BEHAVIORAL HEALTH SERVICES FOR L.A. CARE MEMBERS

Los Angeles County
Annual Drug Court Conference
June 12, 2014
Patient Protection and Affordable Care Act of 2010 (PPACA)

- Passage of PPACA was possibly the biggest change in U.S. health care since Medicare in 1965!
Triple Aims of Health Care Reform

• Improving the experience of care.

• Improving the health of populations.

• Reducing per capita costs of health care.
Provisions of PPACA

• Establishment of state health insurance exchanges to streamline enrollment and price transparency; conduct consumer education, and implement a structured appeals process.

• Establishment of ten essential health benefits covered by all individual and small group market plans and health insurance exchanges.

• Requirement for coverage of preventive services with no cost sharing.
Provisions of PPACA (cont.)

• Increased access to employer-sponsored health insurance.
• Medicaid expansion to cover persons with incomes up to 133% of Federal Poverty Level.
• Increase transparency about health insurance premiums and control premium increases.
• Individual mandate for enrollment in health insurance.
PPACA Provisions Affecting SUD Services

- Substance use disorders (and mental health) services included in essential health benefits.
- Medicaid expansion includes low-income single adults (aged 19 years and over) without children. Coverage began January 1, 2014.
- Federal Substance Abuse Prevention and Treatment Block Grant program has been refunded for Fiscal Year 2014-15 to be used for prevention services and for treatment services not covered by Medicaid (payer of last resort).
Health Care Reform in Los Angeles County

The County health system is preparing for life with ACA:

- Moving towards coordinated and integrated care between primary health care, acute and specialty health care, and behavioral health (mental health and substance use) care.

- Emphasis on patient-centered model with coordinated/integrated care.
Behavioral Health Services for L.A. Care Members

Clayton Chau, MD
Medical Director, Behavioral Health Services
cchau@lacare.org

Updated 04/21/2014
Goals

- Understand the new behavioral health benefits
- Medi-Cal Behavioral Health System of care in LA county
- Screening, Brief Intervention and Referral to Treatment
- Referral process – the Screening Tool
Understanding the New Behavioral Health Benefits
What is Behavioral Health?

Behavioral Health = Mental Health Services and Substance Use Disorder Services
• **Section 29**: Adds additional mental health and substance use disorder services benefits all Medi-Cal populations. Benefits to be consistent with the statewide essential health benefits.

• **Section 30**: Requires Medi-Cal managed care plans to provide the added mental health benefits covered in the state plan, excluding those benefits that are already provided by county mental health plans.

• **Started January 1, 2014**
Expanded Mental Health Services

• Started January 1, 2014, Medi-Cal managed care is now responsible for providing Medi-Cal members with the following mental health benefits:
  • Individual and group mental health evaluation and treatment (psychotherapy);
  • Psychological testing when clinically indicated to evaluate a mental health condition;
  • Outpatient services for the purposes of monitoring medication treatment;
  • Outpatient laboratory, medications, supplies and supplements (supplements may include vitamins that are not specifically excluded in the Medi-Cal formulary and that are scientifically proven effective in the treatment of mental health disorders (although none are currently indicated for this purpose)) ;
  • Psychiatric consultation;
  • "PCP screening and brief intervention to identify, reduce and prevent problematic alcohol use."
• **No change in specialty mental health services, which will continue to be provided by LA County Department of Mental Health (DMH)**
Expanded Substance Use Disorder Services

• New services provided by DPH
  • Intensive Outpatient Treatment
    • This service is now available for the general population
  • Voluntary Inpatient Medical Detoxification
    • This service is now available to the general population (Medi-Cal fee-for-service)

• Residential Substance Use Disorder Services
  • *This service is still only available for pregnant and postpartum women*
  • *Will possibly be expanded for the general population*
Medi-Cal Behavioral Health System of Care in LA County

*Behavioral Health = Mental Health Services and Substance Use Disorder Services
### Behavioral Health in Medi-Cal 2014

