

County of Santa Cruz Mental Health Services
Fiscal Year (FY) 20/21 Specialty Mental Health Triennial Review
Corrective Action Plan

Chart Review

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Assessment: Requirement 8.2.2

8.2.2: The MHP shall ensure the following areas are included, as appropriate, as part of a comprehensive beneficiary record when an assessment has been performed 1) Presenting Problem. The beneficiary's chief complaint, history of the presenting problem(s), including current level of functioning, relevant family history and current family information. 2) Relevant conditions and psychosocial factors affecting the beneficiary's physical health including, as applicable; living situation, daily activities, social support, and cultural and linguistic factors. 3) History of trauma or exposure to trauma 4) Mental Health History. Previous treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions. 5) Medical History, including: a) Relevant physical health conditions reported by the beneficiary or a significant support person. b) Name and address of current source of medical treatment. c) For children and adolescents, the history must include prenatal and perinatal events and relevant/significant developmental history. 6) Medications, including: a) Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration and medical treatment. b) Documentation of the absence or presence of allergies or adverse

reactions to medications. c) Documentation of informed consent for medications. 7) Substance Exposure/Substance Use. Past and present use of tobacco, alcohol, caffeine, CAM (complementary and alternative medications) and over-the counter drugs, and illicit drugs. 8) Client Strengths. Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s). 9) Risks. Situations that present a risk to the beneficiary and others, including past or current trauma. 10) Mental Status Examination 11) A Complete Diagnosis. A diagnosis from the current ICD-code that is consistent with the presenting problems, history, mental status exam and/or other clinical data; including any current medical diagnosis.

DHCS Finding [8.2.2]

One or more of the assessments reviewed did not address all of the required elements specified in the MHP Contract. Specifically: • A Mental Status Examination: **Line number(s) 3, 5, and 17.**

Corrective Action Description: The MHP CAP describes how the MHP will ensure that every assessment contains all of the required elements specified in the MHP Contract with the Department.

Santa Cruz County Behavioral Health (BH) identifies that a Licensed Practitioner of the Healing Arts (LPHA) is responsible for ensuring the three components of the Assessment are documented at least annually and updated more frequently as clinically appropriate. Three components of the Assessment are: Psychosocial Assessment (PSA), Mental Status Exam (MSE), Diagnosis (DX). (Total of 11 items). The three components should be completed together or within 30 days.

Corrective Workflow for Assessment Completion:

Monitoring the timely completion of these requirements is a shared responsibility between the primary service provider assigned to case and the service provider's supervisor. Primary LPHA service providers shall complete PSA, MSE and DX forms. For case assignments that involve a non-LPHA staff as the primary staff, the staff's LPHA Supervisor must approve the primary staff's PSA and ensure that the MSE and DX are current to complete the set. If the MSE and/or DX are not current, then the assigned treatment team's LPHA Therapist, Psychiatry provider or Primary staff's Supervisor shall complete these requirements based on clinical knowledge and appointment determination.

Proposed Evidence/Documentation of Correction

1. Sample of MH Supervisor Compliance Report content with redacted PHI
2. Sample of newly developed User Compliance Report (still in testing phase)
3. Sample of Widget Report

Ongoing Monitoring (if included)

Currently BH Supervisors and Managers, including Contractors, can utilize the Avatar MH Supervisor Compliance Report that tracks the status of each Assessment component and associated dates (evidence submitted for audit and again with this response). This report pulls the caseload for each staff and shows clear outcomes, such as a green check for completed and a red X for not completed (see submitted example of report design with redacted PHI).

- The corrected workflow now includes the LPHA Supervisor obtaining the staff's report information prior to staff supervision time to review and identify timeliness items for completion planning.
- Supervisors will also work with staff to establish self-tracking practices based on organizational style and current practices, such as staff setting Outlook Calendar markers for due dates and focused time blocks.

In response to these findings, BH developed a new monitoring report for staff use, similar to the Supervisor Compliance Report (submitted sample as evidence), that includes same report features for the primary caseworker and other treating providers who have the client's treatment assignment. Staff will be instructed to pull their caseload reports to increase tracking of these deadlines at least bi-weekly and instructed to bring to supervision if there are items needing discussion within supervision time with LPHA Supervisor.

Also, an Avatar EHR Widget is available (submitted evidence) for all treatment team staff assigned to a client's care that displays the assessment completion status report content for that particular client once the client's chart is opened by the primary service provider and other treating providers.

BH is currently recruiting testers for form testing phase of the new Staff User Compliance Report in the UAT environment prior to launch in Avatar's LIVE environment. In addition, BH will be developing a communication document to distribute to all Avatar MH users and management to alert staff of these changes, plus also working on training material and scheduling to train both staff and supervisors regarding these available tools. With the shared-responsibility approach to this correction plan, BH is confident that completion monitoring will catch issues early and prevent future deficiencies. BH Management and Quality Improvement will monitor outcomes at least quarterly to ensure compliance.

Person Responsible (job title)

LPHA and Non-LPHA Case Managers, LPHA Therapist, LPHA Supervisor, LPHA Psychiatric Service Provider, Program Manager; Directors of Adult and Children MH Services.

Implementation Timeline: February 2022. BH estimates this timeline will allow for the finalization of the new User Compliance Report in Avatar LIVE environment,

implementation of workflow changes within MH divisions regarding staff and supervision shared monitoring practices, the development of supplemental training material and executing such trainings. Training Plan for Case Managers, Therapists and Supervisors on Assessment compliance, documentation standards, and tracking PSA, MSE, and DX using monitoring tools. Provider training sign-in sheet report to Directors of Adult/Children Services by April 2022.

Client Plans: Requirement 8.4.3a

8.4.3a: The MHP shall ensure that all medically necessary SMHS are sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished. (MHP Contract, Ex. A, Att. 2) Documentation to review • P&P • Beneficiary medical record

DHCS Finding [8.4.3a]

One or more client plan(s) was not completed in accordance with the MHP's initial timeliness standards or updated at least annually. Specifically:

- Line number 18. The initial Client Plan was completed late based on the MHP's documentation standards of timeliness. Based on the MHP's documentation standards, the initial client plan should be completed "within 60 days from the date of the first service" in the respective treatment program.
- Line number 18. For Provider #4475, the Episode Opening Date (EOD) was listed as 11/13/2019 and the initial Client Plan would have been due on 1/13/2020; however, the initial Client Plan was completed on 1/21/2020. This lapse between initial Client Plan expected date and completion date occurred outside of the audit review period and there were no claims during this period.
- Line numbers 9 and 16. There was a lapse between the prior and current Client Plans. However, this occurred outside of the audit review period.
- Line number 9. For Provider #44CP, the prior Client Plan expired on 1/3/2020; however, the current Client Plan was completed on 1/7/2020.
- Line number 16. For Provider #4475, the prior Client Plan expired on 6/28/2019; however, the current Client Plan was completed on 7/24/2019.
- Line number 8. There was a lapse between the prior and current Client Plans. However, there were no claims during this period.
- Line number 8. For Provider #4416, the prior Client Plan expired on 5/27/2020; however, the current Client Plan was completed on 6/17/2020.

Although there were two claimed services during the lapse between Client Plans, these services were service activities that are deemed as being reimbursable prior to a current Client Plan being completed (i.e. assessment and Targeted Case Management for referral/linkage).

Corrective Action Description

The MHP's CAP describes how the MHP will ensure that client plans are updated at least on an annual basis, as required by the MHP Contract with the Department, and within the timelines and frequency specified in the MHP's written documentation standards.

LPHA and Non-LPHA primary Case Managers, LPHA Therapists and LPHA Supervisors are to track upcoming client plan due dates and review in weekly team meetings and staff 1:1 supervision. Supervisors will work with staff to establish self-tracking practices based on organizational style and current practices, such as staff setting Outlook Calendar markers for due dates and focused time blocks. Staff are also instructed to utilize the 30-day due date reminder feature in the AVATAR Client Plan staff participant table. Furthermore, all service providing staff, including Contractors, will have access to the new MH User Compliance Report that tracks the most recent finalized client plan date per client on caseload.

