SHASTA COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD (MHADAB)
REGULAR MEETING
Minutes
May 3, 2017

Members: Steve Smith, Charlie Menoher, Ron Henninger, Sonny Stupek, Leon Polk, Dale Marlar, Sam Major, Amanda Peterson, Carol Zetina, Kerrie Hoppes, Kari Hess, David Kehoe, and Marvin Peterson

Absent Members: Michele Wright

Shasta County Staff: Donnell Ewert, Dean True, Dianna Wagner, Cara Schuler, and Kerri Schuette

Guests: Genell Restuvo and Steve Lucarelli

Agenda Item	Discussion	Action	Individual Responsible
I. Introductions	➢ Chair extended a warm welcome to all. ➢ Board members and HHSA staff introduced themselves.		➢ Steve Smith, MHADAB Chair
II. Public Comment Period	➢ MHADAB member Peterson read three letters from individuals about their recent visits at Restpadd. (Elizabeth H., Nihal E., and Jolynn L.) Member Kehoe requested noting for the meeting that there is no HIPAA waiver needed since Ms. Peterson is not a county employee and the individuals gave her the letters directly.		➢ Amanda Peterson, MHADAB Member
III. Provider Reports	➢ None.		
IV. Approval of Minutes	➢ Minutes from the March 1, 2017 and April 5, 2017 meetings were presented in written form.	➢ Approve the March 1, 2017 and April 5, 2017 minutes as submitted.	➢ Charles Menoher (Motion) Marvin Peterson (Second)
V. Announcements and Review of Correspondence	A. MHADAB Chair welcomed new member Dale Marlar.		B. Steve Smith, MHADAB Chair
VI. Presentations	A. AEGIS REDDING: A PowerPoint presentation regarding the new Aegis Medication Unit in Redding was provided by Michele Saldana, Chico Clinic Manager, Daniel Moore, Chico Assistant Clinic Manager, and Katrina Sherby, Redding Medication Dispenser [See Attachment A] B. PROBLEM RESOLUTION PROCESS: A PowerPoint presentation regarding the Problem Resolution Process was provided by Justina Larson, Clinical Program Coordinator [See Attachment B]		➢ Michele Saldana, Chico Clinic Manager, Daniel Moore, Chico Assistant Clinic Manager, and Katrina Sherby, Redding Medication Dispenser ➢ Justina Larson, Clinical Program Coordinator
VII. Directors' Report	➢ The Directors' Report was sent out prior to the meeting for the Board and guests to review. [see Attachment C]		➢ Steve Smith , MHADAB Chair

VIII. Discussion:	A. <u>BOARD DUTIES AND RESPONSIBILITIES:</u> MHADAB Chair brought up that at the Superior Regional meeting member Major was given a manual for Local Mental Health Boards and Commissions. MHADAB Chair asked all members to review and provide feedback and advise if there are areas that need further clarification.	➢ Board Secretary to send out Manual for Local Mental Health Board and Commissions (Rev. 2016).	➢ Steve Smith, MHADAB Chair
IX. MHADAB Standing Committee Report	➢ <u>EXECUTIVE COMMITTEE MEETING:</u> None.		
X. Other Reports	➢ <u>COMMUNITY EDUCATION COMMITTEE (CEC):</u> The Minds Matter Mental Health Resource Fair and Music Festival will be May 4, 2017. The resource portion of the fair will take place from 2:30-6:00 pm and then the music will begin afterwards at the Downtown Promenade. ➢ <u>MENTAL HEALTH SERVICES ACT ADVISORY COMMITTEE:</u> A meeting of 3-year Expenditure Plan took place with MHADAB members Ron Henninger and Amanda Peterson to discuss a plan for stakeholder meetings. Those meetings will be set up in the future. ➢ <u>SUICIDE PREVENTION WORKGROUP:</u> A group from Shasta County submitted a video and received honorable mention. Preparation is beginning for the annual suicide walk. ➢ <u>ADP PROVIDER MEETING:</u> Please refer to Directors' Report. ➢ <u>HOMELESSNESS MEETINGS:</u> Nothing to report.		➢ Kerri Schuette, Program Manager and MHSA Coordinator ➢ Kerri Schuette, Program Manager and MHSA Coordinator ➢ Steve Smith, MHADAB Chair
XI. Reminders	➢ See Agenda.		
XII. Adjournment		➢ Adjournment (7:20 p.m.)	

