Riverside University
HEALTH SYSTEM
Behavioral Health

SPECIALTY MENTAL HEALTH SERVICES

IMPLEMENTATION PLAN

UPDATE

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Medi-Cal

Specialty Mental Health Services

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Implementation Plan 2016

Contents

Introduction 5
Chapter 1: System Updates 6
A. Organizational 6
B. Electronic Health Record 7
C. Crisis Services 7
D. Expansion of Services 8
Chapter 2: Program Updates/Services 9
A. Psychiatric Services 10
B. Children's Services 10
C. Transition Age Youth (TAY) 11
D. Adult Services 12
E. Housing 12
F. Older Adult Services 13
G. Long Term Care (LTC) 13
H. Public Guardian (PG) 14
I. Peer Services 14
J. Substance Use Services 14
K. Detention Services 15
L. AB 109 16
M. Managed Care 16
N. Services for Targeted Populations 16
O. Transportation 17
P. Benefits 18
Q. Vocational Services 18
R. Evidence Based Practices 18
S. Animal Assisted Therapy 19
Chapter 3: Mental Health Services Act (MHSA) 19
Chapter 4: Stakeholder Involvement/Planning Process 20
A. MHSA 20
B. Cultural Competence 20
C. Katie A 20
D. Behavioral Health Commission 21

E. Strategic Planning ... 21
Chapter 5: Service Provision ... 22
A. Medi-Cal Certification ... 22
B. Modes of Service ... 22
C. Entitlements ... 23
Chapter 6: Coordination and Outreach ... 23
Coordination ... 23
A. Inland Regional Center ... 23
B. Department of Public Social Services ... 23
C. Juvenile Justice ... 25
Outreach ... 26
D. Prevention and Early Intervention ... 26
E. Social Media ... 27
Chapter 7: Access ... 27
A. Access ... 27
B. Request for Services ... 27
C. First Contact ... 28
D. Provider Determination ... 28
E. Timeliness to Services ... 29
F. Long Term Client ... 29
G. Informing Materials ... 29
Chapter 8: Treatment Provisions ... 29
A. Assessments ... 29
B. Medical Necessity ... 30
C. Client Care Plan (CCP) ... 30
D. Progress Notes ... 31
Chapter 9: Crisis Services ... 31
Chapter 10: Inpatient ... 31
Chapter 11: Physical Health Care ... 32
A. Screening ... 32
B. Integration ... 33
C. Interface with Physical Healthcare ... 33
Chapter 12: Telemedicine ... 35

Implementation Plan 2016

Chapter 13: Provider Selection 35
A. Considerations 35
B. Process 36
C. Contracts 36
D. Credentialing 36
E. Contract Provider Meetings 37
Chapter 14: Beneficiary Rights 37
A. Patients Rights 37
B. Choice of Practitioner 37
C. Availability of Second Opinions 38
Chapter 15: Cultural Competence 38
Chapter 16: Compliance 39
Chapter 17: Confidentiality 40
Chapter 18: Quality Improvement Program 40
A. Quality Management 40
B. Outpatient Quality Improvement 41
C. Inpatient Quality Improvement 41
D. Quality Improvement Committee 41
E. Adverse Incidents Committee 42
Chapter 19: Problem Resolution Process 42
A. Consumer Complaint/Grievance Procedure 42
B. Consumer Appeal Process 43
C. Provider Appeal Process 44
D. Notice of Action 45
Chapter 20: Claims Process-Outpatient Services 47
Appendix A: RUHS-Behavioral Health: Mission, Vision, Operating Beliefs, Principles 48
Appendix B: Maps 50
Appendix C: List of Agreements and Agencies Providing Collaborative Services 53
Appendix D: #239 - Oath of Confidentiality Form 55

Introduction

Riverside County is one of 58 counties in the state of California, the fourth most populous county in the state. The United States Census reported the 2014 population to be estimated at 2,329,271. Between July 2013 and July 2014 the county added 32,315 residents. Only eight other counties in the entire country added more people during that time.

Covering more than 7,200 square miles, the county has 28 cities, large areas of unincorporated land, and several Native American tribal entities. It is bordered on the west by Orange County; the east by La Paz County, Arizona; the southwest by San Diego County; the southeast by Imperial County; and on the north by San Bernardino County.

The largest Riverside County racial/ethnic groups are Hispanic (47.4%) followed by White (37.1%) and Asian (6.2%).

In order to most efficiently serve a county of this size, RUHS-Behavioral Health is organized into three geographic regions: Western, Mid-County, and Desert. Services within these regions are organized between children, adults, older adults, and long term care. During FY14-15 the department served 47,252 consumers through outpatient mental health services, detention services, and inpatient services. The consumer population was greater in the Western region (45%) and Mid-County region (32%) followed by the Desert region (23%).

The Hispanic origin group made up the largest proportion of the population served (36.2%), Caucasian consumers were 28%, and Asian (.9%). The Native Americans were the smallest proportion (0.4%). The consumer population was comprised of a slightly larger proportion of males to females (52% to 48%). The largest proportion of consumers was adults between the ages of 18 and 59 years.

Age breakdown of clients served (FY 14-15):
Children's (<18 years) = 12,372
Adults (18-59 years) = 31,289
Older Adults (60+ years) = 3,591
Total = 47,252
Transition Age Youth (16-25 years) accounted for 9,857 of the total served.

With the passage of the Mental Health Services Act (Prop 63) in 2004 that imposed a 1% taxation on personal income exceeding $1 million, funding was made available to expand and transform the public mental health system. The programs and services outlined for funding are updated annually, and re-evaluated every three (3) years to ensure services are effective.

Implementation Plan 2016

The passage of the Affordable Care Act in 2015, and the funding made available prior to its passage, has enabled more individuals to receive needed mental health services. The number of clients served by the department is steadily increasing, and is expected to continue to rise at a minimum rate of 2% annually.

In accordance with CCR, title IX, chapter 11, section 1810.221 the Mental Health Plan must submit to the Department a written description of procedures that will be used by the MHP to provide specialty mental health services to beneficiaries. This plan is an update to reflect the current practices of the department.

Chapter 1: System Updates

A. Organizational

1. The County of Riverside underwent significant organizational restructuring in 2015. This restructuring included a consolidation of the County Hospital, Public Clinics, Department of Public Health, and the Department of Mental Health under one unified and comprehensive entity named Riverside University Health System (RUHS). The inclusion of the word "University" in the new name was to reference the close alliance the county has with local universities.
2. The Mental Health department's name was changed to Behavioral Health to better identify the substance use services also being provided. RUHS-Behavioral Health provides services to consumers through a range of service providers, including: Psychiatrists, Registered Nurses, Licensed Vocational Nurses, Psychologists, Clinical Therapists, Behavioral Health Specialists, Parent Partners, TAY Specialists, Family Advocates, Benefits Specialists, Community Service Assistants, and through interns and volunteers
3. The Behavioral Health department underwent internal restructuring to include additional management in order to keep pace with program oversight as a result of continuing changes in the behavioral health field and expansion of programs/staff. Further restructuring included re-aligning some programs under existing managers to be more in line with current departmental workflow.
4. Implementation of the Affordable Care Act included significant collaboration with the Mental Health Plans involved with the 1915b Specialty Mental Health Consolidation Waiver. The ACA changed the entire approach to how clients receive health care services including a 'Whole Person' approach coordinating physical health, mental health, and substance use services. Clients with mild to moderate issues now receive services through their assigned/selected managed care health plan. The largest plan in the inland area is Inland Empire Health Plan (IEHP).

Referrals from IEHP, Molina, and Kaiser for individuals with severe mental health issues are sent to the county via fax or electronic submission. Consumers stepping down to a lower level of services are reversely sent by the county to the Managed Care Health Plans in the same manner.

B. Electronic Health Record

1. The county began implementation of its electronic health medical record (nicknamed ELMR) in July 2011, with the clinical portion of the chart (assessments, care plans, and progress notes) implemented in July 2012. Advances in the capabilities of the system has allowed for electronic prescriptions, lab orders/receipt of lab results, medication reconciliation, and tracking of Physical Health Screenings, Care Integration Referrals (referrals to a PCP).
2. Advances in the capabilities of the system has allowed for electronic prescriptions, lab orders/receipt of lab results, medication reconciliation, tracking of Physical Health Screenings, Care Integration Referrals (referrals to a PCP), as well as many other opportunities for quality care
3. A full time unit consisting of 8 staff are dedicated to maintaining and updating the system
4. Monthly meetings are held with a multi-disciplinary group dedicated to making the system work as efficiently as possible for the department. The group reviews vendor updates to the system and any impact the updates may have on how the system works, and how changes affect/will be communicated to line staff; trouble-shoots known issues; and reviews new ideas on how to improve upon current workflow using the system to its fullest potential
5. Integration with other electronic systems continues to be a goal for the department

C. Crisis Services

1. The department implemented two crisis teams, CREST and REACH in December 2014 to meet the increasing need in the community:
   a. Regional Emergency Assessments at Community Hospital (REACH) teams consist of a Clinical Therapist and Peer Support Specialist working collaboratively within community hospital emergency rooms to provide a brief therapeutic interaction in an attempt to divert consumers out of local emergency rooms without the need for an inpatient admission, and provide follow-up case management to connect the individual with outpatient services.
   b. Community Response Evaluation and Support Teams (CREST) consist of a Clinical Therapist, Behavioral Health Specialist, and Peer Support Specialist working together in the field with law enforcement to provide crisis intervention for individuals experiencing a psychiatric emergency. The goal is to decrease the

need for inpatient hospitalizations as well as decreasing the amount of time that law enforcement personnel are dedicating to individuals in psychiatric distress. Follow-up case management is intended to connect the individual with community and/or outpatient resources to decrease that individuals possible future interactions with law enforcement and need for inpatient services.

2. The department is currently undertaking expansion of additional crisis facilities:
   a. Three (3) Crisis Stabilization Units:
      - One in Riverside (opened in December 2015)
      - One in Palm Springs (scheduled to open in February 2016)
      - One in Perris (scheduled to open in March 2016)
   b. A new 3 building crisis facility is currently under construction (projected date of completion is February 2017) that will include a:
      - Crisis Stabilization Unit (CSU)
      - Crisis Residential Treatment unit (CRT)
      - 7,000 sq. ft. Administrative building
3. Construction of the new medical facility for the county is pending. The current plans have drafted the inclusion of both an adult and child psychiatric inpatient unit. This will expand adult capacity in the county, and add much needed child beds where currently there are none.
4. To improve workflow, communication, length of stay, coordination of aftercare, and reduce the number of re-admissions for clients admitted to the Emergency Treatment Services (ETS) unit, a new position, the Director of Emergency Psychiatric Services, was created.
5. In its efforts to connect consumers that have been hospitalized with follow up services, the department de-centralized the Youth Hospital Intervention Program. Staff have been hired into each service region to better identify youth admitted into local hospitals, provide case management services to ensure youth actually connect with outpatient services, and follow up with youth who do not attend their intake appointment.

D. Expansion of Services

1. The Lehman Center, a single teaching clinic serving adults in one campus and children in the other, was opened in October 2014. This clinic is staffed by student practitioners supervised by licensed clinicians, and is able to provide sooner assessments for individuals referred by the Crisis teams or saturated clinics.
2. Full Service Partnership programs were expanded to include the “Bridge” program (an intermediate level of care to step individuals down to a lower level of care), and “RISE” (Riverside Integrated Services Expansion-offering intensive services to High Utilizers of Service)

3. The Temecula clinic increased capacity by separating the Children's and Adult services into two separate physical locations. With this separation, each program had the physical space to increase staffing, with the resulting increase in service availability at each site.
4. An adult clinic and a children's clinic were both added in Lake Elsinore to meet the increasing demands in that area of the county.
5. Substance Use clinics were added in Lake Elsinore and Desert Hot Springs to make available programs in closer proximity to the individuals in need of these services
6. An Older Adults facility in Desert Hot Springs was added to meet the increasing demands in that desert community
7. An Integrated Children's program was added in Riverside to provide physical and mental health services to minors residing in the county
8. Increased the physical size of multiple clinical and administrative facilities housing dozens of programs as a means to increase efficiency, as well as consumer and staff capacity within these programs
9. Programs in the various regions have adjusted working hours to provide evening and Saturday appointments to better meet the availability of the clients they serve, and to provide an alternative to using crisis facilities after normal business hours.
10. 800# navigation lines have been added to provide support, as well as assistance with accessing services within the county system, and with finding needed resources in the community. One line has been established for Parents/Family members, and another for consumers.

Chapter 2: Program Updates/Services

The unique needs of the various age target populations within the County, and the needs of sub-populations within these groups, is recognized and addressed through the department's overall organizational structure. Pre-school, Children's, Transitional Age Youth (TAY), Adults, and Older Adults provide a range of evidence based practices specific to the population of these programs.

