Severity Analysis Reference Guide

What is this guide for?
County of San Diego Behavioral Health Services and the five (5) Medi-Cal Managed Care Health Plans worked together to create some guidelines for a shared conceptual framework regarding mild, moderate, and severe criteria.

Is this a requirement?
No; use of this guide is not a requirement.

Who can use it?
This guide may be used to assist any provider from a clinical perspective.

How is it used?
There are four elements to assess when using this resource: Risk, Clinical Complexity, Life Circumstances & Benefit of Integrated Care. Each element has items to consider to guide a determination of a mild, moderate or severe category. Each column indicates a numeric value. Once each element is assessed, the columns can be added for a "total" number. Whichever tier that total number fits within would be a guideline for which level of service may be indicated for an individual.

What is it intended for/not intended for?
This is intended to be a community shared conceptual framework and a useful guide regarding the various populations seeking mental health services. This is **not:**

- an all-inclusive list of assessment domains
- a concrete delineation of mild, moderate vs. severe status
- required as part of a routine clinical assessment

What do the scores mean?
Each column indicates a numeric value. Once each element is assessed, the columns can be added for a "total" number. Whichever tier that total number fits within would be a guideline for which level of service may be indicated for an individual.

When should this guide be used?
This guide could be used to assist in determining an appropriate referral either upon an individual's initial request for service or as part of a transition plan.

Can a stable individual meet Tier 2 level if they have a Severe & Persistent Mental Illness?
Yes, an individual may have a Severe & Persistent Mental Illness and be "scored" within Tier 2 based on an assessment of the four elements and their current level of functioning. However, if the clinical opinion is that an individual needs the County MHP level of care based on other factors within an assessment, that may be an appropriate referral. The shared goal is to not have individuals moving from County services to Health Plan services and back again, and the Tiers are only a guide and one component in determining an individual's needs.

If inpatient treatment is required, is outpatient follow up limited to Tier 3 providers?
No, there are no limitations. If an individual has been seeing either a Health Plan or County MHP provider, it may be in the best interest to refer them back to that provider after an inpatient stay. The provider can then make a determination if ongoing care is appropriate at their level.