

BEHAVIORAL HEALTH ADVISORY BOARD
Adult Services Committee Meeting
Thursday, November 2, 2023, 10:00 – 11:30 AM
Ventura County Behavioral Health (VCBH)
1911 Williams Drive, Training Room (first floor) • Oxnard, CA 93036

IN-PERSON & VIRTUAL MEETING VIA ZOOM

Zoom Participation:

The following information referenced below, and continuing page two of this Agenda is provided to you in support of your attending the upcoming BHAB Adult Services Committee Meeting via Zoom:

Join the zoom meeting in the following way:

Join Zoom Meeting: <https://us02web.zoom.us/j/87680728818?pwd=b3dCdjBNcGszRUJ4VzM2TXY1cJlJQT09>

Meeting ID: 876 8072 8818

Password: 156974

Dial-in: 669-900-9128

Under AB 2449 New Teleconferencing Rules:

The Ventura County Behavioral Health Advisory Board Adult Services subcommittee may take action at the beginning of the meeting regarding requests for “Just Cause” or “Emergency” allowances provided that related Brown Act guidelines are met. (Guidelines are listed on the last page of this agenda.)

AGENDA

- I. Call to Order
- II. Roll Call to determine Physical Quorum
- III. Roll Call of Members with Just Cause
 - a. State others present in the room over the age of 18
- IV. Approval of the Agenda – **ACTION** (Roll Call)
- V. Approval of the May 4, 2023 Minutes – **ACTION** (Roll Call)
- VI. Welcome and Introductions
- VII. Public Comments – (3 minutes per speaker)
- VIII. Chair Announcements
- IX. Member and Participant Comments
- X. VCBH Updates:
 - A. Adult Services Operations
 - B. Substance Use Services
- XI. Discussion – BHAB Goals and Priorities
- XII. Discussion – County of Ventura Mental Health Implementation Plan (October 2022)
- XIII. Contracts Review – (September 2023)
- XIV. Items for Next Meeting Agenda
- XV. Public Comments – 3 minutes per speaker
- XVI. Adjourn

Next Meeting: Thursday, January 4, 2023, 10:00 – 11:30 AM

Zoom Participation Information - continued

Please note the following important information related to supporting your participation in the upcoming meeting:

1. The meeting will be recorded.
2. All participants are muted upon entry to minimize any unintended disruption of background sounds.
3. Zoom will initially start with a **“waiting room”** at the start of the meeting, you will be **“admitted”** into the waiting room.
4. During the Public Comments portion of the agenda, participants will be unmuted and able to comment for up to 3 minutes. Comments can be shared in the following ways:
 - a. If you are joining the meeting via video/audio, you join the comment cue by clicking on the participant window at the bottom of the zoom screen and then click on the **“raise hand”** feature in that participant window.
 - b. If you are joining the meeting by telephone only, you join the comment cue by pressing ***9**.
5. Comments will be taken in the order they are received and are allotted 3 minutes. At the end of the three minutes, you will be notified that the time has ended, be able to make a closing comment and then the mic will be opened to the next person.

Brown Act “Just Cause” or “Member Emergency” Allowance Guidelines for Board Members:

Requirements: A local board/commission member may participate remotely without posting their physical location on the agenda if all the following requirements are met:

1. Quorum at Physical Location - At least a quorum of the members of the board/commission participates in person from a singular physical location clearly identified in the agenda.
2. Public Access - (Both Remote and In-Person) The public may access the meeting through:
 - A two-way audiovisual platform or
 - A two-way telephonic service and a live webcasting of the meeting
 - In-Person Public Access to the physical location.

Circumstances: One of the following circumstances applies:

1. **“Just Cause”** - The member notifies the legislative body at the earliest opportunity possible, including at the start of a regular meeting, of their need to participate remotely for just cause, including a general description of the circumstances relating to their need to appear remotely at the given meeting. The

provisions of this clause shall not be used by any member of the legislative body for more than two meetings per calendar year. **or**

2. **“Emergency Circumstances”** - The member requests to participate in the meeting remotely due to emergency circumstances and the board/commission takes action to approve the request. The board/commission shall request a general description of the circumstances relating to the member’s need to appear remotely at the given meeting. A general description of an item generally need not exceed 20 words and shall not require the member to disclose any medical diagnosis or disability, or any personal medical information.

Procedures:

1. Member Request - A member shall make a request to participate remotely at a meeting pursuant to this clause as soon as possible. The member shall make a separate request for each meeting in which they seek to participate remotely.
2. Board/Commission Response - The board/commission may take action on a request to participate remotely at the earliest opportunity. If the request does not allow sufficient time to place proposed action on such a request on the posted agenda for the meeting for which the request is made, the legislative body may take action at the beginning of the meeting.
3. Disclosure - The member shall publicly disclose at the meeting before any action is taken, whether any other individuals 18 years of age or older are present in the room at the remote location with the member, and the general nature of the member’s relationship with any such individuals.
4. BOTH Audio & Visual Participation - The member shall participate through both audio and visual technology.
5. Limits to Remote Participation - The provisions of this subdivision [of the Brown Act] shall not serve as a means for any member of a legislative body to participate in meetings of the legislative body solely by teleconference from a remote location for a period of more than three consecutive months or 20 percent of the regular meetings for the local agency within a calendar year, or more than two meetings if the legislative body regularly meets fewer than 10 times per calendar year.