<table>
<thead>
<tr>
<th>PPG/PCP</th>
<th>LA Care/Beacon</th>
<th>LA County DMH</th>
<th>LA County DPH</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Target Population:</strong> Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services</td>
<td><strong>Target Population:</strong> Children and adults in Managed Care Plans who meet medical necessity or EPSDT for Mental Health Services</td>
<td><strong>Target Population:</strong> Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services</td>
<td><strong>Target Population:</strong> Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services</td>
</tr>
</tbody>
</table>

#### Outpatient Services by PCP (Within the scope of practice)
- Routine Screening for Emotional Health and substance misuse
- Outpatient Medication Treatment and Monitoring
- Brief Counseling/Support/Education
- Screening, Brief Intervention and Referral for Treatment (SBIRT) for Alcohol, new service by primary care setting

#### Newly expanded Carved-in effective 1/1/14
- Individual/group mental health evaluation and treatment (psychotherapy)
- Psychological testing when clinically indicated to evaluate a mental health condition
- Psychiatric consultation
- Outpatient services for the purposes of monitoring medication treatment
- Outpatient laboratory, supplies and supplements

#### LA Care/Beacon
- **877-344-2858**

#### LA County DMH
- **800-854-7771**

#### LA County DPH
- **888-742-7900**

#### Outpatient Services
- Mental Health Services (assessments plan development, therapy, rehabilitation and collateral)
- Medication Support
- Day Treatment Services and Day Rehabilitation
- Crises Intervention and Crises Stabilization
- Targeted Case Management
- Therapeutic Behavior Services

#### Residential Services
- Adult Residential Treatment Services
- Crises Residential Treatment Services

#### Inpatient Services
- Acute Psychiatric Inpatient Hospital Services
- Psychiatric Inpatient Hospital Professional Services
- Psychiatric Health Facility services

### LA County DPH (Updated 03/05/2014)

#### Outpatient Services
- Outpatient Drug Free
- Intensive Outpatient (newly expanded to all populations)
- Narcotic Treatment Program
- Naltrexone

#### Residential Services
- Pregnant and postpartum women (possibly expanded to all populations)

#### Inpatient Services
- Voluntary Inpatient Detoxification Services (newly expanded with NO restriction of physical medical necessity)
Medi-Cal Spectrum of Mental Health Services Today

<table>
<thead>
<tr>
<th>Mild/Moderate</th>
<th>Mild/Moderate with Some Functional Impairment</th>
<th>Moderate/Severe with Significant Functional Impairment OR Acute Crisis</th>
</tr>
</thead>
</table>
| Provided by LA Care PCPs  
Routine screening for emotional health  
Outpatient medication treatment and monitoring  
Brief counseling/support/education  
Screening and Brief Intervention (SBI) for alcohol (new service by primary care settings) | New services provided by LA Care/Beacon’s network of providers  
Individual/group mental health evaluation and treatment (psychotherapy)  
Psychological testing when clinically indicated to evaluate a mental health condition  
Psychiatric consultation to PCPs for medication management  
Outpatient services for the purposes of monitoring medication treatment  
Outpatient laboratory, supplies and supplements | Provided by LA County Department of Mental Health  
Emergency & Crisis response services  
Inpatient services  
Residential services  
Outpatient specialty mental health services for individuals meeting medical necessity criteria |
LA Care Medi-Cal
Mental Health Services

• As in the past, services continue to be provided by PCPs within the scope of practice:
  ✓ Routine screening for emotional health
  ✓ Medication treatment and monitoring for mild to moderate common conditions such as depression, anxiety, ADHD, other stabled mental health conditions (for on-going medication), etc
  ✓ Brief counseling/support/education

Resources
• Stuart MR, Lieberman JA. The Fifteen Minute Hour: Therapeutic Talk in Primary Care. 4th ed. Abingdon, UK: Radcliffe Publishing; 2008
LA Care Medi-Cal
Mental Health Services

