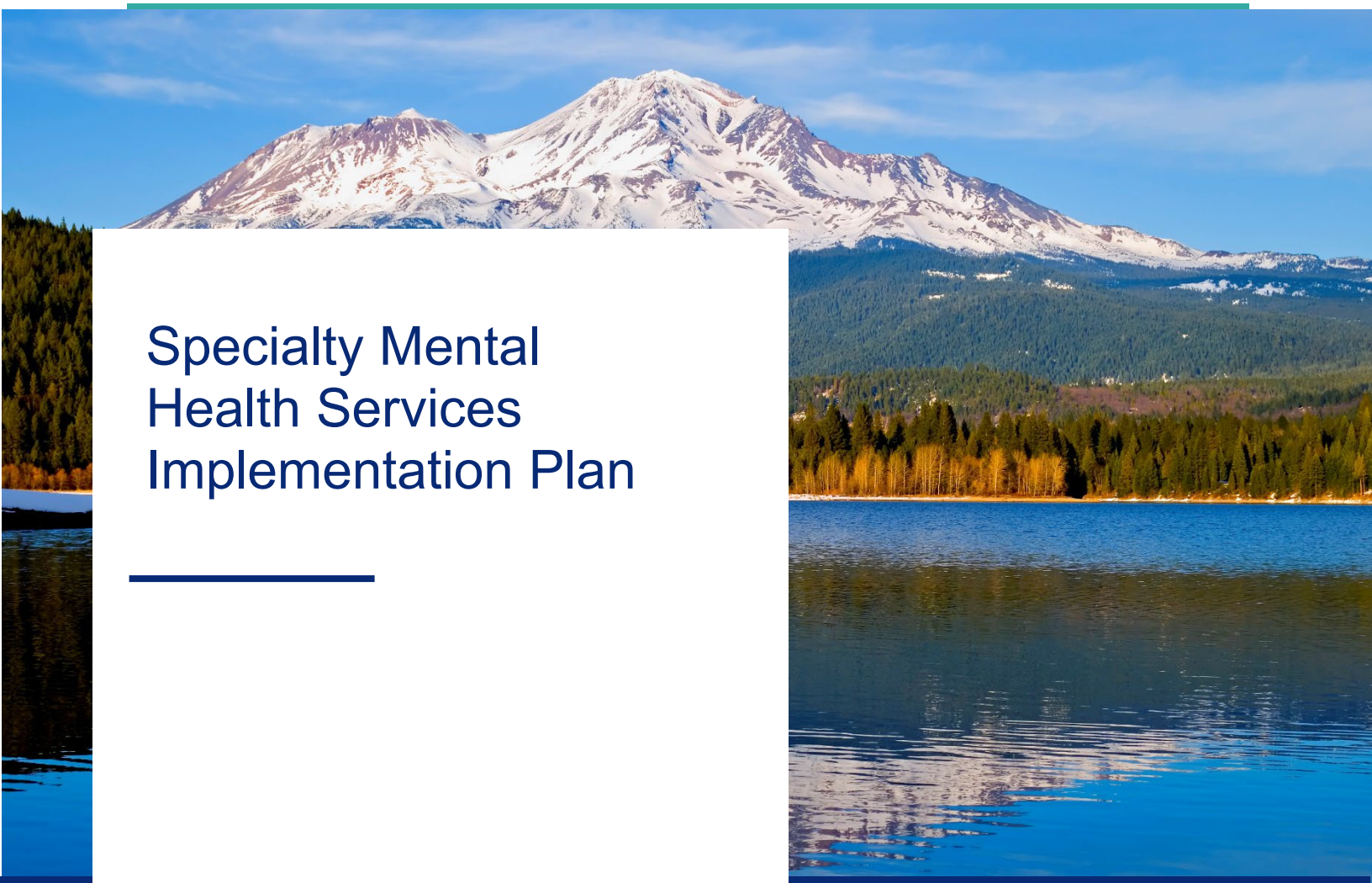


Specialty Mental Health Services Implementation Plan

REVISED SEPTEMBER 2022

SHASTA COUNTY MENTAL HEALTH PLAN

Authored by: Quality Management

Shasta County
Health & Human Services Agency

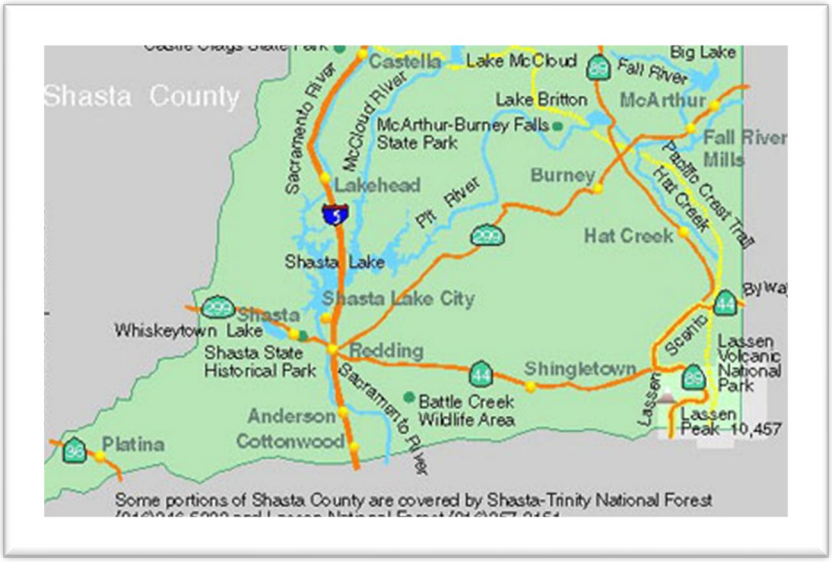
Table of Contents

Introduction to Shasta County

Shasta County is one of the 27 original counties of California, created in 1850 when California became a state. It is a primarily rural county in the northern part of the state. The county has a population of 182,139 (US Census Bureau 2021 Survey) with the County seat, Redding, being the most populous city with 93,611 (US Census Bureau 2020). Redding is the largest economic hub north of Sacramento, with the Interstate 5 corridor running right through Shasta County.

Located in the northern Sacramento Valley, Shasta County's varied landscape provides numerous recreational areas while also supporting an active agricultural community. Shasta County is surrounded by Siskiyou and Modoc counties to the north, Trinity to the west, Lassen to the east, and Tehama and Plumas to the south. With a total area of approximately 3,900 square miles, the county includes the cities of Anderson, Redding, and Shasta Lake City, as well as a number of unincorporated towns, including Burney, Fall River Mills, Shingletown, Palo Cedro, French Gulch, McArthur, Cottonwood, Hat Creek, Bella Vista, Shasta, Mountain Gate, Millville, Lakehead, Keswick, Cassel, Castella, Montgomery Creek, Happy Valley, Igo, Ono, Platina, Whitmore, Round Mountain, Big Bend and Old Station. Residents of Shasta County are fortunate to enjoy rural, small-town living while being located just a 2½-hour drive from Sacramento and a 3 1/2 -hour drive from San Francisco.

