

## MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

Chairperson Michelle Rich

Vice Chair Flinda Behringer

**Secretary Jo Bradley** 

Treasurer Richard Towle

BOS Supervisor Mo Mulheren

#### **REGULAR MEETING**

### **AGENDA**

November 16, 2022 10:00 AM – 12:30 PM

Location (Hybrid meeting): Conference Room 1, 1120 S Dora St., Ukiah; 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

2 <sup>ND</sup> DISTRICT:	3 <sup>RD</sup> DISTRICT:	4 <sup>™</sup> DISTRICT:	5 <sup>™</sup> DISTRICT:
MICHELLE RICH	JEFF SHIPP	VACANT	FLINDA BEHRINGER
SERGIO FUENTES	Perri Kaller	VACANT	Jo Bradley
CAYO ALBA	LAURA BETTS	VACANT	MARTIN MARTINEZ
	MICHELLE RICH SERGIO FUENTES	MICHELLE RICH SERGIO FUENTES  JEFF SHIPP PERRI KALLER	MICHELLE RICH SERGIO FUENTES  JEFF SHIPP VACANT VACANT VACANT

**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: Review and Possible Action.	Board Action:
2. 2 minutes	Approval of Minutes from the October 26, 2022 BHAB Regular Meeting: Review and Possible Action.	Board Action:
3. 10 minutes (Maximum)	<b>Public Comments:</b> 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 <a href="mailto:bhboard@mendocinocounty.org">bhboard@mendocinocounty.org</a> .	Board Action:
4. 5 minutes	Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: Discussion and Possible Action.	Board Action:

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	<b>Board &amp; Committee Reports:</b> Discussion and Possible Action.	Board Action:
	A. Chair – Michelle Rich	
	- 2023 Office Nominations	
	- Communication to families	
	B. Vice Chair – Flinda Behringer	
	C. Secretary – <i>Jo Bradley</i>	
5.	D. Treasurer – <i>Richard Towle</i>	
10 minutes	E. Advocacy & Legislation Committee – Member Bradley, Chair Rich	
	- BOS Advocacy	
	F. Appreciation Committee – <i>Member Fuentes &amp; Martinez</i>	
	G. Contracts Committee – <i>Member Fuentes and Chair Rich</i>	
	H. Membership Committee – Member Behringer, Bradley, Gorny, Chair Rich	
	I. Public Comment Follow Up Committee – <i>Member Martinez and Shipp</i>	
	J. Site Visit Committee - Member Behringer, Fuentes, Martinez, & Towle	
	Mendocino County Report - Jenine Miller, BHRS Director	Board Action:
6.	A. Director Report Questions	
10 minutes	B. Psychiatric Health Facility Update	
	C. Staffing Update	
		D 1 A .:
7.	Anchor Health Management Report - Camille Schraeder, Anchor	Board Action:
15 minutes	Health Management Inc.	
	A. Services Update	
	B. Staffing Update	
	<b>Behavioral Health Advisory Board Outreach:</b> Discussion and Possible	Board Action:
8.	Action	
10 Minutes	A. Flow Charts Distribution Plan	
	B. Public Service Announcement	
9.	Tribal Advisory Committee: Discussion and Possible Action Regarding	Board Action:
5 Minutes	Developing a Tribal Advisory Committee	
10.	Mendocino MHP State Audits Results Overview - Jenine Miller, BHRS	Board Action:
25 Minutes	Director	
11.	Member Comments:	Board Action:
5 Minutes		
12.	Adjournment	
2 minutes		

#### AMERICANS WITH DISABLITIES 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: <a href="mailto:bhboard@mendocinocounty.org">bhboard@mendocinocounty.org</a> | Website: <a href="https://www.mendocinocounty.org/bhab">www.mendocinocounty.org/bhab</a>



## MENDOCINO COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

Chairperson Michelle Rich

Vice Chair Flinda Behringer

> Secretary Jo Bradley

Treasurer Richard Towle

BOS Supervisor Mo Mulheren

#### **REGULAR MEETING**

#### **MINUTES**

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

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DENISE GORNY	MICHELLE RICH	JEFF SHIPP	VACANT	FLINDA BEHRINGER
Lois Lockart	SERGIO FUENTES	Perri Kaller	VACANT	Jo Bradley
RICHARD TOWLE	CAYO ALBA	LAURA BETTS	VACANT	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: Review and Possible Board Action.  Chair Rich called the meeting to order at 10:26 AM.  Members present: Gorny, Towle, Rich, Fuentes, Alba, Kaller, Betts, Behringer, Bradley	Board Action: Motion made by member Bradley, seconded by Member Gorny to
	<ul> <li>Not present Shipp, Lockart, and Martinez</li> <li>Quorum met.</li> <li>Agenda approved as presented.</li> </ul>	approve the agenda as presented. All in favor, motion passes.
2. <sub>2 minutes</sub>	Approval of Minutes from the September 28, 2022 BHAB Regular Meeting: Review and Possible Board Action.  o Minutes approved as presented.	Board Action: Motion made by Member Towle, seconded by Member Gorny to approve the 9/28/22 BHAB minutes as