- **New services provided by Beacon’s network of providers:** (services that are *medically necessary* to protect life, prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury)
  - Individual/group mental health evaluation and treatment (psychotherapy)
  - Psychological testing when clinically indicated to evaluate a mental health condition
  - Psychiatric consultation to PCPs for medication management
  - Outpatient services for the purposes of monitoring medication treatment
  - Outpatient laboratory, supplies and supplements (supplements may include vitamins that are not specifically excluded in the Medi-Cal formulary and that are scientifically proven effective in the treatment of mental health disorders (although none are currently indicated for this purpose))

*Included diagnosis – a mental health disorder as defined by the current Diagnostic & Statistical Manual (DSM).*

*Not covered – conditions that the DSM identifies as relational problems. Hence, couple and family counseling are not covered services.*
LA County DMH Medi-Cal Specialty Mental Health Services (SMHS)

• Services provided by LA County Department of Mental Health:
  ✓ Inpatient services
  ✓ Residential services
  ✓ Outpatient services

• To be eligible for services, beneficiaries must meet three criteria:
  ✓ SMHS Included diagnosis
  ✓ Significant functional Impairment or probability of significant deterioration
  ✓ Condition would be responsive to mental health services and not physical health care treatments
# Medi-Cal SMHS Included Diagnoses

<table>
<thead>
<tr>
<th>Medi-Cal SMHS Included Diagnoses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pervasive Developmental Disorders except Autism Spectrum Disorder</td>
</tr>
<tr>
<td>Attention Deficit/Hyperactivity Disorders</td>
</tr>
<tr>
<td>Feeding &amp; Eating Disorders of Infancy or Early Childhood</td>
</tr>
<tr>
<td>Elimination Disorders</td>
</tr>
<tr>
<td>Other Disorders of Infancy, Childhood or Adolescence</td>
</tr>
<tr>
<td>Outpatient Services</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>• Mental Health Services (assessment, plan development, therapy, rehabilitation and collateral)</td>
</tr>
<tr>
<td>• Medication Support Services</td>
</tr>
<tr>
<td>• Day Treatment Intensive</td>
</tr>
<tr>
<td>• Day rehabilitation</td>
</tr>
<tr>
<td>• Crisis Intervention &amp; Stabilization</td>
</tr>
<tr>
<td>• Targeted Case Management</td>
</tr>
</tbody>
</table>
Medi-Cal Spectrum of Substance Use Disorder (SUD) Services Today

• Provided by L.A. Care PCPs

• Provided by L.A. County Department of Public Health (DPH)/Substance Abuse Prevention & Control (SAPC)
  ✓ Also known as Drug Medi-Cal (DMC)
LA Care Medi-Cal
SUD Services

• Provided by PCPs:
  ✓ Health education
  ✓ New services – Screening, Brief Intervention & Referral to Treatment (SBIRT) for alcohol
SAPC Drug Medi-Cal SUD Services

• Outpatient services
  ✓ Outpatient drug free treatment
  ✓ Intensive outpatient treatment (newly expanded to all populations)
  ✓ Narcotic treatment services - methadone maintenance
  ✓ Naltrexone for opioid dependence (a Medi-Cal benefit through fee-for-service, outside of Drug Medi-Cal)

• Inpatient services
  ✓ Voluntary Inpatient Detoxification Services (newly expanded with NO restriction of physical medical necessity)

• Residential Substance Use Disorder Services
  ✓ This service is still only available for pregnant and postpartum women
  • Will possibly be expanded for the general population
Behavioral Health Network that Meets Beneficiary Needs

LA Care

MCP Behavior Health Providers

FQHCs

Primary Care Physician

Community Clinics

Behavior Health Providers

May include: psychiatrists, psychologists, LCSWs, LMFTs, psychiatric Nurse Practitioners, and PAs,

LA County DMH

MHP Behavior Health Providers

Behavior Health Providers

Outpatient Clinics (County owned and contracted)

May include: psychiatrists, psychologists, LCSWs, LMFTs, psychiatric RNs/NPs, others including Mental Health Specialists, LPTs, certified alcohol and drug counselors

Psychiatric Inpatient Hospital

Residential Treatment Facilities

LA County DPH

AOD Behavior Health Providers

Outpatient Providers

Residential Treatment Providers

Narcotic Treatment Providers

SUD Inpatient Services
Screening, Brief Intervention & Referral to Treatment (SBIRT)
Requirements

• SBIRT services must be provided by a licensed health care provider (PCP/PA/NP/Psychologist) or a non-licensed staff working under the supervision of the licensed health care provider.