The county's vast open spaces result in a population density of only 47 persons per square mile, as compared to 238 for the state of California. The racial makeup of the county is 79.2 percent White Non-Hispanic, 10.5 percent Hispanic or Latino, 3.1 percent American Indian or Alaskan Native, 3.1 percent Asian, and 1.2 percent African American and 0.1 percent Native Hawaiian and Other Pacific Islander. Over 4.6 percent of the population are of multiple races or another race and 21.1 of persons are over the age of 65 and older (US Census Bureau 2020).



Evolution of the Implementation Plan

Every Mental Health Plan (MHP) in California must submit an Implementation Plan to be designated as an MHP and contract with the Department of Health Care Services (DHCS) to provide or arrange for the provision of specialty mental health services to all eligible Medi-Cal clients residing in the MHP's county.[1]

1997 – The Shasta County MHP was originally developed in 1997 and has operated continuously ever since with many changes and improvements over the years.

2002 – The Shasta County Wraparound Program assists children in living and growing up in safe, stable, and hopefully permanent family environments instead of out-of-home placements, such as a foster care/resource family, Intensive Services Foster Care, or Short Term Residential Therapeutic Program (STRTP). Moved to Breslauer campus is 2010-11.

2002 – The Juvenile Wraparound Interagency Network for Growth and Stability (WINGS) Program was Integrated with the Juvenile Drug Court to form the Integrated Family Wellness Program in 2021.

2004 – Closure of the MHP's inpatient facility with inpatient services being contracted out going forward.

2005 – Implementation of the California Mental Health Services Act (MHSA) which imposed a 1% taxation on personal income exceeding $1 million to provided funding to expand and transform the public mental health system. In Shasta County, this has funded many programs over the years, including:

- Community Services and Supports (CSS) – Includes Housing Projects
    - The CARE Center - Services provided include pre-crisis clinical assessment and treatment, case management, linkage to other community resources, transportation, education treatment groups and much more.
    - Shasta Triumph and Recovery (STAR)
    - Assisted Outpatient Treatment (AOT) through Kings View
    - Woodlands Apartment Complex
        - The Woodlands is a 75-unit apartment complex that is affordable for low-income residents.
        - Twenty-nine of the apartments are dedicated for eligible HHSA clients who have a severe mental health challenge (or children with serious emotional disturbance). They also must be homeless or be at risk of homelessness to qualify to live there.

[1]Outlined in 9 CCR § 1810.310. Implementation Plan

        - To help tenants adjust to having a stable home, a case manager and peer support specialist work on site. A variety of classes are offered to help provide support and build community so tenants can maintain wellness and their recovery.
- Prevention and Early Intervention
    - Children and Youth in Stressed Families, which includes:
        - Triple P (Positive Parenting Program)
        - Trauma Focused Cognitive Behavioral Therapy
        - Positive Action,
        - Adverse Childhood Experiences
    - Individuals Experiencing the Onset of Serious Psychiatric Illness
    - Stigma and Discrimination Reduction/Stand Against Stigma, which includes:
        - Brave Faces Storytelling Project
        - Portrait Gallery
        - Hope is Alive! Open Mic Nights
        - Minds Matter Mental Health Resource Fair
        - Get Better Together
        - Stand Against Stigma
    - Suicide Prevention
        - Shasta County Suicide Prevention website includes information on trainings, events, support and helplines, support groups and other local programs, volunteer opportunities, and campaigns.
            - Annual Directing Change Program and Film Contest asks high school and college students to join the conversation about suicide prevention and mental health by creating a 60-second public service announcement.
        - QPR (Question, Persuade, Refer) Suicide Prevention Training
            - safeTALK – suicide alertness for everyone
            - Applied Suicide Intervention Skills Training (ASIST)
            - Mental Health First Aid
        - Firearm Safety Brochure
        - Captain Awesome Campaign – Men's mental health campaign unveiled in 2017 to combat the societal pressures to repress emotions and not show weaknesses. Featuring local men, the Captain Awesome advertising campaign demystifies mental health and depression while giving men the tools to maintain their mental and emotional health.
        - More than Sad – American Foundation for Suicide Prevention Program for eighth grade students in Shasta County.

- Woodlands I and II permanent supportive housing, the Bridges Team, and more.

2006 – Integration of Shasta County Mental Health into Shasta County Health and Human Services (HHSA). The MHP is served by HHSA Adult Services Branch and HHSA Children's Services Branch for the provision of client services, and HHSA Business and Support Services Branch for ancillary/support services (Human Resources, Payroll, Accounts Payable, Budgeting, Contracting, Compliance & Quality Improvement/Utilization Management and Quality Assurance, Electronic Health Records, Business Office, etc.).

2006 – Successful completion of the Office of Inspector General (OIG) Integrity Agreement.

2007 – Alcohol and Drug Program integrated into Shasta County Mental Health.

2008 – The Crisis Residential and Recovery Center (CRRC) is a 15-bed center that is open 24 hours. This center provides short-term respite for mentally disabled adults who have become suicidal, critically depressed, or otherwise psychiatrically incapacitated. The center serves as a social rehabilitation facility, and services avert the need for hospitalization. Stays are voluntary for up to 30 days. Services include daily groups focused on wellness and recovery, coping skills, medication treatment, education, daily living activities, peer support, and other topics as needed.

2012 – Implemented Electronic Health Record (EHR)/changed HER for specialty mental health services.

2013 – Behavioral Health Court established.

2014 – Mild-to-moderate added to the Medi-Cal Managed Care Plan.

2014 – Implementation of Katie A/Pathway to Well-Being.

2015 – Implemented Electronic Health Record (EHR)/changed HER for alcohol and drug services.

2016 - The Centers for Medicare & Medicaid Services (CMS) issued the Medicaid and CHIP Managed Care Final Rule (2016 Final Rule), which aligns the Medicaid managed care program with other health insurance coverage programs in several key areas:

- Modernizes how states purchase managed care for beneficiaries
- Adds key consumer protections to improve the quality of care and beneficiary experience
- Improves state accountability and transparency.

The 2016 Final Rule was the first significant overhaul of the federal Medicaid managed care regulations since 2002 and was a response to the predominant shift to Medicaid managed care delivery system occurring nationwide. The 2016 Final Rule was effective July 5, 2016 with a phased implementation over several years.

