

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

MHADAB Regular Meeting

Wednesday, February 1, 2023, 5:15 pm
Northern Valley Catholic Social Service
2400 Washington Ave, Redding, CA 96001

A virtual option is available via GoToMeeting.
<https://global.gotomeeting.com/join/529205213>
United States: +1 (312) 757-3121
Access Code: 529-205-213

Board Members

Chair

Ron Henninger

Vice-Chair

Kalyn Jones

Members

Cindy Greene

Heather Jones

David Kehoe

Samuel Major

Dale Marlar

Jo-Ann Medina

Charlie Menoher

Alan Mullikin

Anne Prielipp

Mary Rickert

Angel Rocke

Christine Stewart

Connie Webber

I. Call to Order & Welcome

II. Public Comment

Members of the public will have the opportunity to address the Board on any issue within the jurisdiction of the Board. *Speakers will be limited to three minutes.*

III. Staff and Board Member Reports

- A. Staff will address Public Comment follow up from the previous meeting.
- B. Board members will report on Committee meeting updates.

IV. Consent Calendar

The following Consent Calendar items are expected to be routine and non-controversial. They may be acted upon by the Board at one time without discussion. Any Board member or staff member may request that an item be removed from the Consent Calendar for discussion and consideration. Members of the public may comment on any item on the Consent Calendar before the Board's consideration of the Consent Calendar. Each speaker is allocated three minutes to speak.

A. Approval of Meeting Minutes

Board members will review and approve minutes from the January 4, 2023 meeting.

B. Teleconferencing Vote

Pursuant to Assembly Bill No. 361, Section 54953(e)(3), make the following findings by majority vote in order to facilitate continued Teleconferencing in the form of "hybrid" meetings: (A) The legislative body has reconsidered the circumstances of the state of emergency; and (B) Any of the following circumstances exist: (i) The state of emergency continues to directly impact the ability of the members to meet safely in person; or (ii) State or local officials continue to impose or recommend measures to promote social distancing.

V. Regular Calendar

- A. Review and discuss Community Planning Process Policy and Procedure.

- B. Consider voting to recommend the Health and Human Services Agency (HHSA) accept the Community Planning Process Policy and Procedure as written or in revised form.

VI. Presentations

- A. An Access to Services Mock Screening will be demonstrated by Clinical Program Coordinator Rene Bairos and Mental Health Clinician Darlyn Carnate.
- B. A presentation on the Quality Improvement (QI) and Grievance Process will be provided by Clinical Program Coordinator Leah Shuffleton.

VII. Discussion Items

- A. A Discussion on HHSA’s Vision for SUD Services will be led by Mental Health Director Miguel Rodriguez.
- B. Board members are invited to volunteer: MHSA 3-Year Plan Committee; attendance at NAMI meetings.
- C. Board members may make suggestions for future agenda item consideration.

VIII. Adjourn

Regular MHADAB Meeting	Executive Committee Meeting	Other Committees	Other Committees
Mar 1, 2023 5:15 pm Northern Valley Catholic Social Service 2400 Washington Ave, Redding, CA 96001	Feb 6, 2023 11:00 am HHSA Adult Services Branch, Admin Conference Room 1 2640 Breslauer Way, Redding, CA 96001	Shasta Substance Use Coalition Mar 14, 2023 10:30 jill@shastatraining.org Stand Against Stigma Feb 14, 2023 1:30 cdiamond@co.shasta.ca.us MHSA Stakeholder Workgroup Mar 3, 2023 cdiamond@co.shasta.ca.us	Continuum of Care (CoC) Feb 14, 2023 3:00 HCAP@co.shasta.ca.us Shasta Suicide Prevention Collaborative Mar 7, 2023 2:30 stinger@co.shasta.ca.us ADP Provider Meeting Feb 22, 2023 10:00 kcassidy@co.shasta.ca.us

The County of Shasta does not discriminate on the basis of disability in admission to, access to, or operation of its buildings, facilities, programs, services, or activities. The Shasta County Mental Health, Alcohol and Drug Advisory Board will make available to any member of the public who has a disability a needed modification or accommodation including an auxiliary aid or service, in order for that person to participate in the public meeting. A person needing assistance should contact Nicole Carroll by telephone at (530) 229-8062, or in person 2640 Breslauer Way, Redding, or by mail at P. O. Box 496048, Redding CA 96049-6048, or by e-mail at ncarroll@co.shasta.ca.us at least two (2) working days in advance. Accommodations may include, but are not limited to, interpreters, assistive listening devices, accessible seating, or documentation in an alternate format. If requested, this document and other agenda materials may be made available in an alternative format for persons with a disability who are covered by the Americans with Disabilities Act. Questions, complaints or requests for additional information regarding the Americans with Disabilities Act (ADA) may be forwarded to the County’s ADA Coordinator: Shelley Forbes, Director of Support Services, County of Shasta, 1450 Court Street, Room 348, Redding, CA 96001-2676 Phone: (530) 225-5515 Fax: (530) 225-5345 California Relay Service: 711 or 1-(800)-735-2922, E-mail: adacoordinator@co.shasta.ca.us.

Public records which relate to any of the matters on this agenda (except Closed Session items), and which have been distributed to the members of the Advisory Board, are available for public inspection at Shasta County Health and Human Services Agency, 2640 Breslauer Way, Redding, CA 96001. This meeting will be recorded. If there are any questions regarding this agenda, please contact Nicole Carroll at 229-8062, or via e-mail at ncarroll@co.shasta.ca.us.

SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)

REGULAR MEETING

Minutes

January 4, 2023

Members: Ron Henninger, Kalyn Jones, Sam Major, Dale Marlar, David Kehoe, Heather Jones, Cindy Greene, Mary Rickert, Jo-Ann Medina, Anne Prielipp, Connie Webber

Absent Members: Christine Stewart, Angel Rocke, Charlie Menoher, Alan Mullikin

Shasta County Staff: Laura Stapp, Rubin Cruse, Jr., Kimberly McKinney-Tighe, Katie Cassidy, Keith Jackson, Nicole Carroll, Christopher Diamond

Agenda Item	Discussion	Action	Individual Responsible
I. Call to Order & Welcome	➤ The meeting was called to order and all present parties were welcomed.		➤ MHADAB Chair Ron Henninger
II. Open Public Comment Period	<ul style="list-style-type: none"> ➤ A public commenter noted a lack of emergency care for a family member in psychosis, despite several visits to Mercy Medical Center’s ER. It was described that Hill Country’s Mobile Crisis Team refused to travel to the person in crisis, reportedly due to their high level of agitation. ➤ A representative of NorCal OUTreach described reports of lack of affirming care for County LGBTQIA+ clients from front desk and direct care staff. ➤ Board Member David Kehoe thanked Rubin Cruse, Jr., for years of excellent service as County Counsel and offered congratulated on his upcoming retirement. ➤ A public commenter described the difficulties faced in finding emergency housing for a family member experiencing homelessness. A noted barrier is a lack of hotels willing to accept local individuals, and the high cost of hotels that will accept locals. ➤ A representative of NorCal OUTreach said that there are two issues: One being accessing care and navigating the system, the second being actually getting care. There is a problem with people engaging the system to get to appropriate care. 		
III. Board Member Reports	➤ None.		
IV. Consent Calendar	<ul style="list-style-type: none"> A. <u>Approval of Meeting Minutes</u> Board members will review minutes from the November 2, 2022 and November 22, 2022 meetings. B. <u>Teleconferencing Vote</u> Pursuant to Assembly Bill No. 361, Section 54953(e)(3), consider voting to facilitate continued Teleconferencing in the form of “hybrid” meetings. 	➤ The Consent Calendar was passed unanimously with eleven (10) Ayes, zero (0) Nays, and one (1) abstention.	➤ Motion: Samuel Major Second: Dale Marlar Abstention: Mary Rickert

V. Regular Calendar		➤ No action was taken.	
VI. Presentations	<p>A. Deputy Director Laura Stapp presented Shasta Triumph and Recovery (STAR) program data listed in the Director's Report.</p> <p>B. Clinical Program Supervisor Kimberly McKinney-Tighe presented on the Co-Occurring Recover Engagement (CORE) program for dually diagnosed County clients.</p> <p>C. Rubin Cruse, Jr., County Counsel, presented on MHADAB Powers & Duties.</p>		<p>➤ Deputy Director Laura Stapp</p> <p>➤ Clinical Program Supervisor Kimberly McKinney-Tighe</p> <p>➤ Rubin Cruse, Jr., County Counsel</p>
VII. Discussion Items	<p>A. Deputy Director Stapp shared an update on a newly available CalAIM Transportation Benefit. Information is listed in the Director's Report.</p> <p>B. Board members were invited to suggest future agenda topics for consideration.</p>		<p>➤ Deputy Director Laura Stapp</p> <p>➤ MHADAB Chair Ron Henninger</p>
VII. Adjournment		➤ Adjournment (7:40 p.m.)	➤ Motion: Dale Marlar Second: Heather Jones

Ron Henninger, Chair


Nicole Carroll, Secretary

MHSA: COMMUNITY PROGRAM PLANNING (CPP)

DEFINITION: Community Program Planning (CPP) is the state-mandated, community collaboration process that is used to: assess the current capacity, define the populations to be served and determine strategies to provide effective MHSA-funded programs that are: 1) Culturally Competent; 2) Client and Family-Driven; 3) Wellness, Recovery and Resilience-focused; and 4) Provide an Integrated Service Experience for Clients and their Families. *(See below for state code (CCR and WIC).)

PARTICIPANTS

1) Stakeholders

- a. Adults and Seniors with severe mental illness (SMI)
- b. Families of children, adults and seniors with SMI
- c. Providers of Mental Health and/or Related Services
- d. Law Enforcement Agencies
- e. Educators and/or Representatives of Education
- f. Social Services Agencies
- g. Veterans
- h. Representatives from Veterans Organizations
- i. Providers of Alcohol and Drug Services
- j. Health Care Organizations
- k. Other important Interests

2) **Underserved Participants** – Representatives of unserved and/or underserved populations and their family members.

3) **Demographic Diversity:** Reflecting the diversity of the demographics of the county, including but not limited to:

- a. Geographic Location
- b. Age
- c. Gender
- d. Race/Ethnicity

PROCESS

1) **Staffing** – The county shall designate positions and/or units responsible for the coordination and management of the CPP Process to include facilitating participation by the participants listed above.

2) **Training** for county staff and stakeholders as needed.

3) **Outreach** to clients with serious mental illness and/or serious emotional disturbance, and their family members, to ensure the opportunity to participate

4) **Local Review** process must occur prior to submitting 3-year plans and Annual Updates to include a 30-day public comment period followed by a public hearing. As part of this process, [the local MH/BH board/commission shall](#): a) Review & approve the procedures used to ensure citizen & professional involvement in all stages of the planning process; b) Review the adopted plan or update & make recommendations; c) Conduct MHSA Public Hearings at the close of 30-day public comment periods.

5) **Documentation:** MHSA 3-Year Plans and Updates must include a description of the local stakeholder process including:

- a. Date(s) of the meeting(s)
- b. Any other planning activities conducted
- c. Description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included
- d. Description of how stakeholder involvement was meaningful
- e. Dates of the 30 day review process
- f. Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan
- g. Date of the public hearing held by the local mental health board or commission
- h. Summary and analysis of any substantive recommendations received during the 30-day public comment period
- i. Description of substantive changes made to the proposed plan
- j. The local MH/BH agency must provide written explanations (in an annual report) to the governing body and DHCS for any substantive recommendations made by the [local MH/BH board/commission](#) that are not included in the final plan or update.



POLICY

See also: Mental Health Services Act Community Planning Process Procedure

CONDUCTING THE MENTAL HEALTH SERVICES ACT COMMUNITY PLANNING PROCESS IN SHASTA COUNTY

This policy delineates how Shasta County Health and Human Services Agency accesses stakeholder input in Mental Health Services Act (MHSA) planning.

1. The Mental Health Services Act Community Planning Process is a collaboration that adheres to California Code of Regulations § 3320 to plan, implement and evaluate Shasta County's Mental Health Services Act programs.
2. The Community Planning Process must reach out to people of all ages, ethnicities and socioeconomic backgrounds, mental health clients and family members, people who provide services to people with mental health challenges and substance use disorders, and people from all geographic regions of the county.
3. The Community Planning Process must occur throughout the year, in person and online, and at various locations.
4. The Community Planning Process must also incorporate regular communication with stakeholders, including through e-mail, websites, newsletters, social media, trainings and webinars.
5. Shasta County Mental Health Services Act staff must be trained in the Community Planning Process upon receiving an assignment to a position that is funded (in full or in part) by MHSA.



PROCEDURE

See also: Mental Health Services Act Community Planning Process Policy

CONDUCTING THE MENTAL HEALTH SERVICES ACT COMMUNITY PLANNING PROCESS IN SHASTA COUNTY

This procedure delineates how Shasta County Health and Human Services Agency accesses stakeholder input in Mental Health Services Act (MHSA) planning.