_____
Steve Smith, Chair

_____
Cara Schuler, Secretary

AEGIS TREATMENT CENTERS
Redding Medication Unit

May 3, 2017

Agenda

- Introduction
- Aegis Overview
- Redding Medication Unit
- Q & A

Opioid Addiction

Aegis Overview

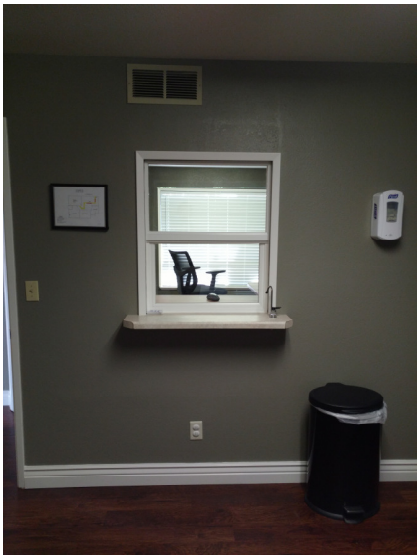
- 30 outpatient opioid MAT addiction treatment clinics in 14 Counties in CA
- 9,000 patients, State/Federal, Insurance and private pay
- Treatment consists of individual and Group counseling, and medication (methadone or buprenorphine)
- Committed to the patient and to quality, and harm reduction as our clinical model, recognizing opioid addiction is a chronic, relapsing disease
- Excellent outcomes and reputation

MAT = Medication Assisted Treatment

Aegis Medication Unit - Redding

1145 Hartnell Drive, Redding, CA

AEGIS TREATMENT CENTERS, LLC



AEGIS TREATMENT CENTERS, LLC

Problem Resolution Process

MENTAL HEALTH, ALCOHOL AND DRUG
ADVISORY BOARD
MAY 3, 2017

- Grievance
- Appeal/Expedited Appeal

  or, once you have completed the problem resolution process at the MHP, you may file for:

- The State Fair Hearing Process

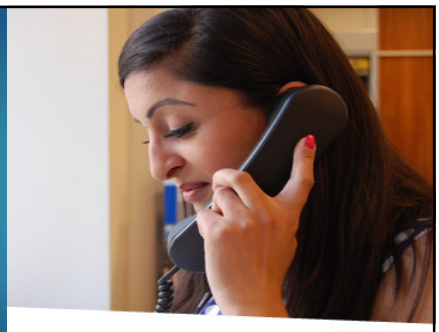
An Expression of Unhappiness

"Now why'd you have to go and make me mad!"

In Person

Write

Call



Confused?

No Problem.

There's Help.

- ❑ Personal Advocate
- ❑ Patients' Rights Advocate
- ❑ Managed Care

Shasta County Internet Page:

http://www.co.shasta.ca.us/index/hhsa_index/mental_wellness/Mental_health_forms.aspx

"Why would I file an Appeal?"

- In Person
- Write
- Call

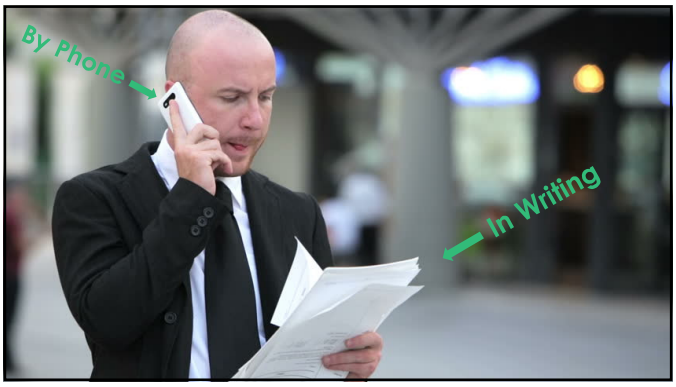
90

DAYS

45
DAYS

FASTRAK

ATTAIN
MAINTAIN
REGAIN


By Phone
In Writing

State Fair Hearing

When would I ask for a State Fair Hearing?

