



VENTURA COUNTY  
**BEHAVIORAL HEALTH**  
A Department of Ventura County Health Care Agency

**MENTAL HEALTH IMPLEMENTATION PLAN**

**FOR**

**MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES**

FEBRUARY, 2020

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# INTRODUCTION: COUNTY OF VENTURA MENTAL HEALTH PLAN

## **Mission Statement**

To promote hope, resiliency and recovery for our clients and their families by providing the highest quality prevention, intervention, treatment and support to persons with mental health and substance abuse issues.

## **Mental Health Plan Program Goal and Objectives**

The County of Ventura Mental Health Plan (MHP) strives to improve the health and wellbeing of persons with a mental health diagnosis by providing culturally appropriate beneficiary-centered, clinically effective, recovery focused, and cost-effective mental health services. This is accomplished in a manner that ensures access to and satisfaction with services (beneficiary-centered), appropriateness of services (clinically effective and culturally appropriate), and positive outcomes (outcome driven).

The objectives of the MHP include, but are not limited to:

- Maintain a network of providers that is sufficient in numbers, diversity and of a geographical distribution that meets the needs of beneficiaries served;
- Offer a range of Specialty Mental Health Services (SMHS) that is appropriate for the number of beneficiaries served;
- Provide outreach efforts to beneficiaries and the community regarding access for mental health services;
- Assure continuity of care for beneficiaries receiving SMHS;
- Provide screenings, referrals, and coordination of care with physical health care, substance abuse treatment, education, housing, and vocational rehabilitation;
- Provide clinical consultation and training to physical health care providers;
- Maintain a Quality Assurance/Quality Improvement (QA/QI) process;
- Provide culturally appropriate services to beneficiaries;
- Provide age appropriate services to beneficiaries; and
- Maintain policies and procedures that ensure the confidentiality of beneficiaries in compliance with State and Federal regulations.

## **Mental Health Plan System of Care**

As an integrated division of the Ventura County Health Care Agency, Ventura County Behavioral Health (VCBH) provides a full continuum of coordinated mental health, and alcohol and drug services to meet the needs of Ventura County residents. In collaboration with community-based, faith-based and other collaborative partners, the goal is to assure access to effective treatment and support for all children, adolescents, transitional-aged youth, adults, and older adults and their families. In addition to regional clinics located in Oxnard, Ventura, Santa Paula, Thousand Oaks, Fillmore and Simi Valley, field-based programs provide services at home, schools and other locations accessible to clients.

## **County Overview**

Located in Southern California, Ventura County (pop. 850, 536) is diverse, comprising 1,843 square miles of urban, suburban, rural, agricultural, and industrial areas with ten incorporated cities and a large unincorporated area that includes portions of the Los Padres National Forest. Ventura County ranks 26th by land mass of California counties, 12th by population among California's 58 counties, and 65th in the United States (U.S.).

## **Implementation plan**

The Implementation Plan is required by CCR Title 9, Chapter 11, § 1810.310. In Accordance, with § 1810.310(c)(1), an MHP shall submit proposed changes in the policies, processes or procedures that would modify the MHP's current Implementation Plan prior to implementing the proposed changes.

## **I. PAYMENT AUTHORIZATION**

The MHP has designed its intake and authorization process to ensure timely access and appropriate utilization of SMHS. The MHP will maintain a payment authorization process that includes Treatment Authorization Requests (TAR) and Service Authorization Requests (SAR) for SMHS.

The MHP provides authorization for SMHS using a Point of Authorization function provided by the Quality Management Program Utilization Review (UR) physicians and licensed mental health professionals (Title 9, Chapter 11, Section 1810.310(a)(1)).

The contact information for the VCBH Point of Authorization is:

**Ventura County Behavioral Health**  
**Attention: Quality Management**  
**1911 Williams Drive, Suite 210**  
**Oxnard, CA 93036**  
**Phone: (805) 981-4295**  
**Fax: (805) 973-5190**  
**Email: [QM.UR@Ventura.org](mailto:QM.UR@Ventura.org)**

### **Inpatient Hospital Services**

The Inpatient Point of Authorization is the function within the MHP, which receives provider notifications 24 hours a day, seven days a week, regarding requests for MHP payment authorization for psychiatric inpatient hospital and psychiatric health facilities. Medi-Cal SMHS for hospital providers by a Point of Authorization meets California Code of Regulations (CCR) Title 9, Chapter 11, Section 1820.205 and Section 1820.220.

### **Fee-for-Service Contracted and Non-Contracted Hospitals**

When a notification is received by fax or confidential email of an emergency admission, the following steps are taken. A hospital episode with date and time of notification is opened in the beneficiary's Electronic Health Record (EHR). Medi-Cal eligibility is verified and the hospital is notified of any problems or lapses in coverage. The hospital is advised that UR staff will authorize services concurrently or retroactively based on review of clinical documentation (chart) that supports the stay and/or TAR as applicable.

Time frames for submission of the TAR and documentation is 14 calendar days after discharge or 99 calendar days of continuous service if the beneficiary's stay exceeds that time.

Late submissions require the hospital to send, in writing, documentation that meets CCR Title 9, Chapter 11, Section 1820.215, (3)(c)(1) or (2), MHP Payment Authorization – General Provisions to prevent a denial based on the late submission.

When the TAR and clinical records are delivered to UR staff the TAR is stamped with date of receipt to start the clock on the 14-day authorization process. The record is reviewed by the VCBH UR licensed mental health professional to determine whether the hospital stay met CCR Title 9, Chapter 11, Sections 1820.205, 1820.220, 1820.225, 1820.230, MHP Payment Authorization for Emergency Admissions by Point of Authorization and

## 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services.

The discharge diagnosis will be considered the treating diagnosis for determining medical necessity. If the UR licensed mental health professional determines that the documentation supports medical necessity for each requested day, the TAR is completed to reflect the days authorized. On completion of the TAR review, the TAR form is completed and a copy of the TAR is submitted to the Department of Healthcare Services (DHCS), with a copy to the hospital provider and the original completed TAR is placed in the UR file and date box on the TAR (box #44) is completed and determines when payment was authorized.

Per the May 31, 2019 Authorization of Specialty Mental Health Services Information Notice, MHPs will be expected to conduct concurrent review of treatment authorizations until discharge and complete the review within five (5) business days upon receipt of request. DHCS will ensure consistency in the required timeframes for concurrent review of inpatient hospital services by amending the contract and regulatory guidance for SMHS. As this constitutes a significant shift in local operations related to authorization of services, DHCS is developing implementation standards that are currently in draft format.

If medical necessity is questioned for any day payment is requested, the documentation will be given to a Utilization Review (UR) Psychiatrist for review. Once the Psychiatrist has completed the review and documents the findings, the TAR is completed to reflect the authorized days and any days denied.

### **Short-Doyle Medi-Cal Hospitals - Out of County**

The same procedures and time frames for review and authorization are followed as Fee-For-Service (FFS) described above. The Short-Doyle facilities may utilize invoices or Universal Billing forms for claims submission. Once the documentation and authorization processes are complete, the invoice is sent to Fiscal for payment.

### **Short-Doyle Medi-Cal Hospitals - In-County**

Documentation review for authorization for payment for local Short-Doyle facilities may be done either concurrently or retrospectively. The documentation will be reviewed applying the medical necessity criteria noted in CCR Title 9, Chapter 11, Sections, 1820.225, MHP Payment Authorization for Emergency Admissions by Point of Authorization and 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric

Inpatient Hospital Services. The discharge diagnosis will be considered the treating diagnosis for determining medical necessity. Documentation of the reviews for each day payment requested will be noted in Beneficiary's hospital episode in the EHR to reflect types and numbers of days authorized and/or denied.

If medical necessity is questioned for any day payment is requested, the documentation will be given to a Utilization Review (UR) Psychiatrist for review. Once the Psychiatrist has completed the review and documents the findings, the TAR is completed to reflect the authorized days and any days denied.

### **Appeals**

First Level appeal requests are processed in the same manner for both Fee-For-Service and Short-Doyle hospitals using the following procedure:

The written request for appeal, along with a copy of the documentation is submitted to a QM MD not involved in the initial review and authorization decision.

