



# **Santa Barbara County Mental Health Plan**

## **Outpatient Consolidation**

### **Implementation Plan**

**Submitted by**

**Santa Barbara County  
Alcohol, Drug and Mental Health Services**

## **A. Planning, Coordination, Outreach and Notification**

### **1. Public Planning Process**

#### **a) Public Planning Process**

The public planning conducted to support development of the Santa Barbara County Mental Health Plan is the most recent of several collaborative planning efforts initiated by Santa Barbara County Alcohol, Drug and Mental Health Services. In March 1994, Santa Barbara County Alcohol, Drug and Mental Health Services spearheaded a collaborative planning process in the development of the Children's Multiagency Integrated System of Care, a cross agency interdisciplinary system of care for youth exhibiting serious emotional, or behavioral disturbances.

The Multiagency Integrated System of Care planning included participation by family support organizations, local school districts, Public Health, Alcohol and Drug Program, Child Protective Services, Tri-Counties Regional Center, Probation Department, six local non-profit child serving agencies, and the University of California at Santa Barbara. Additional agencies have joined these core organizations to expand the collaborative that is the foundation of the Multiagency Integrated System of Care.

During the past year, Santa Barbara County Alcohol, Drug and Mental Health Services initiated a collaborative planning process to enhance the Adult System of Care for individuals exhibiting a serious mental illness. Participants in the Adult System of Care planning included consumers, family members, mental health commission members, community based mental health service providers, hospital providers, Probation, Health Care Services, and Santa Barbara County Alcohol, Drug, and Mental Health Services treatment staff. The planning process, which is on-going, has been instrumental in codifying

development of interdisciplinary level of care teams that are grounded in rehabilitation philosophy, adjusting staffing to address clients with varying levels of risk and impairment and re-directing contracts to prioritize rehabilitation and daily living supports programs.

The public planning process in preparation for inpatient and outpatient Fee for Service Medi-Cal consolidation built upon these two highly successful System of Care planning efforts. The Mental Health Plan public planning process was co-lead by the Mental Health Commission and Santa Barbara County Mental Health Services. Public invitation notices were posted prior to each meeting. In addition, invitations were sent to key stakeholders including consumer support organizations. The meeting time and location was selected based on participant preference to maximize ongoing involvement.

Phase One of the public planning process consisted of eight topic-oriented meetings across eight consecutive weeks.

Topics included:

- \*Process Overview;
- \*Outpatient Provider Network;
- \*Quality Assurance, Part I;
- \*Quality Assurance, Part II;
- \*Access To Care;
- \*Physical Health Care Linkages;
- \*Inpatient Consolidation;
- \*Wrap Up, Part I;
- \*Wrap Up, Part II .

Due to the interrelatedness of the eight topics, participation by a core group of stakeholders across the local mental health community at all eight meetings was highly desired. Following the Overview meeting, the desire for a core group of participants was presented. Core members representing Consumers (beneficiaries), Family Members, County Departments, Mental Health Service Providers, Santa Barbara County Mental Health Staff, Physical Health Care Providers,

Santa Barbara Regional Health Authority, Psychiatric Hospitals and Mental Health Association participated in all eight meetings.

Phase Two, consisting of monthly meetings through implementation, has been initiated due to the interest and enthusiasm expressed by the core group.

One in four participants during the public planning process was a mental health consumer/beneficiary. Transportation and reimbursement for meals was provided to consumer participants.

Meeting agendas, minutes, handouts and attendance sheets are presented in **Attachment I**.

#### **b) Local Mental Health Community Involvement**

The public planning process to support development of the Mental Health Plan was based on preceding children and adult System of Care planning efforts (described above) and, designed to maximize authentic and meaningful recommendations from the local mental health community. Consumers, family members, advocates, traditional Fee-For-Service/Medi-Cal hospital and outpatient providers, the Santa Barbara Regional Health Authority, and Santa Barbara County Alcohol, Drug, and Mental Health Services treatment staff were represented.

### **2. Letter From the Local Mental Health Commission**

The Mental Health Commission members are co-sponsors of the public planning process, and completed a letter of involvement and support in **Attachment II**.

### **3. Screening, Referral and Coordination**

Santa Barbara County Mental Health Plan is premised on a “precision of fit” delivery model. This model is premised on the belief that best outcomes, both clinical and cost, are directly related to the precision-of-fit between client strengths and needs, and the level of care provided. In the absence of an appropriate and precise fit a client will be overserved or underserved. Imprecision or mismatch is directly related to waste and unachieved or under achieved outcomes. The adverse consequences of overserving or underserving are outlined below.

Overserving Consequences	Underserving Consequences
Limited Positive Outcomes	Absence of Outcomes; Increase in Impairment
Exposes Client/Family to Overly Intrusive Restrictive Interventions	Wasted Expenditure of Time and Resources
Unnecessary Cost	Unrealized Hopes
Fosters Dependence on Service Providers and Undermines Autonomy	Loss of Confidence in Effectiveness of Future Interventions

A precision-of-fit delivery system will result in the lowest true cost of care for a given outcome. It is for this reason that **precision-of-fit systems are at the same time good systems of care and good managed care.** The requirements for a precision-of-fit delivery system are defining characteristics of the Santa Barbara County Mental Health Plan.

Characteristics of Precision-of-Fit
<ul style="list-style-type: none"> <li>• Evaluation to identify client strengths and needs, and to guide service plan development</li> <li>• Comprehensive continuum of services to ensure that necessary interventions are available to achieve the "best fit."</li> <li>• Process to ensure the development of a plan that emphasizes the "best fit," ongoing coordination of services and service accessibility, and elimination of redundancy.</li> </ul>

- Outcome-based service allocation that uses ongoing evaluation to guide needed adjustments in the service plan.

The Santa Barbara County Mental Health Plan is built around three general levels of care:

Level of Care	Defining Characteristics	Service Characteristics	Point of Authorization
<b>Brief</b>	Single Episode, Not requiring intensive case management	Outpatient Provider Network	Access Team
<b>Ongoing</b>	Long-term or multiple episodes  Good response to medication, therapy and standard care management Little or no intensive case management	Outpatient Provider Network or SBCADMHS Outpatient Clinic	SBCADMHS Care Manager
<b>Ongoing</b>	Long-term, requires intensive case management supportive rehabilitation, and cross agency coordination	Adult System of Care and MISC	Adult System of Care or MISC Care Manager

The Santa Barbara County Mental Health Plan will establish a single Access Team with county-wide "pathfinding" responsibilities. Access Team staff will screen requests for service and link beneficiaries to the appropriate "path" or level of care.

The Access Team will be operational in April 1, 1998. Staffing will consist of four senior clinicians, each a Licensed Professional of the Healing Arts. Two will be children clinicians and two adult clinicians. In addition, two will be bilingual. The Access Team will include a quarter time psychiatrist. A child psychiatrist from one of the Santa Barbara County Alcohol, Drug, and, Mental Health Services clinics will be available for consultation as needed. The Access Team will be

supervised by the Quality Assurance/Quality Improvement Manager. All Access Team staff will be selected from existing Santa Barbara County Alcohol, Drug and Mental Health Services Adult and Child Intake Teams.

The Access Team will respond to telephone or faxed correspondence. Access Team staff will conduct a telephone triage. The need for Specialty Alcohol, Drug, and Mental Health Services and appropriate level of care will be determined during the telephone interview.

- Individuals requiring brief care will receive services from Network Providers. The Access Team will authorize outpatient services and link the beneficiary to the providers.
- Individuals requiring ongoing levels of care will receive an appointment at the appropriate regional Santa Barbara County Alcohol, Drug and Mental Health Services clinic.

When the level of care can not be determined by a telephone interview the beneficiary will receive a face-to-face evaluation either by a Network Provider or Santa Barbara County Alcohol, Drug and Mental Health Services clinic based clinician.