- ☑ Completed Grievance/Appeal Process
- ☑ Denial Due to Lack of Medical Necessity
- ☑ Denial or Change to Services
- ☑ Timeliness of Services or Decisions
- ☑ Disagreement about Services

Write
Call
Fax

State Hearing Division
California Department of Social Services
P.O. Box 944243, Mail Station 19-37
Sacramento, CA 94244-2430

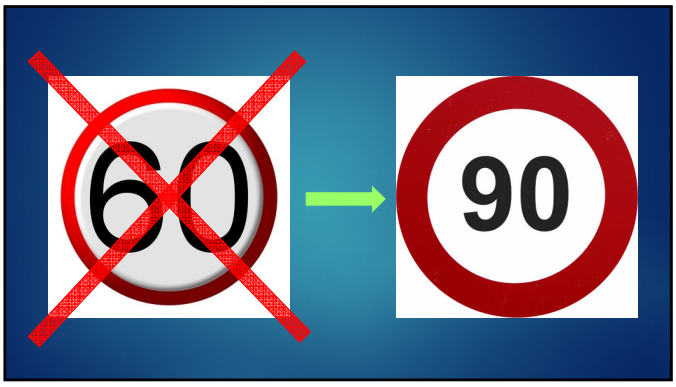
You may fax your request to:
1-916-651-5210
1-916-229-4110

You may also submit your request orally by calling:
1-800-952-5253 (voice)
1-800-952-8349 (TTY)

90
DAYS

EXPEDITE!

CHANGE
AHEAD


60
90

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsman@dmh.ca.gov.

Contacts:

Shasta County 530-225-5200

Toll Free 888-385-5201

Patients' Rights Advocate 530-225-5506

Managed Care 530-245-6750

While the majority of counties may handle the Problem Resolution Process in the way stated, there may be some differences among counties in the way things are handled. See specific information on your county in the front of this booklet.

What If I Don't Get the Services I Want From My County MHP?

Your county's MHP has a way for you to work out a problem about any issue related to the specialty mental health services you are receiving. This is called the problem resolution process and it could involve either:

1. **The Grievance Process-** an expression of unhappiness about anything regarding your specialty mental health services that is not one of the problems covered by the Appeal and State Fair Hearing processes.
2. **The Appeal Process** - review of a decision (denial or changes to services) that was made about your specialty mental health services by the MHP or your provider.

Or, once you have completed the problem resolution process at the MHP you can file for:

3. **The State Fair Hearing Process-** review to make sure you receive the mental health services which you are entitled to under the Medi-Cal program.

Your MHP will provide grievance and appeal forms and self addressed envelopes for you at all provider sites, and you should not have to ask anyone to get one. Your county's MHP must post notices explaining the grievance and appeal process procedures in locations at all provider sites, and make language interpreting services available at no charge, along with toll-free numbers to help you during normal business hours.

The State's Mental Health Ombudsman Services can be reached at (800) 896-4042 (interpreter services are available) or TTY (800) 896-2512, by sending a fax to (916) 653-9194, or by e-mailing to ombudsman@dmh .ca.gov.

Filing a grievance or appeal or a State Fair Hearing will not count against you. When your grievance or appeal is complete, your county's MHP will notify you and others involved of the final outcome. When your State Fair Hearing is complete, the State Hearing Office will notify you and others involved of the final outcome.

Can I Get Help To File An Appeal, Grievance Or State Fair Hearing?

Your county's MHP will have people available to explain these processes to you and to help you report a problem either as a Grievance, an Appeal, or as a request for State Fair Hearing. They may also help you know if you qualify for what's called an 'expedited' process, which means it will be reviewed more quickly because your health or stability are at risk. You may also authorize another person to act on your behalf, including your mental health care provider.

What If I Need Help To Solve A Problem With My MHP But Don't Want To File A Grievance Or Appeal?

You can get help from the State if you are having trouble finding the right people at the MHP to help you find your way through the MHP system. The State has a Mental Health Ombudsman Services program that can provide you with information on how the MHP system works, explain your rights and choices, help you solve problems with getting the services you need, and refer you to others at the MHP or in your community who may be of help.

In 2003, some of the words used to describe the MHP processes to help you solve problems with the MHP changed. You may no longer request a State Fair Hearing at any time during the Grievance or Appeals process.

