



ALPINE COUNTY
BEHAVIORAL HEALTH SERVICES
MENTAL HEALTH PLAN

**Specialty Mental Health Services
Implementation Plan Update**

April 2016

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

Introduction

Mission Statement

The mission of Alpine County Behavioral Health Services (ACBHS) is to provide safe, ethical and accessible services that inspire personal growth and development through strength-based behavioral health programs and supportive connections.

Core Values

- Respect
- Integrity
- Honesty

- Courtesy
- Competence
- Quality

- Confidentiality
- Staff/Client/Family Partnership

Goals

1. Improve client access to mental health and substance abuse treatment services
2. Work with clients and other health care providers to arrange for quality care
3. Be sensitive to each client's needs
4. Deliver cost-effective services to clients to help them manage their mental health and substance abuse issues

County Overview

Alpine County is the smallest county by population, in California, with a population of approximately 1,175 (2010 Census). This rural county is located in the Central Sierra Nevada mountain range, south of Lake Tahoe and bordering the State of Nevada, with a total area of 738 square miles. In the winter, due to the Highway 4 closure, the distance between the two Alpine County clinics, in Markleeville and Bear Valley is 131 miles, which takes 3 hours and 20 minutes. In the summer, with Highway 4 open, the distance between the two towns is 36 miles. Due to the road conditions, this drive is still 1 hour and 33 minutes. The census designated places include Markleeville, the county seat, (population 210), Alpine Village (population 114), Bear Valley (population 121), Kirkwood (population 158), and Mesa Vista (population 200). With a population of less than two persons per square mile, it is still considered a “frontier” county. Ninety-six percent (96%) of the county’s territory is designated “public land”, managed by the U. S. government’s Department of Agriculture, Forest Service, and Bureau of Indian Affairs.

Alpine County has no incorporated cities; instead, the county residents recognize five distinct communities: On the eastern slope are communities of Hung-A-Lel-Ti (Southern Band of the

Washoe Tribe); Markleeville, which is the county seat; Woodfords; and Kirkwood recreation and ski resort, with a population of 96. On the western slope is the Bear Valley community. The three most populated areas of Alpine County are geographically distant and isolated from one another; it is virtually impossible to share or access services among the three communities, especially during the winter months. Alpine County has no stoplight, no grocery store, no bank, no hospital, and no pharmacy. All highways have but two lanes, except for an occasional passing lane.

Alpine County does not have a threshold language. Within the county is a Native American Washoe Tribe colony with a population of approximately 250 people. Alpine County's small population size offers the potential of being able to get "arms around the problems," to identify and reach virtually every individual in need. From the perspective of BHS professionals and their partners, its small population size provides Alpine County an opportunity for meaningful collaboration and timely identification and resolution of both system- and client-related issues and challenges. The few numbers of staff comprising the department tend to wear multiple hats, making it feasible (albeit, sometimes necessary) for them to understand issues comprehensively, and intercede cross-disciplinarily.

Original Implementation Plan 2004

Enki Health and Research, Inc. developed the initial Implementation Plan in 2003/2004 to meet the requirements of Medi-Cal Specialty Mental Health Services Phase II Consolidation. At that time, Senate Bill 485 directed the State Department of Health Services to expand implementation of Medi-Cal managed care. In 1994, Assembly Bill 757 established plans for Medi-Cal managed mental health care. Enki worked with the Mental Health Advisory Board, beneficiaries, providers, family members, patients' rights advocate, staff, community members, and outside agencies to assist with the development of the original Implementation Plan.

Significant Developments in MHP System (Since 2003/2004)

In 2011, Alpine County and Enki determined that the county should resume operations of the Behavioral Health Department. From 2011 until late 2013, Alpine County made efforts to implement the necessary programs, services, and administrative functions to operate the Behavioral Health Services Department. During that time, there were several changes in leadership leading to disruptions in administrative functions, including quality assurance and quality improvement. Clinical operations and MHSA programs continued to operate. In November 2013, a new Director was hired. Since then, a new Clinical Coordinator and Behavioral Health Services Coordinator were also hired.

The new Leadership Team has been working hard to implement quality assurance measures, quality improvement programs; policies and procedures that are up to date; and a revamped compliance program. The following is a list of programs and services that have been implemented since 2014. This list includes some MHSA and Substance Use Disorder Treatment services as the small Alpine County Behavioral Health Services Department is fully integrated across programs.