DEFINITIONS:

“Emergency circumstances”: A physical or family medical emergency that prevents a member from attending in person.

“Just cause” means any of the following:

1. A childcare or caregiving need (for a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner) that requires the member to participate remotely.
2. A contagious illness prevents the member from attending the meeting in person.
3. A need related to defined physical or mental disability that is not otherwise accommodated for.
4. Traveling while on official business of the Brown Act Bode or another state or local agency.
5. Just Cause is limited to two instances per calendar year.

For additional information, see pages 4+ of the Brown Act Guide: calbhbc.org/brown-act

IMPLEMENTATION PLAN FOR MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES

OCTOBER 2022

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INTRODUCTION: COUNTY OF VENTURA MENTAL HEALTH PLAN

Vision and Mission Statement

Vision

Ventura County Behavioral Health envisions a community where our diverse residents are respected and empowered so those impacted by mental health and substance use can heal, thrive, and lead a healthy, engaged life.

Mission

Ventura County Behavioral Health is committed to reducing stigma and discrimination. We promote wellness through a whole-person care approach where clients and families are empowered by appropriate, accessible, timely, culturally sensitive, and collaborative behavioral health services.

Values

Respect, Equity, Integrity, Compassion, Collaboration, and Quality

Mental Health Plan Program Goal and Objectives

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

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

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

Mental Health Plan System of Care

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

County Overview

Located in Southern California, Ventura County (pop. 847,947) is diverse, comprising 1,843 square miles of urban, suburban, rural, agricultural, and industrial areas with ten incorporated cities and a large unincorporated area that includes portions of the Los Padres National Forest. Ventura County ranks 26th by land mass of California counties, 12th by population among California's 58 counties, and 65th in the United States (U.S.).

Implementation plan

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

PAYMENT AUTHORIZATION

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

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

The contact information for the VCBH Point of Authorization is:

Ventura County Behavioral Health

Attention: Quality Management

1911 Williams Drive, Suite 210

Oxnard, CA 93036

Phone: (805) 973-5342

Fax: (805) 973-5190

Email: QM.UR@Ventura.org

Inpatient Hospital Services

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

Fee-for-Service Contracted and Non-Contracted Hospitals

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

The time frame for submission of admission notification is within 24 hours of admission. The initial authorization request with the required documentation must be submitted within 24 hours but no later than 48 hours of admission for authorization to be considered.

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

Within 24 hours from receipt of the request, the record is reviewed by the VCBH UR licensed mental health professional to determine whether the hospital stay met CCR Title 9, Chapter 11, Sections 1820.205, 1820.220, 1820.225, 1820.230, MHP Payment Authorization for Emergency Admissions by Point of Authorization and 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services. If the request is received on Friday, a holiday, or during a weekend, the authorization decision is provided on the next business day, following the request receipt.

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

DHCS Behavioral Health Information Notice 22-017, Concurrent Review Standards for Psychiatric Inpatient Hospital and Psychiatric Health Facility Services, MHPs will be expected to conduct concurrent review of treatment authorizations until discharge and complete the review within 24 hours from receipt of request. DHCS will ensure consistency in the required timeframes for concurrent review of inpatient hospital services by amending the contract and regulatory guidance for SMHS. As this constitutes a significant shift in local operations related to authorization of services, DHCS is developing implementation standards that are currently in draft format.

In cases where the review is retrospective, the authorization decision is communicated to the individual who received services, or to the individual's designee, within 30 days of the receipt of information that is reasonably necessary to make this determination and is communicated to the provider in a manner that is consistent with state requirements.

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

Short-Doyle Medi-Cal Hospitals - Out of County

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

Short-Doyle Medi-Cal Hospitals - In-County

Documentation review for authorization for payment for local Short-Doyle facilities may be done either concurrently or retrospectively. The documentation will be reviewed applying the medical necessity criteria noted in CCR Title 9, Chapter 11, Sections, 1820.225, MHP Payment Authorization for Emergency Admissions by Point of Authorization and 1820.205. Medical Necessity Criteria for Reimbursement of Psychiatric Inpatient Hospital Services. The discharge diagnosis will be considered the treating diagnosis for determining medical necessity. Documentation of the reviews for each day payment requested will be noted in Beneficiary's hospital episode in the EHR to reflect types and numbers of days authorized and/or denied.

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

Appeals

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

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

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

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

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

Outpatient Treatment Services

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

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

- VCBH STAR (Screening, Triage, Assessment & Referral): 1-866-998-2243
- Any MHP outpatient clinic or contract agency
- Any VCBH MHP credentialed FFS provider.

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

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

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

SCREENING, REFERRAL AND COORDINATION

The MHP has developed a centralized referral process that provides equal access to all eligible individuals. This centralized referral process is coordinated through the Screening, Triage, Assessment and Referral (STAR) team, via the toll-free Access and Crisis telephone line: (866) 998-2243, as well as third party referrals, (by fax or email) and walk-ins. The STAR team coordinates access so that eligible individuals receive information, screening, triage, assessment, and/or linkage to appropriate mental health services. To ensure that all eligible individuals are served and to encourage awareness of service options, the MHP works closely with providers at the different levels of care (e.g., Outpatient Mental Health Programs, FFS Network). STAR has increased the County's ability to provide consistent, coordinated outreach, assessment, supports and referral to the community, including an increase in service to un-served and underserved individuals. Individuals can also walk in to or call any of the MHPs regional clinics to receive access to services. An on-site staff will screen the individual to determine appropriate next steps. In some case referrals may be appropriate and if the individual is likely to meet medical necessity, then an assessment will be scheduled.