The appeal must be submitted within 90 calendar days of the date the provider received the notice of non-approval of payment or within 90 days of the MHP's failure to act on the request to authorize in accordance with the timeframes in CCR Title 9, Chapter 11, Section 1820.220, MHP Authorization by a Point of Authorization.

Once the determination is made based on the review conducted above, the TAR, is resubmitted to the provider to reflect any modification of days authorized. It must be submitted to the provider within 60 days of receipt of the appeal request. The provider is notified in writing of the decision that includes a statement of reason for the decision. The Billing Transmittal form or invoice is resubmitted by the provider to MHP to reflect any modification of days authorized.

For in County Short-Doyle Facility, the appeal decision will be considered final.

### **Outpatient Treatment Services**

The Outpatient Point of Authorization is a function within the MHP which receives provider communications regarding requests for MHP payment authorization for outpatient SMHS.

MHP beneficiaries who wish to receive outpatient Mental Health Specialty Services may arrange to do so by contacting:

VCBH STAR (Screening, Triage, Assessment & Referral): 1-866-998-2243

Any MHP outpatient clinic or contract agency

Any VCBH MHP credentialed FFS provider.

Outpatient clinics and contract agencies are authorized to provide outpatient services as clinically warranted. Services available at each location may vary depending on the nature of the program; however, all outpatient SMHS are available through the MHP system of care. Each Medi-Cal certified service site has procedures to authorize treatment for beneficiaries.

The MHP Fee-For-Service (FFS) Providers are required to submit authorization requests prior to providing treatment modalities, except for the initial clinical assessment.

Each FFS Provider is permitted to provide one (1) initial assessment session without preauthorization for a Medi-Cal beneficiary. All services after the initial visit must be preauthorized by Quality Management, telephone (805) 973-5342 or Fax (805) 973-5190.

## **II. SCREENING, REFERRAL AND COORDINATION**

The MHP has developed a centralized referral process that provides equal access to all eligible individuals. This centralized referral process is coordinated through the Screening, Triage, Assessment and Referral (STAR) team, via the toll-free Access and Crisis telephone line: (866) 998-2243, as well as third party referrals, (by fax or email) and walk-ins. The STAR team coordinates access so that eligible individuals receive information, screening, triage, assessment, and/or linkage to appropriate mental health services. To ensure that all eligible individuals are served and to encourage awareness of service options, the MHP works closely with providers at the different levels of care (e.g., Outpatient Mental Health Programs, FFS Network). STAR has increased the County's ability to provide consistent, coordinated outreach, assessment, supports and referral to the community, including an increase in service to un-served and underserved individuals.

The MHP Access and Crisis line is available 24 hours a day, 7 days a week and is staffed by licensed and non-licensed trained mental health staff who perform screenings by telephone. The Access and Crisis line facilitates access to the mental health system by providing culturally and linguistically appropriate information, referrals, and crisis intervention for clients seeking behavioral health services. The Access and Crisis line telephone system routes calls to a queue for timely response. Referrals are accepted from several sources including, but not limited to, primary care clinics, mental health clinics,

criminal justice and juvenile justice agencies, school districts, other county departments, and self-referrals. In addition to direct, face-to-face requests, The STAR program receives referrals via telephone, fax, and e-mails and routes referrals to geographically appropriate clinics and services. The Access and Crisis line is available in the County's threshold languages (English and Spanish). In addition, the MHP provides interpretation in other languages through the AT&T language line or through language fluent providers. A contracted provider conducts random test calls to the Access and Crisis line to assist in improving the quality and overall experience of connecting beneficiaries to services.

### **Screening and Assessment Process**

A beneficiary referred for services will participate in a screening and assessment to determine Medi-Cal eligibility. Individuals who do not meet the Medi-Cal requirements for treatment, will be provided with referrals. Beneficiaries who are likely to meet Medi-Cal requirements for SMHS, will be referred to a County operated regional Assessment Center. Once assessed and determined to meet Medi-Cal requirements, the beneficiary will be referred to the appropriate level of care (LOC). Placement considerations include findings from the screening, assessment, geographic accessibility, threshold language needs, and the individual's preference. Staff performing screening and assessment may refer beneficiaries directly to any network provider. The screening will be completed by licensed staff, which may include Licensed Clinical Social Workers (LCSW), Licensed Professional Clinical Counselors (LPCC), Licensed Marriage and Family Therapists (LMFT) and licensed-eligible staff working under the supervision of licensed clinicians.

### **Referral and Coordination Process**

Beneficiaries that meet criteria for SMHS will have a Client Plan completed and beneficiaries will be referred for SMHS that are individualized, address targeted symptoms or impairments, and work to ameliorate mental health symptoms, prevent deterioration, and improve functioning. Services provided will be appropriate, sensitive and responsive to cultural needs, sexual orientation, or physical disability. MHP providers make appropriate referrals to other County and community services, and Memorandum of Understandings (MOU) are negotiated with other County departments and community resources when appropriate (e.g., education and housing).

### **Care Coordination Services**

Care Coordination is a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community

services. Using a ‘managed care’ approach, beneficiaries will benefit by having their recent assessment move across the continuum of care with them, rather than requiring repeated assessments. A Care Coordinator will manage beneficiary transitions through the levels of care. They will ensure that the beneficiary will access necessary services as they move through the continuum of care, ensuring responsibility for appropriate transitions to the next LOC.

### **Integrated Mental Health and Substance Use Services**

VCBH is an integrated Behavioral Health system that provides mental health and substance use disorders services. As the Mental Health Plan, VCBH provides SMHS (SMHS) to adult Medi-Cal beneficiaries with serious and persistent mental illness and to children and youth beneficiaries with moderate to severe emotional disturbances. SMHS are provided by VCBH staff and community-based contractors. With the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS), VCBH has expanded both VCBH and contractor operated substance use treatment services, including early intervention, outpatient, intensive outpatient, residential treatment, withdrawal management, opioid treatment, medication assisted treatment, recovery and case management services.

### **Referrals to Education Services**

Children and youth enrolled in general or special education may receive mental health services directly through the school district which oversees the Educationally Related Social-Emotional Services (ERSES). In addition to ERSES provided through the school, beneficiaries may elect to receive services through the MHP which collaborates closely with the school to offer coordinated services. Through the EPSDT expansion of 1999, the MHP has made a commitment to offer school-based services in schools with high enrollment of Medi-Cal beneficiaries. The MHSA furthered this commitment through expanding services to underserved children and youth. School-based services allow for increased direct access to care.

### **Referrals to Physical Health Services**

In addition to collecting medical history information, clinicians also document clients’ primary care provider information and make referrals when needed. All mental health clinics have referral relationships established with community clinics located in their geographic area. Some sites have developed protocols to effectively transition stable beneficiaries with a serious mental illness to primary care, when appropriate.

## **Referrals to Housing Services**

The Multi-family Housing Program provides short-term, transitional, and permanent supported housing to beneficiaries and who are homeless or at risk of homelessness. Programs such as Full Service Partnerships (FSP) provide housing and support services for TAY, adults and older adults who are homeless and with a psychiatric disability. Linkage to housing resources is provided through a network of community-based clinics in coordination with the County of Ventura's Coordinated Entry System (CES) as well as numerous other partners that include housing providers, landlords, board and care facilities, and Independent Living Homes.

## **Referrals to Employment and Vocational Rehabilitation Services**

The MHP provider network includes programs currently delivering vocational rehabilitation components. Through collaborative partnership, the Department of Rehabilitation (DOR), VCBH, and PathPoint provide vocational rehabilitation services to VCBH Transitional Age Youth (TAY) clients, 16-25. Services are provided throughout the county. The goal of this MH Cooperative is to prepare VCBH TAY clients to obtain and retain competitive employment. This is made possible through a Case Service Contract funded by a Mental Health Cooperative agreement.

## **Referrals for Persons with Developmental Disabilities**

There are several programs that serve beneficiaries with both developmental delays and mental problems. The MHP is engaged in continuous efforts to coordinate care for this population and develop additional resources to ensure access to services. The MHP maintains ongoing communications with the Tri-Counties Regional Center in establishing the need for consultation on specific mutual beneficiaries with developmental disabilities.

