Napa County Mental Health Board
Goals for Fiscal Year 2013-2014

General Objectives

A. Fulfill the Mandated Responsibilities and Core Purposes of the Mental Health Board

1. Review and evaluate the community's mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)

2. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [5604.2 (a)(7)] WIC

3. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process [5604.2 (a)(4)] WIC

4. Review any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code (WIC)

B. Maintain an active, involved Mental Health Board

1. Achieve full MHB membership that reflects the diversity of the populations served.

2. Maintain a high attendance and participation at all MHB meetings, including all committees

3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Mental Health Board

4. Complete 100% of scheduled site visits

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Specific Goals and Implementation Plan

A. Fulfill the Mandated Responsibilities and Core Purposes of the Mental Health Board

1. Review and evaluate the communities mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC)

a. Hold community forums that include service providers and/or consumers
b. Review information provided in stakeholder meetings
c. Review available community data on County Mental Health Services

d. Have presentations by various agencies, contractors, and community groups
e. Review facilities and services through site visits

The MHB members will be involved in selecting guest speakers and related activities needed to achieve the aforementioned goals. Specialized Work Groups will be established, if needed, to achieve these goals.

2. <u>Review and comment</u> on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [5604.2 (a)(7)] WIC

The Napa County Mental Health Board will make an attempt to evaluate available local performance data provided by Napa County Mental Health Services. A Work Group has been established for this purpose.

3. <u>Review and approve</u> the procedures used to ensure citizen and professional involvement at all stages of the planning process [5604.2 (a)(4)] WIC

a. Hold public meetings and hearings including two alternate site meetings (i.e., one up-valley in either St. Helena, Yountville or Calistoga, and one in American Canyon).
b. Encourage community input at Board meetings.
c. Participate as partners with the local mental health program in all aspects of community planning processes.
d. Members are to continue to serve on health and human service committees, both internal and external to the local mental health program.

4. <u>Review</u> any county agreement entered into pursuant to Section 5650 of the Welfare & Institutions Code (WIC)

a. Review Napa County's annual Performance Contract
b. Monitor and review the budget process and allocation of funds to various programs

B. Maintain an active involved Mental Health Board.

1. Achieve full MHB membership that reflects the diversity of the populations served.

a. Achieve full MHB membership that reflects the diversity of the populations served, including consumers, through recruitment efforts by MHB members, Board of Supervisors, and allied organizations and groups.

b. Increase public attendance and comments at MHB meetings, especially consumers and family members, by conducting outreach to Calistoga, St. Helena, Yountville, and American Canyon.

2. Maintain a high attendance and participation at all MHB meetings, including the Executive Committee

a. Maintain a high attendance and participation at all MHB meetings, including the Executive Committee, by encouraging attendance and participation, and by following up with members who are absent.

3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Mental Health Board

a. The MHB will encourage interested members to represent the MHB on outside committees. The following list is an example of committees:

Napa County Mental Health Quality Improvement Committee (QIC)
California Association of Local Mental Health Boards & Commissions (CALMBC)
California Mental Health Planning Council (CMHPC)
Mental Health Stakeholder Advisory Committee (MHSA)
Napa Valley Unified School District Health Committee
Depression & Bipolar Support Group
Behavioral Health Committee (Coalition of Non Profits)
Alcohol & Drug Advisory Board
Napa County Housing Commission
City of Napa Housing Authority
Napa County Commission on Aging
Napa State Hospital Advisory Board
Juvenile Justice Coordinating Council

b. Represent the MHB at community outreach efforts such as Project Homeless Connect, North Bay Stand Down, Mental Health Month (May), and others as may be appropriate. This will be accomplished by interested MHB members who volunteer for these assignments.

4. Complete 100% of scheduled site visits.

a. The Executive Committee will select sites to be visited and will schedule with interested/available MHB members, with the assistance of the Mental Health Sr. Office Assistant.

b. Written reports of site visits will be submitted to the Executive Committee for preliminary review, followed by a full presentation and open discussion with the entire MHB and public.

Napa County Mental Health
Department of Healthcare Services Audit 2012
Findings Summary

Napa County Mental Health (NCMH) contracts with the California Department of Healthcare Services (DHCS) to implement and administer Managed Mental Health Care for Medi-Cal eligible beneficiaries of Napa County. Through this contract, Napa County Mental Health Plan (MHP) agrees to provide or arrange for the provision of Specialty Mental Health Services (SMHS) to eligible Medi-Cal beneficiaries of Napa County within the scope of services defined in the contract. Our compliance to this contract is reviewed by the Program Oversight and Compliance Branch of the Mental Health Division of DHCS triennially. The last compliance review we had was held on December 3-6, 2012.