The MHP Access and Crisis line is available 24 hours a day, 7 days a week and is staffed by licensed and non-licensed trained mental health staff who perform screenings by telephone. The Access and Crisis line facilitates access to the mental health system by providing culturally and linguistically appropriate information, referrals, and crisis intervention for individuals seeking behavioral health services. The Access and Crisis line telephone system routes calls to a queue for timely response. Referrals are accepted from several sources including, but not limited to, primary care clinics, mental health clinics, criminal justice and juvenile justice agencies, school districts, other county departments, and self-referrals. In addition to direct, face-to-face requests, The STAR program receives referrals via telephone, fax, and e-mails and routes referrals to geographically appropriate clinics and services. The Access and Crisis line is available in the County's threshold languages (English and Spanish). In addition, the MHP provides interpretation in other languages through the AT&T language line or through language fluent providers. Random test calls are conducted to the Access and Crisis line to assist in improving the quality and overall experience of connecting beneficiaries to services. The MHP has fully integrated the Mental Health Access and Crisis Line with the SUS Access Line. With the creation of the Access Team, there is now a centralized point of access into MH or SUS services. Staff answering calls have been trained in both mental health and substance use services to best support callers, to ensure appropriate linkage to care/services.

Screening and Assessment Process

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

Referral and Coordination Process

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

Care Coordination Services

Care Coordination is a service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Using a 'managed care' approach, beneficiaries will benefit by having their recent assessment move across the continuum of care with them, rather than requiring repeated assessments. A Care Coordinator will manage beneficiary transitions through the levels of care. They will ensure that the beneficiary will access necessary services as they move through the continuum of care, ensuring responsibility for appropriate transitions to the next LOC.

Integrated Mental Health and Substance Use Services

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

Referrals to Education Services

Children and youth enrolled in general or special education may receive mental health services directly through the school district which oversees the Educationally Related Social-Emotional Services (ERSES). In addition to ERSES provided through the school, beneficiaries may elect to receive services through the MHP which collaborates closely with the school to offer coordinated services. Through the EPSDT expansion of 1999, the MHP has made a commitment to offer school-based services in schools with high

enrollment of Medi-Cal beneficiaries. The MHPA furthered this commitment through expanding services to underserved children and youth. School-based services allow for increased direct access to care.

Referrals to Physical Health Services

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

Referrals to Housing Services

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

Referrals to Employment and Vocational Rehabilitation Services

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

Referrals for Persons with Developmental Disabilities

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

Referrals to the Human Services Agency

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

Referrals to Law Enforcement

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

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

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

Referrals to Services for Deaf and Hard of Hearing

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

OUTREACH AND ACCESS TO SERVICES

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

Ventura County MHP Beneficiary Handbook

The MHP provides beneficiaries a copy of the Ventura County MHP Beneficiary Handbook and provider list. Beneficiaries may pick up a copy of the handbook and provider list from the provider waiting room, or may access it them via the MHP internet website, www.vcbh.org and clicking on the Information & Resources/Patient Resources link, or by requesting, from their provider or the Quality Management program, that a copy be mailed or emailed. The handbook includes an explanation of beneficiaries' rights and resolution procedures, and access telephone numbers of beneficiary and family member organizations. The Acknowledgement of Receipt of Informing Materials form is signed by the beneficiary at the initial assessment appointment and placed in the medical record.

Marketing and Public Announcements

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

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

Mental Health Plan Website

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

Public Meetings

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

Informational and Educational Presentations

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

- County sponsored Health and Informational Fairs, such as La Colonia Annual Walk, Back to School Night, Mexican Consulate Jornadas, LGBTQ+ 5K Aids walk, and Out of the Darkness Community walk to FIGHT SUICIDE;
- Help & HOPE, Annual Conference;
- Santa Clara Valley's Senior Health and Fall prevention events and Family Health Fair;
- The Employment Development Department's Farmworker Resource Fair, Dia del Niño Celebration;
- The Guelaguetza event and the annual Mixteco Indigena Community Organization Project (MICOP) Conference;
- Ventura County of Education Equity Summit - Presentation about VCBH/Office of Health Equity and Cultural Diversity, and access to services;
- Ventura County of Education Migrant Student Program - Presentation on La Clave (bilingual)
- Ventura County of Education Wellness Program Conference (bilingual);
- Ventura County Diversity Equity and Inclusion Committee – Virtual Learning Series: Celebrating Cesar Chavez Day, with Cesar's son as guest speaker to discuss the historical and current challenges of fieldworkers in Ventura County;
- Early Child Education Collaborative Resource Fair - Introduced Front-Door Services programs.

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

National Alliance on Mental Illness (NAMI Ventura)

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

Logrando Bienestar

Logrando Bienestar is a program under the purview of the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component. The goal for Logrando Bienestar is to increase mental health knowledge and access to mental health resources within our Latinx community. Our Logrando Bienestar staff develop and implement mental health curricula tailored to the Latinx community; foster community partnerships, conduct client screenings, provide linkage, case management and maintain an active media presence.

