



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

REGULAR MEETING

AGENDA

**October 26, 2022
10:00 AM – 12:00 PM**

Location (Hybrid meeting): **Atlantic Conference Room, 472 E. Valley St., Willits**; and via Zoom:

<https://mendocinocounty.zoom.us/j/98557737710>

Call in:

+1(669) 900-9128 or +1(346) 248-7799

Webinar ID: 985 5773 7710

**Chairperson
Michelle Rich**

**Vice Chair
Flinda Behringer**

**Secretary
Jo Bradley**

**Treasurer
Richard Towle**

**BOS Supervisor
Mo Mulheren**

1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE	2ND DISTRICT: MICHELLE RICH SERGIO FUENTES CAYO ALBA	3RD DISTRICT: JEFF SHIPP PERRI KALLER LAURA BETTS	4TH DISTRICT: VACANT VACANT VACANT	5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
--	---	--	---	--

OUR MISSION: *To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential."*

	Agenda Item / Description	Action
1. 3 minutes	Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Action.</i>	Board Action:
2. 2 minutes	Approval of Minutes from the September 28, 2022 BHAB Regular Meeting: <i>Review and Possible Action.</i>	Board Action:
3. 10 minutes (Maximum)	Public Comments: <i>Members of the public wishing to make comments to the BHAB will be recognized at this time. Any additional comments can be provided through email to bhboard@mendocinocounty.org.</i>	Board Action:
4. 5 minutes	Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: <i>Discussion and Possible Action.</i>	Board Action:

<p>5. 10 minutes</p>	<p>Board & Committee Reports: Discussion and Possible Action. A. Chair – <i>Michelle Rich</i> - 2023 Office Nominations B. Vice Chair – <i>Flinda Behringer</i> C. Secretary – <i>Jo Bradley</i> D. Treasurer – <i>Richard Towle</i> E. Advocacy & Legislation Committee – <i>Member Bradley, Chair Rich</i> - BOS Advocacy F. Appreciation Committee – <i>Member Fuentes & Martinez</i> G. Contracts Committee – <i>Member Fuentes and Chair Rich</i> H. Membership Committee – <i>Member Behringer, Bradley, Gorny, Chair Rich</i> I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i> J. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i></p>	<p>Board Action:</p>
<p>6. 10 minutes</p>	<p>Measure B: Discussion and Possible Action A. Agenda Review</p>	<p>Board Action:</p>
<p>7. 10 minutes</p>	<p>Mendocino County Report - Jenine Miller, BHRS Director A. Director Report Questions B. Psychiatric Health Facility Update C. Staffing Update</p>	<p>Board Action:</p>
<p>8. 15 minutes</p>	<p>Anchor Health Management Report - Camille Schraeder, Anchor Health Management Inc. A. Services Update B. Staffing Update</p>	<p>Board Action:</p>
<p>9. 10 Minutes</p>	<p>Behavioral Health Advisory Board Outreach: Discussion and Possible Action A. Flow Charts Distribution Plan B. Public Service Announcement</p>	<p>Board Action:</p>
<p>10. 5 Minutes</p>	<p>Tribal Advisory Committee: Discussion and Possible Action Regarding Developing a Tribal Advisory Committee</p>	<p>Board Action:</p>
<p>11. 5 Minutes</p>	<p>California Association of Local Behavioral Health Boards and Commission (CALBHB/C) 2022-23 Dues Invoice: Discussion and Possible Action</p>	<p>Board Action:</p>
<p>12. 25 Minutes</p>	<p>Mendocino MHP State Audits Results Overview - Jenine Miller, BHRS Director</p>	<p>Board Action:</p>
<p>13. 10 Minutes</p>	<p>Mental Health Services Act Quarterly Update – Karen Lovato, BHRS Senior Program Manager</p>	<p>Board Action:</p>
<p>14. 5 Minutes</p>	<p>Member Comments:</p>	<p>Board Action:</p>
<p>15. 2 minutes</p>	<p>Adjournment</p>	

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION:

PHONE: (707) 472-2355 | FAX: (707) 472-2788

EMAIL THE BOARD: hbboard@mendocinocounty.org | WEBSITE: www.mendocinocounty.org/hbab



**MENDOCINO COUNTY
BEHAVIORAL HEALTH ADVISORY BOARD**

**REGULAR MEETING
MINUTES**

**September 28, 2022
10:00 AM – 12:00 PM**

Zoom Meeting:

<https://mendocinocounty.zoom.us/j/98557737710>

**Chairperson
Michelle Rich**

**Vice Chair
Flinda Behringer**

**Secretary
Jo Bradley**

**Treasurer
Richard Towle**

**BOS Supervisor
Mo Mulheren**

1ST DISTRICT: DENISE GORNY LOIS LOCKART RICHARD TOWLE	2ND DISTRICT: MICHELLE RICH SERGIO FUENTES CAYO ALBA	3RD DISTRICT: VACANT JEFF SHIPP VACANT	4TH DISTRICT: VACANT VACANT VACANT	5TH DISTRICT: FLINDA BEHRINGER JO BRADLEY MARTIN MARTINEZ
--	---	---	---	--

OUR MISSION: *“To be committed to consumers, their families, and the delivery of quality care with the goals of recovery, human dignity, and the opportunity for individuals to meet their full potential.”*

	Agenda Item / Description	Action
1. 3 minutes	<p>Call to Order, Roll Call & Quorum Notice, Approve Agenda: <i>Review and Possible Action.</i></p> <ul style="list-style-type: none"> ○ Chair Rich called the meeting to order at 10:03 AM. ○ Members present: Behringer, Fuentes, Towle, Gorny, Alba, and Chair Rich (Late entrance: Bradley, Lockart, and Martinez) ○ Member Shipp absent. ○ Agenda approved as presented. 	<p>Board Action: Motion made by member Behringer, seconded by Member Martinez to approve the agenda as presented. Motion passes.</p>
2. 2 minutes	<p>Approval of Minutes from the August 24, 2022 BHAB Regular Meeting: <i>Review and Possible Action.</i></p> <ul style="list-style-type: none"> ○ Minutes approved as presented. 	<p>Board Action: Member made by Member Behringer, seconded by Member Gorny to approve the minutes as presented. All in favor, motion passes.</p>

	<p>will let the Clerk of the Board know to move forward with official appointment.</p> <ul style="list-style-type: none"> ○ BHAB Application Process <ul style="list-style-type: none"> - Brief overview of the application process. ○ Membership Renewal Process <ul style="list-style-type: none"> - Brief overview of the membership renewal process. Member Towle, Martinez, and Shipp memberships expire at the end of this year <p>I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i></p> <ul style="list-style-type: none"> - Nothing to report. <p>J. Site Visit Committee - <i>Member Behringer, Fuentes, Martinez, & Towle</i></p> <ul style="list-style-type: none"> - Nothing to report. 	<p>seconded by Member Gorny to endorse all 3 applications received. All in favor, motion passes.</p>
<p>6. 10 minutes</p>	<p>Measure B: Discussion and Possible Action</p> <p>A. September Meeting Agenda Review</p> <ul style="list-style-type: none"> ○ Discussion on items on this month’s agenda. ○ Discussion on the treatment services Ford Street provides and the funding request proposal brought forward to Measure B. ○ Ford Street Project proposal includes adding a new treatment pavilion and building a new 22 bed sober living dorm. Most recent update says it will serve men only. ○ BHRS Director Miller reports 173 people were lost to overdoses in the past 5 years. 45 in 2020 and 74 in 2021. ○ Discussion on the county RFP process: BHRS drafts/publishes the proposal, once bids are received a review committee reviews and scores, then they decide on a proposal to bring forward. ○ Discussion on the difference between a CRT, CSU, and PHF. ○ Public comment: Jo Silva: if county is increasing living opportunities for those with drug/alcohol issues, how about staffing, how is that paid? It is very important for board to address staffing in general and what is being done financially. 	<p>Board Action: None.</p>
<p>7. 15 minutes</p>	<p>Mendocino County Report: Jenine Miller, BHRS Director</p> <p>A. Director Report Questions</p> <ul style="list-style-type: none"> ○ Included in agenda packet <p>B. Psychiatric Health Facility Update</p> <ul style="list-style-type: none"> ○ Nacht & Lewis, AECOM, and county staff continue to meet regularly on the demolition, design, construction, and programming requirements for the PHF. <p>C. Staffing Update</p> <ul style="list-style-type: none"> ○ Continue to recruit and hire new staff. <p>D. BHRS Contracts</p> <ul style="list-style-type: none"> ○ A list of all current BHRS contracts is included with agenda packet. Including information on what cost is for, amount, etc. There are some changes with contracts throughout the year (especially LPS). Providers now have contracts directly with BHRS, the ASO is still overseeing but county holds contract instead of ASO. <p>E. October Overdose Awareness Events</p>	<p>Board Action: None.</p>