The review is divided into two portions: system review and chart review. The system review is to ensure that the administration of service delivery for both internal and external providers via policy and practice complies with Federal and State regulations. The chart review ensures that the MHP delivers services that comply with documentation standards and medical necessity criteria set forth in Federal and State regulations as well as in the DHCS Contract.

The time period reviewed for the system review was from December 2009-December 2012. For the chart review, DHCS reviewed ten randomly selected adult/EPSDT beneficiary medical records which contained service dates from October 2011-December 2011. DHCS submitted a draft report of their findings to NCMH for review. Of the 221 claims sampled from the chart review, there were 31 claims recouped for a total of 14% of reviewed claims found out of compliance. NCMH reviewed these findings and appealed 6 of the recouped claims. DHCS approved one of the claims NCMH appealed resulting in 30 claims found out of compliance equaling a total of $2195.44 Federal Financial Participation recouped. DHCS published a final report and it was Napa County MHP's responsibility to submit a written response to the final report findings in the form of a Plan of Correction (POC). The Plan of Correction was submitted to DHCS on August 29th, 2013. This document contains a summary of both the DHCS system and chart review findings.

Summary of System Review Findings

1) Response to auditor's test calls of Access line did not meet all regulatory standards (content of voice mail message and logging of requests for service)

2) Documentation of offers of interpretation/translation for monolingual family members not complete.

3) Processing of Treatment Authorization Requests for payment of inpatient hospitalization was not timely in 2 out of 49 cases (due primarily to attempts to obtain complete information from facilities).

4) The MHP did not end date providers it was no longer using in the State's electronic provider file system.

5) The MHP did not have documentation in provider contracts that states to providers that they are required to offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries.

6) A clear process was not in place for documenting that the MHP monitiors the responsiveness of its 24/7 toll free access number.

Summary of Chart Review Findings-Recoupment

1) Some progress notes in the sample did not clearly document mental health interventions.

2) A contract provider billed for services during the time a treatment plan was still being prepared and the MHP's policies did not allow those services to be provided without a plan.

3) Documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign was not evident in two cases.

4) No progress note was present for two services billed. The MHP did not identify the service in the sample as a service provided by an individual network therapy provider and failed to obtain the progress note for review by the auditors.

Summary of Chart Review Findings-Non Recoupment

1) Reassessments were not completed within the time frames specified in the MHP policies.

2) Progress notes were not completed within the time frames specified in the MHP policies.

3) Medication consents were not found in the record in all cases and there was no documentation in the medication record of a written explanation of the beneficiary's refusal or unavailability to sign the medication consent.

4) Acronyms were found in documentation that were not included in the MHP's list of acronyms approved for use.

5) Some of the treatment plans reviewed did not contain specific, observable, and/or quantifiable goals/treatment objectives, did not indicate specific interventions/modalities including relevant timeframes for achieving the objectives, and did not indicate the frequency of the interventions. A client plan was found that was not signed timely by the appropriate staff. One plan was not updated when there was a significant change in the beneficiary's condition.

6) There was no documentation in the medication record indicating that information was provided in an alternative format a beneficiary whose preferred language was Spanish. In addition, there was no evidence that interpreter services were offered and no documentation that substantiated that the beneficiary was linked to culture-specific and/or linguistic services, and service related personal correspondence was in English only and not in the beneficiary's preferred language.

System Review Findings

1. **DHCS Finding**: Only 1 of 4 test calls made during the audit met all regulatory standards.
   MHP POC Response: Updated phone message in both English and Spanish to meet regulatory requirements.

2. **DHCS Finding**: DHCS found that the test calls were not logged on request for services log.
   MHP POC Response: Gave a written response on how we maintain log. Reviewed with staff the importance of keeping log up to date and implemented internal test calling procedure to review how caller is responded to and if the call is logged.

3. **DHCS Finding:** The MHP did not document the offer of interpreter services to a monolingual Spanish speaking parent.
   MHP POC Response: The note reviewed was a service conducted in 2011. In 2012, the MHP updated its *Interpretation and Translation Assistance Requirements for Mental Health Services* policy to include completion of a new *Interpretive Services Disclosure* form used to document the need for an interpreter, the offer to provide interpreter services, the acceptance or refusal of that offer, and the method used to provide interpretation. The *Interpretive Services Disclosure form* signed by the beneficiary is scanned in the Medical Record to document the beneficiary's preferred language and to provide documented evidence that the beneficiary was offered interpreter services.