As these corrective strategies are to ensure compliance and prevent the lateness/lapse of a client plan; BH is aware that there may be rare times, due to unexpected circumstances, when there will be a lateness/lapse. BH will now require that these late client plans (gap plans) are addressed immediately during the gap period by the assigned Primary Staff by documenting in the medical record a progress note that explains and justifies the gap, as well as the plan for completing a finalized plan. This progress note is to be completed before the next client plan is authorized.

Proposed Evidence/Documentation of Correction

1. Sample of MH Supervisor Compliance Report content with redacted PHI
2. Sample of newly developed User Compliance Report (still in testing phase)
3. Sample of Widget Report

Ongoing Monitoring (if included)

As described above, BH Supervisors and Managers, including Contractors, can currently utilize the Avatar MH Supervisor Compliance Report for tracking the status of Client Plan's ("TX Plan") expiration date (evidence submitted with this response). This report is linked to a staff's assigned caseload and shows clear completion dates in green for client plans or a red X for not completed, (see submitted examples of the report design with redacted PHI).

- The corrected workflow now includes the LPHA Supervisor obtaining the staff's report for completed Client Plan information prior to staff supervision time to review and identify timeliness items for completion planning.

In response to the collective chart findings, BH developed a new MH User Compliance Report for monitoring by staff, similar to the Supervisor Compliance Report (submitted sample as report design as evidence), that includes same report features for the primary caseworker and other treating providers who have the client's treatment assignment. Staff will be instructed to pull their caseload reports to increase tracking of

deadlines for the Client Plan at least bi-weekly and instructed to bring to supervision if there are items needing discussion within supervision time with LPHA Supervisor.

Also, an Avatar EHR Widget is available (submitted evidence) for all treatment team staff assigned to a client's care that displays the assessment completion status report content for that particular client once the client's chart is opened by the primary service provider and other treating providers.

BH is currently recruiting testers for form testing phase of the new Staff User Compliance Report in the UAT environment prior to launch in Avatar's LIVE environment. In addition, BH Management and QI will develop a communication document to distribute to all Avatar MH users and management to alert staff of these changes, as well as develop training material and schedule trainings for both staff and supervisors regarding these available tools. With the shared-responsibility approach to this correction plan, BH is confident that completion monitoring will catch issues early and prevent future deficiencies. BH Management and Quality Improvement will monitor outcomes at least quarterly to ensure compliance.

Person Responsible (job title)

LPHA and Non-LPHA Case Managers, LPHA Therapist, LPHA Supervisor, LPHA Psychiatric Service Provider, Program Manager; Directors of Adult and Children MH Services.

Implementation Timeline: February 2022. BH estimates this timeline will allow for the finalization of the new User Compliance Report in Avatar LIVE environment, implementation of workflow changes within MH divisions regarding staff and supervision shared monitoring practices, the development of supplemental training material and executing such trainings. Training Plan for Case Manager, Therapist and Supervisors on client plan compliance, documentation standards including gap plan progress note justification, and tracking due dates using monitoring tools. Provider training sign-in sheet report to Directors of Adult/Children Services by April 2022.

Client Plans: Requirement 8.4.4

8.4.4: The MHP shall ensure that Client Plans: 1) Have specific, observable and/or specific quantifiable goals/treatment objectives related to the beneficiary's mental health needs and functional impairment as a result of the mental health diagnosis. 2) Identify the proposed type(s) of interventions or modality, including a detailed description of the intervention to be provided. 3) Have a proposed frequency of the intervention(s). 4) Have a proposed duration of intervention(s). 5) Have interventions that focus and address the identified functional impairments as a result of the mental disorder or emotional disturbance. 6) Have interventions are consistent with client plan

goal(s)/treatment objective(s). 7) Have interventions are consistent with the qualifying diagnoses. Documentation to review • P&P • Beneficiary medical record

DHCS Finding [8.4.4]

Client Plans did not include all of the required elements identified in the MHP Contract. Specifically:

- One or more proposed interventions did not include an expected frequency or frequency range that was specific enough. **Line number(s) 3, 5, 8, 16, and 18.**
- **Line number 3.** The Client Plan completed as signed on 7/22/19 by Provider #4416 notes “or as needed” as its expected frequency, which is not a specific frequency of time, as it does not specifically state the rate at which a service will occur.
- **Line number 5.** The Client Plan completed as signed on 3/6/20 by Provider #4475 notes “as needed” as its expected frequency, which is not a specific frequency of time.
- **Line number 8.** The Client Plans (completed as signed on 5/28/19 and 6/17/20) by Provider #4416 noted “or as needed” as its expected frequency, which is not a specific frequency of time.
- **Line number 16.** The Client Plan completed as signed on 7/24/19 by Provider#4475 was missing an expected frequency for its planned Family Rehab Counseling service.
- **Line number 18.** The Client Plan completed as signed on 1/21/20 by Provider#4475 was missing an expected frequency for its planned Case Management service.

Corrective Action Description

The MHP’s CAP describes how the MHP will ensure that mental health interventions proposed on client plans indicate specific expected frequencies for each intervention.

Corrective Workflow to address findings:

Each treatment team member assigned to the client’s care, such as Case Managers and Therapists, as well as Supervisors, will periodically review client plans to determine if all the proposed interventions (service code and frequency) are being utilized and update Plan as needed to reflect changes. Frequency of these reviews will be no less than mid-cycle through the authorization period, and more frequent as clinically indicated or Staff/Supervisor determination. A Plan Development progress note will be written justifying the clinical appropriateness of adjusting any changes to the Client Plan.

All MHP service providing staff, including Contractors, will be informed and trained by County QI and Program Supervisors to adjust practices to ensure that Client Plan interventions no longer include “as needed” as a frequency. Supervisors will monitor staff’s development of Client Plan ongoingly to ensure this correction and incorporate plan development review and coaching into weekly 1:1 supervision according to staff’s needs.

BH Management and QI will develop a communication document to distribute to all Avatar MH users and management to alert staff of these changes, as well as develop

training material and schedule trainings for both staff and supervisors regarding these available tools. Training Plan for Case Managers, Therapists and Supervisors on Client Plan compliance, documentation standards including interventions with measurable frequency, and monitoring Client Plan practices and intervention utilization using monitoring tools and reports.

Proposed Evidence/Documentation of Correction

- 1. AVATAR Service Activity Report sample for monitoring Plan Development service activity during the Client Plan’s authorization period.**

Ongoing Monitoring (if included)

Treatment Staff and Supervisor will monitor the development and appropriateness of Client Plan activities ongoingly to ensure this correction. Treatment Staff and Supervisor have access to the AVATAR Service Activity Report that shows actual claimed intervention services. The report will help show a comparison between the Client Plan intervention / frequencies and actual planned services. Supervisor will monitor staff’s development of Client Plan ongoingly to ensure this correction and incorporate plan development review and coaching into weekly 1:1 supervision according to staff’s needs.

BH Management and QI will develop a communication document to distribute to all Avatar MH users and management to alert staff of these changes, as well as develop training material and schedule train for both staff and supervisors regarding these available tools.

With the shared-responsibility approach to this correction plan, BH is confident that monitoring will catch issues early and prevent future deficiencies. BH Management and Quality Improvement will monitor outcomes at least quarterly to ensure compliance.

Person Responsible (job title)

LPHA and Non-LPHA Case Managers, LPHA Therapist, LPHA Supervisor, LPHA Psychiatric Service Provider, Program Manager; Directors of Adult and Children MH Services.

Implementation Timeline: February 2022. BH estimates this timeline will allow for the implementation of workflow changes within MH divisions regarding staff and supervision shared monitoring practices, the development of supplemental training material and executing such trainings. Training Plan for Case Managers, Therapists, and Supervisors to include Client Plan requirements (including specification of intervention frequency and specifically prohibiting “as needed”) and mid-cycle review, documenting justification of changes. Provider training sign-in sheet report to Directors of Adult/Children Services by April 2022.