	<ul style="list-style-type: none"> ○ Events are planned for every Saturday in the month of October. The events will include education on overdoses and a celebration of life for those we have lost over the last 10 years due to an overdose. The events will be held in Boonville, Gualala, Fort Bragg, Ukiah, and Willits. Flyer included in agenda packet with event location details. 	
<p style="text-align: center;">8. 15 minutes</p>	<p>Anchor Health Management Report: <i>Camille Schraeder, Anchor Health Management Inc.</i></p> <p>A. Data Dashboard and Trendlines</p> <ul style="list-style-type: none"> ○ Included in agenda packet. <p>B. Services Update</p> <ul style="list-style-type: none"> ○ ACM has been improving on timeliness although staffing is still a challenge. ○ Meeting frequently with each provider to talk about capacity, strategies, and centralized scheduling. ○ RCS is working on adding family therapy. ○ ACM is meeting with the Medstar team tomorrow to discuss transportation as that continues to be a challenge. ○ Mendocino College is looking at psychiatric technician program in collaboration with Napa College; the program might be available as soon as next fall. ○ Discussion on psych expertise and linking graduates with housing in Mendocino County. ○ Jo Silva: training primary care doctors in psych treatment for mild cases would be important. If they can offer trainings at the training center it would be great. <p>C. Staffing Update</p> <ul style="list-style-type: none"> ○ No discussion. 	<p>Board Action: None.</p>
<p style="text-align: center;">9. 15 minutes</p>	<p>5150 Process: <i>Sarah Livingston, Redwood Community Crisis Services Director – Discussion and Possible Action</i></p> <ul style="list-style-type: none"> ○ Sarah Livingston joined the meeting to talk about the 5150 process after the county approves and issues a 5150 card to staff. ○ New staff do a lot of shadowing so they can get real experience. Depending on a person’s prior education, it can be several months. ○ Crisis services currently offered: Crisis 24 hour hotline, Crisis respite (Madrone house), and the Phoenix house (CRT). A crisis respite in the coast is underway and coming very soon. ○ A typical day at the crisis center: 8am meeting to talk about clients struggling, start working on placements (to make sure they have everything to get someone to next level of care), calling hospitals that take the client’s insurance, start asking for beds (continue this process until they get them placed). ○ Crisis workers respond to all 3 hospitals (Ukiah Willits, and Fort Bragg) and will also respond throughout the community when the county is not able to. Crisis workers also respond the jail and juvenile hall. ○ Barriers in crisis services for timely services? Sarah mentioned aftercare can be an issue as it is voluntary and they cannot force someone to seek those services. So that can often be a barrier once an individual is released from jail. 	<p>Board Action: None.</p>

	<ul style="list-style-type: none"> ○ Discussion on discussion of hiring more case managers, Sarah said more people are applying for case manager positions. 	
10. 10 Minutes	Behavioral Health Advisory Board Outreach: Discussion and Possible Action A. Flow Charts Distribution Plan B. Public Service Announcement <ul style="list-style-type: none"> ○ Items tabled due to lack of time. 	Board Action: None.
11. 5 Minutes	Tribal Advisory Committee: Discussion and Possible Action Regarding Developing a Tribal Advisory Committee <ul style="list-style-type: none"> ○ Item tabled due to lack of time. 	Board Action: None.
12. 5 Minutes	Member Comments: <ul style="list-style-type: none"> ○ No member comments. 	Board Action: None.
13. 2 minutes	Adjournment: 12:04 PM.	

AMERICANS WITH DISABILITIES ACT (ADA) COMPLIANCE

The Mendocino County Behavioral Health Advisory Board complies with ADA requirements and upon request will attempt to reasonably accommodate individuals with disabilities by making meeting material available in appropriate alternative formats (pursuant to Government Code Section 54953.2). Anyone requiring reasonable accommodations to participate in the meeting should contact the Mendocino County Behavioral Health Administrative Office by calling (707) 472-2355 at least five days prior to the meeting.

BHAB CONTACT INFORMATION:

PHONE: (707) 472-2355 | FAX: (707) 472-2788

EMAIL THE BOARD: bhboard@mendocinocounty.org | WEBSITE: www.mendocinocounty.org/bhab



Behavioral Health Advisory Board

BHRS Director's Report

October 2022



1. Board of Supervisors:

○ **Recently passed items or presentations:**

i. Mental Health:

- Approval of Recommended Appointments/Reappointments - Michele Robb, Fourth District Representative, Behavioral Health Advisory Board; Laura Betts, Third District Representative, Behavioral Health Advisory Board; Perri Kaller, Third District Representative, Behavioral Health Advisory Board.
- Approval of Retroactive Agreement with National Outdoor Media in the Amount of \$16,106, for Use of Static Billboards on Highway 101 for an 8-Week Period, Effective May 23, 2022, Through July 17, 2022
- Approval of Retroactive Performance Agreement No. 22-20114 with the California Department of Health Care Services in the Amount of \$0, for the County to Provide Specialty Mental Health Services, Effective July 1, 2022 Through June 30, 2027; and Adoption of Resolution Authorizing the Behavioral Health and Recovery Services Director to Sign Performance Agreement No. 22-20114, and Any Amendments or Renewals that Do Not Exceed the Maximum Amount Associated with the Agreement
- Ratification of Submission of Grant Application to Partnership HealthPlan of California (PHC), for the PHC California Advancing and Innovating Medi-Cal Grant Program; and Approval of Resulting Grant Agreement with PHC in the Amount of \$339,106, for Services to Improve the Health and Care for Medi-Cal Members Enrolled with PHC, Effective Upon Signing Through December 31, 2023
- Approval of Retroactive Agreement with Humboldt State University in the Amount of \$206,730, for the Behavioral Health Mentored Internship Program, Effective August 16, 2022 to September 29, 2023

ii. Measure B:

- Presentation to the Board of Supervisors from Behavioral Health and Recovery Services Regarding Status Report of Activities Related to the Mental Health Treatment Act Citizen's Oversight Committee Projects and Programs

iii. Substance Use Disorders Treatment:

- Approval of Retroactive Grant Agreement with Tulare County Superintendent of Schools in the Amount of \$19,000, to Implement a Club Live/Friday Night Live Chapter, Effective July 1, 2022 Through June 30, 2023

○ **Future BOS items or presentations:**

- i. BHRS: Behavioral Health 21-22 Audit Outcomes – November 1, 2022

2. Staffing Updates:

- New Hires:
 - Mental Health: 1
 - Substance Use Disorders Treatment: 2
- Promotions:
 - Mental Health: 1
 - Substance Use Disorders Treatment: 0
- Transfers
 - Behavioral Health: 0
- Departures:
 - Mental Health: 1
 - Substance Use Disorders Treatment: 0

3. Audits/Site Reviews:

- Completed/Report of Findings:
 - BHRS Triennial Audit Completed
 - FY 2021-22 Regional Model DMC-ODS Review Completed
 - Substance Abuse Block Grant Audit Completed
- Upcoming/Scheduled:
 - i. SUDT Wellness & Recovery Site Review (Ukiah, Willits, Fort Bragg): November 2022
 - ii. EQRO Review: December 2022
- Upcoming Site Reviews:
 - Tapestry Family Services: Completed
 - RCS Birch House:: Completed
 - MCAVHN: Due 11/1/2022

4. Grievances/Appeals:

- MHP Grievances: 2
- SUDT Grievances: 0
- MHSA Issue Resolutions: 0
- Second Opinions: 0
- Change of Provider Requests: 2
- Provider Appeals: 0
- Consumer Appeals: 0

5. Meetings of Interest:

- **Safe Rx Mendocino Opioid Safety Coalition** meets monthly on the second Tuesday of the month at 10 am. Join them as they combat opioid misuse in Mendocino County! Join Zoom Meeting: <https://mendocinocounty.zoom.us/j/98833021418>
- **MHSA Forum/ QIC Joint Meeting:**
December 8 2022 - Redwood Valley Training Center, 8207 East Road 95470
Via Zoom : <https://mendocinocounty.zoom.us/j/81588381270>

6. Grant Opportunities:

- N/A

7. Significant Projects/Brief Status:

- **Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law August 2022**
Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
 - Referrals to Date: 132 (duplicated)
 - Total that did not meet AOT criteria: 111
 - Total Referrals FY 22/23: 4
 - Client Connected with Provider/Services: 0
 - Unable to locate/connect with client: 1
 - Currently in Investigation/Screening/Referral: 0
 - Settlement Agreement/Full AOT FY 22/23: 3 **2 *continued from FY 21/22*
 - Other (Pending Assessments to file Petition): 2

Notes: There is going to be discrepancies with number of clients referred and clients that did not meet criteria. Just because someone was not ordered into AOT does not mean they did not meet criteria. There are times when the County files a petition and the client did not show up to court, a higher level of care was needed, client chose to participate in BHC instead, they were incarcerated, client left the area, etc.

