

San Mateo County Mental Health Implementation Plan Update September 2016

San Mateo County is submitting these proposed changes to our Implementation Plan to the Department of Health Care Services for review and approval.

San Mateo Implementation Plan History: Introduction

A renewal waiver was granted effective July 1, 1998 adding new elements to the original field-test. These included changing to a case rate method of Medi-Cal reimbursement, and extending the San Mateo Mental Health Plan's (MHP) responsibilities to cover mental health pharmacy and related laboratory costs. San Mateo County submitted an update-renewal to our implementation plan in June 2000, which was accepted.

Behavior Health and Recovery Services Updates to the Implementation Plan are as Follows:

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

- ACCESS authorizes referrals to the managed care provider network. They also refer to county operated clinical services.
- San Mateo has additional access points to services and authorization. Youth may be referred by education, probation, primary care providers, or child protective services. Out of county services are authorized by the BHRS Children and Youth Services division. Residential youth services are authorized by an interdisciplinary team (including mental health, education, probation, human services agency). Since the approval of the last Implementation Plan update, BHRS has implemented Same Day Assistance (to allow for no wrong door). Individuals seeking mental health services are sent to one of our five regional clinics based on their preference/home address for assessment. They receive a risk assessment at that time, and are either opened to services and/or given an appropriate referral which many include a substance use disorder provider or core service agency (for basic food, clothing and shelter assistance).

(2) A description of the process for: (A) Screening, referral and coordination with other necessary services, including, but not limited to, substance use, education, health, housing and vocational rehabilitation services.

- The ACCESS Team continues to function as the primary information and referral resource for the MHP. ACCESS provides a 24 hour phone line with screening and referral to an array of services. Additionally, care coordination is an expectation for all BHRS programs whether directly operated or via a contract provider. BHRS has memorandum of agreements with the San Mateo Medical Center system, probation, human services, education and the Managed Care Plan that specifies care coordination expectations, roles and responsibilities. The details of the actual processes vary based on the agencies, programs and services involved.

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

- Since 2000, multiple efforts have been made to inform beneficiaries and providers how to access services under the MHP. These efforts include the creation of the Office of Diversity and Equity (ODE) that oversees all racial/ethnic/linguistic/cultural/gender/sexual orientation (r/e/l/c) outreach efforts for BHRS. Under ODE, eight r/e/l/c initiatives, made up of staff, providers, community members and lived experience individuals and their family members, engaged in outreach, education, referral and linkage



efforts in the community. ODE also ensures that materials regarding the MHP meet the 7th-grade level literacy rate. ODE staff includes the MHSA Manager, outreach workers, health planners and peer workers that represent diverse communities in SMC. In addition BHRS organizes and delivers services within six Community Service Areas in the county. “Days of Partnering” are held to bring together a broad spectrum of community behavioral health, social services, law enforcement, health, education, and others. to develop relationships and share information. BHRS has also initiated two community coalitions: North County Outreach Collaborative and the East Palo Alto Behavioral Health Advisory Group. Both of these groups conduct extensive outreach efforts focusing on underserved populations.

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

- BHRS continues to have an array of policies detailing change of provider, client referrals, and practice guidelines. Since the approval of this implementation plan we have added more staff and increased programs in every key area. Every effort is made to place clients in the appropriate level of care without disruption. One example being, any client referred from PES or inpatient is sent from the ACCESS center as an Urgent Referral to ensure timely access and continuity.

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

- As part of a coordinated Health System, BHRS psychiatric and other clinical staff regularly collaborate with primary care and other health providers. This may occur on a single instance of case coordination which sometimes results in a “complex case conference” led by the BHRS Medical Director. Mental Health clinicians and substance use disorder counselors are embedded in the entire county run federally qualified health centers to provide consultation to providers and to offer short term treatment. BHRS also coordinates with the San Mateo Medical Center to offer “Grand Rounds” that covers a wide variety of mental health and co-occurring assessment, diagnosis and treatment topics. In 2012, a Pharmacy & Therapeutic Committee was established to improved coordination with primary care and to assess and improve prescribing practices within BHRS. Finally San Mateo County operates a Psychiatric Residency Program that places its 16 Psychiatry residents in various services and programs oftentimes with physical health care.

(3) A description of the processes for problem resolution as required in Subchapter 5.

In 2006, BHRS created the Office of Consumer and Family Affairs. It is staffed by four full-time lived experience staff. This team, with the collaboration of the Quality Management Department, manages the problem resolution process for San Mateo County BHRS. In 2015, BHRS increased our problem resolution services to include all clients who received any services with BHRS, including substance use treatment and recovery services. In every other way, our problem resolution policy and process has remained the same.

