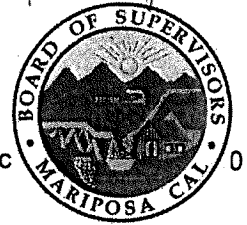




MARIPOSA COUNTY

Human Services/Behavioral Health & Recovery Services



Policy Book

RESOLUTION - ACTION REQUESTED 2015-273

MEETING: June 9, 2015

TO: The Board of Supervisors

FROM: Chevon Kothari, Human Services Director

RE: Behavioral Health and Recovery Services Amendment

RECOMMENDATION AND JUSTIFICATION:

Approve an Amendment to the Human Services Behavioral Health and Recovery Services Client Services Policy 6.27.

The Mariposa County Department of Human Services, through the Division of Behavioral Health and Recovery Services, is 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 5500.2, the County is mandated to provide mental health services to adults with severe and disabling mental illness (SMI) and children who are severely emotionally disturbed (SED). 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.

In accordance with the Client Services Policy 6.27 authorized by the Mariposa County Board of Supervisors on June 2013 the Mariposa County Department of Human Services Behavioral Health and Recovery Services implemented this policy and completed the transition as outlined.

However, it is important, at this time, to add clarification and request changes to this policy. The prior policy mandates and sets the priority to serve only those with a severe and disabling mental illness but limits that group to a few recognized diagnosis as previously listed. The policy does not recognize that other diagnosis may be included when the impairment criteria indicating a severe functional impairment is met. What this means is that a less severe diagnosis such as an

anxiety disorder or depressive episode can indeed be deemed severe and disabling if a person is unable to function and manage their life adequately. If there is a danger of further deterioration, then the criteria of medical necessity has been met. The person can receive services as long as he/she continues to meet the medical necessity criteria. The reverse is also true, if a person with a diagnosis considered severe, such as Schizophrenia, recovers to the extent that they are functioning in a stable and meaningful way, then they are no longer meeting the criteria of medical necessity and need to be referred to a lower level of care.

In addition, it is also important to recognize that the mandate to provide priority services to the SMI population does not rule out the obligation that Mariposa County has to provide mental health services to areas of the County where there are limited or no services available.

There are geographically isolated communities in the County where distance and transportation are barriers to access to any level of mental health services. Without readily available services, mild or moderate mental health issues can escalate into major issues. Providing mental health services to these communities requires an expansion of the mandate in order to serve non Medical insured clients. This has been done before and, with sound business practices, it is financially feasible. The Welfare and Institution code outlines the County Mental Health Plan's need to develop resources by using contractors and interagency agreements to increase availability of mental health services. Until these resources can be developed, the County providers are the only available resource for services

While it has been considered that providing mental health services to a broader population was not mandated under the California Welfare and Institutions Code Section 5600.1 and 5600.2, the criteria of medical necessity does provide for inclusion of this population if there is a serious impairment in functioning that puts them at a high risk. There are additional criteria for Medical Necessity that have to do with the focus of treatment which are listed in Attachment A and B.

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.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

If the Client Services Policy is not currently amended, the Department will not be able to provide services to some of our under-served individuals and communities in the County. Specifically, the Department is hoping to re-establish services to Yosemite National Park residents, however,

the current policy would not make this fiscally feasible.

ATTACHMENTS:

BHClientServicePolicy3-2015.doc (DOCK)

CAO RECOMMENDATION

Requested Action Recommended

Mary Hodson

Mary Hodson, CAO

6/3/2015

RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]

MOVER: Kevin Cann, District IV Supervisor

SECONDER: John Carrier, District V Supervisor

AYES: Smallcombe, Jones, Long, Cann, Carrier

MARIPOSA COUNTY BEHAVIORAL HEALTH AND RECOVERY SERVICES

Client Services Policy 6.27

DISCUSSION

The Mariposa County Department of Human Services, through the Division of Behavioral Health and Recovery Services, is 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 5500.2, the County is mandated to provide mental health services to adults with severe and disabling mental illness (SMI) and children who are severely emotionally disturbed (SED) The priority population criteria and eligibility for the adult target population is outlined in Attachment A (See page 3) and for the children/youth in Attachment B (see page 4). 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.

In accordance with the Client Services Policy 6.27, authorized by the Mariposa County Board of Supervisors on June 2013, the Mariposa County Department of Human Services Behavioral Health and Recovery Services implemented this policy and completed the transition as outlined.

However, it is important at this time to add clarification and request changes to this policy. The prior policy mandates and sets the priority to serve only those with a severe and disabling mental illness but limits that group to a few recognized diagnosis as previously listed. The policy does not recognize that other diagnosis may be included when the impairment criteria indicating a severe functional impairment is met. What this means is that a less severe diagnosis such as an anxiety disorder or depressive episode can indeed be deemed severe and disabling if a person is unable to function and manage their life adequately. If there is a danger of further deterioration, then the criteria of medical necessity has been met. The person can receive services as long as he/she continues to meet the medical necessity criteria. The reverse is also true, if a person with a diagnosis considered severe, such as Schizophrenia, recovers to the extent that they are functioning in a stable and meaningful way, then they are no longer meeting the criteria of medical necessity and need to be referred to a lower level of care.