2016 – Whole Person Care (WPC) Pilot occurred through 2021. The pilot included the Mobile Crisis Team, a Sobering Center and the Complex Care Coordination projects. The Complex Care

Coordination has adapted and evolved into the new Enhanced Care Management and Community Supports projects.

2019 – Creation of Mobile Crisis Outreach Team, which provides on-the-spot urgent mental health services to people suffering from severe mental illness.

2020 – Beginning of the Drug Medi-Cal Organized Delivery System (DMC-ODS) Regional Model.

2020 – California Family Urgent Response System (CalFURS) was implemented in Shasta County. FURS is a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, to preserve the relationship of the caregiver and the child or youth.

2021 – CIRT crisis intervention team established between Redding Police Department and Shasta County Health and Human Services. This team is deployed to assist when there is a mental health component to a call for law enforcement. The team provides follow-up crisis calls, connection to resources, and community outreach.

2015 – Integrated Family Wellness Program (IFWAP) is an interagency collaborative program with HHSA Children's Services, Shasta County Probation, Pathways to Hope/AmeriCorps, and the Shasta County Juvenile Court. It is a result of merging the former Juvenile Drug Court and the WINGS Program into one program that can effectively treat and manage drug and alcohol issues, mental health issues, and family dynamics.

2022 – Community Connect is a collaborative program with the Shasta County Office of Education for at risk youth attending community day or alternative education school sites regardless of insurance/beneficiary status.

Other significant changes over the years:

- Increased use of technology for psychiatric care (e.g., telemedicine and electronic health records).
- Increased coordination with Federally Qualified Health Centers (Shasta Community Health Center, Hill Country Community Clinic, Shingletown Medical Center, and Mountain Valleys Health Center).
- Co-located mental health clinicians in local emergency departments, allowing a faster response for 5150 determinations after medical clearance.
- Co-located mental health clinicians in child welfare to serve foster children and collaborate with social worker staff to meet the mental health needs of foster youth.

Purpose

The purpose of the Implementation Plan for Specialty Mental Health Services, developed in 1997 and under Healthcare Reform in 2014 respectively, is to describe the procedures to be followed in establishing the Shasta County Mental Health Plan (MHP) and in transitioning from a State-administered Medi-Cal system to a system which is coordinated by the Counties. The Implementation Plan outlines the process of service delivery and utilization review by the MHP.

The Implementation Plan responds to the regulatory requirements found in Title 9, Chapter 11, Section 1810.310. Regulation citations are included in footnotes of the Implementation Plan. This plan is a living document and may be updated when the MHP makes systemic changes. Per Title 9 regulations, all updates to the Implementation Plan will be submitted to Department of Health Care Services (DHCS) for approval.

Implementation Plan Requirements

As required by the California Code of Regulations, Title 9, Chapter 11, § 1810.310, each MHP must submit an Implementation Plan in order to be designated as a MHP and contract with the Department of Health Care Services (DHCS) to provide or arrange for the provision of specialty mental health services to all eligible Medi-Cal beneficiaries residing in the MHP's county. All MHPs submitted their original Implementation Plans soon after the Medi-Cal specialty mental health services program began in Fiscal Year 1997-98.

Title 9, § 1810.310(c) requires that "An MHP shall submit proposed changes to its approved Implementation Plan in writing to the Department for review." Furthermore, § 1810.310(c)(1) requires that "An MHP shall submit proposed changes in the policies, processes or procedures that would modify the MHP's current Implementation Plan prior to implementing the proposed changes." This Implementation Plan Update is to fulfill the MHP's requirement to submit proposed changes since the last approved Implementation Plan.

Title 9, § 1810.310(a)(1) through (11) provides the content requirements for the Implementation Plan: In accordance with this regulation, the Implementation Plan shall include:

(1) Procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.

(2) A description of the process for:

  (A) Screening, referral, and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing, and vocational rehabilitation services.

  (B) Outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP.

  (C) Assuring continuity of care for beneficiaries receiving specialty mental health services prior to the date the entity begins operation as the MHP.

  (D) Providing clinical consultation and training to beneficiaries' primary care physicians and other physical health care providers.

(3) A description of the processes for problem resolution as required in Subchapter5.

(4) A description of the provider selection process, including provider selection criteria consistent with Sections 1810.425 and 1810.435. The entity designated to be the MHP shall include a Request for Exemption from Contracting in accordance with Section 1810.430(c) if the entity decides not to contract with a Traditional Hospital or DSH.

(5) Documentation that demonstrates that the entity:

(A) Offers an appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries that will be served by the MHP, and

(B) Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries that will be served by the MHP.

(6) A description of how the MHP will deliver age-appropriate services to beneficiaries.

(7) The proposed Cultural Competence Plan as described in Section 1810.410, unless the Department has determined that the Cultural Competence Plan will be submitted in accordance with the terms of the contract between the MHP and the Department pursuant to Section 1810.410(c).

(8) A description of a process for planned admissions in non-contract hospitals if such an admission is determined to be necessary by the MHP.

(9) A description of the MHP's Quality Improvement and Utilization Management Programs.

(10) A description of policies and procedures that assure beneficiary confidentiality in compliance with State and Federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.

(11) Other policies and procedures identified by the Department as relevant to determining readiness to provide specialty mental health services to beneficiaries as described in this Chapter.

This Shasta County Behavioral Health Implementation Plan Update addresses all the required elements outlined in the California Code of Regulations (CCR), Title 9, §1810.310. Care was taken to follow the structure established in the regulation to ensure all the necessary descriptions of policies, procedures, and processes are included. Elements that were required in the original Implementation Plan but are not applicable to the update are so noted.

Implementation Plan Update

1. Service and Payment Authorization[2]

Procedures for MHP payment authorization of specialty mental health services by the MHP, including a description of the point of authorization.[3]

Shasta County MHP ensures timely access for Medi-Cal beneficiaries. Shasta County MHP delivers specialty mental health services at its mental health outpatient clinics. Services include assessment, individual, group, rehabilitation, targeted case management, intensive care coordination, intensive home-based services, medication support, outreach, and crisis intervention services. Further, the MHP contracts with organizational providers for the services listed above and for Adult Residential Treatment Services (ARTS), Therapeutic Behavioral Services (TBS), Therapeutic Foster Care (TFC), Day Rehabilitation (DR), and Day Treatment Intensive (DTI). The MHP also provides crisis residential services for adults.

Quality Management

The MHP's Utilization Management/Quality Assurance (UM/QA) Team:
The UM/QA team is comprised of one clinical supervisor, four full-time and one part-time clinical staff, two office support staff, and one analyst.