Individuals who are experiencing a psychiatric emergency will be evaluated by the Mental Health Assessment Team (MHAT.) The Mental Health Assessment Team is a mobile response team that conducts evaluations throughout the County including homes, schools, and emergency rooms. Individuals requiring urgent services will be scheduled for services at a Santa Barbara County Alcohol, Drug and Mental Health Services regional clinic. Individuals walking into regional clinics requiring emergency or urgent services will be immediately served by Santa Barbara County Alcohol, Drug and Mental Health Services clinic staff. Walk-ins not requiring emergency or urgent services will be assisted to telephone the Access Team. The point of authorization (POA) for an enrolled client served by the adult or child system of care is the team care coordinator, for individuals receiving services only through the provider network the Access Team is the POA; and for individuals not enrolled in

outpatient services who receive inpatient services or are evaluated for inpatient services the POA is also the Access Team.

The POA is responsible for making necessary referrals for non-mental health services like housing, employment, health. For unenrolled clients who have only received an emergency evaluation or inpatient care, an emergency care/hospital liaison with The Access Team will provide the screening and referral.

The Santa Barbara County Medi-Cal Specialty Mental Health Services Consolidation Flowchart for Access Team decision making is included as **Attachment III**.

### **Readiness Factors**

Santa Barbara County Alcohol, Drug and Mental Health Services currently serves 70% of all Medi-Cal beneficiaries receiving specialty mental health Care. Services are provided through three (3) regional adult and three (3) regional child (Multiagency Integrated System of Care) sites. Both adult and child clinics respond to requests for services by telephone and in-person. All sites operate with licensed clinical intake staff who triage/evaluate requests and an officer-of-the-day for emergency/urgent conditions.

Intake/officer-of-the-day staff routinely manage client requests for services including: crisis visits; emergency medication visits, Tarasoff evaluations; 5150 evaluations; facilitation of acute hospitalization, in partnership with the Mental Health Assessment Team; enrollment in adult or child clinics or system of care; and/or referral to other appropriate providers/agencies.

### **Outpatient Provider Network**

Santa Barbara County Alcohol, Drug and Mental Health Services successfully established a Provider Network composed of individual practitioners or agencies contracted to the Santa Barbara County Alcohol, Drug and Mental Health Services to provide problem-focused psychotherapy services as part of the Multiagency Integrated System of Care. The network established in mid-1996 consists of over sixty (60) clinicians.

The principle risk to county mental health plans is of the care and cost of ongoing severe/complicated clientele. Santa Barbara County Alcohol, Drug and Mental Health Services' success with Multiagency Integrated System of Care and Adult System of Care greatly prepares Santa Barbara County Alcohol, Drug and Mental Health Services for administration of the Mental Health Plan.

## **Multiagency Integrated System of Care**

Santa Barbara County Mental Health is managing a comprehensive and collaborative system of care which delivers coordinated treatment services to effectively support youth with serious emotional and/or behavioral disorders and their families. The Multiagency Integrated System of Care is represented by a partnership among consumers, their families, schools, public safety net agencies and community based organizations. Each major area of Santa Barbara County (Lompoc, Santa Maria, Santa Barbara) is served by a multiagency/inter-disciplinary team of assessment staff, care coordinators and treatment staff who are co-located and share responsibility for common clientele.

Multiagency Integrated System of Care partner agencies include:

Families	Alcohol, Drug, and Mental Health Services
Child Protective Services	Child Abuse Listening & Mediation
Probation	Klein Bottle Youth Program
Public Health	Goleta Union School District
Community Action Commission	Carpinteria School District
Council on Alcoholism & Drug Abuse	Guadalupe School District
Family Service Agency	Lompoc Unified School District
Santa Maria Valley Youth & Family	Santa Maria-Bonita School District
Special Education Local Planning Area	Santa Maria High School District
Santa Barbara County Education Office	
Santa Barbara School District	

Each child and family is assigned a Multiagency Coordinator who serves as a single point of contact for services that will help the family achieve its stated goals. A comprehensive family-centered assessment is the foundation of the coordinated Multiagency Integrated System of Care intervention and followed by the precision tailored “Wraparound” services.

## **Santa Barbara County Mental Health Plan Adult System of Care**

Those individuals who have a diagnosis of severe mental illness with major impairment in functioning that require assistance from a full service mental health provider will be referred to the Santa Barbara County Mental Health Plan adult outpatient team located nearest their residence. Beneficiaries are assigned a care coordinator supported by the Team’s psychiatrist and other multi-disciplinary staff and such beneficiaries receive assessments to identify their individualized needs within a system of care that is guided by values/principles of psychiatric rehabilitation and client-driven system of care.

Santa Barbara County Alcohol, Drug and Mental Health Services has been highly successful in providing community/home based supports which have greatly reduced the department’s use of IMD beds and reduced it’s state hospital census to zero.

Collaborating with the Department of Rehabilitation, alcohol and drug treatment agencies, the Public Guardian, law enforcement, local courts, Department of Social Services, Health Care Services, Probation, Housing Authority, homeless shelters, and numerous residential and community based mental health programs has resulted in increased, independent living, vocational/recreational, social and personal goal attainment for many severely mentally ill adults. Self help groups, hiring consumers in mental health positions, and having consumers in policy task forces and staff interview hiring boards has been achieved.

Specialty Mental Health Services provided by the Santa Barbara County Mental Health Services Outpatient Teams or contract providers include a full range of rehabilitation, treatment and case management services. Hospital consultation services are also provided by Santa Barbara County Alcohol, Drug, and Alcohol, Drug, and Mental Health Services staff who also have a jail Mental Health Services team out-stationed at the Santa Barbara County Jail.

### **Inpatient Providers**

A 16 bed Psychiatric Health Facility (PHF) is the only locked acute 24 hour treatment service in Santa Barbara County and is licensed as an Acute Psychiatric Hospital. The Psychiatric Health Facility is LPS designated (5150s) and provides services to the mentally ill over the age of 18. In addition, Santa Barbara County Mental Health contracts with Ventura County Inpatient Unit, San Luis Obispo County Inpatient Unit, Cottage Hospital of Santa Barbara, and BHC Vista Del Mar, of Ventura County. Cottage Hospital operates the only psychiatric inpatient unit in Santa Barbara County besides the County Mental Health Psychiatric Health Facility.

### **Mental Health Assessment Team**

The Mental Health Assessment Team (MHAT) is contracted by Santa Barbara County Alcohol, Drug and Mental Health Services through funding pooled from the Santa Barbara Regional Health Authority, Health Care Services, and local cities. The Mental Health Assessment Team consists of paramedics trained to conduct field evaluations in consultation with a Santa Barbara County Mental Health Services psychiatrist or licensed Mental Health staff person (RN, MFCC, LCSW, Ph.D. Psychologist, Physician, or waived registered MSW intern, Ph.D. Psychologist, MFCC intern). If hospitalization is required, the Mental Health Assessment Team will transport to the nearest appropriate facility with available beds. Santa Barbara County Alcohol, Drug and Mental Health Services is currently negotiating an expansion of the Mental Health Assessment Team to include hospital diversion services.

Diversion will consist of transportation to a safe, supportive setting (e.g., home, board and care, etc.), crisis intervention by a licensed Professional of the Healing Arts, or one-to-one therapeutic escort/monitoring in the client's home.

***Access from the beneficiary's perspective***

- ***Beneficiary served in Adult Clinic/System of Care or Multiagency Integrated System of Care*** - All necessary services are coordinated/brokered by the client's care manager, who is the "single point of contact." During business hours an emergency or urgent condition is evaluated by the care manager or Santa Barbara County Alcohol, Drug and Mental Health Services clinic/officer-of-the-day. Transportation for acute hospitalization is provided by Clinic staff or coordinated through Mental Health Assessment Team. After-hours and urgent or emergency condition is managed by Mental Health Assessment Team or System of Care contract staff.
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug and Mental Health Services walks in to Santa Barbara County Alcohol, Drug and Mental Health Services adult or child clinic in an urgent or emergency condition*** - Clinic staff address immediate needs and then link with the Access Team.
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug and Mental Health Services experiencing an emergency anywhere in the County*** - Mental Health Assessment Team is contacted by calling 911. Call can be made by the client or other on behalf of the client.
- ***Beneficiary known or unknown to Santa Barbara County Alcohol, Drug and Mental Health Services experiencing emergency outside of the County*** - Client accesses emergency services as available in that County.
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug, and Mental Health Services experiencing an urgent condition in or out of County*** - Access Team will immediately authorize outpatient services.
- ***Beneficiary unknown to Santa Barbara County Alcohol, Drug, and Mental Health Services requesting services for a non-emergency, non-urgent condition either by telephone, faxed written referral, or walk-in*** - Client receives a telephone triage. When level of care required is brief, Access Team authorizes Outpatient Provider Network services and facilitates scheduling an appointment. When level of care is ongoing, the client will receive an appointment with a Santa Barbara County Alcohol, Drug, , and Mental Health Services clinic/System of Care. When level of care is unclear, a face-to face evaluation by a Network Provider or Santa Barbara County Alcohol, Drug and Mental Health Services clinic staff will be arranged. Results of the evaluation will be forwarded to the Access Team for disposition, as described above.