1. The Community Planning Process includes several standing committees and workgroups that actively involve a wide array of people and agencies, and their input helps guide the Health and Human Services Agency as it administers the Mental Health Services Act in Shasta County. These groups provide ideas and feedback for plans and updates, mental health policies, programs, budgets, and outreach and engagement efforts. These committees include:
 - a. **MHSA Stakeholder Workgroup:** The MHSA Stakeholder Workgroup meets quarterly and as needed, depending upon the needs of the Health and Human Services Agency in administering the Mental Health Services Act. The workgroup provides input for the planning, implementation and oversight of the Mental Health Services Act. Any community member, including consumers, family members, Health and Human Services Agency staff, peer support staff and any other interested individual, organization or agency are invited to attend. This meeting is the platform where priorities for each component of MHSA are established and decisions about how to implement, improve or expand programs are made. Meetings are announced via a press release, social media, outreach to community partners and e-mail to the Mental Health Services Act distribution e-mail list.
 - b. **Stand Against Stigma Committee:** This committee works to promote mental wellness, increase community awareness of mental health and end the stigma surrounding mental illness and substance abuse. The community-based committee supported by the Health and Human Services Agency meets monthly and is open to all interested members of the public.
 - c. **Suicide Prevention Workgroup:** The Suicide Prevention Workgroup is a local collaboration of community members and public and private agencies who focus on reducing suicide in Shasta County. This active workgroup discusses the progress being made in suicide prevention, as well as action planning, implementation and evaluation.



- d. **The Mental Health, Alcohol and Drug Advisory Board** also provides opportunities for discussion, education and input at its meetings, and liaisons are assigned to all of the above workgroups. This board is appointed by the Shasta County Board of Supervisors. A Mental Health Services Act update report is given at its regular bi-monthly meeting, and the board hears periodic presentations on Mental Health Services Act programs.
 - e. The Community Planning Process also engages people who are not able to attend meetings in person. This is done through social media, press releases, outreach to community partners and e-mail to the Mental Health Services Act distribution e-mail list on items that are impacted by MHSA funding.
2. The following items require input using the Community Planning Process:
- a. **MHSA Three-Year Plan and/or Annual Update:** Stakeholder review is required by statute through the Mental Health Services Act. Every year, Shasta County MHSA staff conduct a community program planning process to review community programs for the next year. The results of the community program planning process are incorporated into the Three-Year Plan or Annual Update. This is done through a widely distributed online survey, which is publicized through a press release, social media, outreach to community partners and e-mail to the Mental Health Services Act distribution e-mail list. Feedback is also solicited in person through community meetings, including meetings at the County's MHSA-funded wellness centers. The purpose of this outreach is to determine who is actively participating in the stakeholder process, what target populations and programs the community feels MHSA funding should be focusing on, how effective the Health and Human Services Agency is in meeting the essential elements of the Act, and what additional programming is needed, if funding allows. Survey results are included in the published Three-Year Plan and/or Annual Update, which is posted for public comment for at least 30 days, reviewed and approved after a Public Hearing at a publicly noticed Mental Health Advisory Board meeting, and reviewed and approved by the Shasta County Board of Supervisors in a public meeting.
 - b. Any new **Innovations project proposals** must also be reviewed through the process noted in item 3a.
 - c. Any other MHSA-funded project that has not been discussed during regular MHSA stakeholder meetings.
3. In addition to ensuring representation from the demographic groups required by the Mental Health Services Act, the Community Planning Process intentionally seeks feedback from people with the following experience:



- a. People who have severe mental illness
 - b. Families of children, adults, and seniors who have severe mental illness
 - c. People who provide mental health services
 - d. Law enforcement agencies
 - e. Educators
 - f. Social services agencies
 - g. Veterans
 - h. Providers of alcohol and drug services
 - i. Health care organizations
4. An updated list of organizations that are routinely included in Community Planning Process activities is included in the MHSA Three-Year Plan and/or Annual Update.
 5. Reports based on the demographic and other information collected from surveys throughout the year, including who is involved in the Community Planning Process, are also included in the MHSA Three-Year Plan and/or Annual Update.

What Are My Medi-Cal Choices?

This is a guidebook for people with disabilities and seniors who have Medi-Cal.



This guidebook explains the two kinds of Medi-Cal:
Regular Medi-Cal and Medi-Cal Health Plans.

This guidebook can help you choose
which kind of Medi-Cal is right for you.

Questions
and
Answers

If you would like this guidebook in another language or on cassette, CD, or Braille, please call **Health Care Options.**

Հայերեն ☎ 1-800-840-5032

Khmer ☎ 1-800-430-5005

粵語 ☎ 1-800-430-6006

English ☎ 1-800-430-4263

Hmoob ☎ 1-800-430-2022

한국어 ☎ 1-800-576-6883

國語 ☎ 1-800-576-6885

Русский ☎ 1-800-430-7007

Español ☎ 1-800-430-3003

Tagalog ☎ 1-800-576-6890

Việt ☎ 1-800-430-8008

1-800-576-6881 ☎ عربي

1-800-840-5034 ☎ فارسی



You can also get this guidebook online at <http://dhcs.ca.gov/MediCalChoices>

Contents




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This section explains Medi-Cal services.

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This section helps you choose which kind of Medi-Cal is right for you.

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38	Where to Find More Help and Information
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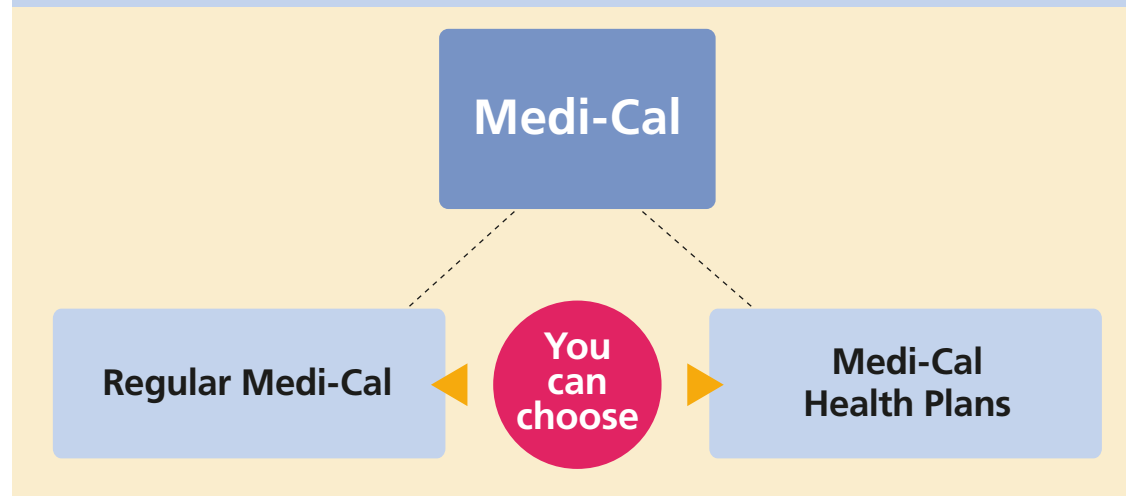
There Are 2 Kinds of Medi-Cal

Medi-Cal is a California health care program for many people with low incomes.

Many counties in California have 2 kinds of Medi-Cal. The 2 kinds are

1. Regular Medi-Cal.
2. Medi-Cal Health Plans.

Both kinds of Medi-Cal give you the same basic benefits.



You can choose which kind of Medi-Cal you want. With both kinds, you will get the same basic benefits and care. But the way that you get care may be different.

How Regular Medi-Cal Works

In Regular Medi-Cal, you must find your own doctors, pharmacies, and other providers. You must make sure that they take Regular Medi-Cal. The government pays the providers directly each time you visit them.

How Medi-Cal Health Plans Work

In Medi-Cal Health Plans, your Plan will help you find doctors, pharmacies, and other providers in the Plan's network. The government pays the Plan a fee each month to provide your care. You do not pay anything. Some Plans are insurance companies that also cover people who do not have Medi-Cal. Medi-Cal Health Plans are also called "Medi-Cal Managed Care Plans."



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The kinds of Medi-Cal in your county

Sarah's county has Regular Medi-Cal and Medi-Cal Health Plans.

To learn about the kinds of Medi-Cal in your county, see page 39.

Questions and Answers

Do I have to pay for a Medi-Cal Health Plan?

No. You do not have to pay anything for it.

If I do not like my Medi-Cal Health Plan, can I change back to Regular Medi-Cal?

Yes, you can change back at any time. To change, call **Health Care Options** at **1-800-430-4263**.


Is Medi-Cal the same as Medicare?

No. They are different health care programs, but some people have both of them. Medicare offers some added benefits. To learn if you qualify for Medicare, call the **Health Insurance Counseling and Advocacy Program (HICAP)** at **1-800-434-0222**. Or call **Medicare** at **1-800-633-4227**.

If you have both Medicare and Medi-Cal, this guidebook is not for you.



You Can Choose the Kind of Medi-Cal You Want



If you are not satisfied with your care, you can change the kind of Medi-Cal you have. See page 39 to learn about the kinds of Medi-Cal in your county.

- You can choose the kind of Medi-Cal you want if you qualify for Medi-Cal because you have a disability.
- You can choose your kind of Medi-Cal if you are 65 or older.
- People who qualify for Medi-Cal for other reasons usually do not have a choice.
- In order to choose, you must live in a county that has Regular Medi-Cal and Medi-Cal Health Plans.

Know Which Kind of Medi-Cal You Have Now

- Ask your doctor or pharmacist, or look at your membership card or cards.
- If you are in Regular Medi-Cal, you will have a white card. This is called your Beneficiary Identification Card (BIC).
- If you are in a Medi-Cal Health Plan, you will have a membership card with the name of your Plan on it. You will also have the white Regular Medi-Cal card.
- You can also call **Health Care Options** at **1-800-430-4263** to find out which kind of Medi-Cal you have.



Learn more about your choices

Leo was not sure if Regular Medi-Cal or a Medi-Cal Health Plan was right for him. After reading this guidebook, he learned more about his choices and decided to change to a Medi-Cal Health Plan.



Not everyone has a choice

Angela qualifies for Medi-Cal because of her disability. She can choose between Regular Medi-Cal and a Medi-Cal

Health Plan. People with disabilities and seniors can choose the kind of Medi-Cal they want. Most other people have to be in a Medi-Cal Health Plan.

Questions and Answers

When I first got SSI, I got Regular Medi-Cal. Can I really change?

Yes, you can change to a Medi-Cal Health Plan.

I have Regular Medi-Cal. Do I have to change?

No. If you want, you can change to a Medi-Cal Health Plan. But you do not have to change. This guidebook can help you decide what is best for you.

Do I have to pay anything to change?

No, you do not pay anything to change.

Will I lose my benefits if I change?

No, you will not lose your benefits if you change.

How do I change?

Call **Health Care Options** at **1-800-430-4263** and ask for an enrollment packet, or enroll over the phone.

How long does it take to change to a Medi-Cal Health Plan?

It takes up to 45 days to change. You should continue to go to doctors who take Regular Medi-Cal until you get the membership card for your new Plan.

How long does it take to change back to Regular Medi-Cal if I don't like my Medi-Cal Health Plan?

It takes up to 45 days to change back.



What Medi-Cal Covers



Both Regular Medi-Cal and Medi-Cal Health Plans pay for the same basic benefits. You must use doctors and other health care services that take your kind of Medi-Cal.

You Have These Basic Medi-Cal Benefits

- Doctor visits
- Hospital stays and surgery
- Hospital outpatient procedures and services, like MRIs and X-rays
- Emergency and urgent care, including emergency ambulance services
- Prescription drugs
- Procedures, like biopsies or having a colonoscopy
- Screening tests, like mammograms or cholesterol blood tests
- Preventive care, like vaccines, check-ups, and family planning
- Physical, occupational, and speech therapy
- Pregnancy tests and pre-natal care
- Durable medical equipment (DME), like a walker or wheelchair
- Long-term care
- Transportation, in limited cases
- Dental care for people under age 21 (Call **Denti-Cal** at **1-800-322-6384**.)
- Some mental health care (For details, call your County Mental Health Department. The phone number is on your county-specific information, beginning on page 39.)



Basic benefits are always covered

Mary has high blood pressure. Both kinds of Medi-Cal cover doctors appointments and her blood pressure medicine.

Questions and Answers

Can I get all of the benefits that are listed on page 6?

You can get a benefit when you have a medical need for it. This means that you need the service to prevent or treat a health problem. Usually your doctor decides what services you need. Both kinds of Medi-Cal must approve some treatments and services before you can get them. This is called pre-approval.

If the basic benefits are the same, why does it matter which kind of Medi-Cal I choose?

It matters because some of the rules for getting care are different. Also, Medi-Cal Health Plans offer extra services. They help you find doctors, coordinate your health care, and offer health education programs.

Do benefits ever change?

Yes. Benefits can change. Call **Health Care Options** at **1-800-430-4263** if you have questions.

Are all Medi-Cal Health Plans the same?

No. Different Plans have different providers and different lists of approved drugs. To learn more about the Plans in your county, look at your county-specific information, beginning on page 39.

Costs

In both kinds of Medi-Cal your care is free. But prescription drug costs may be different.

Costs of Doctor Appointments and Hospital Care

- If you have Medi-Cal because you are a person with a disability or a senior, you usually do not pay anything for your health care. Your providers cannot bill you for your appointments.
- Most people with disabilities and seniors do not have share-of-cost Medi-Cal. Share-of-Cost is for people who have more money. This guidebook is not for people who have share-of-cost Medi-Cal.

Prescription Drug Costs

- If you are in Regular Medi-Cal, a pharmacy may charge you \$1 for covered drugs. If you cannot pay \$1, you don't have to. In this case, the pharmacy should not charge you anything for the drug.
- If you are in a Medi-Cal Health Plan, you do not pay anything for covered drugs.
- For more information on prescription drugs, see page 14.

Paying for prescription drugs

Willie is 78 years old and has Regular Medi-Cal. He pays \$1 for each of his prescriptions. His neighbor is in a Medi-Cal Health Plan and does not pay anything for prescriptions.



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Questions and Answers

Make sure that you do not have to pay

Ana has Regular Medi-Cal. She went to a new doctor. They made a copy of her Medi-Cal card. They did this so that they could send the bill to Medi-Cal instead of to Ana.