Inpatient Services

- The MHP maintains contracts with one local hospital and two local Psychiatric Health Facilities (PHF); two are in the county, one is in the adjacent county, and one services adolescents. This allows the county to place many of its beneficiaries and individuals without insurance for treatment close to where they live and to their community support systems. The MHP also contracts with numerous out-of-county hospitals and PHFs.
- The MHP maintains close relationships with local inpatient providers in order to facilitate appropriate and timely authorizations and timely sharing of information to support treatment and discharge planning.
- The MHP does not require prior authorization for emergency psychiatric inpatient services.
- The MHP conducts concurrent review through its contracted provider, Beacon Health Options, for all Medi-Cal beneficiaries.
- The MHP conducts retrospective review of inpatient services when the individual does not have Medi-Cal and under the following circumstances:
    - Retroactive Medi-Cal determinations
    - Inaccuracies in the Medi-Cal Eligibility Data System

[2] 9 CCR § 1820.220
[3] CCR 9 § 1810.310(a)(1)

- Authorization of services for beneficiaries with other health care coverage pending evidence of billing, including dual-eligible beneficiaries
- Beneficiary's failure to identify a payer

- For retrospective review, the MHP's authorization decision is communicated to the individual who received services, or to the individual's designee, within 30 days of receipt of information reasonably necessary to make this determination and is communicated to the provider within 14 days.

Outpatient Services

- Prior authorization for outpatient services is limited to the following services:
  - Intensive Home-Based Services
  - Day Treatment Intensive
  - Day Rehabilitation
  - Therapeutic Behavioral Services
  - Therapeutic Foster Care
- Requests for prior authorization for the above services are reviewed and a decision is made as expeditiously as the beneficiary's mental health condition requires, not to exceed five (5) business days from the MHP's receipt of the information reasonably necessary and requested by the MHP to make the determination.
- For cases in which a provider indicates, or the MHP determines, that the standard timeframe could seriously jeopardize the beneficiary's life or health or ability to attain, maintain, or regain maximum function, the MHP will make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires, but no later than 72 hours after receipt of the request for service.
- The MHP may extend the timeframe for making an authorization decision for up to 14 additional calendar days, if the following conditions are met:
  - The beneficiary, or the provider, requests an extension, or
  - The MHP justifies (to the State upon request), and documents, a need for additional information and how the extension is in the beneficiary's interest.
- The MHP authorization specifies the amount, scope, and duration of the treatment that is being authorized.
- If the MHP denies or modifies the request for authorization, the MHP notifies the beneficiary, in writing, of the adverse benefit determination. In cases where the MHP terminates, reduces, or suspends a previously authorized service, the MHP notifies the beneficiary, in writing, of the adverse benefit determination prior to discontinuing services.
- Timeframes for prior authorization:

- Day Treatment Intensive services are required every three months.
- Day Rehabilitation are required every six months.
- Intensive Home-Based Services are required annually.
- Therapeutic Behavioral Health Services are authorized for an initial 30 days and thereafter authorization is required every 60 days.
- Therapeutic Foster Care authorization is required annually.

- Authorizes Service Authorization Requests (SARS) for Adoptee and KinGAP youth—within 3 days of receipt of request.

- The MHP uses a referral process for concurrent authorization of crisis residential and adult residential treatment services. Initial referral identifies the number of days authorized, 30 days for crisis residential and six months for adult residential treatment services. For beneficiaries who require more than six months of adult residential treatment services, authorization request is reviewed for medical necessity and further authorizations are provided in six-month increments.

2a. Screening, Referral, and Coordination

Screening, referral, and coordination with other necessary services, including, but not limited to substance abuse, education, health, housing, and vocational rehabilitation services.[4]

Shasta County has a "No Wrong Door" policy for screening and treatment. The MHP's Access Unit is available to all beneficiaries and providers 24-hours a day, seven days per week, via telephone at (530) 225-5252 or toll-free at (888) 385-5201. The Access Unit provides all beneficiaries with referrals to specialty mental health services available within the MHP which meet the specific needs of the beneficiary. Screening, referral, and coordination with other services are critical components to providing excellent care to beneficiaries. If during the assessment any issues are identified, the MHP may refer to the following:

- Substance Use Treatment Services –Drug Medi-Cal Organized Delivery System (DMC-ODS Regional Model), MHP refers beneficiaries to community-based programs or self-help programs. MHP staff coordinate services to meet the unique needs of the beneficiary. The Recovery Coaches are part of our substance use disorder (SUD) system of care. They are part of our Behavioral Health Integration Grant with Partnership Health Care (PHC). Their role currently focuses on helping beneficiaries navigate the SUD system of care and community recovery supports. Currently there are two recovery coaches on-site.
- Education – The MHP accepts referrals from local school districts. The MHP reaches out to families to screen for mental health impairment. The HHSA's Children's Services Branch coordinates with school districts around school impairments where educational needs are

[4] CCR 9 § 1810.310(a)(2)(A)

included. The HHSA's Adult and Children's Branches assist beneficiaries with enrollment in educational systems as it relates to impairments caused by mental health symptoms. MHP staff coordinate services to meet the unique needs of each beneficiary.

- Health – The MHP refers beneficiaries to Partnership Health/Beacon Health Strategies (Beacon) for primary care (if the beneficiary does not already have a Primary Care Physician). The MHP also refers beneficiaries to other community physical health services, including Health Outreach for People Everywhere (HOPE) Van, Good News Rescue Mission (have limited medical, dental care) and the local Rancheria. The MHP staff coordinate services to meet the unique needs of the beneficiary.
- Housing – The MHP may help beneficiaries find appropriate housing. Occasionally, the MHP will pay for hotel vouchers for beneficiaries. The MHP has several Board & Care facilities and will pay any subsidies for beneficiaries residing in them. The MHP, utilizing MHSA funds, assisted in funding a The Woodlands housing program in Redding, which offers 29 apartment units to eligible full-service clients. To help tenants adjust to having a stable home, a case manager and peer support specialist work on site. A variety of classes are also offered to help provide support and build community so tenants can maintain wellness and their recovery.
- Social Services – The MHP provides referrals to beneficiaries for social services as needed, including Medi-Cal eligibility, reporting to Children's Services and Adult Protective Services as required by law, and referrals to public assistance programs (i.e., CalFresh, CalWORKs, and General Assistance). The MHP seeks to ensure the needs of each beneficiary are met.
- Probation – The MHP has a clinician housed at Adult Probation who provides assessment and referrals for adult probationers (AB109 funded); MHP staff collaborate as appropriate.
- Vocational Services/Employment – The MHP contracts with Department of Rehabilitation for referral of beneficiaries for employment opportunities/educational benefits.
- Other – Based on the beneficiary's assessment, MHP staff work with each beneficiary on any needs identified during the assessment that the beneficiary wishes to work on (i.e., connections to the faith community, clothing, food, community support systems, etc.).

