



**Riverside  
University**  
**HEALTH SYSTEM**  
Behavioral Health

**SPECIALTY MENTAL HEALTH SERVICES  
IMPLEMENTATION PLAN**

**UPDATE**

**January 2019**

**Medi-Cal**

**Specialty Mental Health Services**

Dr. Matthew Chang, Department Director  
Deborah Johnson, Asst. Director of Programs  
Amy McCann, Asst. Director of Finance

# Contents

UPDATE .....	1
Introduction .....	5
Chapter 1: Department Updates .....	7
A. Organizational .....	7
B. Electronic Health Records .....	7
Chapter 2: Program Services.....	7
A. Psychiatric Services .....	8
B. Children’s Services.....	9
C. Transition Age Youth (TAY).....	9
D. Adult Services .....	10
E. Housing.....	11
F. Older Adult Services .....	12
G. Long Term Care (LTC) .....	13
H. Public Guardian (PG) .....	13
I. Peer Services .....	14
J. Substance Abuse Services .....	15
K. Detention Services.....	18
L. AB 109 .....	19
M. Managed Care .....	20
N. Services for Targeted Populations.....	20
O. Continuity of Care.....	21
P. Transportation.....	22
Q. Benefits.....	22
R. Vocational Services.....	23
S. Evidence Based Practices .....	23
T. Animal Assisted Therapy .....	24
Chapter 3: Mental Health Services Act (MHSA) .....	24
Chapter 4: Stakeholder Involvement/Planning Process .....	25
A. MHSA.....	25
B. Cultural Competence.....	26
C. Behavioral Health Commission .....	26
D. Strategic Planning.....	27
Chapter 5: Service Provision .....	27

A.	Medi-Cal Certification .....	27
B.	Modes of Service .....	27
C.	Service Entitlements.....	28
Chapter 6:	Coordination and Outreach.....	28
A.	Navigation Center.....	29
B.	Inland Regional Center .....	29
C.	Department of Public Social Services .....	29
D.	Juvenile Justice .....	31
E.	Children’s Agencies .....	31
F.	Prevention and Early Intervention .....	32
G.	Neonatal Abstinence Syndrome.....	33
H.	Social Media .....	33
Chapter 7:	Access.....	33
A.	Access .....	33
B.	Request for Services .....	34
C.	First Contact .....	34
D.	Provider Determination.....	34
E.	Timeliness to Services .....	35
F.	Long Term Client .....	35
Chapter 8:	Treatment Provisions.....	35
A.	Assessments .....	35
B.	Medical Necessity.....	36
C.	Client Care Plan (CCP).....	36
D.	Progress Notes .....	36
Chapter 9:	Crisis Services .....	37
Chapter 10:	Inpatient.....	38
Chapter 11:	Physical Health Care .....	39
A.	Screening.....	39
B.	Integration.....	39
C.	Interface with Physical Healthcare.....	40
D.	Clinical Consultation .....	41
Chapter 12:	Telemedicine .....	42
Chapter 13:	Provider Selection .....	42
A.	Considerations.....	42
B.	Process.....	43

C.	Contracts .....	43
D.	Credentialing .....	44
E.	Contract Provider Meetings .....	44
Chapter 14:	Beneficiary Rights.....	44
A.	Informing Materials.....	44
B.	Patients Rights.....	44
C.	Choice of Practitioner.....	45
D.	Availability of Second Opinions.....	45
Chapter 15:	Cultural Competence.....	46
Chapter 16:	Compliance .....	46
Chapter 17:	Program Integrity.....	47
Chapter 18:	Confidentiality.....	47
Chapter 19:	Quality Improvement Program .....	48
A.	Quality Management.....	48
B.	Outpatient Quality Improvement.....	49
C.	Inpatient Quality Improvement .....	49
D.	Quality Improvement Committee .....	49
E.	Adverse Incidents Committee .....	50
Chapter 20:	Problem Resolution Process.....	50
A.	Consumer Grievance Procedure .....	50
B.	Consumer Appeal Process.....	51
C.	Provider Appeal Process.....	52
D.	Notice of Adverse Benefit Determination.....	53
Chapter 21:	Claims Process-Outpatient Services .....	54
Appendix A:	RUHS-Behavioral Health: Mission, Vision, Operating Beliefs, Principles.....	55
Appendix B:	Maps .....	57
Appendix C:	List of Agreements and Agencies Providing Collaborative Services.....	65
Appendix D:	#239 - Oath of Confidentiality Form .....	68