## **Referrals to the Human Services Agency**

Referrals for child protective services are made directly to the Child Abuse Hotline when indicated. All children and youth entering dependency are referred for a full biopsychosocial assessment by a VCBH mobile assessment team. Referrals for mental health services through VCBH CalWORKs are made through the Employment Specialist Workers.

## **Referrals to Law Enforcement**

The MHP partners with the Ventura Police Department Oxnard Police Department, Simi Valley Police Department, County Sheriff's Department (which has jurisdiction over Thousand Oaks, Camarillo, and unincorporated cities), and the Santa Paula Police Department. In partnership, VCBH and the County Sheriff's Department hosts trainings of new law enforcement officers at the quarterly County law enforcement Crisis Intervention Training (CIT).

Additionally, the Crisis and RISE teams communicate with law enforcement when out in the field and need assistance in high risk situations. The RISE team specifically works closely with law enforcement to manage and jointly provide field-based interventions to a shared case load of law enforcement frequent flyers. As needed, individuals that RISE and law enforcement encounter are provided ongoing SMHS.

Due to VCBH's collaborative partnership with law enforcement, any MHP program or clinic can call local stations for assistance when needed.

## **Referrals to Services for Deaf and Hard of Hearing**

The MHP provides specialized, culturally, linguistically and developmentally appropriate outpatient services. Services are provided by staff or contracted interpreters fluent in American Sign Language (ASL) and knowledgeable about Deaf Culture and the implications of deafness on a person's wellbeing.

# **III. OUTREACH AND ACCESS TO SERVICES**

The MHP is committed to providing appropriate SMHS to the diverse populations in the County, including hard-to-reach and underserved groups. The MHP coordinates and participates in multiple outreach efforts to ensure that beneficiaries, community members and providers are informed of the availability of services and how to access services.

## **Ventura County MHP Beneficiary Handbook**

The MHP provides beneficiaries a copy of the Ventura County MHP Beneficiary Handbook and provider list. Beneficiaries may pick up a copy of the handbook and provider list from the provider waiting room, or may access it them via the MHP internet website, [www.vcbh.org](http://www.vcbh.org) and clicking on the Information & Resources/Patient Resources link, or by requesting, from their provider or the Quality Management program, that a

copy be mailed or emailed. The handbook includes an explanation of beneficiaries' rights and resolution procedures, and access telephone numbers of beneficiary and family member organizations. The Acknowledgement of Receipt of Informing Materials form is signed by the beneficiary at the initial assessment appointment and placed in the medical record.

### **Marketing and Public Announcements**

To ensure public knowledge about how to access services, the MHP communicates to the public through several informational and communication channels, such as:

- Distributing the Ventura County MHP Beneficiary Handbook
- Program brochures that describe available services and contact information to reach service providers

### **Mental Health Plan Website**

The MHP will notify the public of available services and how to access services through the use of a public website. The MHP maintains a website that includes the MHP addresses and the Access and Crisis line telephone number. The website also contains program descriptions of available mental health services. The website also contains links to resource brochures and forms for beneficiaries to communicate with providers in English and Spanish.

### **Public Meetings**

The MHP facilitates and participates in public meetings to inform beneficiaries and providers about mental health services, how to access services, changes in services, service data, policy and procedure changes.

### **Informational and Educational Presentations**

The MHP provides informational presentations and exhibits during community events throughout the year. Examples of these events include:

- County sponsored Health and Informational Fairs, such as La Colonia Annual Walk, Back to School Night, Mexican Consulate Jornadas, LGBTQ+ 5K Aids walk, and Out of the Darkness Community walk to FIGHT SUICIDE;
- Help & HOPE, Annual Conference;

- Santa Clara Valley’s Senior Health and Fall prevention events and Family Health Fair;
- The Employment Development Department’s Farmworker Resource Fair, Dia del Niño Celebration; and
- The Guelaguetza event and the annual Mixteco Indigena Community Organization Project (MICOP) Conference.

These informational and educational presentations highlight the culturally sensitive services that the MHP delivers. Presentations also focus on stigma reduction, educating the general community about mental wellness, and resources regarding the availability of services and treatment options. To identify hard-to-reach individuals, the MHP distributes informational materials at community locations, including Public Health, schools, community colleges and education centers, the library, and the Court House. Brochures and informational notices regarding mental health clinic hours, Patient’s Rights, available services, informed consent, and medication information are offered in English and Spanish. Special attention is given to ensure that informational materials are easy to read and understand.

### **National Alliance on Mental Illness (NAMI Ventura)**

Through the provision of multiple culturally appropriate activities, NAMI has helped address the County’s current relationship with, engagement with, and involvement in racial, ethnically, culturally, and linguistically diverse beneficiaries, family members, advisory committees, local mental health boards, and community organizations in the planning process for services.

### **Logrando Bienestar**

Logrando Bienestar is a program under the purview of the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component. The goal for Logrando Bienestar is to increase the number Latinos seeking and obtaining services from Ventura County Behavioral Health. Logrando Bienestar incorporates the following categories in its program:

- I. Prevention through educational workshops/classes;
- II. Access and Linkage to Services for People with Severe Mental Illness through case management and serving as a liaison to navigate services within VCBH; and
- III. Future programs under Logrando Bienestar will include: Outreach to increase recognition of early signs of mental illness by educating the community to recognize the signs of early psychosis.

Logrando Bienestar believes that through access and linkage and self-efficacy, a community mental health knowledge may improve.

#### **IV. CONTINUITY OF CARE**

Per Federal Continuity of Care Requirements for Mental Health Plans, all eligible Medi-Cal beneficiaries who meet medical necessity criteria for SMHS have the right to request continuity of care. Beneficiaries with pre-existing provider relationships who make a continuity of care request to the county MHP must be given the option to continue treatment for up to 12 months with an out-of-network Medi-Cal provider or a terminated network provider (i.e., an employee of the MHP or a contracted organizational provider, provider group, or individual practitioner).

SMHS shall continue to be provided, at the request of the beneficiary, for a period of time, not to exceed 12 months, necessary to complete a course of treatment and to arrange for a safe transfer to another provider as determined by the MHP, in consultation with the beneficiary and the provider, and consistent with good professional practice.

New beneficiaries with VCBH who have an existing relationship with a non-contracted provider may continue to receive services from their existing provider for a period of time if the provider agrees to contract with the County in meeting the required conditions, typically through a single case agreement.

American Indian beneficiaries may obtain covered services from out of network American Indian Health Care Providers if the beneficiaries are eligible to receive such services.

##### **When the existing provider will continue as a member of the MHP**

The MHP established the criteria for authorization of outpatient services for beneficiaries. All providers who serve as members of the MHP receive training on the criteria for outpatient authorization.

##### **When a provider will not continue as a member of the MHP**

Providers who elect to not be members of the MHP are requested to identify which of their clients would have required ongoing outpatient therapy. The MHP contacts those clients and offers a

choice of MHP providers. If the client selects to remain with a provider that is not interested in continuing as an MHP member, the client may make a request for Continuity of Care so that they can stay with their current provider for up to 12-months. In all cases, the provider must meet the MHP credentialing criteria.

Information to beneficiaries regarding the possibility of remaining with their current provider or transitioning to another provider is included in the Ventura County Mental Health Plan Beneficiary Handbook. All providers are informed about the Continuity of Care protections and are available to help guide beneficiaries eligible to exercise these protections.

## V. COORDINATION WITH PHYSICAL HEALTH CARE

The MHP psychiatrists and nurse practitioners are available to beneficiaries' primary health care physicians and other physical health care providers for psychiatric consultation during business hours. MHP providers can be contacted directly by telephone, secured e-mail, or through the outpatient clinic/program. Physicians referring patients for routine outpatient SMHS submit a written referral form provided by the MHP to the STAR program. MHP staff process the referral to determine whether the patient meets criteria for SMHS. Beneficiaries who do not meet criteria for SMHS are referred to their provider with recommendations for alternative treatment resources to meet the beneficiary's needs. Regulations regarding the management of confidential information and records, as per mental health laws and regulations and Welfare and Institutions Code, Section 5328, are adhered to at all times.