Logrando Bienestar incorporates the following categories in its program tailored to the Ventura County Latinx community:

- Outreach to increase recognition of early signs of mental illness and early psychosis
- Prevention through educational workshops/classes
- Access and Linkage to Services for Individuals with Severe Mental Illness through case management and serving as a liaison to navigate services within VCBH

CONTINUITY OF CARE

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

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

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

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

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

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

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

Providers who elect to not be members of the MHP are requested to identify which of their clients would have required ongoing outpatient therapy. The MHP contacts those clients and offers a choice of MHP providers. If the client selects to remain with a provider that is not interested in continuing as an MHP member, the client may make a request for Continuity of Care so that they can stay with their current provider for up to 12-months. In all cases, the provider must meet the MHP credentialing criteria.

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

COORDINATION WITH PHYSICAL HEALTH CARE

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

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

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

PROBLEM RESOLUTION

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

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

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

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

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

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

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

Table 1. Grievance/Appeal Timetable

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

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

NETWORK OF PROVIDERS

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

Provider Selection

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

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

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

The MHP routinely verifies provider information through:

- Online verification of licenses to determine that they are current and clear of any formal actions, negative reports, or limitations.
- Online verification of Exclusion and Status Lists, including California Medi-Cal List of Suspended and Ineligible Providers, and the Federal Office of the Inspector General List of Excluded Individuals (OIG) List.
- Online verification of the Social Security Death Master File.
- The MHP does not discriminate against providers who provide service to high-risk populations or specialize in conditions that require costly treatment. A provider is not excluded from eligibility solely based on the type of license or certification that the provider possesses.

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

RANGE OF SERVICES

In Ventura County, the Gold Coast Health Plan (GCHP) contracts with Beacon Health Options to provide Medi-Cal Non-Specialty Mental Health Services (NSMHS) to:

- Members who are 21 years of age and older with mild to moderate distress, or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current Diagnostic and Statistical Manual of Mental Disorders;
- Members who are under the age of 21, to the extent they are eligible for services through the Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, regardless of the level of distress or impairment, or the presence of a diagnosis; and,
- Members of any age with potential mental health disorders not yet diagnosed.

The MHP provides a range of outreach and engagement to Medi-Cal Beneficiaries, and SMHS to beneficiaries with moderate to severe impairments in need of medically necessary services. Clinically appropriate and covered SMHS are covered and reimbursable Medi-Cal services even when:

- Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met;
- The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or
- NSMHS and SMHS services are provided concurrently if those services are coordinated and not duplicated.

Planning is an integral component of the treatment process and begins at the time of admission. Care Coordination services help assure that beneficiaries move through the system and access other needed health and ancillary services to support their recovery. When beneficiaries' complete primary treatment, they are connected to appropriate services to build connections with the recovery community and to continue to develop self-management strategies to prevent relapse.

System Scope of Services and Activities

The MHP utilizes a multidisciplinary network of providers to deliver a comprehensive continuum of outreach and engagement and SMHS including outpatient mental health services, crisis intervention and stabilization, inpatient mental health services, and residential treatment services. Services may include: assessment, plan development, individual, family or group therapy, individual or group rehabilitation services, targeted case management, collateral services, and medication support services.

The MHP contracts with outside providers to deliver outpatient and inpatient treatment services. SMHS are provided by Medi-Cal-certified mental health organizations or agencies and by mental health professionals who are licensed per state requirements; or by non-licensed providers who agree to abide by the definitions, rules, and requirements for Rehabilitative Mental Health Services established by the Department of Health Care Services (DHCS), to the extent authorized under state law. SMHS are delivered from Medi-Cal-certified Mental Health sites.

Specialty Mental Health Services

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

Psychiatric Inpatient Hospital Services

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

Outpatient Services

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

Supportive Services and Programs

Outreach and Engagement

The Rapid Integrated Support and Engagement (RISE) team provides extensive countywide outreach to non-MHP enrolled consumers who are at risk of or are currently experiencing a mental health crisis. The main goal is to successfully link beneficiaries to the appropriate level of mental health care by providing transitional case management and clinical services in field settings. The RISE team specifically focuses on those who traditionally have "fallen through the cracks" i.e. homeless, post- psychiatric inpatient hospital beneficiaries, etc. The RISE team also responds to non-emergency mental health challenges in the community that do not require the deployment of the Adult Mobile Crisis Team. The RISE team works closely with law enforcement and other community partners, including the Homeless 2 Home street outreach teams to ensure effective and efficient service delivery in Ventura County.

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

Screening, Triage, Assessment, and Referral (STAR)

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

Adult and Children Mobile Crisis Response Team

Crisis intervention and stabilization services are available 24/7 to beneficiaries experiencing an urgent or emergent mental health crisis. Via mobile field response and/or by telephone, the multi-disciplinary

Crisis Team provides rapid mental health services that are supportive and strength-based in nature and assist the beneficiary to remain in the least restrictive level of care possible. This service is also frequently accessed by hospitals, law enforcement agencies, schools and other community-based organizations.

Crisis Stabilization Unit (CSU) - Youth

The Crisis Stabilization Unit (CSU) serves Ventura County resident youth ages 6 to 17 who are experiencing a mental health crisis. Youth who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level of care up to inpatient hospitalization. Should inpatient hospitalizing be required, the CSU facilitates this transfer process. Youth who do not meet criteria are stabilized at the CSU and discharged following a psychiatrist assessment, safety planning process and aftercare meeting with the youth and their caregiver. The CSU is staffed with a Masters Level Clinician and a Registered Nurse 24 hours a day, 7 days per week. Mental Health Counselors are also onsite providing stabilization services around the clock and a psychiatrist is available 24 hours a day, 7 days per week.