## Introduction

Riverside County is one of 58 counties in the state of California, the fourth most populous county in the state. The United States Census reported the 2018 population to be estimated at 2,423,266.

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

RUHS-Behavioral Health is organized into three geographic regions: Western, Mid-County, and Desert. Services within these regions are organized between children, adults, older adults, and public guardian. During FY17-18 the department provided services to 59,298 consumers. In mental health, a total of 51,523 consumers were served through outpatient mental health, detention services, and inpatient psychiatric services. In substance abuse, a total of 7,775 consumers were served through detoxification, residential services, outpatient substance abuse treatment services, and intensive half day treatment programs (e.g. Drug Court, MOMs). The consumer population was greater in the Western region (45%) and Mid-County region (32%) followed by the Desert region (23%).

In mental health, Hispanic/Latinos made up the largest race/ethnic groups served (38%), while Caucasians made up the second largest ethnic group served (27%). For substance abuse slightly more Caucasians were served (44%) than Hispanic/Latino (43%). In mental health, the consumer population was comprised of a larger proportion of males to females (55% to 45%). The same was true for substance abuse (60% to 40%). The largest proportion of consumers was adults between the ages of 18 and 59 years (66%).

### MH Age breakdown of clients served (FY 17-18):

Children's (<18 years) = 12,903

Adults (18-59 years) = 34,174

Older Adults (60+ years) = 4,446

Total = 51,523

Transition Age Youth (16-25 years) accounted for 10,834 of the total served.

### SA Age breakdown of clients served (FY 17-18):

Children's (<18 years) = 478

Adults (18-59 years) = 6,889

Older Adults (60+ years) = 408

Total = 7,775

Transition Age Youth (16-25 years) accounted for 1,331 of the total served.

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

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

# Chapter 1: Department Updates

## A. Organizational

1. The Department underwent significant changes at the Executive Management level in 2018 including a new Department Director, two new Assistant Directors, changes in Deputy Director positions, and the addition of a Deputy Director over Quality and Research.
2. The fiscal state of the county resulted in hiring freezes throughout the department in 2017.
3. The Department underwent extensive piloting/implementation of new assessment scheduling beginning in November 2018 with the goal to remove barriers to accessing services.

## B. Electronic Health Records

1. The Department selected a new electronic health record system for Detention services in order to create a much-needed single EHR for both behavioral health and correctional health. The implementation of Tech Care is allowing for improvements in coordination of care for inmates in Riverside County.
2. The Department began rolling out voice recognition software in 2018 to assist staff requesting the option with completing their EHR documentation via voice commands rather than manual keyboard entry.
3. The Department made a significant change in workflow for consumers new to the system by implementing the Scheduler feature available in the EHR in all programs. The Scheduler allows for the centralized access team (Community Access, Referral, Evaluation, and Support-CARES) to schedule consumers directly into programs. This new workflow eliminates the need for the consumer to obtain a phone number from CARES, then call the program themselves to schedule their appointment.

# Chapter 2: Program Services

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

- Pre-school programs provide mental health interventions for children ages 0-5 years old and their families. Services are provided, when possible, in settings familiar to families with young children.

- Children’s programs provide outpatient services for children and adolescents to assist children to remain in the least restrictive environment.
- TAY services focus on the needs of individuals aged 16-25 to provide specialized assistance in transitioning between the children’s system of care and the adult system.
- Adult services provide group therapy, case management, and medication services for individuals who are experiencing severe and persistent psychiatric problems. Services are client-centered and recovery based.
- The Older Adults Services program provides services to older adults, age 60 years and above. Services focus upon wellness, recovery, and resiliency.