In addition, it is also important to recognize that the mandate to provide priority services to the SMI population does not rule out the obligation that Mariposa County has to provide mental health services to areas of the County where there are limited or no services available.

There are geographically isolated communities in the County where distance and transportation are barriers to access any level of mental health services. Without readily available services, mild or moderate mental health issues can escalate into major issues. Providing mental health services to these communities requires an expansion of the mandate in order to serve non Medi-Cal insured clients. This has been done before and, with sound business practices, it is financially feasible. The Welfare and Institution code outlines the County Mental Health Plan's need to develop resources by using contractors and interagency agreements to increase availability of mental health services. Until these resources can be developed, the County providers are the only available resource for services.

While it has been considered that providing mental health services to a broader population was not mandated under the California Welfare and Institutions Code Section 5600.1 and 5600.2, the criteria of medical necessity does provide for inclusion of this population if there is a serious impairment in functioning that puts them at a high risk. There are additional criteria for Medical Necessity that have to do with the focus of treatment which are listed in Attachment A and B.

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.

PRIORITY POPULATION CRITERIA FOR ADULT SERVICES

Medical necessity for 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 Disorders, 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 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.

The priority target population are individuals 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 support; 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 excludes individuals with a primary diagnosis of organic brain syndrome.

PRIORITY POPULATION CRITERIA FOR CHILDREN/YOUTH SERVICES

The priority population of children and youth are permanent residents of the County or Medi-Cal beneficiaries of Mariposa 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 Mariposa 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.

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.

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.

Attachment C:

Welfare and Institutions Codes

5600.3. To the extent resources are available, the primary goal of the use of funds deposited in the mental health account of the local health and welfare trust fund should be to serve the target populations identified in the following categories, which shall not be construed as establishing an order of priority:

(a) (1) Seriously emotionally disturbed children or adolescents.

(2) For the purposes of this part, "seriously emotionally disturbed children or adolescents" means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

(b) (1) Adults and older adults who have a serious mental disorder.

(2) For the purposes of this part, "serious mental disorder" means a mental disorder that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which 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. Serious mental disorders include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

This section shall not be construed to exclude persons with a serious

mental disorder and a diagnosis of substance abuse, developmental disability, or other physical or mental disorder.

(3) Members of this target population shall meet all of the following criteria:

(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).

(B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.

(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.

(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.

(4) For the purpose of organizing outreach and treatment options, to the extent resources are available, this target population includes, but is not limited to, persons who are any of the following:

(A) Homeless persons who are mentally ill.

(B) Persons evaluated by appropriately licensed persons as requiring care in acute treatment facilities including state hospitals, acute inpatient facilities, institutes for mental disease, and crisis residential programs.

(C) Persons arrested or convicted of crimes.

(D) Persons who require acute treatment as a result of a first episode of mental illness with psychotic features.

(5) California veterans in need of mental health services and who meet the existing eligibility requirements of this section, shall be provided services to the extent services are available to other adults pursuant to this section. Veterans who may be eligible for mental health services through the United States Department of Veterans Affairs should be advised of these services by the county and assisted in linking to those services.

(A) No eligible veteran shall be denied county mental health services based solely on his or her status as a veteran.

(B) Counties shall refer a veteran to the county veterans service officer, if any, to determine the veteran's eligibility for, and the availability of, mental health services provided by the United States Department of Veterans Affairs or other federal health care

provider.

(C) Counties should consider contracting with community-based veterans' services agencies, where possible, to provide high-quality, veteran specific mental health services.

(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.

(d) Persons who need brief treatment as a result of a natural disaster or severe local emergency.

5600.35. (a) Services should be encouraged in every geographic area to the extent resources are available for clients in the target population categories described in Section 5600.3.

(b) Services to the target populations should be planned and delivered so as to ensure statewide access by members of the target populations, including all ethnic groups in the state.

5600.9. (a) Services to the target populations described in Section 5600.3 should be planned and delivered to the extent practicable so that persons in all ethnic groups are served with programs that meet their cultural needs.

(b) Services in rural areas should be developed in flexible ways, and may be designed to meet the needs of the indigent and uninsured who are in need of public mental health services because other private services are not available.

(c) To the extent permitted by law, counties should maximize all available funds for the provision of services to the target populations. Counties are expressly encouraged to develop interagency programs and to blend services and funds for individuals with multiple problems, such as those with mental illness and substance abuse, and children, who are served by multiple agencies. State departments are directed to assist counties in the development of mechanisms to blend funds and to seek any necessary waivers which may be appropriate.