



**TRINITY COUNTY
BEHAVIORAL HEALTH SERVICES
MENTAL HEALTH PLAN**

**Specialty Mental Health Services
Implementation Plan Update**

August 6, 2019

Trinity County Behavioral Health Services Specialty Mental Health Services Implementation Plan Update

Introduction

Vision Statement

To achieve a standard of excellence in Mental Health and Substance Use Disorder services.

Mission Statement

Trinity County Behavioral Health Services (TCBHS) is to provide quality services while carrying out our values in order to support individuals in recovery within their own communities.

Core Values

TCBHS has eight core values by which all staff are encouraged to live by and appreciate while representing the agency. These values are:

Recovery Model

TCBHS believes in the “Recovery Model”. That is, staff is aware that persons with mental illness and/or substance use disorders can and do recover when there is a will to do so and appropriate treatment is provided. Recovery is a personal journey anchored in a range of interpersonal relationships, including families, children, peers, friends, and significant others. Services are strength-based, recognizing that consumers with varying strengths, symptoms, communication styles, life situations, and cultural values have unique goals and approaches to the recovery process.

Teamwork

As an Agency within the larger County system, TCBHS values collaboration with the other County Agencies and Community Partners. Internally, TCBHS values teamwork and consensus. The Agency values shared responsibility, and each staff member bears responsibility of important functions toward the successful operation of the department. The Leadership structure in place is to support staff in providing quality services.

Quality Services

TCBHS ensures dignified and comfortable access to services for all consumers and fosters an environment of independence and support for consumers and family members. TCBHS is committed to providing services in ways which are responsive to consumers and family members, and to developing mutually beneficial relationships with each individual we serve. While working for TCBHS, staff recognizes they are public servants, working collaboratively for our consumers, as well as in support of our department and the other agencies that also serve our consumers.

Cultural Competency

The cultural identities and worldviews of consumers shape health and healing beliefs, practices, behaviors and expectations. Each individual and cultural group therefore uniquely defines wellness. Services must respond to the consumer's unique healing process.

Respect

TCBHS respects all individuals, valuing their strengths, diversities, culture, and choices. Consumers are viewed as individuals that are struggling with symptoms.

Ethics & Professionalism

Quality service to others is the mission of TCBHS. Accountability is crucial. TCBHS employees recognize their responsibility to achieve recovery-based outcomes to consumers, fiduciary responsibility to taxpayers, and to be knowledgeable about and subscribe to industry best practices in service delivery. TCBHS believes in a work place where the morale is high and the working conditions are supportive. Staff will use words to openly address concerns in a constructive and meaningful manner, so that communication is healthy and alive. TCBHS values education and employees who pursue professional development.

Community Outreach & Education

TCBHS believes that our mission will best be fulfilled if we make our expertise available to the public as a way to inform the community about mental illness, substance use disorders and recovery. We firmly believe that information and ongoing education is the strongest way to prevent stigma from interfering in treatment to these conditions.

Agency Goals

1. Provide client services in a timely, culturally competent and effective manner.
2. Improve access to services, through careful analysis of data, consumer surveys and stakeholder comments, followed-up by well-planned action.
3. Reduce stigma by providing community outreach and education.
4. Promote health integration through thoughtful collaboration with partner agencies within our community.
5. Take full advantage of all Federal and State initiatives including Assembly Bill (AB) 109, Affordable Care Act, Senate Bill (SB) 82 Triage Crisis Grant, California Health Facility Finance Authority Bricks and Mortar Peer Respite Grant, No Place Like Home (NPLH) Grant, MHSA Innovation Projects, Whole Person Care Projects and DHCS Organized Delivery System opportunities for Drug Medi-Cal Providers.

County Overview

Trinity County has 3,207 square miles of very rural forested and rugged terrain with elevations that exceed 9,000 feet. This is more than three times the size of Rhode Island or the County of Sacramento, and about consistent with the size of neighboring counties such as Shasta, Humboldt, and Mendocino. The County contains a significant portion of the Shasta-Trinity National Forest, home to the Trinity Alps, of which the Trinity River flows through. Winter snows, summer wild fires, and significant road

construction make travel throughout the region difficult and slow during certain times of the year, yet extremely beautiful during the majority of the year. The primary highway is California Hwy 299, which winds between Redding from the inland and to Arcata on the Coast. Many small towns dot the highway and the scenery, wildlife, fishing, boating, and hiking is spectacular.

Trinity County only has approximately 13,000 residents; the County Seat is located in Weaverville, which has a population of about 3,500 persons. The main community behavioral health center is located in Weaverville with a satellite clinic in Hayfork, with a population of about 2,400 persons. Trinity County is a County with exceptional social and physical health issues. The median income for Trinity is \$36,563 and approximately 20% of Trinity residents live below the federal poverty level, while the statewide average for persons who fall below the federal poverty level is 6.3. Trinity is often ranked near the bottom when it comes to health care statistics. For instance, the State rate for diabetes is 7.3% of the whole population while Trinity has an incidence of 9.2%. The State obesity rate is 17.9% while the Trinity rate is 19.7%. Accidental fatalities in Trinity have been more than doubled from the State average for the past 70 years. From 1999 through 2016, per capita, Trinity County had the highest successful suicide rate in the State of California. While the State average is about 10 deaths per 100,000 persons, Trinity often sees 5 deaths annually from just 13,500 persons. The prevalence of guns, the isolation of the residents, and the largely white population, many of whom are older males, makes for the perfect storm

Approximately 5,000 Trinity County residents are Medi-Cal beneficiaries. Typically, TCBHS has about 235 open mental health charts at any one time, of which about one-third are children. There are about 100 open Substance Use Disorder Services charts. The annual budget of TCBHS is approximately 6 million dollars, which is about 6% of the entire annual county budget.

Original Implementation Plan

In 2008, Trinity Technology Group created the original Implementation Plan for TCBHS, in order to meet the requirements, as they were stated at that time for Medi-Cal Specialty Mental Health Services. There was a revision to that plan made by Phil Smith on December 12, 2008, which was updated and revised in April, 2017.

Significant Developments in the Mental Health Plan System

2010 / 11

- While the statewide budget crisis continues to negatively impact Mental Health Plans (MHPs), no budget- related lay-offs or staff furloughs were reported. All funded positions are filled.
- The Fiscal Department experienced significant staffing turnover in the past year. Positions that have been vacated and re-filled include: Deputy Director of Business Services, Senior Account Clerk and Administrative Clerk II.
- The MHP expanded access to psychiatry services by bringing telemedicine capacity to the Hayfork Clinic. Hayfork now has access to Anasazi and the MHP share drive.
- The MHP completed the conversion to Anasazi use for billing, progress notes, assessment

and treatment plans.