**4. Interagency Agreements/Memorandums of Understanding with  
Santa Barbara County Alcohol, Drug and Mental Health Services**

### Department Wide Contracts/MOU's

American Medical Response (AMR)	* Mental Health Assessment Team Crisis (5150) Evaluation & Transportation
Tri-Counties Regional Center	* Collaboration on the treatment of dual-diagnosed clients * Development of crisis response capabilities for TCR clients
Santa Barbara City College	* Registered Nurse Program
Ventura County Behavioral Health Department	* Collaborative agreement on the management out-of county acute care/5150 clients * Joint Powers agreement for allowing involuntary holds written in Santa Barbara County to be valid in Ventura County
University of California at Santa Barbara	* Psychology Ph.D. Students
San Luis Obispo County Mental Health Department	* Collaborative agreement on the management of out-of-county acute care/5150 clients * Joint Powers agreement for allowing involuntary holds written in Santa Barbara County to be valid in San Luis Obispo County

## Child/Adolescent Contracts/MOU's

Adams Elementary School	* Healthy Start Program
Guadalupe Family Services Coalition	* Healthy Start Program
Child Abuse Listening & Mediation (Santa Barbara)	* Multiagency Integrated System of Care Wrap-Around Services
Council on Alcohol & Drug Abuse (Santa Barbara)	* Alcohol & Drug Abuse Support * Multiagency Integrated System of Care Wrap-Around Services
Family Service Agency (Lompoc & Santa Barbara)	* Multiagency Integrated System of Care Wrap-Around Services
Holdsambeck & Associates	* Behavioral Intervention Contract
Klein Bottle Youth Program (Lompoc, Santa Barbara & Santa Maria)	* Multiagency Integrated System of Care Wrap-Around Services
Santa Barbara County Department of Social Services	* Multi-Agency Integrated System of Care Agreement * Assessment of minors * Provision of on-site eligibility worker
Santa Barbara County Probation Department	* Family Preservation Program * Multi-Agency Integrated System of Care Agreement * Counseling & Education Center Collaborative
Santa Barbara County Schools	* Healthy Start Program
Santa Maria Healthy Start Collaborative	* Healthy Start Program
Santa Maria Valley Youth & Family (Santa Maria)	* Multiagency Integrated System of Care Wrap-Around Services
Santa Barbara County Head Start	* Mental health services for Head Start children
University of California at Santa Barbara	* Outcome Evaluation
Santa Barbara County Health Department	* Multiagency Integrated System of Care agreement - Public Health Nurses * Multiagency Integrated System of Care agreement - Family Health Program

## Adult Contracts/MOU's

Allan Hancock College	<ul style="list-style-type: none"> <li>* Registered Nurse Training Facility with Field Placements in Mental Health Programs</li> <li>* Vocational Rehabilitation Program</li> </ul>
BHC Vista Del Mar Hospital	<ul style="list-style-type: none"> <li>* Acute Care for Children/Adolescent and Adults</li> <li>* Provision of Crisis (5150) Evaluation services</li> </ul>
Good Samaritan	<ul style="list-style-type: none"> <li>* Homeless Shelter</li> </ul>
Mental Health Association of Santa Barbara	<ul style="list-style-type: none"> <li>* General Social Program for Adults &amp; Older Adults</li> <li>* Specific, focused Rehab skill development activities</li> <li>* Augmented board &amp; care services</li> </ul>
Phoenix of Santa Barbara	<ul style="list-style-type: none"> <li>* Phoenix House Residential Treatment Program</li> <li>* Ada's Place - augmented board &amp; care facility</li> </ul>
Rehab Vocational Support Programming	<ul style="list-style-type: none"> <li>* Devereux Foundation</li> <li>* LOVARC</li> <li>* Vocational Training Center (VTC)</li> </ul>
Salvation Army	<ul style="list-style-type: none"> <li>* Homeless Shelter</li> </ul>
Sanctuary House	<ul style="list-style-type: none"> <li>* Adult Residential Treatment</li> </ul>
Santa Barbara City College	<ul style="list-style-type: none"> <li>* Registered Nurse Training Facility with field placements in Mental Health Programs</li> </ul>
Santa Barbara Cottage Hospital	<ul style="list-style-type: none"> <li>* Partial Hospitalization Program</li> <li>* Patient Transfer Agreement</li> </ul>
Santa Barbara County Sheriff's Department	<ul style="list-style-type: none"> <li>* Agreement for provision of in-jail Alcohol, Drug, and Mental Health services and transfers to PHF Unit</li> </ul>
Santa Barbara Housing Authority* Subsidized Housing	
San Luis Obispo Mental Health Association	<ul style="list-style-type: none"> <li>* Gatehouse - a structured rehabilitation Social program</li> </ul>
State Department of Rehabilitation	<ul style="list-style-type: none"> <li>*Co-op Agreement for Vocational Services</li> </ul>
Telecare	<ul style="list-style-type: none"> <li>* Residential and Counseling Services</li> </ul>
Work Training Program	<ul style="list-style-type: none"> <li>* Assessment Center Project (ACP) - transitional living &amp; skill development program</li> <li>* Work Training Community Independent Living Program (CILP)</li> <li>* Work Training Day Program - a pre-vocational program that prepares and supports individuals in the pursuit of meaningful ADL's</li> <li>* Project Life Skills - an activities of daily living skill development program located in Lompoc</li> <li>* Adult Residential Treatment at Casa Del Mural</li> </ul>
Zona Seca	<ul style="list-style-type: none"> <li>* Alcohol and Drug Services</li> </ul>

## **5. Santa Barbara County Mental Health Plan Member Services Handbook/Brochure**

At least sixty days prior to implementation, the Santa Barbara County Mental Health Plan will provide a copy of the Member Services Handbook/Brochure. The brochure will be clear, understandable, written in English and Spanish. It will introduce the Access Team, list the 800 number with simple to use instructions, and provide an outline of mental health benefits and available services. A description of Mental Health Assessment Team and instructions on how to contact them will also be provided.

Both the informal and formal problem resolution process (described below) will be highlighted. Individuals responsible for assisting beneficiaries with the problem resolution process will be listed by name, telephone number and address.

## **6. Santa Barbara County Mental Health Plan Provider Handbook/Brochure**

At least sixty days prior to implementation, the Santa Barbara County Mental Health Plan will provide a copy of the Provider Handbook /Brochure which will be distributed to providers. It will be written in clear, understandable language and will include procedures for requesting authorization of services, procedures for submitting claims for payment, beneficiary problem resolution processes, and provider problem resolution processes. Details concerning these procedures are described in sections A.1.3., H.3., G.1. and G.2., respectively.

Traditional contract agencies will receive information regarding the problem resolution processes and be required to participate in the beneficiary problem resolution process. This will be reflected in the contract language.

## **7. Telephone Access**

The state-wide toll free telephone number (with multi-linguistic capabilities) will be the first Santa Barbara County Mental Health Plan contact point for most individuals seeking specialty mental health services, community residents/agencies seeking information, primary care physicians and acute and long term care facilities seeking resource information. Access Team members will rotate on-call duties to be available to answer the telephone 24 hours a day.

Bi-lingual Access Team staff and, when necessary, translators will be used to assist callers with linguistic needs.