- Pre-school programs provide mental health interventions for children ages 0-5 years old and their families. Services are provided, when possible, in settings familiar to families with young children.
- Children's programs provide outpatient services for children and adolescents to assist children to remain in the least restrictive environment.
- TAY services focus on the needs of individuals aged 18-25 to provide specialized assistance in transitioning between the children's system of care and the adult system.

- Adult services provide group therapy, case management, and medication services for individuals who are experiencing severe and persistent psychiatric problems. Services are client-centered and recovery based.
- The Older Adults Services program provides services to older adults, age 60 years and above. Services focus upon wellness, recovery, and resiliency.

A. Psychiatric Services

1. To address the need for additional psychiatric services, the department worked together with the University of Riverside, School of Medicine to develop a Psychiatric Residency Program. In July 2014, after extensive interviews to select the most appropriate candidates, the Residency program began operation in the mental health department with its first four PGY-1 residents. The residents, under the supervision of the attending physician, will provide services to consumers by rotating through inpatient and outpatient service settings, with the ultimate goal to join the department full time upon completion of all academic/licensure requirements.
2. Due to the significant expansion of psychiatric services throughout the department, the Office of the Medical Director was developed. This Office added Assistant Medical Directors specific to the various types of service programs (eg. Children, Adults, Detention, et.al). The Assistant Medical Directors dedicate a percentage of their total work time to providing direct support/oversight to the psychiatrists within their perspective programs, identify need(s) and coordinate scheduling, participate in hiring new psychiatrists, report to the Medical Director issues/feedback from their programs, and serve as the liaisons for any new information related to the doctor's duties.
3. To meet the increasing integrated healthcare demands, additional support for psychiatrists is occurring with the addition of multiple LVN positions. The first LVN in an exclusively children's program has been added to the Moreno Valley Children's Interagency Program (MVCHIPS).
4. Medications are prescribed according to the department's Medication Guidelines.

B. Children's Services

1. Implementation of the Katie A. vs. Bonta Settlement for dependent children with Medi-Cal involved the development of a cross department system for screening all dependent youth, assessing minors with positive indicators on the screening tool, and treating dependent children for mental health issues when therapeutic intervention is appropriate. Dependent minors receive assistance in accessing mental health services through the Assessment and Consultation Team (ACT) Program. The ACT Team coordinates referrals for assessments and/or treatment

with the most appropriate clinics/providers in close proximity to the minors residence.

2. Dependent minors and Wards of the court being prescribed psychotropic medication(s) are required to submit the JV220 to Quality Improvement for approval by the QI psychiatrist, and processing through the court
3. The Children's Authorization Services Team (CAST) was created in order to manage all FFA, group home, and out-of-county/SB785 referrals for the county so that the referrals and treatment can be made in conjunction with the Katie A. process. Minors from another county residing/receiving services in Riverside County, or Riverside County minors residing/receiving services in another county will are coordinated through the CAST unit.
4. The department implemented three innovative mobile mental health clinics (customized RV's) to provide services to families in areas of the county where socioeconomic, non-school aged children, and lack of public transportation can make it difficult to access these services. The mobile units allow the services to come to the family's community.
5. With an increasing number of children diagnosed along the autism spectrum, the department assigned a clinical therapist to work with the Inland Empire Disabilities Collaboration to assist in differentiating the diagnosis for children that are Regional Center clients and present with behavioral health issues. Case consultation occurs during bi-monthly meetings.

C. Transition Age Youth (TAY)

1. The Journey TAY Program is a Transition Age Youth (TAY) full service partnership program. The program seeks to assist young adults, aged 18-25, who suffer from a serious mental health disorder and require intensive, peer supported case management services in order to engage in services and/or remain in care, obtain stable housing and end the cycle of hospitalization or incarceration. The guiding principles of service delivery are based in the wellness and recovery model of care. The program's mission is to enable and empower program participants to develop the life-skills that support self-sufficiency as an adult and promotes a healthy, satisfying lifestyle through meaningful social relationships, community building & participation.
2. Integrated Services Recovery Centers (ISRC) have been established in each region of the county (Western, Mid-County, and Desert). These drop in centers are staffed by TAY specialists, Parent Partners/Family Advocates working alongside clinical staff with families and youth to access services needed for this population.

D. Adult Services

1. The three largest clinics in the department are adult programs, geographically situated to better serve the residents of Riverside County. Each region, Mid-County, Western and the Desert region, have services for our adult consumers. Each of the clinics have undergone extensive remodeling, in an effort to provide a more welcoming environment, while expanding space within the facilities to continue to meet the ongoing need for increase services within Riverside County.
2. All adult clinics provide a minimum of assessment, case management, mental health services, group therapies, and medication services. They are staffed by a diverse set of employees, which bring a multi-disciplinary approach to meet the various needs of the consumers within Riverside County.
3. All adult programs have a client focused emphasis on Wellness and Recovery.

E. Housing

1. Housing services are provided through the HHOPE Program
2. The department has established two Safe Haven facilities, The Place (Western Region) and The Path (Desert Region), which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. These centers serve as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. Supportive services including laundry and shower facilities, meals, referrals, and assistance with permanent housing are provided.
3. A Residential Care Liaison position was created to provide intensive supports to providers who provide services and housing to consumers with a mental health challenge requiring that level of care, to aid in maintaining adequate units in our county and allow our individuals to reside in the least restrictive environment possible.
4. HHOPE received funding for a Rapid Re-Housing model from HUD. This provides rental assistance to families with children who have a significant Mental health challenge who are currently living on the streets. Each family receives 90 days of immediate assistance for rental payments, up to double down payments, with ongoing case management services during the program. After 90 days their case is reviewed and if necessary ongoing rental assistance is provide for up to a year. This process allows for targeted mental health interventions to support the family in recovery.
5. Outreach to individuals living on the streets is provided via four (4) Housing Crisis Response (HCR) Teams assigned in teams of two (2), a Behavioral Health Specialist joined with a Peer Support Specialist

6. The city of Palm Springs entered into an innovative agreement with RUHS-BH to fund one of the HCR teams to work exclusively with the homeless in their city, providing outreach as well as assisting the police department when called to incidents involving the homeless population that may need mental health services.

F. Older Adult Services

1. The Older Adult Integrated System of Care offers a Full Service Partnership Program-Specialty Multi-Disciplinary Aggressive Response Team (SMART). SMART Teams provide mobile outreach assessments (incorporating both health and mental health), intensive case management, medication management services, crisis assessment, intervention and stabilization, rehabilitation services, linkage to community resources, and short-term treatment (6-8 visits). The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support and education to families, integration of substance abuse services into the treatment process, and referrals to other service providers.
2. Recognizing the unique needs of older adults, the department embedded four clinical therapists in two Riverside County Office on Aging locations. These therapists provide screening for depression, provide Cognitive Behavioral Therapy for Late Life Depression, provide referrals and resources to individuals referred for screening, provide education to Office on Aging staff and other entities serving older adults about mental health related topics, and provide mental health consultations for Office on Aging participants.

G. Long Term Care (LTC)

1. The increasing number of individuals in need of long term care continues to rise, without a corresponding growth in beds. This program split into two divisions to better serve clients in need of LTC services. One division focuses on obtaining long term residency for individuals currently in a psychiatric hospital, the other works to move individuals from the long term facilities into a lower level of care.
2. To better coordinate client needs with the Public Guardians office, and to improve overall workflow, the LTC program was reorganized to be together under the same management with the Public Guardian's office.

H. Public Guardian (PG)

1. The Public Guardian provides conservatorship investigation and administrative services. The division provides forensic psychiatric support for persons placed under a Welfare and Institution Code Conservatorship
2. The Public Guardian has been designated by the County Board of Supervisors as the County office to serve as conservator under the Lanterman-Petris-Short (LPS) Act for persons gravely disabled as the result of a mental disorder.
3. Clients that are unable to handle their own finances safely are designated a payee through the PG office to handle the client's money and financial responsibilities.

I. Peer Services

1. Increased staffing to include Parent Partners, TAY Specialists, Peers, and Family Advocates. The role and service activities of each of the job classes ensure that, while working collaboratively together with multi-disciplinary staff, the provision of services throughout the various programs are consistent with a Recovery and Wellness based philosophy. Individuals with lived experiences are an essential component in providing support and information to clients, parents, and family members.
2. Peer Support and Resource Centers have been established in each of the three regions (Western, Mid-County, and Desert). The centers offer a variety of services for adults including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency.
3. Help-lines have been established specifically for consumers, parents, and family members that assist each of these populations with navigating the broad range of services the department offers, as well as resources available for them in the community.
4. The Parent Support and Training Library offers a warm and friendly environment where families we serve can take parenting classes. Educational materials on parenting and a variety of mental health issues that are free for use by parents, family members, and staff.

J. Substance Use Services

1. When a substance use disorder co-occurs with a primary mental health disorder, substance use services are provided within the mental health clinic in co-occurring groups
2. Primary substance use disorders are provided in the county's substance use clinics and/or through contracted providers.
3. The department implemented Intensive Outpatient Gender Specific services for women in seven clinics

4. The department also implemented minimal Medication Assisted Treatment (MAT) in two County Clinics and in two contracted Residential Providers in the community.
5. RUHS-BH is planning to opt in to the ODS DMC Waiver. The proposed plan was written and submitted to DHCS and CMS outlining how this will be accomplished. In a short summary sense these services will be to enrich our already strong substance use continuum of care with additional enhanced services to decrease consumer issues with access, decrease physical care costs, and integrate substance use, mental health, and physical care into a managed care system focused on care coordination.

K. Detention Services

1. Recognizing the importance of meeting the mental health needs of individuals in detention settings, the department added 85 new positions specific to meeting these needs, as well as financial incentives to maintain the staffing.
2. To better coordinate care as a result of medications being prescribed by RUHS-BH, but dispensed by the detention pharmacy and physically distributed to detained individuals by nurses employed by the jail, the department is working collaboratively with detention management and Information Technology to develop a system wherein RUHS-BH psychiatrists will enter the medication prescriptions into the detention electronic health record, which will then interface with the behavioral health EHR. This will contribute to an increase in accountability for clients to receive medications in a timely manner.
3. Services provided in detention mental health include a step-down program specifically housed at Larry D. Smith Correctional Facility (SCF), located in Banning. The inmate/consumer, with high mental health acuity will be housed initially at Robert Presley Detention (RPDC). While at RPDC, in addition to intake screenings, safety cell and administration segregation assessments, they will receive individual and group therapies, specific to education regarding diagnoses, symptoms, medication risks and benefits, coping strategies for mood stability, and behavior modification. When they are stable for step-down, they go to SCF, where there are 6 step-down units, 32 beds each. There they will be assessed for their level of care and the most appropriate unit, will receive individual and group intervention, as well as case management services, including discharge planning. In addition recreational therapists help provide appropriate and meaningful activities to help facilitate better programming for the consumers while they are in custody.

L. AB 109

1. AB 109 allows non-violent, non-serious, and non-sex offenders to serve their sentence in county jails instead of state prisons, with additional services available for individuals with mental health and/or substance use issues. AB 109 county programs have been named New Life.
2. The department is providing individual counseling, groups, medication services, housing assistance, and case management services to AB109 probationers who qualify through four (4) New Life clinics (Banning, Cathedral City, Hemet, and Riverside).

M. Managed Care

1. The Community Access, Referral, Evaluation, and Support (CARES) program is responsible for the county's 800 phone line for consumer access to services. This program provides referrals to community agencies, determines the level of severity for beneficiaries seeking services, and makes referrals to county clinics/contracted providers
2. Monthly meetings are held with the Mental Health Plans (IEHP and Molina) to discuss continuity of care for clients that are more severe and in need of the more intensive county services, and those that are more mild to moderate and can be transitioned to a lower level of care available through the health plan
3. Providers receive authorization for services by submitting Treatment Authorization Requests detailing the client's current issues, progress in treatment, and plans for further intervention(s)
4. Providers submit billing through the county's electronic health system for providers, Provider Connect

N. Services for Targeted Populations

1. In the child, adult, and older adult programs, the county operates, and also contracts for, Full Service Partnership (FSP) programs to provide more intensive services to consumers that have co-occurring disorders, have severe/persistent mental illness, and/or are high utilizers of crisis and hospital services, and/or are at risk for homelessness. These programs utilize evidence based practices and work closely with consumers to identify their needs, assist with obtaining needed resources, and provide the appropriate services to stabilize the client in the least restrictive environment possible.
2. The department works together with the judicial system through Mental Health Courts that assist the court in providing appropriate assessment and placement of criminal defendants suffering from a mental illness. Following the referral and assessment of possible candidates from the court, RUHS-BH staff make

recommendations to the court on the appropriateness of the individual for treatment. These courts support and implement individualized treatment plans and case management with the objective of safeguarding the public and reducing recidivism.