- The MHP described the Mental Health Board as being in a “rebuilding phase” having lost many standing members to conflicts that arose from entering into contracts with the MHP. The Board schedule has been reorganized to meet less often but more intensively. A consumer—a graduate of residential care— has submitted an application to sit on the Board.
- The majority of the MHP leadership has been hired within the past 2-3 years. Experiences from this transition drive priorities for documentation of Agency workflow and storage on shared drive of data needed for operations.
- The MHP opened Alpine House, a new Mental Health Services Act (MHSA) funded six bed Adult Living Facility in June 2010. This facility has allowed the MHP to bring consumers living out of county in Institutes for Mental Disease facilities back to Trinity County. Five of the six beds are used as permanent housing, while the sixth functions as a time-limited crisis/respite bed.
- The MHP used MHSA Innovation funding to create a four-person Milestones Outreach and Support Team (MOST) to provide individual peer counseling and linkage to Wellness and Recovery resources to consumers while they are using the Alpine House respite bed. This impact of this unique method of service provision is being examined in a holistic fashion, with the service providers as well as the recipients creating rich qualitative logs of their reactions to and satisfaction with the project.
- As a result of gathering stakeholder input in four community meetings, the MHP entered into a new contract with Remi Vista to provide TBS and other therapeutic services to children and youth living in county and in out- of-county Foster Care.
- TCBHS led the effort to bring community partners together to examine the trends within the county concerning suicidality. A report was generated in September 2010 and sent to the Board of Supervisors (BOS) in February 2011. The BOS has requested that the MHP/community partners move forward with implementing the recommendations of this report in the coming year.
- The MHP completed and disseminated a plan to serve Foster Children placed out-of-county to streamline their access and timeliness to services.

2011 / 12

- The MHP has responded to the new consumer population of returning forensic consumers per Assembly Bill (AB)109, developing plans with the local probation department to discuss treatment modalities and associated costs of serving the 14 anticipated additional consumers.
- The MHP is preparing for the inception of the low-income health plan offered by CMSP and administered by Anthem Blue Cross by pursuing the requirements of becoming a provider.
- The Milestones Wellness Center was moved into the main Weaverville clinic site,

requiring remodeling and upgrades to the clinic environment.

- The MHP has made progress in full implementation of the Anasazi EHR/Practice Management system, including scheduling, treatment and assessment process, progress, notes and as of the review week, addition of the Anasazi Managed Care module.
- The MHP is part of an integrated agency that includes Alcohol and Drug Services (AODS) and has hired a new AODS administrator. It is pursuing certification as a Drug Medi-Cal provider. The MHP is looking to improve co-occurring services.
- The MHP has been tracking data on Respite Bed Stays since January 2011, monitoring the use of its respite bed, and seeking to expand the use of that resource beyond crisis consumers, supported by the MOST (Milestones Outreach and Support Team – a consumer staffed program). The results have been incorporated in the improvement of that resource and effectiveness of MOST. This means that a broader inclusion of consumer is occurring through clinical staff referrals of sub-acute consumers as well as consumer identified by MOST.

2012 / 13

- The MHP has successfully participated in a Performance Improvement Project (PIP) collaborative through the California Institute for Mental Health (CIMH) sponsored Small County Care Integration (SCCI) Learning Collaborative.
- The MHP has received approval by the Board of Supervisors to fill essential positions within the department and has hired a supervisor in the Clinical Division, a Quality Improvement Coordinator/Analyst, and a Benefits Specialist.
- The MHP has demonstrated expanded community efforts through the participation in the local AB 109 Community Collaborative and the adoption of the evidence-based practice (EBP) Moral Reconciliation Therapy (MRT), adapted to serve the recent prison-released population.
- The MHP has assumed preparations for health care reform (HCR), including becoming certified by Anthem Blue Cross for the CMSP low-income health plan (LIHP) recipients and Medicare, and has begun preparations for the Drug Medi-Cal application process.

2013/14

In August 2013, the Board of Supervisors approved an agency restructure for the MHP, resulting in additional staff which supports critical roles. The MHP now has an Assistant Director position, which also serves as the Alcohol and Other Drug (AOD) Administrator, and a Clinician III position which serves as a clinical supervisor.

On the other hand, vacancies occurred as a result of the Business Services Manager and the Deputy Director transferring to the County Administrative Office in July 2013. Also, the Deputy Director of Clinical Services relocated to another county in June 2013; this position was filled in February 2014.

Since last year, the MHP has spent considerable time and resources to collect valid data in its EHR and to train staff in outcome measures. In the coming months, the MHP hopes to be able to utilize this information to generate useful reports to guide the decision-making process.

2014/15

- Access to Care
 - The MHP made the decision to become certified by Beacon Health Strategies to provide “mild” and “moderate” behavioral health care services to Medi-Cal managed care plan (MCP) consumers. The MHP was also certified by Blue Shield to provide behavioral health care services to Covered California consumers.
 - The MHP became Drug Medi-Cal (DMC) Program certified in the fall of 2014 which allows the MHP to claim for Medi-Cal and all other publicly funded alcohol and other drug (AOD) services in addition to mental health services.
 - Through an SB 82 Grant and MHSA funding, the MHP expanded crisis services to include coordinated teams of peer specialists, case managers and clinicians who also provide services in mobile and residential settings. The MHP indicated that this resulted in a dramatic drop in inpatient hospitalization in calendar year (CY) 2014. The MHP will continue to monitor the success of this program and intends to expand the crisis services model in the coming year.
 - The MHP worked with a stakeholder group at the state level to implement a Crisis Stabilization Unit (CSU). Though it was unable to develop a Medi-Cal approved proposal, efforts will continue with an interim possibility of implementing a peer supported respite home.
 - To further aid in providing crisis and urgent services, the MHP expanded to a second adjoining building at the Weaverville clinic which now houses both the Milestones Wellness Center and peer specialists along with the Crisis Triage case managers.
 - The MHP is still unable to use their electronic Anasazi Electronic Health Records (EHR) to calculate penetration rates or other data trends and relies upon annual California External Quality Review (CalEQRO) data.
 - The MHP hired a 0.20 full time equivalent (FTE) psychiatrist in May 2014 who serves as Medical Director and provides psychiatric services face-to-face. This staff person also serves as the Medical Director for the new DMC/AOD program and provides the required physician services to this program.
 - Both the MHP staff and consumer/family members participating in the CalEQRO focus group noted a barrier with tele-psychiatry only being

available in Weaverville. They felt that also providing of tele-psychiatry in remote Hayfork would improve accessibility.

- Timeliness of Services
 - The MHP implemented electronic consumer signatures and consumer cancellation functionality in the Anasazi EHR this year.
 - The MHP was unable to develop timeliness to service measures or reporting capability in the Anasazi EHR. A particularly difficult problem is developing a methodology and measures for “No Shows”. The MHP has been working with Kings View to try to develop an Admissions page to include data on first offered appointment, consumer and provider reschedules, and consumer and provider “No Shows”. The MHP is considering a clinical PIP focusing on its “No Shows” rates.
- Quality of Care
 - The MHP hired a new Business Manager in May 2014 who brings a wealth of experience in many areas including quality improvement (QI) and information technology (IT) to the position.
 - Consumer signature pads are now available in all the MHP clinic sites. The MHP wants to add wireless capability to obtain consumer signatures in community locations and for mobile services.
 - The MHP has incorporated the CANS, ANSA, MORS and *Katie A.* services in the EHR, but has not yet developed the capability for data analysis or reporting of the outcome measures from these instruments except for MORS.
 - The MHP employs four consumers and/or family member (CFM) peer specialists who primarily work in the Weaverville and Hayfork Wellness Centers, but also provide crisis services, mobile response, support in residential settings, and transportation services.
 - The Wellness Center hours were expanded this year to seven days a week from 8:00 a.m. to 5:00 p.m. and have structured group programs from 10:00 a.m. – 3:00 p.m. on weekdays. The MHP intends to hire two additional peer specialists and establish a peer supervisor position in the coming year.
 - Consistent with the recovery model, the MHP added a second staff person to the reception area to provide a more friendly and efficient greeting to consumers coming to the Weaverville clinic.
 - Working with its vendors, it has implemented enhancement of remote access to the EHR to allow for provision of services in more rural locations.
- Consumer Outcomes
 - The MHP has implemented the Strengths Assessment, Personal Recovery Plan, Recovery Self-Assessment (RSA) provider/staff surveys, and Recovery Tracker consumer surveys through the CIMH Advanced Recovery Collaborative (ARC) clinical PIP as its Recovery model. The MHP is looking to transform the approach for all non-inpatient services to the recovery model