• Non-licensed staff must be trained in SBIRT services in order to provide services.

• The supervising licensed provider and the non-licensed providers of SBIRT services must attest that they have obtained the required trainings on SBIRT within the first 12 months. The training is a one-time requirement.

• The reporting and monitoring requirements will follow as per DHCS.
Process

• Pre-screen
• (Expanded) Screening
• Brief intervention: One to three 15-minute sessions
• Referral to Treatment: the Department of Public Health/Substance Abuse Prevention & Control program
Pre-Screen

• A single alcohol screening question included in the Staying Healthy Assessment (SHA) which must be conducted within 120 days of enrollment and every three years with annual reviews of the member’s answer

• *In the past year, have you had:*
  
  ✓ *(men)* 5 or more alcohol drinks in one day?
  
  ✓ *(women)* 4 or more alcohol drinks in one day?
Screen

- Screen members 18 years of age and older who answer “yes” to the alcohol question in the SHA or at any time the PCP identifies a potential alcohol misuse problem.

- Recommended screening tool – the Alcohol Use Disorders Identification Test (AUDIT) or the Alcohol Use Disorder Identification Test—Consumption (AUDIT-C) developed by the World Health Organization (WHO) as a simple method of screening for excessive drinking and to assist in brief assessment.
Standard Drink in the US

- 1 standard drink = 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons)
- Standard drink equivalent:
  - Beer: 12 oz = 1 22 oz = 2
  - 16 oz = 1.3 40 oz = 3.3
  - Table wine: a 5 oz glass = 1
  - a standard 750 ml (25 oz) bottle = 5
  - Malt liquor: 12 oz = 1.5 22 oz = 2.5
  - 16 oz = 2 40 oz = 4.5
  - Hard liquor or ‘80-proof spirits’:
    - a pint (16 oz) = 11
    - a fifth (25 oz) = 17
    - 1.75 L (59 oz) = 39
The AUDIT Tool

The Alcohol Use Disorders Identification Test: Interview Version

- Read questions as written. Record answers carefully. Begin the AUDIT by saying "Now I am going to ask you some questions about your use of alcoholic beverages during this past year." Explain what is meant by "alcoholic beverages" by using local examples of beer, wine, vodka, etc. Code answers in terms of "standard drinks". Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?
   - (0) Never [Skip to Qs 9-10]
   - (1) Monthly or less
   - (2) 2 to 4 times a month
   - (3) 2 to 3 times a week
   - (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   - (0) 1 or 2
   - (1) 3 or 4
   - (2) 5 or 6
   - (3) 7, 8, or 9
   - (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before you had been drinking?
   - (0) Never
   - (1) Less than monthly
   - (2) Monthly
   - (3) Weekly
   - (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   - (0) No
   - (2) Yes, but not in the last year
   - (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    - (0) No
    - (2) Yes, but not in the last year
    - (4) Yes, during the last year

If total is greater than recommended cut-off, consult User’s Manual.
## AUDIT Scores

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>AUDIT Score</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zone I</td>
<td>0-7</td>
<td>Alcohol Education</td>
</tr>
<tr>
<td>Zone II</td>
<td>8-15</td>
<td>Simple Advice</td>
</tr>
<tr>
<td><strong>Zone III</strong></td>
<td><strong>16-19</strong></td>
<td>Brief Intervention</td>
</tr>
<tr>
<td>Zone IV</td>
<td>20-40</td>
<td>Referral to Treatment</td>
</tr>
</tbody>
</table>