## **B. Continuity of Care**

### **1. Transition of Services**

The Mental Health Plan will build upon existing Santa Barbara County Alcohol, Drug, and Mental Health Services operated adult System of Care and Multiagency Integrated System of Care programs. The majority of Medi-Cal beneficiaries requiring specialty mental health services are currently served by county mental health system. Establishing the county as the administrator of the mental health managed care system will provide the least disruption for clients. Santa Barbara County Alcohol, Drug, and Mental Health Services is also working with Santa Barbara Regional Health Authority and Department of Social Services to identify all current beneficiaries.

Santa Barbara County Mental Health Plan will attempt to minimize disruption and protect the continuity of care for beneficiaries receiving Fee for Service/Medi-Cal professional specialty mental health services prior to consolidation. This will be accomplished by the following:

#### **a) Existing Provider Will Continue As A Network Provider**

Santa Barbara County Alcohol, Drug, and Mental Health Services through the Multiagency Integrated System of Care currently operates an Outpatient Provider Network. All providers who have been utilized by Fee-For-Service beneficiaries within the past 90 days will be invited to participate in the network and will receive a Provider Network Packet and transition to the new plan in a timely manner. Key components of the Provider Network Packet are included as **Attachment IV**.

#### **b) Provider Will Not Continue As A Network Provider**

Santa Barbara County Mental Health Plan will do everything feasible to ensure continuity of care. Limited or beneficiary specific "grandfather" contracts will be offered to current FFS providers (including out of county providers) who do not wish to be full contractors to allow beneficiaries to see providers they have seen for years.

When a provider will not continue as a member of the plan, the needs of the beneficiary will be evaluated and services offered with a Network Provider. On a case-by-case basis, the Santa Barbara County Mental Health Plan will negotiate with the existing provider for services during the transition of the beneficiary to the Network Provider.

**c) Notification of Policies and Procedures**

Individuals and Network Providers who are receiving or providing Specialty Alcohol, Drug, and Mental Health Services prior to consolidation will be notified of Santa Barbara County Mental Health Plan policies and procedures. These policies and procedures will be outlined in a handbook/brochure and will be mailed at least thirty days prior to implementation of the plan.

Santa Barbara Regional Health Authority has announced the consolidation of Medi-Cal specialty mental services in their newsletter. There will also be a joint mailing to all Santa Barbara Regional Health Authority beneficiaries and Network Providers notifying them of the transition.

## **C. Interface with Physical Health Care**

### **1. Memorandum of Understanding With Physical Health Care Providers**

#### **a) Referral Protocol**

When referring beneficiaries to physical health care, the Access Team assists the in making contact with their physical health care provider. When a physical health care provider wishes to make a referral to the mental health system, they may call the Access Team directly, or utilize the PCP consultation form. The PCP consultation form allows them to consult with the Access Team psychiatrist on their treatment of a patient and also allows them to make a referral for a mental health assessment.

#### **b) Training**

Santa Barbara County Mental Health Plan in partnership with the Santa Barbara Regional Health Authority will offer monthly training for primary care physicians. Training will focus on identification of mental health concerns, how to manage care of clients with mental health concerns in the primary care physician practice, medication management, and linkage with the Mental Health Plan.

#### **c) Clinical Consultation**

The psychiatrist affiliated with the Access Team will be available for client specific consultation. During the public planning process, primary care physicians described "feeling over their heads" as a primary concern. The psychiatrist consultation is specifically designed to address this concern.

#### **d) Exchange of Medical Records Information**

The Release of Information will be signed upon completion of the RAF to eliminate any unnecessary time delays related to the exchange of critical medical records information.

**e) Monitoring of Primary Care Physician Referrals**

Currently primary care physicians often treat mental health concerns of their clients. Referrals to Specialty Mental Health Providers is restricted, in part, due to the limited availability of providers. Referral patterns by primary care physicians to the Mental Health Plan will be monitored to identify changes.

**f) Dispute Resolution Between Plans**

If there is a disagreement over diagnosis between the physical health and mental health providers, services will continue as fiscal responsibility is decided between the two plans.

Quality Improvement/Utilization Review Staff at the two plans will attempt to resolve disputes. If they are unable to resolve the dispute, the matter will be referred to the Medical Directors of the respective Plans.

It is the understanding of Santa Barbara County Mental Health Plan that Santa Barbara Regional Health Authority has the following in place:

- if there is a change in the physical health care provider, there will be a transition process to the new provider with the least disruption of services to the beneficiary; and
- where possible, the beneficiary will have a choice of his/her physical care provider. If the beneficiary is not satisfied with the medical service provider, there will be a process where he/she can have the issue resolved without fear of reprisal.

An annual review of services will be conducted using a satisfaction survey of the quality of specialty mental health services received. The data collected will be used by the Quality Improvement Committee to address the correction of deficiencies. Santa Barbara Regional Health Authority will participate in the Quality Improvement Committee meetings.

## **D. Access, Cultural Competence and Age Appropriateness**

### **1. Level of Access Prior to Consolidation**

Prior to consolidation, Fee-For-Service/Medi-Cal services have been provided by hospitals, nursing facilities and practitioners not contracting with the county mental health agency. The range of specialty mental health services offered by Fee-For-Service/Medi-Cal is limited to Inpatient Hospital Services, Nursing Facility Services, Psychiatry Services, and Psychology (Psychologist) Services.

Access to a psychiatrist is managed through the Santa Barbara Regional Health Authority Referral Authorization Form (RAF). Access to a psychologist is unstructured. However, access is limited in the current system due to the low number of providers willing to accept new beneficiaries, particularly for psychiatrists. The following outlines the access process in the current Fee-For-Service system:

- a. Beneficiaries find out about outpatient mental health services from their primary care physician (PCP), a Member Service Representative (who gives them several names and telephone numbers of therapists), or by calling the 800-number on the back of their health card during regular business hours.
- b. The beneficiary calls their primary care physician when the need for psychiatry and mental health services arises during non-business hours.
- c. Psychological services can be delivered up to two (2) times per month without a TAR. Providers must obtain prior authorization for all outpatient psychology services when this limit is exceeded.
- d. The primary care physician refers the beneficiary for outpatient psychiatric services by writing a Referral

Authorization Form. Outpatient psychiatric services may be delivered up to 8 times in any 120-day period without a TAR. Providers must obtain prior authorization for all service when this limit is exceeded.

<b>Fee For Service <i>Inpatient</i> Clients Served*</b>			
Fiscal Year	Clients Served	Reimbursement	Average Cost of Hospital Stay Per Client Per Year
92-93	180	\$1,008,000	\$2800
93-94	140	\$798,000	\$2421

\*Figures Estimated

<b>Fee For Service Outpatient Service Claims*</b>			
Fiscal Year	Service Claims	Reimbursement	Average Cost Per Claim
93-94	4,800	\$299,000	\$62
94-95	5,000	\$350,000	\$70

\*Figures Estimated

<b>Fee For Service Outpatient Clients Served*</b>			
Fiscal Year	Clients Served	Average Service Claims Per Client	Average Cost of Service Per Client Per Year
93-94	1,400	3.5	\$215
94-95	1,350	3.7	\$260

\*Figures Estimated

In Santa Barbara County, a county organized health system (a health insuring organization), Santa Barbara Regional Health Authority, was developed to replace the Fee-For-Service/Medi-Cal system. In this county, Medi-Cal beneficiaries are members of the county organized health system

and can receive specialty mental health services through the Santa Barbara Regional Health Authority. The scope of benefits offered by the Santa Barbara Regional Health Authority is similar to the services offered under the Fee-For-Service/Medi-Cal system statewide.

Short-Doyle/Medi-Cal services are provided by the Santa Barbara County Mental Health Plan and their sub-contractors. Short-Doyle/Medi-Cal offers a very broad array of services, as outlined under the Adult System of Care and Multiagency Integrated System of Care. Fee-For-Service/Medi-Cal specialty mental health services offered in Santa Barbara County include outpatient services provided exclusively by psychiatrists and psychologists. Specialty Mental Health Nursing Facility payments for Santa Barbara beneficiaries were \$12,019 for FY91-92, but \$0 in FY93-94 and FY94-95. Estimated expenditures for FY94-95, FY95-96, and FY96-97 are \$3,977; and \$4,161, respectively.