What Is A Grievance?

A grievance is an expression of unhappiness about anything regarding your specialty mental health services that are not one of the problems covered by the Appeal and State Fair Hearing processes (see pages 23 and 26 for information on the Appeal and State Fair Hearing processes).

The grievance process will:

- Involve simple, and easily understood procedures that allow you to present your grievance orally or in writing.
- Not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous levels of review or decision-making.
- Identify the roles and responsibilities of you, your MHP and your provider
- Provide resolution for the grievance in the required timeframes.

When Can I File A Grievance?

You can file a grievance with the MHP if you are unhappy with the specialty mental health services you are receiving from the MHP or have another concern regarding the MHP.

How Can I File A Grievance?

You may call your county MHP's toll-free telephone number to get help with a grievance. The MHP will provide self-addressed envelopes at all the providers' sites for you to mail in your grievance. Grievances can be filed orally or in writing. Oral grievances do not have to be followed up in writing.

How Do I Know If The MHP Received My Grievance?

Your MHP will let you know that it received your grievance by sending you a written confirmation.

When Will My Grievance Be Decided?

The MHP must make a decision about your grievance within 60 calendar days from the date you filed your grievance. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay might be for your benefit is when the MHP thinks it might be able to approve your grievance if the MHP had a little more time to get information from you or other people involved.

How Do I Know If The MHP Has Made a Decision About My Grievance?

When a decision has been made regarding your grievance, the MHP will notify you or your representative in writing of the decision. If your MHP fails to notify you or any affected parties of the grievance decision on time, then the MHP will provide you with a notice of action advising you of your right to request a State Fair Hearing. Your MHP will provide you with a notice of action on the date the timeframe expires.

Is There A Deadline To File To A Grievance?

You may file a grievance at any time.

Your MHP is responsible for allowing you to request a review of a decision that was made about your specialty mental health services by the MHP or your providers. There are two ways you can request a review. One way is using the standard Appeals process. The second way is by using the expedited Appeals process. These two forms of Appeals are similar; however, there are specific requirements to qualify for an expedited Appeal. The specific requirements are explained below.

What Is A Standard Appeal?

A Standard Appeal is a request for review of a problem you have with the MHP or your provider that involves denial or changes to services you think you need. If you request a standard Appeal, the MHP may take up to 45 days to review it. If you think waiting 45 days will put your health at risk, you should ask for an 'expedited Appeal.'

The standard appeals process will:

- Allow you to file an Appeal in person, on the phone, or in writing. If you submit your Appeal in person or on the phone, you must follow it up with a signed written Appeal. You can get help to write the Appeal. If you do not follow-up with a signed written Appeal, your Appeal will not be resolved. However, the date that you submitted of the oral Appeal is the filing date.
- Ensure filing an Appeal will not count against you or your provider in any way.
- Allow you to authorize another person to act on your behalf, including a provider. If you authorize another person to act on your behalf, the MHP might ask you to sign a form authorizing the MHP to release information to that person.
- Have your benefits continued upon request for an Appeal within the required timeframe, which is 10 days from the date your Notice of Action was mailed or personally given to you. You do not have to pay for continued services while the Appeal is pending.
- Ensure that the individuals making the decisions are qualified to do so and not involved in any previous level of review or decision-making.
- Allow you or your representative to examine your case file, including your medical record, and any other documents or records considered during the appeal process, before and during the appeal process.
- Allow you to have a reasonable opportunity to present evidence and allegations of fact or law, in person or in writing.
- Allow you, your representative, or the legal representative of a deceased beneficiary's estate to be included as parties to the appeal.
- Let you know your appeal is being reviewed by sending you written confirmation
- Inform you of your right to request a State Fair Hearing, following the completion of the Appeal process.

When Can I File An Appeal?

You can file an appeal with your county's MHP:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Can I File An Appeal?

See the front part of this booklet for information on how to file an appeal with your MHP. You may call your county MHP's toll-free telephone number (also included in the front part of this booklet) to get help with filing an appeal. The MHP will provide self-addressed envelopes at all provider sites for you to mail in your appeal.

How Do I Know If My Appeal Has Been Decided?