3. The department also works together with the judicial system through the Drug Courts. RUHS-BH staff meet with judges, parole officers, probation officers, and legal representatives to identify individuals with substance use issues that contributed to their arrest that would be better served through substance use treatment rather than incarceration. The Drug Courts work to reduce recidivism by addressing the underlying cause of the criminal behavior.
4. Recognizing the unique needs of veterans receiving services, the department developed a peer position to serve as a Veteran's Liaison. This position is staffed by a Clinical Therapist, and provides a variety of services including direct clinical services, community outreach, participation in the VALOR Committee to reduce homelessness among veterans in Riverside County, participation in the Behavioral Health Commission's Veterans Committee, and development of veteran specific resource materials.
5. For children, teens, and transitional age youth (TAY) up to age 21 and their family that are transitioning to a lower level of care, including the natural home, or those avoiding moving to a higher level of care, including hospital and group home, Therapeutic Behavioral Services (TBS) are available to provide short-term support. This intensive, field based program targets identifiable behaviors to supplement other behavioral health services.

O. Transportation

1. The department provides transportation to individuals in need through Community Service Assistants staffed in various programs throughout the department. The CSA's are an integral part of ensuring that individuals that have no other access to transportation are able to receive needed services.
2. In a joint effort, RUHS-BH and the Riverside County Transportation Commission (RCTC), through the Measure A Grant Program, developed a program to provide door-to-door transportation services to clients meeting the Grant requirements. This program utilizes Medical Transportation Specialists to provide a no cost service that targets Seniors, the Disabled, and Low Income clients.
3. Transportation for individuals placed on a 5150 hold occurs through local law enforcement when appropriate, or through a contract with American Medical Response (AMR).

P. Benefits

1. The goal of the Benefits Assistance Program is to assist adults with a serious mental illness who cannot maneuver through the Medi-CAL & Social Security process on their own.
   Benefits Services Provided:
   - Help determine if an individual meets criteria of the Social Security Standards for Disability and Supplemental Benefits.
   - Help determine if an individual meets the criteria for Medi-CAL benefits.
   - Assistance with the application process.
   - Complete & submit Social Security and Medi-CAL Forms.
   - Evaluation of ability to participate in daily life activities.
   - Process requests for records.
   - Filing for necessary SSA Appeals.

Q. Vocational Services

1. The Pathways to Success Vocational Program is a co-op between Behavioral Health & the Dept of Rehabilitation (DOR) together, the goal is to assist individuals who have a mental health disability achieve their individual employment goals.
   Vocational Services Provided:
   - Vocational Assessment
   - Identify barriers to employment and assist individuals in overcoming those barriers.
   - Assist individuals in successfully re-entering the workforce and maintaining employment.
   - DOR may provide financial support for training programs such as college or vocational training depending on member's needs, wants, desires, abilities and available funding to individuals who demonstrate a commitment to the program.

R. Evidence Based Practices

The department offers a range of Evidence Based Practices (EBP's) including, but not limited to:

1. Trauma Focused Cognitive Behavioral Therapy (TFCBT)
2. Wellness Recovery Action Plan (WRAP)
3. Multi-dimensional Family Therapy (MDFT)
4. Parent Child Interactive Therapy (PCIT)
5. Wrap Around
6. Cognitive Behavioral Therapy (CBT)

7. Therapeutic Behavioral Services (TBS)
8. Dialectic Behavior Therapy (DBT)
9. Co-Occurring Recovery (COR)
10. Aggression Replacement Therapy (ART)
11. Seeking Safety
12. Positive Parenting Program (Triple P Parenting)
13. Educate, Equip, and Support (EES)
14. Recovery Management
15. Transition to Independence Process (TIP)
16. Motivational Interviewing (MI)

S. Animal Assisted Therapy

1. Research has indicated the benefits of animals in the provision of mental health services. In response, the department created a Pets Assisting in Therapy (PAIR) program which introduced availability to all programs of:
    - Service Animals
    - Equine Therapy
    - Collaboration with local shelter
2. Therapeutic service dogs are located in various programs throughout the department, most notably in the children's and older adult's clinics. These dogs are providing consumers in these settings with a sense of safety and comfort that is allowing for the individual to increase participation in therapeutic activities.

Chapter 3: Mental Health Services Act (MHSA)

The Mental Health Services Act (MHSA) ballot measure (November 2004) has provided funding for new and innovative mental health services. The MHSA Administration manages the planning and implementation related to the five main required MHSA components:

- Community Services and Supports
- Workforce Education and Training
- Prevention and Early Intervention
- Capital Facilities and Technology
- Innovation

Many of the innovative programs have been implemented in existing clinical settings (eg. The Family Room in Perris). Others are provided in new/separate locations (eg. Recovery Learning Center in Riverside), while others are interwoven throughout programs within the department (eg. Parent Partners/Peer Staff).

Prevention and Early Intervention activities are provided by contracted providers and overseen by the PEI unit to ensure fidelity to the model(s). Many of the outreach and stigma reduction activities include participation by department staff and clients receiving services (eg. The Dare to Be Aware Youth Conference), and/or directly benefit clients and family members through the provision of informational materials on mental illness.

The Workforce Education and Training unit regularly provides training to the multi-disciplinary staff working in the department enabling RUHS-BH to provide well informed, quality services to all consumers at all age levels throughout all programs available in Riverside County (eg: Advanced Recovery Practices, Psychological First Aid, Trauma Informed Care, Family-Based Treatment for Eating Disorders).

Chapter 4: Stakeholder Involvement/Planning Process

A. MHSA

The Mental Health Services Act requires a Community Planning Process. As a result, the county engages in planning year round through age-specific planning committees (Children's/TAY/Adult/Older Adult) to help advise and inform on planning and decision making. These cross-collaborative committees are comprised of partner/community agencies and providers, consumers/family members, Board/Commission representatives, and a variety of other subject matter experts.

B. Cultural Competence

The Cultural Competency/Reducing Disparities Committee provides ethnic and culturally-specific feedback and perspectives to the department. Additionally there are several cultural and ethnic specific sub-committees including the Latino Advisory, African American, Native American, LGBTQ, Deaf and Hard of Hearing, Spirituality and Promotores that share their perspective on the planning process.

C. Katie A

Two large stakeholder meetings were held related to the Katie A. vs. Bonta Settlement. One significant outcome of the meetings was that, in response to feedback provided, the department renamed their project 'Pathways to Wellness' (rather than "Katie A.").

For services that the county may already be providing, whether funded by MHSA, EPDST, Managed Care or Realignment, these forums allow for the county to receive feedback and improve upon existing workflow, services being provided within programs, and community perception of how the department is doing.

D. Behavioral Health Commission

The County Board of Supervisors appoints representatives to both a Mental Health Board and a Substance Use Advisory Committee. These two groups provide guidance to the Board and the Director of Mental Health on issues related to mental health and substance use services and needs in the county. In 2015, as part of the Integration of Services, the Mental Health Board and the Substance Use Advisory Committee merged and were renamed the Behavioral Health Commission. This Commission has sub-committees that meet with department managers/administrators in the various regions to discuss localized topics, evaluate program procedures based on community feedback, conduct site visits, and review county outcomes data. The Commission then meets the first Wednesday of each month to synthesize all the information from the sub-committees in a community forum. Working together jointly, this board provides a voice to/for the community on behavioral health needs and resources.

Behavioral Health Commission Sub-Committees consist of:

- Children's Committee
- Adult System of Care Committee
- Criminal Justice Committee
- Housing Committee
- Older Adult Committee
- Veterans Committee
- Substance Abuse Committee

E. Strategic Planning

1. Planning for the departments under each manager involves the inclusion of direct feedback from the supervisors/staff working within the programs to ascertain the strengths/needs of the individual programs and regions.
2. The Substance Use program has coordinated meetings for a Strategic Planning Committee with contracted providers to develop screening tools, form design, and workflow for the different treatment modalities

Chapter 5: Service Provision

A. Medi-Cal Certification

Services provided to RUHS-BH clients will be provided at Medi-Cal certified sites whenever applicable. As required in the guidelines set forth in Title IX, Chapter 11, Specialty Mental Health Services, RUHS-BH Quality Improvement completes site certifications for contracted providers, and maintains an up-to-date tracking log of the certification status of all organizational providers and county owned and operated programs. Timely transmittals are sent to the state for new or terminated providers, additions/deletions of services being provided, when significant changes are made to a facility, and when relocations occur.

B. Modes of Service

The minimum array of services to be offered by RUHS-BH will include the following modes of service:

1. Pre-Crisis and Crisis Services
2. Assessment
3. Medication Education and Management
4. Individual Therapy
5. Group Therapy
6. Collateral Services
7. Mental Health Services
8. Case Management
9. Twenty-Four Hour Treatment Services
10. Vocational Services
11. Housing Support Services
12. Day Treatment
13. Day Rehab
14. 0-5 Services
15. Parent Support
16. Peer Support
17. Family Advocacy
18. Substance Use Services
19. Long Term Care Services

C. Entitlements

All eligible beneficiaries will be entitled (at a minimum) to:

1. Services for an emergency psychiatric condition at any qualified provider and/or,
2. Screening/assessment for specialty mental health services via the 800 CARES line, at a county-operated, or contracted MH site
3. Screening/assessment for Substance Use services via the 800 SU line, or at a county-operated SU site
4. Clients receiving services in county programs will be regularly assessed for the appropriateness of services, the need for additional services and/or referrals

Chapter 6: Coordination and Outreach

The Riverside County Mental Health Plan is administered by Riverside University Health System-Behavioral Health. Services are coordinated with various community agencies and organizations via a number of agreements and contracts which provides for easy transition and referral of beneficiaries to and from those agencies. Community Services needed include: mental health treatment, probation, substance use services, education, physical health care, housing, and vocational services.

Coordination

A. Inland Regional Center

Coordination with the Inland Empire's Regional Center (IRC) occurs through monthly meetings. These meetings allow for individuals receiving services through the Regional Center, but that may have a co-existing mental health disorder, to be discussed in a team decision making format to ensure the individual is receiving the appropriate services. In addition to county mental health attending, Riverside County SELPA sends a representative, as does the managed care provider Inland Empire Health Plan (IEHP). Problem solving and linkage for this complex population is also handled during the month on a case by case basis.

B. Department of Public Social Services

The department works collaboratively with the Department of Public Social Service in:

1. Team Decision Making (TDM) meetings to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family.
2. Identification of dependent minors that qualify for more intensive services under the Pathways to Wellness (Katie A) requirements. All minors under the jurisdiction of the

Department of Public Social Services receive a Mental Health Screening which is forwarded to RUHS-BH to determine the level of mental health services most appropriate for the minor. In turn, children with mental health diagnoses receive in home behavioral health services and intensive care coordination when medically necessary

3. RUHS-BH staff attend Child and Family Team meetings for all children with a mental health diagnoses who are also dependents. This team process affords the family to have one treatment plan, build on their strengths, get their needs met, and ultimately become self sufficient.
4. Clinical staff from RUHS-BH participate in the Interagency Screening Committee. This committee jointly decides on placement issues for children needing more intensive levels of care. Probation also participates on this committee.
5. Intensive Treatment Foster Care staff liaison between foster parents and the staff of DPSS to provide collaborative services to foster children.
6. All foster children who are dependent minors in group homes receive case management services.
7. Aside from the direct services engagement with child welfare clients, the department partners with child welfare on a number of administrative endeavors:
   a. The Pathways to Wellness Committee meets twice monthly to develop effective co strategies and co-management processes to better serve dependents. Administrators from both departments participate as well as the department Parent Liaison.
   b. Data is shared and compiled regarding the number of team meetings, IHBS services completed, number of assessments, number of screenings, and also the amount of ICC billed.
   c. The Interagency Committee on Placement meets monthly with the Executive team meeting on a quarterly basis. This committee problem solves issues related to joint placements. It also includes representatives from Probation.
   d. Interagency Review Evaluation Mentoring Support Team (IREMS) is a joint meeting with probation, RUHS-BH and DPSS regarding the quality improvement of group homes.
   e. The Riverside Interagency Group Home Team (RIGHT) partnership meeting is a bi monthly meeting with the group home providers, community members, DPSS staff, Probation staff, and RUHS-BH staff. This meeting informs the community of important policy and procedural issues regarding congregate care. It also serves as a stakeholder input meeting for a variety of issues.
   f. A medication monitoring and quality improvement meeting is held bi monthly with DPSS, Public Health, and members of RUHS-BH. The children's

primary psychiatrist also attends the meeting. Policies and MOUs are currently being drafted from the input of this committee.

g. A Joint Operational Meeting is held quarterly regarding the Consultation, Assessment, Referral, Treatment (CART) contract. The CART contract is one which affords RUHS-BH funding for clinical staff of ACT which would otherwise not be billable.
h. Operations are now being ramped up between the two departments to plan for the Continuum of Care Reform. Meetings sponsored by the California Department of Social Services (CDSS) have been jointly attended by both departments.