## **2. Maintenance of Access Under Phase II Consolidation**

### **a) Access, Including Geographical Access**

Access to Specialty Mental Health Services will be, at least, maintained under Phase II Consolidation by ensuring that beneficiaries are knowledgeable about availability of services and that the provider network is sufficiently large to accommodate service needs. The Mental Health Plan will publish an 800-number for statewide, 24-hour, multilingual access. Primary care physicians will be provided detailed training and support concerning referrals to the MHP as described in C-1a “Referral Protocol” and C-1c “Clinical Consultation.”

Any willing specialty mental health provider, including those providing services to beneficiaries in nursing facilities, on the Santa Barbara Regional Health Authority network will be accepted on the Mental Health Plan provider network as specified in B-1a, “Existing Provider Will Continue as a Network Provider.” In addition, the provider network will be expanded by the addition of providers that are currently members of a network operated by County Alcohol, Drug, and Mental Health.

It is anticipated that the need for acute inpatient services will decrease while hospital diversion (Mental Health Assessment Team) programs and outpatient services will expand.

### Readiness Factors

Santa Barbara County Alcohol, Drug and Mental Health Services currently services 70% of all Medi-Cal beneficiaries receiving specialty mental health services. Santa Barbara County Alcohol, Drug and Mental Health Services has a budget of 29 million dollars. Consolidation of Fee-For-Service/Medi-Cal represents a 4% increase in the Santa Barbara County Alcohol, Drug and Mental Health Services budget. Santa Barbara County Alcohol, Drug and Mental Health Services currently provides comprehensive services out of three regional clinics and an array of private contract providers, organized into Adult System of Care. The Santa Barbara County Alcohol, Drug and Mental Health Services Multiagency Integrated System of Care has an established Provider Network including increased rates of reimbursement, easy credentialing and claims processing, and contracts with licensed clinical psychologists (Ph.D.), social workers (LCSW's); marriage, family, and child counselors (MFCC's); and advance practice registered nurses (RN's).

### **b) Special Populations**

Santa Barbara County Mental Health Plan will maintain access for special populations (age categories, foster care children/youth, beneficiaries with multiple disabilities, and ethnic populations). This will be accomplished by continued attention to the hiring of multilingual staff; Multiagency Integrated System of Care programming; and partnerships with the Regional Center (Developmentally Disabled), and Older Adult Program. Staff are working closely with the Santa Barbara Regional Health Authority to identify individuals currently receiving mental health services, with particular emphasis on special populations.

### **c) Full Scope Medi-Cal Beneficiaries Under Age 21**

Santa Barbara County Mental Health Plan will ensure adequate service capacity for full scope Medi-Cal beneficiaries (EPSDT) under age 21 years through the Multiagency Integrated System of Care Program and contracts with private agencies and Network Providers following established EPSDT guidelines. Participants in the Multiagency Integrated System of Care program can continue through age 21.

**d) Federally Qualified, Indian and Rural Health Clinics**

No Rural Health Clinics operate in Santa Barbara County. Seven (7) Federally Qualified Health Clinics operate throughout the County, however, none offer mental health services. There are three (3) Indian Health Clinics (IHC) which provide limited mental health services. Santa Barbara County Mental Health Plan will coordinate care with the Indian Health Clinic. In addition, referral patterns will be monitored. No beneficiary will be denied services from the Santa Barbara County Mental Health Plan due to eligibility through the Indian Health Clinic.

**3. Urgent Conditions**

**a) In-County or b) Out-of-County**

When a beneficiary experiences an urgent condition; a situation that without timely intervention is certain to result in an immediate emergency psychiatric condition, i.e. inpatient hospitalization, the following will be available:

- 24 hour Access Team (Access Team staff will rotate on-call beeper)
- State-wide, toll-free (800 Number), 24 hour telephone availability with multi-linguistic capabilities
- The ability to authorize urgent services on a 24 hour basis
- The ability to respond to requests for authorization for treatment of an urgent condition within 1 hour.

In both cases the Access Team member will work closely with Mental Health Assessment Team (crisis response and hospital diversion) and the psychiatrist on-call to resolve the urgent situation. If necessary, the Access Team will work with the other county to identify local resources for services to resolve the urgent situation.

#### **4. Beneficiaries Living Out-of-County**

Access will be ensured for beneficiaries living out of the county when there may or may not be a Network Provider. This includes children in foster care placements, adults in residential placements, as well as, other individuals who may seek mental health services while in another county. Access is accomplished through use of the network existing in the other county or initiation of the rapid selection and contract process. **(See Attachment IV- Network Provider Packet)**

When a beneficiary in another county relocates to Santa Barbara County and wishes to continue seeing his/her current therapist, Santa Barbara County Mental Health Plan will offer that therapist the opportunity to join the provider network.

Readiness Factors
Foster care youth in and out of County are currently served in the Multiagency Integrated System of Care. Rapid selection has been successfully used to contract with out-of-county providers.

#### **5. Multilingual Communication**

##### **a) Mental Health Plan Information**

Written information on services and programs will be available in English and Spanish, including: The Member Services Handbook/Brochure; educational materials; and registration

forms including Release of Information, and Treatment Authorization.

## **b) Standards for Determination of Print Language**

Written information will be translated when 5 percent or more of the beneficiaries read or speak another language and are not fluent in English. Multi-lingual staff or translators will assist beneficiaries with other language needs.

## **c) Visual and Hearing Impairments**

General information for persons with visual and hearing impairments will be provided with staff assistance or other community resources, such as, Braille Institute, California Relay Service, HANDS Interpreter Referral Service. A list of employees who use sign language is maintained with those who speak and read other languages. Tape recordings of the beneficiary brochure will be maintained to ensure the visually impaired or literacy-challenged individuals have access to plan benefits.

## **6. Choice of Practitioner and Second Opinions**

### **a) Choice of Practitioner**

The Access Team will solicit preferences relating to provider gender, culture, language, and expertise from beneficiaries requesting services. When feasible, the referral will be made as requested.

Critical variables that will be considered by the Access Team or Long Term Care Team Coordinator to determine the feasibility of the request include:

- the licensure or expertise of the requested provider is appropriate to the needs of the beneficiary; and
- the requested provider is either a member of the plan or willing to contract with the Santa Barbara County Mental Health Plan.

<b>Readiness Factor</b>
Care coordinators in the Multiagency Integrated System of Care currently broker to Network Providers. Potential providers are reviewed with the client and selection made based on client preference.

**b) Second Opinion**

A second opinion refers to a clinical review, either in person or by record review, of a decision to deny or discontinue all services based on medical necessity. The Access Team will automatically seek a second opinion with a Santa Barbara County Mental Health Plan psychiatrist on behalf of the beneficiary whenever there is a denial of service or dispute regarding level of care determination. The Problem Resolution Process may also be initiated if the beneficiary is not satisfied with the outcome of the second opinion.

**7. Initial Contact Log**

Santa Barbara County Mental Health Plan will utilize a computerized data base for tracking all initial contacts (telephone, written, or in-person) by beneficiaries requesting specialty mental health services. Information on the computerized form will be completed at the time of the initial contact with the Access Team. It will be used to help identify trends for quality improvement activities.

Referrals or request for referrals to a practitioner/provider, appropriate program, or contract agency will be documented. Referrals to other non- mental health services will also be documented.

Readiness Factor
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A data base is currently used to track Network Provider authorizations for Multiagency Integrated System of Care and Child Protective Services which includes client, provider, care coordinator, authorization level, encumbrance and expenditures.
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## 8. Other Considerations

- a) When the Outpatient Service Provider believes that the beneficiary needs additional services or a higher level of care, he/she will request specified services through the Access Team. Beneficiaries who receive services, recover and then experience subsequent need, will contact the Access Team to request additional services or a higher level of care.
  
- b) Santa Barbara County Mental Health Plan will utilize the standard medical necessity criteria for specialty mental health services. These criteria are included as **Attachment V**.
  
- c) Santa Barbara County Mental Health Plan is committed to providing culturally competent services. The Cultural Competence Plan includes hiring of multilingual staff, training of staff, and access to multicultural and multilingual contract and Network Providers. As a result of this plan, integration of cultural competence into the systems of care has been accomplished with the help of a full time cultural competency trainer. Santa Barbara County Alcohol, Drug, and Mental Health Services is currently developing, through contract, an expanded cultural competence curriculum which will be required training of Santa Barbara County Mental Health staff. Adherence to the Plan and its goals and objectives is accomplished through outcome monitoring. A copy of the Cultural Competency Training Program currently used is **Attachment VI**.