Your MHP will notify you or your representative in writing about their decision for your appeal. The notification will have the following information:

- The results of the appeal resolution process
- The date the appeal decision was made
- If the appeal is not resolved wholly in your favor, the notice will also contain information regarding your right to a state fair hearing and the procedure for filing a state fair hearing.

Is There A Deadline To File An Appeal?

You must file an appeal within 90 days of the date of the action you're appealing when you get a notice of action (see page 20). Keep in mind that you will not always get a notice of action. There are no deadlines for filing an appeal when you do not get a notice of action; so you may file at any time.

When Will A Decision Be Made About My Appeal?

The MHP must decide on your appeal within 45 calendar days from when the MHP receives your request for the appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is for your benefit. An example of when a delay is for your benefit is when the MHP thinks it might be able to approve your appeal if the MHP had a little more time to get information from you or your provider.

What If I Can't Wait 45 Days For My Appeal Decision?

The appeal process may be faster if it qualifies for the expedited appeals process. (Please see the section on Expedited Appeals below.)

What Is An Expedited Appeal?

An expedited appeal is a faster way to decide an appeal. The expedited appeals process follows a similar process than the standard appeals process. However,

- Your appeal has to meet certain requirements (see below).
- The expedited appeals process also follows different deadlines than the standard appeals.
- You can make a verbal request for an expedited appeal. You do not have to put your expedited appeal request in writing.

When Can I File an Expedited Appeal?

If you think that waiting up to 45 days for a standard appeal decision will jeopardize your life, health or ability to attain, maintain or regain maximum function, you may request an expedited appeal. If the MHP agrees that your appeal meets the requirements for an expedited appeal, your MHP will resolve your expedited appeal within 3 working days after the MHP receives the expedited appeal. Timeframes may be extended by up to 14 calendar days if you request an extension, or if the MHP feels that there is a need for additional information and that the delay is in your interest. If your MHP extends the timeframes, the MHP will give you a written explanation as to why the timeframes were extended.

If the MHP decides that your appeal does not qualify for an expedited appeal, your MHP will notify you right away orally and will notify you in writing within 2 calendar days. Your appeal will then follow the standard appeal timeframes outlined earlier in this section. If you disagree with the MHP's decision that your appeal doesn't meet the expedited appeal criteria, you may file a grievance (see the description of the grievance process below).

Once your MHP resolves your expedited appeal, the MHP will notify you and all affected parties orally and in writing.

THE State Fair Hearing PROCESSES
(Standard and Expedited)

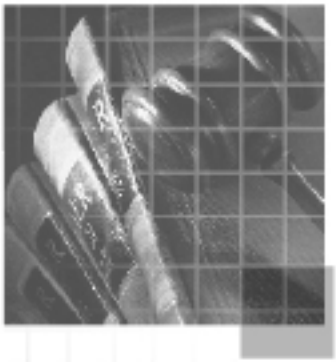
What Is A State Fair Hearing?

A State Fair Hearing is an independent review conducted by the California Department of Social Services to ensure you receive the specialty mental health services to which you are entitled under the Medi-Cal program.

What Are My State Fair Hearing Rights?

You have the right to:

- Have a hearing before the California Department of Social Services (also called a State Fair Hearing)
- Be told about how to ask for a State Fair Hearing
- Be told about the rules that govern representation at the State Fair Hearing
- Have your benefits continued upon your request during the State Fair Hearing process if you ask for a State Fair Hearing within the required timeframes



When Can I File For A State Fair Hearing?

You can file for a State Fair Hearing:

- If you have competed the MHP's Grievance and/or Appeals process.
- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. (See page 17 for information about medical necessity.)
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP doesn't provide services to you based on the timelines the MHP has set up.
- If you don't think the MHP is providing services soon enough to meet your needs.
- If your grievance, appeal or expedited appeal wasn't resolved in time.
- If you and your provider do not agree on the services you need

How Do I Request A State Fair Hearing?

You can request a State Fair Hearing directly from the California Department of Social Services. You can ask for a State Fair Hearing by writing to:

State Hearing Division
California Department of Social Services
P.O. Box 9424443, Mail Station 19-37
Sacramento, CA 94244-2430

To request a State Fair Hearing, you may also call **(800) 952-5253**, send a fax to **(916) 229-4110**, or write to the Department of Social Services/State Hearings Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430.

