



# Case Management

San Mateo County Behavioral Health and Recovery Services  
Alcohol and Other Drug Services  
November 1, 2018



# BHRS Financial

## BHRS Budget Gap

- \$8 million in FY 19-20
- \$11 million in FY 20-21

## AOD Revenue Gap

- FFP projection: \$7.5 million
- FY 17-18 FFP actuals \$3.9 million



# Co-Occurring Disorders

## National Data

- ▶ 12.3 million people have a SUD in the US, and 7.9 million of those also have a MH diagnosis, about 64% (SAMHSA's 2014 National Survey on Drug Use and Mental Health)
- ▶ People with SUD are 2x as likely to experience MH disorders than those without SUD (NAMI 2015)

## San Mateo County Data

- ▶ On October 22, 2018, we had 2,686 clients in an open SUD treatment episode.
- ▶ 375 of those clients were also open to a MH treatment episode.
- ▶ 13.9%



# Case Management Services, FY 17-18

## Outpatient and Intensive Outpatient

### 7 Outpatient Providers

- ▶ 3 providers documented an average of about 1 minute of case management services per 60 minutes of treatment services
- ▶ 2 providers documented an average of about 1 minute of case management services per 300 minutes of treatment services
- ▶ 2 providers did not document case management services

### 6 Intensive Outpatient Providers

- ▶ 2 providers documented an average of about 1 minute of case management services per 80 minutes of treatment services
- ▶ 1 provider documented an average of about 1 minute of case management services per 6,500 minutes of treatment services
- ▶ 3 providers did not document case management services



# What is Case Management?

Case management services complement treatment services such as individual and group counseling, to address areas in a client's life that may negatively impact treatment success and overall quality of life.

Case management services are available to all clients who enter SUD treatment. They may be provided face-to-face or by telephone with the client.

Case management services in SUD connect clients to outside systems of care, such as mental health treatment and primary care. Case management in SUD also helps clients transition through different levels of care in the SUD treatment continuum.



# The 3 C's of Case Management

**Connection:** Referrals that link clients to housing, educational, social, pre/vocational, rehabilitative, or other community services

- ▶ Establishing & Maintaining Benefits
  - ▶ Helping clients apply for, and keep benefits: Medi-Cal, GA, CalWORKs, Housing subsidies.
  - ▶ Transferring benefits from the previous county of residence to SMC for clients who have moved.
- ▶ Community Resources
  - ▶ Linking clients to community resources or services that maximize independence and support recovery goals, including food banks or churches for groceries or meals, clothing assistance, transportation services, vocational services, and support for employment or education.



# The 3 C's of Case Management

**Coordination:** Acting as a liaison to aid in the transition of care and arranging for health and social services

- Transitioning between SUD Levels of Care

Facilitating (warm hand-offs) transitions in SUD levels of care, including into Recovery Services, and coordinating with and forwarding necessary documentation to the receiving provider.

- Health Services

Coordinating care with primary care, MAT and NRT providers, community health clinics and mental health providers to ensure a coordinated approach to the client's treatment.

- Social Services

Coordinating with County and State entities (Probation, Parole, Child Welfare, Courts, Housing providers, etc.) to ensure the social aspects of health and well-being are being coordinated with health services.



# The 3 C's of Case Management

**Communication:** Correspondence, including emails, letters, and reporting documentation, by the case manager to the County, State, or other service providers on behalf of the client.

- Health providers

Communicating with primary care, MAT and NRT providers, and mental health providers to ensure a coordinated approach to the client's treatment, and monitoring and following up with other agencies regarding appointments or other services received by the client.

- Service Partners

Communicating with other service providers such as social workers, probation officers, the RTX or IMAT case managers, Drug Court or DUI Court teams, and others, to align objectives and priorities.

- Advocacy

Advocating for the client with health/social providers, County or community partners, the Courts, and others in the best interest of the client.





# Case Management Services, FY 17-18

## Residential

### 5 Residential ASAM 3.1 Providers

- 3 providers documented an average of about 1 minute of case management services per every 14 days spent in treatment.
- 2 providers did not document case management services

### 3 Residential ASAM 3.5 Providers

- 2 providers documented an average of about 1 minute of case management services per every 7 days spent in treatment
- 1 provider documented 1 minute of case management services per each 1 day spent in treatment.



# Case Management Services - Treatment Plan

Case management services must be indicated on the client's treatment plan or the services may not be eligible for DMC reimbursement.

The Case Management component of the treatment plan should:

- Identify and prioritize the client's case management needs
- Describe the client's resources
- Describe the planned linkages to activities and resources to meet the client's case management needs.



# Case Management Services – Treatment Plan

When the treatment plan is updated, the case management component also needs to be updated.

Updates may include:

- Contact history with the client,
- Results of actions taken by the client and case manager
- Other relevant case management success, challenges, barriers, and interventions



# Case Management Services - Documentation

Documentation shall include:

- The client's name
- The purpose of the case management service
- Description of how the service relates to the treatment plan
- Date of the service
- Actual start and end time of the service
- Typed or printed name of the LPHA or AOD counselor who performed the service, their signature, and the date the service was documented
- Whether the service was provided in-person, by telephone, or in the field. If field-based, also include the location the service was provided and how confidentiality was ensured.



# Documentation Time – Did you know???

The time a Medical Director, LPHA or AOD counselor spends on documentation activities is DMC reimbursable.

Record completion of progress notes, case management notes, treatment plans, continuing services justifications, and discharge documentation including the following:

- Client's name
- Date of the original service
- Date documentation was completed
- Start and end times of the documentation activity
- The Medical Director, LPHA, or AOD counselor's typed/legibly printed name, signature and date.



Questions?