## **E. Confidentiality**

### **1. Confidentiality**

Santa Barbara County Mental Health Plan will continue to assure compliance with all applicable state and federal laws and regulations to protect beneficiary confidentiality. No changes to current policies procedures are anticipated.

## **F. Quality Improvement, Utilization Management Programs**

### **1. Quality Improvement Program**

The Quality Improvement Program (QIP) is a countywide program which has as its aim assurance and improvement of accessible, quality services, that are fiscally responsible, and responsive to the needs of the beneficiaries served by the Santa Barbara County Mental Health Plan. This program monitors services delivered by organizational and individual contract practitioners of the agency, as well as services directly provided by Santa Barbara County Alcohol, Drug, and Mental Health Services staff, assessing for appropriateness, medical necessity, quality, and continuity of care. The Quality Improvement Program workplan is reviewed annually and updated as necessary. The Quality Improvement Program will produce reports to the Santa Barbara County Mental Health Plan Director on a quarterly basis and provide an annual summary of findings and recommendations.

#### **a) Role, Structure, Function and Meeting Frequency**

The Quality Improvement Program describes the Mental Health Plan Quality Improvement Committee (QIC) which operates under the guidance of the Quality Care Manager, a licensed Mental Health staff person, who chairs the quarterly meetings, is responsible for providing quarterly and annual reports to the Director, and ensures targeted areas are monitored.

The Quality Improvement Committee will meet no less than quarterly, with an annual wrap-up meeting which is intended to review year-end findings, create a year-end report to the Mental Health Director and Mental Health Commission and establish priorities for the next year's activities.

## **b) Composition**

The Quality Improvement Committee will be composed of Quality Care Management staff, who are specialists in quality of care and utilization management issues, a Mental Health Plan clinical manager, a line Mental Health Plan staff person, two representatives of the consumer and family stakeholder groups who are recruited by the Mental Health Commission, representatives from the network individual provider and agency group, and an acute hospital member.

## **c) Delegated Functions**

There are no quality improvement functions delegated to outside agencies or organizations.

## **d) Other Descriptive Elements**

1. Operational Protocols:
  - i) The Quality Improvement Committee oversees and is involved in quality improvement activities.
    - ii) Quality Improvement Committee recommends policy decisions, and reviews and monitors the activities of the quality improvement staff who pursue studies at the quality improvement committee's direction.
  - iii) Quality Improvement Committee ensures follow-up of quality improvement activities
2. Quality Improvement Program performance monitoring activities:
  - i) Client and system outcomes, utilizing state DMH recommended outcome measure and client satisfaction instruments;
  - ii) Utilization management information, including trends and authorization patterns;
  - iii) Network Provider credentialing patterns and issues;
  - iv) Beneficiary & provider complaint and grievance patterns, and appeals;
  - v) Beneficiary and provider satisfaction with authorization process;

- vi) Clinical records review that explores compliance with documentation and process standards;
- vii) Medication monitoring review;
- viii) Coordination of care;
- ix) Provider appeals studies;
- x) Geographic service capacity shall be reviewed at least annually, with reports that reflect the availability of specialty services for the various served populations inclusive of cultural and language competency, special population services.

3. Quality Improvement will ensure that contracts with Network Providers reflect the requirement that contractors cooperate with the Mental Health Plan's quality improvement processes, and that the Mental Health Plan has access to relevant clinical documentation of the contract providers to the extent permitted by State and Federal laws.

4. Quality improvement activities in the six required areas: service capacity; accessibility of services; beneficiary satisfaction; and clinical issues, including medication review, coordination of care and provider appeals; will be described.

5. Quality Improvement Committee Subcommittees

i) System of Care Peer Review - Comprised of staff from Quality Care Management, clinical staff, provider representatives, and clinical managers will review cases, randomly selected from both high- and low-user cases. Adherence to clinical process standards, quality and coordination of care standards, and documentation standards is assessed. Failure to meet clinical standards shall result in re-review of practitioner and corrective feedback to the supervisor or manager.

ii) Professional Provider Network - Providers that deliver the 10% or greater of all network services are peer reviewed, following the above criteria;

iii) Rehabilitation Contractor Services - Each Rehabilitation/System of Care contract provider shall be reviewed by the above standards annually. A sampling of no more than 5% of the cases shall be reviewed.

iv) System of Care Medication Monitoring Physician Peer Review - Comprised of physician staff and Quality Care Management staff, each system of care psychiatrist shall receive review of two cases, randomly selected from both high- and low-user cases. Adherence to clinical process standards, quality and coordination of care standards, and documentation standards is assessed. Failure to meet clinical standards shall result in re-review of practitioner and corrective feedback to the supervisor or manager.

ii) Professional Provider Network - Medication Monitoring: Psychiatrists who deliver 10% or greater of all network services are peer reviewed, following the above criteria.

6. Quality improvement program performance activities

Readiness Factors
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<p>Santa Barbara County Alcohol, Drug and Mental Health Services has initiated comprehensive longitudinal outcome evaluation as a corner stone of the Multiagency Integrated System of Care which has resulted in national recognition. Outcome data inclusive of all state required elements is collected at intake, six months, and annually. In partnership with UCSB, data is analyzed and organized into useful reports for Multiagency Integrated System of Care families and providers. The June, 1997 Multiagency Integrated System of Care Evaluation Monthly Report is included as <b>Attachment VII</b>. Additionally, Santa Barbara County Alcohol, Drug and Mental Health Services is pilot participant in state adult performance outcome measures. Both of these efforts provide a foundation for proposed quality improvement activities.</p>
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## 2. Annual Quality Improvement Workplan

a) Includes evaluation of the overall effectiveness of the quality improvement program in making a meaningful contribution to clinical care, will review completed quality improvement studies, and discuss studies that are in-process.

- b) Identifies on-going issues that are consistently tracked within the system.
- c) Initial quality improvement plan under Consolidation Phase II will be submitted within 90 days of implementation of consolidation and meet all state requirements.

### **3. Utilization Management Program**

For both the adult and children systems of care, a clinic based, decentralized utilization review program was implemented in November 1996. The focus of the review is on high-cost, high-frequency, and/or high-risk issues.

#### **a) Authorization Process**

1. The Utilization Management Program (UMP) is staffed by licensed or waived mental health workers;
2. Authorization Decisions - made by licensed or waived staff;
3. Handling of Requests for Service -
  - i) All requests are documented;
  - ii) Documentation reflects information collected which supports the authorization decision;
  - iii) State Medical Necessity criteria is used to make decisions;
  - iv) Denials are rendered by a multi-disciplinary team review, which includes a psychiatrist;
  - v) Denial reasons are clearly documented and communicated for each denial to the beneficiary;
  - vi) Mental Health Plan sends written notification to beneficiaries when there is a denial of service. Each notification also contains information about beneficiary grievance and fair hearing processes that are available.

4. Statewide Medical Necessity criteria are made available to providers, consumers, and family members upon request;
5. Authorization decisions are rendered in accordance with state-wide timeliness requirements for urgent conditions, established by DMH;
6. The Mental Health Plan monitors the UMP process to ensure compliance with established standards, and takes action to correct deficiencies when found;
  - a) Review occurs annually, at minimum, and has a mandatory focus upon the consistency of the authorization process. Evaluation of authorization trends is explored.
  - b) The Santa Barbara County Mental Health Plan utilizes an Access Team which will, as part of the Quality Improvement Program process, have the following review at least every two years:
    - i) Survey beneficiaries and providers regarding their satisfaction with the UMP process; and
    - ii) Address areas of dissatisfaction through consumer and provider advisory input.
7. Authorization Process Differences
  - i) In-County First Contact Beneficiaries - These services are authorized by the Access Team at the point of contact.
  - ii) System of Care Beneficiaries - Beneficiaries who are part of the system of care services, may receive network services that are authorized by the Care Coordinator.
  - iii) Children's Multi-Agency Integrated System of Care (MISC) may receive services authorized by a Care Coordinator.