C. Juvenile Justice

1. Collaboration for minors involved in the Juvenile Justice system occurs through:
   a. Interagency screening committee to identify minors with mental health needs that would benefit more from treatment than incarceration. These minors are adjudicated to RUHS-BH Multi-Dimensional Family Therapy program (MDFT) or the Wrap Around program (WA) for intensive treatment with the minor and the minor's family.
   b. Medi-Cal related services are also provided while children await placement in the juvenile halls. All children in the juvenile halls receive a mental health assessment.
   c. Administrative Collaboration occurs via monthly on site meetings with Probation staff at the Juvenile Halls
   d. Bi monthly planning meetings regarding grant funded programs and evidence based practices.
   e. Quarterly Executive joint interagency meetings that also include Education and Health Services.
   f. RUHS-BH Administration attends the Juvenile Justice Coordinating Council meeting held twice annually to strategize on community prevention programs.

1. Per AB 377, the Mid Management of children's services in multiple agencies meet and confer every other month regarding issues surrounding care to children. These agencies include: Probation, Education, Public Defender, District Attorney, Public Social Services, Public Health, and RUHS-BH.

2. Collaboration with Education representatives occurs in the following ways:
   a. RUHS-BH staff attend Individualized Education Plan (IEP) meetings for individual clients.

   b. RUHS-BH Preschool staff conduct Parent Child Interaction Therapy via the mobile clinic at school sites.
   c. RUHS-BH staff assist with Teacher Child Interaction training at school sites.
   d. RUHS-BH staff attend monthly interagency meetings regionally to problem solve linkage and division of treatment responsibilities between educationally related mental health services and EPSDT services.
   e. Administrators meet quarterly with representatives of Special Education Local Plan Areas (SELPAs). All SELPAs are invited. Problem solving, innovations, and general collaborative efforts continue here.

1. Representatives of the department attend the Inland Empire Perinatal Collaborative, the Nursing Partnership, and the Autism Center for Excellence. Corresponding treatment ideas are implemented following the outcome of the meetings.

2. The Department is fully engaged with the First Five Commission. RUHS-BH staff attend the quarterly meetings. Services to the 0 to 5 year old populations are provided via First Five and EPSDT, in collaboration with the commission.

3. The department works collaboratively with the Department of Public Social Service in:
   a. Team Decision Making (TDM) meetings to problem solve around the safety and placement of the child/children when there is risk that they may be removed from their family.
   b. Identification of dependent minors that qualify for more intensive services under the Pathways to Wellness (Katie A) requirements. All minors under the jurisdiction of the Department of Public Social Services receive a Mental Health Screening which is forwarded to RUHS-BH to determine the level of mental health services most appropriate for the minor.

Outreach

The county website (www.CountyofRiverside.us) provides a link to the Behavioral Health Services website. The Behavioral Health website provides information on various programs within the department, and also includes the Guide to Services brochure with the names, addresses, phone numbers, and a brief description of the various programs, as well as how to access them.

D. Prevention and Early Intervention

Prevention and Early Intervention is provided through the Mental Health Services Act Tri-Annual Plan. Outreach occurs in the hundreds of community events and meetings

that occur each fiscal year including suicide prevention activities; anti-stigma and discrimination campaigns; help-lines that assist with linkage to community resources and supports; conferences for various target populations; educational materials; and collaboration/funding for programs, committees, taskforce that focus on the underserved populations in the county.

E. Social Media

The department is currently working on utilizing social media as a means to reach individuals that prefer this mode of communication rather than a phone call. Policies and procedures are being developed to ensure proper use of this form of communication.

Chapter 7: Access

A. Access

Access to services may be obtained by eligible recipients through a number of different avenues. There is no “wrong door” to begin the process of receiving services. Services are most often requested via the referral process:

1. Self referral
2. Referral by a primary care physician
3. Referral from hospitals
4. Referral from schools
5. Referral from family
6. Referral from law enforcement
7. Referral from court
8. Referral from Department of Social Services (DPSS)
9. Referral from a Mental Health Plan (ie: IEHP, Molina)

B. Request for Services

Individuals may request services via:

1. Calling the county’s 800 phone lines (mental health or substance use). These lines are available to receive calls 24 hours a day, 7 days a week; have linguistic capabilities through bi-lingual staff and/or through contracted interpretation agencies, and Telecommunications Relay Services for the deaf or hard of hearing
2. Calling any program directly during regular business hours.
3. Walking into any clinic.

C. First Contact

Individuals requesting mental health services will first be:

1. Screened to determine if there are immediate risk factors/urgent need. Screening for services includes documenting presenting complaints and decisions made regarding the appropriate level of service, or when no services will be provided in accordance with guidelines related to Medical Necessity
2. Logged into the Contact Log
3. Screened for current Medi-Cal Eligibility
4. Referred to a local program (if they've contacted a program that is not in their area), or referred to the appropriate program (eg. an older adult who is requesting services, but contacts a children's program)
5. Screened for the appropriate level of services and determination of meeting Medical Necessity by the Officer of the Day, or the Clinical Therapists/Behavioral Health Specialists on the 800 lines
6. When meeting medical necessity following a screening, will be provided with an intake appointment and/or an orientation meeting to receive information about services provided through RUHS-BH

D. Provider Determination

Individuals determined to be "moderate" to "severe" are eligible for services through RUHS-BH:

1. If the individual is triaged as being in need of brief focused problem intervention, they will be considered for referral to a contract provider
2. If the individual is triaged as being in need of a comprehensive system of mental health care, they will be considered for referral to a county operated treatment service
3. If the individual is receiving services through a county-operated treatment service, but may benefit from brief therapy, they may be considered for a referral to a contract provider for a short period of time if that county program does not offer individual therapy
4. Beneficiaries requesting a specific provider will have their request honored unless there is inadequate capacity in the program
5. Screening for SU services will include use of the ASAM to determine the level of treatment most appropriate for the individual

E. Timeliness to Services

If the request for services is determined to be:

- Routine, the individual will be assessed within 30 days.
- Urgent, the individual will receive screening/assessment within 72 hours.
- Emergent, the individual will be assessed the same day, or referred to the nearest emergency room if unable to access the program

F. Long Term Client

A "long term client" is an individual that has received services from the department for one (1) year or more.

G. Informing Materials

1. All clinics/providers will have posted that interpretation services are available at no cost to the consumer; grievance and appeal forms and self-addressed envelopes will be available in the lobby, and information in different formats (eg. threshold language, large print, audio) will be made available
2. Upon admission into a program, the individual will be provided with the Medi-Cal Guide to Services brochure (in their threshold language) which includes information on services provided throughout the department.
3. The current list of providers the county contracts with will also be made available to ensure clients have knowledge of all providers that may be available to serve them (based on their identified needs).

Chapter 8: Treatment Provisions

A. Assessments

All assessments will include the following:

1. ICD-10 service code
2. Presenting Problems and Clinical Symptoms
3. Relevant Conditions and Psychosocial Factors affecting the client's physical/mental health including cultural/linguistic factors and history of trauma
4. Mental Health History
5. Medical History
6. Current/Past Medications (for physical and mental health)
7. Substance Exposure/Substance Use (past and present)
8. Client Strengths
9. Risks

10. A Mental Status Exam
11. Additional Clarifying Information

B. Medical Necessity

All individuals receiving outpatient mental health services must meet the following criteria:

1. Have a current ICD diagnosis which is included for non-hospital SMHS in accordance with the MHP contract
2. As a result of a mental disorder or emotional disturbance related to the diagnosis must have at least one (1) of the following criteria:
    7. A significant impairment in an important area of life functioning
    8. A probability of significant deterioration in an important area of life functioning including. Areas where client care plan goals are developed include:
        - Living Arrangement
        - Financial Status/Money Management
        - Relationships/Communication
        - Daily Functioning
        - Educational/Vocational
        - Legal Involvement/Status
        - Substance Abuse
        - Management of Mental Illness
        - Physical Health
        - Medication
    9. A probability that the child will not progress developmentally as individually appropriate
    10. An expectation mental health services will correct or ameliorate the condition

C. Client Care Plan (CCP)

If the beneficiary is determined to meet Medical Necessity, and agrees to receive services, a care plan will be developed that will include:

1. A goal for each problem area identified on the assessment as being the result of a mental health condition (that the individual is agreeable to working on)
2. Specific goals that are measureable, observable, and realistic
3. Specific interventions for both the client and the staff, including the frequency/duration of the interventions
4. Referrals to outside agencies as necessary

D. Progress Notes

All services, direct and indirect, provided to/on behalf of a client are recorded on a progress note. These notes record:

- The staff providing the service
- The date the service was provided
- Duration of the service
- The appropriate service code
- The purpose of the service and connection to the client care plan goals (when applicable)
- Description of the actual service provided
- The client's response and/or outcome of the service.

Chapter 9: Crisis Services

Individuals experiencing a psychiatric emergency may be assessed at the county's Emergency Treatment Services unit in the western region, the RUHS-Medical Center psychiatric unit also in the western region, and the Psychiatric Hospital Facility in the desert region. Services in the desert facility are provided by a contracted provider.

Individuals may also be assessed in an emergency room by the Regional Emergency Assessments at Community Hospital (REACH) team. If determined to not need hospitalization, the team works with the individual to link them to available services for follow up care. If determined to need inpatient services, the emergency department coordinates transfer of the individual to an inpatient facility.

The two county Riverside facilities and the desert facility are responsible for the assessment of individuals placed on a 5150 by local law enforcement, professional staff in the community that are 5150 certified, or county staff 5150 certified.

Chapter 10: Inpatient

RUHS- Behavioral Health provides acute inpatient psychiatric services to consumers who cannot be treated at a lower level of care (e.g. outpatient clinic) due to a psychiatric emergency. A psychiatric emergency is a present psychiatric condition where the consumer is deemed, as a result of a mental disorder, to be either:

- A danger to self
- A danger to others and/or
- Gravely disabled

When a consumer is believed to be meeting such criteria, the consumer is evaluated to determine if voluntary hospitalization is a viable option or if involuntary hospitalization is necessary. If the consumer meeting criteria is refusing to go voluntary (or voluntary treatment is not a viable option), an authorized staff will place the consumer on a 5150 involuntary hold for psychiatric evaluation at a LPS designated facility. Transportation for individuals placed on a 5150 hold is provided through a contract with AMR. Consumers determined to be a danger to self, danger to others, and/or gravely disabled are transported to an accepting Riverside County LPS designated facility (e.g. RUHS-Medical Center, ETS, PHF, private facility).

If the consumer continues to meet medical necessity at the conclusion of the 72-hour hold, voluntary hospitalization or involuntary hospitalization via a 5250 capacity hearing will take place to determine if involuntary hospital up to an additional 14 days is necessary. A 5250 hearing is comprised of the patient (unless presence is waived), the patient advocate, the treating psychiatrist or designee, and the hearing officer.

Regarding reimbursement for Fee For Service (FFS) Inpatient Hospitals, hospitals are required to follow the TAR process outlined in the RUHS-BH Inpatient Provider Manual which indicates:

- FFS hospital must fax QI-Inpt the 24 hour notification to 951-358-4474 within 24 hours of admission. Failure to submit 24 hour notification within this time frame can result in the entire hospitalization being denied per Title 9 guidelines.
- FFS hospital must send a TAR/chart to QI-Inpt within 14 days of discharge. The submitted TAR/chart will be reviewed to approve or deny each hospital day based on Title 9 Medical Necessity guidelines. Once QI conducts the chart review, QI will fax the results to the FFS hospital and the State. The FFS hospital can then bill the State based on our review findings.

Chapter 11: Physical Health Care

A. Screening

All new clients entering the Behavioral Health system receiving a written Physical Health Screening upon admission into a program. This screening is updated annually and when significant changes in the client’s health occur. This questionnaire captures the clients physical health history and allows the treating provider to become aware of physical health conditions not readily apparent.

B. Integration

1. Integration of Physical Health with Mental Health services is occurring through an agreement with Inland Empire Health Plan (IEHP) in which IEHP is funding Nurse Practitioners in two adult Integrated Health clinics (Blaine and Lake Elsinore), and one children's Integrated Health Clinic (Riverside Family Wellness Center). In a similar format, a mental health team has been co-located in a physical health location (Rubidoux Family Health).
2. A Healthy Lifestyle Center with a full time Health Educator was added to the Western Region to focus on the nutritional and health needs of any adult client referred in the Western Region. Services include individualized nutritional assessment, group activities (including food demonstrations and classes on cooking, diabetes, and high blood pressure), and support to individuals living in Board and Cares by providing in-home education on healthy snacks and other food choices.
3. All consumers in the outpatient system are being screened for physical problems needing medical attention via the Physical Health Screening Questionnaire (Appendix D). Consumers without a Primary Care Physician will be referred via the Care Coordination Form (Appendix E). Clients in the inpatient system receive an appropriate physical exam and lab work upon admission.
4. Clinics referring consumers for Primary Care Services via the Coordination of Care Referral have the ability to receive the disposition back from the agency referred to via this same form, enabling additional follow up by the clinic when necessary.
5. A Universal Consent was developed to exchange all health records, including mental health, physical health, HIV, and substance use services.
6. Medication Reconciliation is occurring during each visit with a psychiatrist, weight and vitals are being taken at every medication visit all factors permitting, medications can be prescribed electronically, and labs can be ordered/results received electronically with Quest Laboratories and Lab Corp.
7. Integration with Substance Use is occurring through the development of a new Referral Form between mental health and substance use programs, and the inclusion of both mental health and substance use representatives at various meetings throughout the department including the Quality Improvement Committee. Including representatives from both behavioral health and substance use programs is reducing silos in the provision of services as there is increased awareness and coordination within and between programs.