Most of the referrals AOT receives are from service providers which means the client is already connected to services. When the county AOT Coordinator is able to contact a client, she assists in connecting them with services they are interested in.

Unable to locate/connect with client: - even if unable to contact the client the AOT Coordinator does a record review and notifies mobile crisis, mobile outreach, crisis, and the jail discharge planner letting them know we have a referral and need to touch-base with client. If it looks like the client likely meets criteria, the AOT Coordinator will put together an investigation report and send it for an assessment just in case they do have contact with the client.

8. Educational Opportunities:

- **MHSA Forum/ QIC Joint Meeting:**
December 8 2022 - Redwood Valley Training Center, 8207 East Road 95470
Via Zoom : <https://mendocinocounty.zoom.us/j/81588381270>

9. Mental Health Services Act (MHSA):

- **MHSA Forum/ QIC Joint Meeting:**
December 8 2022 - Redwood Valley Training Center, 8207 East Road 95470
Via Zoom : <https://mendocinocounty.zoom.us/j/81588381270>

10. Lanterman Petris Short Conservatorships (LPS):

- Number of individuals on LPS Conservatorships: **62**

11. Substance Use Disorders Treatment Services:

- Number of Substance Use Disorders Treatment Clients Served in **August 2022**:
 - Total number of clients served: 78
 - Total number of services provided: 380
 - Fort Bragg: 16 clients served for a total of 63 services provided
 - Ukiah: 49 clients served for a total of 255 services provided
 - Willits: 13 clients served for a total of 62 services provided
- Number of Substance Use Disorder Clients Completion Status
 - Completed Treatment/Recovery: 7
 - Left Before Completion: 6
 - Referred: 2
 - Total: 13
 - Average Length of Service: 174.85 hours

12. New Contracts:

- None.

13. Capital Facilities Projects:

- **Crisis Residential Treatment (CRT) Facility “Orchard Project”:**
 - CRT is open and has been full. Grant disbursement requested and distributed.
- **Willow Terrace Project:**
 - Vacancies filled through Coordinated Entry process as they come available.
- **Orr Creek Commons Phase 2:**
 - Vacancies filled through the Coordinated Entry and Providers screening applications.



Mendocino County Behavioral Health and Recovery Services
 Behavioral Health Advisory Board General Ledger
 FY 22/23
 10/18/2022

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
MHB	862080	FOOD							
		FOOD Total			\$0.00				
MHB	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			\$0.00				
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$0.00				
MHB	862190	PUBL & LEGAL NOTICES							
		PUBL & LEGAL NOTICES Total			\$0.00				
MHB	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			\$0.00				
MHB	862250	TRNSPRTATION & TRAVEL	2023/03/000229	9/1/2022	76.25	8/23/2022		4362485 Behinger, Flinda	Local 8/23/22 FY22/23
MHB	862250	TRNSPRTATION & TRAVEL	2023/03/000930	9/22/2022	42.28	12/16/21-6/24/22		4363621 Towle Richard	Local FY22/23
		TRNSPRTATION & TRAVEL Total			\$118.53				
		TRAVEL & TRSP OUT OF COUNTY Total			\$0.00				
		Grand Total			\$118.53				

Summary of Budget for FY 22/23

OBJ	ACCOUNT DESCRIPTION	Budget Amount	YTD Exp	Remaining Budget
862080	Food	1,000.00	0.00	1,000.00
862150	Memberships	600.00	0.00	600.00
862170	Office Expense	500.00	0.00	500.00
862190	Publ & Legal Notices	0.00	0.00	0.00
862210	Rents & Leases Bld	30.00	0.00	30.00
862250	In County Travel	3,000.00	118.53	2,881.47
862253	Out of County Travel	2,000.00	0.00	2,000.00
	Total Budget	\$7,130.00	\$118.53	\$7,011.47

Behavioral Health Recovery Services
Mental Health FY 2022-2023
Budget Summary
Year to Date as of **October 18, 2022**

	Program	FY 22-23 Approved Budget	EXPENDITURES					REVENUE				Total Revenue	Total Net Cost	
			Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP			Other
1	Mental Health (Overhead)	(4,024,268)	80,155	108,164	2,463,940	80,498	(65,666)	2,667,091		(306,536)	(831,788)	(14,488)	(1,152,812)	3,819,903
2	Administration - MHAD75	737,846	221,810	185,948			(14,036)	393,722				(63,861)	(63,861)	457,583
3	Mental Health Block Grant ARPA	0						0					0	0
4	CalWorks - MHAS32	38,371	17,332	5,089				22,420					0	22,420
5	Mobile Outreach Program - MHAS33	(41,083)	92,669	3,974			(59,355)	37,287				(8,557)	(8,557)	45,844
6	Adult Services - MHAS75	240,338		6,879				6,879					0	6,879
7	Path Grant - MHAS91	0		2,804				2,804	(5,527)				(5,527)	8,331
8	SAMHSA Grant - MHAS92	0		10,891				10,891					0	10,891
9	Mental Health Board - MHB	7,130		119				119					0	119
10	CCMU -BCHIP	0		10,001				10,001					0	10,001
11	Business Services - MHBS75	805,465	183,439	25,739			(12,591)	196,587				(8,401)	(8,401)	204,987
12	CCMU-CRRSAA Grant - MHCCMU	0		70,706				70,706					0	70,706
13	Mental Health Block Grant CRRSAA	0		61				61					0	61
14	MH Grant (Other)	0		13,536				13,536					0	13,536
15	MAT Grant - MHMAT	0						0					0	0
16	AB109 - MHMS70	1,027	27,102	3,678				30,780					0	30,780
17	Conservatorship - MHMS75	1,896,328	68,950	44,612	488,815		(9,316)	593,060				(49,456)	(49,456)	642,516
18	MH CAL-AIM - MHCALA	0		15,920				15,920					0	15,920
19	QA/QI - MHQA99	506,229	62,342	26,410			(3,828)	84,924				(10,699)	(10,699)	95,623
a	Total YTD Expenditures & Revenue		753,797	534,531	2,952,755	80,498	(164,793)	4,156,787	(5,527)	(306,536)	(831,788)	(155,463)	(1,299,313)	5,456,101

Behavioral Health Recovery Services
Mental Health FY 2022-2023
Budget Summary
Year to Date as of **October 18, 2022**

b	FY 2022-2023 Adjusted Budget	167,383	3,771,297	1,667,615	18,769,395	0	(158,340)	24,049,967	6,525,253	3,579,855	10,604,948	3,172,528	23,882,584	167,383
c	Variance		3,017,500	1,133,084	15,816,640	(80,498)	6,453	19,893,180	6,530,780	3,886,391	11,436,736	3,327,991	25,181,897	(5,288,718)

Behavioral Health Recovery Services
Mental Health Services Act (MHSA) FY 2022-2023 Budget Summary
Year to Date as of **October 14, 2022**

Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other- Revenue	Total Net Cost
Community Services & Support	17,946	89,490	104,974	88,897		(11,680)	271,681		(31,412)	303,093
Prevention & Early Intervention	(52,755)	31,455	42,689				74,144		(584)	74,727
Innovation	567,704		128				128			128
Workforce Education & Training	-						-			-
Capital Facilities & Tech Needs							-			-
Total YTD Expenditures & Revenue		120,945	147,791	88,897	-	(11,680)	345,953	-	(31,996)	377,948
FY 2022-2023 Approved Budget	532,895	689,526	4,415,118	1,532,776	0	(4,131)	6,633,289	(6,100,395)	-	532,894
Variance		568,581	4,267,327	1,443,879	-	7,549	6,287,336	(6,100,395)	31,996	154,946

Prudent Reserve Balance **1,894,618**

WIC Section 5847 (a)(7) - Establishment & maintenance of a prudent reserve to ensure the county continues to be able to serve during years in which revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index.