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How to Avoid Getting a Bill

- Know which kind of Medi-Cal you have.
- Before you get any service, ask if they take your kind of Medi-Cal. For example, ask before you fill a prescription, go to the doctor, or have a test.
- Always show your Medi-Cal card or cards to your provider.

What if I get a bill from a doctor in my Medi-Cal Health Plan?

The law says that providers in your Plan cannot send you a bill. If you get a bill, it is a mistake and you should not pay it. Call your Plan and explain the problem—they will help you.

What if I get a bill from a doctor and I am in Regular Medi-Cal?

The law says that Medi-Cal providers cannot bill you for services covered by Medi-Cal. If you get a bill, it is a mistake and you should not pay it. Call your provider and ask if they need a copy of your Medi-Cal card.

Why do I need prior authorization for some medicines?

Some medicines need authorization before Medi-Cal will pay for them. Ask your doctor or pharmacist to send an authorization form to Medi-Cal. Or ask your doctor if another medicine would work for you.

Doctors and Other Providers You Can Use

A provider is a doctor or another professional who offers medical care. Specialists, hospitals, clinics, pharmacies, labs, medical supply stores, and therapists are examples of providers.

Your Primary Care Doctor

Your main doctor is called your primary care doctor or Primary Care Provider (PCP). This doctor gives you most of your care. Over time, your doctor gets to know you and your health care needs.

- In Regular Medi-Cal, you can have a primary care doctor, but you do not have to have one. You usually find this doctor on your own.
- In Medi-Cal Health Plans, you must have a primary care doctor. Your Plan can help you find a doctor.
- In Medi-Cal Health Plans, your doctor helps you get the services you need, like referrals to specialists, medical equipment, and prescription drugs.
- You can change your doctor if you want to, in both kinds of Medi-Cal.
- If you want to try a new doctor, you can call his office and ask questions before you make a decision.

Seeing a specialist

Hannah qualifies for Medi-Cal because she has AIDS. Her primary care doctor gave her a standing referral to see an AIDS specialist in her Medi-Cal Health Plan.



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Which Providers Can You See?

- If you are in Regular Medi-Cal, you must see providers who accept Regular Medi-Cal. If you have a primary care doctor, this doctor can help you find other providers.
- If you are in a Medi-Cal Health Plan, you must see providers in the Plan. Your primary care doctor must give you a referral. You can get a Provider Directory for each Plan. Call the Plan or call **Health Care Options** at **1-800-430-4263**. Regular Medi-Cal does not have provider directories.
- If you have providers you like, ask them which kinds of Medi-Cal they take.

How to Find a Specialist

In both kinds of Medi-Cal, it can be hard to find specialists. Also, there may be long waiting lists.

In a Medi-Cal Health Plan, if you have trouble finding a specialist, your Plan must help you find one.

Remember, before you see a specialist, you may need to get pre-approval. Check with your doctor or your Medi-Cal Health Plan.

To get the names of specialists,

- Ask your doctor.
- Ask at a hospital or clinic.
- Ask your Medi-Cal Health Plan.

Questions and Answers

Can I keep my doctor if I join a Medi-Cal Health Plan?

You can only keep your doctor if she is in your Medi-Cal Health Plan's network.

What if I want to see a provider who is not in my Medi-Cal Health Plan?

Almost always, you will have to see a provider in your Plan first. Then, if you still want to see a provider outside your Plan, you need to get pre-approval from your Health Plan before seeing that provider.

What is a Provider Directory?

A Provider Directory is a booklet that lists all of the doctors in a Plan. It has primary care doctors and specialists in it. Most Provider Directories have addresses, phone numbers, hours, and languages spoken for each doctor. Some list if they are taking new patients and how accessible they are. Each Plan has its own Provider Directory.



Emergencies and Urgent Care



In an emergency, call 9-1-1 or go to any hospital Emergency Room. Do this, no matter which kind of Medi-Cal you have.

Emergency Care

- An emergency is when you think your health is in serious danger and you need care right away.
- Examples of emergencies are a bad injury, severe pain, a sudden serious illness, or a psychiatric emergency.

Urgent Care

Urgent care is care that you need soon, usually within 24 hours. For example, you might need urgent care for a high fever, an earache, a sprain, or a minor burn.

- If you need urgent care, you should call your doctor's office. If you have a Medi-Cal Health Plan, you may be able to call a 24-hour advice nurse.
- If you are traveling away from home, call your doctor's office and ask what to do. If you cannot reach your doctor, go to the nearest clinic or urgent care center. Both kinds of Medi-Cal cover urgent care away from home.

Questions and Answers

What if I have an emergency while I am in another county or state?

With both kinds of Medi-Cal, you can get emergency care anywhere in the U.S.

- Go to the nearest hospital emergency room.
- Show your Regular Medi-Cal card, if you have one.
- If you are in a Medi-Cal Health Plan, show that card too. If you are hospitalized, call your Plan as soon as possible.

What if I need follow-up care after I get emergency or urgent care?

Go to your primary care doctor for follow-up care. If you are traveling, call your doctor or your Medi-Cal Health Plan and ask what to do.



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Do you need emergency care or urgent care?

Joseph hurt his arm, but his dad was pretty sure it was not broken. His dad called the doctor, and the doctor had them come in later that day.

Joseph did not go to the emergency room because his problem was not life-threatening. He needed urgent care, not emergency care.

Prescription Drugs

Medi-Cal covers many prescription drugs and some over-the-counter drugs.

Your Preferred Drug List

You must get drugs from a list of preferred drugs, called a formulary. Regular Medi-Cal has a list. Each Medi-Cal Health Plan has its own list. To see the list, ask your doctor, pharmacist, or Medi-Cal Health Plan.

The drugs on the list may change. A committee of doctors and pharmacists reviews the list. This committee may remove or add drugs because medical guidelines or drug costs change.

If you need a drug that is not on the list or was removed from the list, your doctor must ask for authorization. Then, Regular Medi-Cal or your Medi-Cal Health Plan must approve the drug or one that is similar.

Your Pharmacies

You must use pharmacies that accept the kind of Medi-Cal that you have. Many local pharmacies accept both kinds of Medi-Cal.

Most Medi-Cal Health Plans offer delivery and mail-order services for some prescriptions.

Using a local pharmacy

Lin wants to join a Medi-Cal Health Plan, so she is asking her local pharmacy if they take the Plan. They said they do, so now Lin knows that she can change to the Plan and keep using this pharmacy.

Lin wants to keep this pharmacy because she gets her over-the-counter medicines here. Her pharmacist can tell her if these medicines are safe to take with her prescription drugs.



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Some medicines need authorization

The pharmacist told John that his medicine was not covered any more. John asked the doctor to fill out an authorization form. After

his doctor sends the form to the Plan, authorization should take no more than 2 business days.

Make Sure Your Drugs Are Covered by Medi-Cal

- When your doctor prescribes a drug, ask if it is covered and if it needs authorization. Some drugs need authorization, even if they are on the preferred list.
- Use a pharmacy that takes your kind of Medi-Cal.
- If the pharmacist says your drug is not covered, you can ask for a free emergency supply. Then, ask your doctor to fill out an authorization form so that you can get the rest of the prescription.

Drug Safety Tips

- When you pick up a prescription, make sure it is the correct one.
- You can ask for directions on how to take your medicine in large print or in your language.
- Tell your doctor if you have side effects from a drug.

Questions and Answers

Will I have to pay for drugs?

If you are in Regular Medi-Cal, a pharmacy may charge you \$1 for covered prescriptions. If you cannot pay \$1, the pharmacy should not charge you anything for the drug. In Medi-Cal Health Plans, pharmacies cannot charge you anything for drugs.

How many drugs can I get?

In Regular Medi-Cal, you can get at least 6 prescriptions each month. In many Medi-Cal Health Plans, there is usually no limit on prescriptions. In both kinds of Medi-Cal, your doctor can ask for authorization for more prescriptions, if necessary.

Are generics the same as brand-name drugs?

Usually, generics work the same as brand-name drugs. Very rarely, people have a problem with a generic drug. If this happens to you, you can ask for authorization to use the brand-name drug.

Supplies and Equipment

Medi-Cal covers medical supplies and equipment. You must get pre-approval from Regular Medi-Cal or your Medi-Cal Health Plan before you can get some supplies and equipment.

Medical Supplies

Medical supplies are usually used once and then thrown away. Examples are bandages or syringes for injections.

Durable Medical Equipment (DME)

Durable medical equipment is usually used many times. Examples are respirators, walkers, canes, wheelchairs, and adjustable beds.



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Getting medical equipment

When Edward got out of the hospital, he needed a walker. When he was still in the hospital, his doctor gave him a prescription for the walker and told him where to get it. Edward called the store and got the walker without a problem.

Questions and Answers

Can I go to any medical supply store?

You must use a medical supply store that takes your kind of Medi-Cal. If there is a store you like, ask which kinds of Medi-Cal it takes. If you have a Medi-Cal Health Plan, ask your Plan which stores you can use.

I need some expensive equipment. How can I get Medi-Cal to pay for it?

Usually, your doctor will refer you to a rehab clinic or an occupational therapist. They will evaluate you and recommend the best kind of equipment. The doctor will write a Treatment Authorization Request (TAR). Then Regular Medi-Cal or your Medi-Cal Health Plan will decide whether to approve or deny the equipment. If you have a problem, see page 32.



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Finding medical supplies and equipment

José was thinking about joining a Medi-Cal Health Plan. He asked several medical supply stores if they took the Plan. He also called the Plan and asked about the process for approving equipment.



Mental Health Care



In both kinds of Medi-Cal, your primary care doctor may provide some mental health care services and help you find other services you need. If you have serious mental health problems, you will usually get services from your County Mental Health Department.

Your Primary Care Provider's Role in Mental Health Care

Your main doctor may be able to help you with some mental health problems. For example, your main doctor is able to prescribe medicine for common mental health conditions such as depression and anxiety. If your problem is more serious, your doctor may refer you to your County Mental Health Department.

To find mental health providers in either kind of Medi-Cal, ask your primary care doctor for a referral. If you are in a Medi-Cal Health Plan, you can also ask your Plan.

Your County Mental Health Department's Role in Mental Health Care

Your County Mental Health Department will help you with serious mental health problems that primary care doctors do not normally treat.

- You must contact your County Mental Health Department for services. The phone number is on your county-specific information, beginning on page 39. You will still have Medi-Cal, and your benefits will stay the same.
- If you have difficulty getting County Mental Health services in either kind of Medi-Cal, call the **Medi-Cal Mental Health Care Ombudsman** at **1-800-896-4042**. You can also ask your Medi-Cal Health Plan to help you.



Take care of all of your health care needs

David has bipolar disorder, high blood pressure, and high cholesterol. He sees a psychiatrist from his County Mental Health Department who prescribes medicines to treat his bipolar disorder. For his high blood pressure and high cholesterol, he sees his primary care doctor in his Medi-Cal Health Plan.

Finding Mental Health Providers

- To find a provider, ask your primary care doctor.
- If you are in a Medi-Cal Health Plan, you can ask the Plan.
- If you have Regular Medi-Cal, ask your County Mental Health Department for a list of mental health providers who take Regular Medi-Cal.

Questions and Answers

My pharmacy said that the drug my county psychiatrist prescribed is not on my Medi-Cal Health Plan's list of preferred drugs. What can I do?

Ask your pharmacist to check the Regular Medi-Cal preferred drug list instead of your Health Plan's list. If your drug is on the Regular Medi-Cal list, you can get it. If it's not on the list, the pharmacist can ask your psychiatrist if he can prescribe another drug. If you need a drug that is not on the list, the pharmacist should fill out a Medi-Cal authorization form for the drug. Ask your pharmacist for a free emergency supply while you are waiting.

I get my mental health care from the county. Why does it matter if I have Regular Medi-Cal or a Medi-Cal Health Plan?

It matters because your other health care needs are also important. Choose the kind of Medi-Cal that will help you get the providers and care you need. Look for a primary care doctor who can help you take care of your other health needs.

I have been depressed. How can I see a therapist?

Go to your primary care doctor and ask for a referral.

How can I make sure that the drugs I get from different providers will not have bad interactions?

Tell each provider all the medicines, herbs, and vitamins you are taking. Always go to the same pharmacy so they can check for interactions.

Home Health Care and Nursing Homes

Both kinds of Medi-Cal cover some home health care and nursing health care. Long-term care in a nursing home that lasts more than 60 days is usually covered under Regular Medi-Cal, not by the Medi-Cal Health Plan. If you need long-term care that lasts more than 60 days, you will remain in Regular Medi-Cal or your Medi-Cal Health Plan will change you back to Regular Medi-Cal.

Home Health Care

Home health care is health care that is provided in your home by nurses, home health aids, and others. You may also get physical therapy and other kinds of therapy at home.

You may also need personal care at home. In-Home Supportive Services (IHSS) helps with personal care, such as bathing, getting dressed, and changing bandages. Both kinds of Medi-Cal will help you get IHSS.

Nursing Home Care

Both kinds of Medi-Cal cover care of less than 60 days in a nursing home. If you need care in a nursing home for more than 2 months, your Medi-Cal Health Plan will usually change you to Regular Medi-Cal.

Getting nursing home care

Patricia had a mild stroke. She will need to be in a nursing home for a few weeks after she gets out of the hospital. Patricia has a Medi-Cal Health Plan, so her doctor referred her to a nursing home in her Plan.



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Questions and Answers

What if I need to be in a nursing home for a few weeks? Is this covered in a Medi-Cal Health Plan?

Yes. And you can also talk to your primary care doctor about getting help at home. That way you may not need to go to a nursing home.

What if I need ongoing care?