C. Interface with Physical Healthcare

1. RUHS-BH has partnered with managed care plans, IEHP and Molina, to assist in integrated care of physical health, mental health, and substance use disorders.

Currently, the department's ELMR system is able to interface with IEHP's electronic health record.

2. RUHS-BH has initiated a task force to develop an Interagency Integration of CARE (IIOC) project. RUHS-BH joined with community clinics, as well as RUHS-Public Health specifically for this project. Using a standard performance improvement planning process, the integration team developed a model of full bi-directional integration of care to test and determine if this model may be expanded across the County to bring together mental health and public health primary care clinics.

   This project plan calls for a substance use and mental health screening team to be fully integrated into the operations of a primary care clinic in Riverside. The mental health team consists of a psychiatrist, clinical therapists, substance abuse counselors, and peer support specialists. The other side of the plan is to integrate full primary care services into a large adult mental health clinic, utilizing a Family Practice Registered Nurse Practitioner.

   The goals of the IIOC project are to improve access to primary care services for individuals with serious mental illness, substance abuse issues, improve client's general health and well-being, improve client's ability to self manage both their mental health and physical health issues, and to decrease negative outcomes and premature deaths, especially cardiovascular disease, which results from the lack of health care services in this population. Part of the goal is to link those clients of the mental health clinics, who have inadequate or no health care services, to a "Medical Home" for those who have significant medical/physical health issues. In the end, it is desired that many clients will be able to receive all of their services at one location, close to their homes, creating a "one-stop-shop" for all of their mental health and physical health needs.
3. RUHS-BH joined CiMH sponsored Care Integration Collaborative (CIC) with several other counties. Through the CIC, our integration project has been strengthened. Specific new areas of focus through the CIC are:
   - Full involvement of Substance Abuse services in the CIC
   - Electronic/Universal Consent and Release of Information
   - Electronic/Universal Referral Format and Process
   - Electronic/Integrated Medication Reconciliation
   - Internet Based Data Registry
   - Screening for Mental Health, Substance Abuse, and Physical Health Care needs in the appropriate settings
   - Electronic/Shared Care Plans
   - Role of Care Coordinators

- Role of Peer Care Navigators
- Warm Hand-off Communications
- Development and Implementation of Life Style Centers

4. RUHS-BH has collaborated with RUHS-BHPublic Health HIV/AIDS clinics. Psychiatrist-only services are fully integrated into the HIV/AIDS clinics in Indio, Riverside, and Perris. The projects in Riverside and Lake Elsinore include providing services for local AB 109 clients.

Chapter 12: Telemedicine

RUHS-BHis currently utilizing telemedicine services from multiple clinic sites (Blaine, Indio and Lake Elsinore) to provide psychiatric services to clients residing in remote/rural locations of the county. The following are just a few of the department's requirements to provide telemedicine services:

- Ensuring confidentiality is maintained by closing the door of the room where the consumer is located
- A quiet room with minimal outside lighting to reduce glare
- The psychiatrist providing the telemedicine must be licensed in the state the client resides
- A signed consent by the consumer specific for Telemedicine services
- A Clinical Presenter in the presence of the consumer to assist with facilitating the service

Chapter 13: Provider Selection

A. Considerations

The Mental Health Plan contracts with qualified private providers, groups, and organizations. When selecting providers with whom to contract for mental health services, RUHS-BH considers the following:

- Medicaid and Medicare licensure/certification/accreditation history
- Circumstances and outcomes of any current or previous litigation against the provider
- Ability of the provider to offer services at competitive rates
- Ability of the provider to demonstrate outcomes and cost effectiveness as defined by the county
- Ability to address the need of the local population such as age, language, culture, physical disability, and specified clinical interventions
- Ability on the part of the provider to meet the Quality Improvement, Authorization, Administrative, and Clinical requirements of the MHP

- With regard to inpatient service providers, have the ability to meet the immediate medical needs of beneficiaries while in their facility, and be licensed as a hospital
- Organizational (clinic) providers must have a Head of Service that meets California Code of Regulations, Title 9 requirements and have accounting/fiscal practices that meet the standards of the State Department of Health Care Services
- Private practitioners must be licensed to practice psychotherapy independently
- Skilled nursing facilities must be licensed as a nursing facility and have a certified treatment program (STF)
- Geographic location to maximize consumer access
- Ability to work with beneficiaries and their families in a collaborative and supportive manner

B. Process

a. New providers must complete an extensive application packet, submit documentation on individual licensure, malpractice insurance, and liability insurance on their office
b. Group and Organizational providers are rated on their ability to provide services by representatives from CARES, ACT, and QI
c. Individual providers are considered based on services they are able to provide, geographic location, and need for additional providers in their region.

C. Contracts

Each provider enters into a contract with RUHS-BH each Fiscal Year. Contracts include the department's requirements for the Administrative, Fiscal, and Clinical responsibilities of the provider's overall organization and staffing requirements; and outline the specific services being contracted for, rates of reimbursement, and cost reporting requirements (when applicable).

D. Credentialing

Credentialing for non-hospital providers is contracted to an outside agency, and monitored for all information being up to date by the department's Program Support. Individuals with expired licenses and/or insurance are prohibited from providing services to RUHS-BH beneficiaries until all documentation is current. Agency charges for the credentialing service are paid by the provider.

E. Contract Provider Meetings

1. RUHS-BH schedules a meeting for all substance use providers quarterly. Hosted by the Substance Use Administration, the meetings are supported by program analysts, fiscal staff, and quality improvement program monitors
2. RUHS-BH schedules a meeting for all mental health providers annually. Hosted by CARES, ACT, QI, TRAC, and Fiscal staff. As with the substance use provider meeting, contractors are updated on current requirements, information about pending changes at the state/federal level, and provided refreshers on submission/content of documentation. These meetings provide an open forum to interact directly, receive feedback, and respond to questions.

Chapter 14: Beneficiary Rights

A. Patients Rights

Individual's rights are protected through the oversight of the Patients Rights program. This program investigates complaints from inpatient facilities, represents beneficiaries at RIESE hearings, and regularly monitors the use of restraints and seclusion of patients in the facilities.

B. Choice of Practitioner

It is the goal of RUHS-BH to provide services that are client-centered and that achieve positive mental health outcomes for culturally diverse populations across all age groups. When a consumer calls to request services through CARES, the consumer is screened for Medical Necessity. If they meet criteria, they are provided a minimum of three service providers in their area that provide the type of service the consumer is requesting. The consumer may call the providers first before making a selection, or may request an authorization for the one they select while still on the phone with the CARES staff.

County programs have different workflows for consumers accessing services due to the specificity of the services and/or their staffing levels. Consumers accessing services through these programs may be triaged for the most appropriate staff to work with them (e.g. the clients presenting symptoms and the staff's level of expertise, language need, gender, et.al).

The department recognizes that there may be consumers whose personal needs to not match with their assigned clinician. When this situation occurs, consumers may request a change of provider.

At the time the change of provider request is made, the consumer will be asked to provide the reason for the request. The clinical supervisor/CARES will review the request, and with cause, and within available resources, a transfer will be made in the most expedient manner available.

If the transfer request was made without cause, or if alternative resources are not available, the clinic supervisor/CARES can deny the request with immediate notification to the consumer, or consumer representative.

When alternative resources are available, the consumer may appeal the decision through the Consumer Complaint process.

C. Availability of Second Opinions

If a consumer has been denied services, they may file a formal appeal through the Consumer Complaint and Appeal/Grievance Procedure. A second opinion may be requested through this process if the consumer feels they need this service. Upon receipt of the appeal, the Outpatient Quality Improvement program will investigate the circumstances and provide the consumer with a written disposition within 45 days. If a second opinion appears warranted, the consumer will be referred by QI to another provider to provide their assessment of the client's needs.

Second opinions may also be requested when a client is in disagreement with some aspect of their treatment and request a second opinion (eg. diagnosis, medication prescribed, et.al). These requests are typically made to a program supervisor, but may also be made to CARES and/or QI. The program supervisor, CARES, or QI will gather information related to the request, and make a determination if a second opinion is warranted.

Chapter 15: Cultural Competence

RUHS-BH is committed to developing and maintaining a culturally aware, sensitive and competent system of care. Cultural Competence is defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations. In order to meet the needs of the County's diverse clientele, the department has a Cultural Competency Program lead by the Mental Health Services Cultural Competency Program Manager who reports directly to the department's two Assistant Directors.

Implementation Plan 2016

The Cultural Competency program provides overall direction, focus, and organization in the implementation of the system-wide Cultural Competency Plan that addresses the enhancement of workforce development and the ability to incorporate languages, cultures, beliefs, and practices of its consumers into the services being provided.

This program meets regularly with various sub-committees to obtain feedback on, and provide information to, the Hispanic, Latino, African American, Native American, Asian American, LGBTQ, Hard of Hearing, Visually Impaired, and other underserved populations in the community.

Chapter 16: Compliance

The Compliance Program is designed to maintain the department's commitment to the highest standards of ethics and compliance. It is the expectation of RUHS-BH that all employees conduct themselves with honesty and integrity and maintain high standards of professional behavior and responsibility at all times.

This program was established to prevent, detect, and eliminate waste, fraud, and abuse, thereby protecting the financial integrity of governmental funded programs and the health care system. This program develops, and regularly updates (as circumstances warrant), the department's policies, and keeps the department's employees aware of compliance issues. Policies are organized into the following sections: Administrative, Personnel, Operations, Managed Care, Records, and Public Guardian. These department specific policies are in addition to the countywide polices established by the Board of Supervisors.

Procedures and monitoring tools have been developed and implemented to identify risks, strengthen controls, and ensure compliance with Federal, State, and local healthcare regulations. Staff are regularly monitored to ensure they are not on list of the Office of Inspector General List of Excluded Individuals/Entities (LEIE), or the DHCS Medi-Cal List of suspended or Ineligible Providers.

All employees, volunteers, and contractors must adhere to the department's Code of Conduct entitled "Commitment to Integrity". In addition to department policy, this document outlines expectations on behaviors, values, and commitment to personal responsibility.

Chapter 17: Confidentiality

- RUHS-Behavioral Health is committed to protecting the health information of all consumers. It is the policy of the department to keep all protected health information (PHI) private.
- All employees, per-diem employees, and service providers are required to sign an Oath of Confidentiality (Appendix D). Other personnel, who are not "employees", such as volunteers, student interns, and temporary staff are also required to sign a volunteer authorization form as a condition of performing duties in a confidential setting (Appendix I). These forms are mandated by California State Law and a person can only work in the RUHS-BH with a signed form on file.
- PHI will only be used and/or disclosed with a valid signed Consent to Treat and/or an Authorization. RUHS-BH staff will always obtain a valid authorization from the consumer or their legal representative before disclosing/using any protected health information not otherwise covered permitted by the consent regulation and/or exceptions as outlined under HIPAA regulation and/or California Law, whichever law is more strict. Authorizations received from outside RUHS-BH will be verified of its validity before use/disclosure of health information.
- Departmental Policies 298 and 299 provide guidance to staff related to disclosure of information, and assure beneficiary confidentiality is in compliance with State and federal laws and regulations.

Chapter 18: Quality Improvement Program

A. Quality Management

Quality Management is a high priority in Riverside County, and is provided through a robust system comprised of multiple programs: Research, Evaluation, Outpatient Quality Improvement, and Inpatient Quality Improvement. Collectively, these programs ensure that the department complies with state and federal mandates related to behavioral health services.

Research

The Research Program is responsible for Quality Improvement types of reporting. Examples of reports include state-mandated reports, client satisfaction reports (including the bi-annual administration of the State required Performance Outcome Quality Improvement surveys), Change of Provider Reports, Medication Monitoring, Problem Resolution, and Chart Reviews among others. This includes designing methods to collect data on these topics and generating reports to communicate results of these

efforts. Reports generated by this unit provide opportunities to analyze the quality of services being provided.