2b. Outreach

Outreach efforts for the purpose of providing information to beneficiaries and providers regarding access under the MHP.[5]

[5] CCR 9 § 1810.310(a)(2)(B)

In accordance with the agreement between Shasta County Mental Health and the DHCS, the MHP provides beneficiaries with a copy of the Beneficiary Handbook and provider directory whenever requested. All contracted providers are also provided with the Handbook and are informed that beneficiaries must be given all information materials (Beneficiary Handbook, Patients' Rights brochure, Advance Healthcare Directive brochure, and provider directory) upon request or when initially accessing services. All service sites have been informed of the beneficiary protection materials and other items which must be available in the waiting room (grievance forms, appeal forms, and forms for requesting a change of provider).

Written materials are also available in alternative formats (e.g., large print or audio tape) for those who are visually limited. Both are available in English at all county service and contract provider locations as well as online and are available in other languages upon request as well as in alternative formats such as large print or braille. The content and format are consistent with the California Code of Regulations (CCR), Title 9, §1810.360 and the Title 42, Code of Federal Regulations (CFR), § 438.10. The provider directory is updated monthly.

Community Outreach and Engagement

The MHP has an active outreach program, including:

- A mental health clinician provides outreach to the local homeless shelter.
- The Shasta Triumph and Recovery (STAR) program team consists of a Clinician, Peer Support Specialist, Parent Partner, and Assistant Social Worker that work as a Full-Service Partnership (FSP) with a focus on wellness, recovery, and resiliency. It is a "whatever it takes" model that provides access to services. This program serves children with severe emotional disturbance who are homeless or at risk of homeless, incarceration, or have an increased risk of psychiatric hospitalization. They may also have a substance use disorder.
- The MHP meets with the local Federally Qualified Health Clinics (FQHC) quarterly regarding shared clients. Both the MHP and FQHCs refer beneficiaries to one another.
- The MHP participates in the NorCal Continuum of Care Coalition (this program assists all homeless in the community).
- The MHP maintains a mental wellness webpage with access information, including a brochure specifically on how to access services at the MHP.
- The MHP has contact information available on 211.
- The MHP hosts multiple community engagement events, such as Minds Matter Resource Fair, Brave Faces presentations, Hope is Alive! Open Mic Night, etc.
- The MHP provides speakers for law enforcement/park rangers training – advising how community members can access services through the MHP.

- Supports local chapter of National Alliance of Mental Illness (NAMI) to provide training to the community (i.e., Peer-to-Peer, Family-to-Family).
- In an effort to promote Gatekeeper awareness and promote community access to services, the HHSA's Children's Services Branch Access Team provides outreach to local schools to provide information on Specialty Mental Health Services, offering a presentation that details services provided, eligibility criteria, and the referral process.

2c. Continuity of Care

Assuring continuity of care for beneficiaries receiving specialty mental health services prior to the date the entity begins operation as the MHP.[6]

Shasta County HHSA through its MHP is responsible for coordinating SMHS to ensure that SCMHP clients have a continuing and stable source of care. All eligible Medi-Cal beneficiaries who meet medical necessity criteria for SMHS have the right to request continuity of care.

Beneficiaries with pre-existing provider relationships who make a continuity of care request to the MHP must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider or a terminated network provider. SMHS shall continue to be provided, at the request of the beneficiary for a period of time, not to exceed 12 months, necessary to complete a course of treatment and to arrange for a safe transfer to another provider as determined by SCMHP, in consultation with the beneficiary and the provider, and consistent with good professional practice. This applies to all Medi-Cal beneficiaries who are transitioning.

Out-of-Network Providers:

The MHP, at the request of a beneficiary or the beneficiary's authorized representative, provides continuity of care with an eligible out-of-network Medi-Cal provider, for a period of up to 12 months.

If the provider does not agree to comply or does not comply with these contractual terms and conditions, the MHP is not required to approve the continuity of care request. If the continuity of care request is denied for any reason, the MHP must notify the beneficiary and/or the beneficiary's authorized representative.

[6] CCR 9 § 1810.310(a)(2)(C)

Terminated Providers:

The MHP at the request of a beneficiary or the beneficiary's authorized representative, provide for the completion of SMHS by a terminated network provider, for a period of up to 12-months, in accordance with this policy. The completion of SMHS shall be provided by a terminated network provider to a beneficiary who, at the time of the contract's termination, was receiving SMHS from that provider.

The MHP may require the terminated network provider, whose services are continued beyond the contract termination date, to agree, in writing, to be subject to the same contractual terms and conditions, including rates of compensation, that were imposed upon the provider prior to termination. If the provider does not agree to comply or does not comply with these contractual terms and conditions, the MHP is not required to approve the beneficiary's continuity of care request.

Repeated Requests for Continuity of Care:

After the client's Continuity of care period ends, the client must choose a mental health provider in the MHP's network for SMHS. If the client transitions back to a MCP or Medi-Cal Fee for Service (FFS) for non-specialty mental health services, and then needs to transition back to the MHP for SMHS, the 12-month continuity of care period may restart one time. If a client changes county of residence more than once in a 12- month period, the 12-month period of continuity of care period may restart for the second and third MHP after which the client may not be granted additional continuity of care requests with the same preexisting provider. Shasta County MHP will communicate with the MHP of the client's new county of residence to share information about the clients existing continuity of care request.

Beneficiary and Provider Outreach and Education:

SCMHP must notify beneficiaries and providers of continuity of care via informing materials, beneficiaries and provider handbooks, postings and training of all staff and subcontractors who encounter clients.

2d. Coordination with Physical Health Care

Providing clinical consultation and training to beneficiaries' primary care physicians and other physical health care providers.[7]

The MHP provides several avenues for clinical consultation and training to beneficiaries' primary care physicians (PCPs) and other physical health care providers. The MHP connects with a beneficiary's PCP when treating the beneficiary (i.e., forward lab results). Additionally, the MHP maintains a "Doctor-to-Doctor" call line/psychiatry consultation phone number (530-225-5959) which is available to all community physicians/physical healthcare providers to call to speak with a psychiatrist about

[7] CCR 9 § 1810.310(a)(2)(D)

mental health treatment protocols. The consultation line is answered (or voicemail checked) during business hours by clerical staff. Clerical staff take a message and provide it to an MHP psychiatrist. The callers are advised a psychiatrist will call back the same day, typically between 4:00 and 5:00 pm. An MHP psychiatrist then returns any calls to primary care physicians/physical healthcare providers. The call line is advertised in an HHSA newsletter to community physicians and healthcare providers.

The MHP hosts quarterly meetings with the local EDs and FQHCs. The meeting addresses overall concerns regarding shared clients (not client specific) and includes physicians from both the EDs and FQHCs. Although this meeting does not include specific client information, it does provide an opportunity for the MHP, Eds, and FQHCs to come together and identify contacts in partner programs.

