



BEHAVIORAL HEALTH UTILIZATION ANNUAL ASSESSMENT

FISCAL YEAR 2023-2024

QM/UM Committee Approval:

Health Commission Approval:

Executive Summary & Program Overview

Health Plan of San Joaquin/Mountain Valley Health Plan (“Health Plan”) is a local, nonprofit community-based health maintenance organization that provides care to people in the Medi-Cal program. Health Plan's mission is to "Provide high quality healthcare for our members through community partnerships." In line with this mission, Health Plan's goals are to:

- Improve the quality and efficiency of health care provided to our patients.
- Improve members' experiences with services and care received.
- Improve patients' health outcomes.
- Provide culturally sensitive and linguistically appropriate services.
- Promote the safety of all members in all treatment settings.
- Ensure timely access and availability of services for all members, including those with complex or special needs, including physical or developmental disabilities, multiple chronic conditions, and severe mental illness.
- Promote processes to ensure the availability of "safe, timely, effective, efficient, equitable, patient-centered care" and provide oversight within the network.
- Promote the use of Community Supports and resources to augment current Medi-Cal benefits.
- Promote Health Equity for the population we serve in alignment with all Health Plan Programs.

The Quality and Health Equity Operations Committee (QHEOC) continued to provide effective monitoring and oversight of programs and processes during FY 2023 - 2024. Various work groups collected, analyzed, recommended improvement actions, and monitored the effectiveness of improvement actions for quality indicator results. This information was reported to the QHEOC on an ongoing basis. The current committee structure has been effective in supporting goals and objectives, and no changes are planned for the upcoming fiscal year.

QIHEC Committee

The purpose of the QIHEC Committees is to provide oversight and direction in the assessment and monitoring of the appropriateness of care and service delivered to Health Plan members and to monitor and guide continuous improvement in the quality of care and services provided to Health Plan's members. The QIHEC Committee reported activities, findings, actions, and recommendations to the governing body, San Joaquin County Health Commission. The QIHEC committee is comprised of community physicians and key internal stakeholders that include the UM/CM Director, QM Director, Executive Director of Clinical Program, Director of Pharmacy, and other key management staff.

Plan Population Analysis:

Plan Population FY 23-24	Total	TANF Adult (#)	TANF Adult (%)	TANF Child (#)	TANF Child (%)	SPD (#)	SPD (%)	ACA (#)	ACA (%)	LTC (#)	LTC (%)

San Joaquin	244,242	43,260	17.7%	97,182	39.8%	38,798	15.9%	64,374	26.4%	628	0.3%
Stanislaus	170,405	33,361	19.6%	68,401	40.1%	20,915	12.3%	47,405	27.8%	323	0.2%
Alpine	34	3	8.8%	6	17.6%	9	26.5%	16	47.1%	0	0.0%
El Dorado	8,458	1,059	12.5%	1,606	19.0%	2,100	24.8%	3,675	43.4%	18	0.2%
Total #	423,139	77,683	18.4%	167,195	39.5%	61,822	14.6%	115,470	27.3%	969	0.2%

***As of 6/30/24, Source MCL Membership 7/15 to present**

- TANF Adults comprise **17.7%** of San Joaquin County, **20.7%** of Stanislaus County, **8.8%** of Alpine County and **12.5%** of the El Dorado County plan populations.
- TANF Child comprises **39.8%** of the San Joaquin County **42.5%** of the Stanislaus County, **17.6%** Alpine County and **19.0%** of El Dorado County plan populations.
- SPDs comprise **15.9%** of the San Joaquin County, **12.3%** of the Stanislaus County, **26.5%** of Alpine County and **24.8%** of El Dorado County plan populations.
- ACA members comprise **26.4%** of the San Joaquin County, **27.8%** of the Stanislaus County, **47.1%** of Alpine County and **43.4%** El Dorado County plan populations.
- By descending count, TANF Child is our largest population, followed by ACA, then TANF Adult, and SPDs. The slight decrease in TANF Child is noted from FY 23-24, other Aid Code Categories demonstrate similar composition as FY 22-23.
- The impact of the ending of the Covid-19 public health emergency contributed to re-enrollment numbers dropping, which may attribute to changes in the population as identified above.
- Members may lose their Medicaid eligibility due to not filing their renewal paperwork completely. Health Plan's Marketing team will make outreach efforts to encourage members to file their renewal paperwork.