Evaluation

The Evaluation Program is responsible for the collection and analysis of outcome data. Working closely with the full range of the Department's Evidence Based Practices (EBP) to ensure fidelity to the EBP models and collect clinical outcomes resulting from these programs. This unit is also responsible for the administration and reporting of outcomes relating to MHSA funded programs including Full-service Partnership programs, Prevention and Early Intervention programs, and Innovation programs.

ELMR

The ELMR unit is responsible for working to maintain and improve the Department's Electronic Health Record (EHR) called ELMR (Electronic Management of Records). This includes developing forms, and creating reports for users to call on an as-needed basis. This unit also works to create additional functionality in the system to auto-populate various fields to reduce redundancy, embed error checking routines, and promote interoperability with EHRs from other partner agencies. Other responsibilities include supporting contract providers in working with the Department to submit claims for payment.

B. Outpatient Quality Improvement

This program is responsible for the resolution and monitoring of beneficiary complaints, appeals, and grievances; provider complaints and appeals; state fair hearings; extensive clinical/medical records review for all the county and contracted Substance Use and Mental Health programs; trainings on documentation and the department's electronic health record; processing Medication Declarations on dependent minors; and coordinating state/federal audits. This program works as the liaison with the information generated by Research & Evaluation, state and federal regulations, and staff working in the department.

C. Inpatient Quality Improvement

This program is responsible for 5150 designations, County and Fee-For-Service Hospitals, and the approval/denial of Acute and Administrative Bed Days related to mental health hospitalizations.

D. Quality Improvement Committee

Overseeing the activities of the Quality Management activities is the Quality Improvement Committee (QIC). The QIC reviews these activities through the department's multiple reports, identifies areas for improvement, develops and

recommends interventions to improve performance, and monitors/evaluates the effectiveness of the interventions. The QIC is chaired by the Assistant Director of Programs, includes a multi-disciplinary group of county employees from various regions/programs throughout the county, includes a current consumer of services, and includes a member of the Mental Health Board. Efforts are continuing to add membership from contractors and family members in the community.

The QIC will regularly monitor data/reports on both process and performance for the various areas of activities occurring throughout the department. Areas reviewed will include, but not be limited to the following:

- Performance Improvement Projects (PIPs)
- Timeliness to Services
- Patients Rights
- Healthcare Integration
- Cultural Competency
- Utilization Reviews
- Medication Monitoring
- Managed Care Provider Satisfaction
- Beneficiary Satisfaction
- FSP Outcome Data
- Test Calls
- Medication Declarations
- Provider Appeals
- Beneficiary Grievances and Appeals

E. Adverse Incidents Committee

An additional layer of oversight related to the quality of services is the monitoring of Adverse Incidents in a multi-disciplinary committee facilitated by the Office of the Medical Director. This committee meets bi-monthly to review reports submitted by programs on clients that have been involved in a physical, medical, or other adverse incident. The committee reviews services provided and makes recommendations, when indicated, to improve processes for these and other clients into the future.

Chapter 19: Problem Resolution Process

A. Consumer Complaint/Grievance Procedure

An informal and formal consumer grievance appeal process has been developed to provide the consumer, or the consumer’s representative, with a method for resolving

consumer complaints. Medi-Cal beneficiaries may also file for a State Fair Hearing if services have been terminated, reduced, or denied after all other levels of appeal have been exhausted. The majority of the problems will be resolved in the informal process which was designed to encourage identifying quick resolutions to consumer concerns. Problems that cannot be resolved on the informal level can be carried forward to the formal grievance process.

A grievance may be filed by a consumer/beneficiary (or that person's representative) with his/her health service provider, the CARES unit, or with Quality Improvement. Grievances may be filed orally or in writing (using the Appeals/Grievance form available in all county clinic lobbies).

Upon receipt of a Grievance:

1. The Grievance will be logged into the Grievance Log within one day of receipt. The entry into the log will include:
   - Name of the beneficiary
   - Date of receipt of the grievance
   - Nature of the problem
   - Final Disposition of the grievance
2. If the grievance is received by the provider or CARES, following entry of the grievance into the log, the provider or CARES staff receiving the grievance will immediately notify the Quality Improvement unit and provide the information directly to a QI staff for follow up.
3. QI staff will send the beneficiary a letter acknowledging the receipt of the grievance will be sent within 10 working days.
4. QI staff will investigate the Grievance.
5. A written decision/resolution letter will be sent by QI to the beneficiary within 60 calendar days of QI's receipt of the grievance.
6. If additional information is needed to make a decision beyond the 60 days, the timeframe may be extended another 14 days at the request of the beneficiary. If the beneficiary did not make the request, a NOA-D will be sent to the beneficiary advising them of the delay and the reasons for the extension.

B. Consumer Appeal Process

The appeals procedure allows beneficiaries the opportunity to have their individual circumstances formally considered when actions are taken by county or contract service providers to terminate or reduce authorizations for mental health services. An expedited appeal can be filed when the standard appeal resolution process could jeopardize the beneficiary's health or ability to maintain maximum functioning.

An appeal may be filed by a consumer/beneficiary (or that person's representative) with his/her health service provider, the CARES unit, or with Quality Improvement. Appeals may be filed orally or in writing (using the Appeals/Grievance form available in all county clinic lobbies). Appeals made orally must also be submitted in writing (the date of the appeal will be the date the oral appeal was received).

Upon receipt of an Appeal:

1. The Appeal will be logged into the Appeal Log within one day of receipt. The entry into the log will include:
   - Name of the beneficiary
   - Date of receipt of the appeal
   - Reason for the appeal
   - Final Disposition

2. QI staff will send a letter acknowledging the receipt of the appeal within 10 working days.
3. QI staff will review the information received and follow up on any needed information.
4. A written decision/resolution letter will be sent by QI to the beneficiary within 3 days for an expedited appeal/45 calendar days for a standard appeal of QI's receipt of the appeal.
5. The disposition letter will include information regarding the right to/how to file for a State Fair Hearing if the appeal is denied.
6. If the appeal is resolved the same day as received, the acknowledgement letter and disposition letter may be combined into a single letter.

C. Provider Appeal Process

Managed Care providers contracted under the Riverside County Mental Health Plan (MHP) may file an appeal for a denied bill of services provided under the MHP. Both managed care providers serving Medi-Cal and DPSS clients may submit an appeal.

Providers must submit their appeal to Outpatient Quality Improvement (QI) within 60 calendar days of the date of the denial letter and include the following:

- Copy of the denial letter
- Copy of the authorization letter
- Letter providing reasons for the appeal, along with any supporting documentation

Quality Improvement will review the information submitted, and render a decision within 60 calendar days of receiving the appeal.

QI staff will review and verify that all basic documentation required on appeals is included.

If all documentation is not received:

- A letter requesting missing information will be sent to the provider including a deadline to submit this requested information
- A copy of this letter will be made and attached to the appeal paperwork
- The copy and paperwork will be filed in the "Pending" file to await response from provider
- If no response by the provider is received within the deadline, the provider appeal case will be closed.

If all documentation is received:

All written information will be reviewed, including information from the authorizing unit and/or claims unit. A determination will be made from the Denial letter which services were denied and for what reason.

Once a determination has been made, the provider will be sent a letter advising their appeal has been approved or denied. If approved, the letter will request the provider to resubmit their claim, and send a copy of the letter to the Claims department.

D. Notice of Action

A Notice of Action (NOA) is completed when there is a reduction, change, termination, or denial of services when:

1. The consumer DOES NOT agree with the termination, denial or reduction of services

and

2. The consumer is a Medi-Cal consumer

The five NOA's are:

NOA-A

This is issued when, in the opinion of the mental health plan, that:

1. The beneficiary's presenting problem does not meet the criteria for medical necessity. This may be for the following reasons:
    - The mental health diagnosis as identified by the assessment is not covered by the mental health plan

- The mental health condition does not cause problems in daily life that are serious enough to meet eligibility requirements for Severe Mental Health Symptoms (SMHS) from the mental health plan
- The SMHS available from the mental health plan are not likely to help, maintain, or improve the mental health condition
- The mental health condition would be responsive to treatment by a physical health care provider
- Requested services are being denied

NOA-B

This is issued, when in the opinion of the mental health plan, that:

1. Services requested are being denied, modified, or deferred beyond timeframes.
2. For example:
   - A request is made for individual, group, family, and collateral services, but the MHP is only going to provide individual therapy)
   - Or, a client request only individual therapy, but is offered group therapy instead
   - Or, a client has been seen in a program for a period of time, wants to continue, but the MHP has determined that no more services will be provided and the client will be discharged from all services

NOA-C

This is issued when the MHP denies payment for services that have already been provided. This notice is issued by Inpatient QI when a hospital's chart documentation is insufficient to reflect the client's continued hospital stay.

NOA-D

This is issued when the MHP fails to act within the timeframes for disposition of standard Grievances, Appeals, or the resolution of expedited appeals. This notice is issued by Outpatient QI when applicable.

NOA-E

This is issued when there is a significant delay in the county's ability to provide a service in a timely manner. This may occur when there is insufficient information to approve, deny, or modify a service request within the county's guidelines for service delivery.

The NOA needs to be handed to the consumer at the time it's completed (when possible), or addressed to/mailed to the consumer within 5 business days.

If the beneficiary does not agree with the NOA, the form includes information on how the consumer can Appeal the NOA. This is done either verbally or in writing with the

corresponding Quality Improvement department (Inpatient or Outpatient) depending on the type of service the NOA was issued for.

The Quality Improvement Department will review the documentation related to the Appeal, and may contact staff/providers/supervisors for additional information. QI will uphold the NOA or grant the Appeal based on the information received/reviewed.

In the case that QI upholds the NOA, the consumer may then file for a State Fair Hearing at which a judge will review the information and make a determination in favor of what the consumer is requesting, or in favor of what the MHP has offered.

Chapter 20: Claims Process-Outpatient Services

Contract providers enter claims for client services into the department's electronic health record. Per the terms of their contract, they have until the 5th working day of the following month to enter services for the previous month. Contract providers then submit a monthly Provider Integrity Form (PIF) to the Fiscal Invoice Processing Unit (IPU) as validation and certification of the services provided. IPU then validates the provider services through a process which includes review of the services, making a determination of approved or denied, and closing of the services for payment. An explanation of benefits (EOB) report is created and sent to the providers. An invoice based on approved units, along with the necessary backup documentation, is forwarded to Fiscal's Material Management unit to generate a Purchase Order, then sent to Fiscal's Accounts Payable Unit for payment processing through the County's PeopleSoft Financials system.

The Patient Accounts/Billing Unit processes Short/Doyle Medi-cal claims for county operated clinics, inpatient hospital and contract providers on a monthly billing cycle. Claims are submitted to the Department of Health Care Services (DHCS) in accordance with established HIPAA requirements and within timeframes and regulations set forth by DHCS. This includes initial claim submission, as well as the research, correction and rebilling of denied claims via the Void and Replace process. Through this Void and Replace process, contract providers are notified of any denied Short/Doyle Medi-cal claims and provided with instructions for correction of these claims if and when appropriate.

Appendix A: RUHS-Behavioral Health: Mission, Vision, Operating Beliefs, Principles

Mission Statement

The Riverside County Department of Mental Health (RCDMH) exists to provide effective, efficient, and culturally sensitive community-based services that enable severely mentally disabled adults, older adults, and children at risk of mental disability, substance abusers, and individuals on conservatorship that enable them to achieve and maintain their optimal level of healthy personal and social functioning. In short "Providing Help, Empowering Recovery".

In order to fulfill its mission, the Riverside County Department of Mental Health provides a wide range of outpatient and residential treatment services to meet the individual needs of severely and persistently mentally ill persons and substance abusers. The Riverside County Department of Mental Health provides many of these services directly. However, in some instance the Riverside County Department of Mental Health offers these services through contracts with qualified private providers.

Vision

We offer a welcoming door to a healing world.

Operating Beliefs

We Believe

- That everyone has hopes and dreams for their lives.
- That people we serve know themselves best and that they bring a unique value to us and the community.
- That people can recover from addiction and mental illness to become self sufficient and thrive and that they deserve to be an integral part of the community.
- That people we serve and their families should have choices and be active partners in determining goals and achieving a quality life.
- That people in recovery and their families need and deserve having us actively listen to them with our ears, hearts and minds.
- That people in recovery have strengths to share with others through mentoring and guidance and that they can contribute to program development through sharing of their experience, needs and goals.
- That people in recovery are to be treated with dignity and respected as individuals, as members of families (of their choice) and as members of any expressed culture or group.
- That addiction and mental health problems can be prevented or reduced through preventative efforts and/or early intervention efforts.