3. 10 minutes (Maximum)	Public Comments:  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 <a href="mailto:bhboard@mendocinocounty.org">bhboard@mendocinocounty.org</a> .  O Joan Reynolds shared a disaster relief volunteer flyers and about volunteer opportunities. Flyers were shared in person and were emailed to the board members.  O Jo Silva expressed concerns on how families can be more connected to board and the lack of communication from community to board.  O Steve Dilley shared about the local outreach opportunity for Veterans on November 1 to share artwork and advocate for visual language.	presented. Motion passes with approvals.  Board Action: None.
4. 5 minutes	<ul> <li>A. Resolution Authorizing Remote Behavioral Health Advisory Board Meetings: Discussion and Possible Board Action.</li> <li>Members concurred about the November and December to be hybrid meetings.</li> </ul>	Board Action: Motion made by Member Bradley, seconded by Member Gorny for November and December to be hybrid meetings. All in favor, motion passes.
5. 15 minutes	Board & Committee Reports: Discussion and Possible Action.  A. Chair − Michelle Rich  ○ 2023 Office Nominations  -Towle mentioned interest to continue as treasurer.  -Members to email Chair Rich or Lilian Chavoya their office nominations. The membership committee to discuss and provide recommendations at the next meeting.  B. Vice Chair − Flinda Behringer  ○ Nothing to report.  C. Secretary − Jo Bradley  ○ Nothing to report.  D. Treasurer − Richard Towle  ○ Nothing to report.  E. Advocacy & Legislation Committee − Member Bradley, Chair Rich  ○ Nothing to report.  F. Appreciation Committee − Member Fuentes & Martinez  ○ Nothing to report.  G. Contracts Committee − Member Fuentes and Chair Rich  ○ Contracts were provided for ASO.  H. Membership Committee − Member Behringer, Bradley, Gorny, Chair Rich  ○ It was mentioned that the board is in needs of Veteran representative.  I. Public Comment Follow Up Committee − Member Martinez and Shipp  ○ Nothing to report.	Board Action: None.

J. Site Visit Committee - Member Behringer, Fuentes, Martinez, & Towle		I Charles Committee Maria Data To a Maria Com I	
Measure B: Discussion and Possible Action Agenda Review  Chair Rich suggested for the guidelines for Measure B to be posted on the website and how to put in requests for funding. Public comment: Jo Silva expressed concerns about staff, counsclors, trained counselors, good nutrition, and Measure B funding percentage for staff. She mentioned additional percentage for staffing and pay for staffing.  Report included in agenda packet. B. Psychiatric Health Facility Update: A brief description and draft floorplan of the facility was provided to the board members. The facility will be locked and will be a best practice model. They have two interns working with the MOPS and Dual Response teams as well as shadowing other services areas in Fort Bragg and Ukiah locations. They are paid a stipend through Humboldt College to help cover their costs of books, gas, and tuttion. They are working on how the County can pay stipends to interns for future. Tapestry and RCS also have internships in their mental health programs. They have a Native Connections meeting held once a month to collaborate and work together to look at the needs for the tribes. They have a Native Connections meeting held once a month to collaborate and work together to look at the needs for the tribes. They have a Native Connections meeting held once a month to collaborate and work together to look at the needs for the tribes. They have a planning next year outreaches around the county to get additional resources out to the community. They are planning next year outreaches around the county to get additional resources out to the community. They are planning next year outreaches around the county to get additional resources out to the community. They are working on the Mental Health plan to the State and adding processes around financial, training, and credential support. They are working on the Mental Health plan to the State and adding processes around financial, training, and credential support. They are working with Megan Van Sant at the County about how			
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County.			

	D. Staffing Hadata	
	B. Staffing Update:	
	o There are still workforce challenges in clinical and therapy support	
i	areas that they are working on. They also are still in need of more clinicians and rehabilitation specialists.	
0	•	Doord Astion.
9.	Behavioral Health Advisory Board Media Outreach: Discussion and	Board Action:
10 Minutes	Possible Action	None.
	A. Flow Charts Distribution Plan:	
	o Tabled until next meeting.	
	B. Public Service Announcement:	
	o Bradley to research the costs of radio stations for on-air	
	advertisements of the board's vacancies.	
	o Alba mentioned KWINE radio station and Dr. Trotter's program on	
	KZYX radio station for advertising too.	
	o Behringer suggested for a Veteran representative to fill one of	
	vacancies on the board.	
	o Public comment: Jo Silva suggested creating a flyer about the	
	vacancies in District #4 and information about how to apply.	D 11.
10.	Tribal Advisory Committee: Discussion and Possible Action Regarding	Board Action:
5 Minutes	Developing a Tribal Advisory Committee	None.
	o Tabled until next meeting.	<b>D</b> 11.
11.	California Association of Local Behavioral Health Boards and	Board Action:
5 Minutes	Commission (CALBHB/C) 2022-23 Dues Invoice: Discussion and	None.
	Possible Action	Motion by Towle,
		seconded by
		Behringer to
		approve and pay
		the CALBHB/C
		2022-23 Dues
		Invoice.
		All in favor,
	NAME OF THE PARTY	motion passes.
12.	Mendocino MHP State Audits Results Overview - Jenine Miller, BHRS	Board Action:
25 Minutes	Director	None.
	Tabled until next meeting.	
	Mental Health Services Act Quarterly Update – Karen Lovato, BHRS	Board Action:
	Senior Program Manager	None.
	o PowerPoint slides of updates were shared with the board members.	
	o The MHSA 2023-2026 three-year plan will begin soon and will be	
13.	opportunities for existing and new programs to apply through the	
10 Minutes	County Request for Proposal process.	
	o There will be a Military Cultural and Clinical Implications	
	Training at the Behavioral Health Regional Training Center on	
	November 14 from 9:00 am to 12:00 pm that is open to the public	
	and Veterans. The flyer and registration will be sent out this week.	7
	Member Comments:	Board Action:
14.	O Supervisor Mulheren shared a flyer of inland north and south of	None.
14. 5 Minutes	services available in the County. She mentioned about the	
5 minutes	importance of the homeless population and outreach teams to help	
	direct them to services they need.	

15.	Adjournment:	Motion made by
2 minutes		Member Fuentes,
		seconded by
		Member
		Behringer to
		adjourn the
		meeting. All in
		favor.