## A. Psychiatric Services

1. The current Director of RUHS-BH also serves as the Medical Director, supported by a team of Associate Medical Directors assigned to the various types of service programs within the department (eg. Children, Adults, Detention, et.al). The Associate Medical Directors dedicate a percentage of their total work time to providing direct support/oversight to the psychiatrists within their perspective programs, identify need(s) and coordinate scheduling, participate in hiring new psychiatrists, report to the Medical Director issues/feedback from their programs, and serve as the liaisons for any new information related to the doctor’s duties.
2. RUHS-BH has partnered with the University of California Riverside, School of Medicine to implement a Psychiatric Residency Program to train/retain adult psychiatrists in the county upon completion of all ACGME/medical licensure requirements. The residents work under the supervision of the attending physician providing services to consumers in both inpatient and outpatient service settings. RUHS-BH has also partnered with the University of California Riverside School of Medicine to start a Child and Adolescent Psychiatry Fellowship to train/retain child psychiatrists in the County. Riverside County has been identified as an area as having a severe shortage of Child and Adolescent Psychiatrists.
3. RUHS-BH partners with Locum Tenens companies to meet additional psychiatric needs in the various regions of the county, and offers Telemedicine for specific sites where the need is identified (eg distant sites such as Blythe).
4. The psychiatrists are supported in their programs by Registered Nurses (RNs) and Licensed Vocational Nurses (LVNs). Nurses assist with obtaining any reports of adverse side effects, weights/vitals, providing injections, and ensure prescriptions/lab orders are received and completed.
5. Medications are prescribed in accordance with County Policy 548 Psychotropic Medication: Prescribing & Monitoring. The County has formally adopted California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care in 2017.



## **B. Children's Services**

1. Implementation of the Katie A. vs. Bonta Settlement for dependent children with Medi-Cal involved the development of a cross department system for screening all dependent youth, assessing minors with positive indicators on the screening tool, and treating dependent children for mental health issues when therapeutic intervention as appropriate. Dependent minors receive assistance in accessing mental health services through the Assessment and Consultation Team (ACT) Program. The ACT Team coordinates referrals for assessments and/or treatment with the most appropriate clinics/providers in close proximity to the minors residence.
2. Psychiatrists serving dependent minors and wards of the court who prescribe psychotropic medication(s) are required to submit the JV220 to Quality Improvement for approval by the QI psychiatrist, and processing through the court
3. The Children's Authorization Services Team (CAST) was created in order to manage all FFA, group home, and out-of-county/SB785 referrals for the county so that the referrals and treatment can be made in conjunction with the Katie A. process.
4. With the implementation of Presumptive Transfer (AB1299) the CAST team also receives and tracks all notifications and waivers of Presumptive Transfer counties for dependents and wards that are placed out of county by Riverside County and in Riverside County by all other counties. They refer for assessment and ongoing services as needed.
5. The department operated three mobile mental health clinics (customized RV's) to provide services to families in areas of the county where socioeconomic, non-school aged children, and lack of public transportation can make it difficult to access these services. The mobile units allow the services to come to the family's community. Each mobile clinic is on site at an elementary school 4 days per week, providing services to youth and families in 12 communities each week.
6. With an increasing number of children diagnosed along the autism spectrum, the department assigned a clinical therapist to work with the Inland Empire Disabilities Collaboration to assist in differentiating the diagnosis for children that are Regional Center clients and present with behavioral health issues. Case consultation occurs during bi-monthly meetings.

## **C. Transition Age Youth (TAY)**

1. The Journey TAY Program is a Transition Age Youth (TAY) full service partnership program. The program seeks to assist young adults, aged 16-25, who suffer from a serious mental health disorder and require intensive, peer supported case management services in order to engage in services and/or remain in care, obtain stable housing and end the cycle of hospitalization or incarceration. The guiding principles of service delivery are based in the wellness and recovery model of care.