Comprehensive Assessment and Stabilization Services – Acute Care (COMPASS)

A short-term residential program offered as part of the continuum of care for youth transferring from the Crisis Stabilization Unit (CSU) and provides comprehensive clinical services to assist youth in gaining the stability and skills needed to safely return to the community. The goal of this program is to work collaboratively with the youth's caregivers and community supports to create a sustainable plan for youth to return home safely. A multi-disciplinary team assists youth in gaining the necessary skills for managing challenging situations. Individual and family therapy, case management and psychiatric care are part of the youth's structured treatment.

Ventura County Medical Center Crisis Stabilization Unit

The Crisis Stabilization Unit (CSU) serves Ventura County residents ages 18 to 64 who are experiencing a mental health crisis. Adults who are placed on a civil commitment hold or who arrive on a voluntary status are assessed for appropriate level of care up to inpatient hospitalization. Should inpatient hospitalizing be required, the CSU facilitates this transfer process. Adults who do not meet criteria are stabilized at the CSU and discharged following psychiatric assessment, safety planning, and aftercare/discharge coordination. The CSU is staffed with a Registered Nurse 24 hours a day, 7 days per week. A psychiatrist is available 24 hours a day, 7 days per week.

Crisis Residential Treatment (CRT)

The MHP contracts for the operation of two crisis residential treatment programs, what are both located in-county. These programs provide short-term, voluntary, residential services, as either as alternative to hospitalization or as a step-down from an inpatient stay. These licensed programs serve adults (ages 18-59) with sub-acute psychiatric symptoms and possible co-occurring disorders in what is intended to be the least restrictive environment. Beneficiaries received 24/7 mental health treatment and support often while subsequent placement is being planned and arranged. The objective is to assist beneficiaries develop increased skills around symptom management, self-care, and social functioning.

Therapeutic Behavioral Services (TBS)

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

for a higher level of care. If the youth is in a group home, the goal of TBS is to work toward transition to a lower level of care.

Intensive Home-Based Services (IHBS)

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

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

Intensive Care Coordination (ICC)

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

ICC components include assessing; service planning and implementation; monitoring and adapting; and transition. ICC services are provided through the principles of the Integrated Core Practice Model (ICPM), including the establishment of the CFT to ensure facilitation of a collaborative relationship among a child, their family, and involved child-serving systems.

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

Peer Support Specialists and Parent Partners

The MHP has developed a job classification for Peer Specialists and has begun to directly employ persons with "lived experience" to provide peer support. These VCBH staff join existing contracted peers (all with either their own direct lived experience or that of a parent or family member) in working with beneficiaries (individually and groups) providing therapeutic activity, educational skill building groups, and engagement. The goal is to expand self-advocacy in pursuit of enhanced wellness and recovery.

Full Service Partnership (FSP)

The MHP have several FSP programs including: Insights, Transitional Aged Youth (TAY) FSP designed for youth ages 18-25; Adult FSP, Adult intensive FSP (EPICS Intensive) for ages 18-59; Older Adults FSP designed for adults over 60; Assist (Assisted Outpatient Treatment or "Laura's Law" program), and Telecare-operated VISTA, an FSP designed for adults with serious mental illnesses involved in the forensic system. The foundation of FSPs is use of a the "whatever it takes" approach to help beneficiaries on their path to recovery and wellness. FSPs embrace beneficiary-driven services and supports with each beneficiary choosing services based on individual needs. Unique to FSP programs are

a low staff to beneficiary ratio, and a team approach that is a partnership between mental health staff and beneficiaries.

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

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

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

Assisted Outpatient Treatment (AOT)

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

Forensic Mental Health Programs

The primary goal of the VCBH Forensics team is to support treatment resistant beneficiaries with serious mental illness and corresponding legal issues to be connected to, and engage in, appropriate behavioral health treatment. The Forensics team includes Mental Health Court (MHC), Pre-Trial Diversion (MHD), and Misdemeanor Incompetent to Stand Trial (MIST). VCBH also contracts with Telecare to provide forensic behavioral health services through the Vista and Voice programs. The forensic team is located in the Ventura Adult clinic and also provide field based services. The forensics team offers licensed and unlicensed staff intended to coordinate treatment with the beneficiaries' home clinic. Services include:

screening, assessment, crisis response, intensive case management, rehabilitative skill building, medication support, advocacy, linkage to housing and other vital resources. The forensics team has worked hard to establish collaborative relationships with probation, the courts and many other community partners that come in contact with our beneficiaries.

Recovery and Wellness Centers

The MHP has contracted with Recovery and Wellness Centers which are non-clinical drop in centers for adults and Transitional Age Youth with mental illness and/or co-occurring substance use disorders. Embracing the peer model, the Wellness Centers play a vital role in starting one on the recovery journey. The Recovery and Wellness Centers encourage their members who work together to help each other develop success in friendships, community living, employment and education. The Recovery and Wellness Centers offers a variety of self-help groups, educational groups and classes, as well as social, recreational and community based activities, including WRAP®. The Wellness Recovery Action Plan (WRAP®) is a personalized wellness and recovery system born out of and rooted in the principle of self-determination, which helps people to: 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams.