Behavioral Health Recovery Services
SUDT FY 2022-2023 Budget Summary
Year to Date as of **October 18, 2022**

	Program	FY 22-23 Approved Budget	EXPENDITURES					Total Expenditures	REVENUE				Total Revenue	Total Net Cost
			Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers		SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other		
1	SUDT Overhead	(2,297,294)	10,201	643			(10,201)	643	(337,698)		(26,920)	(3,171)	(367,789)	368,432
2	County Wide Services	1,415,273		4,641				4,641					0	4,641
3	Elevate Youth - DD00EY	-		12,010				12,010					0	12,010
4	Drug Court Services - DD0105	-	25,715	11,050			(7,730)	29,034					0	29,034
5	Ukiah Adult Treatment Services - DD0100	8,445	62,883	21,668			(38,671)	45,880				(403)	(403)	46,284
6	Women In Need of Drug Free Opportunties - DD0125	(1)	14,806	18,989			(7,216)	26,579					0	26,579
7	Family Drug Court - DD0127	-	23,912	3,619				27,531					0	27,531
8	Friday Night Live - DD0158	-		2,838				2,838					0	2,838
9	Willits Adult Services - DD0200	-	19,510	2,869			(1,856)	20,522					0	20,522
10	Fort Bragg Adult Services - DD0300	206,022	21,623	7,770				29,392				(97)	(97)	29,489
11	DDMIP	-		3,622				3,622				(57,182)	(57,182)	60,805
11	Administration	824,861	82,294	182,951			(29,420)	235,825				(3,446)	(3,446)	239,271
12	Adolescent Services	(68,937)	22,234	492			(7,368)	15,358					0	15,358
13	SABG ARPA	-						0					0	0
14	COSSAAP	-		21,011				21,011					0	21,011
15	SABG CRRSAA	-		21,779				21,779					0	21,779
16	DDMATX	-		11,563				11,563					0	11,563
17	DDGRNT	-		4,903				4,903					0	0
18	Prevention Services	0	37,499	2,340			(30,053)	9,787					0	9,787
a	Total YTD Expenditures & Reven	88,370	320,676	334,758	0	0	(132,515)	522,920	(337,698)	0	0	(64,299)	(428,917)	946,934
b	FY 2022-2023 Budget	88,370	2,284,613	2,409,905	0	0	(1,037,852)	3,656,666	1,675,741	736,860	440,130	715,565	3,568,296	88,370
c	Variance	0	1,963,937	2,075,147	0	0	(905,337)	3,133,746	2,013,439	736,860	440,130	779,864	3,997,213	(858,564)

QI Work Plan - 8.1

Report - Appeals, Grievances, Change of Provider - August 2022

Provider Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

Client Appeal (45 days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Client
Total	0				

Issue Resolutions (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

SUDT Grievance (60 Days)

Receipt Date	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				

Client Grievance (60 Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
8/1/2022	Stepping Stones	Beneficiary complaint of access to services and frequency of appointments.	Issue addressed and regular appointments for beneficiary scheduled.	9/19/2022	9/19/2022
8/30/2022	Manzanita/Tapestry	Beneficiary complaint of provider staff behavior.	Incident with staff member and beneficiary addressed and resolved.	9/14/2022	9/14/2022
Total	2				

Client Request for Change of Provider (10 Business Days)

Receipt Date	Provider	Reason	Results	Date Completed	Date Letter sent to Client
8/29/2022	RQMC Med Management	Beneficiary concerns with treatment and frequency of appointments.	Concerns addressed, change of provider no longer needed.	9/1/2022	9/1/2022
8/30/2022	Tapestry	Beneficiary not happy with staff member.	Beneficiary request processed and referred to Stepping Stones.	9/9/2022	9/9/2022
Total	2				

0 Provider Appeals
0 Client Appeals
0 Issue Resolutions
0 SUDT Grievances
2 Grievances (Completed)
2 Request for Change of Provider (Completed)



**California Association of Local Behavioral Health
Boards and Commissions**

October 3, 2022

ATTN: Dr. Miller or current Mendocino County Mental/Behavioral Health Director
RE: 2022-23 CALBHB/C Dues Invoice

Dear Dr. Miller:

Attached is the dues invoice for the Mendocino County Behavioral Health Board. (The 2022-23 Dues Schedule shows the dues amount for all 59 members: www.calbhbc.org/dues)

Special Note re: Allocating to MHSA Community Program Planning (CPP): [CA WIC 5604.3](#) allows for mental/behavioral health board/commission expenses to be paid using MHSA planning and administrative revenues. (Planning costs may be up to 5% of MHSA annual revenue.)

CALBHB/C depends on revenue from dues to help provide the following:

1. **Support, Resources & Training:** Live and recorded [presentations](#), [trainings](#), [on-line modules](#), [resources](#) and prompt response to technical and issue-based questions. Notes:
 - **Print-Outs:** Binders and printed copies are mailed upon request.
 - **Regional Meetings/Trainings:** CALBHB/C reimburses travel for one board/commission member per county/jurisdiction to attend CALBHB/C meetings/trainings in their region (and all members and support staff are welcome to attend in-person events).
2. **Issue-Based Information**, including [issue briefs \(12\)](#), [web pages \(30+\)](#), [newsletters](#), quarterly meeting presentations, and speaker panels.
3. **Organized Advocacy** to address statewide behavioral health issues.

Involvement with CALBHB/C makes our organizations better able to achieve a common objective: to provide effective mental/behavioral health resources in local communities throughout California.

Thank you for supporting the work of the Mendocino County Behavioral Health Board.

Please do not hesitate to contact me.

Best Regards,

Theresa Comstock, Executive Director

CA Association of Local Behavioral Health Boards & Commissions

717 K Street, Suite 427 Sacramento CA 95814

Office: 916-917-5444, Cell: 707-688-5197

www.calbhbc.org



**California Association of Local Behavioral Health
Boards and Commissions**

INVOICE

DATE: October 3, 2022
ATTN: Dr. Miller or current Mendocino County Mental/Behavioral Health Director
FOR: 2022-23 CALBHB/C Membership Dues for the Mendocino County Behavioral Health Board

Special Note re: Allocating to MHS Community Program Planning (CPP): CA WIC 5604.3 allows for mental/behavioral health board/commission expenses to be paid using MHS planning and administrative revenues. www.calbhbc.org/legislation-mhb-wic

TOTAL DUES: \$600

Please send remittance to: **CALBHB/C, 717 K Street, Suite 427, Sacramento, CA 95814.**

Checks can be made payable to: CALBHB/C.

Federal Taxpayer ID Number: 33-0581682
W-9 Form will be provided upon request.



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, Fall 2022

In this Issue:

[Grants/Funding](#)

[Issue Briefs](#)

[Important Updates](#)

[Meetings & Trainings](#)

[Reports & Webinars](#)

[Resources](#)



The California Association of
Local Behavioral Health
Boards/Commissions
(CALBHB/C)
supports the work of CA's 59
local Mental/Behavioral Health
Boards and Commissions.

Website: www.calbhbc.org

Email: info@calbhbc.com

Important Updates

for Mental/Behavioral Health

Boards/Commissions:

1. [Veteran/Veteran Advocate](#)

(Update to CA WIC 5604: Membership):

- **Veteran Requirement:** One member shall be a veteran or veteran advocate. (County population of 100,000 or more.)
- **Veteran Encouragement:** A county shall give a strong preference to appointing at least one member of the board who is a veteran or a veteran advocate. (County population fewer than 100,000)
- **Vacancy Notification:** A county shall notify its county veterans service officer about vacancies on the board, if a county has a veterans service officer.
- **"Veteran Advocate"** Defined: A parent, spouse, or adult child of a veteran, or an individual who is part of a veterans organization, including the Veterans of Foreign Wars or the American Legion.

2. [The Brown Act](#) has been updated:

- **Public Emergency Allowances** extended through January 1, 2024
- **Allowances for Members due to "Just Cause" or "Emergency"** [When not operating in a public emergency.]: A local board/commission member may participate remotely without posting their physical location on the agenda under certain circumstances and with certain requirements. [See Brown Act Guide, P. 4](#) for circumstances and requirements. *In effect January 1, 2023 - January 1, 2026.*

Grants/Funding

Board & Cares

[Community Care Expansion](#): Acquisition, construction, and rehabilitation of residential care settings. DHCS and CDSS, Due 12/1

Children & Youth

U.S. Dept of Education: Two grants to support the workforce, to provide trauma-informed care to youth experiencing community violence, and to increase integrated services for students and their families, due Nov. 3rd

- [Mental Health Service Professional \(MHSP\) Demonstration Grant](#)
- [School-Based Mental Health \(SBMH\) Services Grant](#)

Crisis Care & Infrastructure

[988 Tribal Response Cooperative Agreements](#), SAMHSA SM-22-020. Applications due October 25, 2022

[Crisis and BH Continuum Round 5 Informational Webinar](#), Grants to construct, acquire & rehabilitate real estate assets to expand program capacity for crisis & other BH services infrastructure projects, Nov. 2, 2 pm

Criminal Justice

[Community Services Infrastructure Grant Program for Alternatives to Incarceration](#) to expand access to jail & prison diversion programs and services; create or expand MH treatment facilities, SUD treatment facilities, and trauma-centered service facilities. CHFFFA, Applications Due: Nov. 15th at 5 pm

[BH Mobile Crisis Response Services](#) Federal Medicaid matching funds for community-based mobile crisis response services. The federal match is 85% starting April 1 for up to three years. [CHCF Article](#)

Employment

[EmployABILITY Business Grants](#) for business owners to upgrade hiring/create jobs for people with disabilities. Applications can be submitted until 12/31/23 or until funds are depleted.