- Behavioral Health Services Coordinator hired for quality improvement and quality assurance.
 - QI Committee meeting quarterly and now every other month.
 - Cultural Competence Committee meeting quarterly and now every other month.
- Clinical Coordinator hired.
 - Clinical Team meetings held weekly to discuss cases, train staff and perform Utilization Review functions.
 - EHR Anasazi fully implemented.
 - Client charts up to date and utilization reviewed.
- Mental Health Advisory Board functional and meeting monthly.
 - Bear Valley representative attending regularly.
 - Kirkwood representative attending regularly.
- Clinical staff changes now include a licensed clinician and availability in the evening hours for appointments.
- Groups implemented for the first time in Alpine County.
- Transportation issue solved via hiring a driver for 19 hours a week. As of July 1, 2015, driver working 32 hours per week. Priority is given to BHS clients, then community members wanting to attend a BHS program or event.
- Clinical office opened at The Learning Center for additional space and a play room for children's services.
- 24-hour access and crisis line is now working. Staff continually trained. Analog line installed to avoid "down time" when phones/electricity /internet is down. Test calls made at least weekly by consultant and ACBHS' success rate is much higher.
- Policies and Procedures updated to conform to regulations and current procedure in Alpine County.
- Billing to state on time monthly.
- ICD 10 conversion completed in 2015.
- Client satisfaction survey implemented with current BHS clients on a consistent basis.
- Contracting with Crisis Support Services of Alameda for our 24/7 Access.
- Providing open office hours from 8am-5pm Monday through Friday.
- Created a Mission Statement for the department.
- Fully implemented the MHSA 3-year plan with annual updates through a stakeholder process.
- Fully implemented a three-year Substance Abuse Prevention Plan.
- BHS leasing space at the firehouse at Hung-a-Lel-Ti (HLT) Washoe Community.
 - Improved relationship and communication with Washoe Tribe. BHS better able to meet the needs of the community by having a greater presence in the community.
 - Director, Behavioral Health Services Coordinator, Alcohol and Drug Program Specialist, MHSA Program Specialist, Native Wellness Advocate, Account Clerk and Alcohol and Drug Counselor all located in HLT.
 - Better community space available for MHSA wellness center programming at new location.
 - BHS is making improvements to the building for the Washoe Tribe and contributing financially via increased rent. Former location being used by

Washoe Tribe for recreation department, Police and DV staff and BHS Alcohol and Drug Counselor.

- BHS obtaining free internet in the near future from Washoe Tribe due to good working relationship and atmosphere of coordination and cooperation.
- Talking Circle for SUD recovery implemented and more community members are attending.
- Family Night for families in recovery implemented and well attended with between 8-12 participants every week. Dinner served during psycho-educational recovery-oriented group.
- New BHS Building planning is under way. Meeting weekly as a planning team with architectural firm.
- Primary Intervention Program (PIP) implemented through a contract with Tahoe Youth & Family Services at Diamond Valley School (DVS). Play room at DVS built and outfitted for PIP and play therapy as needed.
- MHSA Plans updated in a timely manner.
- AOD Strategic Prevention Plan approved by DHCS for three years.
- Health and Wellness Coalition has strong presence and mission in Alpine County to serve the AOD SAP Plan.
- Increased participation by community in BHS programs and services over past years.
- Yoga implemented throughout the County. 2 classes weekly in Bear Valley, 2 classes weekly in Kirkwood, 1 class weekly in Markleeville, 1 class weekly in Hung-a-Lel-Ti, 2 Yoga therapy groups and 1 meditation group weekly in Woodfords.
- Revised Calendar/Newsletter implemented to increase outreach to community of BHS events and programs.
- Annual community calendar well-received by Alpine County residents. Featured photos of and by residents and clients.
- Senior Soak at Grover's Hot Springs for our Older Adult population.
- Library Storytime for children in summer.
- 50+ Lunch held monthly for our Older Adult population.
- Annual Honoring Mothers' event in May.
- Providing MHSA Programs in Bear Valley.
- Attending Kirkwood events such as employee dinners monthly and host stakeholder meetings.
- Provide a monthly calendar of events hosted by MHSA.

MHP System Standards

ACBHS currently provides specialty mental health services in compliance with state and federal standards and regulations around access; authorization and utilization; quality and appropriateness of care; medical necessity; beneficiary protection; program integrity; and funding requirements. Key activities are listed below to demonstrate the consistent and timely implementation of all state and federal requirements and standards as an MHP.