   The MHP is also exploring use of Anasazi to document how and when interpretative services are utilized on each progress note.

4. **DHCS Finding**: The DHCS reviewed a sample of 49 Treatment Authorization Requests (TARs) for inpatient hospitalization payments and found that there were two TARs which were not approved or denied within 14 calendar days of receipt.
   MHP POC Response: On occasion the MHP receives TARs with insufficient information and the MHP had been attempting to obtain the information prior to processing the TARS and this pushed approval of some TARS past the 14 day time frame. The MHP has changed this practice and will now deny payment of TARS when complete information is not obtained within 14 days.

5. **DHCS Finding**: DHCS reviewed report identifying overdue site recertifications and instructed the MHP to reconcile the report with the MHP certification/re-certification files.
   MHP POC Response: The MHP has implemented a process for reviewing the electronic Provider File maintained by the State and updating it quarterly. The Provider Services Coordinator (PSC) and Quality Coordinator conduct certifications and recertifications triennially and will track updates on a centralized tracking sheet.

6. **DHCS Finding**: The DHCS reviewed the provider contract and found no reference stating the requirement of the provider to offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries. There was no other documentation presented by the MHP.
   MHP POC Response: The requirement will be included in the General Terms and Conditions "boilerplate" for organizational provider contracts and the Provider Services Coordinator will

formally inform providers about this change in writing. This requirement will also be documented in the MHP's Individual Provider Network Manual.

7. **DHCS Finding**: The MHP stated that it currently is not monitoring the responsiveness of the 24/7 toll-free number
   MHP POC Response: The MHP's 2012-2013 QI Work Plan does contain goals for monitoring the 24/7 toll-free number however a monitoring system had not been implemented. In July 2013, the MH Division Quality Coordinator, the MH Manager, the MH Clinical Director, and the Access Supervisor met to determine the procedure for testing the 24/7 Access Line and a test call procedure was developed and implemented in order to test responsiveness.

Chart Review Findings-Reasons for Recoupment

1. **DHCS Finding**: Progress note proposed interventions did not address mental health condition, and there was no expectation that documented intervention would meet intervention criteria.
   MHP POC Response: The Mental Health Utilization Review Coordinator will continue to provide specific training to staff at least annually regarding documentation requirements, including a focus on following documentation guidelines regarding clarity and specificity of interventions that are clear, specific and address the mental health needs and functional impairments of the beneficiary. The MHP will also continue to audit documentation to ensure compliance.

2. **DHCS Finding**: The MHP documentation standards and policies indicate that only assessments and plan development services are allowed to be claimed while the initial client plan is being developed. Specialty Mental Health Services (SMHS) other than plan development and assessment were provided and claimed prior to the completion of the initial client plan.
   MHP POC Response: The services in question were provided by an organizational provider. The MHP realized that contractors were not aware of the specific requirements in the MHP policy covering treatment planning. The MHP has prepared a summary of policy and procedures that pertain to providers but are not necessarily fully spelled out in existing contract requirements. The MHP will provide this summary to contractors by the end of 2013 and annually thereafter. The MHP will continue to monitor and audit for compliance.

3. **DHCS Finding**: There was no documentation of beneficiary or legal guardian participation in the plan or written explanation of the beneficiary's refusal or unavailability to sign as required in the MHP contract.
   MHP POC Response: The MHP has significantly revised our Documentation Manual and the MH Utilization Review Coordinator and Provider Services Coordinator have continued to provide specific training to staff and contracted providers regarding documentation requirements. In the Division's required annual compliance training in September, significant focus was placed on following documentation guidelines regarding requirements for client plan timeliness, goals, interventions and signatures. The MHP continues to audit documentation to ensure compliance and accurate claiming.

4. **DHCS Finding**: There were no progress notes found for services claimed.
   MHP POC Response: The services recouped were provided by one of the MHP's individual providers and the MHP failed to obtain the provider's notes in preparation for the DHCS review.

The MHP will work with the agency's Quality Management Division to ensure periodic audits of the individual provider network services continue and confirm all services claimed are documented accurately.