MHP providers and behavioral health clinicians also participate in Primary Care Integration (PCI). Clinicians, who are embedded in six ambulatory care clinics, will receive referrals from primary care physicians (PCP) when a beneficiary has a positive screen for depression on the Patient Health Questionnaire-9. MHP clinicians have scheduled weekly access to the MHP psychiatrist for ongoing case consultation and supervision. The psychiatrist may offer specific recommendations to a provider caring for that beneficiary or arrange to meet with the beneficiary in the ambulatory care setting. The psychiatrist will offer recommendations for treatment with psychotropic medications and review medical conditions to determine best practice. The psychiatrist may offer education about the mental health issue, medication options or considerations for further work-up at that time or recommend that the beneficiary be seen for consultation. The MHP also provides a psychiatrist at the Academic Family Medical Clinic to perform psychiatric consultations and teach the family medicine residents.

When medical consultation is needed, the MHP provider refers the beneficiary to their PCP or a higher level of care as appropriate, e.g., urgent care or emergency department. If the beneficiary has no PCP, he/she is referred to a VCMC ambulatory care clinic, or if the beneficiary does not accept such a referral to VCMC, the beneficiary is referred to a community physician of their choice. MHP providers follow best practices and collaborate with other healthcare providers to enhance care coordination.

As part of the larger healthcare agency initiative, the MHP actively participates at grand rounds, conferences, and other community presentations to educate and train beneficiaries' PCPs and other physical health providers through agency sponsored Continuing Medical Education (CME) lectures on mental health topics.

## VI. PROBLEM RESOLUTION

The MHP's Beneficiary Problem Resolution Process was developed in accordance with Title 9 regulations. Written information regarding the resolution process for grievances, appeals, and State Fair Hearings is available to Medi-Cal beneficiaries at all provider sites. Providers are required to share information regarding the problem resolution process with all new clients, and annually with each continuing client. The information is posted in prominent locations at provider sites and includes the telephone numbers of the agencies contracted by the MHP to provide a problem resolution process. The beneficiaries are also encouraged to speak directly with the provider or with program management regarding dissatisfaction with treatment or medication.

Beneficiaries who receive SMHS through the MHP are entitled to file a grievance orally or writing about the services they have received. Beneficiaries who have a concern or are not satisfied with their mental health services, may contact the VCBH Quality Management program at (888) 567-2122 to obtain information about resolving their concerns.

Quality Management (QM) staff assists beneficiaries and providers through the problem resolution process, and provides information about grievance or appeal status upon request. QM staff identifies a Clinic or Facility Administrator without a previous/current history of providing services to the beneficiary to make decisions regarding specific grievances and appeals. If the situation is clinical in nature, the person(s) making the decision must be a mental health care professional with appropriate clinical expertise in

treating the beneficiary's condition. A grievance and appeal log is maintained by QM staff to track and monitor the progress and resolution of each grievance/appeal.

An Adverse Benefit Determination occurs when the MHP adversely affects a beneficiary by taking one of the following actions:

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner;
5. The failure to act within the required timeframes for standard resolution of grievances and appeals; or
6. The denial of a beneficiary's request to dispute financial liability.

When the beneficiary is dissatisfied as the result of a Notice of Adverse Benefit Determination (NOABD) taken by the MHP, the beneficiary can request an Appeal to the NOABD.

Beneficiaries are provided with the information that if the Appeal or Expedited appeal process has been exhausted, they may file for a State Fair Hearing.

Table 1. Grievance/Appeal Timetable

Process	Timeframe
<b>Grievance</b>	
Grievance and Appeal log and Electronic Health Record system	Within 1 calendar day of receipt
Acknowledgement letter sent to beneficiary	Within 5 calendar days of receipt
Notice of Grievance Resolution (NGR) letter sent to beneficiary	Within 90 calendar days of receipt
<b>Standard Appeal</b>	
-Grievance and Appeal log and Electronic Health Record system	Within 1 calendar day of receipt
Acknowledgement letter sent to beneficiary	Within 5 calendar days of receipt
Notice of Appeal Resolution (NAR) sent to beneficiary	Within 30 calendar days of receipt
<b>Expedited Appeal</b>	
Grievance and Appeal log and Electronic Health Record system	Within 1 calendar day of receipt
Written notification sent to beneficiary if a request for an expedited resolution of an appeal is denied	Within 2 calendar days of receipt
Acknowledgement letter and Notice of Appeal Resolution sent to beneficiary	Within 72 hours of receipt
<b>State Fair Hearing</b>	
Request State Fair Hearing by beneficiary	No later than 120 calendar days from the receipt of the NAR
Notification of State decision (Standard) sent to beneficiary	Within 90 calendar days of request
Notification of State decision (Expedited) sent to beneficiary	Within 3 working days of request

For more information, see policy QM-18 (Beneficiary Problem Resolution Processes: Grievances, Appeals and Expedited Appeals).

## VII. NETWORK OF PROVIDERS

The MHP maintains a network of providers that is diverse in number, geographic distribution, and type to meet the anticipated number of beneficiaries to be served.

## **Provider Selection**

To ensure delivery of the highest quality of mental health services, the MHP is committed to selecting and retaining qualified providers that meet strict standards and regulations that address beneficiary care, availability of services, cultural and linguistic needs, and beneficiary rights. The MHP credentials, monitors, and re-credentials VCBH employees and contracted providers in a consistent, non-discriminatory manner that is in compliance with applicable state and federal regulations.

The MHP requires that providers be in good standing with the Medi-Cal program, meet job specification requirements, and be licensed, registered, waived, or certified per current legal, professional, and technical standards related to their scope of work. All network providers must also:

- Maintain a safe facility;
- Store and dispense medications in compliance with state and federal regulations;
- Maintain beneficiary records in accordance with state and federal regulations;
- Meet the requirements of the MHP QM Program; and
- Meet additional credentialing requirements established by the MHP.
- Provide appropriate supervision of staff;
- Provide a licensed head of services mental health professional or as described in state regulations;
- Possess appropriate liability insurance;
- Have accounting and fiscal practices that comply with its obligations pursuant to state code; and
- Permit an on-site review at least every three years.

### **The MHP routinely verifies provider information through:**

- Online verification of licenses to determine that they are current and clear of any formal actions, negative reports, or limitations.
- Online verification of Exclusion and Status Lists, including California Medi-Cal List of Suspended and Ineligible Providers, and the Federal Office of the Inspector General List of Excluded Individuals (OIG) List.
- Online verification of the Social Security Death Master File.
- The MHP does not discriminate against providers who provide service to 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.

For more information, see policy AD-15 Contract Services, AD-35 Managed Care Individual and Group Provider Credentialing and Re-Credentialing, AD 78 Employee Credentialing, Re-Credentialing and Attestation.

## VIII. RANGE OF SERVICES

In Ventura County, the Gold Coast Health Plan (GCHP) contracts with Beacon Health Options to provide Medi-Cal mental health services to beneficiaries with mild to moderate impairments of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorder.

The MHP provides a range of SMHS to Medi-Cal beneficiaries with moderate to severe impairments in need of medically necessary services. Planning is an integral component of the treatment process and begins at the time of admission. Care Coordination services help assure that beneficiaries move through the system and access other needed health and ancillary services to support their recovery. When beneficiaries complete primary treatment, they are connected to appropriate services to build connections with the recovery community and to continue to develop self-management strategies to prevent relapse.

### **System Scope of Services and Activities**

The MHP utilizes a multidisciplinary network of providers to deliver a comprehensive continuum of SMHS including outpatient mental health services, crisis intervention and stabilization, inpatient mental health services, and residential treatment services. Services may include: assessment, plan development, individual, family or group therapy, individual or group rehabilitation services, targeted case management, collateral services, and medication support services. The MHP contracts with outside providers to deliver outpatient and inpatient treatment services. SMHS are provided by Medi-Cal-certified mental health organizations or agencies and by mental health professionals who are licensed per 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. SMHS are delivered from Medi-Cal-certified Mental Health sites.

## **Specialty Mental Health Services**

Medi-Cal beneficiaries with serious mental illnesses or serious emotional disturbances are eligible to receive SMHS. SMHS assist beneficiaries with serious mental illness in symptom reduction and development of coping, resiliency and recovery skills to improve overall functioning in daily life. The MHP provides an array of services as follows:

## **Psychiatric Inpatient Hospital Services**

These are services provided in a hospital because there is an acute psychiatric emergency or because the person needs mental health treatment that can only be delivered in hospitals. Beneficiaries who require inpatient care are referred to an LPS designated inpatient facility that best meets their unique needs, using the current MHP protocol. Inpatient services for both adults and adolescents are provided through contracts with approved hospitals.