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

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

Outpatient Services

ACBHS delivers a number of specialty mental health outpatient services at our mental health outpatient clinic, which includes assessment, individual, group, rehabilitation, case management, intensive care coordination, in-home based services, medication support, and crisis intervention services. In addition, we authorize Day Treatment and Day Rehabilitation services for clients who need this level of services from out-of-county providers.

- It is the goal of ACBHS to conduct a screening of all individuals seeking routine mental health services, via walk-in or telephone within one (1) business day of the initial request for services.
- It is the goal of ACBHS to manage resources in a manner that allows all individuals requesting routine (non-crisis) services to receive an initial intake appointment as soon as possible, but no later than fourteen (14) business days of the request for services.
- It is also an ACBHS goal that Utilization Review (UR) authorization will occur in seven (7) days, but no later than a maximum of thirty (30) calendar days of the assessment.
- In addition, ACBHS maintains the goal that, for those individuals authorized to receive planned services, a scheduled appointment date with a clinic service provider will occur in fourteen (14) days, but no later than a maximum of thirty (30) calendar days, from the date of provider assignment.
- The completed assessment and supporting documentation is reviewed by the Utilization Review (UR) Team to determine that services are medically necessary and appropriate.
- *For more information, see policies AC-101 (Routine Services Intake Process for Adults); AC-102 (Routine Services Intake Process for Children and Families); and AC-120 (Outpatient Services Authorization Process).*

Inpatient Services

ACBHS authorizes psychiatric inpatient services, as needed, from out-of-county providers.

- Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current ACBHS protocol.
- Inpatient services for both adults and adolescents are provided through contracts with approved hospitals, whenever possible.
- The Clinical Coordinator is responsible for the authorization for payment of inpatient services. The Clinical Coordinator reviews authorization requests for hospital services admissions and makes the final determination on all inpatient Treatment Authorization Requests. Hospitals have 10 days to notify ACBHS of an inpatient admission, unless otherwise specified in the contract.
- *For additional information, refer to policy AC-172 (Inpatient Treatment Authorization Requests) and policy AC-1015 (Crisis Response).*

Services for Out-of-County Youth

- ACBHS is responsible for arranging medically-necessary specialty mental health services to Alpine County children/youth who are in out-of-county foster care or other residential placements.
- ACBHS is also responsible for authorizing or providing medically necessary specialty mental health services to children/youth in an Aid to Adoptive Parents (AAP) or KinGAP.
- A Service Authorization Request (SAR) is submitted by the provider within three (3) working days following the date of receipt of the request for services. The Clinical Coordinator notifies the host county and the requesting provider of the approval decision within three (3) working days following the date of receipt of the request for services.
- ACBHS makes payment arrangements with the host county MHP or with the requesting provider within 30 days of the date that Alpine County approved the services.
- *For more information, see policy AC-120 (Outpatient Services Authorization Process).*

2. A description of the process for:

- (1) Screening, referral and coordination with other necessary services, including, but not limited to, substance abuse, educational, health, housing and vocational rehabilitation services**

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

- Substance Use Treatment Services – If the assessment determines that there is a substance abuse issue, Mental Health staff refer the beneficiary to Alcohol and Drug Services. As an integrated department, all clinical staff are trained in Mental Health and Substance Use Disorder treatment. ACBHS staff also coordinate services with the Tribal Healing Center. ACBHS staff coordinate services to meet the unique needs of the beneficiary.
- Education – If the assessment determines that the beneficiary could benefit from coordinated care with an educational facility (e.g., schools, community college), ACBHS staff refer/link the beneficiary with the appropriate educational professional staff. ACBHS staff work closely with the school system to provide specialty mental health services.
- Health – If the assessment determines that there is a need for health care services, ACBHS staff refer the beneficiary to the Public Health Clinic for screening and limited medical care. ACBHS staff also coordinate care with the nearest out of county hospitals, Tribal Health Center, Tribal Healing Center and out of county medical providers that accept Medi-Cal. ACBHS staff coordinate services to meet the unique needs of the beneficiary.
- Housing – If the assessment determines that the beneficiary requires assistance in obtaining or changing housing, ACBHS staff contact the Stanislaus County Housing Authority (the agency responsible for administration of housing resources in Alpine County) or assist the beneficiary and/or family to secure housing.
- Social Services – If the assessment determines that the beneficiary requires assistance in obtaining the services of Public Assistance, Child Protective Services, or Adult Protective Services, ACBHS staff help the beneficiary to access these services.
- Probation – If the assessment determines that the beneficiary requires assistance with Probation services, ACBHS staff collaborate as appropriate.
- Vocational Services / Employment – If the assessment determines the beneficiary is interested in obtaining or changing employment, ACBHS staff help the beneficiary in developing a resume; and enhancing interviewing skills, job seeking skills, and work-related skills. Referral to the Alpine Connections career center is also provided.