If you need care in a nursing home for more than 2 months, your Medi-Cal Health Plan will usually change you to Regular Medi-Cal.



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Home health care

Sherry just came home from the hospital, and needs to use a wheelchair for several months. Her Medi-Cal Health Plan approved an occupational therapist to come to her home and help her learn to take care of herself while in a wheelchair.



Health Education


Health education programs can help you prevent and manage health problems.

- Some doctors and clinics in Regular Medi-Cal offer health education classes.
- All Medi-Cal Health Plans offer free health education programs. To learn more about health education services, call the Medi-Cal Health Plans in your county. See page 39.

Health Education Topics

Medi-Cal Health Plans offer free programs. These may include programs that help you learn how to

- Eat well and exercise safely.
- Manage asthma or diabetes.
- Lose weight in a healthy way.
- Manage chronic pain.
- Control blood pressure or cholesterol.
- Quit smoking.
- Prevent drug and alcohol problems.



Taking a health education class

Tanya has diabetes. Her Medi-Cal Health Plan offered a class on cooking healthy food. Tanya got lots of recipes she can use at home. Now she is eating the right foods and feels much better.

Different Ways to Learn

Medi-Cal Health Plans offer a variety of health education services, which may include

- Classes at clinics and hospitals.
- Booklets, audiotapes, CDs, DVDs, and videotapes that you can use at home.
- Health experts you can talk to, in person or by phone.
- Support groups where people learn from each other and help each other.
- Advice nurses you can talk to on the phone.

Questions and Answers

I have high blood pressure. Could health education help me?

Yes. For example, you could take a class on managing high blood pressure, reducing stress, healthy eating, or weight management.

How can I get help to stop smoking?

Ask your doctor or your Medi-Cal Health Plan. Medi-Cal Health Plans have classes or resources to help you stop smoking.

How can I get help for a drinking problem?

Ask your doctor to refer you to a local drug or alcohol treatment program. If you are in a Medi-Cal Health Plan, your Plan must help you find a treatment program. Some programs are free, but there may be a waiting list.



Care for Children with Special Needs

Most children with Medi-Cal must be in a Medi-Cal Health Plan. But if your child qualifies for Medi-Cal because of a disability or special health care need, you can choose the kind of Medi-Cal you want for your child.

Your Child's Doctor

In both kinds of Medi-Cal, your child can have a primary care doctor. This helps your child get physical exams, shots, and other care to help prevent problems. Regular care helps prevent problems and keeps your child as healthy as possible. Your child's doctor will do a physical exam and check your child's hearing, vision, and dental needs.

- If you have Regular Medi-Cal, you can ask your hospital or clinic to recommend a doctor for your child.
- In Medi-Cal Health Plans, your Plan will help you find a doctor for your child.

Finding specialists for children

Jasmine is 8 years old and has severe asthma. Her mom changed Jasmine to a Medi-Cal Health Plan. Before choosing a Plan, her mom called the Plan to make sure that they have a children's lung specialist. She called the specialist and asked how long it would take to get an appointment. She found out that Jasmine could get an appointment more quickly than in Regular Medi-Cal, so she made the change.

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California Children's Services (CCS)

CCS offers special services for children with some disabilities and special health care needs. If your child is in Regular Medi-Cal and changes to a Medi-Cal Health Plan, your child still gets CCS services and sees CCS providers. Your child's Medi-Cal Health Plan will work with CCS.

CHDP and EPSDT Programs (Child Health and Disability Prevention Program, and Early Periodic Screening, Diagnosis, and Treatment Program)

These programs provide preventive health services for children with Medi-Cal. Follow-up care to prevent problems is also covered. Children from birth to age 21 may receive these services in both kinds of Medi-Cal.

If your child needs to travel to get a treatment, EPSDT can pay for travel and housing. It can also pay for an attendant to travel with the child—if the attendant is not a family member.

Questions and Answers

Does my child need to have the same kind of Medi-Cal that I have?

No. However, it may be more convenient for you if you both have the same kind of Medi-Cal.

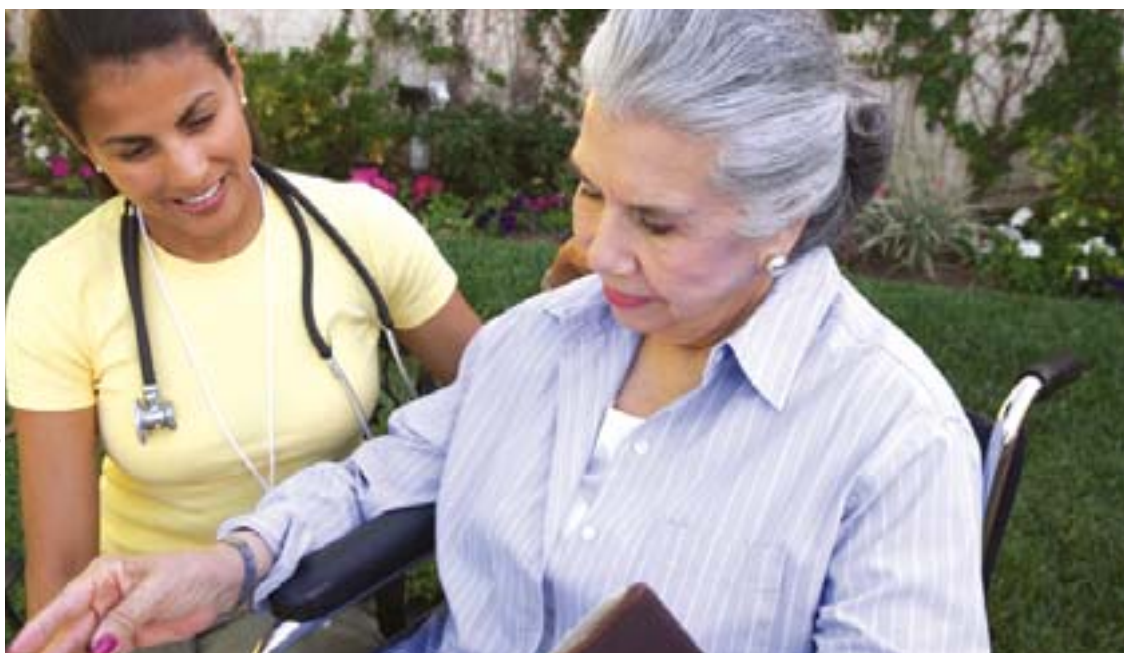
My child has Regular Medi-Cal, and I really like her clinic. Can she still go there if I enroll her in a Medi-Cal Health Plan?

Ask the clinic. Many clinics take both kinds of Medi-Cal.

Care for Adults Age 65 and Older

If you are 65 or older, this guidebook can help you decide which kind of Medi-Cal is best for you.

When you turn 65, you may qualify for some new programs, like Medicare. This chapter explains some of these programs.



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Using a care coordinator

Monica is 77 years old and was recently diagnosed with Alzheimer's disease. She is in a Medi-Cal Health Plan. Her doctor asked the Plan to provide a care coordinator. This is someone who helps patients get the services and medicines they need.

You May Qualify for Medicare at Age 65 (or If You Have a Disability)

- If you get Medicare, you can keep your Medi-Cal. Medi-Cal will pay for some services that Medicare does not cover, like skilled nursing home care for chronic conditions.
- To find out if you qualify for Medicare, ask your Medi-Cal eligibility worker or call **HICAP** at **1-800-434-0222**. HICAP counselors can talk to you on the phone or face-to-face. Their services are free. You can also call **Medicare** at **1-800-633-4227**.

Questions and Answers

Are Medi-Cal Health Plans and Medicare Advantage Plans the same?

No. A Medicare Advantage Plan is a different kind of Plan. It is for people with Medicare.

What is a Special Needs Plan for dual eligibles?

Special Needs Plans for dual eligibles serve people who have both Medi-Cal and Medicare. They provide extra services to meet the needs of people with disabilities and seniors. To learn more, call **HICAP** at **1-800-434-0222**, or call **Medicare** at **1-800-633-4227**.

What are PACE programs?

PACE stands for Program of All-inclusive Care for the Elderly. It helps older adults who qualify for nursing homes get care in their own home. For more information, call **1-888-633-7223**.

What is a SCAN?

SCAN stands for Senior Care Action Network. It provides services to older adults eligible for both Medi-Cal and Medicare. SCAN is only available in Los Angeles, Riverside, and San Bernadino counties. For more information, call **1-877-452-5898**.



If you do not speak English, you can look for doctors who know your language. Or you can have a trained interpreter at your medical appointments. Trained interpreters have learned to translate medical information correctly. Also, they must keep your information private.

Finding Interpreters and Translated Materials

- Both kinds of Medi-Cal should provide interpreters. They should also provide forms and directions in your language. However, it may be easier to get these services in a Medi-Cal Health Plan.
- If you are in Regular Medi-Cal, call your doctor before your appointment to ask for an interpreter. Some community clinics offer many language and interpreter services.
- Medi-Cal Health Plans must provide and pay for interpreters for most languages that their members speak. This includes American Sign Language. A Plan might have doctors who speak your language. If it doesn't, it must pay for an interpreter. A Plan must also provide forms in your language, like health history and consent forms.

Sign language services



Eric is Deaf. He called his Medi-Cal Health Plan using the TTY Relay Service and asked for a trained interpreter to come to his doctor appointments. If Eric had Regular Medi-Cal, he would have to work directly with his doctor's office to get an interpreter.





Find a doctor who speaks your language

Lan's mom speaks Chinese. She wanted a doctor who could talk to her in Chinese about Lan's special health

care problems. Both Lan and her mom really like Dr. Chiang.

If you are in a Medi-Cal Health Plan, you can ask the Plan to help you find a doctor who speaks your language.

Questions and Answers

What if I get to my doctor appointment and the interpreter is not there?

Ask for a telephone or video interpreter. Also, make sure that you are on time for your appointments. The interpreter may not wait if you are late.

My doctor's office will not get an interpreter for me. What can I do?

If you are in a Medi-Cal Health Plan, you can file a complaint with your Plan. See page 32. If you still have a problem, call the **Medi-Cal Managed Care Ombudsman** at **1-888-452-8609**.

When I go to the doctor and my child is with me, the doctor sometimes asks her to interpret for me. Is that OK?

No. The doctor should provide an interpreter so that he can talk to you directly.

Do I need to ask for an interpreter each time I make an appointment?

Ask your doctor to put it in your medical file. However, it's a good idea to remind the staff each time you make an appointment.

Can I get this guidebook in large print or cassette?

Yes. You can also get it on CD and Braille. Call **Health Care Options** at **1-800-430-4263**.

Using Services If You Have a Disability

If you have a disability, you may need one of the following services, called “access services.” Some examples are

- A ramp into the building.
- An exam table that lowers.
- Information in large print, Braille, or audio.
- Longer appointments.
- Experienced staff who can help move you from a wheelchair to the exam table.

In both kinds of Medi-Cal, you have a right to services and support to help you get health care. Your doctor or clinic should help you find these services. If you are in a Medi-Cal Health Plan, the Plan must help you find these services.



Access at the clinic

Rachel wanted to go to a clinic with ramps, wide hallways, and big bathrooms, so that she could get around in her wheelchair. She asked her Medi-Cal Health Plan to find a clinic. They did, and now it is much easier for her to go to her appointments.

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Equipment at the clinic

Jane asked her Medi-Cal Health Plan to suggest a doctor who had an exam table that could be raised and lowered. Her Plan gave her

the names of 2 clinics that might work for her. She called both clinics and found that one had the exam table she needed.

Finding the Disability Services You Need

- Talk to your doctor about your needs. Make sure they are listed in your medical chart. Ask your doctor to try to refer you to specialists and labs that you can use.
- Some Medi-Cal Health Plans can give you the names of providers who have the services you need and experience with your disability. You can also ask your Plan for a care coordinator to help you get the services you need.
- Call providers before your first visit and make sure that they can meet your needs.

Questions and Answers

I stopped going to my doctor because I can't get onto his exam table. Will it be any better in a Medi-Cal Health Plan?

It may be better, because your Plan should find you a provider with an exam table you can get onto. Be sure to tell your doctor what you need and remind the clinic before each appointment. If you have a problem, see page 32.

I have diabetes and my vision keeps getting worse. Can I get forms in big print?

Both kinds of Medi-Cal must provide some forms in big print. Examples include medical history and consent forms.

Can I get this guidebook in other formats?

Yes. Call **Health Care Options** at **1-800-430-4263**.



If You Have a Problem with Your Health Care Services

If you have a problem with your Medi-Cal services, try to talk it over with your doctor. If you are in a Medi-Cal Health Plan, talk to your Plan. If this doesn't work, you can file a complaint.

If You Are in a Medi-Cal Health Plan

If you have a problem, you can call your Medi-Cal Health Plan and file a complaint over the phone. If you think your problem is medically urgent, ask for an expedited appeal. This means that your complaint is handled quickly.

- Every Plan has a customer service office to help people.
- If you have a problem, you can get more help in a Plan than in Regular Medi-Cal.
- If you are not satisfied with your Plan's response, you can call the **Medi-Cal Managed Care Ombudsman** at **1-888-452-8609**. Call between 8 am and 5 pm. Your call is free and help is offered in many languages. They can help you talk to your plan and get a State Hearing, if you need one.
- You can also call the state's health plan **Help Center** at **1-888-466-2219**. They can help you file a complaint or ask for an Independent Medical Review. This is a review of your problem by one or more doctors who are not in your Plan. Your Plan must do what these doctors decide.

Ask for a Medi-Cal State Hearing in Both Kinds of Medi-Cal

With both kinds of Medi-Cal, you can ask for a Medi-Cal State Hearing. You can ask for this hearing if Medi-Cal denies, reduces, or stops a service. This hearing is a review of your problem by the State. Call **Medi-Cal State Hearing** at **1-800-952-5253**.