- in coming years, and has continued with its recovery-based Mental Health College locally.
- The MHP is considering a non-clinical PIP on improving consumer engagement.
 - The MHP reviews the Department of Health Care Services (DHCS) consumer perception survey data. However, it is unclear if this data is processed into reports and presented to stakeholders at the Quality Improvement Committee (QIC), cultural competency committees, executive staff or clinical meetings to inform decision making.

2015/16

- Access to Care
 - The MHP has increased the hours for the on-site psychiatrist and has ended a contract with a tele-psychiatrist.
 - The MHP has expanded crisis staff availability to include on-site presence/coverage during the weekends at the Wellness Center.
 - The MHP will begin working with Beacon Health to provide mild to moderate behavioral health care.
- Timeliness of Services
 - The MHP has restructured Triage Crisis Program to enable Peer Specialists to conduct informal case management for consumers in need. The Peer Specialists provide a first line of support for consumers, who are still able to see case managers or clinicians to resolve crises.
 - By addressing intake no shows and cancellations (through the non-clinical PIP), the MHP will also be able to improve timeliness to first clinical appointment.
- Quality of Care
 - The MHP has restructured participation/utilization of the Wellness Center and formalized a ‘membership’ process. This restructuring enables consumers to be more engaged and invested in services and their recovery.
 - A Utilization Review Coordinator was hired to concentrate MHP efforts on improving chart review, recoupment of non-billable services, and training of clinical staff to appropriate standards.
 - The MHP’s medical director has become more integrated in services and has become a conduit for collaboration between (in-patient) hospitals and an advocate for staff training on medication information and consent.
- Consumer Outcomes
 - By restructuring the Wellness Center membership, the MHP has addressed an issue of consumer safety and has promoted a focus on wellness and recovery.

- With the incorporation of the CANS, ANSA, and MORS in the EHR, the MHP is positioned to assess and aggregate consumer outcomes systemically.

2016/17

- Access to Care
 - The MHP has increased the services at the Hayfork clinic, including more psychiatry and nursing hours and more clinician and case management contact for consumers.
 - The MHP has strengthened the crisis team, through increasing staffing, from four to seven, and creating a designated crisis manager position. This provides more access to consumers and pre-consumers and facilitates oversight and coordination of crisis services. With more frontline access, other staff, case managers in particular, have more capacity to support and engage consumers already in care.
 - The MHP is overseeing the development and construction of a four-bed respite home. The respite home is meant to fill a gap in services, from when consumers are discharged from hospitalization to outpatient services. The respite home will be county-operated and peer-run and is slated to open in March 2018.
- Timeliness of Services
 - The MHP now has the ability to automate and extract timeliness data. The timeliness assessments and reports were fully integrated into the EHR. While it still requires a conversion (from the Anasazi report to Excel), this eliminates manual tracking and recording of times for services.
- Quality of Care
 - The MHP has adopted Cognitive Behavioral Therapy-psychosis for Front Line Providers (CBTp-FLP) as their treatment practice for consumers with psychotic disorders. The MHP trained all front-line staff and intends to use a coordinated, consistent, and multi-disciplinary approach to improve outcomes for consumers with psychotic disorders.
 - The MHP is part of a new collaborative of youth/child-serving agencies, along with Probation, Office of Education, Juvenile Dependency, and Child Welfare. The goal is to better align resources and provide support for at-risk families, before incidents occur. The MHP reported that their primary role is to collect and organize data, which adds more demand on quality improvement (QI) and compliance.
 - The MHP has a new network provider (Com-Pair) that should improve data collection, workflow, and timeliness of staff. The MHP reported that with the

new vendor, they have tripled their bandwidth and staff should experience a decrease in loss of records and freezing of applications.

- Consumer Outcomes
 - With the adoption of CBTp-FLP and use of its suite of outcome measures, the MHP has more concrete and objective means to measure outcomes for consumers with psychotic disorders.

2017/18

Access to Care

- The Drug Medi-Cal Organized Delivery System (DMC -ODS) Regional Model is under development with Partnership Health Plan.
- The MHP initiated a new clinical PIP focused on care for anxiety disorders with the practice of Mindfulness-based Stress Reduction group treatment. This is intended to address symptoms early into treatment.

Timeliness of Services

- The MHP initiated a non-clinical PIP focused on reducing the wait time to first offered appointment which it hopes will lead to earlier treatment engagement.

Quality of Care

- The QA manager position was vacated in September and the MHP underwent a reorganization of the QA unit. As mentioned, the tasks of the QAMT are a team effort of leadership staff.
- The MHP hired a new clinical director and reorganized the responsibilities to include some QA activities.
- The children's system of care is under ongoing development and collaboration with county agency partners such as probation, social services, housing, and public health in its Continuum of Care Reform (CCR) efforts.

Consumer Outcomes

- The MHP opened a six-bed Cedar House Peer Respite Center on May 1, 2018 that is consumer operated.
- The MHP integrated provisions for the daytime crisis service into the Wellness Center.

2018/19

- Access to Care
 - The MHP worked closely with the Hmong population, to explore opportunities for needed services. The majority of Hmong beneficiaries are children who are seen in the schools.
 - Outreach efforts to the Hayfork community occurred weekly by the peer specialist who primarily worked in the Horizons Wellness Center (before it closed). Thereafter, an Itinerant Case Manager / Peer Specialist spent one day a week in the Hayfork Community, including outreach to the Elderly at Eschaton Rest Home. The rest of each week, the Itinerant Case Manager / Peer Specialist traveled to Weaverville to help staff the Milestones Wellness Center.
 - Native American relationships continue to be fostered with local tribal agencies and through the Federally Qualified Health Center (FQHC).
 - The MHP has one contracted psychiatrist who works onsite in Weaverville most days and one day in Hayfork and as needed. Kings View provides one psychiatrist through telehealth in Hayfork every fifth week from 8 a.m. to 1 p.m., with an MHP nurse who provides oversight.
 - All MHP clinicians provide both child and adult services, as well as crisis services.
 - The MHP has one staff clinician who works in the elementary school K-8th one day per week in the southern part of the county.
 - The MHP works with local law enforcement agencies for crisis services and on a case by case basis.
 - MHP staff are working closely with CWS on the provision of services for foster care youth.
 - The MHP vacated one of its three buildings that comprised the Weaverville offices in an effort to reduce operational costs.
- Timeliness of Services
 - The MHP has a standard of ten business days from initial contact to first offered appointment and met the standard only 7 percent of the time. The MHP has sub-contracted another Clinician from a neighboring County which has improved the timeliness for this metric to meet policy standards.
 - The MHP has a standard of 30 days from initial contact to first offered psychiatric appointment, and met this standard 100 percent of the time with a mean of 14 days, an increase from 90 percent in FY 2017-18.
 - The MHP has a standard of ten minutes for timely appointments for urgent conditions, and met this standard 95 percent of the time.
 - The MHP has a standard of seven days for follow-up post-psychiatric inpatient discharge, and met this standard 100 percent of the time as measured for FY 2018-19 (through February 2019), compared to a 33 percent follow-up rate in FY 2017-18.