#### AMERICANS WITH DISABLITIES 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**



November 2022

#### 1. Board of Supervisors:

#### Recently passed items or presentations:

#### i. Mental Health:

- Ratification of Retroactive Agreement with Coastal Seniors in the Amount of \$19,000 to Provide Mental Health Services Act (MHSA) Prevention and Early Intervention Services, Effective July 1, 2022 through June 30, 2023
- O Approval of Business Associate Agreement No. 1189-BAA-2022-MEN, with the California Mental Health Services Authority (CalMHSA), in the Amount of \$0, for all CalMHSA Programs that Involve Protected Health Information, Effective for the Term of any Applicable Underlying Agreement, Contract, Participation Agreement, Master Agreement, Work Order, Purchase Order, or Other Service Arrangement, With or Without Payment, That Gives Rise to Mendocino County's Status as a Business Associate
- O Approval of Retroactive Second Amendment to BOS Agreement 21-138 (Third Amendment Overall) with Redwood Quality Management Company in the Amount of \$1,015,000 for a New Total of \$19,226,861 to Pay for Medically Necessary Specialty Mental Health Services and Mental Health Services Act Community Services and Support Programs for All Ages of Medi-Cal Beneficiaries and the Indigent Population, Effective July 1, 2021 Through June 30, 2022

#### ii. Measure B:

o None

#### iii. Substance Use Disorders Treatment:

Approval of Retroactive Memorandum of Understanding (MOU) (Second Amendment to MOU No. PA-21-61, PH-20-021) with Public Health Institute, in the Amount of \$0, to Provide AmeriCorps Volunteers in Service to America (VISTA) members to Behavioral Health and Recovery Services, Community Wellness Substance Use Disorder Program, to Perform Services to Support the Opioid Safety Coalition Leadership, Effective August 30, 2020 Through a New End Date of August 12, 2023

#### o Future BOS items or presentations:

i. None

#### 2. Staffing Updates:

- o New Hires:
  - o Mental Health: 1
  - Substance Use Disorders Treatment: 0

- o Promotions:
  - Mental Health: 1
  - Substance Use Disorders Treatment: 0
- Transfers
  - o Behavioral Health: 0
- Departures:
  - o Mental Health: 1
  - Substance Use Disorders Treatment: 0

#### 3. Audits/Site Reviews:

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

#### 4. Grievances/Appeals:

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

#### 5. Meetings of Interest:

- Safe Rx Mendocino Opioid Safety Coalition meets monthly on the first Wednesday of the month at 9:30 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:

 $\circ$  N/A

#### 7. Significant Projects/Brief Status:

- Assisted Outpatient Treatment (AOT): AB 1421/Laura's Law September 2022
   Melinda Driggers, AOT Coordinator, is accepting and triaging referrals:
  - o Referrals to Date: 133 (duplicated)
  - o Total that did not meet AOT criteria: 111
    - o Total Referrals FY 22/23: 6
    - Client Connected with Provider/Services: 0
    - Unable to locate/connect with client: 1
  - o Currently in Investigation/Screening/Referral: 0
  - o Settlement Agreement/Full AOT FY 22/23: 3 \*\*2 continued from FY 21/22
  - Other (Pending Assessments to file Petition): 5

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:

**OMHSA Forum/ QIC Joint Meeting:** 

December 8 2022 - Redwood Valley Training Center, 8207 East Road 95470 Via Zoom: https://mendocinocounty.zoom.us/j/81588381270

- Military culture and Clinical Implications, November 15, 2022 9:00 am 12:00 noon at the Behavioral Health Regional Training Center. Register via: https://www.surveymonkey.com/r/V6GHGPN Target audience is behavioral health professionals but is open to the public.
- Street Crisis Response November 17, 2022 from 1:30 4:00 pm at the Behavioral Health Regional Training Center. Register via: https://www.surveymonkey.com/r/TTMH973. Target audience is crisis workers, outreach workers, and field based providers.

#### 9. Mental Health Services Act (MHSA):

**OMHSA Forum/ QIC Joint Meeting:** 

December 8 2022 - Redwood Valley Training Center, 8207 East Road 95470 Via Zoom: https://mendocinocounty.zoom.us/j/81588381270

o RFPs for the Three Year MHSA Program and Expenditure Plan for 2023-2026 will be opening soon (anticipated release in December).

#### 10. Lanterman Petris Short Conservatorships (LPS):

Number of individuals on LPS Conservatorships: 58

#### 11. Substance Use Disorders Treatment Services:

- o Number of Substance Use Disorders Treatment Clients Served in **September 2022**:
  - o Total number of clients served: 82
  - o Total number of services provided: 353
  - o Fort Bragg: 19 clients served for a total of 83 services provided
  - o Ukiah: 46 clients served for a total of 201 services provided
  - o Willits: 17 clients served for a total of 69 services provided
- o Number of Substance Use Disorder Clients Completion Status
- Completed Treatment/Recovery: 6
- Left Before Completion: 15
- o Referred: 0
- o Total: 21
- O Average Length of Service: 138.05 hours

#### 12. New Contracts:

o None.

#### 13. Capital Facilities Projects:

- Crisis Residential Treatment (CRT) Facility "Orchard Project":
  - CRT currently has 6 clients. 42 clients since opening.
- 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.