If Medi-Cal reduces or stops a service you are getting and you ask for a State Hearing, Medi-Cal will continue to pay for the service until the State Hearing is done.

If you have a problem with your Medi-Cal Health Services

Emilia's Plan would not pay for a treatment that her doctor recommended. She called her Plan and was able to solve the problem over the phone. If Emilia had not solved the problem, she could have filed a formal complaint over the phone.



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Questions and Answers

I cannot get the health care service I need. Is there anyone I can talk to?

First, talk to your doctor. If you are in a Medi-Cal Health Plan, call the Plan's customer service number on your membership card. In both kinds of Medi-Cal, you can also ask for a **Medi-Cal State Hearing** by calling **1-800-952-5253**. You can also call one of the community groups on page 38 for help.

Can I complain if I think I received poor care or could not get an appointment soon enough?

Yes. You can complain if you have any problem related to care or service.

Decision Checklists



The questions below can help you decide which kind of Medi-Cal is right for you. Check the questions that are important to you.

Ask for More Information

To help decide which kind of Medi-Cal would be best for you, ask for more information.

- Do you have a doctor or other provider you like?
Ask them which kinds of Medi-Cal they take.
- Do you take any prescription drugs?
Ask the Medi-Cal Health Plans in your county if your drugs are on their preferred lists.
- If you have a disability, do you know providers with accessible offices and equipment?
Ask them which kinds of Medi-Cal they take.
- Do you want to compare Medi-Cal Health Plans in your county?
Call **Health Care Options** at **1-800-430-4263**.
Or look at your county-specific information, beginning on page 39.
- Do you want to learn more about the laws that all Medi-Cal Health Plans must follow?
Call the state's health plan **Help Center** at **1-888-466-2219** or go to www.dmhc.ca.gov. The Help Center is open 24 hours a day, every day, and offers free help in many languages. It is part of the California Department of Managed Health Care (DMHC), which makes sure that health plans follow California laws.

This list can help you decide which kind of Medi-Cal is right for you. Check the reasons that are true for you.

Reasons to Stay in Regular Medi-Cal

- I am going to move out of my county soon.
- I have a doctor I like and she is not in a Medi-Cal Health Plan.
- I have other providers I like and they are not in a Medi-Cal Health Plan.
- I prefer to find specialists on my own.
- I am in a nursing home.

Reasons to Enroll in a Medi-Cal Health Plan

- I want help finding doctors, specialists, and other providers.
- I want a list of doctors and other providers I can go to.
- I want help getting interpreters and information in my language.
- I want help finding care that is accessible to me.
- I want help if I need to file a complaint or an appeal.
- I want help coordinating my care.



How to Enroll in, Change, or Leave a Medi-Cal Health Plan



How to Enroll in a Medi-Cal Health Plan

To enroll in a Medi-Cal Health Plan, call **Health Care Options** at **1-800-430-4263**. You can enroll over the phone or you can ask for an enrollment form.

1. If you need help filling out the form, call **Health Care Options**. You can also ask if **Health Care Options** will be giving a presentation in your area so that you can learn more.
2. When you fill out the form, you must choose a Medi-Cal Health Plan. If you want, you can also choose your primary care doctor by using the Provider Directories. (If you do not choose a doctor, the Plan will choose one for you. You can change your doctor later, if you want.)
3. Mail the form back to **Health Care Options**.
4. In 15 to 45 days, your new Medi-Cal Health Plan will send you a membership card and a list of all the providers in the Plan. Make sure to keep your white Medi-Cal card, too. You will need it for some services.
5. Use Regular Medi-Cal providers until you get your new Plan membership card.

How to Leave or Change Your Medi-Cal Health Plan

Returning to Regular Medi-Cal is called disenrolling. To disenroll, ask **Health Care Options (1-800-430-4263)**. You can disenroll over the phone, or you can ask them to send you a disenrollment form.

To change to a different Medi-Cal Health Plan, ask **Health Care Options (1-800-430-4263)** to mail you a Medi-Cal Choice Form. Or, you can change over the phone.



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Enrolling in a Medi-Cal Health Plan

Kiran was in Regular Medi-Cal. After she read this guidebook, she wanted to change to one of the Medi-Cal Health Plans in her county. Kiran called Health Care Options, and they sent her an enrollment packet. She filled it out and mailed it in. In less than 45 days, she got her

membership card for her new Plan. Kiran did not have to pay anything to do this. Kiran could have changed over the phone with Health Care Options, but she wanted to fill out the paperwork herself.

Questions and Answers

Do I still have Medi-Cal while I am waiting for my enrollment in a Medi-Cal Health Plan to be complete?

Yes. You should still use your white Regular Medi-Cal card and your same providers until you receive a membership card for your Medi-Cal Health Plan.

Does it cost me anything to change?

No, it does not cost you anything to change from Regular Medi-Cal to a Medi-Cal Health Plan. If you decide to change back to Regular Medi-Cal, that will not cost you anything either.

Can I change the kind of Medi-Cal I have at any time of the year?

Yes, you can change the kind of Medi-Cal you have at any time.

Where to Find More Help and Information



Government Resources

Department of Managed Health Care (DMHC) Help Center

Help if your Medi-Cal Health Plan denies the services you need.

1-888-466-2219

TTY: 1-877-688-9891

www.dmhc.ca.gov

Medi-Cal Managed Care Ombudsman

Help if you have a problem you cannot solve with your Medi-Cal Health Plan.

1-888-452-8609

Medi-Cal Mental Health Care Ombudsman

Help with Medi-Cal mental health care services.

1-800-896-4042

TTY: 1-800-896-2512

Health Care Options

Information and help to enroll in, change, or leave a Medi-Cal Health Plan.

1-800-430-4263

TTY: 1-800-430-7077

www.healthcareoptions.dhcs.ca.gov

Medi-Cal State Hearing

This is where you file an appeal if Regular Medi-Cal or your Medi-Cal Health Plan denies the services you need.

1-800-952-5253

TTY: 1-800-952-8349

Denti-Cal

Dental services for people with Medi-Cal under age 21.

1-800-322-6384

TTY: 1-800-735-2922

Medicare

The national Medicare number and website.

1-800-633-4227

TTY: 1-877-486-2048

www.medicare.gov

Community Groups that Can Help You

Health Consumer Alliance

Consumer assistance for 13 California counties.

www.healthconsumer.org

HICAP (Health Insurance Counseling & Advocacy Program)

Free help for people with Medicare, or people with both Medicare and Medi-Cal. Call for telephone help or to set up a free face-to-face meeting with a HICAP counselor.

1-800-434-0222

www.calmedicare.org

Legal Aid

Legal aid programs often provide assistance with Medi-Cal problems.

1-800-551-5554

Protection & Advocacy, Inc.

Free information and advice on Medi-Cal rights for children and adults with disabilities.

1-800-776-5746

TTY: 1-800-649-0154

To the reader

We wrote this guidebook to help you learn more about your Medi-Cal choices. Please remember that Medi-Cal information changes often. Information in this guidebook may become out of date or incorrect. To learn more about a Medi-Cal Health Plan, please talk to a representative from that Plan. For medical advice, talk to your health care provider. For legal advice, talk to lawyers and advocates. The California Department of Health Care Services and the developers and the advisors for this guidebook cannot be held responsible for any direct or indirect damages that result from using this guidebook or any information in it.

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This guidebook was developed by Health Research for Action at the University of California, Berkeley, for the California Department of Health Care Services. For more information about Health Research for Action, please contact:

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Youth Screening Tool for Medi-Cal Mental Health Services

The Youth Screening Tool for Medi-Cal Mental Health Services is required for use when an individual under age 21, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, contacts their Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Youth Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.¹

Instructions:

1. There are two versions of the Youth Screening Tool for Medi-Cal Mental Health Services:
 - One version of the tool is used when a youth is responding on their own behalf: **Youth Screening Tool for Medi-Cal Mental Health Services: Youth Respondent.**
 - One version of the tool is used when a person is responding on behalf of the youth: **Youth Screening Tool for Medi-Cal Mental Health Services: Respondent on Behalf of Youth.**
2. The answer to screening question 2 determines which version of the tool is used.
3. Each scored question is a “Yes” or “No” question. Not every question is scored.
4. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
5. Select/mark the number in the “Yes” or “No” column based on the response provided.
6. If the youth, or the person responding on their behalf, is unable or chooses not to answer a question, skip the question and score it as “0.”

¹ As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011](#).

7. If a response to question 5 indicates that a child who is age 3 or younger has not seen a pediatrician in the last 6 months, or that a child/youth age 4 or older has not seen a pediatrician or primary care physician (PCP) in the last year, the screener must offer to connect them to their MCP for a pediatrician/PCP visit in addition to the mental health delivery system referral generated by the screening score.²
8. If the youth, or the person responding on their behalf, responds “Yes” to question 6, 7, or 9, they meet criteria for specialty mental health services per [BHIN 21-073](#). In these cases, the screening is not required, and the screener must offer and coordinate a referral for clinical assessment by the MHP. Referral coordination must include follow up to ensure an assessment has been made available to the individual. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
9. If the youth, or the person responding on their behalf, responds “Yes” to question 19, 20, or 21, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
10. A response of “Yes” to question 17 does not impact the screening score. If the youth, or the person responding on their behalf, responds “Yes” to question 17, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
11. Once responses to all questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
 - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
 - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.
12. Once a score has been generated, a referral must be coordinated.
 - a. If the individual’s score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
 - b. If the individual’s score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

² Bright Futures well-child visit guidelines indicate a child age 4 and older should be seen by a pediatrician annually, and a child age 3 and under should be seen by a pediatrician every 1, 3, or 6 months depending on their age.

Youth Screening Tool for Medi-Cal Mental Health Services

Youth Respondent

Name:	Date of Birth:
Age:	NOTE: If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
• If calling about someone else, who are you calling about and what is your relationship to them?	
NOTE: If someone else, please switch to the “Respondent on Behalf of Youth” version of the tool.	
3. Can you tell me the reason you are seeking mental health services today?	
4. Are you currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, where are you receiving those services?	
NOTE: If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.	
5. When was the last time you saw your pediatrician or primary care doctor?	
NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.	

Question	Yes	No
6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
7. Are you currently in foster care or involved in the child welfare system? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
8. Have you ever been in foster care or involved in the child welfare system?	1	0
9. Are you currently without housing or a safe place to sleep? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
10. Have you ever been without housing or a safe place to sleep?	1	0
11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?	1	0
12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?	1	0
13. Are you often absent from school, work, or activities due to not feeling well?	1	0
14. Is the person who takes care of you often not around or unable to take care of you?	1	0
15. Do you feel unsupported or unsafe?	1	0
16. Is anyone hurting you?	1	0
17. Are you having trouble with drugs or alcohol? ² <i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i>	—	—

Question	Yes	No
18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?	1	0
19. Do you hurt yourself on purpose? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
20. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and never wake up? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
21. Do you have plans to hurt others? ³ <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	2	0
22. Has someone outside of your family told you that you need help with anxiety, depression, or your behaviors?	2	0
23. Have you been seen in the hospital to get help for a mental health condition within the last six months?	2	0
<p>Total Score:</p> <p>If score is 0 – 5, refer to the MCP per instruction #11</p> <p>If score is 6 or above, refer to the MHP per instruction #11</p>		
<p>1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference BHIN 21-073 for additional detail on specialty mental health services criteria and definitions of key terminology.</p> <p>2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p> <p>3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p>		

Youth Screening Tool for Medi-Cal Mental Health Services

Respondent on Behalf of Youth

Name:	Date of Birth:
Age:	NOTE: If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
<ul style="list-style-type: none"> If calling about someone else, who are you calling about and what is your relationship to them? 	
NOTE: If calling about themselves, switch to the “Youth Respondent” version of the tool.	
3. Can you tell me the reason you are seeking mental health services for the child/youth today?	
4. Is the child/youth currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> If yes, where are they receiving those services? 	
NOTE: If the individual is currently receiving mental health services from their MCP or MHP or MCP do not finish the screening. Instead, connect them with their current provider for further assessment.	
5. When was the last time the child/youth saw their pediatrician or primary care provider?	
NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.	

Question	Yes	No
6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
7. Is the child/youth currently in foster care or involved in the child welfare system? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
8. Has the child/youth ever been in foster care or involved in the child welfare system?	1	0
9. Is the child/youth currently without housing or a safe place to sleep? ¹ <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
10. Has the child/youth ever been without housing or a safe place to sleep?	1	0
11. Is the child/youth having thoughts, feelings or behaviors that make it hard for them at home, school, or work?	1	0
12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?	1	0
13. Is the child/youth often absent from school, work, or activities due to not feeling well?	1	0
14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?	1	0
15. Does the child/youth feel unsupported or unsafe?	1	0
16. Is anyone hurting the child/youth?	1	0

Question	Yes	No
<p>17. Is the child/youth having trouble with drugs or alcohol?²</p> <p>NOTE: <i>If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i></p>	—	—
<p>18. Is anyone in the child/youth's family or who lives with them having trouble with drugs or alcohol?</p>	1	0
<p>19. Does the child/youth self-harm or behave in a manner that may cause harm to themselves?³</p> <p>NOTE: <i>If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i></p>	2	0
<p>20. In the past month, has the child/youth had thoughts about ending their life, wished they were dead, or wished they could go to sleep and never wake up?³</p> <p>NOTE: <i>If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i></p>	2	0
<p>21. Does the child/youth have plans to hurt others?³</p> <p>NOTE: <i>If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i></p>	2	0
<p>22. Has someone outside of the child/youth's family said that the child/youth needs help with anxiety, depression, or their behaviors?</p>	2	0
<p>23. Has the child/youth been seen in a hospital for a mental health condition within the last six months?</p>	2	0
<p style="text-align: center;">Total Score:</p> <p style="text-align: center;">If score is 0 – 5, refer to the MCP per instruction #11</p> <p style="text-align: center;">If score is 6 or above, refer to the MHP per instruction #11</p>		

- 1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
- 2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.
- 3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.