Client Plans: Requirement 8.4.11

8.4.11: There is documentation in the Client Plan that a copy of the Client Plan was offered to the beneficiary. Documentation to review • P&P • Beneficiary medical records

DHCS Finding [8.4.11]

Line number 2: There was no documentation on the current Client Plan that the beneficiary or legal guardian was offered a copy of the Client Plan.

Corrective Action Description

The MHP's CAP describes how the MHP will:

- 1) Ensure that there is documentation on the Client Plan substantiating that the beneficiary was offered a copy of the Client Plan.
- 2) Submit evidence that the MHP has an established process to document that each beneficiary is offered a copy of their current Client Plan.

BH MHP recognizes the importance of offering a copy of the Client Plan to the client for both best clinical collaboration practice as well as it being a requirement. To ensure that this practice is conducted, BH has trained service staff and supervisors accordingly and that documenting the date the plan is offered to the client is also required. BH has built into the Client Plan a date field to indicate that the Client Plan has been reviewed with the client and a copy of the Plan was offered on the specific dates entered by Staff prior to finalization by LPHA.

The corrective workflow is that all LPHA staff and LPHA supervisors are to monitor the Client Plan by finding the date on the plan to ensure compliance before finalizing. If it is not there, then return the Client Plan to author so the information can be entered and resubmitted for approval.

Signature of final Client Plan can be via electronic (Avatar signing pad or DocuSign) or wet/ink. DocuSign provides a copy to all signers automatically. For Avatar signing pad or wet signatures, the staff author will print two copies of the plan for the client's signature to both, offering one completed copy to client and the other for chart records. Staff to indicate in Plan Development progress note when a client declines to accept copy of Client Plan.

In response to the CAP, the Plan Offered Date field has been added to the new MH User Compliance Report as well as the MH Supervisor Compliance Report (see submitted samples of these reports.) In addition, the above-mentioned Compliance Widget will be modified to also list this item.

Proposed Evidence/Documentation of Correction

1. Sample of MH Supervisor Compliance Report content with redacted PHI
2. Sample of newly developed User Compliance Report (still in testing phase)

3. Sample of Widget Report

Ongoing Monitoring (if included)

Treatment Staff and LPHA Supervisor will monitor the completion of the Offered Client Plan Date when reviewing a developed Client Plan development ongoingly to ensure this correction before Plan finalization. Treatment Staff and Supervisor have access to the AVATAR Compliance Report and Compliance Widget to monitor compliance and timely correct deficiencies. Supervisor will monitor staff's development of Client Plan ongoingly to ensure this correction and incorporate plan development reviews and coaching into weekly 1:1 supervision according to staff's needs.

BH Management and QI will develop a communication document to distribute to all Avatar MH users and management to alert staff of the new User Compliance Report and Offered date addition, as well as develop training material and schedule trainings for both staff and supervisors regarding these available tools.

With the shared-responsibility approach to this correction plan, BH is confident that monitoring will catch issues early and prevent future deficiencies. BH Management and Quality Improvement will monitor outcomes at least quarterly to ensure compliance.

Person Responsible (job title)

LPHA and Non-LPHA Case Managers, LPHA Therapist, LPHA Supervisor, LPHA Psychiatric Service Provider, Program Manager; Directors of Adult and Children MH Services.

Implementation Timeline: February 2022. BH estimates this timeline will allow for the implementation of workflow changes within MH divisions regarding staff and supervision shared monitoring practices, the development of supplemental training material and executing such trainings. Training Plan for Case Managers, Therapists, and Supervisors to include Client Plan requirements (including offering a copy of plan to client) and self-monitoring practices with new User Compliance Report and Widget change. Provider training sign-in sheet report to Directors of Adult/Children Services by April 2022.

Progress Notes: Requirement 8.5.2

8.5.2: Items that shall be contained in the client record (i.e., Progress Notes) related to the beneficiary's progress in treatment include all of the following: 1) Timely documentation of relevant aspects of client care, including documentation of medical necessity. 2) Documentation of beneficiary encounters, including relevant clinical decisions, when decisions are made, alternative approaches for future interventions. 3) Interventions applied, beneficiary's response to the interventions, and the location of the interventions. 4) The date the services were provided. 5) Documentation of referrals to community resources and other agencies, when appropriate. 6) Documentation of

follow-up care or, as appropriate, a discharge summary 7) The amount of time taken to provide services. 8) The following: a) The signature of the person providing the service (or electronic equivalent); b) The person's type of professional degree, and, c) Licensure or job title. (MHP Contract, Ex. A, Att. 2) Documentation to review • P&P • Beneficiary medical records

DHCS Finding [8.5.2]

Progress notes did not include all required elements specified in the MHP Contract, and/or were not in accordance with the MHP's written documentation standards. Specifically:

- **Line numbers 8 and 9.** One or more progress notes were not completed within the MHP's written timeliness standard of 7 calendar days after provision of service. Five (1 percent) of all progress notes reviewed were completed late (99% compliance).

Corrective Action Description

The MHP's CAP describes how the MHP will ensure that progress notes document timely completion and relevant aspects of client care, as specified in the MHP Contract with the Department and by the MHP's written documentation standards.

County BH's policy for timely documentation indicated that all progress notes will be finalized within 7 calendar days.

Corrective Workflow:

LPHA and Non-LPHA Case Managers, LPHA Therapists and LPHA Supervisors are to track progress note documentation due dates to ensure timely completion and compliance of BH's documentation standard. Supervisors will work with staff to establish self-tracking practices based on organizational style and current practices, such as staff setting Outlook Calendar markers for due dates and focused time blocks. Staff are also instructed to utilize Avatar tracking tools, such as Calendar and To-Do's feature. Staff and Supervisor will utilize and review the Progress Note Aging Report (detail and summary) in weekly staff supervision at least monthly, and more frequently as performance indicates. Furthermore, all service providing staff, including Contractors, will have access to the new MH User Compliance Report that tracks the most recent finalized service date and service type, per client on caseload, which is generated from progress note data.

Proposed Evidence/Documentation of Correction

1. Sample of Progress Note Aging Report with redacted PHI
2. MH User Compliance Report
3. MH Supervisor Compliance Report
4. Compliance Widget

Ongoing Monitoring (if included)

Staff and Supervisor have access to the AVATAR Progress Note Aging Reports (detail and summary), Compliance Report and Compliance Widget to monitor compliance of timely documentation and identify correction of any deficiencies. Supervisors will monitor staff's performance of timely progress note documentation ongoingly to ensure this correction and incorporate monitoring report reviews and coaching into weekly 1:1 supervision according to staff's needs.

BH Management and QI will develop a communication document to distribute to all Avatar MH users and management to alert staff of the new User Compliance Report, as well as develop training material and schedule trainings for both staff and supervisors regarding these available tools.

With the shared-responsibility approach to this correction plan, BH is confident that monitoring will catch issues early and prevent future deficiencies. BH Management and Quality Improvement will monitor outcomes at least quarterly to ensure compliance.

Person Responsible (job title)

LPHA and Non-LPHA Case Managers, LPHA Therapist, LPHA Supervisor, LPHA Psychiatric Service Provider, Program Manager; Directors of Adult and Children MH Services.

Implementation Timeline: February 2022. BH estimates this timeline will allow for the implementation of workflow changes within MH divisions regarding staff and supervision shared monitoring practices, the development of supplemental training material and executing such trainings. Training Plan for Case Managers, Therapists, and Supervisors to include documentation standards, (including progress note timeliness requirements) and self-monitoring practices with Progress Note Aging Report, new User Compliance Report and Widget change. Provider training sign-in sheet report to Directors of Adult/Children Services by April 2022.

Progress Notes: Requirement 8.5.3

8.5.3: When services are being provided to, or on behalf of, a beneficiary by two or more persons at one point in time, the progress notes shall include: 1) Documentation of each person's involvement in the context of the mental health needs of the beneficiary. 2) The exact number of minutes used by persons providing the service. 3) Signature(s) of person(s) providing the services. (CCR, title 9, § 1840.314(c).)
Documentation to review • P&P • Beneficiary medical record

DHCS Finding [8.5.3]

Documentation of services provided to, or on behalf of, a beneficiary by one or more persons at one point in time did not include all required components. Specifically:

- **Line number 9.** While the MHP was able to provide separate documentation listing the number of participants in each group, one or more group progress notes did not accurately document the number of participants in the group.