OI Work	Plan - 8.1		7		
		port - Appeals, Grievances, Ch	nange of Provider - Sentemb	or 201	) )
	VC	port - Appeais, difevalices, ci	ialige of Provider - Septemi	JEI 202	<b>44</b>
Provider App	aal (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 Beselvit	ions (60 Days)				
Receipt Date	Provider Name	Reason	Results	Date	Date Letter
				Completed	sent to Provider
Total	0				•
SUDT Grievan	ice (60 Days)				
	Provider Name	Reason	Results	Date Completed	Date Letter sent to Provider
Total	0				
Client Grieva	nce (60 Days)				
Receipt Date	Provider	Reason	Results	Date	Date Letter
·				Completed	sent to Client
9/13/2022	MCAVHN	Beneficiary complaint regarding lack of assistance for housing needs.	Determined grievance needs to be filed with Social Services Department. Client referred to Social Services; grievance closed.	9/14/2022	9/14/2022
9/22/2022	RCS	Beneficiary concern with original treatment plan without being consulted.	Original treatment plan amended, beneficiary aware/content with revised treatment plan.	10/18/2022	10/18/2022
Total	2		·		
Cliant Bassas	t for Change of D	Provider (10 Business Days)			
Receipt Date	Provider	Reason	Results	Date	Date Letter
necespt Bute	o . i de .		nessus	Completed	sent to Client
		•			
Total	0				
	0 Provider Appe	oals			
	0 Client Appeals				
	0 Issue Resoluti				
	0 SUDT Grievan				
	2 Grievances (C				
	U Requests for (	Change of Provider			



#### Mendocino County Behavoiral Health and Recovery Services Behavioral Health Advisory Board General Ledger FY 22/23 11/8/2022

ORG	OBJ	ACCOUNT DESCRIPTION	YR/PER/JNL	EFF DATE	AMOUNT	INVOICE #	CHECK #	VENDOR NAME	COMMENT
МНВ	862080	FOOD							
		FOOD Total			\$0.00				
МНВ	862150	MEMBERSHIPS							
		MEMBERSHIPS TOTAL			\$0.00				
MHB	862170	OFFICE EXPENSE							
		OFFICE EXPENSE Total			\$0.00				
МНВ	862190	PUBL & LEGAL NOTICES							
		PUBL & LEGAL NOTICES Total			\$0.00				
МНВ	862210	RNTS & LEASES BLD GRD							
		RNTS & LEASES BLD GRD Total			\$0.00				
МНВ	862250	TRNSPRTATION & TRAVEL	2023/03/000229	9/1/2022	76.25	8/23/2022	43624	85 Behinger, Flinda	Local 8/23/22 FY22/23
МНВ	862250	TRNSPRTATION & TRAVEL	2023/03/000930	9/22/2022	42.28	12/16/21-6/24/22	436362	21 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

					Remaining
OBJ	<b>ACCOUNT DESCRIPTION</b>		<b>Budget Amount</b>	YTD Exp	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 **November 8, 2022**

		EXPENDITURES							REVE				
Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	2011 Realign	1991 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1 Mental Health (Overhead)	(4,024,268)	84,193	119,512	4,111,992	80,498	(65,666)	4,330,529		(318,059)	(1,420,944)	(647,927)	(2,386,931)	6,717,459
2 Administration - MHAD75	737,846	344,766	219,771			(41,183)	523,355				(89,112)	(89,112)	612,467
3 Mental Health Block Grant ARPA	0						0				(10,909)	(10,909)	10,909
4 CalWorks - MHAS32	38,371	17,332	5,180				22,512				(5,110)	(5,110)	27,622
5 Mobile Outreach Program - MHAS33	(41,083)	131,962	4,568			(74,807)	61,724				(8,557)	(8,557)	70,281
6 Adult Services - MHAS75	240,338		8,753				8,753					0	8,753
7 Path Grant - MHAS91	0		3,823				3,823	(5,527)				(5,527)	9,350
8 SAMHSA Grant - MHAS92	0		41,243				41,243	(60,479)				(60,479)	101,722
9 Mental Health Board - MHB	7,130		119				119					0	119
10 CCMU -BCHIP	0		10,067				10,067				(539,007)	(539,007)	549,074
11 Business Services - MHBS75	805,465	248,205	26,113			(16,154)	258,164				(14,507)	(14,507)	272,672
12 CCMU-CRRSAA Grant - MHCCMU	0		94,121				94,121				(360,873)	(360,873)	454,994
13 Mental Health Block Grant CRRSAA	0		548				548				(3,311)	(3,311)	3,859
14 MH Grant (Other)	0		18,802				18,802				(120,000)	(120,000)	138,802
15 MAT Grant - MHMAT	0						0					0	0
16 AB109 - MHMS70	1,027	36,772	4,846				41,618					0	41,618
17 Conservatorship - MHMS75	1,896,328	98,073	72,013	734,919		(12,402)	892,603				(51,268)	(51,268)	943,872
18 MH CAL-AIM - MHCALA			15,920				15,920					0	15,920
19 QA/QI - MHQA99	506,229	89,760	31,223			(4,675)	116,308				(17,765)	(17,765)	134,074
a Total YTD Expenditures & Revenue		1,051,064	676,623	4,846,910	80,498	(214,887)	6,440,209	(66,006)	(318,059)	(1,420,944)	(1,868,348)	(3,673,357)	10,113,566

## Behavioral Health Recovery Services Mental Health FY 2022-2023 Budget Summary

## Year to Date as of **November 8, 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		2,720,233	990,992	13,922,485	(80,498)	56,547	17,609,758	6,591,259	3,897,914	12,025,892	5,040,876	27,555,941	(9,946,183)

## Behavorial Health Recovery Services Mental Health Services Act (MHSA) FY 2022-2023 Budget Summary Year to Date as of **November 8, 2022**