- The MHP had a zero percent readmission rate for FY 2018-19 (through February 2019) compared to a 12 percent readmission rate in FY 2017-18.
- Quality of Care
 - The MHP revised the FY 2018-19 QIC work plan to include quantifiable goals and objectives for improvement activities. The QIC meets every other month and discusses the data and analyses for each of the goals and objectives.
 - The Milestones Wellness Center is located within the new Cedar Home Peer Respite Center in Weaverville. The wellness center has drop-in hours from Monday through Friday from 10:00 a.m. – 4:00 p.m. It is county-operated and run completely by beneficiaries and peer specialists.
 - The wellness center currently hosts an emotions group, a men’s group, and a LGBTQ group. A garden project is also unfolding and beneficiaries are excited about it. Hot lunches are provided every Friday.
 - Beneficiaries received information about wellness center activities through case managers, therapists, outreach activities, word of mouth, the Trinity County Rants and Raves Facebook page, the wellness center bulletin board, and a calendar and brochures located at the MHP offices.
 - The MHP is completing the CANS and PSC-35 assessments for all child beneficiaries. This is being done as part of a county-wide multi-agency child family team (CFT) which is currently incorporating the ANSA, CANS, and Pediatric System Checklist (PSC-35) data to assist in the implementation of a system-wide methodology that will analyze results and develop service delivery strategies for children and their caregivers.
- Consumer Outcomes
 - The MHP changed their methodology for conducting the consumer perception survey (CPS) in September 2018 and significantly improved their data collection with 79 beneficiary responses, up from five responses in the previous cycle. The data has been shared with stakeholders.
 - The MHP conducted a post-services discharge follow-up phone survey for MHP discharges from October through December 2018, with nine responses received out of 34 discharges. While most responses were positive overall, for eight of them, respondents indicated that they were not interested in the group topics that the MHP offered. Based on this data, the MHP is making changes and will be offering new topics in the coming months.
 - The MHP changed their methodology for conducting the consumer perception survey (CPS) in September 2018 and significantly improved their data collection with 79 beneficiary responses, up from five responses in the previous cycle. While the data have been shared with stakeholders, the MHP has not utilized this data to make any system changes.
 - The MHP conducted a post-services discharge follow-up phone survey for MHP discharges from October through December 2018, with nine responses received out of 34 discharges. While most responses were positive overall, for eight of them,

respondents indicated that they were not interested in the group topics that the MHP offered. Based on this data, the MHP is making changes and will be offering new topics in the coming months.

- At the External Quality Review Organization (EQRO)'s FY 18-19 Site Review, consumers reported receiving excellent quality care and felt they were improving.

MHP System Standards

TCBHS currently provides mental health services to the severely mentally ill, as well as the mild to moderately ill population requesting service. All services provided are in compliance with the state and federal standards and regulations regarding access, authorization and utilization, quality and appropriateness of care, medical necessity, beneficiary protection, program integrity, and funding requirements. Key requirements and activities exercised by the MHP are listed below, in recognition of state and federal standards and requirements.

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

TCBHS has designed its intake and authorization process to ensure timely access to the system and an appropriate utilization of services.

Outpatient Services

TCBHS delivers a number of specialty mental health outpatient services at our mental health outpatient clinics, which includes assessment, individual, group, rehabilitation, case management, intensive care coordination, in-home based services, medication support, and crisis intervention services. As needed, Therapeutic Behavioral Services are offered in the county via contracted services. All outpatient specialty mental health services require authorization through the internal MHP UR process, except for crisis and inpatient utilization.

- It is the goal of TCBHS to manage resources in a manner that allows all individuals requesting routine (non-crisis) services to receive an initial intake appointment as soon as possible, but no later than ten (10) business days of the request for services.
- It is the goal of TCBHS to provide transportation services to consumers without means or opportunity to access services, to the extent that funding is available.
- It is the goal of TCBHS to offer outpatient urgent services to individuals requesting such services within one (1) hour, but not to exceed twenty-four (24) hours, of request. TCBHS offers walk-in services from 8:00am to 12:00pm and 1:00pm to 5:00pm, five days a week, excluding weekends and holidays. Crisis interventions have the goal of reducing incidents of hospitalization and incarceration. Reducing law enforcement encounters is also a primary goal.
- In addition, TCBHS maintains the goal that, for those individuals authorized to receive planned services, a scheduled appointment date with a clinic service provider will occur in fourteen (14) calendar days, from the date of provider assignment.

- Services are offered to consumers in areas of need and interest. Through the Utilization Review process, consumers who are identified as having a need will participate in medication assessment and medication monitoring. Consumers have a choice of seeing a doctor in person or via telemedicine.
- TCBHS is an integrated system of care and both Mental Health and Substance Use Disorder services are offered on the same campus.
- The completed assessment and supporting documentation is reviewed by the Utilization Review (UR) Team to determine that services are medically necessary and appropriate.

For more information, see policies 2400 (Transportation Policy Overview), 3003 (Clinical Intake Process), and 3200 (Crisis and 5150 Procedure) 3002 (Access to Non-Emergency Services for Out-of-County Beneficiaries).

Services for Out-of-County Youth and Adults

- Adult or Minor beneficiaries of Trinity County Medi-Cal and all those who are placed in foster placements or residential homes out-of-county will have SMHS approved for them by TCBHS through self-referral, provider requests from the County where they are residing, or through requests from other Trinity County agencies (CWS or APS).
- The point of authorization for specialty mental health services for the MHP does serve as the payment authorization for the MHP. All organizational provider specialty mental health services require payment authorization. No payments can be made to providers without securing authorization except for crisis and inpatient emergencies.
- TCBHS is responsible for arranging medically necessary specialty mental health services to Trinity County children/youth and adults who are in out-of-county foster care or other residential placements.
- TCBHS is also responsible for authorizing or providing medically necessary specialty mental health services to children/youth in an Aid to Adoptive Parents (AAP) or KinGAP program.
- A Service Authorization Request (SAR) is submitted by the provider within three (3) working days following the date of receipt of the request for services. The Children's System of Care Supervisor notifies the host county and the requesting provider of the approval decision within three (3) working days following the date of receipt of the request for services.
- TCBHS makes payment arrangements with the host county MHP or with the requesting provider within 30 days of the date that Trinity County approved the services.
- TCBHS will ensure that youth placed in out-of-county settings receive notification of beneficiary rights.