Chart Review Findings-No Recoupment-POC only

1. **DHCS Finding**: Assessments were not completed within the timelines and frequency standards as specified in the MHP's established documentation guidelines.
   MHP POC Response: This finding was primarily focused on timeliness of re-assessments. The MHP was not timely in completing reassessments. The MH Utilization Review Coordinator will continue to provide specific training at least annually to staff regarding documentation requirements for timeliness and frequency of assessments and reassessments per MHP Policy guidelines. The MHP will initiate an audit methodology that incorporates checks for reassessment timeliness and follow up per our policies.

2. **DHCS Finding:** The MHP was not following its own established assessment documentation guidelines for timelines and frequency, medication consents, and use of acronyms not on the MHP's approved acronym list. A medication consent was not obtained and there was no documentation in the medication record of a written explanation of the beneficiary's refusal or unavailability to sign the medication consent.
   MHP POC Response: The updated 2013 Documentation Manual was disseminated to all MH Division staff in June 2013. The Documentation Manual contains assessment documentation guidelines and a section with approved acronyms. Mental Health Leadership will remind MH staff of the approved acronym list and will request staff reviews the list and submits recommendations for additions to the Quality Coordinator.

   The presence of medication consents is monitored by each psychiatrist via medication logs that have a section for checking off that the medication consents were completed. Medication clinic support staff flag individuals that need to complete and/or update consents. Medication consent forms are routinely signed at time of admission, reviewed and updated as necessary and when a new medication is ordered. The new Psychiatric Medical Director will be asked to review these practices/procedures to ensure medication consents are signed and available in the electronic health record.

   The MH Division Manager, in collaboration with the agency IT team, and the Psychiatric Medical Director will implement Anasazi functionality to provide medication consent reminders in the electronic health record at the time each medication is (electronically) prescribed.

3. **DHCS Finding**: The MHP was not following its own established client plan documentation guidelines for timelines and frequency for updated client plans, goals and intervention

requirements, and staff and beneficiary signature requirements. Some of the plans reviewed did not contain specific, observable, and/or quantifiable goals/treatment objectives, did not indicate specific interventions/modalities including relevant timeframes for achieving the objectives, and did not indicate the frequency of the interventions as specified in the MHP contract. In addition, a client plan was found that was not signed timely by the appropriate staff as specified in the MHP Contract and a client plan was not updated when there was a significant change in the beneficiary's condition.

MHP POC Response: The MHP has significantly revised the Documentation Manual to provide more complete guidance to staff in these areas and the Mental Health Utilization Review Coordinator and Provider Services Coordinator will continue to provide specific training at least annually to staff and contracted providers regarding documentation requirements-specifically client plan timeliness, goals, measureable and observable objectives, interventions and signatures, clarity and specificity of interventions that address the mental health needs and functional impairments of the beneficiary. Updated guidance regarding specifying frequency of interventions and updating of plans to reflect significant changes in the beneficiary's condition has been included in documentation guidelines and training subsequent to the audit review period.

4. **DHCS Finding:** There were 23 progress notes not completed timely as specified in the MHP's documentation guidelines.

   MHP POC Response: The MH Utilization Review Coordinator will continue to train staff at least annually to recently updated policies regarding timely completion of progress notes. Weekly reports will continue to be sent to supervisors identifying staff whose notes have been entered outside policy timelines with the expectation that these issues are addressed in supervision.

5. **DHCS Finding:** There was no documentation in the medication record indicating that information was provided in an alternative format for a beneficiary whose preferred language was Spanish. In addition, there was no evidence that interpreter services were offered and no documentation that substantiated that the beneficiary was linked to culture-specific and/or linguistic services, and service related personal correspondence was in English only and not in the beneficiary's preferred language.

   MHP POC Response: As per the MHP's policy *Medi-Cal Mental Health Beneficiary Brochure*, "It is the policy of the Napa County Mental Health Plan (MHP) to comply with all California Department of Health Care Services (DHCS), State and Federal requirements regarding beneficiary brochures. The MHP shall provide all beneficiaries with written information in English and in the County's threshold language. In Napa County, the threshold language is Spanish. Information shall be provided in alternative formats that take into consideration the special needs of those who are being served, including visually limited individuals or individuals who have limited reading proficiency."

The MHP reviewed the service and the progress note was written in a culturally competent manner for the direct service to the client; however the note did not clarify if client's monolingual Spanish speaking parent had been offered interpreter services. In August 2012, the MHP updated its *Interpretation and Translation Assistance Requirements for Mental Health Services* policy to include that, "Staff shall complete the *Interpretive Services Disclosure* form to document the need for an interpreter, the offer to provide interpreter services, the acceptance or refusal of that offer, and the method used to provide interpretation. Documentation of acceptance or refusal provides evidence of responses to MHP offers of interpreter services that is required for internal quality assurance and external oversight by regulatory authorities." The *Interpretive Services Disclosure form* signed by the beneficiary is scanned in the Medical Record to document the beneficiary's preferred language and to provide documented evidence that the beneficiary was offered interpreter services.
MHP staff is trained on the aforementioned policy and procedure upon commencement of employment and annually during compliance training.