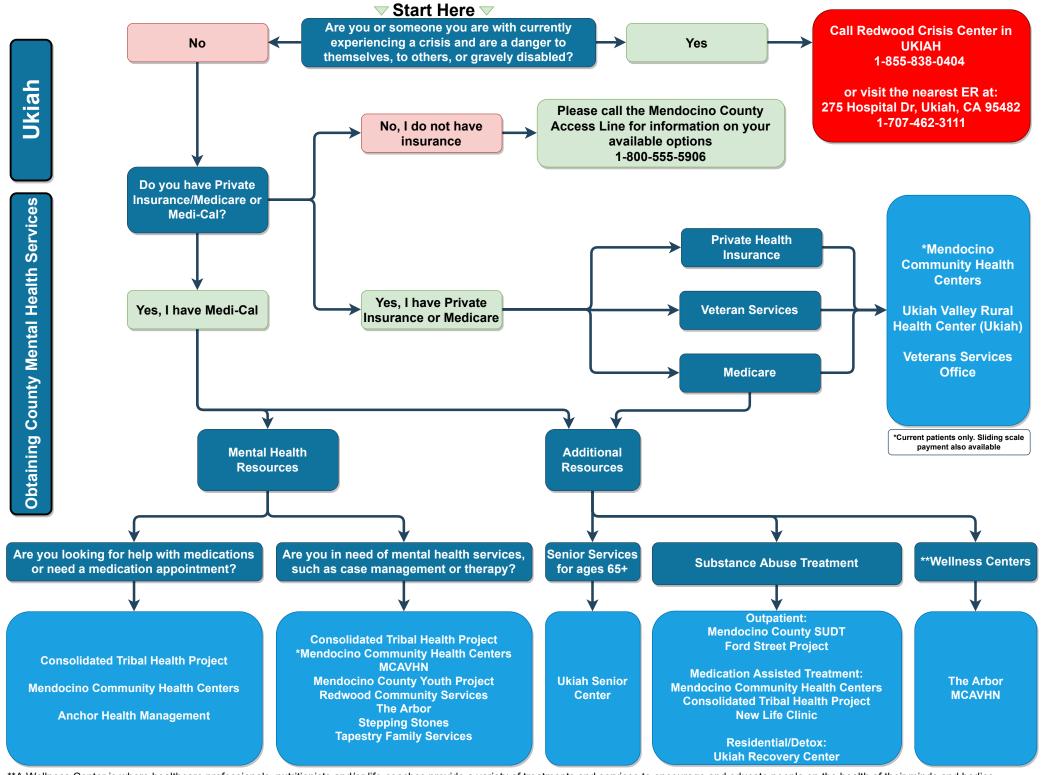
Program	FY 22-23 Approved Budget	Salaries & Benefits	Services & Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	Revenue Prop 63	Other- Revenue	Total Net Cost
Community Services & Support	17,946	127,114	156,915	208,315		(13,940)	478,404		(42,911)	521,315
Prevention & Early Intervention	(52,755)	42,678	63,626				106,304		(1,077)	107,381
Innovation - MAINN	567,704		352				352			352
Workforce Education & Training	-						-			-
Capital Facilities & Tech Needs							-			-
Total YTD Expenditures & Revenue		169,792	220,893	208,315	-	(13,940)	585,060	-	(43,987)	629,048
FY 2022-2023 Approved Budget	532,895	689,526	4,415,118	1,532,776	0	(4,131)		(6,100,395)		532,894
Variance		519,734	4,194,225	1,324,461	-	9,809	6,048,229	(6,100,395)	43,987	(96,154)

Prudent Reserve Balance 1,894,618

WIC Section 5847 (a)(7) - Establishment & mantenance 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 **November 8, 2022**

		ı	EXPENDITURES							REVENU	JE		1	
	Program	FY 22-23 Approved Budget	Salaries & Benefits	Services and Supplies	Other Charges	Fixed Assets	Operating Transfers	Total Expenditures	SAPT Block Grant and FDMC	2011 Realign	Medi-Cal FFP	Other	Total Revenue	Total Net Cost
1	SUDT Overhead	(2,297,294)	14,296	814			(10,201)	4,909	(407,008)		(26,920)	(4,769)	(438,697)	443,606
2	County Wide Services	1,415,273		6,739				6,739					0	6,739
3	Elevate Youth - DD00EY	-		14,379				14,379					0	14,379
4	Drug Court Services - DD0105	-	34,890	14,670			(9,694)	39,866				(8,247)	(8,247)	48,112
5	Ukiah Adult Treatment Services - DD0100	8,445	85,732	31,006			(53,495)	63,243				(1,170)	(1,170)	64,413
6	Women In Need of Drug Free Opportunties - DD0125	(1)	20,089	25,810			(9,563)	36,335					0	36,335
7	Family Drug Court - DD0127	-	32,443	4,916				37,359					0	37,359
8	Friday Night Live - DD0158	-		4,139				4,139					0	4,139
9	Willits Adult Services - DD0200	-	26,471	3,703			(1,856)	28,318					0	28,318
10	Fort Bragg Adult Services - DD0300	206,022	29,613	10,269				39,882				(97)	(97)	39,978
11	DDMIP	-		4,089				4,089				(57,182)	(57,182)	61,271
11	Administration	824,861	117,854	282,133			(39,948)	360,039				(6,505)	(6,505)	366,544
12	Adolescent Services	(68,937)	30,200	536			(10,156)	20,580					0	20,580
13	SABG ARPA	-						0					0	0
14	COSSAAP	-		32,720				32,720					0	32,720
15	SABG CRRSAA	-		29,558				29,558					0	29,558
16	DDMATX	-		12,706				12,706				(8,000)	(8,000)	20,706
17	DDGRNT	-		4,903				4,903					0	0
18	Prevention Services	0	44,522	4,446			(35,109)	13,858					0	13,858
a	Total YTD Expenditures & Reven	88,370	436,109	487,534	0	0	(170,022)	753,621	(407,008)	0	0	(85,971)	(519,898)	1,268,616
	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		
	Variance	0	1,848,504	1,922,371	0	0	(867,830)		2,082,749	736,860	440,130	801,536		