Four (8 percent) of all group progress notes did not accurately document the number of group participants in the progress notes. (92% compliance) The MHP currently incorporates the practice of instructing providers to write the number of group participants in their progress notes, as this is not automatically embedded by the MHP's Electronic Health Record (EHR) program. In the identified progress notes above, the providers had not written the number of participants into the progress notes.

Corrective Action Description

The MHP's CAP describes how the MHP will ensure that progress notes contain the actual number of clients participating in a group activity.

Group Count has been an ongoing Avatar issues and County BH has been attempting to have NetSmart correct the Group Count field in the Avatar Group Note form. County BH has an outstanding open NetSmart Trouble Ticket for many months to resolve is issue. As of 10/15/2021 the issue has been resolved.

As a prior work-around to the form's malfunction and continuing as additional documentation to the Avatar form function, all Avatar users have been instructed to capture the number of client participants for a particular group in the narrative section of the Group Progress Note form. The suggested location is the first line of the narrative field, so the count is easily located for monitoring practices.

Group counselors and Supervisor will periodically review Group Progress Note narratives to ensure number of client participants is documented in the note.

Proposed Evidence/Documentation of Correction

1. Avatar Service Activity Report with Group sample and redacted PHI
2. Avatar Fix: Test Client Group Note Sample with highlighted Group County Identifier.

Ongoing Monitoring (if included)

Staff and Supervisors are instructed to monitor group count compliance by utilizing the Avatar Service Activity Report to review group note activity with group counselors. In addition, Group Notes are reviewed and monitored by co-signers, supervisors, or peer reviewers, to ensure participant counts are documented.

Group counselors and their Supervisor will periodically review Group Progress Note narratives to ensure number of client participants is documented in the note.

BH Management and Quality Improvement will monitor chart sampling outcomes at least quarterly to ensure compliance.

Person Responsible (job title)

Staff who provide group services, (including LPHA and Non-LPHA Case Managers, LPHA Therapist and Occupational Therapist), LPHA Supervisor, Program Manager; Directors of Adult and Children MH Services, and QI Training Staff.

Implementation Timeline: February 2022. BH estimates this timeline will allow for the implementation of workflow changes within MH divisions regarding staff and supervision shared monitoring practices, the development of supplemental training material and executing such trainings. Training Plan for group services conducted by Case Managers, Therapists, and their Supervisors to include documentation standards, (including group count requirements) and self-monitoring practices with the Service Activity Report. Provider training sign-in sheet report to Directors of Adult/Children Services by April 2022.

Provision of ICC Services and IHBS for Children and Youth

Requirement 8.6.1

8.6.1: The MHP must make individualized determinations of each child's/youth's need for ICC and IHBS, based on the child's/youth's strengths and needs. (Medi-Cal Manual for ICC, IHBS, and TFC Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018) Documentation to review • P&P • Beneficiary medical records Enclosure 169
• ICC/IHBS service criteria • List of beneficiaries receiving ICC/IHBS

FINDING 8.6.1:

The medical record associated with the following Line number(s) did not contain evidence that the beneficiary received an individualized determination of eligibility and need for ICC services and IHBS, and that if appropriate, such services were included in their Client Plan:

For the following Line Numbers, there was evidence within the medical record that beneficiaries merited some level of consideration for the possibility of more intensive services such as ICC and/or IHBS. However, an individualized determination of eligibility and need for ICC services and/or IHBS could not be located.

During the review, MHP staff discussed their recent implementation of an updated ICC/IHBS eligibility form for all children and youth beneficiaries, but this form was implemented as of 2021, after the post-payment chart review period of this review.

- **Line numbers 11, 12, and 16.** o **Line number 11.** The beneficiary's medical record indicates the beneficiary is experiencing a frequent need for crisis intervention and an elevated self-harm ideation.
- **Line number 12.** The beneficiary's medical record documents that the beneficiary has had involvement with multiple child serving systems (i.e., Legal Services and behavioral problems at school).
- **Line number 16.** Per the beneficiary's medical record, the client continues to be in foster care, but no evidence could be located regarding an individualized determination of the need for ICC or IHBS services.

Corrective Action Description: 8.6.1:

The MHP's CAP describes how we will ensure that:

1) Written documentation is in place describing the process for determining and documenting eligibility and need for ICC Services and IHBS.

Policy, Procedure, and Form update:

In December 2020 the MHP updated policies and procedures to assure beneficiaries receive an individualized determination of eligibility and need for ICC and IHBS services, and that if appropriate, such services are then included in their Treatment Plan. Policy 2434, *MHP Delivery of Intensive Support Services (ICC, IHBS, TFC)* (Attachment 1), describes the process for determining and documenting eligibility and need for ICC Services and IHBS.

In January 2021 the Intensive Supportive Support Eligibility Form (ISSE) (Attachment 2) was revised as the tool to determine ICC and IHBS eligibility. This form is completed during the intake and assessment period when a client initiates behavioral health services. It is updated if there is a significant change in the acuity of youth's presenting issues, or at minimum annually. The completed form is scanned into the electronic health record of the youth.

2) Training is provided to all staff and contract providers who have the responsibility for determining eligibility and need for ICC and IBHS.

In March and April 2021 training was provided to Children's Behavioral Health staff and all Community Based Organizations (CBOs) contracted with Santa Cruz County to provide Medi-Cal services to beneficiaries with moderate to severe mental illness. The training described ICC and IHBS services, described the process of using the ISSE form to document the assessment of the need for ICC, re-introduced the concept of the Child and Family Team (CFT) and CFT Meeting as part of the ICC service delivery, described how ICC and IHBS service goals should be integrated into the Treatment Plan. The Power Point slides for this training is attached (Attachment 3). Instructions were also provided on billing for ICC and IHBS services.

The following trainings were offered regarding ICC and IHBS:

- Children's Behavioral Health Staff, March 1, 2021. Training on ICC, IHBS, Child and Family Teams (CFT) and CFT Meetings.

- Pajaro Valley Prevention and Student Assistance (PVPSA) Staff, March 3, 2021, Training on ICC and IHBS.

- Encompass Children's Program Management, March 25, 2021, Training on ICC and IHBS.

- UR Review - All County and CBO Program Supervisors – March 8, 2021 ICC, IHBS, Policy Review

- Children's Behavioral Health Admin All Staff meeting, April 16, 2021 Review of ICC, IHBS FAQ document.

For further education and training purposes a Frequently Asked Questions (FAQ) document was drafted and made available that included a workflow of ICC evaluation,

IHBS authorization, and ICC and ICBH service delivery. The document was updated in response to staff feedback and questions (Attachment 4).

- 3) **Each beneficiary under age 22 who is authorized to receive Specialty Mental Health Services also receives an individualized determination of eligibility and need for ICC Service and IHBS prior to or during the development of the beneficiary's Initial Client Plan.**

Tracking Individualized Determinations of ICC/IHBS Service Eligibility:

Following the ICC and IHBS trainings, Children's Behavioral Health established separate tracking spreadsheets for ICC evaluations and IHBS authorizations. Each CBO was instructed to develop an internal monitoring system to ensure tracking that an Intensive Supportive Support Eligibility Form (ISSE) form is completed on each youth entering the system. The completed forms are scanned into the Electronic Health Record of each youth.

Beginning in January 2022, CBOs will be required to submit quarterly reports of their ICC and IHBS tracking activities. CBH can extract data related to billed ICC services. A baseline data report was generated in March 2021. In the future the data report may be cross referenced with the CBO tracking information to determine how many of the youth who were identified as eligible for ICC services, and how many received those services

Monitoring of the ICC/IHBS Eligibility Evaluation Practice:

Currently, the need for change to ICC and IHBS has been based upon informal clinical reporting from case coordinators to their supervisors. Clinicians report when the treatment needs increase and ICC or IHBS services may be required, or the family could request additional clinical support. If the youth had not been receiving ICC services, the supervisor would request that the ISSE form be updated and ICC and IHBS be added to the Treatment Plan.