## **Outpatient Services**

The MHP provides Specialty Mental Health outpatient services to beneficiaries of all ages at eight clinics located across Ventura County. Services are also provided in public schools, in the community, in the home and within residential placements as needed to serve beneficiary needs. Each clinic is staffed with a multi-disciplinary team that provides a wide array of evidence-based services designed to treat severe symptoms of mental illness and assist beneficiaries and their families in living successfully in the community. Each clinic provides psychiatric assessment, medication services, psychological testing, individual and group therapy, collateral services, crisis intervention, rehabilitation services, and case management services. In addition, the outpatient programs assist individuals in obtaining employment, accessing medical care, treatment for addictions, socialization programs, peer support, and safe and secure housing as available. Embedded in MHP services is a commitment to deliver services in ways that are culturally and linguistically competent and appropriate. The MHP offers the following supportive services and programs to serve beneficiaries' special needs:

## **Outreach and Engagement**

The Rapid Integrated Support and Engagement (RISE) team provides extensive countywide outreach to non-MHP enrolled consumers who are at risk of or are currently experiencing a mental health crisis. The main goal is to successfully link beneficiaries to the appropriate level of mental health care by providing transitional case management

and clinical services in field settings. The RISE team specifically focuses on those who traditionally have "fallen through the cracks" i.e. homeless, post- psychiatric inpatient hospital beneficiaries, etc. The RISE team also responds to non-emergency mental health challenges in the community that do not require the deployment of the Adult Mobile Crisis Team. The RISE team works closely with law enforcement and other community partners, including the Homeless 2 Home street outreach teams to ensure effective and efficient service delivery in Ventura County.

Through the program, VCBH staff develop and implement mental health curricula tailored to the Latinx community; foster community partnerships, conduct client screenings, maintain an active media presence, and provide linkage and case management services. The goal of Logrando Bienestar is to increase mental health knowledge, and access to mental health resources.

### **Screening, Triage, Assessment, and Referral (STAR)**

The STAR system serves beneficiaries of all ages who are entering the County's behavioral health care system. The STAR system coordinates access to services so that beneficiaries receive timely, appropriate, and consistent information, screening, triage, assessment, and/or linkage to appropriate mental health services and supports in an efficient, high quality, culturally sensitive manner county-wide.

### **Adult and Children Mobile Crisis Response Team**

Crisis intervention and stabilization services are available 24/7 to beneficiaries experiencing an urgent or emergent mental health crisis. Via mobile field response and/or by telephone, the multi-disciplinary Crisis Team provides rapid mental health services that are supportive and strength-based in nature and assist the beneficiary to remain in the least restrictive level of care possible. This service is also frequently accessed by hospitals, law enforcement agencies, schools and other community-based organizations.

### **Crisis Residential Treatment (CRT)**

This program provides short-term (up to 30 days) voluntary residential services, as an alternative to hospitalization for beneficiaries experiencing a mental health crisis and who require support beyond those resources available within the community. The licensed 15-bed program serves adults (ages 18-59) across the County as an alternative to hospitalization for beneficiaries presenting with sub-acute psychiatric symptoms and possible co-occurring disorders in the least restrictive environment possible, leading to a reduction in involuntary hospitalizations, incarcerations and homelessness. The

program provides short-term intensive, culturally appropriate, recovery based and individualized services to ensure stabilization and transition back into the community with appropriate community supports.

### **Therapeutic Behavioral Services (TBS)**

Intensive, individualized, short-term outpatient treatment interventions for beneficiaries up to age 21 with full-scope Medi-Cal are provided in partnership via contract with two community partners. Individuals receiving these services have serious emotional disturbances, are experiencing stressful transitions or life crises, and require additional short-term, specific support services to achieve outcomes specified in their client plans. For youth living at home, the goal of TBS is to prevent the need for a higher level of care. If the youth is in a group home, the goal of TBS is to work toward transition to a lower level of care.

### **Intensive Home Based Services (IHBS)**

Provided in partnership via contract with two community partners, IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child or youth's family's ability to help the child or youth successfully function in the home and community.

IHBS services are provided according to an individualized service and support plan developed in accordance with the ICPM by the Child Family Team (CFT) in coordination with the family's overall service plan, which may include, but are is not limited to assessment, plan development, therapy, rehabilitation, and collateral services. IHBS is provided to beneficiaries under 21 who are eligible for full scope Medi-Cal services and who meet the medical necessity criteria.

### **Intensive Care Coordination (ICC)**

ICC is a targeted case management service that facilitates assessment of, care planning for, and coordination of services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for this service.

ICC components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the CFT to ensure

facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.

- Child Welfare Subsystem (Foster Care)
- CalWorks Mental Health Services
- Family Access and Support Team (FAST) Parent Partners
- Educationally Related Social Emotional Services (ERSES)
- Wraparound

### **Primary Care Integration (PCI)**

The PCI program provides a short-term evidence-based approach to depression care at six ambulatory care clinics across Ventura County. Services are provided to adults, children and adolescents through coordinated referral between primary care physicians and mental health clinicians. This is a collaborative care model that uses a team approach to the management of depression. Utilizing a team approach to support the beneficiary, the clinician, primary care physician (PCP) and consulting psychiatrist (as indicated) work together to support the physical and emotional well-being of the beneficiary. Referrals are made by the primary care physicians (PCP) when a beneficiary has a positive screen for depression on the Patient Health Questionnaire-9 (PHQ-9). PCI services utilize evidence-based practices shown to have positive application in a primary care setting. They include adult Cognitive Behavioral Therapy (CBT), Depression Treatment Quality Improvement (DTQI) for adolescents and young adults, Problem Solving Treatment for Primary Care, and an IMPACT approach that focuses on behavioral activation, depression monitoring and case management utilizing the PHQ-9).

### **Peer Support Specialists and Parent Partners**

These programs provide training, advocacy and direct service for and by peers, parents and family members through distinct, yet related components: Training, employment, supervision and support by individuals with “lived experience” to provide wellness and recovery based support to other beneficiaries of the MHP and employing peers to facilitate wellness and recovery focused services in outpatient clinics, community based programs and in the home. Peers have also been integrated into the treatment teams of MHP programs, utilizing their “lived experience” to provide hope, engage beneficiaries in treatment, celebrate successes, and support them in advocating for themselves in their recovery and supporting them in developing community resources and supports.

## **Full Service Partnership (FSP)**

The MHP have several FSP programs including: Transitional Aged Youth (TAY) FSP designed for youth ages 18-25; Adult intensive FSP (EPICs Intensive) for ages 18-59; Older Adults FSP designed for adults over 60; and Xp2, an FSP designed for adults with serious mental illnesses involved in the forensic system. The foundation of FSPs is use of a the “whatever it takes” approach to help beneficiaries on their path to recovery and wellness. FSPs embrace beneficiary-driven services and supports with each beneficiary choosing services based on individual needs. Unique to FSP programs are a low staff to beneficiary ratio, and a team approach that is a partnership between mental health staff and beneficiaries.

Adult Division: Designed for adult beneficiaries diagnosed with a severe mental illness and/or co-occurring diagnoses of substance use disorders who would benefit from an intensive service program that includes comprehensive case management services and frequent contacts. Adult FSP programs assist with housing, employment and education in addition to providing mental health services and integrated treatment for beneficiaries with a co-occurring mental health and substance abuse disorder. Services can be provided to beneficiaries in their homes, the community and other locations.

Youth and Family Division: The INSIGHTS program is a collaboration with the Probation Department, in partnership with the Ventura County Juvenile Court, the Ventura County Public Defender’s office, the Ventura County District Attorney’s office, the Ventura County Office of Education, and the Public Health Department. The program was developed in response to the needs of a population of juvenile offenders who are diagnosed with severe emotional disturbances and, potentially, co-occurring substance use disorders, who do not respond well to existing dispositional alternatives and often linger on probation or revolve in and out of custodial facilities and/or out-of-home placements. Through a collaborative process, coordinated services are offered to the youth / caregivers, including comprehensive mental health services, substance abuse services, peer and parent support, and other county and community-based support resources.