Telehealth

[Video Visit Grants](#) - \$15,000 for community providers, CA Health Care Foundation. Applications Due: November 10th.

Whole Person Care

[Capacity and Infrastructure Transition, Expansion and Development \(CITED\)](#): to enable the transition, expansion and development of Enhanced Care Management and Community Supports capacity and infrastructure, CA DHCS, Opening Dec. 2022.

Workforce

[Train New Trainers \(TNT\) Primary Care Psychiatry \(PCP\) Fellowship](#) Scholarship Applications due October 21st

[Licensed Mental Health Services Provider Education Program](#), Loan repayments of up to \$30,000, HCAI, Due October 31st

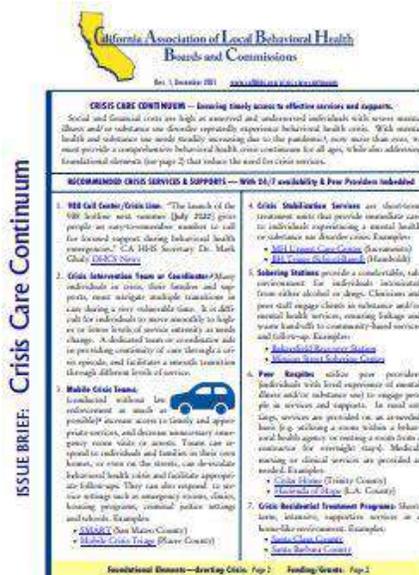
[Social Work Education Capacity Expansion \(SWECE\) Grant Program](#) funds educational institutions to develop new Bachelors of Art Social Work (BASW) and/or Masters of Social Work (MSW) programs and expand existing MSW programs. Applications Due October 28th

[Licensed Mental Health Services Provider Education Program](#), HCAI, Due October 31

[Community-Based Organization BH Workforce Grant Program](#), HCAI, Due November 30, 3pm

[Nursing Expansion Grant Program Nursing Career Pathway Track](#): Grantees will develop training partnerships between clinical settings and education and training providers to support accelerated learning and expanded access to clinical residencies and specialty care rotations, US DOL, Due January 6th, 8 pm PT

CALBHB/C Issue Briefs



[Board & Care \(ARF or RCFE\)](#)

[Children & Youth:](#)

[Integrated School-Based BH
Transitional Age Youth \(TAY\)](#)

[Crisis Care Continuum](#)

[Criminal Justice](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Transitional Age Youth](#)

[Suicide Prevention](#)

Full listing of issues (30+) at: www.calbhbc.org/newsissues Questions: cal@calbhbc.com

Meetings (Statewide)

CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)

[Quarterly Meeting/Training*](#) Oct 21 1 - 4pm

[Community Engagement & Unconscious Bias Training](#) Jan 6, 12 - 2:30 pm

[Chair & Admin Training](#) Jan 13, 11 - 12:30 pm

[Board & Care Teleconference:](#) Meeting needs for unserved & underserved individuals with SMI or SMI/SUD. Nov 4, 11 am-12:30 pm

[Workforce Teleconference:](#) Advising to meet local workforce, education and training needs. December 2, 11 am - 12:30 pm

*Next CALBHB/C Quarterly Meeting/Training is January 20 (Zoom & San Diego)

[CA Council for Justice & Behavioral Health](#)
Meeting October 28, 2 - 4:30 pm [Details](#)

[CA Dept of Health Care Services \(DHCS\)](#)
BH Stakeholders Committee, [October 20th](#)

CA Behavioral Health Planning Council

Note: There are Council Openings
[Apply for a seat on the Council](#)

Meetings In Sacramento
(Call-In Option 10/20-21)

[Performance Outcomes:](#) Oct 18, 2 pm - 5 pm

[Executive:](#) Oct 19, 8:30 am -10:15 am

[Patients' Rights Committee:](#) Oct 19, 10:30 am

[Children & Youth:](#) Oct 19, 10:30 am - 12 pm

[Workforce and Education:](#) Oct 19, 1:30pm

[Legislation:](#) Oct 19, 1:30 pm - 5 pm

[Housing and Homelessness:](#) Oct 20, 8:30 am

[Systems and Medicaid:](#) Oct 20, 8:30 am

[General Session:](#) 10/20-10/21 ([Call-In Option](#))

[CA HHS Behavioral Health Taskforce](#)
December 13th, 10 am - 3 pm [Webpage](#)

[Mental Health Services Oversight &
Accountability Commission \(MHSOAC\)](#)

Commission Meeting October 27 [Details](#)
[All Events](#)

Reports, Articles & Webinars - By Topic

Access

[Community Assistance, Recovery, and Empowerment \(CARE\) Court Program](#) Signed Into Law, CA State Assoc of Counties (CSAC)

[Too Many Californians Lack Timely Access to Mental Health Care](#), In California, close to two-thirds of adults with a mental illness and two-thirds of adolescents with major depressive episodes did not get treatment. CA Health Care Foundation Article

Also see [Telehealth](#)

Children & Youth (Mental Health)

[CalHHS: Children & Youth Behavioral Health Initiative Equity Workgroup](#), Oct 19, 2:30-5:30p

[CalHHS: Children and Youth Behavioral Health Initiative Update Webinar](#), October 20, 2 - 4 pm

[Sound the Alarm for Kids, Federal Levers in Advancing Youth Mental Health Coverage](#), The Kennedy Forum, October 21, 1 - 1:30 pm PT

[Anxiety and Learning Disabilities: The Worst Kept Secret](#), US Department of Education

[Supporting Youth Mental Health in the Workforce System](#), Workforce GPS Recording

["Hiding in Plain Sight: Youth Mental Illness,"](#) Documentary on PBS free video.

[Just Like You - Anxiety + Depression](#) Film

Children & Youth (SUD)

Also see [Substance Use Disorder](#)

[Unintended Spillover Effects of Cannabis Legalization for Youth who use E-cigarettes](#) Recovery Research Institute Study

[Free Youth Vaping Cessation Program](#), Enrollment begins November 1, 2022 for ages 13-17, www.QuitTheHitCA.com

Criminal Justice

[Deflection, Diversion and Mental Health Recovery: A Systems Approach and DEI Practice Perspective](#), Mental Health America and SAMHSA

Culture, Race, Ethnicity

[Setting a Goal for a More Diverse Workforce](#) The National Council

[Overdose Death Data Shows Striking Disparities in Minority Groups](#), CDC Report

[CMS Proposes Rule to Promote Non-discrimination in Health Plans](#), US HHS

Crisis Care Continuum

[988 Transition Moves Us Closer to Better Serving the Crisis Care Needs of People Across America](#), U.S. Department of Health & Human Services Secretary Press Release

[Assessing the Continuum of Care for Behavioral Health Services in California](#), CA DHCS

Diversity, Equity & Inclusion (DEI)

[How DEI Initiatives Can Be Leveraged to Advance Peer Support Work](#), October 25, 11 am PT

[Building Culturally & Linguistically Specific Recovery Community Organizations For Latinos](#), Recording

[Health Equity Workshop: Understanding the Landscape of Mental Health and Substance Use Challenges](#), Social Justice Leadership Academy, October 31, 10 am PT

[CA Reducing Disparities Project: A Closer Look at the Work, the Data and the Improvements to Health Equity](#), CIBHS, (\$70), February 1, 10 am

[Historical Trauma, Mass Violence and Healing](#) Members of the Medical Director Institute (MDI) engage in discussions with experts in the mental health and substance use field about personal and professional journeys in the DEI space.

Employment

[Serious Mental Illness \(SMI\) 101](#) - This recorded training will help participants gain a better understanding of working with consumers with serious mental illness (SMI), the barriers they face, how to best serve them, recommended VR services, and evidence-based practice (EBP) for successful case closure. Technical Assistance Center for Quality Employment. Participants will also learn about employer benefits, promising work trends, and self-employment for consumers with SMI.