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

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

ACBHS provides informational presentations and exhibits during community events throughout the year. Examples of these events include County Health Fair; Teddy Bear Parade; monthly 50+ Potluck events; monthly drop in center for homeless youth; annual stakeholder meetings in Kirkwood, Bear Valley, Hung-A-Lel-Ti and Markleeville areas; Woodfords Indian Education Center monthly newsletter; Alpine County quarterly newsletter; and door-to-door delivery of ACBHS calendar and information on programs and services.

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

In an effort to reach homeless and other hard-to-reach individuals, ACBHS distributes informational materials to the community at various locations, including the Hung-A-Lel-Ti Wellness Center; Public Health and other agencies; schools and education centers; and the library and post offices.

All ACBHS brochures and informational notices regarding mental health clinic hours, Patient's Rights, available services, informed consent, and medication information are offered in English and Spanish. Brochures are easy to read and understand.

For more information, see policy AC-740 (Community Outreach and Engagement).

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

ACBHS is fully operational and provides a range of specialty mental health services to Medi-Cal beneficiaries to assure continuity of care for all persons needing medically-necessary mental health services.

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

The ACBHS psychiatrist is available to PHCPs for consultation, training, or distribution of educational materials related to medications or other mental health care issues.

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

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

For more information, see policy AC-404 (Clinical Consultation and Training to Local Doctors and Practitioners).

3. A description of the processes for problem resolution.

ACBHS works to resolve any problem(s) identified by clients in a sensitive and timely manner, utilizing the Beneficiary Problem Resolution Process. The resolution process includes procedures for addressing grievances, standard appeals, and expedited appeals. Clients and ACBHS have rights and responsibilities specific to each type of process. These rights and responsibilities relate to how a problem is filed, notification and documentation requirements, and timeframes for filing and responding.

Grievance Time Table

Timeline	Staff	Activity
Within 1 business day of receipt	Behavioral Health Director or designee	Log Grievance
Within 1 business day of receipt	Behavioral Health Director or designee	Send written notice of receipt to the client
Within 60 days of receipt	Behavioral Health Director or designee	Send written notice of disposition to the client
Upon Disposition	Behavioral Health Director or designee	Log disposition

Standard Appeal Time Table

Timeline	Staff	Activity
Within 1 business day of receipt	Behavioral Health Director or designee	Log Standard Appeal
Within 1 business day of receipt	Behavioral Health Director or designee	Send written notice of receipt to the client
Within 45 days of receipt*	Behavioral Health Director or designee	Send written notice of disposition to the client
Upon Disposition	Behavioral Health Director or designee	Log disposition

Expedited Appeal Time Table

Timeline	Staff	Activity
Within 1 business day of receipt	Behavioral Health Director or designee	Log Expedited Appeal
Within 1 business day of receipt	Behavioral Health Director or designee	Send written notice of receipt to the client
Within 2 calendar days of receipt	Behavioral Health Director or designee	Notify the client orally <u>and</u> in writing if ACBHS denies a request for an expedited resolution of an appeal (converts to standard appeal process)
Within 3 business days of receipt*	Behavioral Health Director or designee	Notify the client orally and in writing of disposition
Upon Disposition	Behavioral Health Director or designee	Log disposition

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

ACBHS has designated the Quality Assurance Manager, or a designated supervisor, to aid clients in the problem resolution process. This individual also provides status of a client's grievance or appeal, upon request.

ACBHS has authorized the Quality Assurance Manager or designee to make decisions regarding grievances and appeals. These individuals will not be involved in any previous level of review or decision making. If the situation is clinical in nature, the person(s) making the decision must be a mental health care professional with the appropriate clinical expertise in treating the beneficiary's condition. Such situations requiring clinical expertise include: appeals based on lack of medical necessity; grievances regarding denial of expedited resolution of an appeal; and/or grievances/appeals that involve clinical issues.

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

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

For more information, see policy AC-390 (Beneficiary Problem Resolution Process).