*Continue monitoring with each intervention*
Brief Intervention

- Members screened positively for risky or hazardous alcohol use or a potential alcohol use disorder (Zone III) shall be offered up to three 15-minute brief interventions (per member per year)

- Each intervention is limited to one (1) session per unit, 15 minutes per unit, per member

- Brief intervention services may be provided on the same date of service as the expanded screen, or on subsequent days

- Each intervention can be offered in-person or via telephone or telehealth modalities
Referral to Treatment

- Members should be referred to the Department of Public Health/SAPC for Drug Medi-Cal SUD services if they:
  - Didn’t respond to the brief interventions; or
  - Were screened positively for possible alcohol use disorder (Zone IV); or
  - Whose diagnosis is uncertain
Training Requirements for Licensed Providers

- At least one supervising licensed provider per clinic or practice must take 4 hours of SBIRT training within 12 months after initiating SBIRT services
  
  *Beyond the first 12 months of providing SBIRT services, at least one supervising licensed provider per clinic or practice must have completed training

- At all times, rendering licensed providers are highly encouraged, but not required, to take training in order to provide the services

- A minimum of 4 hours of SBIRT training is highly encouraged for both supervising and rendering licensed providers within the first 12 months; however, the rendering licensed providers are not required to take the training in order to provide the services

- For solo physician practices, the physician is highly encouraged, but not required, to take the training within the first 12 months.
Training Requirements for Non-licensed Providers

- Trained non-licensed providers: Includes health educators, certified addition counselors, health coaches, medical assistants, and non-licensed behavioral health assistants

Requirements:

- Be under the supervision of a licensed provider
- Complete a minimum of 60 documented hours of professional experience such as coursework, internship, practicum, education or professional work within their respective field.
- Should include 4 hours of training directly related to SBIRT services such as Motivational Interviewing
- Complete a minimum of 30 documented hours of face-to-face client contact within his or her respective field, in addition to the 60 hours of clinical professional experience described above.
- These contact hours may include internship, on-the-job training, or professional experience and SBIRT services training.
SBIRT Training

• SAMHSA funded – Addiction Technology Transfer Center Network: “Foundations of SBIRT” at http://www.attcelearn.org/


• SBIRT Core Training Program: Screening, Brief Interventions, and Referral to Treatment at http://www.sbirttraining.com/sbirtcore

• NAADAC’s The Addiction Professional’s Mini-Guide to Screening, Brief Intervention and Referral to Treatment (SBIRT) at http://www.naadac.org/theaddictionprofessionalsminiguidebostbirt

• SBIRT Oregon Training Curriculum for Primary Care at http://sbirtoregon.org/training.php

• Institute for Research, Education & Training in Addictions – SBIRT in Action – Another Vital Sign at http://ireta.org/webinarlibrary

• New York State’s SBIRT Training Provider Certification at http://www.oasas.ny.gov/workforce/training/SBIRTCert.cfm

*Other trainings resources can be found on DHCS website at www.dhcs.ca.gov
Referral Process –
the Screening Tool
Background

- DHCS requires a clear process for referral to different levels of behavioral health care between Managed Care mental health services, County specialty mental health services, and County Drug Medi-Cal services.

- Collaboration between LA Care, DMH, DPH/SAPC, Beacon and HealthNet.

- Referral to SMHP for emergency or routine services can be made directly as noted on the ACCESS grid (Provider website).

- Referral for a more complete assessment for appropriate treatment may be made based on screening form algorithm.