- The program's mission is to enable and empower program participants to develop the life-skills that support self-sufficiency as an adult and promotes a healthy, satisfying lifestyle through meaningful social relationships, community building & participation.
2. Stepping Stones, TAY Resource and Support Center located in the City of Riverside, provides supportive, clinical, Medical, and Drop-In Services for Transitional Age Youth ages 16-25. Stepping Stones provides a safe and welcoming atmosphere for all TAY. It can be a place to just hang out and spend quality time or TAY can request Clinical Services with a Clinical Therapist and/or a Psychiatrist. The program's mission is to enable and empower program participants to develop the life-skills that support self-sufficiency as an adult and promotes a healthy, satisfying lifestyle through meaningful social relationships, community building & participation.
  3. The ARENA, TAY Resource and Support Center located in the City of Perris, provides supportive, clinical, Medical, and Drop-In Services for Transitional Age Youth ages 16-25. The Arena provides a safe and welcoming atmosphere for all TAY. It can be a place to just hang out and spend quality time or TAY can request Clinical Services with a Clinical Therapist and/or a Psychiatrist. The program's mission is to enable and empower program participants to develop the life-skills that support self-sufficiency as an adult and promotes a healthy, satisfying lifestyle through meaningful social relationships, community building & participation.
  4. Desert FLOW, TAY Resource and Support Center located in the City of La Quinta, provides supportive, clinical, Medical, and Drop-In Services for Transitional Age Youth ages 16-25. Desert FLOW provides a safe and welcoming atmosphere for all TAY. It can be a place to just hang out and spend quality time or TAY can request Clinical Services with a Clinical Therapist and/or a Psychiatrist. The program's mission is to enable and empower program participants to develop the life-skills that support self-sufficiency as an adult and promotes a healthy, satisfying lifestyle through meaningful social relationships, community building & participation.
  5. Each of the TAY centers has a team consisting of a CT, TAY Peer Specialist and Psychiatrist that provides specialized services for youth experiencing First Episode Psychosis.

#### **D. Adult Services**

1. The three largest clinics in the department are adult programs, geographically situated to better serve the residents of Riverside County. Each region, Mid-County (Hemet), Western (Riverside/Blaine) and the Desert Region (Indio), have services for our adult consumers. There are also a number of smaller clinics scattered throughout the regions to account for the large geographic diversity of Riverside County. Each of the clinics have undergone extensive remodeling, in an effort to provide a more welcoming environment, while expanding space within the facilities to continue to meet the ongoing need for increased services within Riverside

County. Each region also offers Full Service Partnership programs which provide the highest intensity services to the most severely mentally ill individuals in Riverside County.

2. All adult clinics provide a minimum of an assessment, case management, mental health services, group therapies, peer supports and medication services. They are staffed by a diverse set of employees, which bring a multi-disciplinary approach to meet the various needs of the consumers within Riverside County.
3. All adult programs have a client focused emphasis on Wellness and Recovery.

## **E. Housing**

1. Housing services are provided through the HHOPE Program
2. The department has established two residential housing locations, The Place (Western Region) and The Path (Desert Region), which follow a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. These centers serve as a portal of entry for hard-to-engage homeless individuals with a serious mental health disorder. Supportive services including laundry and shower facilities, meals, referrals, and assistance with permanent housing.
3. The department continues to provide 105 units of permanent, supportive housing in apartment living with onsite case managers distributed over seven (7) apartment complexes countywide. RUHS-BH assisted in the construction funding of these complexes via MHSA Housing funds.
4. The department also provides seventy (70) household vouchers for permanent, supportive housing throughout the County. In this model, households find and select their own property to rent. Both RUHS-BH clinical staff and HHOPE staff support these households with their clinical and housing case management needs.
5. A Residential Care Liaison position was created to provide intensive supports to providers who operate adult residential facilities (ARF) and adult residential facilities for the elderly (ARFE) for consumers with behavioral health challenges. Duties for this position focus include 1) supporting operators in order to maintain and increase the supply of this type of housing in the continuum and 2) assisting residents with needed support to live in the least restrictive environment possible.
6. Outreach to individuals living on the streets is provided via five (5) Housing Crisis Response (HCR) Teams assigned in teams of two (2), a Behavioral Health Specialist joined with a Peer Support Specialist. This includes a dedicated team to serve US Military Veterans; these staff are Veterans themselves and provide training to increase our program's cultural competence in serving Veterans.