Wellness Centers

TCBHS offered peer supported recovery services at the two Wellness Centers, which are each located on the same campuses as the outpatient clinics. The Horizons Wellness Center was closed at the end of 2018, due to Budgetary constraints. The Wellness Centers supported both identified clients as well as community members seeking membership. Structured and drop-in services are available, and all interventions are at no cost to the consumers. No payment authorization or Utilization Review Authorization is required for services at the Wellness Centers as no Medi-Cal Billing is occurring.

Inpatient Services

The TCBHS MHP requires a Point of Authorization for psychiatric inpatient services from out-of-county providers.

- Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current TCBHS protocol.
- Inpatient services for both adults and adolescents are provided through contracts with approved hospitals, whenever possible.
- The Clinical Director is the Point of Authorization and is responsible for the authorization for payment of inpatient services. The Clinical Director reviews authorization requests for hospital services admissions and makes the final determination on all inpatient Treatment Authorization Requests. Hospitals have 10 days to notify TCBHS of an inpatient admission, unless otherwise specified in the contract.
- The Utilization Review process includes the Medical Director reviewing all hospitalizations for assurance that medical necessity exists, and to ensure that disallowances are conducted according to agency policy.
- For Trinity County, the Point of Authorization contact is: Trinity County Behavioral Health Services, P.O. Box 1640, Weaverville, CA 96093-1604, phone (530) 623-1362 or 1-888-624-5820 (Emergency Services), fax (530) 623-1447
- Trinity County Behavioral Health Services (TCBHS) will receive and process all TARs for Medi-Cal or potential Medi-Cal patients, and for Fee-for-service / Short Doyle patients with inpatient psychiatric stays. All TARs will be reviewed according to the current State TAR instructions. TCBHS will approve or deny TARs within fourteen (14) calendar days of receipt of the request. All inpatient provider appeals ruled in favor of the provider shall adhere to regulations regarding payment and authorized for payment within fourteen (14) calendar days of receipt of the revised TAR. The MHP point of Authorization shall interface with the hospital utilization review department to ensure that inpatient stays are reviewed for medical necessity and that the payment for the service is expedited and that all State and Federal regulations are followed.

For additional information, see policies 3200 (Crisis and 5150 Procedure), 3203 (Admission of Clients in Crisis to North Valley Behavioral Health (NVBH) Psychiatric Health Facility (PHF)), 3206 (Inpatient Treatment Authorization Requests), and 3307 (Referring and Approving Services for Remi-Vista, Inc.).

2. A description of the process for:

- a) **Screening, referral and coordination with other necessary services, including, but not limited to, wellness centers, substance use disorders, prevention, educational, health, housing and vocational rehabilitation services**

Screening, referral, and coordination with other services are a critical component to providing excellent care to beneficiaries. The processes for coordinating with other agencies and service providers are as follows:

- Substance Use Disorder Services – If the assessment determines that there is a substance abuse issue, Mental Health staff refer the beneficiary to Substance Use Disorder services. As an integrated department, both Mental Health and Substance Use Disorder services are available. TCBHS staff coordinate services to meet the unique needs of the beneficiary. Additionally, the MHP 24/7 access line does provide initial information for both mental health and substance use disorder services.
- The MHP also works closely with the Managed Care Physical Health Plan in our region. Partnership Health Plan (PHP) holds monthly meetings with the directors from the seven participating counties in the Superior Region. PHP also contracts with Beacon as a behavioral health provider for the mild to moderate conditions.
- On January 1, 2014, Partnership Health Plan became responsible for the mild and moderate beneficiaries, and PHP has been eager to collaborate with the county MHP to develop and submit an organized delivery system 1115 Waiver that would be the first region plan submitted to DHCS. MHSUDS Information Notice No. 14-020 that the MHPs and the MCPs must coordinate to ensure that beneficiaries receive timely, medically necessary services.
- Education – If the assessment determines that the beneficiary could benefit from coordinated care with an educational facility (e.g., schools, community college), TCBHS staff refer/link the beneficiary with the appropriate educational professional staff. TCBHS has a formal contract with the Trinity County Office of Education to work closely with the school system to provide specialty mental health services. TCBHS funds Prevention and Early Intervention services via contract throughout the County.
- Health – If the assessment determines that there is a need for health care services, TCBHS staff refer the beneficiary to the Rural Health Clinic for screening and limited medical care. TCBHS staff also coordinate care with the nearest out of county hospitals and out of county medical providers that accept Medi-Cal. TCBHS staff coordinate services to meet the unique needs of the beneficiary. TCBHS has a formal Memorandum of Understanding with Partnership Health Plan of California, the managed healthcare plan for Trinity County Medi-Cal beneficiaries.
- Housing – If the assessment determines that the beneficiary requires assistance in obtaining or changing housing, TCBHS staff shall refer the beneficiary to the Human Resource Network (HRN) or a TCBHS Case Manager may attempt to assist the beneficiary and/or family to secure housing.

- Social Services – If the assessment determines that the beneficiary requires assistance in obtaining the services of Public Assistance, Child Welfare Services, or Adult Protective Services, TCBHS staff help the beneficiary to access these services. TCBHS participates in the local Continuum of Care Reform (CCR) Collaborative as a full partner.
- Probation – If the assessment determines that the beneficiary requires assistance with Probation services, TCBHS staff collaborate as appropriate. TCBHS is an active member of the Trinity County Community Corrections Partnerships, the committee that oversees the AB109 program.
- Vocational Services / Employment – If the assessment determines the beneficiary is interested in obtaining or changing employment, TCBHS staff help the beneficiary in developing a resume; and enhancing interviewing skills, job seeking skills, and work-related skills.
- Non-Profit/Community Based Organizations – TCBHS refers consumers to the local resources, primarily the Human Response Network, for domestic violence, sexual abuse intervention, faith-based resources, food, housing, and clothing.

For more information, see policies 2308 (AODS Referrals) and 3309(Health Care Coordination with Primary Care Physicians & Other Health Care Providers).

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

TCBHS is committed to providing specialty mental health services to the diverse populations in the county, including the Native American community, culturally diverse populations, homeless individuals, and hard-to-reach individuals who may need behavioral health services, but who have not accessed them.

In an effort to reach homeless and other hard-to-reach individuals, TCBHS distributes informational materials to the community at various locations, including the Wellness Center, Milestones, in Weaverville; the Golden Age Center, the local senior center; Public Health, Probation and other county agencies; schools and education centers, including the local community college; and the Human Response Network, the local Community-Based Organization.

All TCBHS brochures and informational notices regarding mental health clinic hours, Patient's Rights, available services, informed consent, and medication information are easy to read and understand. The General Statewide Information booklet is offered in English and Spanish. Informational materials are also available on the agency website, located at, <http://www.trinitycounty.org/index.aspx?page=60>. Beneficiary Booklets are offered at the time of the first appointment and thereafter they are also available.

TCBHS provides informational presentations and exhibits during community events throughout the year. Examples of these events include the annual County Health Fair; the annual County Fair; a local soup kitchen; May is Mental Health Month activities are presented throughout the

month of May; and Each Mind Matters information booths are set up in Hayfork and Weaverville at least three times per year.