3. Problem Resolution

A description of the process for problem resolution.[8]

The MHP maintains an active problem resolution program in accordance with California Code of Regulations (CCR) Title 9, Section 1850 et seq. The MHP has a policy (Beneficiary Problem Resolution) which address grievances, appeals, expedited appeals, and state fair hearings. The MHP ensures all grievances, appeals, and expedited appeals are handled confidentially, and within required timeframes.

Beneficiaries may file a grievance or appeal orally or in writing (appeals filed orally must be followed up with a written appeal; however, the oral request is used to establish the response timeframe). Receipt of a grievance or appeal is acknowledged to the beneficiary in writing. A beneficiary may act on their own behalf or may authorize another person to act on their behalf. Beneficiaries are not discriminated against, or any other penalty, for filing a grievance or appeal.

Grievances and appeals are reviewed and investigated by a Licensed Practitioner of the Healing Arts (LPHA) in the MHP's Quality Management unit, with sufficient clinical expertise as determined by the MHP. Reviews/investigations are conducted by an LPHA that was not previously involved in review or decision-making on the problem presented. The reviewing/investigating LPHA conducts the investigation, which may include but it not limited to reviewing the medical record of the beneficiary, consulting with clinical treatment team staff, and consulting with the beneficiary. The findings of the investigation are provided to the beneficiary in writing. Any grievance or appeal shall not be part of the beneficiary's medical record (except if the beneficiary initiates a conversation during a therapy or medical visit).

[8] CCR 9 § 1810.310(a)(3)

The MHP maintains a grievance, appeal, and expedited appeal log, as required. The MHP reports on grievance, appeals, expedited appeals, and change of provider requests to the Quality Improvement Committee (QIC) quarterly. The QIC reviews the report to assess trends or concerns. The MHP prepares and submits the Managed Care Program Annual Report (MCPAR) report annually to the Department of Health Care Services.

The MHP ensures all certified sites (including contracted providers) have grievance and appeal brochures which are self-addressed to the MHP. The brochures can be obtained by the beneficiary without asking for the brochure. Additionally, the MHP ensures all certified sites have grievance, appeal, and state fair hearings posters that are posted in accessible locations for beneficiaries to be able to review.

The MHP uses the DHCS Certification/Recertification protocol when certifying providers to provide Medi-Cal billable mental health services. In doing so, the MHP ensures problem resolution materials are available to beneficiaries at all certified sites.

4. Provider Selection Process[9]

A description of the provider selection process, including provider selection criteria.[10]

The MHP seeks to provide the highest quality mental health services. In doing so, the MHP strives to select and retain the highest qualified internal and contracted providers.

The MHP maintains an active set of providers made up of both internal staff and contracted organizational providers. The MHP reviews individual staff providers, prior to hire to ensure appropriate licensure/registration. For internal individual staff providers, the MHP ensures a strict adherence to licensing requirements, and individual staff providers are licensed or waivered per the State of California standards related to their practice or scope of work. Staff licenses are monitored online to ensure they remain current and clear of any actions, negative reports, or limitations. Additionally, the MHP ensures that before any services are billed to Medi-Cal, the provider has a valid, unrestricted license/registration. Finally, the MHP, through a contractor, screens staff against the Social Security Administration Death Master File, and conducts monthly checks for sanctions and exclusions through the Current List of Excluded Individual and Entities (http://www.oig.hhs.gov/exclusions/index.asp); Medi-Cal Suspended and Ineligible Provider List (https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp) and the System for Award Management (SAM) (http://sam.gov).

[9] In alignment with 9 CCR § 1810.425 and 1810.435
[10] CCR 9 § 1810.310(a)(4)

Additionally, the MHP maintains rigorous oversight of its Medi-Cal certified providers, both County owned and operated sites and contracted sites. The MHP maintains a specific policy (Provider Certification and Recertification) to ensure the MHP complies with CCR Title 9, Section 1810.435. The MHP ensures every provider is certified and recertified pursuant to CCR Title 9, Section 1810.435, the California Department of Health Care Services (DHCS) MHP Agreement and the DCHS Certification Protocol. Medi-Cal certified providers are recertified a minimum of every three years after the initial certification. Certified sites must: possess the necessary license, maintain a safe facility, maintain client records in a way that meets state and federal standards, meet the MHP's Quality Management Program standards, provide for appropriate supervision of staff, have a Head of Service as described in state regulations, possess appropriate liability insurance, have accounting and fiscal practices that meet Government Accounting Standards Board (GASB) standards, ensure a valid fire clearance as required per the DCHS Certification Protocol, and undergo an onsite review at least every three years. During the triennial certification review, the MHP conducts a chart review in compliance with the DCHS triennial audit (Section K) protocol.

The MHP does not discriminate against any provider, including those that provide services to high-risk populations or specialize in conditions that require costly treatment.

The MHP provides inpatient care, at the hospital that provides the service that best meets the needs of each individual beneficiary. The MHP seeks an agreement with each hospital through which a beneficiary receives services. The MHP ensures that each hospital meets the criteria of CCR Title 9, Section 1810.425 including: complies with federal Medicaid laws, provides services with its licensure to all the MHP's beneficiaries referred to the hospital, refers beneficiaries for other services when necessary, and does not refuse admission to a beneficiary based on age, sex, race, religion, physical or mental disability, or national origin.

The MHP contracts with hospitals identified as Disproportionate Share Hospitals (DSH).[11]

5. Documentation

Documentation that demonstrates that the entity:

(A) *Offers an appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries that will be served by the MHP.* [12]

The MHP provides (or arranges for the provision of) specialty mental health services, including both outpatient and inpatient services. The MHP provides some outpatient services directly, and contracts with outside providers for outpatient and all inpatient services.

[11] In compliance with 9 CCR § 1810.430
[12] CCR 9 § 1810.310(a)(5)(A)

The MHP provides (or arranges for the provision of) a full range of specialty mental health services including inpatient services at Psychiatric Health Facilities (PHFs) and psychiatric inpatient hospitals.

Additionally, the MHP provides (or arranges for the provision of) a full range of outpatient services, including:

- Mental health services, including assessment, plan development, individual, group and family therapy, rehabilitation services, and collateral services
- Medication support, including assessment for medication, evaluation of clinical effectiveness and side effects, obtaining informed consent, and medication education
- Case management services
- Targeted Case Management
- EPSDT Supplemental Specialty Mental Health Services, including assessment, plan development, medication support services, crisis intervention services, TBS, Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS)
- Therapeutic Foster Care
- Crisis Intervention
- Triple P Positive Parenting Program

The MHP also provides (or arranges for the provision of) residential treatment services, including Crisis Residential and Adult Residential Treatment Services.