7. The city of Palm Springs entered into an innovative agreement with RUHS-BH to fund two Housing Crisis Response Teams (HCRT) to work exclusively with the homeless in their city, providing outreach as well as assisting the police department when called to incidents involving the homeless population that may need behavioral health services.
8. HHOPE provides four (4) staff to support Probation Realignment consumers with securing housing and case management services to develop plans for self-sufficiency.
9. HHOPE provides twelve (12) staff to serve as mobile outreach case management staff to consumers referred through the RUHS / Riverside County Whole Person Care (WPC) pilot. Staff receive referrals from the Whole Person Care nursing staff who are embedded within Probation and the FQHC system. Whole Person Care outreach staff contact these homeless consumers and provide mobile services (including transportation) to assist consumers in accessing housing and healthcare.
10. HHOPE serves as the lead agency for the Housing and Urban Development (HUD) Continuum of Care (CoC) Coordinated Entry System (CES). HUD mandates that counties develop a Coordinated Entry System to streamline access, assessment, and linkage to homeless services. Our County has adopted the name HomeConnect for our Coordinated Entry System. HHOPE provides eight (8) staff who travel countywide to assist agencies and consumers with accessing appropriate services to resolve their homeless situation without precondition. A behavioral health diagnosis is not necessary to receive these services.

## **F. Older Adult Services**

1. The Older Adult Integrated System of Care offers a Full Service Partnership Program- Specialty Multi-Disciplinary Aggressive Response Team (SMART). SMART Teams provide mobile outreach assessments (incorporating both health and mental health), intensive case management, medication management services, crisis assessment, intervention and stabilization, rehabilitation services, and linkage to community resources. The SMART model encompasses mobile home-based treatment services, consultation with primary care physicians, psycho-educational services, support and education to families, integration of substance abuse services into the treatment process, and referrals to other service providers.
2. In addition to the SMART model, the Older Adult Integrated System of Care also offers a Wellness and Recovery model that provides comprehensive outpatient services that are both clinic and field based, for those consumers who have less intensive needs. Wellness and Recovery services include psychiatric care,

medication monitoring, counseling, individual, and group therapy, monthly case management, and peer support throughout the County.

3. Recognizing the unique needs of older adults, the department has also embedded two clinical therapists in two Riverside County Office on Aging locations. These therapists provide screening for depression, provide Cognitive Behavioral Therapy for Late Life Depression, provide referrals and resources to individuals referred for screening, provide education to Office on Aging staff and other entities serving older adults about mental health related topics, and provide mental health consultations for Office on Aging participants.

## **G. Long Term Care (LTC)**

1. The Long Term Care (LTC) Program operates under the auspices of the RUHS Public Guardian Administration, and serves conservatees with serious mental illness that require hospitalization or out-of-home placement. The LTC clinicians, case managers, and peers provide case management, group therapy, and/or discharge planning services for conservatees placed at the psychiatric hospitals, IMDs, or residential care facilities (also known as board and care facilities). In an effort to streamline the continuum of care for the conservatees, the LTC staff collaborate closely with the Public Guardian – Lanterman-Petris-Short (LPS) program. The LTC staff coordinate their case management services with the consumer’s LPS conservator, and together these staff members help the conservatees navigate through the various levels of care, from inpatient acute hospitalization to long-term care facilities, and eventually to community-based residential placements or home.
2. The program oversees a second program component, the Conservatorship Investigations Office (CIO). This program is staffed by two behavioral health clinicians who, pursuant to a petition by the Court, conduct comprehensive biopsychosocial evaluations of individuals who are unable to care for themselves or manage their own finances. The investigators document and report their clinical assessment and recommendations to the Superior Court as part of the conservatorship legal process. A judge either grants or denies the conservatorship.