Housing/Homelessness

[Board & Cares Teleconference](#): Addressing local and statewide challenges to meet the needs of unserved and underserved individuals with SMI or co-occurring SMI/SUD. CALBHB/C Nov 11 am - 12:30 pm

[Housing Supports via Enhanced Care Management \(ECM\) and Community Supports](#)

The Department of Health Care Services (DHCS) will virtually host an “Office Hours” discussion on Housing Supports via CalAIM Enhanced Care Management (ECM) and Community Supports. This Q&A session is a follow-up to the previous webinar on this topic. October 27, 2 - 3 pm

LGBTQ+

[Depression Looks Like Me Webinar](#)- Understand what depression looks like; hear from LGBTQ+ individuals about lived experiences and personal mental health journeys; discuss how to find safe spaces and a community when struggling with depression; identify how to be an ally and provide support to those living with depression. Recording

[Intellectual/Development Disabilities & MH Providing Integrated Care Services & Advancing Health Equity for Individuals with Intellectual & Developmental Disabilities \(IDD\)](#), National Council for Mental Well-Being

Legislation

[Community Assistance, Recovery, and Empowerment \(CARE\) Court Program](#) Signed Into Law, CA State Assoc of Counties (CSAC)

[Summaries](#) of signed and vetoed legislation, CA State Assoc. of Counties (CSAC)

Needs Assessment

[Conducting a Behavioral Health Community Needs Assessment](#), SAMHSA Webinar (Youtube)

Peer Providers

[How DEI Initiatives Can Be Leveraged to Advance Peer Support Work](#), October 25, 11 am PT

Substance Use Disorder (SUD)

[Why the Mixed Messages When it Comes to Substance Use?](#) Although it can take quite a while, a growing number of evidence based treatments are available, and the majority of people who experience alcohol use disorder [sometimes referred to also as alcoholism] eventually achieve sustained remission. National Council for Mental Wellbeing Article

[Treatment for Opioid Use Disorders in Rural Areas](#), Providers Clinical Support System, Recording

[Education on fentanyl, other drugs often optional in California schools, if offered at all.](#) // EdSource

[Youth Screening, Brief Intervention and Referral to Treatment Training \(YSBIRT\)](#), an integrated and comprehensive approach to identify, reduce and prevent risky alcohol and drug use. (\$65) November 2, 11 am - 2 pm PT

[Unintended Spillover Effects of Cannabis Legalization for Youth who use E-cigarettes](#) Youth e-cigarette use (i.e., vaping) is a well-studied occurrence with unique physical and behavioral health risks – including cannabis use initiation following vaping. Recovery Research Institute Study

SUD Continued

[Telehealth can be Key for Treating SUD](#) - A report by the Legislative Analysis and Public Policy Association (LAPPA) examines the use of telehealth for substance use disorder services during the COVID-19 pandemic. Telehealth is a key tool for reaching individuals who need access to health care, enabling health care providers to meet the growing demand for substance use services, Legislative Analysis & Public Policy Assoc.

[Drug Overdose Deaths in the U.S. Show Greater Increases in Black and Native American Populations](#)

- Report: A new report from the Centers for Disease Control and Prevention (CDC) found that during the first year of the pandemic, drug overdose death rates rose substantially in Black and Native American populations in the U.S. From 2019 to 2020, overdose fatalities increased by 44% among Black people and 39% among Native Americans but by 22% in the White population, Center for Disease Control and Prevention (CDC)

[Reducing Opioid Use Disorder and Overdose Deaths in the United States](#)

- Study: Opioid overdose deaths remain a major public health crisis. This study used a system dynamics simulation model of the U.S. opioid-using population age 12 and older to explore the potential impacts of 11 strategies on the prevalence of opioid use disorder (OUD) and fatal opioid overdoses from 2022 to 2032. The study predicts that Narcan (Naloxone) distribution and peer recovery supports would be the most effective in preventing overdose.

Telehealth

[AB 32 Telehealth - Passed](#) This law extends telehealth allowances. (AB 32 was supported by CALBHB/C leadership.)

[Innovations in Telehealth in Behavioral Health](#) During COVID-19, National Council on Mental Wellbeing

Veterans

[Peer Support Specialists](#), Veterans Affairs Administration

Workforce

[Behavioral Health Coaches Webinar](#) will highlight updates on the behavioral health coach model and progress toward implementation. (Building the Behavioral Health Coaches workforce is part of CA's Children & Youth Behavioral Health Initiative), HCAI October 24th, 2022

[Workforce Teleconference](#): Advising to meet local workforce, education and training needs. CALBHB/C December 2nd, 11 am - 12:30 pm

[Supporting Youth Mental Health in the Workforce System](#), Workforce GPS Recorded Webinar

Resources for Boards/Commissions

[Best Practices Handbook](#)

[Brown Act Guide](#)

[Public Emergency Allowances](#)

[Conduct](#)

[Cultural Relevance](#)

[Hybrid Meetings](#)

[Mental Health Services Act](#)

- Role of MHB/C
- Fiscal
- [Community Program Planning](#)

[News/Issues](#)

[Performance Outcome Data](#)

[Recommendations](#)

[Review](#) - Key Considerations & Roles

[Templates/Sample Docs](#)

- Annual Reports
- Recommendations
- Recruitment
- Site Visits

[And More!](#)

[Welfare & Institutions Code](#)

- Bylaw Requirements
- Duties
- Expenses
- Membership Criteria
- MHS Community Planning

[Training: Modules](#)

- Duties
- Ethics Training
- Mental Health Services Act

[Training: Presentations/Recordings](#)

- Chair Training
- Performance Data & Fiscal Info
- Mental Health Board
- MHS Community Program Planning / Community Engagement
- Unconscious Bias

Evaluate Us!

CALBHB/C is here to provide resources, support, training, communication and coordinate advocacy for statewide issues as detailed in our [Annual Report](#). We invite you to evaluate us by taking a few minutes to complete: [Evaluate CALBHB/C](#).

Report to Us!

Let us know your top issues and/or resource needs: [Report to CALBHB/C](#)

Contact Us!

info@calbhbc.com www.calbhbc.org

Follow CALBHB/C: www.twitter.com/CALBHBC www.facebook.com/CALBHBC

For ADA compliant or printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

The CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local mental/behavioral health boards & commissions.



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MENDOCINO COUNTY MENTAL HEALTH PLAN

SYSTEM FINDINGS REPORT

Review Dates: April 5, 2022 to April 6, 2022

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

TABLE OF CONTENTS

EXECUTIVE SUMMARY..... 2

FINDINGS 4

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES 4

ACCESS AND INFORMATION REQUIREMENTS..... 5

BENEFICIARY RIGHTS AND PROTECTIONS..... 9

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

EXECUTIVE SUMMARY

The California Department of Health Care Services' (DHCS) mission is to provide Californians with access to affordable, integrated, high-quality health care including medical, dental, mental health, substance use treatment services, and long-term care. Our vision is to preserve and improve the overall health and well-being of all Californians.

DHCS helps provide Californians access to quality health care services that are delivered effectively and efficiently. As the single state Medicaid agency, DHCS administers California's Medicaid program (Medi-Cal). DHCS is responsible for administering the Medi-Cal Specialty Mental Health Services (SMHS) Waiver Program. SMHS are "carved-out" of the broader Medi-Cal program. The SMHS program operates under the authority of a waiver approved by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(b) of the Social Security Act.

Medi-Cal is a federal/state partnership providing comprehensive health care to individuals and families who meet defined eligibility requirements. Medi-Cal coordinates and directs the delivery of important services to approximately 13.2 million Californians.

The SMHS program which provides SMHS to Medi-Cal beneficiaries through county Mental Health Plans (MHPs). The MHPs are required to provide or arrange for the provision of SMHS to beneficiaries' in their counties that meet SMHS medical necessity criteria, consistent with the beneficiaries' mental health treatment needs and goals as documented in the beneficiaries client plan.

In accordance with the California Code of Regulations, title 9, chapter 11, § 1810.380, DHCS conducts monitoring and oversight activities such as the Medi-Cal SMHS Triennial System and Chart Reviews to determine if the county MHPs are in compliance with state and federal laws and regulations and/or the contract between DHCS and the MHP.

DHCS conducted a webinar review of the Mendocino County MHP's Medi-Cal SMHS programs on April 5, 2022 to April 6, 2022. The review consisted of an examination of the MHP's program and system operations, including chart documentation, to verify that medically necessary services are provided to Medi-Cal beneficiaries. DHCS utilized Fiscal Year (FY) 2021/2022 Annual Review Protocol for SMHS and Other Funded Programs (Protocol) to conduct the review.

