Mental Health Systems Navigation

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Medi-Cal Member

Inpatient Psych Services

IP Psychiatry Transitional Care Services

BHS System of Care

New SMHS Referrals

Outpatient Services

Moderate / Severe SMHS BHS / MHP

SMHS / NSMHS Transitions of Care

Mild / Moderate NSMHS CCHP / MCP
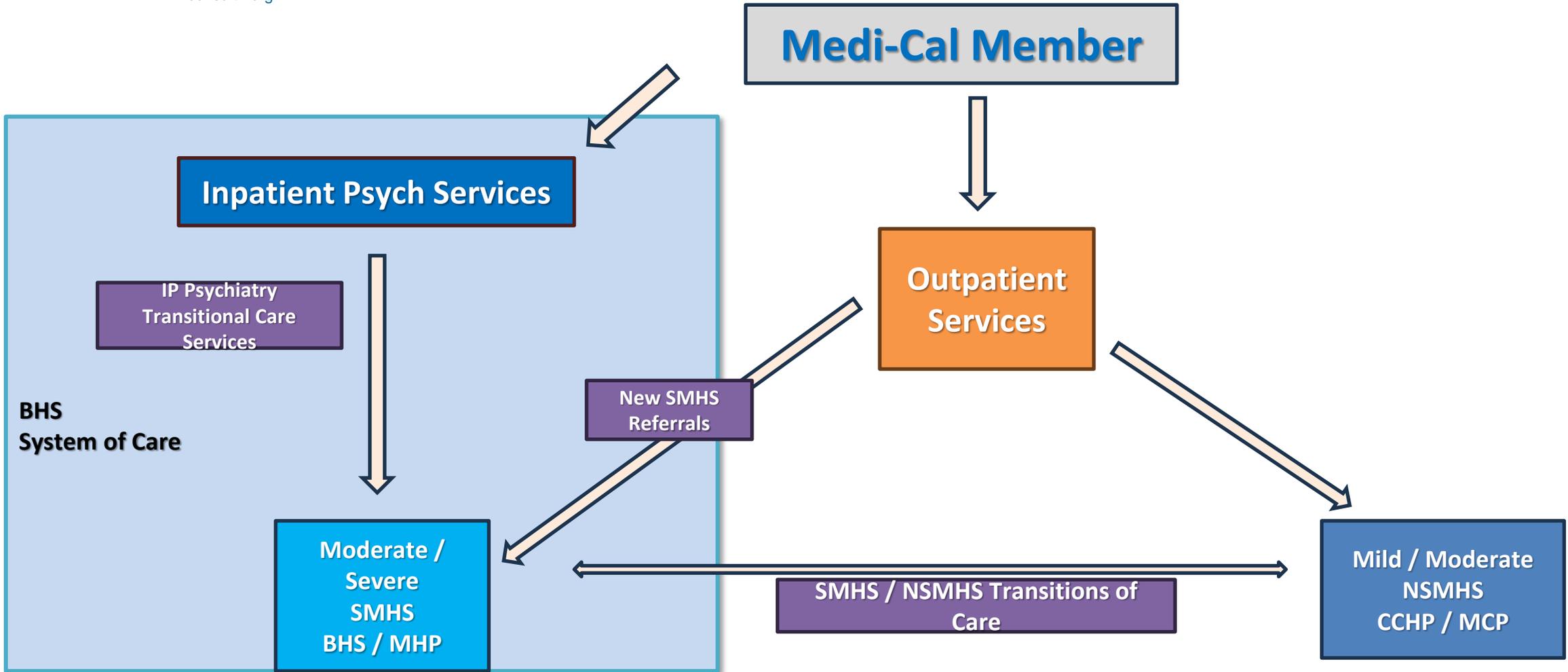
Access to Substance Use Disorder (SUD) Services via Drug Medi-Cal Organized Delivery System (DMC-ODS)