Behavioral Health Services

Health Plan delegated Behavioral Health (BH) services to a Managed Behavioral Health Care Organization (MBHO), Carelon Behavioral Health "Carelon" (formerly known as Beacon Health Strategies). Health Plan is responsible for the non-specialty mental health BH services for members. Specialty Mental Health Services, including Substance Use Disorder Services, are provided by Stanislaus and San Joaquin County Behavioral Health to the mutual members residing in these two respective counties. Regardless of level of care, Health Plan is responsible for the coordination of physical health and mental health.

Health Plan and Carelon collaboratively have taken and continued with the following steps to increase utilization and referrals:

- Provider Alerts:
 - 6/13/2023 – Dyadic Services and Family Therapy Benefit
 - 10/18/2023 – No Wrong Door

- o 10/19/2023 – Screening and Transition of Care Tools
- o 10/20/2023 – Non-Specialty Mental Health Services
- o 10/23/2023 – Maternal Mental Health
- o 10/24/2023 – Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment (SABIRT)
- Provider Website
 - o Updated the Provider facing webpage: <https://www.hpsj.com/providers/behavioral-health-services/> with updated information and enhanced instructions on resources, which included:
 - Adding Social Worker of the Day line
 - County Access phone numbers for mental health and substance use services
 - Expanded the site with information on Social Services and Support
 - Added information about the importance of coordination of medical and behavioral health care services
 - Added information regarding the benefits of Behavioral Health Treatment and relevant resources
 - Added information regarding Maternal Mental Health, Substance Use Disorder Services (related to SABIRT) and Transgender Services
- Provider Look and Learn webinar for the full network with the topic of Behavioral Healthcare Services in Various Settings and was held on March 13, 2024.
- Member Newsletter on “Focus Your Health” included information regarding “How to Get Behavioral Health Services” in the 2024 Spring and Summer editions.
- Member Newsletter on “Your Health Matters” included information on where to go to seek more information, find a provider and make appointment for behavioral healthcare services in the Summer 2023 edition.
 - Proactive identification of members with co-morbid conditions of medical and behavioral health programs by Health Plan and referral of these members to Carelon. Health Plan developed reports that identify patients with secondary and tertiary Behavioral Health diagnoses, which result in many referrals to Carelon through our Case and Disease Case Management Nurses and Social Workers.
 - Joint Operations Meetings (JOMs) held with Carelon monthly include Carelon reporting of response timeliness, grievances, and continuity of care reports with Health Plan requiring corrective actions if targets are not met.
 - Bi-Monthly meetings are held with Carelon, Health Plan Case management staff (including nurses and social workers) to review and discuss cases that involve behavioral health complexities and/or referrals made for mental health, substance use disorder, and behavioral health treatment.
 - Carelon has a direct line for the local Carelon Team to address provider concerns quickly and introduced a Provider Consultation line, as well.

The Medical case management team facilitates care coordination meetings with Carelon to address MH and SUD issues for members with co-existing medical and behavioral health concerns for our servicing counties. This is a multidisciplinary team discussion including RN, SW, and Behavioral Health professionals and the Health Plan Medical Director. In addition, the Medical Case Management Manager and Behavioral Health and Social Services Manager participate in monthly meetings with Federally Qualified Health Clinics to ensure coordination of care of members assigned to the clinics for both medical and behavioral health. These often include, but are not limited to, the following topics of discussion:

- When conducting ER calls for high utilizers, members are educated regarding Carelon services, often facilitating a new referral to Carelon.
- Utilization of Carelon services for Health Plan staff training
- Focused provider education
- Behavioral Health National Committee for Quality Assurance and the Healthcare Effectiveness Data and Information Set (NCQA HEDIS®) Measures and intervention effectiveness
- Health Plan informs members of Behavioral Health Services through articles published in the member newsletter, communication with community-based organizations, or collaboration with the Health Plan community advisory committee.

Behavioral Health Care Coordination and Utilization Reports

1. Screening and Referrals for Mental Health Services CY2023

Effective January 1, 2023, the Department of Healthcare Services for California issued an adult and youth screening and transition of care tools for mental health services. This was performed by Carelon and our County Mental Health Plans.