Youth and Family Wellness Centers

The Wellness Centers are designed to integrate disparate services from a variety of funding sources and organizations to unify care coordination and service provision through one centralized program and location, a "one-stop shop" for wraparound services. VCBH Wellness Center is focused on enhancing existing county partnership with school-based programs, to expand access to mental health services for children and youth, including campus-based mental health services, and to facilitate linkage and access to ongoing and sustained services. Through both on-campus programming and community-based partnerships, students will receive coordinated health/mental health and other support services to maximize student engagement and success, provide information, community resources, and linkages to mental health services.

Adult Residential Treatment/Social Rehabilitation Facilities

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

Mental Health Rehabilitation Centers (MHRC)

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

Institute for Mental Disease (IMD)

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

State Hospitals

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

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

AGE-APPROPRIATE SERVICES

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

Infants and Preschool Children

The MHP has created and strengthened contracts that focus on serving children ages 0-5. These programs are available in all regions and use evidence-based practices for young children. The Positive Parenting Program uses the Triple P evidence-based practice to offer parenting support and education in Head Start Programs and to military families. MHP provider clinicians, and Public Health Nurses are trained specifically in 0-5 mental health. Additionally, VCBH clinicians participate in reflective supervision targeted toward 0-5 services on an ongoing basis.

Transitional Age Youth (TAY)

This clinical outpatient program serves Transitional Aged Youth (TAY) ages 18-25 who are diagnosed with a Serious Mental Illness (SMI) or are 18-21 with a Severe Emotional Disturbance (SED). Many individuals served have co-occurring substance abuse disorders and are at risk of homelessness, incarceration, or psychiatric hospitalization; with little to no support in their environment. The TAY program focuses upon a client driven model with services including psychiatric medication treatment,

individual therapy, case management services, group treatment, and rehabilitation services. TAY staff support in the achievement of clients' wellness and recovery goals. The program serves both the east and west regions of Ventura County.

Ventura County Power over Prodromal Psychosis (VCPOP)

This program serves Transitional Aged Youth (TAY) ages 16-25 who are Clinically High Risk (CHR) for psychosis or who have had a First Episode of Psychosis (FEP). The focus is on early identification and effective intervention with these serious mental health symptoms to be able to minimize their long-term impacts. Many individuals served have co-occurring disorders and are at risk of psychiatric hospitalization. This program focuses upon a client driven model with services including psychiatric medication treatment, individual therapy, intensive case management services, group treatment, rehabilitation services, and inclusion of the identified support systems in treatment. The program serves both the east and west regions of Ventura County and has been effective in expanding access to services to traditionally un-served and underserved TAY in these areas.

Older Adult Services

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

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

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

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

CULTURAL AND LINGUISTIC COMPETENCE PLAN

The MHP strives to deliver culturally and linguistically appropriate services to beneficiaries and their families. Toward that end, the MHP will maintain a Cultural Competence Plan (CCP) and update the plan on an annual basis. In addition, the CCP is updated tri-annually when the Community Needs Assessment, and Community Planning Process is finalized. The MHP has adopted standards and processes for providing and monitoring culturally and linguistically appropriate services throughout all divisions and administrative practices, which include several advisory committees where topics include cultural and linguistic services on an ongoing basis. The National Standards on Culturally and Linguistically Appropriate Services (CLAS), and staff and interpreter training are promoted throughout all MHP policies, staff and interpreter trainings.

To support VCBH's efforts to meet the cultural and linguistic needs of Ventura County residents, Division liaisons were selected and identified by the Equity Services Manager. The Culture Equity Advisory Committee (CEAC) was established under the direction of the Office of Health Equity and Culture Diversity and is in the process of being reactivated and expanded in 2023 to increase department and community representation. CEAC serves as a cross-agency committee comprised of representatives from mental health, substance use disorder, and public health services, and community stakeholders reflective of the County's diversity. Committee members serve as key community stakeholders in department planning efforts.

Priority goals for CEAC members include:

1. Advocating for culturally competent services
2. Advocating for outreach to underserved, unserved and/or inappropriately served communities
3. Providing recommendations for reducing behavioral health disparities for racially, ethnically and culturally diverse communities
4. Collaborating with VCBH administration to address disparities
5. Serving as a body to review policies, procedures, and translated materials
6. Serving as an advisory body to the MHP Director

The MHP Cultural Competence Plan guides the development and improvement of programs and outreach efforts for underserved groups. The plan represents an opportunity to reduce disparities by establishing accountability, identifying service gaps, transforming the implementation of cultural competency and guiding resource allocation. The MHP Cultural Competence Plan includes the following goals:

1. Establish appropriate evaluation tools
2. Transform the implementation of cultural and linguistic proficiency
3. Coordinate awareness and outreach
4. Improve accessibility
5. Measure appropriateness of treatment services and outcomes
6. Measure recruitment and retention of bilingual/bicultural workforce
7. Measure the recruitment and retention of community-based organizations that serve unserved/underserved residents in need of services
8. Enhance accountability for contracted providers not meeting the cultural and linguistic needs of residents seeking services

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

Culturally Diverse Populations

The MHP actively addresses the 15 National CLAS standards through the Equity Services Manager, Training Manager, the BHAB-Disparities Reduction Committee, and Latino Disparities Reduction, and the CEAC. Together they recommend goals, policies and practices that promote cultural awareness, monitor

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

ADMISSIONS TO NON-CONTRACTED HOSPITALS

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

For planned admissions to non-contracted hospitals, the following must be submitted to the MHP's Medical Director or designee; within 24 hours of admission:

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

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

QUALITY IMPROVEMENT AND UTILIZATION MANAGEMENT

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

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

Quality Management Program

The MHP Quality Management program (QM) resides within the Administration Division is overseen by the Administration Division Chief and the Compliance Senior Manager and is accountable to the VCBH Director. QM is designed to meet regulatory and California Department of Health Care Services contractual requirements in accordance with Code of Federal Regulations Title 42, the California Code of Regulations Title 9, the California Code of Regulations Title 22, Welfare and Institutions Code, the DHCS/MCHB DMC-ODS Intergovernmental Agreement, DMC-ODS Standard Terms and Conditions, MHP contract, and Behavioral Health Department internal policies and procedures.