Implementation Plan 2016

Principles

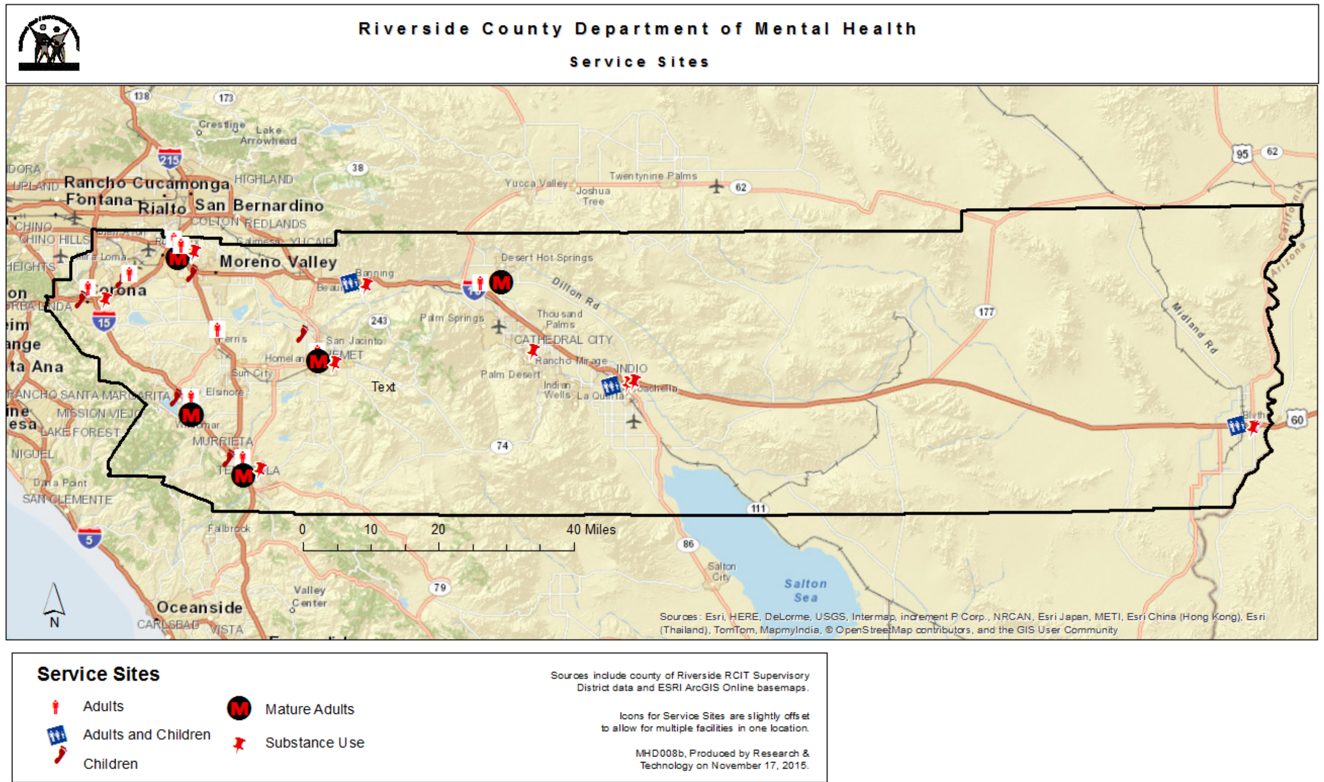
We Will

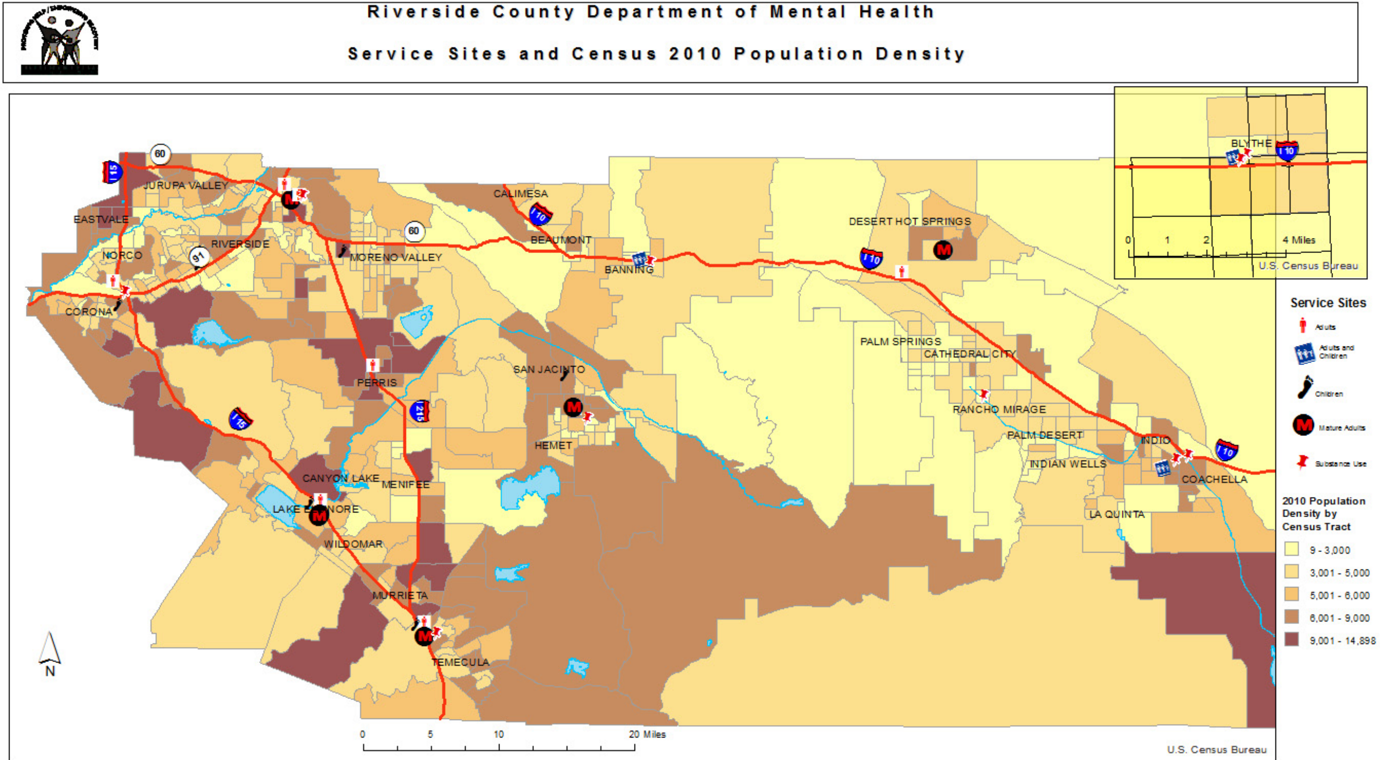
- Respect client's choices and beliefs and instill hope, promote empowerment and foster resilience
- Celebrate accomplishments both with ourselves and with those who receive services and be truly welcoming to those we serve and to each other
- Provide effective, flexible treatment which we believe facilitates recovery and will deliver services that ensure a person receives the help they ask for which may include referral, active linkage and follow-up and/or ongoing treatment.
- Commit, as staff, to use our expertise and specialized knowledge to provide the most culturally appropriate and current, evidence-based and promising practices and will challenge our leaders and ourselves with new ideas that promote teamwork across the organization to ensure ongoing improvement.
- Integrate peer support systems into service delivery and ensure family and consumer involvement in all aspects of the department and will provide a properly trained, supervised and supported workforce that believes in and understands the process of recovery and consumer empowerment.
- Provide, in a user friendly format, access to information and to services across the county and across all groups.
- Outreach to underserved and unserved seriously mentally ill priority populations and actively address disparities in service utilization and availability.
- Actively partner with other agencies for maximum service effectiveness and will focus on consumer outcomes and utilize feedback and evaluation mechanisms to continually improve services/outcomes, thus ensuring accountability.

Appendix B: Maps

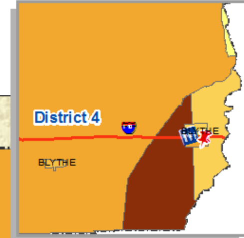
A visual representation of the services offered in the three regions of the county is provided in the following three maps:

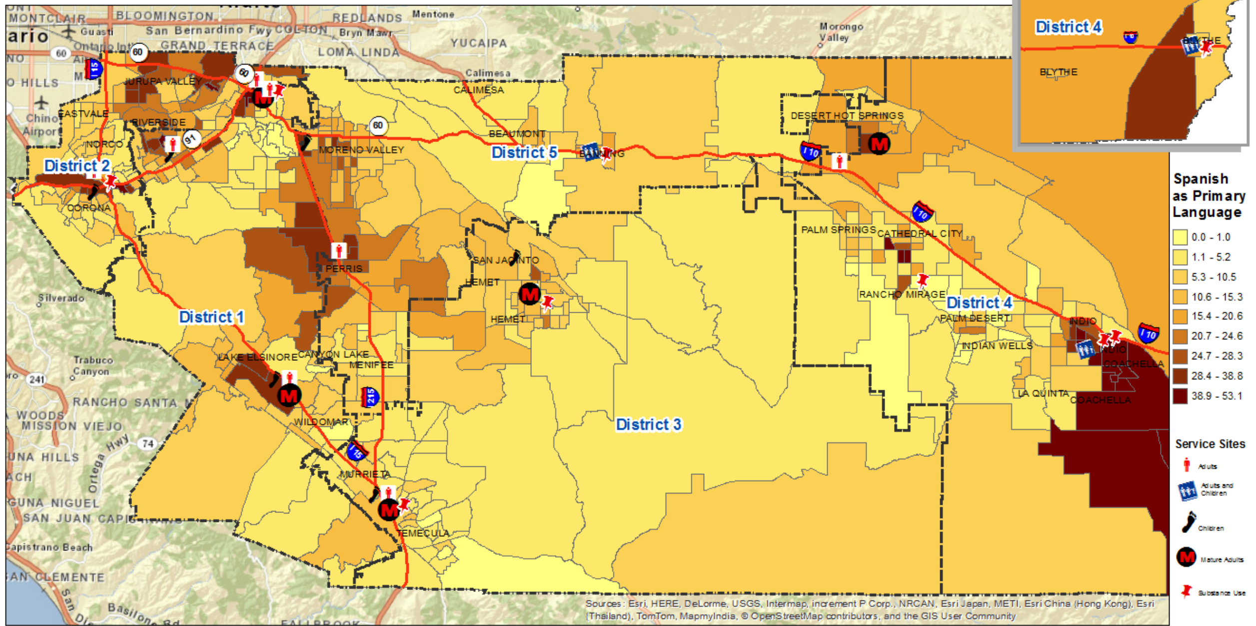
A. Service locations (Adults; Adults and Children; Children; Mature Adults; Substance Use)
B. Services in comparison to population density (based on census data)
C. Services in comparison to Spanish speaking households (Riverside county's threshold language)





Sources include U.S. Census Bureau and county of Riverside Streets file. Icons for Public Facilities are slightly offset to allow for multiple facilities in one location. MHD020, Produced by Research & Technology Dept. on December 4, 2014.





Sources include U.S. Census Bureau and county of Riverside RCIT dept. Basemap is from ESRI Online. Icons for Service Sites are slightly offset to allow for multiple facilities in one location. MHD021, Produced by Research & Technology Dept. on January 13, 2015.

Appendix C: List of Agreements and Agencies Providing Collaborative Services

RUHS-BH works together with other agencies to provide a full range of mental health and substance use services to beneficiaries of all ages. These agencies include local SELPAs, Department of Social Services, Probation, et.al.