Is There a Deadline for Filing For A State Fair Hearing?

If you didn't receive a notice of action, you may file for a State Fair Hearing at any time.

Can I Continue Services While I'm Waiting For A State Fair Hearing Decision?

You can continue services while you're waiting for a State Fair Hearing decision if your provider thinks specialty mental health service you are already receiving needs to continue and asks the MHP for approval to continue, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service the provider requested. You will always receive a Notice of Action from the MHP when this happens. Additionally, you will not have to pay for services given while the State Fair Hearing is pending.

What Do I Need To Do if I Want to Continue Services While I'm Waiting For A State Fair Hearing Decision?

If you want services to continue during the State Fair Hearing process, you must request a State Fair Hearing within 10 days from the date your notice of action was mailed or personally given to you.

What If I Can't Wait 90 Days For My State Fair Hearing Decision?

You may ask for an expedited (quicker) State Fair Hearing if you think the normal 90-day time frame will cause serious problems with your mental health, including problems with your ability to gain, maintain, or regain important life functions. The Department of Social Services, State Hearings Division, will review your request for an expedited State Fair Hearing and decide if it qualifies. If your expedited hearing request is approved, a hearing will be held and a hearing decision will be issued within 3 working days of the date your request is received by the State Hearings Division.

What Is A Notice Of Action?

A Notice of Action, sometimes called an NOA, is a form that your county's Mental Health Plan (MHP) uses to tell you when the MHP makes a decision about whether or not you will get Medi-Cal specialty mental health services. A Notice of Action is also used to tell you if your grievance, appeal, or expedited appeal was not resolved in time, or if you didn't get services within the MHP's timeline standards for providing services.

When Will I Get A Notice Of Action?

You will get a Notice of Action:

- If your MHP or one of the MHP's providers decides that you do not qualify to receive any Medi-Cal specialty mental health services because you do not meet the medical necessity criteria. See page 17 for information about medical necessity.
- If your provider thinks you need a specialty mental health service and asks the MHP for approval, but the MHP does not agree and says "no" to your provider's request, or changes the type or frequency of service. Most of the time you will receive a Notice of Action before you receive the service, but sometimes the Notice of Action will come after you already received the service, or while you are receiving the service. If you get a Notice of Action after you have already received the service you do not have to pay for the service.
- If your provider has asked the MHP for approval, but the MHP needs more information to make a decision and doesn't complete the approval process on time.
- If your MHP does not provide services to you based on the timelines the MHP has set up. Call your county's MHP to find out if the MHP has set up timeline standards.
- If you file a grievance with the MHP and the MHP does not get back to you with a written decision on your grievance within 60 days. See page 28 for more information on grievances.
- If you file an appeal with the MHP and the MHP does not get back to you with a written decision on your appeal within 45 days or, if you filed an expedited appeal, within three working days. See page 23 for more information on appeals.

Please see the next section in this booklet on the Problem Resolution Processes for more information on grievances, appeals and State Fair Hearings.

Will I Always Get A Notice Of Action When I Don't Get The Services I Want?

There are some cases where you may not receive a Notice of Action. If you and your provider do not agree on the services you need, you will not get a Notice of Action from the MHP. If you think the MHP is not providing services to you quickly enough, but the MHP hasn't set a timeline, you won't receive a Notice of Action.

You may still file an appeal with the MHP or if you have completed the Appeals process, you can request a state fair hearing when these things happen. Information on how to file an appeal or request a fair hearing is included in this booklet starting on page 22. Information should also be available in your provider's office.

What Will The Notice Of Action Tell Me?

The Notice of Action will tell you:

- What your county's MHP did that affects you and your ability to get services.
- The effective date of the decision and the reason the MHP made its decision.
- The state or federal rules the MHP was following when it made the decision.
- What your rights are if you do not agree with what the MHP did.
- How to file an appeal with the MHP.
- How to request a State Fair Hearing.
- How to request an expedited appeal or an expedited fair hearing.
- How to get help filing an appeal or requesting a State Fair Hearing.
- How long you have to file an appeal or request a State Fair Hearing.
- If you are eligible to continue to receive services while you wait for an Appeal or State Fair Hearing decision.
- When you have to file your Appeal or State Fair Hearing request if you want the services to continue.