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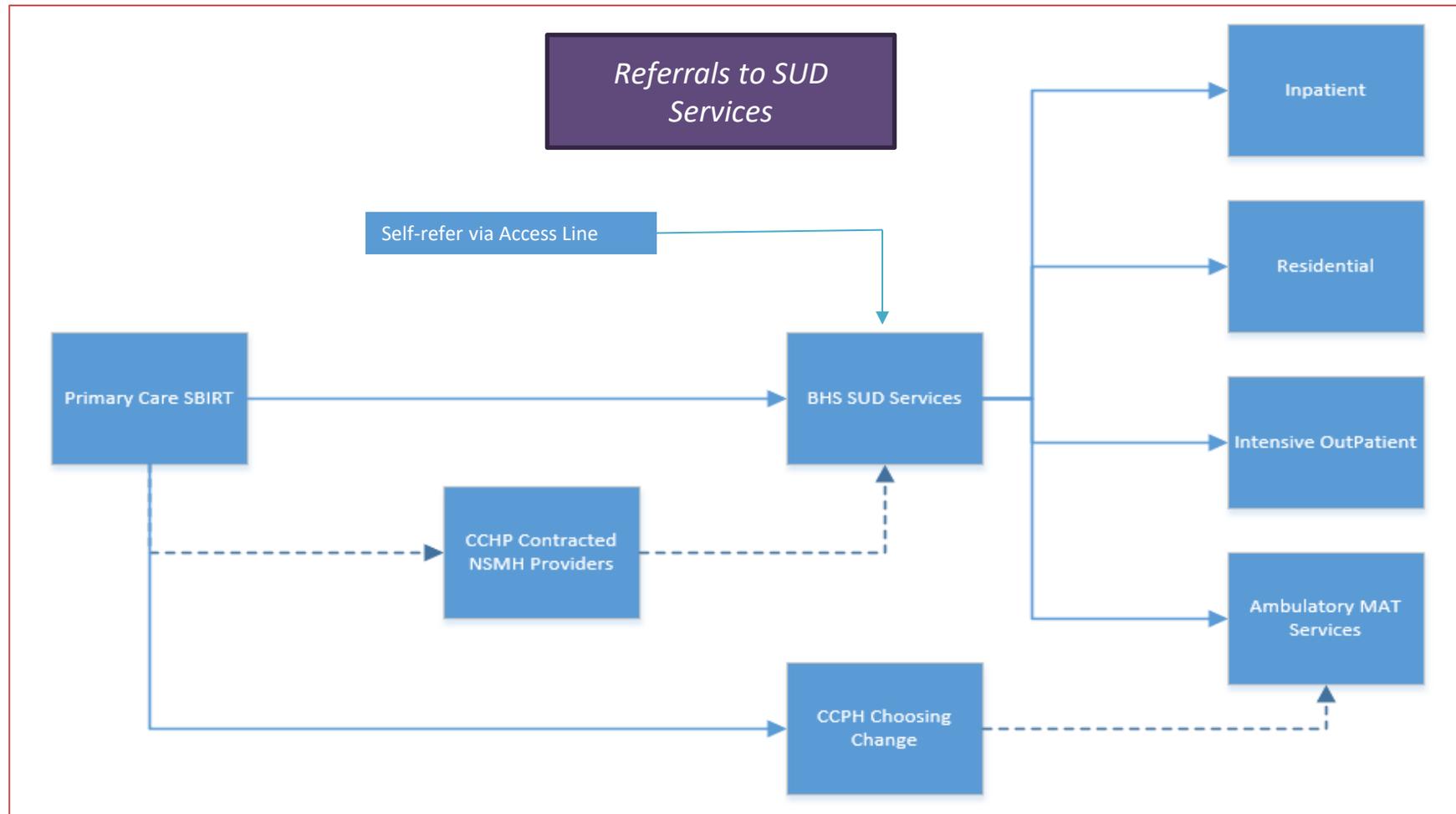
Staffing
- New Per Diem Staff Hired to expand bandwidth of BHD to conduct coordination efforts
- Creation of 2 Charge Relief Nursing Positions within BHD to support operational expansion

Inter-Departmental collaboration
- Cross over of Case Management operations within BHD as related to member support (Transitional Care Services)

Inter-System collaboration
- New lines of communication and partnership between CCHP and BHS to identify and resolve barriers
  - Clinical collaboration between CCHP's BHD and BHS' ECM and Transitions Teams

Data Sharing
- CCHP having access to timely data regarding member referral and access to services (*within limitations of 42 CFR)

IT Support
- Automation of ccLink encounters based on Admissions data
- Expansion of Compass Rose Case Management interface specific to BHD activity – Trackable BHD Episodes with Finding-specific categories
- Enhanced Reporting from Compass Rose for management and audit purposes

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Five Audit Findings

2.1 *BH Case Management & Care Coordination* (for new referrals to SMHS)

2.2 *Coordination of Care for Transitioning Members* (moving from SMHS to NSMHS and vice-versa, closing the referral loop)

2.3 *Care Coordination/ Info Exchange with MHP* re: post-discharge care of In-patient Psych members

  For each of these three:
- 4 of 5 dimensions completed/accepted
    o Policy & procedure updates
    o Design and implement data sharing
    o Care coordination plan
    o Increased Staffing and Training to do care coordination
- Pending: review and approval by DHCS of CCHP internal audit of process/results

2.4 *Good Faith Efforts to Confirm SUD Treatment*
- Initially hampered by terms of 42CFR Part 2, limiting exchange of identifying info
- DHCS has agreed to a plan to look at effectiveness (percent of referrals actually receiving treatment) in aggregate using claims data; new report developed by BI, pending DHCS approval of approach *(see next slide)*
- Future: in concert with BHS/DMC-ODS, devise a plan for outreach and care coordination for members not receiving care

2.5 *Follow Up to Understand Barriers to SUD Care*; Adjust Referral and Care Coordination System to Address Barriers
- Future – depends upon ability to share information; will require extensive collaboration with DMC-ODS

Focus on Continued Collaboration with BHS SMHS
- Increase show-rate for intake assessment
- Expand mental health services networks to allow for timely transitions
- Streamline member entry and navigation through Mental Health Services landscape

Expand collaboration opportunity with BHS (DMC-ODS) for coordination of Substance Use Services Care
- CCHP is not in possession of member-level information on patients who were referred and did *not* complete their intake.
- Ongoing conversations with BHS DMC-ODS regarding best next steps – for *trackable* outreach to members

Month	Referral Count	Completed Referral Count	% Completed Referrals
2024-03	334	267	79.9%
2024-04	347	277	79.8%
2024-05	368	269	73.1%
2024-06	286	225	78.7%
2024-07	377	300	79.6%
2024-08	367	292	79.6%
2024-09	301	238	79.1%
2024-10	339	267	78.8%
2024-11	258	188	72.9%
2024-12	308	233	75.6%
2025-01	414	297	71.7%
2025-02	320	202	63.1%
2025-03	111	55	49.5%

Draft of Report on SUD Referral Effectiveness
(not yet QA'd internally or approved by DHCS)