CBH has a Clinical Growth Committee that works on clinical improvement for the Children's System of Care. That committee has a draft version of a Case Presentation Format which will create a more formal structure for case presentation (Attachment 5). The suggested case presentation specifically references the use of the ISSE form and the establishment of ICC and IHBS goals. The goal is that a Case Presentation would be prepared at the outset of treatment, if there is a significant change in the treatment needs, or prior to the ending of therapy.

Proposed Evidence/Documentation of Correction

1. Policy 2434, *MHP Delivery of Intensive Support Services (ICC, IHBS, TFC)*
2. Intensive Supportive Support Eligibility Form (ISSE)
3. Power Point slides for the ICC/IHBS training
4. Frequently Asked Questions (FAQ) document on ICC/IHBS
5. Case Presentation Format that incorporated ICC/IHBS eligibility review

Ongoing Monitoring (if included)

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Monitoring of the ICC/IHBS Eligibility Evaluation Practice:

Supervisors will monitor staff's performance of ICC/IHBS Eligibility Evaluations and completion/submission of ISSE forms into weekly 1:1 supervision according to staff's needs. The Children's Behavioral Health Program Manager who oversees Children's Access and relationships with the CBOs will collect and review Children's Behavioral Health and CBO tracking sheets quarterly. The Children's Behavioral Health management team, the Clinical Growth Committee, CBO management and supervisor will monitor/evaluate Case Presentation process effectiveness for identification of future revision or modification as necessary. BH Management and Quality Improvement will monitor outcomes to ensure compliance.

Person Responsible (job title)

The Children's Behavioral Health management team, the Clinical Growth Committee, CBO management and supervisor, and the Quality Improvement team have contributed to the implementation of the changes to date. The CBH Program Manager who oversees Children's Access and relationships with the CBOs will be responsible for implementation of the CAP. The CHB supervisor for the Access and Community Gate team is responsible for maintaining the ICC and IHBS tracking spreadsheets, CBO management and supervision are responsible for maintaining the tracking for their agencies. QI team will monitor any future requests for revision or modification to the CAP.

Implementation Timeline:

December 2020, Policy and Procedure revision.

January 2021, Revision of ISSE form to evaluate criteria for ICC and IHBS services

March – April 2021, Training of CBH and CBOs in the new ICC, IHBS policy and procedure.

March 2021, Baseline data for ICC service provided throughout Children's System of Care

May 2021, DHCS, MHP Triannual Audit for Santa Cruz County

August 2021 – DHSC Triannual Audit Report

October 2021, Corrective Action Plan Due

October – December 2021 Training of Transition Age Youth programs staff and supervisors

January 2022, Initiation of quarterly reporting of ICC, IHBS tracking data from CBOs

System Review

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Santa Cruz County BH submitted separate supplemental evidence for the above requirement numbers.	

Requirement 1: TFC 1.2.7

Service Requirement: 1.2.7: The MHP must provide Therapeutic Foster Care (TFC) services to all children and youth who meet medical necessity criteria for TFC. (Medi-Cal Manual for Intensive Care Coordination, Intensive Home Based Services, and Therapeutic Foster Care Services for Medi-Cal Beneficiaries, 3rd Edition, January 2018)

- Documentation to review: P&P, TFC criteria, TFC screening tool, List of beneficiaries receiving TFC, TFC provider subcontract, POS data, TFC training materials

DHCS Finding [1.2.7]

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP provides TFC services. Specifically, the MHP currently does not have a contract in place with a TFC provider for the provision of TFC services.

During the facilitated discussion, the MHP indicated that there has been outreach to find a provider however, two RFPs have failed to produce a TFC provider for the MHP. The MHP stated that in lieu of TFC, a combination of ICC, IHBS, and TBS services are used to meet the TFC requirement. The MHP stated that while these three services are not the same as providing TFC services, it is as close as possible without a TFC provider. The MHP did provide examples of two children who have been identified as needing TFC services and their progress notes to show that the children who are receiving the alternate set of treatment services are being provided the same level of care while the county continues its attempts to contract with a TFC provider.

DHCS deems the MHP out of compliance with the Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care Services (TFC) for Medi-Cal Beneficiaries, 3rd Edition, January 2018.

Corrective Action Description

Planning and Monitoring Activities:

- Director of Children's Behavioral Health Lisa Gutiérrez Wang met with Human Services Agency (HSD) Director of Family and Children's Services Robin Luckett and Senior Human Services Analyst Najeeb Kamil on June 8, 2021, to discuss/devise an updated outreach strategy to identify a TFC provider.
 - Najeeb Kamil assigned task of outreaching to neighboring counties (e.g., Santa Clara, Alameda, and San Mateo counties) to inquire about their TFC providers, and search for established lists of provider organizations to contact.
 - Obtained *Therapeutic Foster Care Provider Report* (June 29, 2020) that lists twelve (12) providers that are enrolled in the online provider system and are certified by the county to submit Medi-Cal claims, and eleven (11) providers enrolled in the online system to provide TFC services but are not yet Medi-Cal certified.
 - Also received positive recommendations for Uplift Family Services (Santa Clara-based Foster Care Services) and Aspiranet (Monterey-based services).
 - Prioritized direct outreach to the following organizations:
 - Uplift Family Services

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- Aspiranet
- Rebekah Children's Services
- Seneca
- Identified the newly formed Interagency Leadership Team (ILT) monthly meeting, a product of the AB 2083 MOU, as a space to communicate on TFC provider outreach and implementation progress. ILT has met three times: Aug. 17, 2021, Sept. 10, 2021, and Oct. 8, 2021.

Outreach Activities:

- Santa Cruz County Behavioral Health representatives Lisa Gutiérrez Wang (Director of Children's Behavioral Health), Lauren Fein (Children's Behavioral Health Manager), Cassandra Eslami (Director of Community Engagement), and Alex Threlfall (Director of Psychiatry) met with Uplift Family Services Regional Executive Director, Don Taylor for an initial "Meet & Greet" on Sept. 30, 2021.
 - Mr. Taylor provided an overview of their Adoption and Foster Care Services in Santa Clara County, including Intensive Services Foster Care (ISFC) and Therapeutic Foster Care (TFC).
 - Mr. Taylor expressed his agency's interest in providing these services in Santa Cruz County citing that a significant number of Uplift Family Services staff members live in Santa Cruz County and the fact that they currently operate two TFC homes in Santa Cruz County for Santa Clara County youth.
 - Lisa Gutiérrez Wang, Director of Children's Behavioral Health, has scheduled follow-up meeting with Mr. Taylor, and Santa Cruz County HSD Family and Children's Services representatives Robin Luckett and Najeeb Kamil, and Santa Cruz County Probation Department Juvenile Division Director Rob Doty on Wednesday, Oct. 27, 2021, at 1PM.

Proposed Evidence/Documentation of Correction

Calendar Documentation:

- Children's Behavioral Health and Family and Children's Services TFC Meeting (June 8, 2021)
- Interagency Leadership Team Meetings (August 17, 2021; Sept. 10, 2021; and Oct. 8, 2021)
- Uplift Meet & Greet (Sept. 30, 2021)
- Uplift and Santa Cruz County Meeting (Oct. 27, 2021)

Documentation:

- Uplift Meet & Greet Presentation Slides
- Interagency Leadership Team Meeting Notes (Oct. 8, 2021)

Ongoing Monitoring (if included)

- Monitoring of progress toward outreach to potential TFC providers; contracting; and subsequent implementation of TFC will occur within the monthly ILT Meeting (scheduled for the first Friday of every month).