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

BHRS selects its Specialty Mental Health Providers through a request for proposal process as dictated by County Policy. Providers are selected following a standard application and review process. All selected providers must receive final approval from the Board of Supervisors. In Oct 2016, BHRS updated the credentialing process for Independent Contracted Providers (policy 98-05) and Employee and On-site



Contractor Screening and Orientation (policy 04-02). This was done to enhance screening and monitoring practices and to ensure that no BHRS staff, contractor, or any workforce member is a Medi-Cal, OIG, or Medicare excluded individual. Monthly screening requirements were also added.

(5) Documentation that demonstrates that the entity:

(A) Offers an appropriate range of specialty mental health services that is adequate for the anticipated number of beneficiaries that will be served by the MHP:

- BHRS regularly reviews beneficiary demographic information to determine network adequacy. Information received from the annual EQRO is analyzed to assist in determining whether gaps exist. Mental Health Services Act planning efforts also assist in this effort as does information derived from the various outreach efforts described earlier.
- The MHP has maintained service capacity by contracting with approximately 200 private therapists, psychiatrists and psychologists, and community mental health organizational providers as well as expansion of county operated services and programs.

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

- BHRS organizes its service delivery in 6 distinct geographic areas of the County. These areas were identified following a “mapping” of those beneficiaries who were at the time receiving BHRS services, the overall Medi-Cal population’s geographic distribution and the zip codes related to income levels. Current services were then mapped against the six areas. BHRS updates the information and uses it to identify service gaps.

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

- The Children, Youth and Family, and Adult/Older Adult Divisions partner with key stakeholders to ascertain what age appropriate services are needed. The San Mateo Mental Health and Substance Use Recovery Commission has standing committees that focus on age specific services and the Commission provides input to the Director of BHRS. Through its Community Service Area Advisory Committee, BHRS receives input on service delivery issues from community stakeholders.
- In addition to outpatient clinical services we have incorporated Full Service Partnerships for children, youth, adults and older adults; implemented “first break” early intervention programs, offer comprehensive psychiatric hospitalization case management services to a name a few of the changes since the Implementation Plan was approved.

(7) The proposed Cultural Competence Plan as described in Section 1810.410, unless the Department has determined that the Cultural Competence Plan will be submitted in accordance with the terms of the contract between the MHP and the Department pursuant to Section 1810.410(c).

- DHCS has approved the San Mateo County BHRS Cultural Competence Plan in 2010, and the plan update was approved for 2013-2016.

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

- There has been no change to this benefit. BHRS does not require prior authorization for non-contracted hospitals and approved payment upon post-treatment authorization review.



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

- BHRS continues to perform retrospective review of inpatient hospital episodes in private care facilities.
- In 2015, BHRS Quality Management implemented new staff training programs with included 10 mandatory trainings which must be completed before any staff person is able to access the mental health electronic record system. This training program is designed to improve the quality of care provided and to increase the accuracy and understanding of core billing and documentation requirements. Three of the trainings are related to compliance, FWA, and confidentiality laws.
- In 2015, BHRS implement a yearly chart audit program for all Medi-Cal county operated and contracted providers.
- Compliance Reviews of network outpatient service providers continue. Site certifications of community mental health organizational providers are 100% complete to date Sept 2016.
- The Quality Management department has a new program description located at <http://www.smchealth.org/bhrs/qm>
- In 2016, the Quality Improvement committee policy and policy management policies were updated and are located at <http://www.smchealth.org/bhrs/qm>

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

- In 2010 BHRS implemented an electronic medical record, Avatar. This system provides better controls to protect confidentiality compared to paper charts, staff is only allowed access to the system after receiving confidentiality training, and we are able to monitor and limit access to the system as needed.
- BHRS continues to have an array of policies that are geared at protecting clients' confidentiality: Including, Confidentiality/Privacy of Protected Health Information: 03-01 which was updated in February 2013, and Disclosures of Protected Health Information with Client Authorization: 03-06, which was updated March 2013.
- BHRS added mandatory yearly training on confidentiality in 2014.
- Our Confidentiality Update training was updated in 2016. The training is located at <http://www.smchealth.org/training/annualconfidentiality2016>

(11) Other policies and procedures identified by the Department as relevant to determining readiness to provide specialty mental health services to beneficiaries as described in this Chapter.

- BHRS updated and implemented a new compliance program in Sept 2016 to ensure that programs and staff are aware and compliant with all laws and regulations related to the provision of services. The plan is available at <http://www.smchealth.org/bhrs-compliance-program>

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Submitted to DHCS October 2016