The MHP ensures other services are available, as needed, through provider contracts, including Day Treatment Intensive, Day Rehabilitation, and Crisis Stabilization.

The MHP maintains a policy regarding target population for the Adult Services Branch. The target population includes adult and older adult beneficiaries who have a serious mental disorder and meet medical necessity criteria as defined by the California Code of Regulations (CCR), Title 9, section 1830.205 for Medi-Cal beneficiaries and the Bronzan-McCorquodale Act (Welfare and Institutions Code (WIC) section 5600.3). Any adult beneficiary not meeting the criteria for the MHP's target population is referred to primary care physician or Beacon for mental health services.

The Children's Services Branch of the MHP complies with CCR Title 9, Medical Necessity Criteria for Specialty Mental Health Services. Any youth beneficiary not meeting medical necessity criteria under CCR Title 9 is referred to primary care physician or Beacon for the provision of mental health services.

(B) *Maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries that will be served by the MHP.*[13]

The MHP ensures it maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of all beneficiaries served by the MHP.

Specifically, the MHP:

- Monitors its eligible beneficiaries by area in its annual Quality Improvement (QI) Work Plan. The QI Committee receives reports on this at least annually and makes recommendations based on the usage data.
- Contracts with organizational providers for several mental health services for youth. The MHP ensures the entirety of the County's geographic areas have specific provider coverage.
- Contracts with all four FQHCs in Shasta County, which provide mental health services throughout the county. Shasta Community Health Center (SCHC) has locations in Redding, Anderson, and Shasta Lake City; Hill Country Community Clinic has locations in Round Mountain (eastern Shasta County) and Redding; Shingletown Medical Center has a location in Shingletown (eastern Shasta County); and Mountain Valleys Health Center has locations in Burney and Fall River Mills (eastern Shasta County).
- Refers beneficiaries that do not meet the MHP's target population for severe and persistent mental illness to either a primary care physician or Beacon (if no primary care physician is available) for mental health services. Beacon provides services for beneficiaries that are experiencing mild to moderate mental illness.
- The MHP's Quality Improvement Committee reviews, at least annually, data regarding its network of providers to ensure there are enough, mix, and geographic distribution to meet the needs of beneficiaries served by the MHP.

6. Age-Appropriate Services

A description of how the MHP will delivery age-appropriate services to beneficiaries.[14]

The MHP ensures that all beneficiaries are provided age-appropriate services. These include medication support, case management, individual/group therapy, and rehabilitation services.

The MHP provides age-appropriate mental health services to beneficiaries who have severe and persistent mental illness. The MHP provides each beneficiary services in alignment with their specific

[13] CCR 9 § 1810.310(a)(5)(B)
[14] CCR 9 § 1810.310(a)(6)

needs, in a culturally sensitive and age-appropriate manner to the fullest extent within medical necessity criteria. If there are specialized services needed by the beneficiary, the MHP makes appropriate referral and provides oversight to the provision of the services to the beneficiary.

The MHP's Children's Services Branch provides mental health services to eligible beneficiaries from birth to age 21. The MHP Adult Services Branch provides mental health services to eligible beneficiaries, ages 21 and above. Payment Authorization for Outpatient Services

- The MHP provides walk-in access to all beneficiaries. For Youth Access from birth to age 21, the MHP also provides a call-in triage system.
- It is the goal of Adult Access to provide a screening for medical necessity of all individuals seeking routine mental health services and crisis services at the MHP location via walk-in within one business day of the initial request for services.
- It is the goal of Youth Access to have all Medi-Cal eligible youth from birth to age 21 connected to mental health services upon request, provide a screening to determine if symptoms and impairments meet medical necessity for all individuals seeking routine mental health services, screen at time of call or walk in for preliminary medical necessity, and set an appointment with an organization provider within 10 days.
- Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current MHP protocol.
- Inpatient services for both adults and adolescents are provided through contracts with approved hospitals, whenever possible.
- Children's Services Branch complies with CCR Title 9 for determination of medical necessity for specialty mental health services.
- Adult Services Branch maintains a target population policy in alignment with CCR Title 9 and the MHP agreement.
- Beneficiaries that do not meet target population criteria or medical necessity criteria, are referred to a primary care physician or to Beacon or other appropriate community providers.

Crisis/Emergency Departments

The MHP has clinical staff co-located at the local Emergency Departments (ED) for 5150 criteria and assessment for medical necessity for those needing inpatient assessment and stabilization. The co-located clinical staff determine medical necessity for inpatient placement. Co-location of clinical staff at local EDs seeks to reduce the time between medical clearance at the ED and determination of 5150 criteria. The MHP seeks a goal of 2 hours from medical clearance to determination. The MHP is in the beginning stages of a Clinical PIP that seeks to reduce re-hospitalization by providing an assessment and treatment plan in the ED for all Medi-Cal or Medi-Cal/Medicare beneficiaries that currently do not have an active treatment plan.

Shasta Youth Placed Out of County

The Shasta County MHP arranges for medically necessary mental health services for Shasta County youth that are placed in out of county residential care (i.e., foster homes, group home care).

7. Cultural and Linguistic Competence Plan

A description of the Cultural and Linguistic Competence Plan.[15]

The MHP strives to deliver culturally and linguistically appropriate services to beneficiaries and their families.

- The MHP maintains an active Cultural Competency Committee (CCC), which meets monthly. The Committee includes both clinical and non-clinical staff from Adult and Children's Services Branches as well as its Quality Management Unit. The Committee works closely to promote a culturally sensitive MHP.
- The CCC hosts an annual two-hour training that is mandatory for all staff. Each year the specific culture/topic for the training is selected after the MHP surveys its employees to determine area(s) of interest. Additionally, the training includes a 30-minute segment on interpreter/language line usage, including sample test calls.
- The CCC maintains the Cultural Competency Plan, and updates or writes a new plan annually.
- The MHP conducts language test calls monthly. The results of language test calls are reported quarterly to the MHP's QI Committee.
- The MHP submits quarterly test call information to DHCS.
- The MHP does not currently have a threshold language. However, to the extent resources are available, Spanish-translated informing materials are available to beneficiaries.
- The MHP strives to have interpreters on staff, including Spanish, Mien, American Sign Language (ASL), and Laotian, and to provide specialty mental health services in those languages.
- The MHP provides a language line (Language Link) to all beneficiaries in over 240 languages. The services of Language Link can be utilized over the phone, or for in-person sessions (clinician and beneficiary in the same room, with interpreter available over the phone). Language Link ensures beneficiaries can receive services in their preferred language.
- The MHP maintains contracts for interpreters including, sign language and document translation services.