CONSENT FOR SERVICES

I authorize and consent for Shasta County Health and Human Services to provide behavioral health services for me. I consent to participate in the assessment of my need for specific treatment services.

I agree to involvement in the development of my treatment plan and to discuss treatment options and to participate in specific treatment services and activities as arranged in that plan. I have the right to know of any third-party payor requirements, restrictions, or covenants that could interfere with or influence service recommendations. I understand that I can receive a copy of my treatment plan if I wish.

I understand that I have the right to be informed about specific services and procedures, including information about risks, benefits, and alternatives to each service proposed for my treatment.

My initial treatment plan and/or services have been explained to me by
on _____ .

I understand that there is an expectation that I will benefit from these services but that there is no guarantee that this will occur. I will periodically discuss my progress with treatment providers.

I understand that I have the right to refuse or discontinue any service or procedure. In cases where treatment has been ordered by a court I may still refuse to participate in recommended treatment however, there may be legal consequences from failure to follow the court ordered treatment. In the case of a minor or when incompetence exists, the legal guardian has the right of refusal. It is best if my legal guardian or I discuss my treatment with treatment providers if the issue of refusal should arise.

I understand that my participation includes appointments with behavioral health professionals and that maximum benefit can only occur with consistent attendance and my active involvement in the treatment process.

I understand that in the event that I fail to keep appointments and remain out of contact for 90 days services may be discontinued or interrupted.

Client Information Form
Shasta County Mental Health

Client			
Chart #		DOB	



I understand that there will be charges for services that I receive. I agree to work with Shasta County Health and Human Services financial office to ensure appropriate billing. If I am to pay all or a portion of the fees, I understand that payment is expected at the time of service.

I understand that I have the right to confidentiality, which means that whatever I tell treatment providers will not be repeated by the provider to anyone else without my expressed permission (i.e. by written release).

I understand that there are some exceptions to complete confidentiality. The most common ones are:

- a. Providers are required by law to report any known or suspected cases of child, elder, or disabled person abuse to the appropriate state agency.
- b. If a provider learns that someone is about to do harm to someone else, the provider will be obligated to protect the intended victim either by warning the victim and/or possibly by notifying the appropriate law enforcement authorities, based on current state laws.
- c. If a provider learns that you intend to harm yourself, the provider may breach confidentiality to the extent necessary for your protection.
- d. In the case of a medical emergency (for example, a heart attack), the provider will release any medical information necessary for proper treatment.
- e. You will be considered a client of Shasta County Health and Human Services. We provide services by way of a team approach. Ordinarily services will be provided by a small number of individuals who are interdependent on other staff members. Others may be involved in roles such as providing services review, quality assurance, specialty/expert opinion, emergency coverage, vacation coverage, and billing. If there is some special circumstance in which you have a prior relationship with any staff member of this agency, please inform your provider so that we can protect that relationship and your privacy to the extent possible.
- f. If you are seeing an unlicensed provider (i.e., a student, Intern, or resident) then it is expected that they will periodically discuss your services with their clinical supervisor. Occasionally, it is in your best interest for your licensed provider to consult with other providers regarding services provided. In cases where consultation with, or referral to, another provider outside Shasta County Health and Human Services is required, then your written consent will be obtained.
- g. Insurance companies and other third party payors require information from your medical record (often including your diagnosis and services provided) In order to process claims. This is understood to include Medical Record audits by your insurance company(ies), third party

Client Information Form
Shasta County Mental Health

Client			
Chart #		DOB	



payor(s), and, if they find reason to question services performed, a comprehensive medical record review.

h. When a court orders production of records or disclosure of privileged communication, copies of relevant information will be provided.

i. A report will be made to the health department when it is suspected that you have a communicable disease that requires reporting to the health department by state law.

j. When you use your mental health condition as part of a legal claim or defense, information will be released to a court of law or judge.

k. When hospitalization for mental illness is necessary, relevant Information will be provided for continuity of care, as It Is in your best interest.

l. When you are seen for a court-ordered evaluation, results will be released.

m. Information from your record may be used in a confidential manner for research and/or program evaluation.

I understand that all the Individuals participating in treatment are expected to conduct themselves

in an appropriate and respectful manner, and to protect the confidentiality of fellow clients. I understand that any

aggressive, violent, or threatening behavior or violation of confidentiality may be the basis for exclusion from all or some services.

I understand that this consent for services is effective for the duration of my treatment at Shasta County Health and

Human Services unless expressly revoked.

My signature- or the signature of a guardian in my place Indicates that this consent form has been explained to me in

language that I can understand, and that I or my guardian agree with the above.

Is the client willing and able to sign in agreement?

If not, explain:

Yes No

Signature of Client:

Name: Date: Time:

If the above-named client is not capable of appreciating the nature of treatment and/or his/her need for it,

Page: 2 of 3

Type: Consent for Services

Name: Case #:

Client Information Form

Shasta County Mental Health

Client			
Chart #		DOB	



Date:

Signature of Legally Authorized Representative:

Name: Date: Time:

To the best of my judgment, the above-named client and/or guardian was capable of understanding the nature of the above authorization at the time it was signed.

and is therefore incapable of giving consent, legal guardian must sign below. N/A if appropriate.

Signature of Staff Witness:

Name: Date: Time:

Signature of Supervising Clinician:

Name: Date: Time:

Client Information Form
Shasta County Mental Health

Client			
Chart #		DOB	



State of California—Health and Human Services Agency
Department of Health Care Services



CalAIM Screening & Transition of Care Tools for Adults

Results from Field Testing

November 14, 2022

Overview

The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal ([CalAIM](#)) initiative “Screening and Transition of Care Tools for Medi-Cal Mental Health Services” (Screening and Transition of Care Tools) aims to design a coherent plan to address beneficiaries’ service needs across Medi-Cal mental health delivery systems, ensure all Medi-Cal beneficiaries receive coordinated services, and improve health outcomes. The goal of the Adult and Youth Screening Tools is to determine the appropriate mental health delivery system referral for Medi-Cal beneficiaries newly seeking mental health services. The goal of the Transition of Care Tool is to ensure that Medi-Cal beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when their services are being transitioned to or added from the other delivery system. This document contains results from the Adult Screening and Transition of Care Tools. The results of the Youth Screening and Transition of Care Tools are contained in a separate document.

Both Adult and Youth Screening and Transition of Care Tools were designed in consultation with stakeholders and have undergone beta and pilot testing. Following pilot testing, the Adult Screening Tool scoring methodology was adjusted. This document summarizes feedback collected as part of a subsequent field testing period for the Adult Screening Tool, which was conducted from September 6, 2022, to October 3, 2022. Field testing was conducted by two county Mental Health Plan (MHP) and Medi-Cal Managed Care Plan (MCP) pairs. Field testing was designed to ensure additional testing of the Adult Screening Tool scoring methodology before the January 1, 2023 implementation date given the updates made following pilot testing. During the testing period, MHP/MCP staff completed a survey after each tool administration. The survey was designed to help identify critical issues in use of the tools and areas for improvement. The survey also included beneficiary-facing questions to gather information about their experience with the tools. The results presented below represent DHCS’ findings based on the survey data.

Results Summary

A total of 111 surveys were completed for the Adult Screening Tool. Data from survey responses revealed several notable findings, which are outlined below.

Beneficiary Satisfaction

- Median beneficiary satisfaction with the Adult Screening Tool was 10 out of 10.

Administration Time & Completion

- Median administration time for the Adult Screening Tool was 10 minutes.
- The majority of Adult Screening Tools were completed over the phone.

Staff Training Levels

- The primary training levels of staff administering the Adult Screening Tool were Administrative (49%) and Master's degree (36%).
- A majority of tool administrators felt the tools were appropriate to their training level (98%).

Scoring & Beneficiary Placement

- Screening Tool:
 - 77% of beneficiaries screened were referred to non-specialty level of care (MCP) for assessment.
 - 23% of beneficiaries screened were referred to specialty level of care (MHP) for assessment.
 - 91% of those administering the screening tool believed that the beneficiary was referred to the right level of care for assessment.

Modifications to Tools

In response to the field testing results, the following updates have been made to the Adult Screening Tool:

Screening Tool

- Revised instructions to enhance clarity.
- Minor formatting revisions.

If you have questions about the Screening and Transition of Care Tools initiative, please e-mail DHCS at BHCalAIM@dhcs.ca.gov.



MICHELLE BAASS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

CalAIM Screening & Transition of Care Tools for Youth

Results from Pilot Testing

November 14, 2022

Overview

The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal ([CalAIM](#)) initiative “Screening and Transition of Care Tools for Medi-Cal Mental Health Services” (Screening and Transition of Care Tools) aims to design a coherent plan to address beneficiaries’ service needs across Medi-Cal mental health delivery systems, ensure all Medi-Cal beneficiaries receive coordinated services, and improve health outcomes. The goal of the Adult and Youth Screening Tools is to determine the appropriate mental health delivery system referral for Medi-Cal beneficiaries newly seeking mental health services. The goal of the Transition of Care Tool is to ensure that Medi-Cal beneficiaries who are receiving mental health services from one delivery system receive timely and coordinated care when their services are being transitioned to or added from the other delivery system. This document contains results from the Youth Screening and Transition of Care Tools. The results of the Adult Screening and Transition of Care Tools are contained in a separate document.

Both Adult and Youth Screening and Transition of Care Tools were designed in consultation with stakeholders and have undergone testing. Following a beta testing period, the Youth Screening and Transition of Care Tools were updated and pilot tested. This document summarizes feedback collected as part of the Youth Screening and Transition of Care Tools Pilot, which was conducted from June 20, 2022 to September 26, 2022. Pilot testing was conducted by eight county Mental Health Plan (MHP) and Medi-Cal Managed Care Plan (MCP) pairs in seven counties, representing large counties, small counties, counties with urban regions, and counties with rural regions. Pilot testing was designed to gather robust feedback to assist in further refinement of the tools before the January 1, 2023 implementation date. During the pilot, MHP/MCP staff completed a survey after each tool administration. The survey was designed to help identify critical issues in use of the tools and areas for improvement. The survey also included several beneficiary-facing questions to gather information about their

experience with the tools. The results presented below represent DHCS' findings based on the survey data.

Results Summary

A total of 1,960 surveys were completed for the Youth Screening Tool, including 1,591 for the adult-facing version of the tool, which is designed for when an adult is answering screening questions on behalf of a child or youth, and 369 for the youth-facing version of the tool, which is designed for when a child or youth answers screening questions on their own behalf. A total of 112 surveys were completed for the Youth Transition of Care Tool. Data from survey responses revealed several notable findings, which are outlined below.

Youth Versus Adult Versions of the Screening Tool

- The adult-facing version of the screening tool was administered most of the time (84%).

Beneficiary Satisfaction

- Median beneficiary satisfaction with the Youth Screening Tool was 10 out of 10.
- Median beneficiary satisfaction with the Transition of Care Tool was 10 out of 10.

Administration Time & Completion

- Median administration time for the Youth Screening Tool was 13 minutes.
- Median administration time for the Transition of Care Tool was 20 minutes.
- The majority of Youth Screening and Transition of Care Tools were completed over the phone.

Staff Training Levels

- The primary training levels of staff administering the Youth Screening Tool were Master's degree (69%) and Bachelor's degree (17%).
- The primary training levels of staff administering the Transition of Care Tool was Master's degree (48%) and Doctorate degree (48%).
- A majority of tool administrators felt the tools were appropriate to their training level (>75% across all training levels).

Scoring & Beneficiary Placement

- Screening Tool:
 - 74% of beneficiaries screened were referred to non-specialty level of care (MCP) for assessment.
 - 26% of beneficiaries screened were referred to specialty level of care (MHP) for assessment.
 - 93% of those administering the screening tool believed that the beneficiary was referred to the right level of care for assessment.

Modifications to Tools

In response to the pilot testing results, the following updates have been made to the draft Youth Screening and Transition of Care Tools:

Screening Tool

- Reordered questions to improve flow and reduce redundancy.
- Revised instructions to enhance clarity.
- Minor formatting revisions.

Transition of Care Tool

- Minor formatting revisions.

If you have questions about the Screening and Transition of Care Tools initiative, please e-mail DHCS at BHCalAIM@dhcs.ca.gov.

MEDICAL PROVIDERS RESOURCES – 7/28/22

(To utilize for PCP or medications)

Partnership Health Plan – for primary care physician assignment call 1-800-863-4155. Also, inquire about additional providers in the community

Anderson Walk-In Clinic, 530-365-4412
3082 McMurry Drive, Anderson, CA 96007
Payment: MediCal, private ins, private pay,
Partnership

Anderson Medical Associates, 530-365-2545
2830 East Street, Anderson, CA 96007
Payment: MediCal, Partnership, Private Ins,
MediCare

Hill Country Health and Wellness, 530-337-6243
29632 Hwy 299 East, Round Mtn, 96084
1401 Gold St, Redding, CA 96001
1201 Industrial St, Redding, CA 96002
317 Lake Blvd, Redding, Ca 96003
MediCal, Partnership, Private Ins, MediCare
Behavioral Health – (530) 337-6263 (You can
text this number for quick responses.)