- This simple screening form also accesses expedited SMHP urgent appointments, and can be used by clinician at any point of service to Member, who will not be rescreened once referred.
**L.A. Care**

**Screening Form**

---

**URGENT Behavioral Health Screening Form to Obtain Specialty Mental Health Assessment**

*Please complete and follow algorithm*

***If this is an emergency, please call 911***

**MEMBER INFO**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>M/F</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Zip:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Caregiver/Guardian</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Referring Clinician</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Primary Care Provider</td>
<td></td>
</tr>
<tr>
<td>Health Plan</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Diagnoses (1)</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Diagnoses (2)</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Diagnoses (3)</td>
<td></td>
</tr>
</tbody>
</table>

Documents Included with Referral: [ ] Required consent completed [ ] MD notes [ ] H&P [ ] Assessment [ ] Other:

Desired/Existing behavioral health clinician/provider/program, if any:

---

**List A (check all that apply):**

- Homelessness
- Still symptomatic after 2 standard psychiatric med trials
- History of bipolar disorder or manic episode
- Excessive truancy or falling school
- Substance and/or EtOH addiction and failed SBI
- Behavior problems (aggressive/self-destructive/assaultive)
- Paranoid, hearing voices, seeing things, delusional
- Excessive emergency room visits or hospitalization
- Significant functional impairment in key roles (e.g. work, home, self-care)

**List B (check all that apply):**

- >2 psychiatric hospitalizations in the past 12 months
- Suicidal/Homicidal preoccupation or behaviors in past 12 months
- >2 incarcerations in past 12 months
- Diagnostic Uncertainty

**Referral algorithm based on checked boxes:**

- 1-2 in list A and none in list B: Call Beacon Behavioral Health line for consult (use eConsult when available) 877-344-2858
- 3 or more in list A and none in list B OR one in both lists: Fax form to Beacon at 866-422-3413 then call 877-344-2858
- 2 or more in list A and one in list B OR 2 or more in list B: Email form to DMH screener@dmh.lacounty.gov then call 855-425-8141
- Substance and/or EtOH addiction and failed SBI alone: Fax form to SAPC at 626-458-7637 then call 888-742-7900

**Pertinent Current/Past Information**

Current symptoms and impairments:

Brief MH/SUD history:

Brief medical history:

Current Medication(s) & Dosage:

---

**For Receiving Clinician Use ONLY**

Assigned Case Manager/MD/Therapist Name: ______________________ Phone: (___) ___ ___ ___
The Check Lists

List A (check all that apply):

- Homelessness
- Still symptomatic after 2 standard psychiatric med trials
- History of bipolar disorder or manic episode
- Excessive truancy or failing school
- Substance and/or EtOH addiction and failed SBI
- Behavior problems (aggressive/self-destructive/assaultive)
- Paranoid, hearing voices, seeing things, delusional
- Excessive emergency room visits or hospitalization
- Significant functional impairment in key roles (e.g. work, home, self-care)

List B (check all that apply):

- >2 psychiatric hospitalizations in the past 12 months
- Suicidal/Homicidal preoccupation or behaviors in past 12 months
- >2 incarcerations in past 12 months
- Diagnostic Uncertainty
Referral algorithm based on checked boxes:

☐ 1-2 in list A and none in list B: Call Beacon Behavioral Health line for consult (use eConsult when available) 877-344-2858
☐ 3 or more in list A and none in list B OR one in both lists: Fax form to Beacon at 866-422-3413 then call 877-344-2858
☐ 2 or more in list A and one in list B OR 2 or more in list B: Email form to DMH screener@dmh.lacounty.gov then call 855-425-8141
☐ Substance and/or EtOH addiction and failed SBI alone: Fax form to SAPC at 626-458-7637 then call 888-742-7900
The Instruction

- If the Member/Client has an existing behavioral health clinician/provider or an open/active case in a program, please refer him/her directly to that treating source and send the written consent (or documentation for a verbal consent via phone) with the screen form to the treating source.

- For referrals to Beacon, please send the written consent (or documentation for a verbal consent via phone) with the screen form to the receiving clinician via eFax at 866-422-3413, and then call the Beacon line at 877-344-2858.

- For referrals to DMH, please send the written consent (or documentation for a verbal consent via phone) with the screen form to the provider referral center via encrypted email to screener@dmh.lacounty.gov or eFax at 562-863-3971 and then call the DMH line at 855-425-8141.