The program’s objective is utilizing a “whatever it takes” approach to engage the youth and family to utilize support services to reduce the number of days spent in the Juvenile Facilities, length of probation wardship, and to reduce or eliminate hospitalizations, incarcerations, and/or other out-of-home placements.

## **Assisted Outpatient Treatment (AOT)**

AOT or Assist serves Ventura County beneficiaries with severe and persistent mental illness who need treatment because they have difficulty living safely in the community and have a history of declining care or struggling to engage in mental health treatment when offered. AOT programs are based on Laura's Law which is a discretionary California State law that allows Counties to use the civil court system to supervise mental health care. For eligible individuals, Assist provides intensive mental health services with frequent beneficiary contact and a 24-hour team response (Note: after hour and weekend coverage is provided by the mobile crisis team). Services include mental health treatment, medication, access to primary health care, substance abuse counseling, benefits and resource counseling, supportive housing, vocational rehabilitation, and peer and family member education and support. The court process is only used after every other effort has been exhausted to encourage individuals who need treatment to voluntarily participate in Assist.

## **Forensic Mental Health Programs**

The primary goal of the VCBH Forensics team is to support treatment resistant beneficiaries with serious mental illness and corresponding legal issues to be connected to, and engage in, appropriate behavioral health treatment. The Forensics team includes Mental Health Court (MHC), Pre-Trial Diversion (MHD), and Misdemeanor Incompetent to Stand Trial (MIST). VCBH also contracts with Telecare to provide forensic behavioral health services through the Vista and Voice programs. The forensic team is located in the Ventura Adult clinic and also provide field based services. The forensics team offers licensed and unlicensed staff intended to coordinate treatment with the beneficiaries' home clinic. Services include: screening, assessment, crisis response, intensive case management, rehabilitative skill building, medication support, advocacy, linkage to housing and other vital resources. The forensics team has work hard to establish collaborative relationships with probation, the courts and many other community partners that come in contact with our beneficiaries.

## **Recovery and Wellness Centers**

The MHP has contracted Recovery and Wellness Centers which are non-clinical drop in centers for adults and Transitional Age Youth with mental illness and/or co-occurring substance use disorders. Embracing the peer model, the Wellness Centers play a vital role in starting one on the recovery journey. The Recovery and Wellness Centers encourage their members who work together to help each other develop success in friendships,

community living, employment and education. The Recovery and Wellness Centers offers a variety of self-help groups, educational groups and classes, as well as social, recreational and community based activities, including WRAP® The Wellness Recovery Action Plan (WRAP®) is a personalized wellness and recovery system born out of and rooted in the principle of self-determination, which helps people to: 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams.

### **Adult Residential Treatment/Social Rehabilitation Facilities**

The MHP has contracts with several in-county and out-of-county Adult Residential Treatment/Social Rehabilitation facilities which provide treatment services in residential settings to beneficiaries with chronic or sub-acute psychiatric impairments and whose adaptive functioning is moderately impaired. Adult Residential Treatment/Social Rehabilitation Facilities are licensed facilities, with generally 16 beds or less and provide a home-like environment and structured programs designed to improve, maintain or restore independence and functioning. Rehabilitation services include skill-building activities (e.g., life and community skills, socialization with others, recreation, etc.). Some adult residential treatment facilities also provide psychotherapy and medication support services. Facilities can be transitional programs with an 18-month, maximum length of stay or they may offer longer term programs.

### **Mental Health Rehabilitation Centers (MHRC)**

The MHP has contracts with both in-county and out-of-county MHRCs. MHRCs can be locked or unlocked 24-hour care facility programs, but they all offer intensive support and rehabilitation services to beneficiaries 18 years or older who, because of the severity of their mental illness, would otherwise be placed in a state hospital or other locked mental health facility. Services are designed to assist beneficiaries in developing symptom management, self-care, social, and independent living skills to become self-sufficient and capable of increasing levels of independent functioning.

### **Institute for Mental Disease (IMD)**

The MHP has contracts for IMD services. IMDa are also known as Specialty Treatment Programs. They provide intensive inpatient treatment programs and close supervision. Medication, psychiatric, rehabilitation, psychological testing, psycho-social education, skill building, recreational, and therapy services are provided to persons with sub-acute psychiatric impairments or chronic and persistent psychiatric impairments.

## **State Hospitals**

The MHP contracts with Metropolitan State Hospitals to provide intensive, involuntary mental health treatment in a highly supervised locked setting to adults whose psychiatric conditions require a higher level of care because they cannot be treated safely in other mental health treatment facilities. Beneficiaries treated at State Hospitals are under a conservatorship agreement due to grave disability, and/or a danger to themselves or others due to mental illness. The State Hospital programs provide a highly structured treatment environment for re-socialization in preparation for community placement.

Pursuant to 42 CFR 438.206, the MHP ensures the availability and accessibility of an adequate and diverse number of providers of medically necessary services. The MHP monitors a network of providers that is supported by written agreements that is sufficient to provide adequate access to all services covered under these contracts.

## **IX. AGE APPROPRIATE SERVICES**

The MHP ensures that the needs of beneficiaries of all ages are appropriately addressed. Specifically, the MHP provides each beneficiary with services guided by policies that enable effective service provision in cross-cultural and age-appropriate settings as applicable within the medical necessity criteria. These specialized populations include: children (ages 0-18), Transition Age Youth [TAY; (ages 18-25)], and Older Adults (6+). Available age-appropriate services may include individual/family/group therapy, medication support, rehabilitation services, and case management services. MHP 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. The MHP also ensures that each child/youth referred by the foster care system receives appropriate services to meet their special needs. If there is a specialized service need for a beneficiary that the MHP cannot meet, the MHP oversees provision of the service through referral.

### **Infants and Preschool Children**

The MHP has created and strengthened contracts that focus on serving children ages 0-5. These programs are available in all regions and use evidence-based practices for young children. The Positive Parenting Program uses the Triple P evidence-based practice to offer parenting support and education in Head Start Programs and to military families. During Fiscal Year 18/19.

During Fiscal Year (FY) 18/19, 127 MHP provider clinicians, and Public Health Nurses were trained specifically in 0-5 mental health. During the current FY, 78 MHP clinicians, and Human Service Agency Social Service Workers have been trained, with more trainings scheduled for the upcoming months. Additionally, approximately 24 VCBH clinicians participate in reflective supervision targeted toward 0-5 services on an ongoing basis.

### **Transitional Age Youth (TAY)**

The MHP serves transitional age youth (TAY), ages 16-25, who are diagnosed with a serious mental illness, who may have a substance use disorder and who are at risk of homelessness, incarceration or hospitalization. The program provides supportive, social rehabilitation services in a residential program. There is also the ability to live independently throughout the county.

The program supports young adults in moving toward personal recovery by providing stabilization and skill development to live an independent and successful life within the community. Services are provided in multiple outpatient mental health clinics throughout Ventura County and include group therapy, medication management and rehabilitation services. We also help young adults with their housing needs.

### **Older Adult Services**

The Older Adults Program provides mental health services to unserved and underserved seriously mentally ill individuals ages 60 and over in Ventura County. As a result of serious mental illness, compounded by medical issues often facing the elderly, the Older Adult clients often have a reduction in personal or community functioning prior to acceptance into program.

Special priority is given to those with persistent mental illness and to those who are homebound, homeless and/or in crisis and who require the intensive services of a Full-Service Partnership (FSP). This population is often unable to access more traditional outpatient services. Older Adult Program provide psychiatric services, medication management, clinical therapy and case management services in clinics and at home.

In addition to the community-based services, the Older Adult Program has an intensive socialization program, providing an opportunity for isolated older adult clients to interact with their peers. These opportunities include:

- Rehabilitation and psychotherapy groups facilitated by Behavioral Health Clinicians.
- Rehabilitation groups are offered weekly in one of our largest Residential Facilities for Care of the Elderly (RFCE).
- Events that take place in the clinic that include a Thanksgiving Dinner, A Holiday Event with dinner, and several other social events that are scheduled throughout the year.