<sup>\*\*</sup>A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

#### **Mendocino County Youth Project**

776 South State Street #107 Ukiah, CA 95482 1-707-456-9600

#### **Redwood Community Services**

631 S. Orchard Avenue Ukiah, CA 95482 1-707-467-2010

#### The Arbor Youth Resource Center

810 North State Street Ukiah, CA 95482 1-707-462-7267

#### **Stepping Stones**

140 Gibson Street Ukiah, CA 95482 1-707-468-5536

#### **Tapestry Family Services**

290 East Gobbi Street Ukiah, CA 95482 1-707-463-3300

#### **Ukiah Senior Center**

497 Leslie Street Ukiah, CA 95482 1-707-462-4343

#### **Ukiah Valley Rural Health Center**

260 Hospital Drive Ukiah, CA 95482 1-707-463-8000

#### **Veteran Services Office**

405 Observatory Avenue Ukiah, CA 95482 1-707-463-4226

#### **Ukiah Recovery Center**

139 Ford Street Ukiah, CA 95482 1-707-462-6290

#### **Anchor Health Management**

350 East Gobbi Street Ukiah, CA 95482 1-707-472-0350

## Mendocino County Substance Use Disorders Treatment

1120 South Dora Street Ukiah, CA 95482 1-707-472-2637

#### **Consolidated Tribal Health Project**

6991 North State Street Redwood Valley, CA 95470 1-707-485-5115

#### **MCAVHN**

148 Clara Avenue Ukiah, CA 95482 1-707-462-1932

#### **New Life Clinic**

280 East Standley Street Ukiah, CA 95482 1-707-466-0001

#### **Mendocino Community Health Centers:**

#### Little Lake Health Center

45 Hazel Street Willits, CA 95490 1-707-456-9600

#### **Dora Street Health Center**

1165 S. Dora Street Ukiah, CA 95482 1-707-468-1015

#### Hillside Health Center

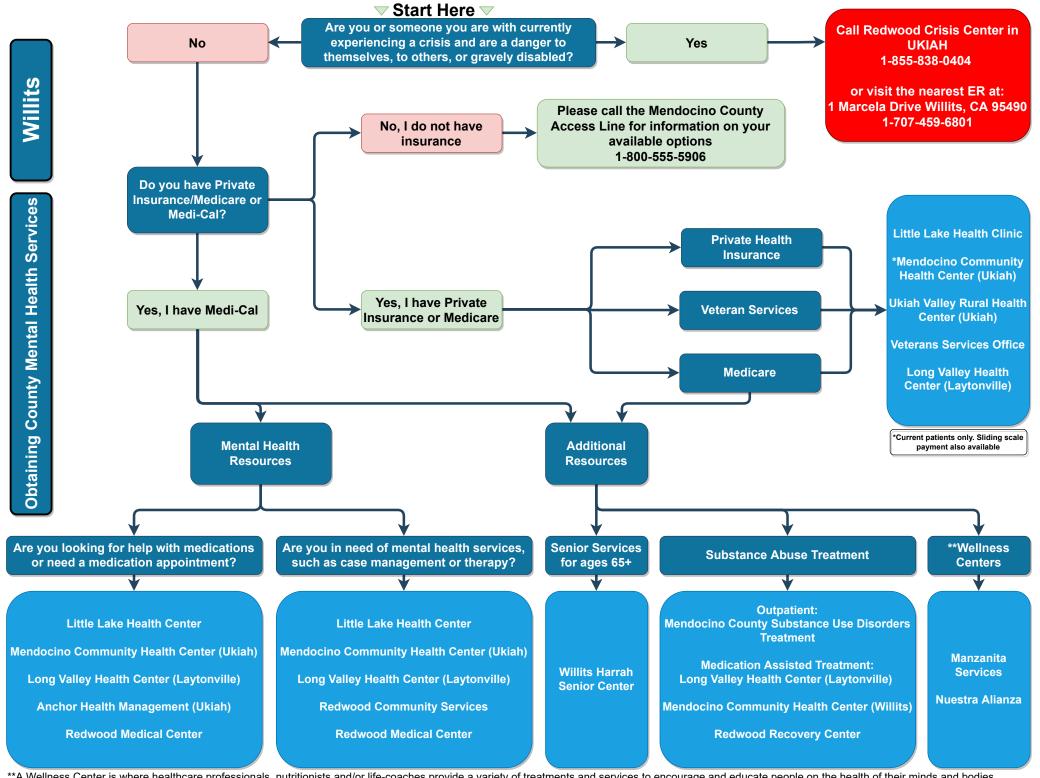
333 Laws Avenue Ukiah, CA 95482 1-707-468-1010