County	Referrals by County to Carelon	Referrals by Carelon to County	Referrals by Carelon to NSMHS	CY2023
San Joaquin	522	222	2,445	3,189
Stanislaus	643	179	1,967	2,789
Total	1,165	401	4,412	5,978

2. Behavioral Health Utilization (Mental Health and Substance Use Disorder Services)

Metric	2022YTD	2023YTD	% Change	FY23-24 Q3-Q4	% Change
Average Membership	376,337	451,445	+19.96%	418,368	-7.33%
Unique Utilizers	18,071	26,311	+45.60%	14,376	-45.36%
Penetration Rate	4.80%	5.85%	+21.88%	3.44%	-2.41%
Therapy (Individual/Family/Group)					

Unique Utilizers	Not Avail.	16,630	Not Avail.	10,293	-38.11%
NSMHS Telehealth ANOV	Not Avail.	5.37	Not Avail.	3.26	
NSMHS In-Person ANOV	Not Avail.	7.22	Not Avail.	4.87	
Medication Management					
Unique Utilizers	Not Avail.	9,387	Not Avail.	6,109	-34.92%
NSMHS Telehealth ANOV	Not Avail.	3.51	Not Avail.	2.40	
NSMHS In-Person ANOV	Not Avail.	4.05	Not Avail.	2.79	

NOTES:

1. Utilization data for CY2022 is unavailable due to new reporting implemented for monitoring utilization of services. When 3 years of data is acquired, benchmarks will be established.
2. FY23-24 Reporting became more accurate on internal encounter criteria for utilization
3. All Plan Claims Data from Department of Healthcare Services (DHCS) stopped sharing the specialty mental health and substance use disorder services data as of October 2023. Thus, impacting utilization data.

NSMHS = Non-Specialty Mental Health Services

ANOV = Average Number of Visits

4. Behavioral Health Treatment/Applied Behavioral Analysis Utilization

	Norm	FY22-23	FY23-24	YoY Change	Over/Under
San Joaquin - UU		486	552	13.58%	
Age 0-2		9	6	-33.33%	
Avg. Hrs utilized per UU	35-40 hrs	38.25	38.57	0.84%	On Target
Age 3-7		302	321	6.29%	
Avg. Hrs utilized per UU	35-40 hrs	44.67	39.89	-10.70%	On Target
Age 8-12		154	153	-0.65%	
Avg. Hrs utilized per UU	25-30 hrs	27.26	22.61	-17.06%	Under
Age 13-20		69	68	-1.45%	
Avg. Hrs utilized per UU	15-20 hrs	25.66	19.02	-25.88%	On Target
Stanislaus - UU		293	319	8.87%	
Age 0-2		3	5	66.67%	
Avg. Hrs utilized per UU	35-40 hrs	45.10	39.11	-13.28%	On Target
Age 3-7		190	185	-2.63%	
Avg. Hrs utilized per UU	35-40 hrs	52.76	44.87	-14.95%	Over
Age 8-12		65	86	32.31%	
Avg. Hrs utilized per UU	25-30 hrs	28.90	26.42	-8.58%	On Target
Age 13-20		38	36	-5.26%	
Avg. Hrs utilized per UU	15-20 hrs	18.93	17.83	-5.81%	On Target

UU = Unique Utilizers

Per Carelon's reporting, there have been no plan members accessing this service for the applicable reporting period: January – June 2024.

5. Coordination of Behavioral Health and Social Services by Health Plan

Measure	Qtrly Ave.	YTD 2023	FY23-24 Q3	FY23-24 Q4	YTD 2024
Avg. Active Mbrship		451,445	419,000	419,445	419,000
Total Referred to BH/SS	1,285	5141	1206	1335	2541
Referred Reason					
BH	18.3%	18.3% (942/5141)	23% (279/1206)	19% (257/1335)	21% (536/2541)
SS	17.2%	17.2% (915/5141)	29% (347/1206)	33% (436/1335)	31% (783/2541)
SUD	42.9%	42.9% (2203/5141)	39% (469/1206)	34% (460/1335)	37% (929/2541)
Other	21%	21% (1081/5141)	9.2% (111/1206)	14% (182/1335)	11.5% (293/2541)
# Engaged in CM	58%	58.43% (3004/5141)	61% (735/1206)	67% (894/1335)	64% (1629/2541)
#SDOH Assessments	58%	58.49% (1757/3004)	58.91% (433/735)	57% (414/894)	52% (847/1629)
Care Coordination Activities					
# of Transportation Requests	Not Avail.	Not Avail.	4.62% (34/735)	6.37% (57/894)	5.5% (91/1629)
# of ECM Referrals	Not avail.	Not Avail.	7.9% (58/735)	8.6% (77/894)	8.3% (135/1629)
# of CSS Referrals	3.42%	3.42% (176/5141)	14.69% (108/735)	13.31% (119/894)	14% (227/1629)
# of Carelon Referrals	8.95%	8.95% (460/5141)	15.37% (113/735)	11.96% (107/894)	13.5% (220/1629)
# of Total Contacts	6,564	26,254	7507	8352	15859
Closed Cases					
# Closed – Active	735	2940	737	761	1498
# Closed – Inactive	469	1874	430	371	801
# Closed/Cancelled	35	140	31	24	55
#Currently Enrolled	Not avail.	N/A	8	133	141