- iv) Out-of-County Beneficiaries - Services are authorized by the Access Team.

**b) Delegation of Utilization Management Activities**

The Santa Barbara County Mental Health Plan does not delegate any Utilization Management activities to outside entities, except in the case of ISA type contracts. In the case of ISA contracts (which currently do not exist in County but are under development), the Mental Health Plan:

- 1) Provides oversight of the ISA entity
- 2) Applies the same review protocols to the ISA as are used with all other services.
- 3) Documentation in the Mental Health Plan’s Quality Management Plan shall reflect that the ISA entity has been reviewed and trained to ensure that it can meet the requirements prior to delegation.

**G. Problem Resolution Processes**

**1. Beneficiary Problem Resolution Process**

Problem resolution will consist of an Informal Complaint Process and a Formal Grievance Process.

Informal complaints can be made verbally by the client or an individual selected by the client to raise the concern on their behalf. Informal complaints are initially directed to the Point of Authorization (POA). Clients with Santa Barbara County Alcohol, Drug, and Mental Health Services, Adult System of Care or Multiagency Integrated System of Care will direct their complaint to the case manager or site manager at the preference of the client.

Clients served by a Network Provider will direct their complaints to the Access Team. The POA will then record the complaint in writing and forward this information to the Quality Care Management contact for beneficiary complaints and grievances. All complaints will be logged within one working day of receipt.

If there is not a satisfactory resolution, and the client is interested in continuing informal resolution, the complaint is directed to the Santa Barbara County Alcohol, Drug, Mental Health Services, Adult System of Care or Multiagency Integrated System of Care division manager or Access Team Manager. All complaints raised with the division manager will be documented by the manager for review by the Santa Barbara County Alcohol, Drug, and Mental Health Services Patients' Rights Advocate and Deputy Directors of Clinical Services for Adults and Youth. Complaint trends will be reviewed in Quality Improvement Committee.

Requests for change of therapist are routinely accommodated and are not considered a complaint unless the client is denied a change of therapist and files a complaint. At the request of a beneficiary, the MHP of the beneficiary shall provide for a second opinion by a licensed mental health professional employed by, contracting with or otherwise made available by the MHP when the MHP or its providers determine that the medical necessity criteria in Section 1830.205(b)(1), (b)(2) or (b)(3)(C) or Section 1830.210(a) have not been met and that the beneficiary is, therefore, not entitled to any specialty mental health services from the MHP. The MHP shall determine whether the second opinion requires a face-to-face encounter with the beneficiary.

Formal grievance may be initiated at any time. The **first level** is initiated by the submission of a written document of grievance. If the client needs help Santa Barbara County Alcohol, Drug, and Mental Health Services care coordinators or Access Team staff or the Patients' Rights Advocate will assist in writing the grievance form. The grievance will be sent to the Manager of the Quality Improvement/Access Team. The grievance will be reviewed by at least two Licensed Professionals Of The Healing Arts including the psychiatrist on the Access Team and the Patients' Rights Advocate. The beneficiary will be noticed in writing of the resolution.

All grievances will be logged within one working day for quality improvement review. Grievance resolution from Quality

Improvement is expected within 30 days without written documentation of factors preventing a more timely resolution. Beneficiaries may file for a State Fair Hearing when services are denied, reduced or terminated. The Patients' Rights Advocate will assist the client in filing grievances or appeals. The complaint and grievance procedure will be described in the beneficiary and provider handbooks.

Second Level Grievance: A second level grievance is initiated by written submission of grievance using the MHP's Second Level Grievance form. Beneficiaries are informed of this option through the Santa Barbara MHP Beneficiary Brochure, and by the inclusion of this option in the format of the "Response To Grievance Level One" letter.

The Second Level Grievance process directs the written concern of the beneficiary and/or designated representative to the Santa Barbara MH Plan Medical Director, through the Quality Assurance Complaint/Grievance Coordinator.

The Second Level Grievance is logged into the Grievance Log within one day of receipt. The log entry shall contain the name of the beneficiary, the date of grievance receipt, the nature of the problem, the time period allowed for problem resolution (30-days), and the party responsible for resolution (Medical Director). The second level grievance is resolved within thirty (30) calendar days. Should circumstances present that prevent resolution within the thirty-day period, the beneficiary, provider, and designated representative shall receive written notification as to the circumstances within the 30 day period.

Quarterly, the issues identified in the complaint and grievance process are reported back to the MHP's quality improvement committee. As trends are identified, these are reported back to the Santa Barbara MHP's Executive Committee, for review and possible action.

The MH Plan’s Medical Director reviews the second level grievance and formulates a response. This response is forwarded to the MHP’s Complaint/Grievance Coordinator who ensures that response is logged, a copy retained, and the original sent to the beneficiary, his/her designated representative, as appropriate, and the provider. Should the beneficiary lack an address or not be able to be contacted, the efforts to communicate the second level grievance response will be duly noted.

Throughout the Complaint & Grievance processes all written information provided, including the beneficiary brochure, to the beneficiary and/or his/her designated representative will include clear language that informs the beneficiary of his/her right to authorize another person to act on the beneficiary’s behalf. All such communication shall also specify that use of the Complaint & Grievance process shall not subject the beneficiary to discrimination or penalty for use of this process.

<b>Readiness Factors</b>
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Informal complaints and formal grievances are currently routinely received and resolved as described above for clients served by Santa Barbara County Alcohol, Drug and Mental Health Services. Instructions for making complaints and filing grievances are posted.
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The problem resolution process will meet the requirements of Title 9, Chapter 11, Section 1850.205, California Code of Regulations for service-related issues for all Medi-Cal Specialty Mental Health Services and includes:

1. Any written communication with a beneficiary regarding a denial, termination or reduction of services will be written in clear, concise language, in a format understandable to the individual. The information provided about the Santa Barbara County Mental Health Plan Beneficiary Problem Resolution Process will identify both the informal complaint resolution and formal grievance procedures. The communication will state

that a formal grievance or fair hearing may be filed without completing the informal complaint or grievance process first.

2. Santa Barbara County Mental Health Plan will implement an expedited grievance response for Medi-Cal funded residential treatment programs. This will be accomplished by an immediate review and resolution by the Quality Improvement Manager and Access Team psychiatrist. Medi-Cal residential treatment services will continue until Santa Barbara County Mental Health Plan responds to the first level grievance. An exception to continuing the service pending the resolution of the grievance will be made when a beneficiary poses a danger to other residents.

3. Notices of problem resolution and grievance procedures and grievance forms will be readily accessible and visibly posted in prominent locations in beneficiary and staff areas, including waiting areas. Self-addressed envelopes for mailing back grievances shall be provided next to the descriptions of grievance procedures.

4. Written and oral information explaining the informal complaint resolution, formal grievance procedures and the availability of fair hearings will be provided to clients upon admission to the Santa Barbara County Mental Health Plan Specialty Mental Health Services System.

Written information will also be provided periodically to clients and be available in areas where beneficiaries will request or receive services. Grievance information will be available through the 24 hour telephone access system.

5. A specific staff person is designated by Santa Barbara County Mental Health Plan to assist in the process and provide information upon beneficiary request regarding the status of their grievance. That person is the Quality Care Management/Access Team Manager.

6. A beneficiary may authorize another person to act on his/her behalf.
7. A beneficiary may initiate a complaint or file a grievance at any time about any service related issue.
8. Beneficiaries will not be subject to discrimination or any other penalty for filing a complaint or grievance.

## **2. Provider Problem Resolution Process**

The Santa Barbara County Mental Health Plan will respond to concerns from providers on any issue, including denial of payment authorization and claims processing delays, in compliance with statewide requirements.

**A. Informal Problem Resolution-** The Quality Improvement Manager, Rob Walton, RN, will work with providers to identify and resolve provider concerns and problems quickly and easily.

**B. Provider Appeals - Services** Providers have the right to access the Provider Appeal Process at any time before, during, or after the Provider Problem Resolution Process has begun when the complaint concerns a denied or modified request for MHP payment authorization or the processing or payment of a provider's claim to the MHP.

Santa Barbara County Mental Health Plan Medical Director will review the provider's appeal and will respond to the appeal within 60 days from receipt of the appeal.