- Presentations/exhibits focus, as appropriate, on the LGBTQ and Hmong communities and homeless individuals, and demonstrate the culturally-sensitive services that TCBHS delivers.
- Presentations also focus on educating the general community about mental illness, to reduce stigma and inform the community about the availability of services and treatment options.

For more information, see policy 3006 (Outreach to Underserved Populations).

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

TCBHS is fully operational and provides a range of specialty mental health services to Medi-Cal beneficiaries to assure continuity of care for all persons needing medically-necessary mental health services. Trinity County has been the MHP for more than 15 years, providing Mental Health services with county civil servants and organizational providers.

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

Trinity County Behavioral Health Services (TCBHS) is committed to maintaining a positive communication with the managed care health plan in our area, so that consumers of TCBHS receive both quality mental and physical health care. To that end, TCBHS will monitor the effectiveness of the MOU with Partnership Health Plan regularly. TCBHS will ensure there is continuity of care between the MHP and the physical health care plan. The TCBHS psychiatrist is available to primary health care physicians for consultation, training, or distribution of educational materials related to medications or other mental health care issues.

- During regular clinic hours and days, consultation with the psychiatrist is available by appointment at the TCBHS clinic site or by phone.
- During non-business hours, an urgent psychiatrist consultation is accessible by request to on-call staff who may contact the psychiatrist by emailing or calling and requesting that the psychiatrist return the call.

Regulations regarding the management of confidential information and records, as per Federal and State mental health laws and regulations and Welfare and Institutions Code, Section 5328, are adhered to at all times that a TCBHS client is involved.

For more information, see policy 3303 (Consultation and Training Regarding Psychotropic Medications and Mental Health Conditions for Local Doctors/Practitioners) and 2609 (Ensuring Coordination of Physical and Mental Health Care) and 4101 (Appropriate Handling of Medical Situations) and 4202 (Emergency Medical Services)

3. A description of the processes for problem resolution.

Trinity County Behavioral Health Services (TCBHS) is committed to resolving identified problems in a sensitive, confidential, and timely manner. TCBHS shall ensure that self-addressed, self-mailer forms are available for beneficiaries to pick-up at all sites without having to make a verbal or written request to anyone.

Grievance Time Table

Timeline	Staff	Activity
Within 1 business day of receipt	Compliance Officer or designee	Log Grievance
Within 5 Calendar days of receipt	Compliance Officer or designee	Send written notice of receipt to the client
Within 30 days of receipt	Compliance Officer or designee	Send written notice of disposition to the client
Upon Disposition	Behavioral Health Director or designee	Log disposition

Standard Appeal Time Table

Timeline	Staff	Activity
Within 1 business day of receipt	Compliance Officer or designee	Log Standard Appeal
Within 5 Calendar days of receipt	Compliance Officer or designee	Send written notice of receipt to the client
Within 30 days of receipt*	Compliance Officer or designee	Send written notice of disposition to the client
Upon Disposition	Compliance Officer or designee	Log disposition

Expedited Appeal Time Table

Timeline	Staff	Activity
Within 1 business day of receipt	Compliance Officer or designee	Log Expedited Appeal
Not specified	Behavioral Health Director or designee	Send written notice of receipt to the client
Within 72 hours of receipt	Compliance Officer or designee	Notify the client orally <u>and</u> in writing if TCBHS denies a request for an expedited

		resolution of an appeal (converts to standard appeal process)
Upon Disposition	Compliance Officer or designee	Log disposition

**This timeframe may be extended by up to 14 calendar days if the client requests an extension, or TCBHS determines that there is a need for additional information and that the delay is in the client's interest. If the extension is due to TCBHS request for a delay, the client is given written notice of the reason for the delay.*

TCBHS has designated the Compliance Officer and staff to assist clients with the problem resolution process, as well as to investigate reports of grievances and appeals. Decisions regarding situations which are clinical in nature must be made by a person with clinical expertise appropriate in nature for treating the beneficiary's condition. Such situations include: grievances or appeals related to lack of medical necessity, denial of expedited resolution of an appeal, and/or grievances/appeals that involve clinical issues. At the onset of the problem resolution process, all clients are informed of the availability of a Patient Rights Advocate (PRA). The MHP contracts with an independent PRA who has experience both as a consumer and as a professional. The contracted PRA makes visits to the Wellness Center to offer information on patient rights and may attend the Quality Improvement Committee and Behavioral Health Advisory Board meetings.

The Compliance Officer or designee confidentially maintains a Grievance and Appeal Log for tracking issues reported by clients. The log entry includes at least the client's name; the date of receipt; the nature of the problem; and the final disposition of the grievance or appeal (e.g., the date the decision is sent to the client or documentation explaining the reason(s) for no final disposition).

Clients have the right to request a State Fair Hearing after completing the TCBHS Problem Resolution Process. Clients must exhaust the county Problem Resolution Process before filing for a State Fair Hearing.

The MHP also has a process in place for organizational providers, especially when hospitals appeal a decision to disallow an inpatient stay, particularly when the stay is seen by the medical director of the MHP to not meet medical necessity. The process in place follows exactly California Code of Regulations, Title 9, Chapter 10, Articles 1774 and 1798.

For further information, see policy 1104 (Beneficiary Problem Resolution Process) and 2201(Provider appeal for disallowed claims or invoices)

4. A description of the provider selection process, including provider selection criteria consistent with Sections 1810.425 and 1810.435.

In order to ensure delivery of the highest quality mental health services, TCBHS is committed to selecting and retaining qualified providers that meet strict standards and regulations surrounding client care, availability of services, cultural competence, and client rights. TCBHS reviews potential providers for acceptable licensing and compliance with state and federal regulations. In addition, providers are routinely reviewed for licensing and compliance with standards.

Trinity County has a fully developed Program Compliance Plan from which multiple policies stem. The MHP takes provider compliance quite seriously, and to that end there is a monthly compliance training and each year every MHP provider is required to sign a statement affirming that the provider has reviewed the Compliance Program Plan and that they have discussed any questions or reservations with their manager.

- TCBHS requires that providers are licensed, or registered/waivered per the State of California standards related to their practice or scope of work.
- In addition to licensing standards, all contract providers must:
 - Maintain a safe facility;
 - Store and dispense medications in compliance with all applicable state and federal laws and regulations;
 - Maintain client records in a manner that meets state and federal standards;
 - Meet the standards and requirements of the TCBHS Quality Improvement Program; and
 - Meet any additional requirements that are established by TCBHS as part of a credentialing or evaluation process.
- Organizational providers must also:
 - Provide for appropriate supervision of staff;
 - Have as Head of Service a licensed mental health professional or other appropriate individual as described in state regulations;
 - Possess appropriate liability insurance;
 - Have accounting and fiscal practices that are sufficient to comply with its obligations pursuant to state code; and
 - Permit an on-site review at least every three years.
- TCBHS routinely verifies provider information through:
 1. Online verification of licenses to determine that they are current and clear of any formal actions, negative reports, or limitations; and
 2. Online verification of Exclusion and Status Lists, including CA Medi-Cal List of Suspended and Ineligible Providers, and the Federal Office of Inspector General (OIG) List.
- TCBHS does not discriminate against particular providers who service high-risk populations or specialize in conditions that require costly treatment. A provider is not excluded from eligibility solely based on the type of license or certification that the provider possesses.