6. Over/under Utilization Monitoring of Behavioral Health Services (NSMHS)

	Benchmark	2023YTD	Over/Under
	N/A	451,445	N/A
Unique Utilizers	N/A	26,311	N/A
Penetration Rate – Qtrly Average	3-5%	5.85%	On Target
Therapy – NSMHS ANOV In-Person	4-5 visits/month	7.22	Over
Medication Management – NSMHS ANOV – In-Person	2-3 visits/quarter	4.05	Over

Quantitative Analysis

The Screening and Transition of Care tools were implemented at the beginning of the calendar year of 2023. Since the implementation, the referrals to each respective agency have steadily increased. By the end of 2023, there were a total of 1,165 (19.49%) referrals by County Mental Health Plans (MHP) to Carelon, 401 (6.71%) referrals by Carelon to County MHP, and 4,412 (73.80%) referrals by Carelon to Health Plan’s direct network for non-specialty mental health services (NSMHS). The county breakdowns are as follows:

San Joaquin had 53.35% (3,189/5,978) of the referrals:

- 16.37% (522/3,189) Referrals by County MHP to Carelon
- 6.96% (222/3,189) Referrals by Carelon to County MHP
- 76.67% (2,445/3,189) Referrals by Carelon to NSMHS

Stanislaus had 46.65% (2,789/5,978) of the referrals:

- 23.06% (643/2,789) Referrals by County MHP to Carelon
- 6.42% (179/2,789) Referrals by Carelon to County MHP
- 70.53% (1,967/2,789) Referrals by Carelon to NSMHS

Utilization of behavioral healthcare services (psychotherapy and medication management) increased year over year from 2022 to 2023; however, comparing Fiscal Year 23-24, there is a decrease in all areas of utilization for psychotherapy and medication management. Unique utilizers decreased from 18,071 to 14,376. Penetration rate decreased from 4.80% to 3.44%. Newly reported numbers on the breakdown of therapy (individual/family/group) and medication management. Comparing the first half of Fiscal Year 23-24 to the second half, there was a decrease in unique utilizers from 16,630 to 10,293 for therapy and 9,387 to 6,109 for medication management. The average number of visits also decreased by type from 5.37 to 3.26 for non-specialty mental health services via telehealth and a decrease from 7.22 to 4.87 for in-person. Similarly, medication management also saw a decrease from 3.51 to 2.40 average number of visits for non-specialty mental health services via telehealth and from 4.05 to 2.79 for in-person.

Utilization of behavioral health treatment (BHT) or applied behavioral analysis, had the following changes from FY22-23 to FY23-24:

San Joaquin:

- Total unique utilizers increased by 13.58%, from 486 to 552
- Age 0-2 average unique utilizers decreased 33.33%, from 9 to 6
- Age 0-2 average hours utilized per unique user increased by 0.84%, from 38.25 hours to 38.57 hours, on target for the norm
- Age 3-7 average unique utilizers increased 6.29%, from 302 to 321

- Age 3-7 average hours utilized per unique user decreased 10.70%, from 44.67 hours to 39.89, on target for the norm.
- Age 8-12 average unique utilizers decreased 0.65% from 154 to 153
- Age 8-12 average hours utilized per unique user decreased 17.06% from 27.26 hours to 22.61, indicates underutilization when compared to the norm
- Age 13-20 average unique utilizers decreased 1.45%, from 69 to 68
- Age 13-20 average hours utilized per unique user decreased 25.88%, from 25.66 hours to 19.02, on target for the norm