# Obtaining Mental Health Services in Mendocino County

### Ukiah



Mental Health Crisis Line: 1-855-838-0404



<sup>\*\*</sup>A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

## Mendocino County Substance Use Disorders Treatment

472 E. Valley Street Willits, CA 95490 1-707-456-3850

#### Nuestra Alianza de Willits

291 School Street #1 Willits, CA 95490 1-707-456-9418

#### Willits Harrah Senior Center

1501 Baechtel Road Willits, CA 95490 1-707-459-6826

#### **Long Valley Health Center**

50 Branscomb Road Laytonville, CA 95454 1-707-984-6131

#### **Mendocino Community Health Centers:**

**Little Lake Health Center** 

45 Hazel Street Willits, CA 95490 1-707-456-9600

#### **Dora Street Health Center**

1165 S. Dora Street Ukiah, CA 95482 1-707-468-1015

#### **Hillside Health Center**

333 Laws Avenue Ukiah, CA 95482 1-707-468-1010

#### Mendocino County Veterans Services

189 North Main Street Willits, CA 95490 1-707-456-3792

#### **Redwood Medical Center**

1 Marcela Drive, Suite C Willits, CA 95490 1-833-249-3556

#### **Redwood Community Services**

631 S. Orchard Avenue Ukiah, CA 95482 1-707-467-2010

#### **Anchor Health Management**

350 E. Gobbi Street Ukiah, CA 95482 1-707-472-0350

#### **Redwood Medical Clinic**

3 Marcela Drive, Suite C Willits, CA 95490 1-707-459-6801

## Community Resources: National Alliance on Mental Illness (NAMI)

P.O. Box 1945 Ukiah, CA 95482 1-707-391-6867

#### **Redwood Coast Regional Center**

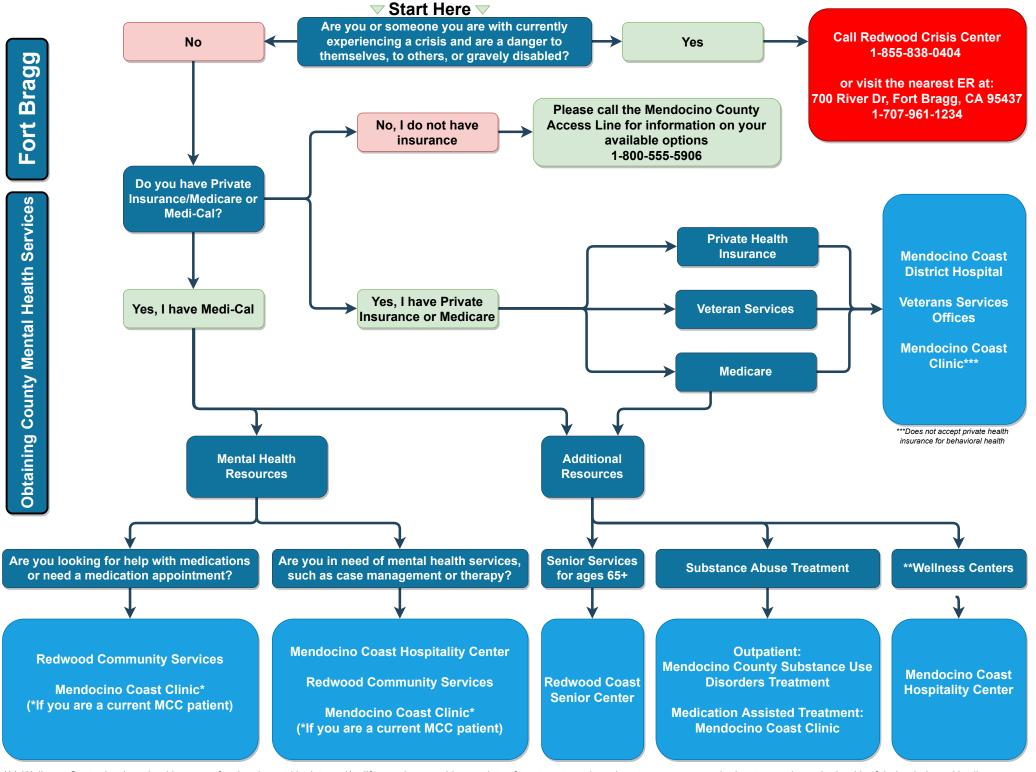
270 Chestnut Street Fort Bragg, CA 95437 1-707-964-6387