Person Responsible (job title)

Children Behavioral Health Director

Implementation Timeline:

- June 8, 2021 – Children’s Behavioral Health and Family and Children’s Services TFC Planning Meeting
- August 17, 2021 – Interagency Leadership Team Meeting
- September 10, 2021 – Interagency Leadership Team Meeting
- September 15, 2021 – Outreach to Uplift Family Services
- September 30, 2021 – Uplift Family Services Meet & Greet Meeting
- October __, 2021 – Outreach to Aspiranet
- October __, 2021 – Outreach to Rebekah Children’s Services
- October __, 2021 – Outreach to Seneca
- October 8, 2021 – Interagency Leadership Team Meeting
- October 27, 2021 – Meeting with Uplift Family Services and Santa Cruz County Partners
- October-December 2021 – Complete initial Outreach Efforts
- January-March 2022 – Negotiate Sole Source Contract with Provider
- April 2022 - Contract Executed

DHCS Response

Date: 11/03/21

Action required by County: Please include with proposed evidence/documentation of correction the executed contract with TFC provider.

Response: Response Sufficient

Santa Cruz County BH was able to contract with Pacific Clinics as our TFC provider. Contract provided as evidence on 11.15.2022.

Date: 11/15/22

Requirement 2: Test Call 4.3.2

Test Call Requirement: 4.3.2: Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:

The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county. The toll-free telephone number provides information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met.

The toll-free telephone number provides information to beneficiaries about services needed to treat a beneficiary’s urgent condition. The toll-free telephone number provides information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes.

(CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1).)

- Documentation to review: DHCS test call worksheets, P&P, Contracts/documentation of vendors providing language access for 24/7 statewide toll-free line, Test call scripts, MHP test call results

DHCS Finding [4.3.2]

[Test Calls Findings]

- After-Hour call #1- out of compliance on 4.3.2.2 due to caller not being provided information on how to obtain Children BH services.

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- During business hour call #2 – In Compliance
- Before business hour call: #3 – partial compliance. Out of compliance on 4.3.2.2 due to caller not provided information on how to obtain SMHS and needed assessment for medical necessity criteria.
- During business hour call #4 – partial compliance. Out of compliance on 4.3.2.2 due to caller not provided information on how to access SMHS including and needed assessment for medical necessity criteria.
- Before business hour call #5 – out of compliance. Out of compliance on 4.3.2.2 & 4.3.2.3 due to caller not provided information on how to access SMHS including and needed assessment for medical necessity criteria & caller not provided information on how to treat an urgent condition.
- During business hour call #6 – In Compliance
- After hour call #7 – out of compliance on 4.3.2.4. Caller not provided information on how to use the grievance/complaint/ beneficiary problem resolution and fair hearing process.

COUNTY RESPONSE: County MHP's Summary of DHCS Test Call Findings and Compliance for the seven (7) DHCS Test Calls listed above based on After-Hours Contracted Service vs. Business Hours (8am-5pm M-F) MHP Access Team.

After Hours Contracted Service (4 of 7 test calls):

The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county: 100% compliance (4 of 4 test calls)

Operators provide information regarding accessing Specialty Mental Health Services (SMHS) and medical necessity requirements: 0% compliance (0 of 3 test calls regarding this item)

Operators provide information regarding services to treat an urgent condition: 50% compliance (1 of 2 test calls regarding this item)

Operators provide information regarding how to use the beneficiary problem resolution and fair hearing processes: 0% compliance (0 of 1 test calls regarding this item)

Business Hours Access Team (3 of 7 test calls):

The MHP provides a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county: 100% compliance (3 of 3 test calls)

Operators provide information regarding accessing Specialty Mental Health Services (SMHS) and medical necessity requirements: 50% compliance (1 of 2 test calls regarding this item)

Operators provide information regarding services to treat an urgent condition: 100% compliance (2 of 2 test calls regarding this item)

Operators provide information regarding how to use the beneficiary problem resolution and fair hearing processes: 100% compliance (1 of 1 test calls regarding this item)

Corrective Action Description

[After-hours contracted vender Corrective Action Description]:

Santa Cruz County Behavioral Health MHP leadership over contract and Quality Improvement (QI) staff have increased contract monitoring and corrective action

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practices due to increased issues with vender since company merged with a larger call-center company. QI staff has increased improvement efforts by meeting with vender service manager and call-center staff to provide script corrections and training; enhanced test-call monitoring of vender's accurate response to requests; and technical assistance to our current answering service vender throughout the FY20-21. Due to ongoing issues found through our internal test call monitoring process and results from the DHCS MHP Triennial Review, BH QI Department implemented a CAP with the vender on 5/24/21 that identified areas of correction. At the time of this writing on 10/1/21, the vender continues to have outstanding items that have not yet met a sufficient corrective response and MHP leadership initiated fiscal sanctions with the vender and plans to provide contract termination notice as soon as possible. Santa Cruz County Behavioral Health has made the decision to discontinue the contract agreement with our current vender and will be terminating our agreement in accordance with the agreement language. BH has identified a new answering service partner, Answernet, and is finalizing an executed agreement. BH has developed a script with all required elements for both MHP and DMC-ODS callers, and the new vender has confirmed its usability and confirmed their ability to build workflow language into their answering system for staff access. This agreement is expected to be finalized by December 31, 2021, or sooner.

Corrective actions with current vender: Anticipated Completion: By 12/31/2021

1. MHP leadership to provide current vender notice of contract termination once new Answernet contract is finalized.
2. QI staff and MHP leadership to continue providing feedback to the answering service and recommend changes to resolve items.
3. QI staff continue to request copy of current script to monitor accuracy with all required elements.
4. QI staff continue to request training evidence and verification of staff monitoring practices.
5. See submitted County BH QI outstanding CAP with current vender.

Regulatory and Service Compliance Actions with new vender, Answernet:

1. MHP leadership to establish an executed contract that clearly identifies caller response and call logging requirements by 12/31/2021.
2. BH provided Answernet copy of operator script during contract negotiation which includes all required items for the toll-free 24/7 phone number per California Code of Regulations (CCR).
3. BH will coordinate on-boarding training meetings with Answernet leadership and operators prior to their start date for answering the Behavioral Health toll-free 24/7 phone number. The trainings will review the script and Santa Cruz County specific response requirements.
4. BH to establish implementation start-up meetings to ensure accurate and smooth operations between partners. Initial 1st quarter of implementation will consist of regular (bi-weekly initially then monthly as applicable) meetings inclusive of MHP leadership, QI staff and Answernet leadership to ensure their performance meets BH standards and expectations, and to answer questions Answernet leadership

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and operators may have as they begin responding to callers from Santa Cruz County.

5. QI staff will continue to collaborate with Community Connections (agency who performs BH test calls) to ensure completion of 15-20 test calls per month.
6. QI staff will review the test call performance of After-Hours Operators and provide bi-weekly feedback to AnswerNet and MHP leadership regarding test call performance when services first begin.
7. AnswerNet to submit daily call activity reports, as well as monthly performance reports to QI and BH leadership for ongoing compliance monitoring.

Proposed Evidence/Documentation of Correction

1. Copy of 30-day termination notice letter with current vendor and executed contract with new vendor AnswerNet. Estimated submission by 12/31/21.
2. Authorized County BH Call-Center Operator Script used by answering service vendor
3. County BH Training Materials and Vendor Staff Training Sign-In Sheet
4. On-Boarding Meetings: Agendas & Minutes
5. Test Call Check-Lists with outcome (pass / fail)
6. Overall Test Call performance will be measured and reported quarterly.
7. AnswerNet's submission of daily call activity reports as well as monthly and quarterly performance reports.

[Business hours Corrective Action Description]

Finding: Operators provide information regarding accessing Specialty Mental Health Services (SMHS) and medical necessity requirements: 50% compliance (1 of 2 test calls regarding this item)

Corrective Actions with BH Access Call Center Team (Business Hours):

Anticipated Completion Date: Co BH Access call center team will have implemented corrections by 12/31/2021. Team staff will be able to provide information regarding how to access SMHS for all ages, including information regarding medical necessity requirements with 100% compliance.

Corrective Actions:

1. MHP/QI staff will review and update the Access Call-Center caller script to further delineate a clear response regarding how to access SMHS for all ages, including information regarding medical necessity requirements to improve clarity; script will be provided to Team leadership and staff.
2. Access Team will attend a training regarding updated script and 800# regulations and appropriate responses to ensure callers receive information as required by the California Code of Regulations.
3. Access Team leadership will incorporate staff competency practices into supervision, such as role play call scenarios, monitoring call responses and address any training follow-up needs as indicated.
4. QI staff will continue to collaborate with Community Connections (agency who performs test calls) to ensure completion of 15-20 test calls per month.
5. QI staff will create targeted test call scenarios in collaboration with Community Connection leadership regarding how to access SMHS.