The Medi-Cal SMHS Triennial System Review evaluated the MHP's performance in the following categories:

- Category 1: Network Adequacy and Availability of Services
- Category 2: Care Coordination and Continuity of Care
- Category 3: Quality Assurance and Performance Improvement

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- Category 4: Access and Information Requirements
- Category 5: Coverage and Authorization of Services
- Category 6: Beneficiary Rights and Protections
- Category 7: Program Integrity

This report details the findings from the Medi-Cal SMHS Triennial System Review of the Mendocino County MHP. The report is organized according to the findings from each section of the FY 2021/2022 Protocol deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS.

For informational purposes, this findings report also includes additional information that may be useful for the MHP (e.g., a description of calls testing compliance of the MHP's 24/7 toll-free telephone line).

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both system review and chart review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Corrective Action Plan (CAP) is required for all items determined to be OOC or in partial compliance. The MHP is required to submit a CAP to DHCS within 60-days of receipt of the findings report for all system and chart review items deemed OOC. The CAP should include the following information:

- (1) Description of corrective actions, including milestones;
- (2) Timeline for implementation and/or completion of corrective actions;
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS;
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If the CAP is determined to be ineffective, the MHP should inform their county liaison of any additional corrective actions taken to ensure compliance; and
- (5) A description of corrective actions required of the MHP's contracted providers to address findings.

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDINGS

NETWORK ADEQUACY AND AVAILABILITY OF SERVICES

Question 1.4.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 8. The MHP must certify, or use another MHP's certification documents to certify, the organizational providers that subcontract with the MHP to provide SMHS, in accordance with California Code of Regulations, title 9, section 1810, subsection 435.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P's_Medi-Cal Organizational Provider Selection, Retention, and Certification
- 2392 RCS Medi-Cal Certification and Transmittal
- 2392 RCS Recert Letter 8-21
- Application Medi-Cal Site Cert 2.2022
- Contracted Providers Verification Master Log 12-20-12-21
- Employee Verification Log_Dec2020-Dec2021
- Fire Inspection request-BLANK
- Medi-Cal Certification and Transmittal-BLANK
- Provider Certification and Re-Certification Protocol
- Provider-File-Update-MC-5829-1-BLANK
- Site Cert Sample
- 1.4 Site Cert Manzanita 23CQ Transmittal
- 1.4 Manzanita Site Cert Approval 23CQ

Internal documents reviewed:

- Mendocino County Provider Monitoring Report 3-24-22 SR

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP certified, or uses another MHP's certification documents to certify the organizational providers that subcontract with the MHP to provide SMHS. Of the 44 MHP providers, one (1) provider had an overdue certification. Per the discussion during the review, the MHP explained the untimely recertification was due to logistical issues with the site inspection and that the MHP had implemented a CAP. Post review, the MHP resolved the overdue provider certification and submitted verifying documentation of the site's certification status.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 8.

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

ACCESS AND INFORMATION REQUIREMENTS

Question 4.3.2

FINDING

DHCS' review team made seven (7) calls to test the MHP's statewide 24/7 toll-free number. The seven (7) test calls must demonstrate compliance with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1). The toll-free telephone number provides information to beneficiaries to the below listed requirements:

1. The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
2. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.
3. The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary's urgent condition.
4. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

The seven (7) test calls are summarized below.

TEST CALL #1

Test call was placed on Tuesday, December 21, 2021, at 1:20 p.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county concerning his/her child's behavior. The operator provided the caller with information about the intake and assessment processes as well as the location and hours for the closest walk-in clinic.

The caller was provided information about how to access SMHS, including SHMS required to assess whether medical necessity criteria are met.

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #2

Test call was placed on Tuesday, December 28, 2021, at 7:26 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about accessing mental health services in the county for self-reported symptoms of depression lasting several weeks. The operator requested personally identifying information, which the caller provided. The operator explained the intake and assessment process, as well as the different types of services that the county offers

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

once a level of need is determined. The operator provided clinic location information and explained how to access walk-in care, including crisis and urgent services.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #3

Test call was placed on Friday, January 7, 2022, at 3:05 p.m. The call was answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county to help manage feelings of isolation and fatigue he/she identified were related to caring for his/her elderly parent. The operator requested personally identifying information, which the caller provided. The operator explained the MHP's intake process and provided clinic locations and hours of operation.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was not provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in partial compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #4

Test call was placed on Friday, December 31, 2021, at 7:45 a.m. The call was answered after two (2) rings via a live operator. The caller requested information about obtaining a refill for anxiety medication although he/she had not yet established a care provider in the county. The operator provided the caller instructions on how to transfer his/her Medi-Cal and establish care with a psychiatrist in the county. The operation provided clinic locations and phone numbers. The operator advised the caller that the process may take up to a month and suggested the caller contact his previous doctor in the interim to ask for a refill. The operator also advised the caller that if his/her condition worsened and was unable to refill his subscription, he/she should go to the nearest emergency room for assistance or immediate medication refill.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #5

Test call was placed on Wednesday, December 8, 2021, at 9:57 a.m. The call was answered after three (3) rings via a live operator. The caller requested information about accessing mental health services in the county for symptoms of depression. The operator informed the caller that he/she could walk into one of the county clinics to make an appointment for an assessment for services. The operator also informed the caller that crisis services were available at the county clinics.

The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met. The caller was provided information about services needed to treat a beneficiary's urgent condition.

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #6

The call was placed on Monday, January 10, 2022, at 12:28 p.m. The call was answered after three (3) rings via a live operator. The caller requested information about how to file a grievance regarding the services he/she had received in the county. The caller was transferred to a second operator who advised the caller that grievance forms were located in clinic lobbies. The operator provided clinic locations, hours of operation, and availability of walk-in services. In addition, the operator offered to mail the grievance form and beneficiary resolution information to the caller.

The caller was provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

The call is deemed *in compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

TEST CALL #7

Test call was placed on Saturday, January 8, 2022, at 6:35 p.m. The call was answered after one (1) ring via a live operator. The caller asked for assistance with filing a grievance regarding a county referred therapist. The operator attempted to locate the grievance form and beneficiary problem resolution informing materials on the county's website but stated he/she was having internet connectivity issues. The operator informed the caller of the county's business hours and instructed him/her to call back when someone would be able to help file the grievance.

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

The caller was not provided information about how to use the beneficiary problem resolution and fair hearing process.

FINDING

The call is deemed *out of compliance* with the regulatory requirements with California Code of Regulations, title 9, chapter 11, section 1810 subdivision 405(d) and 410(e)(1).

SUMMARY OF TEST CALL FINDINGS

Required Elements	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
1	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0%
2	IN	IN	IN	IN	IN	N/A	N/A	100%
3	N/A	IN	OOC	IN	IN	N/A	N/A	80%
4	N/A	N/A	N/A	N/A	N/A	IN	OOC	50%

Based on the test calls, DHCS deems the MHP *in partial compliance* with California Code of Regulations, title 9, chapter 11, section 1810, subdivision 405(d) and 410(e)(1).

Repeat deficiency Yes

Question 4.3.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with California Code for Regulations, title 9, chapter 11, section 1810, subdivision 405(f). The MHP must maintain a written log(s) of initial requests for SMHS that includes requests made by phone, in person, or in writing. The written log(s) must contain name of the beneficiary, date of the request, and initial disposition of the request.

The MHP submitted the following documentation as evidence of compliance with this requirement:

- P&P's_MHP Access-Crisis Lines
- Access Line Instruction Manual
- 3-2-21 Access Line Staff Training
- 3-3-22 Access Line Staff Training
- 9-15-21 Access Line Staff Training
- Instructions for answering ACCESS Line (sent 10-8-15)
- Language Line Invoice
- 24_7 Access Line Test Call Report FY 21-22 Q1
- 24_7 Access Line Test Call Report FY 21-22 Q2

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- Access Line Log
- January 2021 Test Call Summary
- April 2021 Test Call Summary
- September 2021 Test Call Summary
- Test Call Example
- Test Call Guideline Form
- Types of Call Scenarios

While the MHP submitted evidence to demonstrate compliance with this requirement, five of five required DHCS test calls were not logged on the MHP’s written log of initial request. The table below summarizes DHCS’ findings pertaining to its test calls:

Test Call #	Date of Call	Time of Call	Log Results		
			Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/21/2021	1:20 p.m.	OOC	OOC	OOC
2	12/28/2021	7:26 a.m.	OOC	OOC	OOC
3	1/07/2022	3:06 p.m.	OOC	OOC	OOC
4	12/31/2021	7:45 a.m.	OOC	OOC	OOC
5	12/08/2021	9:57 a.m.	OOC	OOC	OOC
Compliance Percentage			0%	0%	0%

Note: Only calls requesting information about SMHS, including services needed to treat a beneficiary's urgent condition, are required to be logged.

DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

Repeat deficiency Yes

BENEFICIARY RIGHTS AND PROTECTIONS

Question 6.1.4

FINDING

The MHP did not furnish evidence to demonstrate compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a). The MHP must have only one level of appeal for beneficiaries.

The MHP submitted the following documentation as evidence of compliance with this requirement:

**Mendocino County Mental Health Plan
FY 2021/2022 Medi-Cal SMHS Triennial Review
Systems Review Findings Report**

- 6.1.4 P&P Beneficiary Problem Resolution - Grievance, Appeal, and Change of Provider Request Processes
- Patients Rights Advocacy brochure English 14 pt font
- Patients Rights Advocacy brochure Spanish 14 pt font
- Grievance & Appeal Process Brochure English Large Print
- Grievance & Appeal Process Brochure Spanish Large Font
- Grievance Poster English
- Grievance Poster-Spanish
- Grievance, Appeal, & Expedited Appeal Brochure Eng 14
- Grievance, Appeal, & Expedited Appeal Brochure Sp 14pt
- Link to G&A Informing Materials Letterhead
- P&P's_Beneficiary Problem Resolution - Grievance and Appeal

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides beneficiaries only one level of appeal. This requirement was not included in any evidence provided by the MHP. Per the discussion during the review, the MHP stated it would review its policies to ensure the needed language is present. Post review, the MHP submitted a compliant beneficiary resolution policy that it will implement moving forward.

DHCS deems the MHP out of compliance with the MHP contract, exhibit A, attachment 12, and Federal Code of Regulations, title 42, section 438, subdivision 402(b) and 228(a).



CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

FISCAL YEAR 2021/2022

MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES TRIENNIAL REVIEW

OF THE MENDOCINO COUNTY MENTAL HEALTH PLAN

CHART REVIEW FINDINGS REPORT

Dates of Review: 4/5/2022 to 4/6/2022

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Mendocino MENTAL HEALTH PLAN
4/5/2022
CHART REVIEW FINDINGS REPORT**

Chart Review – Non-Hospital Services

The medical records of five 5 adult and five 5 child/adolescent Medi-Cal beneficiaries receiving Specialty Mental Health Services (SMHS) were reviewed for compliance with state and federal regulations; adherence to the terms of the contract between the Mendocino County Mental Health Plan (MHP) and the California Department of Health Care Services (DHCS); and for consistency with the MHP’s own documentation standards and policies and procedures regarding medical records documentation. The process included a review of 400 claims submitted for the months of April, May and June of **2021**.

Contents

<i>Medical Necessity</i>	3
<i>Progress Notes</i>	4
<i>Provision of ICC Services and IHBS for Children and Youth</i>	5

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Mendocino MENTAL HEALTH PLAN
4/5/2022
CHART REVIEW FINDINGS REPORT**

Medical Necessity

FINDING 8.1.3:

The intervention(s) documented on the progress note(s) for the following Line number(s) did not meet medical necessity since the service provided did not specifically address the mental health condition or impairment identified in the assessment, and was solely:

- Clerical: **Line number 4. RR10f, refer to Recoupment Summary for details.** The Progress note for the service claimed on 6/24/21 as TCM for 27 minutes, describes the case manager faxing records associated with a request from the Department of Social Services.

CORRECTIVE ACTION PLAN 8.1.3:

The MHP shall submit a CAP that describes how the MHP will ensure that:

- 1) Each progress note describes how services reduced impairment, restored functioning, or prevented significant deterioration in an important area of life functioning.
- 2) Services provided and claimed are not solely clerical.

Client Plans

FINDING 8.4.2a:

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards, or updated at least annually. Specifically:

- **Line number 2.** The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Based on the MHP's documentation standards, "providers have up to sixty (60) days to complete a client's Initial client plan."
- The beneficiary's case had an Episode Opening Date of 9/11/20, but the Initial Client Plan was not completed as signed until 12/28/20. This was prior to the Review Period, and there was no evidence that planned services were provided prior to the Client Plan completion.

CORRECTIVE ACTION PLAN 8.4.2a:

Due to the transition to the new Documentation Standards that will take effect July 1, 2022, a CAP is not required for this item. However, please note that the MHP is expected to continue to ensure compliance with its policies and all current documentation requirements.

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Mendocino MENTAL HEALTH PLAN
4/5/2022
CHART REVIEW FINDINGS REPORT**

Progress Notes

FINDING 8.5.1:

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers 1, 3, and 5.** One or more progress note was not completed within the MHP's written timeliness standard of 14 calendar days after provision of service. Five (1 percent) of all progress notes reviewed were completed late (99% compliance).

CORRECTIVE ACTION PLAN 8.5.1:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes document timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

FINDING 8.5.2:

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- **Line numbers 5 and 7.** While progress note(s) themselves did not accurately document the number of group participants or the units of time for services rendered by more than one provider on one or more group progress notes, the MHP was able to provide separate documentation listing the number of participants and the units of time for services rendered by more than one provider in each group.

CORRECTIVE ACTION PLAN 8.5.2:

The MHP shall submit a CAP that describes how the MHP will ensure that progress notes:

- 1) Contain the actual number of clients participating in a group activity.
- 2) Document and differentiate the units of direct service, travel and documentation times for each provider/facilitator whenever a claim represents services rendered by more than one (1) provider within the same activity or session, including groups, "team meetings" and "case consultations".

FINDING 8.5.3:

Progress notes were not documented according to the contractual requirements specified in the MHP Contract. Specifically:

- **Line number 2:** The type of Specialty Mental Health Service (SMHS) (e.g., Medication Support, Targeted Case Management) documented on the progress

**DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Mendocino MENTAL HEALTH PLAN
4/5/2022
CHART REVIEW FINDINGS REPORT**

note was not the same type of SMHS claimed. **RR5, refer to Recoupment Summary for details.**

The progress note for the service claimed as Collateral service on 5/20/21 for 50 minutes, describes a Targeted Case Management service of providers having a conference with CPS staff regarding decisions about the client's newborn child.

CORRECTIVE ACTION PLAN 8.5.3:

The MHP shall submit a CAP that describes how the MHP will:

- 1) Ensure that all Specialty Mental Health Services claimed are:
 - a) Actually provided to the beneficiary.
 - b) Appropriate, relate to the qualifying diagnosis and identified functional impairments and are medically necessary as delineated in the CCR, title 9, chapter 11, sections 1830.205(a)(b).
 - c) Claimed for the correct service modality billing code, and units of time.

Provision of ICC Services and IHBS for Children and Youth

FINDING 8.6.1:

- 1) The MHP did not furnish evidence that it has a standard procedure for providing and documenting individualized determinations of eligibility for ICC services and IHBS on behalf of beneficiaries under age 22 that is based on their strengths and needs.

Although the MHP provided written policies and procedures that were written in a manner consistent with current state regulations and guidance (e.g. *Medi-Cal Manual For Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries, Third Edition, January 2018*), a review of chart materials did not demonstrate that MHP staff have a clear practice of making written individualized determinations of eligibility for ICC services and IHBS.

Within chart records, although there was evidence of a variety of children's services being provided to children and youth, it was challenging to identify specific documentation that confirmed that determinations were made regarding a child's eligibility for ICC services and IHBS.

CORRECTIVE ACTION PLAN 8.6.1:

The MHP shall submit a CAP that describes how it will ensure that:

- 1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.

DEPARTMENT OF HEALTH CARE SERVICES
REVIEW OF Mendocino MENTAL HEALTH PLAN
4/5/2022
CHART REVIEW FINDINGS REPORT

- 2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.
- 3) Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.

Short-Doyle/Medi-Cal Approved Claims
Random Sample of Clients
Confidential Patient Information
See California Welfare and Institutions Code Section 5328 and
HIPAA Privacy and Security Rules

April 1 2021 through June 30 2021

Total # of Claims 400 # of claims disallowed 2 Mendocino
Percentage Out of Compliance 0.5%

LINE #	CIN	DOB	PCCN	PROV #	NPI	DATE OF SERVICE	SF	UNIT OF TIME	AMOUNT APPROVED	FFP	FMAP	APPROVED AIDCODE	RR#	REASON(S) FOR RECOUPMENT	HICPCS CODE
2	94314870A	4/14/1990	0000366455666	23CQ	1831523091	5/20/2021	30	50	\$130.50	\$73.34	56	60	5	Mismatch. Claimed as Collateral, but Progress Note describes TCM service.	
4	96057039A	2/28/1985	0000368374502	23C7	1902247786	6/24/2021	1	27	\$63.45	\$35.66	56	6E	10f	Solely clerical service	
									\$193.95	\$109.00					