### Obtaining Mental Health Services in Mendocino County

## **Willits**



Mental Health Crisis Line: 1-855-838-0404



<sup>\*\*</sup>A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

#### **Mendocino Coast Clinic**

205 South Street Fort Bragg, CA 95437 1-707-964-1251

#### **Mendocino Coast District Hospital**

700 River Drive Fort Bragg, CA 95437 1-707-961-1234

#### **Redwood Community Services**

143 West Spruce Street Fort Bragg, CA 95437 1-707-964-4770

#### **Mendocino Coast Hospitality Center**

101 North Franklin Street Fort Bragg, CA 95437 1-707-961-0172

#### **Mendocino Community Health Centers:**

#### **Little Lake Health Center**

45 Hazel Street Willits, CA 95490 1-707-456-9600

#### **Dora Street Health Center**

1165 S. Dora Street Ukiah, CA 95482 1-707-468-1015

#### **Hillside Health Center**

333 Laws Avenue Ukiah, CA 95482 1-707-468-1010

#### **Redwood Coast Senior Center**

490 North Harold Street Fort Bragg, CA 95437 1-707-964-0443

#### **Mendocino County SUDT**

790 South Franklin Street Fort Bragg, CA 95437 1-707-961-2665

#### **Mendocino County Veterans Services**

360 North Harrison Street Fort Bragg, CA 95437 1-707-964-5823

#### **Community Resources:**

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

P.O. Box 1945 Ukiah, CA 95482 1-707-391-6867

#### Parents and Friends Inc.

306 East Redwood Avenue Fort Bragg, CA 95437 1-707-964-4940

#### **Redwood Coast Regional Center**

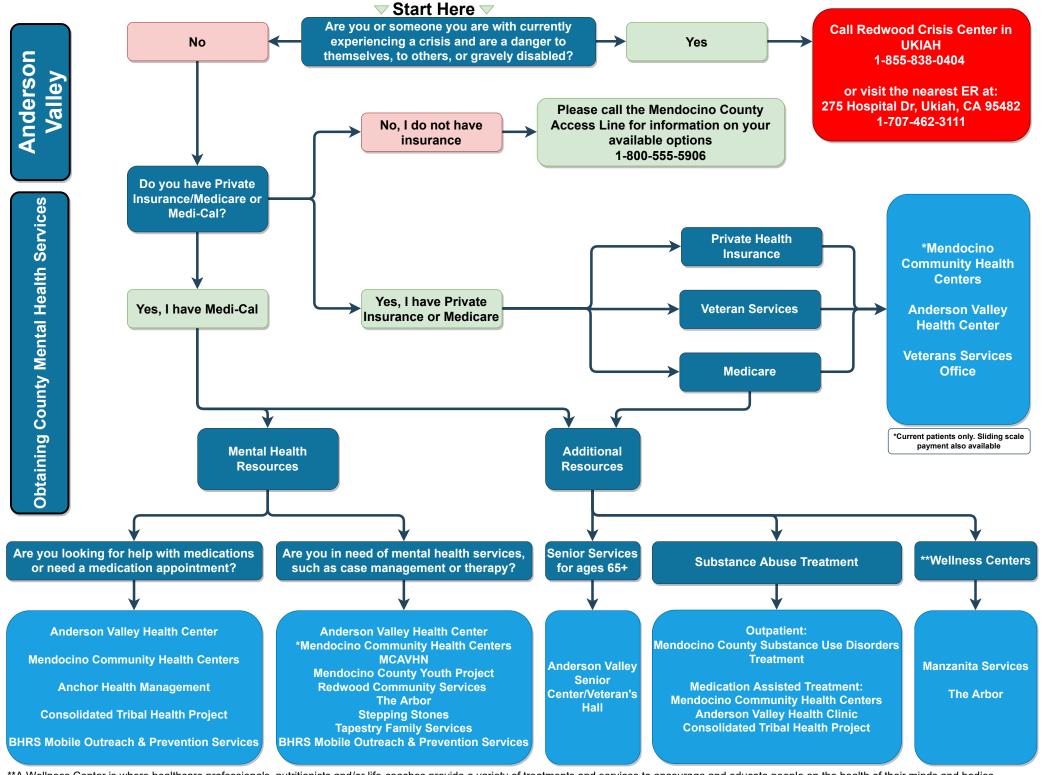
270 Chestnut Street Fort Bragg, CA 95437 1-707-964-6387

# Obtaining Mental Health Services in Mendocino County

# Fort Bragg



Mental Health Crisis Line: 1-855-838-0404



<sup>\*\*</sup>A Wellness Center is where healthcare professionals, nutritionists and/or life-coaches provide a variety of treatments and services to encourage and educate people on the health of their minds and bodies.

#### **Anderson Valley Health Center**

13500 Airport Rd Boonville, CA 95415 1-707-895-3477

#### **Anchor Health Management**

350 East Gobbi Street Ukiah, CA 95482 1-707-472-0350

### Mendocino County Substance Use Disorders Treatment

1120 South Dora Street Ukiah, CA 95482 1-707-472-2637

#### **Consolidated Tribal Health Project**

6991 North State Street Redwood Valley, CA 95470 1-707-485-5115

#### **MCAVHN**

148 Clara Avenue Ukiah, CA 95482 1-707-462-1932

#### **Mendocino Community Health Centers:**

#### **Dora Street Health Center**

1165 S. Dora Street Ukiah, CA 95482 1-707-468-1015

#### Hillside Health Center

333 Laws Avenue Ukiah, CA 95482 1-707-468-1010

#### **Mendocino County Youth Project**

776 South State Street #107 Ukiah, CA 95482 1-707-456-3792

#### **Redwood Community Services**

631 S. Orchard Avenue Ukiah, CA 95482 1-707-467-2010

#### The Arbor Youth Resource Center

810 North State Street Ukiah, CA 95482 1-707-462-7267

#### **Stepping Stones**

140 Gibson Street Ukiah, CA 95482 1-707-468-5536

#### **Tapestry Family Services**

290 East Gobbi Street Ukiah, CA 95482 1-707-463-3300

#### **Ukiah Valley Rural Health Center**

260 Hospital Drive Ukiah, CA 95482 1-707-463-8000

#### **Veteran Services Office**

405 Observatory Avenue Ukiah, CA 95482 1-707-463-4226

#### **Anderson Valley Senior Center/Veteran's Hall**

14400 CA-128 Boonville, CA 95415 1-707-895-3609

# Obtaining Mental Health Services in Mendocino County

# Anderson Valley



Mental Health Crisis Line: 1-855-838-0404



#### 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

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#### **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

- 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.

#### **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.

#### **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 <u>in compliance</u> 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

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 <u>in compliance</u> 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 <u>in partial compliance</u> 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.

#### **FINDING**

The call is deemed <u>in compliance</u> 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 <u>in compliance</u> 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 <u>in compliance</u> 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.

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

#### **FINDING**

The call is deemed <u>out of compliance</u> 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		Compliance Percentage						
Elements	#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 <u>in partial compliance</u> 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

- 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	Name of the Beneficiary	Date of the Request	Initial Disposition of the Request
1	12/21/2021	1:20 p.m.	000	000	000
2	12/28/2021	7:26 a.m.	OOC	OOC	OOC
3	1/07/2022	3:06 p.m.	000	OOC	OOC
4	12/31/2021	7:45 a.m.	000	OOC	000
5	12/08/2021	9:57 a.m.	000	000	000
(	Compliance F	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 <u>out of compliance</u> 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:

- 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

#### **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 <u>400</u> claims submitted for the months of April, May and June of **2021**.

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#### **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:

- 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.

#### **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

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:

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

- 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.

STATE OF CALIFORNIA ANALYTICS AND RESEARCH METHODS SECTION DEPARTMENT OF HEALTH CARE SERVICES 1/19/2022 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** # of claims disallowed Total # of Claims 400 2 Mendocino Percentage Out of Compliance 0.5% DATE OF APPROVED HICPCS LINE UNIT OF AMOUNT **APPROVED** AIDCODE DOB **PCCN** SERVICE FMAP RR# **REASON(S) FOR RECOUPMENT** CIN PROV# NPI SF TIME FFP CODE Mismatch. Claimed as Collateral, but Progress 94314870A 0000366455666 5/20/2021 30 50 56 4/14/1990 1831523091 \$73.34 60 23CQ \$130.50 Note describes TCM service. \$63.45 4 96057039A 2/28/1985 0000368374502 23C7 1902247786 6/24/2021 27 \$35.66 56 10f Solely clerical service 6E \$193.95 \$109.00

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