Churn Creek HealthCare, 530-768-2436
3184 Churn Crk Rd, Redding, CA 96002
Payment: MediCal, Partnership

Central Valley Medical, 530-953-0015
4174 Ashby Ct, Shasta Lake City, CA 96019
Payment: MediCal, Partnership, Any Insurance

Hilltop Medical Clinic, 530-221-1565/530-246-4629
1093 Hilltop Dr, Redding, CA 96002
2123 Eureka Way, Redding, CA 96001
Payment: Private Ins, private pay

Lassen Medical Associates, 530-347-3418
20822 Long Branch Rd, Cottonwood, CA 96022
Payment: MediCal, Private ins, MediCare,
Partnership

Mt Valley Health Center 530-999-9030
20615 Commerce Way, Burney, CA 96013
Payment: MediCal, MediCare, Private Ins

North American Mental Health, 530-646-7269
1742 Oregon St, Redding, CA 96001
Payment: Partnership

Psychiatric Care Center, 530-221-7474
2891 Churn Creek Rd, Redding, Ca 96002
Payment: Private Ins, Cash, Sliding Scale

Pulse Urgent Care, 530-722-1111
100 E Cypress Ave, Redding, CA 96002
Payment: Ins, cash pay, MediCare & Medi/Medi

Redding Rancheria 530-224-2700
1441 Liberty St, Redding CA 96001
Payment: Native American only

Shasta Community Health Center, 530-246-5710
1035 Placer Street, Redding, CA 96001
Payment: MediCal, MediCare, sliding scale

2801 Silver Street, Anderson, Ca 96007
530-378-0486

4215 Front Street, Shasta Lake City, CA 96019
530-276-9168

16300 Cloverdale Rd, Happy Valley, CA 96007
530-357-2860

Shingletown Medical Clinic, 530-474-3390
31292 Alpine Meadows Rd, Shingletown, CA 96088
Payment: MediCal, Partnership, Private Ins,
MediCare

Rolling Hills 530-690-2778
2540 Sister Mary Columbo Dr, Red Bluff, Ca 96080
Medicare

Greenville Rancheria 530-528-8600
1405 Montgomery Rd, Red Bluff, Ca 96080
Medicare

Hope Van locations. 530-246-5765 (8-3pm)
Monday: Empire, 1237 California St
Tuesday: GNRM, 3050 Veda St
Wednesday: Empire, 1237 California ST
Thursday: GNRM, 3050 Veda St
Friday: Social Services, 2460 Breslauer Wy

COMMUNITY COUNSELING RESOURCES – 01/12/23

Call Beacon for request of therapy services/referral 1-855-765-9703. You may inquire about additional providers in the community
Contact Crime Victims Assistance program to inquire if you qualify for paid services 225-5220

Churn Creek Health Care/Behavior 530-768-2436

3184 Churn Creek Rd, Redding, CA 96002
Medications, SUD, MAT, Individual therapy
Payment: Medical, Partnership

Hill Country Behavioral Health 530-241-4100

530-319-7064 Margaret New Patient (Medicaltions)
530-337-6263 Behavioral Health/Ind therapy
530-691-4446 Care Center, urgent mental health
530-238-7133 Mobile Crisis Team
1401 Gold St, Redding CA 96001
Medications, SUD, MAT, Ind therapy
Payment: Private Ins, Medi-Cal, Medi-Care

Mt Valley Health Center 530-999-9030

20615 Commerce Way, Burney, CA 96013
Medications, SUD, MAT, Individual therapy
Payment: MediCal, MediCare, Private Ins

North American Mental Health 530-646-7269

1742 Oregon St, Redding, CA 96001
Medications, EMDR, Eating disorders, Brain spotting, Children, Genesite testing
Payment: Partnership only

Psychiatric Care Center 530-221-7474

2891 Churn Creek Rd. Redding, Ca 96002
Medications, Groups, SUD, Nutrition, Groups, day prog
Payment: Private Ins, Cash, Sliding Scale, MediCare

Redding Rancheria 530-224-2700

1441 Libery St, Redding, Ca 96001
Medications, Eating disorders, trauma, LGBTQ
Native American only – Any Ins

Shasta Community Health Center 530-246-5710

1035 Placer Street, Redding, CA 96001
Medications, SUD, MAT, groups, LGBTQAI
Payment: MediCal, MediCare, Sliding Scale (\$30)

Rolling Hills 530-690-2778

2540 Sister Mary Columbo Dr, Red Bluff, Ca 96080
Medications
Payment: Medicare

Greenville Rancheria 530-528-8600

1405 Montgomery Rd, Red Bluff, Ca 96080
Medications,
Payment: Medicare

Hope Van locations. 530-246-5765 (8-3pm)

Monday: Empire, 1237 California St
Tuesday: Salvation Army, 2691 Larkspur Ln
Wednesday: Empire, 1237 California ST
Thursday: GNRM, 3050 Veda St
Friday: Social Services, 2460 Breslauer Wy

Creekside Counseling 530-722-9957

1170 Industrial St, Redding, Ca 96002
EMDR, Ind therapy, children, Brain spotting
Payment: Private Ins, Partnership

Dunamis Center 530-338-0087

748 Market St. Redding, CA 96001
EMDR, Brain spotting, group therapy, SUD
Payment: Partnership, Private Ins, Sliding scale

Family Dynamics Resource Center 242-9007

3657 Ricardo Ave, Redding, CA 96002
915 Twin View Blvd, Redding, CA 96003
SUD, EMDR, Children, Ind therapy, DBT, Group
Payment: Private Insurance, Medi-Cal, Partnership

Higher Ground Counseling 530-515-9413

2400 Washington Ave Ste 401, Redding, CA 96001
Family, couples, SUD, children, Ind Therapy
Payment: Medi-Cal, Private Insurance, Sliding Scale

Shasta Treatment Associates 530-222-4787

84 East Cypress, Ste 100, Redding, CA 96002
Sex offender, Parenting, anger management, DV
Payment: Private Insurance, Partnership

The Sound Mind 530-238-5771

355 Hemsted Dr. Ste 101, Redding, Ca 96002
Neurofeedback therapy, Ind therapy
Payment: Partnership, private ins

Wright Education Services 530-223-5122

2660 Victor Ave, Ste B, Redding, Ca 96002
Anger management, Triple P, Ind/group counseling
Payment: Partnership, Private pay

Sunrise Mountain Wellness Center 530-618-5630

1300 Hilltop Rd, Ste 200, Redding, Ca 96003
Groups, activities, peer support, transportation
Payment: Free

Psychologytoday.com online will give you a bio of each therapist and more therapists to choose from

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

DIRECTOR'S REPORT

February 1, 2023



Shasta County
**Health & Human
Services Agency**

[Mental Health, Alcohol & Drug Advisory Board | Shasta County California](#)

Board of Supervisors Updates (January)

January 24, 2023, BOS Meeting Minutes

[Watch Recording](#)

January 10, 2023, BOS Meeting Minutes

[Watch Recording](#) [Legal Minutes](#)

MH & SUD Services Update

Crisis Services (ER) Activity Report

December 2022

ER/ED Activity: There were **143** crisis evaluations performed at the Emergency Departments.

Shasta Regional Medical Center	61%	Toxicology: Positive Screens	57%
Mercy Medical Center	39%	THC	71%
Mayers Memorial hospital	0%	Amphetamines/Meth	33%

Diagnosis:

Adjustment Disorders	18%
Depressive Disorders	16%
Bipolar Disorders & Psychotic Disorders (not Schizophrenia)	17%

5150s Upheld:

Of clients 5150'd, **35%** were ultimately upheld and hospitalized.

Of clients initially designated 1799.111 then 5150, **61%** were upheld and ultimately hospitalized.

Of 5150s to be released, **72%** were reported as "Does not Meet Criteria."

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Quarterly reports detail Notice of Adverse Benefit Determinations (NOABDs) for both Adult and Children's Services Branches. NOABDs are issued when the plan decides to deny or terminate treatment. In January 2023, **24 NOABDs were issued to Adult Services clients, and 7 NOABDs were issued to Children's Services clients.**

On page 5, view a summary of quarterly determinations for January.

On page 6, find an example of a Delivery System NOABD.

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)

Delivery System Notices & Terminations

Most Common Reasons Cited for NOABDs in January 2023	Total Adult (24)	Total Child (7)
MH condition does not cause problems for you in your daily life that are serious enough to make you eligible for Specialty Mental Health Services (SMHS) from the Mental Health Plan (MHP).	13 (54%)	4 (57%)
MH condition would be responsive to treatment by a physical health care provider.	6 (25%)	1 (14%)
No contact with client, or Non-participation in services.	4 (17%)	1 (14%)

MH & SUD Services Update

Notice of Adverse Benefit Determinations (NOABDs)



Shasta County
Health & Human
Services Agency | Behavioral Health &
Social Services Branch



NOTICE OF ADVERSE BENEFIT DETERMINATION About Your Treatment Request

Date
Beneficiary's Name
Address
City, State Zip

Treating Provider's Name
Address
City, State Zip

RE: Service requested

This notice lets you know that Shasta County Mental Health Plan (Plan) has determined that your mental health condition does not meet the medical necessity criteria to be eligible for specialty mental health services.

- Your mental health diagnosis, as identified by the assessment, is not covered by the mental health plan (Title 9, CCR, Section 1830.205(b)(1)).
- Your mental health condition does not cause problems for you in your daily life that are serious enough to make you eligible for specialty mental health services from the mental health plan (Title 9, CCR, Section 1830.205(b)(2)).
- The specialty mental health services available from the mental health plan are not likely to help you maintain or improve your mental health condition (Title 9, CCR, Section 1830.205(b)(3)(A) and (B)).
- Your mental health condition would be responsive to treatment by a physical health care provider (Title 9, CCR, 1830.205(b)(3)(C)). and, 2. The clinical reasons for the decision regarding medical necessity.

Although you do not qualify for specialty mental health services, you may be able to receive non-specialty mental health services from Beacon Health Strategies. You can call them at 855-765-9703. If applicable, insert additional action taken by the Mental Health Plan to coordinate care and/or additional follow-up needed by the Member.

You may appeal this decision if you think it is incorrect. The enclosed "Your Rights" information notice tells you how. It also tells you where you can get help with your appeal. This also means free legal help. You are encouraged to send with your appeal any information or documents that could help your appeal. The enclosed "Your Rights" information notice provides timelines you must follow when requesting an appeal.

You may ask for free copies of all information used to make this decision. This includes a copy of the guideline, protocol, or criteria that we used to make our decision. To ask for this, please call Shasta County at 530-225-5200.

If you are currently getting services and you want to keep getting services while we decide on your appeal, you must ask for an appeal within 10 days from the date on this letter, or before the date your mental health plan says services will be stopped or reduced.

The Plan can help you with any questions you have about this notice. For help, you may call Shasta County, Monday through Friday, 8am to 5pm, excluding holidays, at 530-225-5200. If you have trouble speaking or hearing, please call TTY/TTD number 711, between 8am to 5pm for help.

If you need this notice and/or other documents from the Plan in an alternative communication format such as large font, Braille, or an electronic format, or, if you would like help reading the material, please contact Shasta County by calling 530-225-5200.

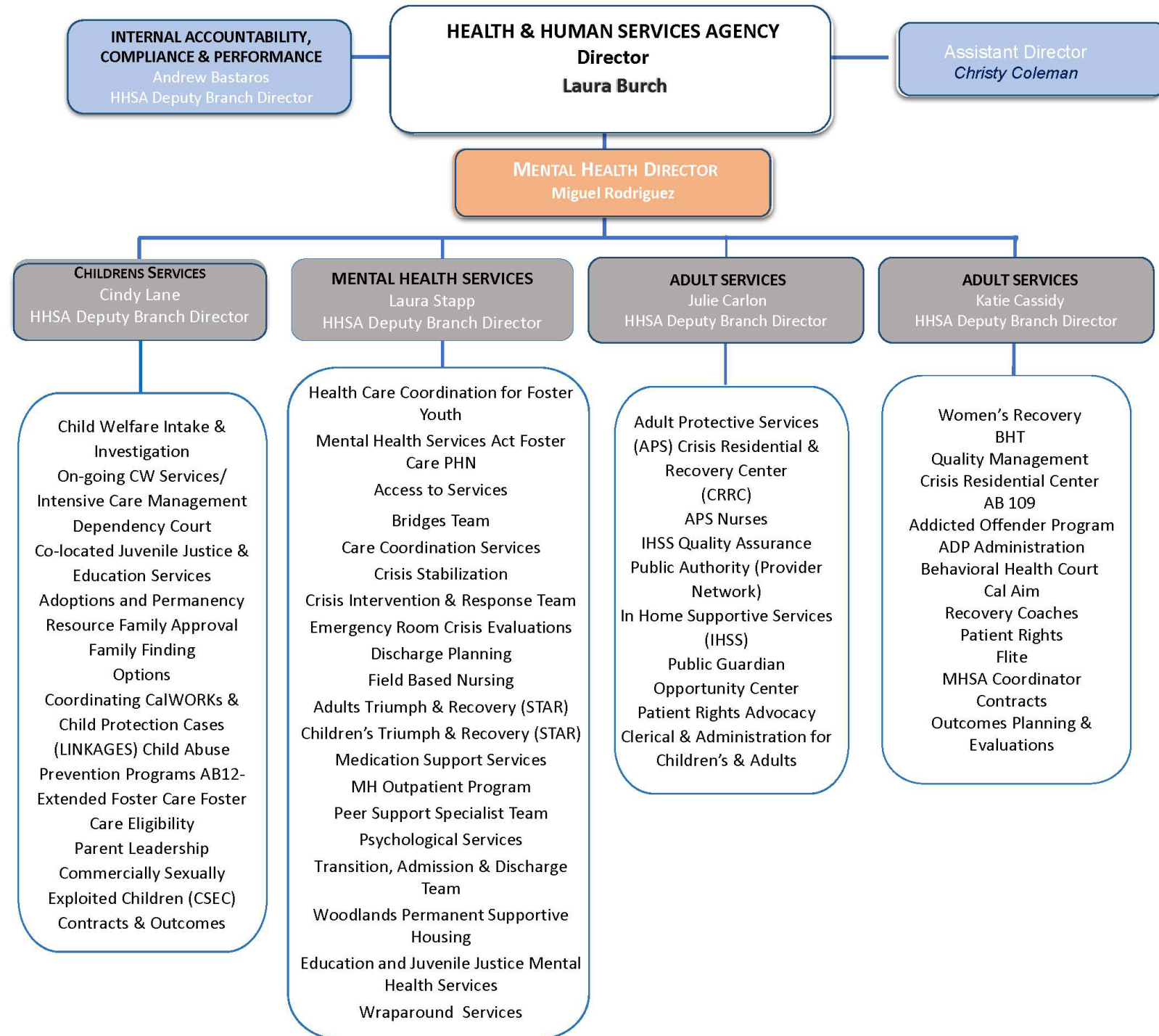
If the Plan does not help you to your satisfaction and/or you need additional help, the State Medi-Cal Managed Care Ombudsman Office can help you with any questions. You may call them Monday through Friday, 8am to 5pm PST, excluding holidays, at 1-888-452-8609. This notice does not affect any of your other Medi-Cal services.