- Because there are no organizational providers doing business in trinity County, the MHP has the internal resources to provide for beneficiaries in county. All out of county requests for services are referred to contracted organizational providers.
- The MHP has established a hospital selection process that has the following criteria:
 - a. The MHP shall require that each hospital:
 1. Complies with all Federal Medicaid laws, regulations and guidelines and State statutes and regulations and does not violate the terms of the contract between the MHP and the Department of Health Care Services (DHCS).
 2. Sign a provider agreement with DHCS when necessary.
 3. Provide psychiatric inpatient hospital services, within its scope of licensure, to all beneficiaries who are referred by the MHP, unless compelling clinical circumstances exist that contraindicate admission, or the MHP negotiates a different arrangement with the hospital.
 4. Refer beneficiaries for other services when necessary.
 5. Not refuse an admission solely on the basis of age, sex, race, religion, physical or mental disability, or national origin.
 - b. In addition to the conditions stated in “a” above, an MHP may consider but is not limited to any or all of the following in selecting hospitals:
 1. History of Medi-Cal certification, licensure and accreditation.
 2. Circumstances of any current or previous litigation against the hospital.
 3. The geographic locations that would maximize beneficiary participation.
 4. The ability of the hospital to:
 - A. Offer services at competitive rates.
 - B. Demonstrate positive outcomes and cost effectiveness.
 - C. Address the needs of beneficiaries based on factors including age, language, culture, physical disability, and specified clinical interventions.
 - D. Serve beneficiaries with severe mental illness and serious emotional disturbance.
 - E. Meet the quality improvement, authorization, clinical, and administrative requirements of the MHP.
 - F. Work with beneficiaries, their families, and other providers in a collaborative and supportive manner.

For more information, see policies 2005 (Credentialing and Certification of Providers), 2801 (Eligible Contract Providers), and 2610 (Inpatient Psychiatric Hospital Selection).

5. Documentation that demonstrates that the entity:

- a) *Offers appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries that will be served by the MHP***

TCBHS provides or arranges for a range of mental health services, including outpatient treatment mental health services. TCBHS contracts with outside providers to deliver outpatient and inpatient treatment services.

TCBHS directly provides the following mental health services:

- Rehabilitative Mental Health Services, including:
 - Mental Health Services, including assessment; plan development; individual, group, and family therapy; rehabilitation services: individual and group; interventions; and collateral services.
 - Medication Support Services, including assessment of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; medication education; collateral services; and plan development.
 - Crisis Intervention Services, including assessment; therapy: individual; collateral; and referral services.
- Targeted Case Management Services
- Early Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Specialty Mental Health Services, including assessment, plan development, and treatment through mental health services; medication support services; crisis intervention services; and Intensive Care Coordination (ICC).
- Adult Residential Services; and in the coming year TCBHS plans to offer Peer Respite housing services.

TCBHS also ensures that other services are available, as needed, through provider contracts and/or referrals, including:

- Crisis stabilization
- Adult residential treatment services
- Crisis residential treatment services
- Psychiatric health facility services
- Psychiatric inpatient hospitalization
- Psychiatric nursing facility services / Mental Health Rehabilitation Center services
- Therapeutic Behavioral Services (TBS)
- Intensive Home-Based Services (IHBS)
- We plan to expand services to include Therapeutic Foster Care services in the next year.
- Short-Term Residential Therapeutic Programs (STRTPs).

Mental Health Services are provided by Medi-Cal-certified mental health organizations or agencies and by mental health professionals who are licensed according to state requirements; or by non-licensed providers who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Health Care Services (DHCS), to the extent authorized under state law. All specialty mental health services are delivered from Medi-Cal-certified Mental Health sites.

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

The majority of specialty mental health service are delivered by TCBHS because there are a limited number of providers available in this county. Ongoing data clearly demonstrates that we serve a large number of people, and our data shows that the proportion of persons served, as analyzed by age, gender, and race/ethnicity, closely resembles the proportion of persons in our general population.

For more information, see policies 2014 (Maintaining and Monitoring a Network of Appropriate Providers), 2802 (Network Adequacy), 2605 (The Provision of Services in Every Geographic Area to Meet the Needs of All Age Groups), 3006 (Outreach to Underserved, Homeless, and Hard to Reach Populations), 3307 (Consumer Care – Referrals & Other Providers), 2603 (Productivity Requirements) and 2607 (Provision of an Appropriate Range of SMHS to Meet the Needs of Beneficiaries).

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

TCBHS ensures that the needs of each age category are addressed. Age-appropriate services are available, including individual/family therapy, group therapy, medication support, rehabilitation services, and case management services. TBS is offered via a contract agency when needed.

- TCBHS staff work closely with the schools and offer a range of services to meet the needs of children and their families by age, gender, race/ethnicity, and primary language.
- TCBHS uses 80% of the available MHSA Prevention and Early Intervention Revenue from the MHP for contracts with local schools and the Juvenile Justice Division of Probation to offer prevention activities that includes the identification of youth manifesting symptoms of mental illness or emotional disturbance and the referral of these beneficiaries to TCBHS for follow-up services.
- TCBHS ensures that each child/youth in the foster care system receives appropriate mental health services depending on the child's needs. This population includes children (ages 0-15) and Transition Age Youth (ages 16-25).
- In December 2011, as a result of a settlement agreement in the Katie A versus Diana Bonita lawsuit, the state of California agreed to take a series of actions to transform the way California children and youth in foster care or at imminent risk of foster care placement, receive access to mental health services. The Core Practice Model (CPM) describes a significant shift in the way individual service providers and systems are expected to address the needs of children/youth and families in the child welfare system.

The model's values and principles include the following:

- Children are first and foremost protected from abuse and neglect are maintained safely in their homes.
- Services are needs driven, strength-based and family focused from the first conversation with or about the family.
- Services are individualized and tailored to the strengths and needs of each child and family.
- Services are delivered through a multi-agency collaborative approach; this is grounded in a strong community base.

- Parents/family voice, choice on preference are assured throughout the process.
- Services include a blend of formal and informal resources designed to assist families with the successful transitions that ensure long-term success.
- Services are culturally competent and respectful of the culture of children and the families.
- Services and supports are provided in the child and family's community.
- Children have permanency and stability in the situation.

Due to a shortage of clinical staff, TCBHS clinicians are recruited with a focus on being a general practitioner prepared to work with individuals of all ages. TCBHS provides each beneficiary with services guided by behaviors, attitudes, and policies that enable effective service provision in cross-cultural and age-appropriate settings to the fullest extent within the medical necessity criteria. If there is a specialized service need for a beneficiary that TCBHS cannot meet, TCBHS oversees provision of the service through referral to contracted organizational providers.

For more information, see policy 2608 (Pathways to Wellbeing; Katie A Subclass and Capacity Identification).

7. A description of the Cultural and Linguistic Competence Plan.

TCBHS strives to deliver culturally- and linguistically-appropriate services to clients and their families. This approach is reflected in the department's mission statement, world view, informing materials, and client care plans. Cultural discussions are an integrated component of the child, youth, adult, and older adult service delivery systems. TCBHS has adopted specific standards and processes for providing and monitoring culturally-competent services, including a Cultural Competence Committee (CCC); annual Cultural and Linguistic Competence Plan Updates; and staff training on the use of the AT&T Language Line.