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6. Community Connection staff will make test calls, utilizing test call scenarios specific to accessing SMHS 5-10 times per month to test accurate operator responses.
7. QI staff will review the test call performance of Business Hours Operators and provide monthly feedback to Access Team leadership regarding test call performance.

Proposed Evidence/Documentation of Correction

1. BH Business Hour Updated Script
2. Training Materials and Staff Training Sign-In Sheet
3. Test Call Check-Lists with outcome (pass / fail)
4. Overall Test Call performance will be measured and reported quarterly.
5. Performance regarding scenarios specific to accessing SMHS will be measured and reported separately.

Ongoing Monitoring (if included)

For both the After-Hours contracted vendor and the Business Hours Access Team, BH QI staff and MHP leadership will continue to monitor current and future call-center responses via monthly test calls, and performance analysis at least quarterly and more frequently as indicated. Call response performance analysis will continue to be reviewed at the BH quarterly QIC Steering Committee meetings to ensure both ongoing compliance and identification of any additional correction areas. QI staff will provide direct feedback regarding performance and needed improvements to County BH staff and contracted vendor on a quarterly basis.

More frequent monitoring will occur if both AnswerNet and the Access Team staff are not in full compliance with regulations discussed above.

Behavioral Health's new call-center response vendor, AnswerNet, will be closely monitored during their first quarter under contract. Should there be concerns with their performance, immediate corrective action will be taken to rectify identified deficiencies. As done previously, if either AnswerNet or the Access Team has continued performance deficiencies, Corrective Action Plans will be issued by Quality Improvement.

Person Responsible (job title)

[Adult Mental Health Service Director, Quality Improvement Director]

Implementation Timeline:

Behavioral Health (BH) anticipated the completion of implemented corrections for both Business-Hour findings by December 31, 2021, or sooner. For the After-Hour findings, BH anticipated the new executed agreement to be completed by 12/31/2021; therefore the 30-day notice of contract termination with current vendor by 11/30/21. The described new vendor implementation phase is anticipated to be at least one quarter; therefore, completion of these items by 3/31/2022.

DHCS Response

Date: 11/03/21

Action required by County: Submission of proposed evidence/documentation of correction as indicated.

Response: Response Sufficient

Date: 11/02/22

Requirement 2: Test Call 4.3.4

[Service Request Log Requirement: The written log(s) contain the following required elements: Name of the beneficiary. Date of the request, Initial disposition of the request. (CCR, title 9, chapter 11, section 1810.405(f).)

Documentation to review: P&P, DHCS test call results, Written log(s) of initial requests/service request log/ access line call log]

DHCS Finding [4.3.4]

While the MHP submitted evidence to demonstrate compliance with this requirement, one (1) of five (5) required DHCS test calls were not logged on the MHP's written log of initial request. DHCS deems the MHP partial compliance with California Code of Regulations, title 9, section 1810, subdivision 405(f).

COUNTY Summary of Test Call Findings and Compliance based on five (5) DHCS Test Calls in FY 20-2021 in which a written log was required for After-Hours Contracted Service and Business Hours MHP Access Team:

After Hours:

Written log of initial requests for SMHS made via phone completed, including name of caller, date of request and initial disposition of request = 0% compliance (0 of 3 test calls regarding this item logged all 3 required elements)

Business Hours Access Team:

Written log of initial requests for SMHS made via phone completed, including name of caller, date of request and initial disposition of request = 100% compliance (2 of 2 calls regarding this item logged all 3 required elements)

Corrective Action Description

[After-hour contracted vendor Corrective Action Description]:

1. As per above, regarding the findings for 4.3.2, Santa Cruz County Behavioral Health (BH) has made the decision to discontinue the contract agreement with the current vendor and will be terminating the agreement in accordance with the agreement language. BH has identified a new answering service partner, AnswerNet, and is finalizing an executed agreement.
2. BH has developed required daily and monthly reports, which AnswerNet has confirmed they can and will utilize to report documentation of each call, including name of caller, date of call / request and disposition of the request (see attached daily and monthly report drafts).
3. QI staff will continue to collaborate with Community Connections (agency who performs test calls) to ensure test calls occur monthly and caller's name and call request type are clearly identifiable for tracking and monitoring purposes.

Corrective Action is not applicable for Business Hours Access Team as the Business Hours responders demonstrated 100% compliance with this item.

Proposed Evidence/Documentation of Correction

1. Overall Test Call performance will be measured and reported quarterly, including whether all 3 elements required were included in After-Hours logs.
2. AnswerNet Daily Reports

Ongoing Monitoring (if included)

For the After-Hours contracted vendor, BH QI staff and MHP leadership will continue to monitor current and future call-center responses via monthly test calls, and performance

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analysis at least quarterly and more frequently as indicated. Call response performance analysis will continue to be reviewed at the BH quarterly QIC Steering Committee meetings to ensure both ongoing compliance and identification of any additional correction areas. QI staff will provide direct feedback regarding performance and needed improvements to County BH staff and contracted vender on a quarterly basis. More frequent monitoring will occur if Answernet is not in full compliance with all elements of written logs of requests for services. If there are continued performance deficiencies, Corrective Action Plans will be issued by Quality Improvement.

Person Responsible (job title)

[Adult Mental Health Service Director, Quality Improvement Director]

Implementation Timeline:

Behavioral Health (BH) anticipated the completion of implemented corrections for both Business-Hour findings by December 31, 2021, or sooner. For the After-Hour findings, BH anticipated the new executed agreement to be completed by 12/31/2021; therefore the 30-day notice of contract termination with current vender by 11/30/21. The described new vender implementation phase is anticipated to be at least one quarter; therefore, completion of these items by 3/31/2022. Our new vender, Answernet, will be reviewed and evaluated upon initiation of their contract. Should there be concerns with their performance, immediate corrective action will be taken.

DHCS Response

Date: 11/03/21

Action required by County: Submission of proposed evidence/documentation of correction as indicated.

Response: Response Sufficient

11/1/2022

Update to Santa Cruz County Mental Health Plan CAP for 4.3.2 & 4.3.4

Date: 11/02/22

Business Hours Staff:

Area requiring improvement: ability to provide information regarding how to access Specialty Mental Health Services (SMHS) for all ages, including medical necessity requirements.

Actions taken with Business Hours Operators and Supervisors:

- Provided quarterly emails post review of test calls to provide feedback to Supervisor and Team regarding operator provision of information regarding accessing SMHS
- Shared and reviewed start-up training slides for new after-hours vendor as a method to review correct response to providing information regarding accessing SMHS
- Review of quarterly data with Supervisor through sharing QI Steering Committee slides and 24/7 State test call reports
- On-going collaboration with agency who performs test calls, Community Connections, including training provided to test caller group to support with improvements to business hours and after-hours operator response when client is requesting information regarding accessing specialty mental health services

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- Updated test caller check-list to support test caller and operator success
- Monitor daily call activity report follow-up

After Hours staff:

Areas requiring improvement: ability to provide information regarding how to access Specialty Mental Health Services (SMHS) for all ages, including medical necessity requirements, ability to provide information regarding accessing services to treat an urgent condition and ability to provide information regarding how to use the beneficiary problem resolution and fair hearing processes.