- For referrals to County Substance Abuse Prevention & Control (DPH/SAPC), please send the written consent (or documentation for a verbal consent via phone) with the screen form to the provider referral fax at 626-458-7637, and then call the SAPC line at 888-742-7900.
L.A. Care Behavioral Health Contacts

• Leilanie Mercurio, Health Services Coordinator, 213-694-1250 x4456, lmercurio@lacare.org
• Clayton Chau, Medical Director, cchau@lacare.org
• Suzie Matsuda, Director of Clinical Services, smatsuda@lacare.org
• Nicole Lehman, Director of Operations, nlehman@lacare.org
• Anthony Perera, Administrative Manager, aperera@lacare.org
• Robert (RJ) Key, Program Manager, rkey@lacare.org
• Torhon Barnes, Care Coordination Manager, tbarnes@lacare.org
• Hieu Nguyen, Strategic Initiatives Manager, hnguyen@lacare.org
Summary

- LA Care/Beacon behavioral health services access line is 877-344-2858
- Ensure proper training for the SBIRT
- Ensure referral process for behavioral health spectrum of care is seamless – “No Wrong Door”
- We will follow up with feedback and survey to the process as well as the screening tool
- eConsult/eManagement is in the development
- Available Behavioral Health section on the LA Care Provider website [http://www.lacare.org/providers/behavioralhealth](http://www.lacare.org/providers/behavioralhealth)
- Future DHCS/UCLA/LA Care sponsored CME SBIRT trainings
eConsult for Behavioral Health

Multiple phases

- **Phase I:**
  - Use new screening tool and secure email to help PCPs serve members by selecting the right behavioral health provider the first time (level 1, 2, or 3)
  - Impacts up to 200K members
  - Launch by early 2014

- **Phase II:**
  - Assist PCP in caring for behavioral health members through virtual specialist reviewer support
  - Impacts up to 1M members
  - Launch mid 2014

L.A. Care Health Plan®
eConsult Benefits

• Opportunity to leverage eConsult
• Ability to communicate information between clinical and behavioral health in an easy, reliable, and secure manner
• Increase use of evidence based clinical guidelines
• Strengthen relationship between PCP and behavioral health specialist
• Allow for clinical information to be easily available to member’s interdisciplinary care teams
THANK YOU
Abel C.’s Drug Court to Recovery – Part II
Abel C.’s Drug Court Journey to Recovery

1. Abel C. (AC) appears in court for eligible drug offense.
2. AC agrees to program participation (and other conditions imposed by Court/Probation) and contacts his primary care physician (i.e. LA Care provider) for referral to SUD services.
3. Primary care provider conducts a screening and brief intervention (SBI). AC did not respond to the SBI and advises primary care provider that he wants to attend ABC SUD treatment provider.
4. Primary care provider sends written consent or documentation for a verbal consent via phone to ABC treatment provider.
Abel C.’s Drug Court Journey to Recovery

5. AC participates in treatment program, may transition between intensive outpatient and outpatient levels of care, based on medical necessity, and information on treatment progress is transmitted to Court/Probation, as needed, and primary care provider.

6. AC has been in Drug Court for 6 months and has started to miss groups and individual appointments at SUD treatment program.

7. Drug Court treatment team meets with AC to assess reasons for treatment noncompliance.
Abel’s Journey to Recovery (cont’d)

8. AC shares that he has not been sleeping, not eating, not interested in participating in activities of daily living. AC appears disheveled and had flat affect.

9. The Drug Court team make a recommendation to AC to make an appointment with his primary care physician.

10. AC attends appointment and prescribed medication for his depression and encouraged to continue with his Drug Court program.

11. AC completes SUD program, complies with other conditions imposed by Court/Probation, and graduates.
Issues for Consideration

• “Court mandated participation” versus “medical necessity” as driver of length and type of program participation.

• Uninsured population and “safety net” SUD services (services not covered by Medi-Cal or health plans).

• Care coordination of program participants between Court/Probation and health plans.
Questions and Discussion
For more information contact:

Wayne Sugita, Deputy Director
Substance Abuse Prevention and Control
Department of Public Health

wsugita@ph.lacounty.gov
(626) 299-4571