



Enhanced Care Management Populations of Focus:

ECM FOCUS 1: Experiencing Homelessness

1. Individuals and families who:

(1) are experiencing homelessness¹

AND

(2) have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.

'Homelessness is Defined As

- An individual or family who lacks adequate nighttime residence
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
- An individual or family living in a shelter
- An individual exiting an institution to homelessness
- An individual or family who will imminently lose housing in next **30 days**
- Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes
- Victims fleeing domestic violence

ECM FOCUS 2: High Utilizers

2. Adults with:

(1) **5 or more** emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

AND/OR

(2) 3 or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

CCHP may also authorize ECM for other individuals who are at risk for avoidable hospital or ED utilization and would benefit from ECM but who may not meet the numerical thresholds of (1) and (2) above.

ECM FOCUS 3: SMI/SUD

3. Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD) Needs:



Adults who:

(1) meet the eligibility criteria for participation in or obtaining services through:

- The County Specialty Mental Health (SMH) System **AND/OR**
- The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program.

AND

(2) are actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of ACEs, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors);

AND

(3) meet one or more of the following criteria:

- Are at high risk for institutionalization, overdose and/or suicide;
- Use crisis services, emergency rooms, urgent care, or inpatient stays as the sole source of care;
- Have two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months;
- Are pregnant or post-partum (12 months from delivery).

ECM FOCUS 4: Justice Involved

Individuals who are:

(1) transitioning from a correctional facility (e.g. prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months.

AND

(2) have at least one of the following conditions:

- i. Mental illness
- ii. Substance use disorder (SUD)
- iii. Chronic condition/Significant Clinical Condition (e.g., diabetes, hepatitis C, etc.)
- iv. Intellectual or developmental disability (I/DD)
- v. Traumatic brain injury (TBI)
- vi. HIV/AIDS
- vii. Pregnancy or Postpartum



ECM FOCUS 5: Adults Living in the Community and At Risk for LTC Institutionalization

Adults who:

- (1) Are living in the community who meet the Skilled Nursing Facility (SNF) Level of Care criteria OR who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury

AND

- (2) Are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring).

AND

- (3) Are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns).

*Please note that this population excludes individuals residing in Intermediate Care Facilities and subacute care facilities.

ECM FOCUS 6 Adult Nursing Facility Residents Transitioning to the Community

Adult nursing facility residents who:

- (1) Are interested in moving out of the institution

AND

- (2) Are likely candidates to do so successfully

AND

- (3) Are able to reside continuously in the community

*Please note that this population excludes individuals residing in Intermediate Care Facilities and subacute care facilities.



Criteria for Drug Medi-Cal (SUD Program):

Must meet medical necessity for SUD (see below), be eligible for Medi-Cal and reside in Contra Costa

- i.* Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non Substance-Related Disorders; **OR**
- ii. Have had at least one diagnosis** from the current DSM for Substance-Related and Addictive Disorders, with the exception of Tobacco-Related Disorders and Non-Substance Related Disorders, **prior to being incarcerated or during incarceration, as determined by substance use history.**

** Note that a history of SUD is sufficient to qualify even if they are in active treatment or are in maintenance mode and were treated in the past.

Criteria for County Mental Health (SMI Program):

Must have severe impairment – refers to how the diagnosis is impacting a person’s daily function. The person suffering from bipolar may be suicidal, spending all of their money and about to lose their housing or utilities because they are not paying their bills. The depressed person may be sleeping most of the day or feeling down most of the time and unable to work so they have no income. The anxious person may be worrying all day and unable to leave the house.

There are 8 impairments listed on the initial assessment:

1. Family Relations
2. Employment/School Performance
3. Recreational/Leisure Activities
4. Food/Shelter
5. Social Relations
6. Physical Health
7. Substance Abuse
8. Activities of Daily Living

At least one impairment has to be marked as severe with the supporting documentation.

As background what happens is that when the client is referred to a County clinic by Access Line, the clinician completes a 10-page clinical assessment (based on an interview with the client) to document the symptoms of a qualifying diagnosis and confirm that they have a severe functional impairment.