## X. CULTURAL AND LINGUISTIC COMPETENCE PLAN

The MHP strives to deliver culturally and linguistically appropriate services to beneficiaries and their families. Toward that end, the MHP will maintain a Cultural Competence Plan and update the plan tri-annually. In addition, the MHP has adopted standards and processes for providing and monitoring culturally and linguistically appropriate services, including an Advisory Committee, promotion of the National Standards on Culturally and Linguistically Appropriate Services (CLAS), and staff and interpreter training.

To support VCBH’s efforts to meet the cultural and linguistic needs of Ventura County residents, the Culture Equity Advisory Committee (CEAC) was established under the direction of the Office of Health Equity and Culture Diversity. CEAC is a cross-agency committee comprised of representatives from mental health, substance use disorder, and public health services, and community stakeholders reflective of the County’s diversity. Committee members serve as key community stakeholders in department planning efforts.

Priority goals for CEAC members include:

1. Advocating for culturally competent services
2. Advocating for outreach to underserved, unserved and/or inappropriately served communities
3. Providing recommendations for reducing behavioral health disparities for racially, ethnically and culturally diverse communities
4. Collaborating with VCBH administration to address disparities

The MHP Cultural Competence Plan guides the development and improvement of programs and outreach efforts for underserved groups. The plan represents an opportunity to reduce disparities by establishing accountability, identifying service gaps,

transforming the implementation of cultural competency and guiding resource allocation. The MHP Cultural Competence Plan includes the following goals:

- 1: Establish appropriate evaluation tools
- 2: Transform the implementation of cultural and linguistic competency
- 3: Coordinate awareness and outreach
- 4: Improve accessibility
- 5: Measure appropriateness of treatment services and outcomes

The MHP Cultural Competence Plan outlines strategies to improve the multicultural workforce including strategies for recruiting, hiring, and retaining multicultural and linguistically competent staff. The MHP requires that all VCBH employees and contracted providers attend and complete a minimum of two-hours of cultural competence training annually. Topics covered include cultural diversity and sensitivity, culture-specific approaches to treatment and recovery, interpreter services, and other related topics.

### **Culturally Diverse Populations**

The MHP actively addresses the 15 National CLAS standards through the Ethnic Services Manager, the Health Equity and Training Manager, and the CEAC. Together they recommend goals, policies and practices that promote cultural awareness, monitor equitable hiring and promotion practices, provide cultural sensitivity education and training for MHP staff, increase beneficiary access to services through bilingual hiring and language assistance services, serve as community liaisons, and monitor progress toward engaging culturally and linguistically diverse populations. Beneficiaries are offered the opportunity of selecting a provider with consideration to cultural and linguistic factors. In addition, the MHP has policies in place that prohibit the expectation that families will provide interpreter services. Providers' assessment documentation is monitored to ensure that the needs of diverse populations are addressed in screening and referral activities. Beneficiaries also have the right to request a change of provider, based on cultural and linguistic needs.

## **XI. ADMISSIONS TO NON-CONTRACTED HOSPITALS**

Title 9, Chapter 11, Section 1810.310(a)(8)

For planned admissions to non-contracted hospitals, the following must be submitted to the MHP's Medical Director or designee; within 14 days of discharge:

1. A written request for MHP payment authorization
2. Supporting documentation indicating that the beneficiary meets medical necessity criteria for reimbursement of psychiatric inpatient hospital services
3. A statement describing the need for the planned admission

The QM licensed mental health professional is responsible for the authorization of payment for inpatient services. The QM licensed mental health professional reviews submitted clinical documentation and authorizes requests for hospital service admissions. If an authorization denial is recommended, the QM MD reviews and makes the final determination on inpatient Treatment Authorization Requests.

## **XII. QUALITY IMPROVEMENT AND UTILIZATION MANAGEMENT**

VCBH provides a system of coordinated services to address the mental health and substance abuse treatment needs of Ventura County. The Department is committed to excellence through "best practices" and a consumer-driven and culturally competent approach to service delivery. VCBH staff are dedicated to reducing suffering and enhancing recovery from mental illness, alcohol, and/or other drug problems.

VCBH believes that consumer and family member involvement is critical to meeting our commitment to excellence and for profound change in consumers' lives. Therefore, VCBH is dedicated to integrating consumers and family members across the Department's organization and activities.

### **QUALITY MANAGEMENT PROGRAM**

The MHP Quality Management program (QM) resides within the Administration Division is overseen by the Administration Division Chief and the Compliance Senior Manager, and is accountable to the VCBH Director. QM is designed to meet

regulatory and California Department of Health Care Services contractual requirements in accordance with Code of Federal Regulations Title 42, the California Code of Regulations Title 9, the California Code of Regulations Title 22, Welfare and Institutions Code, the DHCS/MCHB DMC-ODS Intergovernmental Agreement, DMC-ODS Standard Terms and Conditions, MHP contract, and Behavioral Health Department internal policies and procedures.

QM is responsible for reviewing the quality of behavioral health services provided to Medi-Cal beneficiaries, ensuring compliance with contract requirements and relevant Federal and State regulations, and in ensuring the successful implementation of the mission, goals, and commitment of the Behavioral Health Department. QM facilitates quality improvement projects and performance outcome tracking and analyses. The principles of wellness, recovery, resiliency, and cultural competency are embedded within and direct all Quality Management activities and projects.

The QM program consists of five units that work collaboratively to achieve the goals of the annual Quality Assessment and Performance Improvement Work Plan (CAPI) including Quality Assurance (QA), Quality Improvement (QI), Medical Records, Training and Pharmacist.

**Quality Assurance** – QA activities include monitoring compliance with contract requirements, Federal and State regulations, and Department policies and procedures. QA staff are responsible for policy and procedure development; utilization review (UR); inpatient and outpatient service authorization; documentation training; processing provider appeals and beneficiary grievances and appeals; provider credentialing; monitoring provider network adequacy; and ensuring the completion of Medi-Cal site certifications for all internal county programs and contracted providers. In the event that fraud, waste, or abuse are suspected or identified, QA staff make a report to the HCA Compliance Officer and assist with investigation activities as needed to identify procedures to prevent future incidents and resolve quality of care issues. Other activities include collecting beneficiary/family satisfaction surveys, informing providers of the results, and evaluating beneficiary grievances, appeals and fair hearings at least annually to ensure that practices are in place to address any identified quality of care concerns.

**Quality Improvement** – QI activities include the use of performance measures and outcome data to identify and prioritize areas of strength and areas for improvement. The QI unit prepares the annual QAPI after evaluating progress on the prior year's goals. The QAPI includes current state, measurable goals and data which guide QM activities throughout the year. Additionally, QI staff led Performance Improvement Projects (PIPs),

and the Quality Management Action Committee (QMAC), the multidisciplinary entity including community stakeholders and beneficiaries that makes policy and performance improvement recommendations. The year-end evaluation of the QAPI describes progress towards overarching goals and highlights accomplishments for specific projects and activities and supports development of the following year's QAPI Work Plan.

### **Overarching Quality Assurance/Quality Improvement Goals**

- Promote department-wide commitment to quality of care and ongoing performance improvement by the active involvement of beneficiaries, family members, providers, managers, and vendors in QI processes;
- Continuous improvement and enhance quality of care through ongoing, objective, and systematic monitoring of data that addresses behavioral health care;
- Proactively identify opportunities for improvement in both clinical and administrative aspects of operations; determine which to pursue
- Collect and analyze data to measure against goals, standards, and/or prioritized areas of improvement that have been identified;
- Facilitate the design and implementation of interventions to improve performance; measure intervention effectiveness;
- Provide comprehensive oversight of delegated functions to ensure beneficiary care delivery is consistent with the values and standards of the MHP;
- Ensure programs, processes, and vendors are in alignment with regulatory, and accreditation standards;
- Ensure a system of timely communication of results to both stakeholders and staff regarding quality improvement activities.

The scope of QM includes, but is not limited to, the following elements of beneficiary services:

- *Timeliness*: How quickly and easily do beneficiaries obtain necessary services?
- *Appropriateness of Care*: Do beneficiaries receive services appropriate to their individual needs and at the appropriate frequency?
- *Effective Care*: Are services effective in producing positive outcomes? Are there continuous initiatives to improve service effectiveness and clinical care outcomes?
- *Efficiency*: Are services provided in a manner that best uses the available resources for beneficiaries?