You should decide if you agree with what the MHP says on the form. If you decide that you don't agree, you can file an Appeal with your MHP, or after completing the Appeal process, you can request a State Fair Hearing, being careful to file on time. Most of the time, you will have 90 days to request a State Fair Hearing or file an Appeal.

What Should I Do When I Get A Notice Of Action?

When you get a Notice of Action you should read all the information on the form carefully. If you don't understand the form, your MHP can help you. You may also ask another person to help you.

If the Notice of Action form tells you that you can continue services while you are waiting for a State Fair Hearing decision, you must request the state fair hearing within 10 days from the date the Notice of Action was mailed or personally given to you or, if the Notice of Action is sent more than 10 days before the effective date for the change in services, before the effective date of the change.

What is 'Medical Necessity' And Why Is It So Important?

One of the conditions necessary for receiving specialty mental health services through your county's MHP is something called 'medical necessity.' This means a doctor or other mental health professional will talk with you to decide if there is a medical need for services, and if you can be helped by services if you receive them.

The term 'medical necessity' is important because it will help decide what kind of services you may get and how you may get them. Deciding 'medical necessity' is a very important part of the process of getting specialty mental health services.

What Are The 'Medical Necessity' Criteria For Coverage Of Specialty Mental Health Services Except For Hospital Services?

As part of deciding if you need specialty mental health services, your county's MHP will work with you and your provider to decide if the services are a 'medical necessity,' as explained above. This section explains how your MHP will make that decision.

You don't need to know if you have a diagnosis, or a specific mental illness, to ask for help. Your county MHP will help you get this information with an 'assessment.' There are four conditions your MHP will look for to decide if your services are a 'medical necessity' and qualify for coverage by the MHP:

(1) You must be diagnosed by the MHP with one of the following mental illnesses as described in the Diagnostic and Statistical Manual, Fourth Edition, published by the American Psychiatric Association:

- Pervasive Developmental Disorders, except Autistic Disorders
- Disruptive Behavior and Attention Deficit Disorders
- Feeding and Eating Disorders of Infancy and Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorder
- Eating Disorders
- Impulse Control Disorders Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders related to other included diagnoses

You don't need to know your diagnosis to ask the MHP for an assessment to see if you need specialty mental health services from the MHP.

AND

(2) You must have at least one of the following problems as a result of the diagnosis:

- A significant difficulty in an important area of life functioning
- A probability of significant deterioration in an important area of life functioning
- Except as provided in the section for people under 21 years of age, a probability that a child will not progress developmentally as individually appropriate

AND

(3) The expectation is that the proposed treatment will:

- Significantly reduce the problem
- Prevent significant deterioration in an important area of life-functioning
- Allow a child to progress developmentally as individually appropriate

AND

(4) The condition would not be responsive to physical health care based treatment.

When the requirements of this 'medical necessity' section are met, you are eligible to receive specialty mental health services from the MHP.

If you do NOT meet these criteria, it does not mean that you cannot receive help. Help may be available from your regular Medi-Cal doctor, or through the standard Medi-Cal program.

What Are The 'Medical Necessity' Criteria For Covering Specialty Mental Health Services For People Under 21 Years Of Age?

If you are under the age of 21, have full-scope Medi-Cal and have one of the diagnoses listed in (1) above, but don't meet the criteria in (2) and (3) above, the MHP would need to work with you and your provider to decide if mental health treatment would correct or ameliorate (improve) your mental health. If services covered by the MHP would correct or improve your mental health, the MHP will provide the services.

What Are The 'Medical Necessity' Criteria For Reimbursement Of Psychiatric Inpatient Hospital Services?

One way that your MHP decides if you need to stay overnight in the hospital for mental health treatment is how 'medically necessary' it is for your treatment. If it is medically necessary, as explained above, then your MHP will pay for your stay in the hospital. An assessment will be made to help make this determination.

When you and the MHP or your MHP provider plan for your admission to the hospital, the MHP will decide about medical necessity before you go to the hospital. More often, people go to the hospital in an emergency and the MHP and the hospital work together to decide about medical necessity. You don't need to worry about whether or not the services are medically necessary if you go to the hospital in an emergency (see State of California section page 6 for more information about how emergencies are covered).