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

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

- ACBHS requires that providers are licensed, or registered/waivered per the State of California standards related to their practice or scope of work.
- In addition to licensing standards, all contract providers must:
 - Maintain a safe facility;
 - Store and dispense medications in compliance with all applicable state and federal laws and regulations;
 - Maintain client records in a manner that meets state and federal standards;
 - Meet the standards and requirements of the ACBHS Quality Improvement Program; and
 - Meet any additional requirements that are established by ACBHS as part of a credentialing or evaluation process.
- Organizational providers must also:
 - Provide for appropriate supervision of staff;
 - Have as Head of Service a licensed mental health professional or other appropriate individual as described in state regulations;
 - Possess appropriate liability insurance;
 - Have accounting and fiscal practices that are sufficient to comply with its obligations pursuant to state code; and
 - Permit an on-site review at least every three years.
- ACBHS routinely verifies provider information through:
 - 1) Online verification of licenses to determine that they are current and clear of any formal actions, negative reports, or limitations; and
 - 2) Online verification of Exclusion and Status Lists, including CA Medi-Cal List of Suspended and Ineligible Providers, and the Federal OIG List.
- ACBHS does not discriminate against particular providers who service high-risk populations or specialize in conditions that require costly treatment. A provider is not excluded from eligibility solely based on the type of license or certification that the provider possesses.
- *For more information, see policy AC-407 (Individual and Org Provider Selection and Certification).*

5. Documentation that demonstrates that the entity:

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

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

ACBHS directly provides the following mental health services:

- Rehabilitative Mental Health Services, including:
 - Mental Health Services, including assessment; plan development; individual, group, and family therapy; rehabilitation services: individual and group; interventions; and collateral services.
 - Medication Support Services, including assessment of the need for medication; evaluation of clinical effectiveness and side effects; obtaining informed consent; medication education; collateral services; and plan development.
 - Crisis Intervention Services, including assessment; therapy: individual; collateral; and referral services.
- Targeted Case Management Services
- EPSDT Supplemental Specialty Mental Health Services, including assessment, plan development, and treatment through mental health services; medication support services; crisis intervention services; Therapeutic Behavioral Services (TBS); Intensive Care Coordination (ICC); and Intensive Home-Based Services (IHBS). We plan to expand services to include Therapeutic Foster Care services in the next year.

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

- Day treatment intensive
- Day rehabilitation
- Crisis stabilization
- Adult residential treatment services
- Crisis residential treatment services
- Psychiatric health facility services
- Psychiatric inpatient hospitalization
- Psychiatric nursing facility services

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

For more information, see policy AC-349 (Medi-Cal Array of Services and Service Provision Standards).

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

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

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

ACBHS ensures that the needs of each age category is addressed. Age-appropriate services are available, including individual/family therapy, group therapy, medication support, rehabilitation services, and case management services.

- ACBHS staff work closely with the schools and offer a range of services to meet the needs of children and their families by age, gender, race/ethnicity, and primary language.
- ACBHS ensures that each child/youth in the foster care system receives appropriate mental health services depending on the child's needs. This population includes children (ages 0-15) and Transition Age Youth (ages 16-25).

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

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

ACBHS strives to deliver culturally- and linguistically-appropriate services to clients and their families. This approach is reflected in the department's mission statement, world view, informing materials, and client care plans. Cultural discussions are an integrated component of the child, youth, adult, and older adult service delivery systems. ACBHS has adopted specific standards and processes for providing and monitoring culturally- and linguistically-competent services, including a Cultural Competence Committee (CCC); annual Cultural and Linguistic Competence Plan Updates; promotion of the National Standards on Culturally and Linguistically Appropriate Services (CLAS); and staff and interpreter training.

- The ACBHS Cultural Competence Committee (CCC) is a cross-agency committee that has representatives from mental health, alcohol and drug, and public health services. Approximately 14 people attend each meeting which is held every other month. Members include persons who are Native American, African American and Caucasian.

We work closely together to review data; organize cultural activities; and promote culture and healing to help balance the lives of the persons who we serve.