Name
Title
Division
Enclosed: "Your Rights"

Language Assistance Taglines
Beneficiary Non-Discrimination Notice
Emergency State Hearing Ext Notice

HHSA Branch Changes

- BHSS will be welcoming new managers for the following programs:
 - IHSS
 - Quality Management
 - SUD Program Manager
 - Contracts Manager
 - Senior Staff Analyst focusing on advisory board and and MHSA Coordination



MH & SUD Services Update

Addicted Offender Program

Two program participants are set to graduate from the program as of this Friday, January 20. They will now be engaged in ongoing recovery supports and the AOP Alumni Group. Since January 1, 2020, we have had 55 people engaged in AOP.

Behavioral Health Court

Recruitment is underway for our case manager position. Thanks to Alicia Westby, Nicole Foote and Kim McKinney who are making sure services continue. Since January 1, 2020, we have had 21 people engaged in BHC.

LINKS

Alicia Westby has accepted the full-time clinician position with this team. She and Tonya Clarke will continue to provide co-located services at probation. We are looking forward to exploring innovative ideas to better reach some of this population.

MH & SUD Services Update

Recovery Coaches

Since the roll out of the Recovery Coach program in November 2021, we have had 220 official referrals and countless answers to calls for help from colleagues to assist with clients who need, but are not quite ready for, treatment or recovery. The program is currently staffed with two coaches and a third starting January 30. Current caseload: Samantha = 23 and Keith = 22.

Enhanced Care Management

We should be at the final stages for contracting and being all set up in the Partnership HealthPlan system to begin receiving/processing referrals. Our team is ready to begin this complex care management adventure and is looking forward to articulating with our MH programs and community partners to assist our clients in accessing needed supports.

MH & SUD Services Update

Women's Recovery and Resiliency and the Behavioral Health Team

Both programs, located in the downtown area, are creating novel and innovative approaches to making sure people can access needed services when the parking payment system goes live. Here is some data from the WR&R program:

- People engaged in treatment in our programs January 1, 2020- December 31, 2022
 - 150 Assessments for services during this time.
 - 128 of these assessments resulted in intake to our program.
 - 22 were referred to a different level of care based on medical necessity.
 - Of the 128 intakes, 31 were “Re-opens” and 97 were “Initial entry” to treatment with us.
 - Of the 128, 29 were pregnant at intake and reflect 11 substance free births (while undergoing treatment with us).
- On average we are actively engaged with 15-18 clients any given month, which is representative of an average of 38 children whose mother is receiving substance abuse treatment from us each month.
- Average number of children we served in our Childcare Co-operative each month in 2022 was 3.8. Children who receive co-op services also receive an Ages and Stages assessment and a supportive/therapeutic environment while their mothers are in group. Additional clients participate in the co-operative, under the supervision of staff, and learn/practice positive parenting techniques and child engagement skills.
- Clients are offered transportation services while in treatment for themselves and their children. These services are primarily to and from group, however, can be to support clients attending medical appointments and other important supportive appointments. In 2022, 1,691 rides were given.

MH & SUD Services Update

MHSA 3-Year Plan

The Mental Health Services Act (MHSA) provides approximately 25% of California's Mental Health services funding. The 3-Year Plan outlines available County Mental Health Services and goals. MHADAB was created, in part, to oversee and guide the use of MHSA funding.

The MHSA Three-Year Plan and Annual Update Committee is recruiting for additional MHADAB board members to review and contribute to the upcoming Three-Year Plan due to DHCS on **June 30, 2023**. Interested members should [reach out](#) to MHSA Coordinator Nicole Carroll for more information.

For an overview of MHSA programs, look through Shasta County's most recently published [MHSA 3-Year Plan](#).

The next MHSA Stakeholder Workgroup meeting will be held March 3rd at the [Boggs Building](#).

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

The California External Quality Review Organization (CalEQRO) evaluated the MHP on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	6	0	0
Quality of Care	10	5	5	0
Information Systems (IS)	6	4	2	0
TOTAL	26	19	7	0

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP implemented several changes in the children's system of care to improve overall access and services.
- The MHP implemented a new PIP to reduce psychiatric medication appointment no-shows by improving transportation.
- The MHP realigned the adult and children's branches under one leadership and has committed to include leadership in the quality improvement processes.
- The MHP QI plan and quality improvement committee (QIC) actively address the California Advancing and Innovating Medi-Cal (CalAIM) initiatives and evidence a developed data driven quality approach to implementing standards of care.
- The MHP has chosen, contracted, and is meeting regularly with Netsmart to implement a new electronic health record (EHR), myAvatar, by July-August 2023.

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

The MHP was found to have notable opportunities for improvement in the following areas:

- Families of youth served in crisis systems presented they, on several occasions, had poor experiences in emergency departments (EDs), inpatient (IP) settings or the transition to the outpatient (OP) service system. Concerns included not feeling that the decisions or facilities kept their youth safe.
- The MHP continues to experience delays providing the first non-urgent psychiatry appointment for adults, children, and foster youth.
- It was unclear whether the single service Penetration Rate (PR) of 20.07 percent, 50 percent greater than the state average, represented a quality care gap.
- With the launch of a new EHR, it would greatly improve care coordination if the community-based organizations (CBOs) were included in the new EHR.
- Clinical line staff, clinical supervisors, and CBO and contractors, universally endorsed morale, bidirectional communication, and leadership clinical policy decision making, as areas needing improvement.

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

Recommendations for improvement based upon this review include investigate the reasons, develop strategies, and implement solutions to:

- Improve the monitoring and reporting of safe care in EDs, IP settings, and the transition to the OP service.
- Improve timeliness in providing the first non-urgent psychiatry appointment for adults and children, including foster youth.
- Improve the single service PR.
- Include CBOs in the launch of the new EHR.
- Improve morale, bidirectional communication and concerns related to bi-directional communication in leadership clinical policy decision making.

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

Recommendation 1: Prioritize systemwide timely access tracking, trending, and reporting. Explore root causes for existing methodological and performance challenges and implement alternative strategies to monitor timeliness that incorporate all service entry points. To promote consistent processes across branches, document specific methodology to track and trend first non-urgent request to first offered appointment and first offered psychiatric appointment, urgent appointments, and no-shows.

(This recommendation is a carry-over from FY 2019-20 and FY 2020-21.)

Addressed

Partially Addressed

Not Addressed

[Request details.](#)

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

Recommendation 2: Continue the evaluation and selection process for a replacement EHR, ensuring the implementation team includes representation from subject matter experts in all coordinating divisions to provide feedback on functionality to support clinical, reporting, beneficiary care and record access, interoperability, claiming, scheduling, quality assurance.

Addressed

Partially Addressed

Not Addressed

[Request details.](#)

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

Recommendation 3: Identify the service delivery system process workflow, from beneficiary entry to discharge. Formalize processes across the adult services and children’s services branches. Consider leveraging existing electronic learning management systems to aid in staff training.

Addressed

Partially Addressed

Not Addressed

[Request details.](#)

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

Recommendation 4: Investigate concerns regarding staff morale, health and wellness, job security and satisfaction, connectedness, confidence and contribution, inspiration, and transformation. Seek and incorporate staff input, explore underlying causes, and implement strategies to promote staff retention. Broadly share results and plans to address findings.

(This recommendation is a carry-over from FY 2018-19, FY 2019-20, and FY 2020-21.)

Addressed

Partially Addressed

Not Addressed

[Request details.](#)

MH & SUD Services Update

External Quality Review Organization (EQRO) Audit Report

Recommendation 5: Improve bi-directional communication between MHP leadership, direct line staff, and community agencies servicing FC youth to address the requirements related to SB1291, promote integrated core practices, and achieve positive beneficiary outcomes.

Addressed

Partially Addressed

Not Addressed

[Request details.](#)

Leah Shuffleton, MA, LMFT

CLINICAL PROGRAM COORDINATOR FOR THE COMPLIANCE AND QUALITY
IMPROVEMENT UNIT OF THE QUALITY MANAGEMENT DEPARTMENT

QUALITY IMPROVEMENT COORDINATOR FOR THE SHASTA COUNTY MENTAL HEALTH
PLAN

Acronyms

- ▶ QI- Quality Improvement
- ▶ QM- Quality Management
- ▶ QIC- Quality Improvement Committee
- ▶ MHP or Plan- Shasta County's Mental Health Plan

Compliance and Quality Improvement

Monitors and reports on the MHP's compliance with Federal Health Care regulations.

Monitors and reports on the MHP's progress with QI initiatives.

Manages beneficiary rights and protections (Grievances, Complaints, Appeals, etc.).

Quality Improvement Committee (QIC)

Facilitated by the QI Coordinator

Evaluates QM activities

Communicates audit findings

Ensures follow-up with QM processes

Recommends policy or procedural changes

Coordinates the development of the Quality Improvement Work Plan and monitors progress with workplan goals.

Areas Monitored by the QIC

- ▶ 24/7 Crisis Line Response
- ▶ Accessibility to Services
- ▶ Assessment of Beneficiary and Provider Satisfaction
- ▶ Credentialing Process/Monitoring
- ▶ Cultural Competency Activities
- ▶ Notices of Adverse Beneficiary Determinations
- ▶ Performance Improvement Projects
- ▶ Practice Guidelines
- ▶ Resolution of Grievances, Appeals, and Fair Hearings

QIC Participants

QIC includes representatives from Adult and Children's Mental Health Programs; MHSA Committee members; Compliance and Quality Improvement unit; Utilization Management and Quality Assurance unit; fiscal business office; Outcome, Planning & Evaluation team; Patients' Rights; contracted providers; **consumers and family members.**

How Do I Get Involved in QIC?

- ▶ Send an email requesting inclusion to the Compliance and Quality Improvement Team's general mailbox at: hhsamcc@co.shasta.ca.us
- ▶ To contact the Quality Improvement Coordinator
Leah Shuffleton
(530) 225-5932
lshuffleton@co.shasta.ca.us
- ▶ Review Quality Improvement resources on the Shasta County website: [Mental Health Quality Management - Quality Improvement | Shasta County California](#)

QIC Meetings for 2023

- ▶ March 14th, 3:00 to 4:00 PM
- ▶ April 20th, 3:00 to 4:00 PM
- ▶ June 13th, 3:00 to 4:00 PM
- ▶ July 17th, 3:00 to 4:00 PM
- ▶ September 12th, 3:00 to 4:00 PM
- ▶ December 11th, 3:00 to 4:00 PM

Grievances

- ▶ Any expression of dissatisfaction by a beneficiary is considered a grievance.
- ▶ Examples may include:
 - Quality of care received
 - Staff behavior or communication
 - Not respecting the beneficiary's rights

What to Expect During the Grievance Process

- ▶ Interview with client and/or family
- ▶ Review of records by Compliance and QI clinical staff
- ▶ Interviews with treatment team and leadership
- ▶ Written notifications
- ▶ Acknowledgment letters that include the name of QI staff handling the complaint
- ▶ Formal Resolution letters documenting the outcome of the complaint

How to initiate a grievance

- ▶ Call the grievance line at: (530)245-6750
- ▶ Mail the grievance form or drop off at any county mental health site
- ▶ Report concerns to any mental health staff member
- ▶ Forms are available online, in any county mental health lobby or can be requested from any mental health staff member:

- ▶ Web links to forms:

[grievance-form.pdf \(shastacounty.gov\)](#)

[change-of-provider.pdf \(shastacounty.gov\)](#)

[appeal-form.pdf \(shastacounty.gov\)](#)


Compliance Reporting

Issues involving the MHP's Non-Compliance with Federal Healthcare Regulations, or any other general concerns regarding the MHP's policies or procedures, should be reported to the toll-free compliance reporting hotline:

1-866-229-8050

or

Email: mhcompofcr@co.shasta.ca.us

A stylized human figure composed of various colored curved segments and circles. The head is a purple circle. The torso is a purple curved shape. The arms are yellow and orange curved shapes. The legs are green and light blue curved shapes. The feet are light blue circles. The background is white with faint, larger versions of these shapes.

“Engaging individuals, families and communities to protect and improve health and wellbeing.”

Laura Burch, HHS Acting Director

Miguel Rodriguez, LCSW, Behavioral Health and Social Services Branch Director

[| Health & Human Services Agency | Shasta County California](#)