A written response will be sent to the provider which includes a statement of the reasons for the decision and addresses each issue raised by the provider and any action required by the provider to implement the decision will be included.

If the appeal is not granted in full, the provider will be notified of the right to submit an appeal to the State Department of Mental Health.

If applicable, the provider shall submit a revised request for SBCMHP payment authorization within 30 calendar days from receipt of the decision to approve the payment authorization request.

### **C. Hospital Provider Appeals**

The MHP will have 14 calendar days from the date of receipt of the provider's revised request for payment authorization to submit the TAR to the fiscal intermediary for processing. If SBCMHP does not respond to the appeal within 60 calendar days, the appeal shall be considered denied. If applicable, the provider may appeal directly to the State Department of Mental Health.

## **H. Administration**

### **1. Practitioner and Organizational Provider Selection Criteria**

The Santa Barbara County Mental Health Plan will utilize the following practitioner provider and organizational provider selection criteria:

#### **A. All Providers**

- Meet Santa Barbara County Mental Health Plan requirements
- Maintain a safe facility
- Provide requested information and allow Santa Barbara County Mental Health Plan to verify, as appropriate
- Store and dispense medications according to state and federal requirements

- Maintain client records that meet state and federal requirements
- Comply with the quality management standards of Santa Barbara County Mental Health Plan
- Is a provider in good standing with the Medicaid program

**B. Practitioner Providers** ( These providers may be practicing independently or in a group and may not bill for services provided by support staff who are not licensed to practice independently.)

- Practitioners are licensed to practice psychotherapy independently

**C. Organizational Providers** (formerly called clinics and able to provide the full range of rehabilitative and case management services by licensed and other mental health staff)

- Have accounting/fiscal practices that meet the standards of DMH
- Have a head of service that meets Title IX requirements

#### **D. Hospitals**

- See Inpatient Implementation Plan

Provider selection criteria will assure continuity of care for existing clients. Minimum Standards of the Credentialing Process are:

- Only practitioners who are licensed to practice psychotherapy independently may be credentialed. This does not include non-psychiatric physicians.

- Practitioners will be re-credentialed at least every two years.
- Certification by another organization requiring credentialing that meets these standards (e.g. the medical staff of a hospital) will be sufficient for Santa Barbara County Mental Health Plan credentialing of that practitioner
- At the time of credentialing, Santa Barbara County Mental Health Plan verifies at least the following information from primary sources:
  1. A current valid license to practice as an independent mental health practitioner
  2. When applicable, clinical privileges in good standing at the institution designated by the mental health practitioner as the primary admitting facility
  3. A valid DEA or CDS certificate for physicians (primary source not required)
  4. Graduation from an accredited professional school and/or highest training program applicable to the academic degree, discipline, and licensure of the mental health practitioner
  5. Board certification if the practitioner states that he/she is board certified on the application
  6. Work history (primary source not required)
  7. Current, adequate malpractice insurance, according to Santa Barbara County Mental Health Plan policy
  8. History of professional liability claims which resulted in settlements or judgments paid by or on behalf of the practitioner

9. Information from recognized monitoring organizations regarding the applicant's sanctions or limitations on licensure from:

- State Board of Licensure or Certification and/or the National Practitioner Data Bank and
- State Board of Medical Examiners, the Federation of State Medical Boards, or appropriate state agency.

Samples from the Network Provider Packet; Participation Application, Terms and Conditions for Services of Independent Contractor, Practitioner Selection Committee Review Form, Out-of-Network Service Request, Multiagency Integrated System of Care Directory of Providers Information Sheet, documentation orientation, and Multiagency Integrated System of Care/CPS Network Provider Selection Protocol, are included as **Attachment IV**.

<b>Readiness Factors</b>
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Santa Barbara County Alcohol, Drug and Mental Health Services currently operates a Provider Network. Selection criteria currently used are identical to those proposed for Mental Health Plan with the exception of 2 and 3 which are unique to physicians and will be added. Credentialing is conducted annually as contracts are renewed.
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## 2. Boilerplate Contracts

At least sixty days prior to implementation, Santa Barbara County Mental Health Plan will submit a sample boilerplate contract for each type of provider with whom the Santa Barbara County Mental Health Plan intends to contract e.g. hospital, organizational and practitioner provider(s).

<b>Readiness Factors</b>
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Santa Barbara County Alcohol, Drug and Mental Health Services currently operates a Provider Network. In preparation for Mental Health Plan implementation we are
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simplifying rates of reimbursement, required documentation, invoicing, and considering substituting a "hold harmless" provision instead of requiring an "also insured" provision.

### 3. Method and Time Frames for Claims Processing

- a. The following method and time frames will be utilized by the Santa Barbara County Mental Health Plan to process claims and payments for both a) practitioners and b) organizational providers.
- b. Providers will receive a written authorization, disposition, and invoice form. This combined function form will be sent immediately following authorization.
- c. Assessment will be authorized as a single contact. Treatment will be authorized in 3 hour/contact increments. The provider will complete authorized treatment and specifying dates, procedure and duration of treatment on the form.
- d. The provider will complete a brief narrative describing the treatment, client response, and need for additional services and return the completed authorization to Quality Improvement staff for claims processing. Quality Improvement will verify that the authorization is valid, and service delivery complete.
- e. The need for additional services, based on the provider disposition report, will be forwarded to the Access Team or System of Care manager. Quality Improvement will send approved invoice to Santa Barbara County Mental Health Plan accounting for payment. The turn-around is expected to be 30 days from receipt of invoice to receipt of payment, but will not take longer than 60 days.

#### Readiness Factors

Santa Barbara County Alcohol, Drug and Mental Health Services currently processes claims for the Multiagency Integrated System of Care/CPS Provider Network. The current claims process for Mental Health Plan is:

1. Santa Barbara County Mental Health Plan Budget & Accounting Section (B&A) will provider Quality Improvement with a copy of the invoice along with all clinical support documentation sent by Network Providers.
2. Quality Improvement reviews the authorization and progress notes

and completes the Invoice Review Form (IRF) and returns it to B&A within 5 days. The IRF is used to compare charges to services authorized and approve or disapprove a Network Provider's invoice.

- a. If Quality Improvement approves, the invoice will be returned to B&A and forwarded to the Santa Barbara County Accounting Department for processing of the check.

Quality Improvement will be responsible for retaining client records, all the clinical support documents attached to the invoices, including Network Authorizations, Coordination and Service Plans, Coordinated Progress Notes, and Vendor Logs.

- b. If Quality Improvement disapproves, then the entire invoice will be returned to the Network Provider along with the IRF for action and resubmission along with requested clinical data.

3. B&A will send any entirely or partially disapproved invoice and clinical documents (if any) back to the Network Provider for corrective action. The Network Provider must resubmit a corrected invoice, the IRF, and any required clinical documentation to B&A.

4. Any resubmitted invoice shall be processed by the above steps.

This process is being simplified by transition to a unified authorization-disposition-invoice form. Santa Barbara County Alcohol, Drug and Mental Health Services has an established data base to monitor encumbered and expended services.

- b. Provider concerns will be addressed through their participation in the Quality Improvement Committee.
- c. Provider concerns will be addressed through annual contract negotiations.
- d. Provider Appeals - Claims Payment - Providers who receive payment from the state's fiscal intermediary, currently Electronic Data Systems (EDS), may file an appeal concerning the processing or payment of its claim directly to the fiscal intermediary.

Providers who receive payment from Santa Barbara County

Mental Health Plan may file an appeal concerning the processing or payment of its claim directly to Santa Barbara County Mental Health Plan.

Santa Barbara County Mental Health Plan may file an appeal concerning the processing or payment of its claim for services paid through the Short-Doyle/Medi-Cal system to the Department of Mental Health.

Readiness Factors
Through the Multiagency Integrated System of Care/CPS Network, Santa Barbara County Alcohol, Drug and Mental Health Services Quality Improvement have processed over 1,000 hours of service which is one-third the annual utilization of the Fee-For-Service/Medi-Cal system, and routinely resolved provider concerns and appeals.

#### **4. Implementation Plan Contact Person**

The contact person for this Implementation Plan is Rob Walton, RN, MPA. He can be reached by telephone at (805) 884-1637.