LISTING OF MOU'S AND INTRA-AGENCY AGREEMENTS

Agency/Contractor	Program	Effective Date	TERMINATION DATE	Agreement Name	Purpose
California MHSA	MHSA/PEI	7/1/2009	on-going	Joint Exercise of Powers Agreement	Jointly develop & fund MH services & education programs
DPSS	Central Children	7/1/2009	6/30/2016	DPSS-CARTS # CS-01198-12	Provides Mental Health assessment & consultation to determine needs of clients
DPSS	Central Children's	2/1/2013	None Listed	Foster Focus MOU 367/ CS-02620	Use of database for foster youth school records
DPSS	Central Children	10/1/2015	9/30/2016	CESC Protocol Agreement CS#03175	MOU for Commercially Sexually Exploited Children Protocol
DPSS		7/1/2015	6/30/2016	Medi-Cal Outreach & Enrollment Services	CW-03019- Provide Medi-Cal outreach for enrollment services to eligible individuals
DPSS		3/1/2003	Auto Renew	Wraparound Services MOU # CS-01155	SB 163-Provide children with service alternatives to group homecare
Economic Development Agency (EDA)	Administration	7/1/2013	on-going	Space Occupancy Certification	Certificate of Occupancy Annual Space Report
EDA/Coachella Housing	Housing	3-Jun-03	31-Dec-56	Coachella Valley Housing Coalition	Forty-Five Bed Housing Project MOU
Housing Authority of Riverside County	Western/Mid County	9/4/2002	on-going	Shelter Plus Care Housing Grant/MOU	HUD Project # CA16C108-002-Coordinate public housing & services
Human Resources	MHSA Admin./WET	7/1/2015	6/30/2016	Learning Management Services MOU	HR to provide training using the Learning Management Services System
Office on Aging	MHSA/PEI	7/1/2010	6/30/2016	CareLink	To provide Healthy I.D.E.A.S. senior services
Office on Aging (RCOOA)	MHSA/PEI	7/1/2012	6/30/2016	Mental Health Liaisons MOU	Provide MH Liaisons to the RCOOA for Older Adult MH Services & Resources
Office on Aging (RCOOA)	MHSA/PEI	7/1/2010	6/30/2016	PEI Caregiver Support Groups MOU	Provide caregivers the opportunity to attend PEI support group sessions
Probation & Other Depts.		3/1/2003	Auto Renew	SB163 Wraparound Services Prg. Partners	Outline roles & duties of SB163 Wraparound Services Program Agreement
Probation Department	Substance Use	7/1/2003	6/30/2016	Drug Court MOU	Services to supervise & monitor substance use offenders in drug court
Probation Department		7/1/2015	on-going	Riverside Day Reporting Center MOA	MOA defines roles of both agencies on providing services to AB109 clients
Probation Department		7/1/2012	Auto Renew	Zero Dollar MOA	Provide healthcare services to all minors on detention/treatment facilities
Probation Dept.		2/26/2010	no term found	Second Chance Act Juvenile Offender Reentry	Initiative & Grant to provide & promote safe & successful reintegration of offenders
Public Health	Substance Use	2010	no term found	Ryan White Preliminary MOA	Provide HIV/AIDs healthcare & support services under Ryan White Program
Public Health Dept.	Central Children	7/1/2013	6/30/2016	Preschool MH Screening Project	Provide mental health screens to children 2-5 yrs of age
Public Health Dept.	MHSA/PEI	7/1/2010	6/30/2016	Teen Suicide Prevention Program MOU	Program presented to students,edu. & public health staff at schools
Record Retention Dept. (DRRS)		6/30/2012	on-going	Records Retention MOU	To be in compliance with BOS policy A-43
Riverside Co. Regional Medical Center		7/1/2009	on-going	Transportation Services MOU	Transportation services to clients of DOMH
Riverside Co. Regional Medical Center		7/1/1999	on-going	Inpatient Treatment Facility (ITF) Agreement	Inter-Agency Physicians Agreement
Riverside Co. Children & Families Commissi	Central Children	3/1/2010	6/30/2016	First 5 Riverside / Set-4-School -3007 MH	Contract to provide screening, preventive & early intervention to 0-5 children
Riverside County Mental Health Board		2010	no term	Mental Health Advisory Board Bylaws	Uniform rules & procedures for advisory committees, boards,& commissions
Sheriff Dept. & RCRMC		6/30/2011	no term	Adult Detention Healthcare MOU	Interagency Adult Detention Healthcare
Sheriff's Department		7/11/2000	on-going	Hostage Situations MOU	Facilitate maximum cooperation in hostage situations./ Crisis Intervention
Superior Court		8/1/2013	7/31/2016	Family Preservation Court MOU	MOU #CJ-10119-07/16/support services in support of Family Preservation Court
Superior Court of CA, County of Riverside	Central Children	8/1/2013	7/31/2016	TFCBT - Agreement # CJ-10119-0-7/16	Trauma Focused Cognitive Behavioral Therapy (TFCBT) MOU
Transportation Commission (RCTC)		7/1/2015	6/30/2018	Measure A Agreement	Agreement#15-26-074-00- Resolution to Amend. Ord. 440
Workforce Development Board (WDB)	Administration	12/11/2000	on-going	Workforce Investment ACT of 1998 (WIA) MOU	Non-mandatory/ non-reimbursable services to customers who seek employment

LISTING OF MOU'S AND INTER-AGENCY AGREEMENTS

Agency/Contractor	Program	Effective Date	TERMINATION DATE	Agreement Name	Purpose
AWI Management Corporation	Housing	3/17/2009	3/16/2029	Rancho Dorado North Project	Manage 15 units of supportive permanent housing within an affordable housing project
City of Riverside	Crisis Hospital	7/1/2008	6/30/2016	Crisis/Triage MH & Homeless Outreach	Co-Op Agreement with local law to provide triage & homeless outreach services
Coachella Valley USD		6/18/2002	on-going	Safe Schools/Healthy Students MOU	Develop services under the Safe Schools/Healthy Students Programs
Community Health Group		10/10/2003	on-going	Healthy Family Program for SED	Coordinate care of county Medi-Cal beneficiaries mutually shared by both parties
Corona-Norco Substance. Use Prev. Coalition	Substance Use	6/30/2010	on-going	Coalition Involvement Agreement-MOA	Drug Free communities support programs to prevent & reduce youth substance use
Corona-Norco USD	Substance Use-FNL	3/2/2010	on-going	C.A.R.E.S.	MOA to expand needed counseling services to 4th & 6th grade students
Corona-Norco USD		7/1/2012	6/30/2016	PEIMS Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Desert Sands USD	Central Children's	4/1/2012	6/30/2016	Desert Sands USD PEIMS Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Devereux Foundation	Central Children's	7/1/2014	6/30/2016	Deca License Agreement	Early childhood Assessment & Screening Tool/Program
Family Service Association	Substance Use-FNL	6/15/2010	on-going	"Promise Neighborhoods" Prelim. MOA	Partnership for grant app. to improve youth outcomes within distressed communities
Family Service Association	Substance Use-FNL	1/20/2010	on-going	Workforce Investment ACT (WIA)	Outline roles & duties of WIA & Youth Opportunity Ctrs (YOC) grant program
Family Service Association-Hemet YOC	Substance Use-FNL	3/16/2010	on-going	Workforce Investment ACT (WIA)-FNL MOA	Outline roles & duties of WIA & Youth Opportunity Ctrs (YOC) grant program
Family Service Association-Rubidoux YOC	Substance Use-FNL	3/16/2010	on-going	Workforce Investment ACT (WIA)-FNL MOA	Outline roles & duties of WIA & Youth Opportunity Ctrs (YOC) grant program
ICPA, Inc.		6/10/2008	on-going	HIPPA Annual Maintained & Service Agreement	Provides services to County w/ provisions of Protected Health Info.-Privacy/Security Rule
IEHP		7/1/2011	12/31/2016	IEHP MOU - Amendment #2	MH Services for for Medi-Cal, Medicare, & Dual eligible clients
IEHP - Inland Empire Health Plan		9/1/2002	6/30/2017	Healthy Kids Program MOU	Mental Health Services for IEHP Healthy Kids Members
Jurupa Unified School District	Central Children's	7/1/2011	6/30/2016	Jurupa USD PEIMS Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Jurupa Unified School District	Central Children's	2/24/2011	6/30/2016	Jurupa USD Set-4-School - Co-Op Agreement	Provide on-site Parent/Child Interactive Therapy (PCIT) to students
Kaiser Southern California Permanente		7/1/2010	on-going	Kaiser Health Care Service Agreement	Provide & arrange for medically necessary hospital or facility services for members
Kaiser Southern California Permanente	Crisis Hospital	7/1/2010	on-going	Kaiser Health Care Services Agreement	ITF & ETS units to provide inpatient Pshyc.,outpatient crisis intervention to beneficiaries
Lake Elsinore Unified School District	Central Children's	6/25/2013	6/30/2016	Lake Elsinore USD PEIMS Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Lake Elsinore Unified School District	Central Children's	12/14/2010	6/30/2016	Lake Elsinore USD Set-4-School - PCIT-Co-Op	Provide on-site Parent/Child Interactive Therapy (PCIT) to students
LifeLink, Inc.		12/16/1995	on-going	LifeLink, Inc. MOU	A PacifiCare MH benefits carrier (HMO)
Nuview Union School District	Central Children's	7/1/2011	6/30/2016	Nuview Union SD PEIMS Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Optiflex, LLC	Crisis/Facility	4/6/2010	4/5/2020	Skilled Nursing Facility Agreement-MV	Skilled Nursing Facility in Moreno Valley
Pacific Grove Hospital	Crisis	12/15/2015	on-going	LPS Hospital Designation (5150)	Designate Pacific Grove Hospital to operate as s LPS (5150)
Palm Springs	Housing	12/8/2015	12/7/2016	Palm Springs-Homeless Outreach Services	Co-Op Agreement for Crisis Intervention & Homeless Outreach Services
Palm Springs USD	MHSA/PEI	9/26/2012	6/30/2016	Palm Springs USD Co-Op Agreement	Agreement #OC000038- MH PEI services for Middle School students
Palm Springs USD	Central Children's	7/1/2011	6/30/2016	Palm SpringsUSD-PEIMS-Co-op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Perris Elementary School District	Central Children's	7/1/2011	6/30/2016	Perris Elementary PEIMS-Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Project Access, Inc.	Substance Use-FNL	10/26/2015	10/26/2017	Project Access, Inc. MOU FNL	Provide Leadership & field support needed for continued growth & enhancement
Riverside Community College District		6/1/2010	On-going	Affiliation Agreement for Clinical Training	Provide clinical experience through Physician Assistant Program for RCCD students
Riverside County Office of Education	Central Children's	7/1/2011	6/30/2016	Riverside Co. Office of Edu. PEIMS Co-Op Agreement.	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Riverside Unified School District	Central Children's	7/1/2011	6/30/2016	Riverside USD-PEIMS-Co-Op Agreement	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
Riverside Unified School District	Central Children's	1/24/2011	6/30/2016	Riverside-Set-4-School-Co-Op Agreement	Provide on-site Parent/Child Interactive Therapy (PCIT) to students
San Diego County		4/21/2011	on-going	AdEAse MOA	MOA for Advertising Services for the purpose of MH campaign in SD county
San Jacinto USD	Central Children's	2/1/2012	6/30/2016	San Jacinto USD Co-Op Agreement- PEIMS	Prevention & Early Interventions Mobile Services (PEIMS). Funded by F5R Grant
SELPA's	Central Children's	6/30/2012	on-going	SELPA's Master Contract	Educationally Related MH Services (ERMHS) for Local Education Agencies
United Education Institute (UEI)		9/21/2010	on-going	Extern Site Agreement	Education Program at UEI of San Bernardino
University of California - Riverside	Central Children's	6/1/2012	6/30/2016	UCR-The Gluck Fellows Prgm.of the Arts	MH designees to schedule & coordinate the Art Enrichment Programs
University of California-Riverside (UCR)		7/1/2012	6/30/2017	UCR-Regents of UC Affiliation Agreement	Clinical learning pursuant to requirements of the LCME & ACGME
USA Multifamily Management, Inc.		3/15/2011	3/14/2031	Vintage at Snowberry Co-Op Agreement	Supportive Permanent Housing within an affordable housing project (20 Year Term)
Valley-Wide Recreation & Park District	Mid-County	6/28/2002	no term	S.A.V.E. Intervention Team MOU	Stopping the Aftermath of violence Effectively Intervention team
Workforce Education & Training (WET)	MHSA/PEI	7/14/2009	on-going	Workforce Education & Training MOU	Southern Counties Regional Partnership for WET

Allocation (Green) - Receivables/Revenue
Allocation (Red) - Payables/Expense
Blue - Substance Abuse MOU's to R. Sutton

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2/22/2016

Page 1 of 1

Appendix D: #239 - Oath of Confidentiality Form

RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

CONFIDENTIALITY STATEMENT

The Riverside County Department of Mental Health (RCDMH) is committed to protecting the health information of all consumers. According to DMH Policy #239 "Confidentiality/Privacy Disclosure of Individually Identifiable Health Information", it is the policy of RCDMH to keep all Protected Health Information (PHI) private. Protected Health Information is considered to be any information that reasonably identifies an individual and their past, present, or future physical or mental health or condition. This includes the fact that an individual is a client of the Riverside County Department of Mental Health, and would include any combination of the person's first and last name, address, SSN, or date of birth, and any medical record information. When ready for discard, any document containing PHI is to be shredded.

This facility is run by the Riverside County Department of Mental Health, and contains confidential client information. As an employee or guest of RCDMH, you are required to sign the following "Oath of Confidentiality" as a condition of admittance to or performing duties in a confidential setting.

OATH OF CONFIDENTIALITY

As a condition of admittance to a confidential setting or performing my duties as an officer, employee or guest of the Riverside County Department of Mental Health, I agree not to divulge, to any unauthorized person, any client/patient data information obtained by the Department, from any facility. I recognize that the unauthorized release of confidential information may make me subject to civil actions, under the provisions of the Welfare and Institution Code. In addition, I understand that if I knowingly and willfully violate state or federal law for improper use or disclosure of an individual's Protected Health Information (PHI), I am subject to criminal investigation and prosecution and/or civil monetary penalties, in accordance with the final HIPAA Privacy and Security Rules.

____________________________ Print Name

____________________________ Employer Name

____________________________ Position/Title

____________________________ Signature

____________________________ Date