[15] CCR 9 § 1810.310(a)(7)

- When appropriate, hire staff that represent the cultures served in the community.
- Hiring peer support specialists.

8. Planned Admission into Non-contract Hospital

A description of a process for planned admission in non-contract hospital if such an admission is determined to be necessary by the MHP.[16]

Generally, it is not the process for the MHP to have planned admission to non-contracted hospitals. However, in the event a planned admission to a non-contracted hospital is performed by the MHP, the MHP would follow the same authorization procedure for inpatient admissions and seek a contract with the hospital.

- Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current MHP protocol.
- Inpatient services for both adults and adolescents are provided through contracts with approved hospitals, whenever possible. In the event a planned admission is to a non-contracted hospital, the MHP would seek to put in place a contract with the hospital.

9. Quality Improvement and Utilization Management Programs

A description of the MHP's Quality Improvement and Utilization Management Programs.[17]

The MHP's Quality Improvement and Utilization Management responsibilities are managed by specialized units within then the Quality Management Department of the Business and Support Services Branch; these include the Utilization Management/Quality Assurance (UM/QA) unit, and the Compliance & Quality Improvement (QI) unit. The UM/QA team operates with five clinical reviewers (including both licensed mental health clinicians and registered nurses). The UM/QA team is responsible for all UM activities, including review, authorization, evaluation for medical necessity, and determining appropriateness and effectiveness of services provided to Medi-Cal beneficiaries, both prospectively and retrospectively.

The UM/QA team provides support to clinical providers, including both internal staff and external contract providers. The MHP's Adult and Children's Services Branches provide documentation training (training developed in conjunction with UmR team) to new hires, and existing staff when that level of support is needed.

[16] CCR 9 § 1810.310(a)(8)
[17] CCR 9 § 1810.310(a)(9)

The UM/QA team regularly conducts quality of care audits, including:

- All internal new hires.
- Existing staff when leaving their position (i.e., upon retirement, resignation, etc.).
- Existing staff when there are concerns about quality of care or documentation; and

The UM/QA team provides additional support to clinical staff, including:

- Audit results for clinical staff are written up and provided to supervisors, so the supervisor may provide additional support; and
- Clinical tip sheets to aid clinical staff in understanding rules for appropriate documentation.

The MHP has a dynamic Quality Improvement (QI) Program, in accordance with state regulations, for evaluating the appropriateness and quality of services, including over-utilization and underutilization of services. The MHP's QI Program:

- Collects and analyzes data to measure against the goals, or prioritized areas of improvement that have been identified.
- Identifies opportunities for improvement and decides which opportunities to pursue.
- Identifies relevant committees (internal or external) to ensure appropriate exchange of information with the QI Committee.
- Obtains input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services.
- Designs and implements interventions for improving performance.
- Measure's effectiveness of the interventions.
- Incorporates successful interventions into operations as appropriate.
- Review's beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records, as required.

The MHP maintains an active QI Committee (QIC). The QIC is responsible for overseeing the QI Program. The QIC:

- Meets quarterly and includes the Quality Improvement Coordinator, internal staff, contract providers, and family members and consumers.
- Reviews and evaluates data and implements actions based on data.
- Recommends policy decisions.
- Reviews and evaluates the results of QI activities.
- Monitors the progress of Performance Improvement Projects (PIPs) The MHP ensures implementation of two PIPs each year, including one clinical and one non-clinical.
- Documents all its activities with dated minutes.

- Uses a continuous feedback loop to evaluate ongoing quality improvement activities, including PIPs; This feedback loop allows the QI Committee to monitor issues over time.
- Conducts planning and initiates new activities for improvement.
- Maintains an annual fiscal year Work Plan:
    - The QIC is active in developing the goals and objectives for the Work Plan and monitoring opportunities for improvement over time.
    - The Work Plan provides an annual evaluation of the overall effectiveness of the QI program, using data presented to the QIC, which demonstrates meaningful improvement in clinical care and beneficiary service.
    - The Work Plan objectives are reported on to the QIC, in accordance with a reporting schedule approved by the QIC. Each objective is reported on a minimum of annually.

The MHP's Quality Management Department ensures compliance with certification and recertification requirements of Medi-Cal providers, following the certification/recertification protocol from DHCS.

10. Confidentiality

A description of policies and procedures that assure beneficiary confidentiality in compliance with State and federal laws and regulations governing the confidentiality of personal or medical information, including mental health information, relating to beneficiaries.[18]

- All staff hired by the MHP must attend HIPAA training prior to accessing the MHP's computer systems (including the MHP's Electronic Health Record), contacting beneficiaries or accessing any confidential information. The MHP operates under the County-wide HIPAA policies and during training ensures staff understand the parameters of confidentiality, including electronic protected health information (PHI) and safeguards required to protect confidential information. The policies encompass state and federal laws and regulations. Additionally, the MHP maintains some specific HIPAA policies, which the MHP must adhere to, including *Acceptable Use of Mobile Device Policy, Access for System Resources, Breach Policy – Protected Health Information, Consent for Treatment for Youth: Custody, Special Situations* (for Children's Services only)*, Individual Right to Confidential Communication Policy, Record of Disclosure for Medical Records Standing Procedure, Physical Security Policy for Protected Health Information, Uses and Disclosures of Protected Health Information Policy, and Uses and Disclosures of Protected Health Information Task*.
- All MHP staff are required to attend, upon hire and annually thereafter, specific HIPAA training. Both initial and annual trainings are approximately two hours in duration. The training reviews regulations for the protections of PHI. If a staff member does not complete

[18] CCR 9 § 1810.310(a)(10)

required annual training, computer access to confidential information is severed. HIPAA training is required prior to reinstatement of access to confidential information.

- Compliance training is required for all new staff upon hire, and annually thereafter. Compliance training includes confidentiality as a major component. As part of Compliance training, staff are required to sign a Code of Conduct and a Confidentiality statement. Attendance at Compliance training is required and is a term of employment in the MHP. Compliance training, provided or approved by the MHP, is required of all contracted MHP providers.
- Release of Information/Authorization to Disclose – the MHP ensures information remains confidential as required by law. Beneficiaries may sign an "Authorization to Use or Disclose Protected Health Information" form.
- EHR audits electronic access to system.
- All information systems used to store PHI or other confidential information maintain access logs, including successful and unsuccessful attempts at accessing PHI. These logs are reviewed upon request, during any personnel investigation and, for high profile or sequestered clients, the access logs are reviewed, at minimum, monthly.
- The MHP uses a Notice of Privacy Practices brochure which notifies beneficiaries of their rights and the MHP's responsibilities regarding their confidential information.
- The MHP uses an Email and Text Consent Form which beneficiaries must sign a consent authorizing the MHP to communicate with them via unsecured email or text messaging.