The Mental Health Manager and Clinical Director are also exploring the functionality of the MHP's medical record to capture translation activities by modifying an existing data table to include an "interpretative services" option that could be selected for each progress note in which interpretive services are provided.

It is the policy of the Napa County Mental Health Plan (MHP) to provide culturally competent interpretation and translation assistance to individuals seeking or receiving mental health services, including those who do not meet the threshold language criteria, those who have limited English proficiency (LEP), or those who have other language or communication barriers, in a manner that affords equal access to these services. Both internal and external providers are trained on this policy annually. MHP compliance training staff will remind both internal and external providers that, when referring clients to providers, they refer to someone who is linguistically and culturally compatible and to document the referral.
It is the policy of the MHP to have correspondence available for all threshold languages of the MHP (English and Spanish) The MHP policy *Interpretation and Translation Assistance Requirements for Mental Health Services* states the following regarding written materials:

Per the Napa County HHSA policy *Translation and Interpretation #2001001-1007-10,* at a minimum, vital Mental Health Division documents shall be translated into any non-English language spoken by a 5% or more, or 1000 individuals or more, of the eligible population provided services.

a. When translation of vital documents is not required, the MHP shall provide written notice, in the primary language of the LEP person, of their right to oral interpretation of written materials.

b. Translated versions of vital Mental Health Division documents will be made available within 30 days of the publication of the document in English.
c. Whenever possible, the MHP shall use officially translated materials provided by federal and state agencies.

Staff is trained on the MHP's policy when they commence employment and annually. All staff has access to the MHP's forms drive which provides electronic copies of forms in Spanish and English.

Safe Talk

Learn four basic steps to recognize persons with thoughts of suicide and connect them with suicide helping resources. This is a four-hour training can help you make a difference. Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided—leaving people more alone and at greater risk. Safe TALK training prepares you to help by using TALK (Tell, Ask, Listen and Keep Safe) to identify and engage people with thoughts of suicide and to connect them with further help and care. **This class is Limited to 20 Participants.**

This training is recommended for:

Sheriff Departments, State police and corrections officers
State and local policymakers
School personnel and educators
Employers and business leaders
Primary Care Professionals
Mental health authorities
Nursing home staff
Emergency Response personnel
Faith communities
Volunteers
Community

When: January 10th 2014

Time: 9:00 am – 12:00 pm

Where: VCSS 103 D Street
Marysville, California 95901

Who: By Invitation Only

Please RSVP to: John Floe 530-674-1885 ext. 114

JFloe@co.sutter.ca.us

Sponsored by:
Sutter-Yuba Mental Health-MHSA
Prevention and Early Intervention

Mental Health First Aid Adults working with Youth

Mental Health First Aid is an interactive 8-hour course that presents an overview of mental illness and substance use disorders in the United States. The Youth Mental Health First Aid Course is for adults working or living with adolescents (those aged between 12 and 18 years), however, the course can be relevant for those helping people who are a little younger or older. This course is particularly suitable for parents, teachers, sports coaches, and youth workers.

What the course covers: The course teaches adults how to assist adolescents who are developing a mental health problem or in a mental health crisis. Course participants learn about adolescent development, the signs and symptoms of the common and disabling mental health problems in young people, where and how to get help when a young person is developing a mental illness, what sort of help has been shown by research to be effective, and how to provide first aid in a crisis situation.

This class is Limited to 30 Participants.

This training is recommended for:

Sheriff Departments, State police and corrections officers
State and local policymakers
School personnel and educators
Employers and business leaders
Primary Care Professionals
Mental health authorities
Nursing home staff
Emergency Response personnel
Faith communities
Volunteers

When: February 28th 2014

Time: 8:00 am – 5:00 pm

Where: VCSS 103 D Street
Marysville, California 95901

Who: By Invitation Only

Please RSVP to: John Floe 530-674-1885 ext. 114

JFloe@co.sutter.ca.us

Sponsored by:

Sutter-Yuba Mental Health-MHSA
Prevention and Early Intervention

PRESENTERS: AMY MOLINA-JONES

MATTHEW JOHN FLOE, MAOM