If you need these hospital services, your MHP pays for an admission to the hospital, if you meet the conditions to the right, called medical necessity criteria.

If you have mental illness or symptoms of mental illness and you cannot be safely treated at a lower level of care, and, because of the mental illness or symptoms of mental illness, you:

- Represent a current danger to yourself or others, or significant property destruction
- Are prevented from providing for or using food, clothing or shelter
- Present a severe risk to the your physical health
- Have a recent, significant deterioration in ability to function, and
- Need psychiatric evaluation, medication treatment, or other treatment that can only be provided in the hospital.

Your county's MHP will pay for a longer stay in a psychiatric inpatient hospital if you have one of the following:

- The continued presence of the 'medical necessity' criteria as described above
- A serious and negative reaction to medications, procedures or therapies requiring continued hospitalization
- The presence of new problems which meet medical necessity criteria
- The need for continued medical evaluation or treatment that can only be provided in a psychiatric inpatient hospital

Your county's MHP can have you released from a psychiatric inpatient (overnight stay) hospital when your doctor says you are stable. This means when the doctor expects you would not get worse if you were transferred out of the hospital.

Directors' Report – May 3, 2017

Mental Health, Alcohol and Drug Advisory Board (MHADAB)

CURRENT ISSUES:

Adult Services Branch Update

- **Housing:** The Woodlands project continues on track for an anticipated opening in June. The project will provide low income housing and includes dedicated units for adults with serious mental illness and/or youth with serious emotional disturbance. The county continues to take applications and interview interested candidates that meet these criteria, and is developing a waiting list. The property will be managed by Northern Valley Catholic Social Services, and have an onsite county mental health case manager.

- **Mental Health Services Act (MHSA) Innovations Project:** The Counseling and Recovery Engagement (CARE) Center is up and running! This new MHSA Innovations project is providing a warm and welcoming place for individuals who are experiencing an urgent mental health issue. MHADAB members had a chance to meet staff and tour the facility during a 'Special Meeting' on April 5th.

- **Whole Person Care Pilot Project:** The County continues to develop program/contracts for this exciting opportunity that targets services for individuals with Serious Mental Illness, substance use disorders, frequent emergency room visits, and homelessness (or risk of homelessness). The program is designed to serve the target population who meet these criteria who are Medi-Cal or CMSP (County Medical Services Program) beneficiaries. Adult Services is the lead agency overseeing the project with the following Adult Services staff: Liz Leslie, Program Manager; Katie Cassidy, Community Development Coordinator, and Josette McKrola, Senior Staff Services Analyst.

- **Alcohol and Drug Programs:** On Wednesday, April 5th, Aegis opened a satellite medication unit in Redding and began providing daily methadone treatment to individuals who previously had been driving daily to the Chico clinic. This model, sometimes referred to as a 'hub and spoke', is the first in California but will likely be replicated in other counties as medication assisted treatment becomes more prevalent. The offices here in Redding provide methadone medication only, and individuals still need to attend the Chico clinic at least once a week for ongoing counseling, etc.

- **The next ADP Provider meeting is scheduled for Wednesday, May 24, 2017, 10:00 am at the Boggs Building.**

Children's Branch Update:

- **Youth Substance Use Treatment:** A team of stakeholders continues to meet monthly to discuss the increasing concerns surrounding youth substance use in our community and the need to create a youth orientated approach to treatment. We have engaged Rachel Gonzales-Castaneda, PhD. from UCLA to consult with us on our efforts. Our next meeting will be: May 24, 2017.

- **Adverse Childhood Experiences:** Our community recently held an ACEs Town Hall sponsored by HHSA and First 5 Shasta. Approximately 450 were in attendance for this event. This was an amazing night that gave our community a look at the impact of adverse childhood experiences on individual's mental, emotional and physical wellbeing in adulthood.

- **MHSA-Prevention & Early Intervention:** HHSA is continuing to meet with stakeholders from Shasta Lake and the Gateway Unified School District to evaluate the potential to implement a Social Skills Program (ART) into their middle school program. We will also be discussing the possibility of a Place Base Approach to services and supports in Shasta Lake.

Board of Supervisor Staff Reports (March-April)

- Appointment to the Mental Health, Alcohol and Drug Advisory Board