- The CCC goal is to contribute to the overall planning and implementation of services in the county. The ACBHS Mission Statement is included as a part of the standard CCC Agenda, to promote the vision of the department and set the focus of each meeting.
- The CCC completes an annual update of the ACBHS cultural and linguistic competence plan, in accordance with state requirements.
- At least annually, ACBHS provides cultural competence training to staff, including administrative and management staff, direct service providers, and clerical/front office staff. Topics covered include utilizing interpreters; cultural diversity and sensitivity; using an interpreter; culture-specific approaches to treatment and recovery; understanding client culture; and other subjects.
- *For more information, refer to policy AC-3002 (Cultural Competence Program); and the most recent Cultural and Linguistic Plan Update.*

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

Inpatient Services

- Beneficiaries who require inpatient care are referred to an inpatient facility that best meets their unique needs, using the current ACBHS protocol.
- Inpatient services for children, youth, and adults are provided through contracts with approved hospitals, whenever possible.
- The Clinical Coordinator is responsible for the authorization for payment of inpatient services. The Clinical Coordinator reviews authorization requests for hospital services admissions and makes the final determination on all inpatient Treatment Authorization Requests. Hospitals have 10 days to notify ACBHS of an inpatient admission, unless otherwise specified in the contract.
- *For additional information, refer to policy AC-172 (Inpatient Treatment Authorization Requests) and policy AC-1015 (Crisis Response).*

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

ACBHS has implemented a Quality Improvement (QI) Program in accordance with state regulation for evaluating the appropriateness and quality of services, including over-utilization and underutilization of services. The QI Program meets these requirements through the following process:

1. Collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified;
2. Identifying opportunities for improvement and decide which opportunities to pursue;
3. Designing and implementing interventions to improve performance (including required Performance Improvement Projects [PIPs]);
4. Measuring the effectiveness of the interventions;
5. Incorporating successful interventions in the system, as appropriate; and
6. Reviewing client grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required.

It is the goal of ACBHS to build a structure that ensures the overall quality of services. This goal is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member staff; and utilization of technology for data analysis. Through data collection and analysis, significant trends are identified; and policy and system-level changes are implemented, when appropriate.

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

- Quality Improvement Committee – The Quality Improvement Committee (QIC) is responsible for overseeing all QI activities. The QIC is charged with implementing the quality improvement activities of the agency. Every other month, the QIC collects, reviews, evaluates, and analyzes data and implements actions that frequently involve handling information that is of a sensitive and confidential nature. The QIC also provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs). The QIC recommends policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC documents all activities through dated and signed minutes to reflect all QIC decisions and actions.

The QIC assures that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC continuously conducts planning and initiates new activities for sustaining improvement.

- Utilization Review (UR) Team – The UR Team is responsible for all Utilization Management (UM) activities. UR Team meets regularly to evaluate medical necessity, appropriateness and effectiveness of services provided to Medi-Cal clients prospectively and retrospectively. Any problems or issues identified by this team will be reviewed in QIC. Charts may also be referred to the UR Team by the QIC and any other staff when there are concerns about the quality of care, specifically the authorization, provision, or documentation of specialty mental health services to a particular client.

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

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

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

For more information, refer to policy AC-4001 (Quality Improvement Program).

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

- HIPAA Policies and Procedures – All staff hired by the ACBHS must review and sign an acknowledgement of understanding for all HIPAA Policies and Procedures before they make any contact with beneficiaries or their confidential information. The policies encompass all State and Federal laws and regulations pertaining to the confidentiality of Protected Health Information (PHI). The policies have been updated with detailed information to include electronic PHI and safeguards required to protect information in this capacity as well. These policies and procedures not only inform ACBHS staff about appropriate regulations regarding beneficiary confidentiality, but also include how to report breaches in confidentiality and sanctions for these types of breaches.
- HIPAA Training and Annual Review – All ACBHS staff are required upon hiring, and annually thereafter, to take a course in HIPAA policy. This course reviews regulations for the protection of PHI. Staff must complete and pass an examination indicating their comprehension of covered materials.
- Compliance Training and Annual Review – All ACBHS staff are required upon hiring, and annually thereafter to complete a Compliance training of which confidentiality standards are a major component. Each ACBHS staff member must pass an exam on the Compliance Program, and must sign an agreement to adhere to Compliance and ethical standards while maintaining employment with ACBHS.
- Informed Consent – ACBHS staff are required to obtain informed consent from beneficiaries prior to the onset of services, and annually thereafter. Informed consent includes the limits of confidentiality.
- Group Confidentiality Statements – All group services provided by ACBHS require sign-in sheets that contain an agreement for the confidentiality of information shared during

group be kept private amongst group members. This agreement is for the purpose of informing group members of the importance of confidentiality as they may not be held to the same legal standards as ACBHS staff.

For more information, refer to HIPAA policies; policy AC-118 (Consent for Treatment of Services); policy AC-112 (Consent to the Treatment of a Minor); policy AC-111 (Consent to Treatment for LPS Conservatee); most recent Compliance Program Plan and policies; and the ACBHS Code of Ethics.