- *Coordination and Continuity of Care:* Is there coordination and continuity of care within the MHP services, including re-access to services, and between the MHP and community systems of care? Is the transition between the Ventura County Medical Center and VCBH seamless and well documented?
- *Wellness Recovery:* Are services designed to promote hope, choice, independence, and the development of functional competencies? Are beneficiaries improving the quality of their physical, mental, and life circumstances?
- *Beneficiary Satisfaction:* Are beneficiaries and family members satisfied with the quality of services they receive, the programs and providers that deliver them, and with their clinical outcomes?
- *Cultural Competency:* Are services provided in a culturally appropriate manner that effectively meets the needs of diverse beneficiaries? Are healthcare service disparities reduced?

### **Quality Action Management Committee (QMAC)**

QMAC is VCBH's equivalent to the Quality Improvement Committee (QIC). Its purpose is to provide recommendations and oversight of Behavioral Health's Quality Assessment and Performance Improvement Plan (QAPI) and other quality management activities.

QMAC representation includes board members, MHP staff and providers, consumers and family members. The QMAC reviews, evaluates, and advises on results of QM activities designed to improve the access, quality of care and outcomes of the service delivery system. The QMAC meets quarterly for an all member session to regularly monitor data/reports on both process and performance for the various areas of activities occurring throughout the department. The QMAC also convenes ad hoc committees on a time-limited basis for focused discussion to support carrying out QAPI-related activities.

### **Organizational Structure and Responsibility**

The governing body of the MHP Plan is the Board of Supervisors of Ventura County. While the Board is responsible for establishing, maintaining and supporting the QI Program of the MHP, the Board delegates the ongoing responsibility for the development and implementation of the Program to the MHP.

## **Behavioral Health Director**

The MHP Director has ultimate responsibility for administration of the MHP and SUS oversight of the QM program and for providing adequate resources and staffing for the program to function effectively.

## **Reporting to the Behavioral Health Advisory Board (BHAB)**

The Behavioral Health Advisory Board (BHAB) provides input to the administration of the MHP and functions in an advisory capacity. The BHAB appoints a board member to participate in the QMAC. In addition, there is a direct reporting link to each of the BHAB subcommittees. QI reports generated through the oversight of the QMAC are presented to BHAB on a quarterly basis for review and feedback. The annual Advisory Board report to the Board of Supervisors includes summaries and recommendations based on their review of the QI Program.

## **UTILIZATION MANAGEMENT PROGRAM**

### **Prior Authorization or Referral for Outpatient SMHS**

The MHP is responsible for preauthorizing all non-emergency outpatient SMHS for Medi-Cal beneficiaries who receive services through the FFS provider network. Treatment authorization requests for Special Mental Health Services (SMHS) from providers are reviewed to determine appropriateness in level of care and compliance with applicable medical necessity criteria. Beneficiaries without currently approved network services from the MHP are required to contact the Crisis and Referral Line, or one of the FFS providers for a screening of their service needs.

The MHP does not require prior authorization for the following services:

- Crisis Intervention;
- Crisis Stabilization;
- Mental Health Services;
- Targeted Case Management;
- Intensive Care Coordination; and,
- Medication Support Services.

The following types of Mental Health Services must be included on the beneficiary's Client Plan prior to service delivery:

- Mental Health Services;
- Rehabilitation;

- Targeted Case Management;
- Intensive Care Coordination.

Prior authorization or VCBH referral is required for the following services:

- Intensive Home-Based Services;
- Day Treatment Intensive;
- Day Rehabilitation;
- Therapeutic Behavioral Services;
- Therapeutic Foster Care

For purposes of prior authorization, referral by VCBH is considered to serve the same function as approving a request for authorization submitted by a provider or beneficiary.

In the event of a service request modification or denial, the appropriate Notice of Adverse Benefit Determination is issued.

### **Utilization Review (UR)**

The UR unit reviews and monitors all MHP outpatient clinical records for compliance with State and Federal documentation standards. To ensure an objective review, reviews are performed by individuals not involved in the service delivery for the client whose records are being reviewed. UR staff use a standardized review protocol to review the charts to ensure that services provided meet medical necessity and are in compliance with all State, Federal and Accreditation Guidelines. If it is determined that a charting deficiency can be corrected, the deficiency is corrected. If remediation is not possible, all charges affected by the deficiency are forwarded to the Billing Department to back out billing. Clinical staff are provided with feedback on documentation disallowances.

Monthly reports with aggregate data obtained as a result of UR are provided to the management, executive management, QM and fiscal/billing teams with feedback on documentation disallowances, individual provider and program trends, and training needs, which are reviewed at monthly UR and quarterly QMAC meetings as applicable. Clinicians who fail to document their services adequately may be subject to disciplinary action.

### **XIII. CONFIDENTIALITY**

The MHP is committed to protecting the health information of all beneficiaries and abides by and complies with all applicable state and federal laws and regulations regarding confidentiality. The MHP does so in order to safeguard against intentional or unintentional destruction, modification, or disclosure of information, access to client data is restricted to individuals who have a need, reason, purpose, and permission to receive or review the information. The MHP has developed and implemented policies and procedures that include safeguards for confidentiality and prevent unauthorized access to all patient information, including electronically stored Protected Health Information (PHI) data.

The MHP requires staff and providers operating within the MHP to follow the Code of Conduct that creates a framework for professional, ethical, responsible, and productive conduct within Federal, State and County laws and cultural competence regulations. The MHP has operating policies and procedures to ensure that beneficiary's PHI and privacy rights are secure and protected in accordance with HIPAA requirements. Furthermore, QM ensures compliance through the implementation of appropriate administrative, technical, and physical safeguards to protect the privacy of PHI from any unnecessary and prohibited disclosure. The QM Compliance Senior Manager is responsible for reviewing, monitoring, investigating, tracking and reporting of all reported and identified HIPAA violations and quality of care concerns, which are in turn reported to the County Compliance Hotline as applicable to ensure compliance with Federal, State and County regulations

The disclosure of statistical or summary data in which a beneficiary cannot be identified meets regulatory compliance regarding confidentiality. The disclosure of information for research purposes is reviewed and approved through appropriate institutional review boards and is also approved by the MHP's Research Committee.

#### **HIPAA Policies and Procedures**

The policies encompass all Federal, State and County regulations pertaining to the confidentiality of PHI. The policies contain detailed information including electronic PHI and safeguards required to protect information in this capacity as well. These policies and procedures not only inform the MHP staff about appropriate regulations regarding beneficiary confidentiality, but also include procedures for reporting breaches in confidentiality and sanctions for these types of breaches.

## **Compliance/HIPAA Training and Annual Review**

Upon hire, all MHP staff must review, sign and acknowledgement understanding of the MHP Confidentiality Agreement, the Code of Conduct Agreement, and applicable policies and procedures, prior to having contact with beneficiaries or their confidential information and to maintain their employment with the MHP.

All MHP staff are required upon hire, and annually thereafter, to train on “*HIPAA Privacy and HIPPA Security*” to provide awareness and education on confidentiality. This training reviews regulations for the protection of PHI. Staff must complete and pass an examination demonstrating their comprehension of covered materials. Staff are required to complete an annual refresher on HIPPA Privacy/Security as well as Ethics Training.

## **Informed Consent**

Upon enrollment, beneficiaries are provided with “*The Summary of Joint Notice of Privacy Practices*” per the policy Informing Clients about Privacy Practices which informs of their rights and the legal obligation of the MHP to maintain confidentiality and privacy practices with respect to PHI. A Compliance Hotline is accessible to beneficiaries to report any suspected activity which may be a breach of beneficiary’s rights to confidentiality.

MHP staff are required to obtain informed consent from beneficiaries prior to the receipt of services, and annually thereafter, which delineates the limits of confidentiality. PHI will not be released without formal authorization, except in situations where Federal and state regulations allow releasing PHI information without a formal authorization, and only then information will be released on a need to know basis.

More policy and procedure information can be found by referencing the Health Care Agency Compliance Manual, the VCBH Policy and Procedure Administrator, or via the MHP Policy Training System: PolicyStat.