDER IF NEEDED.
MEDICAL ELIGIBLE & NON-SERIOUSLY MENTALLY ILL (SMI)	YES IF MEET STATE MEDICAL NECESSITY CRITERIA	CONTINUES	ACCEPTED IF CLIENT MEETS STATE MEDICAL NECESSITY CRITERIA	1379	STABLE CLIENTS CURRENTLY RECEIVING SERVICES WILL BE TRANSFERRING TO A COMMUNITY-BASED AGENCY OR PRIMARY HEALTH CARE PROVIDER ++
MEDICAL ELIGIBLE & NEEDING SPECIALTY MENTAL HEALTH SERVICES	YES	CONTINUES	WILL BE ACCEPTED	3418 SMI MEDICAL	NO TRANSITION OUT. THIS REMAINS MEDICAL ELIGIBLE POPULATION
SERIOUSLY MENTALLY ILL (SMI) REGARDLESS OF PAYOR SOURCE	YES	CONTINUES	WILL BE ACCEPTED	3418 MEDICAL 1234 NON MEDICAL <u>CAL</u> 4652 TOTAL	NO TRANSITION OUT. THIS REMAINS THE TARGET POPULATION

FP No. 962-5041
See attached Community Resource List

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DEPARTMENT OF BEHAVIORAL HEALTH TRANSITION PLAN FOR CLIENTS BASED ON TARGET POPULATIONS POLICY

This transition plan would be applicable for clients who are:

- **Non-severely and non-persistently mentally ill**
- AND**
- **Are not medi-cal eligible**

BACKGROUND

The Department of Behavioral Health is proposing to develop policies and procedures in order to comply with existing state law regarding the expenditure of mental health realignment funds for services rendered to those individuals who meet the state defined target populations. The Department of Behavioral Health is proposing the following plan to transition individual who are not Medi-Cal eligible and who do not suffer from a severe and persistent mental health disorder (SMI) out of the existing outpatient mental health system.

This policy is imperative if the Department is going to redesign its current delivery system and to focus it's financial and human resources on serving the target populations identified in existing state law. All county residents, regardless of payer source, who are in crisis, will continue to be seen by the Crisis Response Service (CRS).

NEW CLIENTS

New clients who do not have a diagnosis of major depression, schizophrenia or other psychotic disorders or mood disorder (bi-polar) and who are not Medi-Cal beneficiaries, (thus do not meet the State's target population definition) would not be eligible to receive outpatient services from the Department of Behavioral Health.

TRANSITION PLAN FOR EXISTING CLIENTS

Clients currently receiving services who are not Medi-Cal beneficiaries and who do not meet the State's target population definition, would continue to receive service for up to 12 months. Since of the majority of clients are episodic users of service and typically stop coming for services after a few months, it is anticipated that a significant number of clients will discontinue outpatient services on their own accord. An analysis of the non-severely mentally ill clients seen in outpatient services during the first 11 months of FY 06-07, 56% have already completed their treatment and are no longer in care. Of the 650 clients seen, 70% of them received 6 visits or less.

At any point, if non-target population clients become stabilized on medications and/or from receiving counseling services, they will be assisted in transferring to a community agencies or primary health care providers. At the end of the 12 month period, a multi-disciplinary utilization review team will be established to review and authorize services for those clients who are considered in need of additional services.

TIME FRAME

- New admission of clients to crisis and inpatient would continue.
- New admission of non Medi-cal, non SMI clients to outpatient services would cease when the Board of Supervisors approved this policy.
- For existing non-target population clients currently receiving outpatient services will be transferred during the FY 07-08 fiscal year. At the end of FY 07-08, if any non-target population clients (who were not Medi-Cal beneficiaries) who remain in care will have their cases reviewed on an individual basis before a decision would be made regarding disposition.

FISCAL IMPACT

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In FY 05-06, the Department spent approximately 2.4 million dollars providing outpatient services to clients who were not Medi-Cal beneficiaries and who were not severely and persistently mentally ill.

In the first 10 months of this fiscal year 2006-07, clients who were not severely and persistently mentally (both Medi-Cal eligible or non-Medi-eligibles) accounted for only 8.23% of all cost of acute inpatient services. The severely and persistently mentally ill, on the other hand, accounted for 91.77% of all acute inpatient costs during this same time period. Providing a higher level of service to clients with severely and persistent mental illness will reduce the use of acute inpatient services and the number of clients who are subsequently placed on conservatorship and transferred in long term institutional care.