Stanislaus

- Total unique utilizers increased by 8.87%, from 293 to 319
- Age 0-2 average unique utilizers increased 66.67%, from 3 to 5
- Age 0-2 average hours utilized per unique user decreased by 13.28%, from 45.10 hours to 39.11 hours, on target for the norm
- Age 3-7 average unique utilizers decreased 2.63%, from 190 to 185
- Age 3-7 average hours utilized per unique user decreased 14.95%, from 52.76 hours to 44.87, indicates over utilization when compared to the norm.
- Age 8-12 average unique utilizers increased 32.31% from 65 to 86
- Age 8-12 average hours utilized per unique user decreased 8.58% from 28.90 hours to 26.42, on target for the norm
- Age 13-20 average unique utilizers decreased 5.26%, from 38 to 36
- Age 13-20 average hours utilized per unique user decreased 5.81%, from 18.93 hours to 17.83, on target for the norm

Alpine and El Dorado began January 1, 2024; however, there has been no reported utilization by Carelon for this service. This is in alignment with the prior plans for these counties, in that utilization as low; however, we were anticipating approximately 5 cases for El Dorado County. Those members were disenrolled from the plan.

Coordination of care and services and supports through the behavioral health and social services department at the Health Plan saw an increase of referrals each quarter throughout the year, ending with a total of 5,141 referrals. The top referral reason was for substance use disorder services at 42.9%, second was all others combined at 21%, followed by behavioral health at 18.3% and social services at 17.2%. Of the members that the team assisted with, there were a total of 460 referrals to Carelon.

Qualitative Analysis

Utilization of behavioral health care services over the past look back period (FY23-24) there were many new reports developed and designed to better capture utilization of services. In addition, the Health Plan provided education to the Health Plan network on how to make referrals for behavioral healthcare services and there was added reporting oversight of referrals made through to our delegate, Carelon. As a result, we saw an increase in referrals both from the County Mental Health Plans and from providers for non-specialty mental health services and behavioral health treatment. For utilization, both penetration rate and average number of visits began to shift in alignment with the typical Medi-Cal book of business, when County Mental Health Plan data is not incorporated.

We anticipate this trend to continue and return to the higher numbers when we see the utilization at the County Mental Health Plan restored.

Barrier Analysis

Barriers	Opportunity for Improvement	Next Steps
Closed loop referral process between Carelon and Health Plan	<p>Increase communication around cases pending responses from Carelon’s outreach two days prior to case rounds.</p> <p>Increase monitoring of grievances from members related to delays in access to care.</p>	Delegate was terminated as of 9/30/2024
SMHS and SUDS Data from DHCS	Leverage MOUs with the County Mental Health Plan to implement the data exchange portion.	Execution of the MOUs and Data Exchange workflows.

Opportunity for Improvement

Our opportunity for improvement in MY24-25 is that the Health Plan is insourcing all behavioral health activities by October 1, 2024. As such, we anticipate an opportunity to implement the following improvements:

- 1) Direct referrals from Health Plan staff for members seeking behavioral health care services
- 2) Follow-up with members after their appointments
- 3) Closer partnership with the behavioral health network of providers on access needs for Health Plan members
- 4) Implement the data exchange workflows with the County Mental Health Plans

Oversight Summary of Carelon

Health Plan conducted its 2023 annual audit of Carelon during March through May 2024. The audit included a review of the following delegated responsibilities:

- Behavior Health Treatment (BHT) for Children with Autism Spectrum (Pass)
- Claims adjudication and Provider Dispute Resolution (PDR) (Fail, CAP required)
- Case Management (CM) and Care Coordination (Fail, CAP required)
- Credentialing (pass)
- New Provider Training (Fail, CAP required)
- Utilization Management (pass)

During the audit, Health Plan identified 4 deficiencies and 2 observations. Carelon provided a Corrective Action Plan for these deficiencies, of which Health Plan partially accepted one for Care

Management/Care Coordination findings. The Audit and Oversight (A&O) team will continue to monitor CAP submissions and the curing of issues.

Carelon had 12 open CAPs from the 2022 audit, of which there were 18. The A&O team continues to monitor Carelon performance and provide input regarding curing of these CAPs.