Actions taken with After Hours Operators and Supervisors:

- Contracted with new vendor, AnswerNet as of 12/2/2021
- Provided start-up trainings to AnswerNet operators with focus on response to accessing SMHS, accessing urgent services and providing information regarding beneficiary problem resolution and fair hearing processes
- BH staff (Quality Improvement, Adult Services Staff, Access Staff) met with AnswerNet bi-weekly for approximately 6 months to ensure contract compliance, including report compliance
- BH staff continues to meet every 3 weeks with AnswerNet
- BH staff worked closely with AnswerNet on script updates as needed during the first 9 months of the contract; this will continue on-going as needed
- BH QI staff worked closely with AnswerNet to ensure daily reports include all required elements per CCR title 9, chapter 11, section 1810.405(f)
- On-going collaboration with agency who performs test calls, Community Connections, including training provided to test caller group to support with improvements to business hours and after-hours operator response when client is requesting information regarding accessing specialty mental health services
- Updated test caller check-list to support test caller and operator success
- Monitor daily call activity reports & monthly call summary reports

Evidence provided to demonstrate success of both Business Hours and After Hours operators & efforts by the MHP to satisfy 4.3.2 & 4.3.4:

- AnswerNet contract
- AnswerNet start-up trainings
- Bi-weekly AnswerNet meeting minutes
- AnswerNet Script
- Community Connection training slides & attendance list
- Updated Test Caller Check-List
- 24/7 Access Line Report Date for MHP for FY 22-23 Q1, demonstrating satisfactory performance by both After Hours & Business Hours staff
- FY 21-22 QI Workplan Evaluation (see page 11) demonstrating overall satisfactory test call performance for both After Hours & Business Hours staff
- QI Steering Committee slides for FY 21-22 Q4 (slide 9) demonstrating satisfactory test call performance
- Samples of daily call reports and monthly call summaries which include all required elements per CCR title 9, chapter 11, section 1810.405(f)

Requirement 3: CCC Participation 4.4.2

CCC Participation Requirement: 4.4.2: Regarding the MHP's Cultural Competence Committee (CCC): The MHP has a CCC or other group that addresses cultural issues and has participation from cultural groups that is reflective of the community. (CCR title 9, section 1810.410).

- Documentation to review: P&P, CCC organizational chart / committee membership roster, CCC charter, Cultural Competence Plan, CCC annual report

DHCS Finding [4.4.2]

While the MHP submitted evidence to demonstrate compliance with this requirement, it is not evident that the MHP has participation from cultural groups that is reflective of the community as part of the Cultural Competence Committee. DHCS deems the MHP out of compliance with California Code of Regulations, title 9, section 1810, subdivision 410.

Corrective Action Description

Santa Cruz County Behavioral Health (BH) understands and agrees with the importance of incorporating into our Cultural Humility Committee (CHC) more cultural diversity in experience, knowledge and representation that reflects our community needs and interests, and expands collective contribution towards initiatives and projects that address our local cultural issues. BH/MHP leadership is committed to supporting and addressing community wellness and cultural issues and barriers often can be a personal and social deterrent to getting help. In addition, BH is also committed to increasing our transparency and collaboration with community members and expanding the CHC membership aligns with this goal and meets our CCC regulatory requirements. The BH Quality Improvement (QI) Director is responsible for staffing the BH designated County required Ethnic Service Manager (EMS) role, which BH calls the Culturally and Linguistically Appropriate Service (CLAS) Coordinator. The QI Director is currently hiring for the CLAS Coordinator position, and this identified staff will be a new member of the CHC. In response to our MHP Triennial review, BH leadership and the CHC members developed the below plan for membership recruitment and overall CHC growth.

1. Due to dropping CHC membership numbers within Behavioral Health, the initial step identified by the CHC was to recruit more diverse BH workforce membership. As results of CHC conducting targeted outreach, as well as received notices of interest, after CHC events, the CHC has new Persons of Color (POC), gender and sexual orientation representatives who bring a wider scope of personal and work experience (MH and SUD fields). The newly hired BH CLAS Coordinator is also a new member. In addition, members of the BH POC Affinity Group have increased participation in specific CHC cultural enhancement activities; such as reading and offering feedback/edits of the CHC cultural COMPASS tutorials during development and again prior to distribution; and participating in the planning and breakout group facilitation for Cultural Café learning sessions.
2. The CHC also identified a potential bilingual/bicultural collaborative partner who works as a Family Partner assisting families with navigating the Santa Cruz County Children's System of Care and an advocate for addressing barriers to care, especially cultural barriers. The CHC outreached this person for targeted membership recruitment, and she accepted the invitation. She is scheduled to

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attend her introduction meeting on 10/21/21 to learn more about the committee's mission, scope of work and more to determine her interest and commitment level.

3. Santa Cruz County BH leadership, CLAS Coordinator (pending hire) and current CHC members are planning for a reorganization and expansion of the CCC structure to incorporate more governance, planning and oversight of cultural competency initiatives/functions. As the current CHC's focus has been primarily on BH workforce enhancement initiatives, the proposed plan is to establish a new multi-stakeholder committee that then has oversight over the current BH CHC BH workforce enhancement workgroup as well as launching new workgroups focused on policy review/revision, CLAS service enhancement and culturally responsive community outreach. The recruitment efforts for the multi-stakeholder committee and new workgroups will focus on BH workforce, external partners and community members who reflect our diverse community. Targeted outreach and recruitment, including application screening, are the focus for enhancing the CHC membership growth and cohesion. BH is currently at the design stage of an outreach plan with identified activities and target dates. For Example:
 - a. Outreach: This will include identifying:
 - i. Potential community agencies, faith-based organizations, clubs, groups, affiliations, persons, etc. for outreach.
 - ii. Methods for outreach (such as email, county BH website, flyer, etc.)
 - iii. Identification of specific skills/focus areas needed to enhance CHC productivity
 - iv. Utilization of application (such as survey tool, fillable pdf, return method, etc.)
 - v. Other items
 - b. Recruitment application (draft submitted as evidence): Purpose is to assist with identifying interested persons and learn if the submitter's interest is in alignment with the BH/CHC mission, goals, as well as assess scope of ability to participate in a range of collaborative projects.
 - i. This application is pending committee review for edits and approval.
 - ii. If proceeding with this strategy, BH leadership, CLAS Coordinator and the CHC members will need to discuss/plan how to utilize the tool, such as identifying an equitably accessible format (Word doc, fillable PDF form, online survey tool, phone interview results, and come combination of these or other ideas), and
 - iii. The CLAS Coordinator and CHC will need to create a process for how to receive applications, offer transparency into the process, and then review for CHC consideration as potential member.
 - c. Member Selection: Once finalized, the proposed application will be distributed in mid-November in a BH CHC recruitment announcement and application submission due date is targeted for 12/31/2021. Applications will then be reviewed, and potential members will be interviewed and selected between January and the end of March 2022.

Proposed Evidence/Documentation of Correction

1. CHC meeting Agenda/Minutes that capture above corrective plan and 10/21/21 introduction meeting with Family Partner recruit.
2. Copy of Recruitment Application Draft
3. CHC Membership Roster post recruitment efforts that includes description of BH staff or community representation (Pending until March 2022)

Ongoing Monitoring (if included)

As mentioned, BH/MHP leadership is committed to supporting and addressing community wellness and cultural issues and barriers often can be a personal and social deterrent to getting help. In addition, BH is also committed to increasing our transparency and collaboration with community members and expanding the CHC membership aligns with this goal and meets our CCC regulatory requirements. The BH Quality Improvement (QI) designated County required Ethnic Service Manager (EMS) role, which BH calls the Culturally and Linguistically Appropriate Service (CLAS) Coordinator holds a lead role in establishing the new governance CHC committee as well as oversight and monitoring of the subcommittee workgroups. During the year, CLAS Coordinator will be responsible for ongoing monitoring the CHC membership at the bi-weekly meeting series, and initiate discussions regarding needed CHC outreach activities if there are known departures or unknown drops in membership attendance. The CLAS Coordinator, who is responsible for updating the annual BH CLAS/CCC Plan (integration of mental health and substance use service), will also monitor the CHC throughout the year by collecting and consolidating County wide cultural awareness, outreach, response and planning activities within BH, with partners and the greater community.

Person Responsible (job title)

BH Leadership, Cultural Humility Committee, CLAS Coordinator, QI Director

Implementation Timeline: CHC membership recruitment and expansion is currently underway. Comprehensive recruitment efforts as described above is anticipated to be completed by 3/31/22.

DHCS Response

Date: 11/03/21

Action required by County: Please submit proposed evidence/documentation of correction as indicated.

Response: Response Sufficient.

Date: 07/21/22