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

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

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

Quality Improvement – QI activities include the use of performance measures and outcome data to identify and prioritize areas of strength and areas for improvement. The QI unit prepares the annual QAPI after evaluating progress on the prior year's goals. The QAPI includes current state, measurable goals and data which guide QM activities throughout the year. Additionally, QI staff led Performance Improvement Projects (PIPs), and the Quality Management Action Committee (QMAC), the multidisciplinary entity including community stakeholders and beneficiaries that makes policy and performance improvement recommendations. The year-end evaluation of the QAPI describes progress towards overarching goals and highlights accomplishments for specific projects and activities and supports development of the following year's QAPI Work Plan.

Overarching Quality Assurance/Quality Improvement Goals

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

- Ensure programs, processes, and vendors are in alignment with regulatory, and accreditation standards;
- Ensure a system of timely communication of results to both stakeholders and staff regarding quality improvement activities.

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

- *Timeliness:* How quickly and easily do beneficiaries obtain necessary services?
- *Appropriateness of Care:* Do beneficiaries receive services appropriate to their individual needs and at the appropriate frequency?
- *Effective Care:* Are services effective in producing positive outcomes? Are there continuous initiatives to improve service effectiveness and clinical care outcomes?
- *Efficiency:* Are services provided in a manner that best uses the available resources for beneficiaries?
- *Coordination and Continuity of Care:* Is there coordination and continuity of care within the MHP services, including re-access to services, and between the MHP and community systems of care? Is the transition between the Ventura County Medical Center and VCBH seamless and well documented?
- *Wellness Recovery:* Are services designed to promote hope, choice, independence, and the development of functional competencies? Are beneficiaries improving the quality of their physical, mental, and life circumstances?
- *Beneficiary Satisfaction:* Are beneficiaries and family members satisfied with the quality of services they receive, the programs and providers that deliver them, and with their clinical outcomes?
- *Cultural Competency:* Are services provided in a culturally appropriate manner that effectively meets the needs of diverse beneficiaries? Are healthcare service disparities reduced?

Quality Action Management Committee (QMAC)

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

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

Organizational Structure and Responsibility

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

Behavioral Health Director

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

Reporting to the Behavioral Health Advisory Board (BHAB)

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

Utilization Management Program

Prior Authorization or Referral for Outpatient SMHS

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

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

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

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

- Mental Health Services;
- Rehabilitation;
- Targeted Case Management;
- Intensive Care Coordination.

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

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

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

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

Utilization Review (UR)

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

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

CONFIDENTIALITY

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

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

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

HIPAA Policies and Procedures

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

Compliance/HIPAA Training and Annual Review

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

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

Informed Consent

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

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

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

Ventura County Behavioral Health

Board Letter Summary of Contracts for September 2023

Board Date	Contract	Amount	Term	Description
9/12/2023	Behavioral Health Bridge Housing Program Grant (BHBH)	\$13,325,088	Upon execution Through June 30, 2027	<p>FY 2023-27 Approval and Ratification for BHBH Program Grant Funding. The BHBH Program grant funding will be used to: (1) provide a variety of housing solutions for people living with homelessness, including up to twenty new shelter beds throughout the County with operational funding for a term of three years, (2) hire four full time equivalent (FTE) Ventura County Behavioral Health (VCBH) staff dedicated to issues of housing, (3) pay for motel stays up to three weeks with intensive housing navigation services for people prioritized for Permanent Supportive Housing (PSH), and (4) pay for up to three years of rental assistance at the Housing and Urban Development Fair Market Rent (FMR) at locations throughout the County. Lastly, VCBH will seek to increase the number of licensed board and care operators willing to serve the target population by offering incentive funding. To support the BHBH Program grant project, VCBH will require dedicated staff (four regular FTE Community Services Coordinators) to carry out the goals of the BHBH Program. VCBH had already identified a need for dedicated housing case managers prior to the BHBH Program, but with the onset of the BHBH Program that need is amplified. In addition to serving the BHBH target population, dedicated housing case managers will also interface with Community Assistance, Recovery, and Empowerment (CARE) Court participants, clinical treatment teams, property managers, service providers, Continuum of Care (CoC), and a variety of internal and external agencies serving the unhoused. VCBH's dedicated housing case managers will mostly provide field-based services; however, they will also act as subject matter experts in the area of housing supporting the multi-disciplinary teams located VCBH community-based clinics.</p> <p>The BHBH Program grant agreement is in the amount of \$13,325,088. All services will be funded by BHBH Program Grant funding and when the grant ends, the VCBH staff will then be funded with Mental Health Services Act (MHSA) funding.</p>
9/12/2023	City of Simi Valley	\$145,945	September 17, 2023 Through June 30, 2024	<p>FY 2023-24 City of Simi Valley Agreement to Provide Mental Health Outreach and Engagement Services. The VCBH Rapid Integrated Support and Engagement (RISE) Program began in 2014 and is responsible for providing community outreach, engagement, and other related services to ensure that individuals with severe mental illness (SMI) can access and are connected to mental health and other supportive services, either at a VCBH facility or a community-based organization. RISE Program employees do not respond to emergency situations or individuals experiencing crises, and thus do not involuntarily detain individuals for evaluation and treatment that are a danger to themselves or others, or gravely disabled, under Welfare and Institutions Code section 5150. The goal of the RISE Program is to engage with individuals and connect them with care to avoid emergencies and crises. Since September 19, 2021, a VCBH RISE Program employee (Community Services Coordinator) has been working with the City of Simi Valley and the Simi Valley Police Department (SVPD) on a part-time basis to provide outreach and engagement services to individuals with mental health conditions that are high utilizers of SVPD services. More specifically, the Community Services Coordinator has delivered field-based community outreach, engagement, and case management services within the City of Simi Valley in collaboration with the SVPD, including but not limited to non-emergent follow-up care and referrals with the goal of engaging and stabilizing high utilizers of SVPD services and linking them to the appropriate level of mental health care or other supportive services.</p> <p>The Agreement with the City of Simi Valley is for \$145,945 to cover the County's full cost of committing a RISE Program Community Services Coordinator to perform the services specified under the agreement. The City of Simi Valley remits payment for these services to the County.</p>