- The TCBHS Cultural Competence Committee (CCC) is a cross-agency committee that has representatives from mental health, alcohol and other drugs, community members, and consumers and family members. Approximately 5-6 people attend each meeting which is held every other month. The committee works closely together to review data; organize cultural activities; and promote culture and healing to help balance the lives of the providers and the persons who we serve.
- The CCC goal is to contribute to the overall planning and implementation of services in the county. The TCBHS Mission Statement guides the CCC to promote the vision of the department and set the focus of each meeting.
- The CCC completes an annual update of the TCBHS cultural and linguistic competence plan, in accordance with state requirements.
- At least bi-annually, TCBHS provides cultural competence training to staff, including administrative and management staff, direct service providers, and clerical/front office

staff. Topics covered include utilizing interpreters; cultural diversity and sensitivity; culture-specific approaches to treatment and recovery; understanding client culture; and other subjects.

For more information, refer to policy 1402 (Cultural Competency Plan) and the most recent Cultural Competency Plan, policy 1115 (Access of Beneficiary to Translated Materials), and policy 1117 (Interpreter Services).

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

Inpatient Services

- A majority of TCBHS clients are hospitalized in contracted hospitals.
- Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current TCBHS policy or protocol, found in the Crisis binder.
- Most beneficiaries that require an inpatient hospitalization are conducted as a W&I 5150. There are rare occasions when a planned admission might be an option. In this event, a TAR would be initiated and approval would happen prior to the inpatient admission. No Planned Admission would occur unless medical necessity existed and there was reasonable cause to believe that without the inpatient admission, the beneficiary would not improve. The written payment authorization would be issued by the Clinical Director who serves as the Payment Point of Authorization.
- Inpatient services for children, youth, and adults are provided through contracts with approved hospitals, whenever possible.
- The Clinical Deputy Director is responsible for the authorization for payment of inpatient services when a contract does not exist.
- The Medical Director reviews authorization requests for hospital services admissions and makes the final determination on all inpatient Treatment Authorization Requests.
- Hospitals have fourteen (14) days to notify TCBHS of an inpatient admission, unless otherwise specified in the contract.

For more information, see policies 3200 (Crisis and 5150 Procedure) and 3206 (Inpatient Treatment Authorization Requests (TARs)).

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

TCBHS has implemented a Quality Improvement (QI) Program in accordance with state regulation for evaluating the appropriateness and quality of services, including over-

utilization and underutilization of services. The QI Program meets these requirements through the following process:

- 1) Collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified;
 - 2) Identifying opportunities for improvement and decide which opportunities to pursue;
 - 3) Designing and implementing interventions to improve performance (including required Performance Improvement Projects [PIPs]);
 - 4) Measuring the effectiveness of the interventions;
 - 5) Incorporating successful interventions in the system, as appropriate; and
 - 6) Reviewing client grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required.
- It is the goal of TCBHS to build a structure that ensures the overall quality of services. This goal is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member staff; and utilization of technology for data analysis. Through data collection and analysis, significant trends are identified; and policy and system-level changes are implemented, when appropriate.

The key functions of the QI Program are overseen by the following entities:

- Quality Improvement Committee – The Quality Improvement Committee (QIC) is responsible for overseeing all QI activities. The QIC is charged with implementing the quality improvement activities of the agency. Every other month, the QIC collects, reviews, evaluates, and analyzes data and implements actions that frequently involve handling information that is of a sensitive and confidential nature. The QIC also provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs). The QIC recommends policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC documents all activities through dated and signed minutes to reflect all QIC decisions and actions.
- The QIC assures that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC continuously conducts planning and initiates new activities for sustaining improvement.
- Utilization Review (UR) Team – The UR Team is responsible for all Utilization Management (UM) activities. UR Team meets regularly to evaluate medical necessity, appropriateness and effectiveness of services provided to Medi-Cal clients prospectively and retrospectively. Any problems or issues identified by this team will be reviewed in

QIC. Charts may also be referred to the UR Team by the QIC and any other staff when there are concerns about the quality of care, specifically the authorization, provision, or documentation of specialty mental health services to a particular client.

TCBHS maintains an annual QI Work Plan that includes the following:

- An annual evaluation of the overall effectiveness of the QI Program, utilizing data to demonstrate that QI activities have contributed to meaningful improvement in clinical care and beneficiary service;
- Objectives and activities for the coming year;
- Previously identified issues, including tracking issues over time; and
- Activities for sustaining improvement.

The QI Work Plan is provided to the External Quality Review Organization (EQRO) during its annual review of the TCBHS system, and to DHCS during its triennial Medi-Cal review. It is also located on the DHCS website and the TCBHS website, and available upon request.

For more information, refer to policies 1218 (Quality Management Program General Program Policy & Procedures) and 2002 (Utilization Reviews), 2015/16 Quality Improvement Work Plan Evaluation, and 2016/17 Quality Improvement Work Plan.

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

- Health Insurance Portability and Accountability Act (HIPAA) Policies and Procedures – All TCBHS staff must review and sign an acknowledgement of understanding for all HIPAA Policies and Procedures before they make any contact with beneficiaries or their confidential information. Annually thereafter, each employee is required to sign the same document. The policies encompass all State and Federal laws and regulations pertaining to the confidentiality of Protected Health Information (PHI). The policies have been updated with detailed information to include electronic PHI and safeguards required to protect information in this capacity as well. These policies and procedures not only inform TCBHS staff about appropriate regulations regarding beneficiary confidentiality, but also include how to report breaches in confidentiality and sanctions for these types of breaches.
- HIPAA Training and Annual Review – All TCBHS staff are required upon hiring, and annually thereafter, to take a course in HIPAA policy. This course reviews regulations for the protection of PHI.
- Compliance Training and Annual Review – All TCBHS staff are required upon hiring, and annually thereafter to complete a Compliance training of which confidentiality

standards are a major component. Each TCBHS staff member must sign an agreement to adhere to Compliance and ethical standards while maintaining employment with TCBHS.

- Each month during the scheduled All Staff meeting, staff receive mini-trainings on HIPAA and Compliance regulations and policies.
- Informed Consent – TCBHS staff are required to obtain informed consent from beneficiaries prior to the onset of services, and annually thereafter. Informed consent includes the limits of confidentiality.
- Group Confidentiality Statements – All group services provided by TCBHS require a verbal agreement for the confidentiality of information shared during group be kept private amongst group members. This agreement is for the purpose of informing group members of the importance of confidentiality as they may not be held to the same legal standards as TCBHS staff.

For more information, refer to policies 1001 (Compliance with Federal and State Laws), 1007 (Confidentiality: Oath of Confidentiality; Confidentiality; Confidentiality & The Release of Information (ROI) Record; Records of Confidentiality), 1101 (Beneficiary Rights), and 1106 (Confidentiality of Mental Health Information).

- 11.** Since TCBHS is an existing MHP, TCBHS does not believe that there are any policies or procedures applicable to this question.