9/12/2023	Sunbelt Staffing, LLC	\$300,000	September 12, 2023 Through June 30, 2024	<p>FY 2023-24 Sunbelt Staffing, LLC Agreement for Temporary Staff and Recruiting Services. On June 21, 2022, the Board approved three (3) agreements for medical personnel temporary staffing and recruiting services with Maxim Healthcare Services Holdings, Inc. (Maxim), Medix Staffing Solutions, Inc. (Medix), and TheKey of California, LLC (TheKey) for a combined annual maximum contract amount of \$1,300,000. Then, on February 28, 2023, the Board approved an increase to the combined annual maximum contract amount from \$1,300,000 to \$2,250,000 per fiscal year. For FY 2023-24, pursuant to authority delegated by the Board, VCBH renewed the agreements with Maxim and Medix but chose not to renew the agreement with TheKey. These contractors have proven to be a vital source of staffing services during the ongoing staffing shortage. Currently, the VCBH staffing vacancy rate is 19.3% (compared to 26.1% in January 2023). The department continues to participate in job fairs, hiring events, and work closely with educational institutions within Ventura County. They continue to advertise open recruitment and encourage staff to share vacancies with friends and family. In addition, they have a large internship program of which a large percentage of the students later become their staff. They currently have an internship program for Mental Health Associates, Alcohol Drug Treatment Specialists, Mental Health Clinicians, and psychologists. The need for additional staffing services remains high and VCBH has found a third vendor to assist in managing this need. Therefore, VCBH requested authorization to enter into a FY 2023-24 agreement with Sunbelt Staffing, LLC (Sunbelt), in the amount of \$300,000, to help manage the temporary staffing needs. The agreement with Sunbelt Staffing, LLC be in the amount of \$300,000 and will increase the combined annual maximum contract amount for the three agreements from \$2,250,000 up to \$3,000,000 (an increase of \$750,000) to help manage temporary staffing needs. This agreement is funded by MHSA, Short Doyle Medi-Cal Federal Financial Participation (SDMC/FFP), State General Fund, 2011 Realignment, 1991 Realignment, and Drug Medi-Cal Organized Delivery System Federal Financial Participation (DMC-ODS FFP) funding.</p>
9/26/2023	California Department of Health Care Services (DHCS)	\$0	July 1, 2023 Through December 31, 2026	<p>FY 2023-26 Intergovernmental Transfer Agreements with the California Department of Health Care Services. California Advancing and Innovating Medi-Cal (CalAIM) is a DHCS initiative to reform and transform the Medi-Cal program and, in turn, improve the quality of life and health outcomes of Medi-Cal members. Over the course of several years, CalAIM seeks to implement a broad delivery system, programmatic and payment reform across the Medi-Cal program and build upon the successful outcomes of various pilot programs to completely transform the delivery of behavioral health services for Medi-Cal beneficiaries. To advance payment reform under CalAIM, DHCA is required to design and implement an intergovernmental transfer-based reimbursement methodology to replace the certified public expenditure-based reimbursement methodology that was previously in effect for Medi-Cal Specialty Mental Health Services, Substance Use Disorder Treatment Services, Expanded Substance Use Disorder Treatment Services, and for costs incurred by counties to administer those benefits. An intergovernmental transfer is the transfer of funds from public agencies to the Medicaid Single State Agency (SSA) to allow the SSA to expend those funds as the nonfederal share in claiming federal financial participation for Medi-Cal payments. As part of CalAIM Behavioral Health Payment Reform process, the intergovernmental transfer is a transfer of funds from a county (the public agency) to DHCS (the Medicaid SSA) to be used as the county portion of the nonfederal share of the payments which then return to the county as part of payment for Medi-Cal covered Behavioral Health services (the "County Share").</p> <p>The Intergovernmental Agreements with DHCS are in the amount of zero dollars. These agreements are funded by 2011 Realignment, 1991 Realignment, MHSA funding.</p>