## **H. Public Guardian (PG)**

1. The RUHS Public Guardian has been designated by the Riverside County Board of Supervisors as the County office to serve as the court-appointed conservator for those Riverside County adult residents who cannot take care of themselves or their finances. The Public Guardian’s Office is divided into two distinct teams: the Probate Conservatorships and the Lanterman-Petris-Short (LPS) Conservatorships.
  - a. Probate Conservatorships are comprised of two sub-types:
    - i. A General Conservatorship involves managing and making decisions on behalf of adult consumers who cannot take care of themselves or

- their finances. These consumers or “conservatees” are often elderly people, and can also include younger people with serious impairments, such as traumatic brain injuries.
- ii. The second sub-type of Probate Conservatorship is known as Limited Conservatorships, which serves adults with developmental disabilities who cannot fully care for themselves or their finances. A conservatorship can be appointed over the person, over the estate, or both over the person and estate.
  - b. Lanterman-Petris-Short (LPS) conservatorships are used to care for adults with a grave disability and need special care. These conservatorships are used for individuals who usually need very restrictive living arrangements (such as locked mental health facilities) and require extensive mental health treatment.
2. Both teams are staffed by Deputy Public Guardians who serve as the liaison between the conservatees and their residential placement; advocate for the least restrictive placement; manage the conservatees finances; establish and maintain their benefits; marshal/protect their property and assets. The PG-Probate team also conducts investigations.
  3. The Public Guardian provides a Representative Payee Program for those conserved consumers who are unable to handle their own finances safely. These conservatees are assigned a “rep payee” through the PG’s Office to manage the consumer’s cash assets and financial responsibilities.

## **I. Peer Services**

1. RUHS-BH staff include individuals with lived experience in the positions of Parent Partners, TAY Specialists, Consumer Peer Support Specialists, and Family Advocates. The role and service activities of each of the job classes ensure that, while working collaboratively together with multi-disciplinary staff, the provision of services throughout the various programs are consistent with a Recovery and Wellness based philosophy. Individuals with lived experiences are an essential component in engaging clients, parents, and family members, while also providing support and information.
2. Peer Support and Resource Centers (“Wellness Cities”) have been established in each of the three regions (Western, Mid-County, and Desert). The centers offer a variety of services for adults including vocational and educational resources and activities to support the skill development necessary to pursue personal goals and self-sufficiency.
3. Help-lines have been established specifically for consumers, parents, and family members that assist each of these populations with navigating the broad range of services the department offers, as well as resources available for them in the

- community.
4. Drop-in Centers for Transitional Aged Youth in each of the three regions (Western, Mid-County & Desert) to provide outreach and engagement services, specifically focused to assist young people in Riverside County. Services cover a spectrum of community engagement activities and offer targeted treatment for young people experiencing their first episode of psychosis.
  5. Assistance in advocacy for individuals in County Mental Health and Drug Courts is provided by Family Advocates.
  6. Community education, partnership, outreach and engagement is provided by all Peer Support disciplines to area contract service providers, agency partners and community groups.
  7. Support groups, life and living skills-building classes and behavioral health education is provided by all Peer Support disciplines in all County clinics and programs.
  8. The Parent Support and Training Library offers a warm and friendly environment where families we serve can take parenting classes. Educational materials on parenting and a variety of mental health issues that are free for use by parents, family members, and staff.
  9. The Parent Support and Training Program works with Homeless Families involved with the HHOPE program, and Resource Families/Youth involved with DPSS. This program provides parenting classes within the jail setting, and free parenting classes, groups, and presentations at various community agencies to all parents wanting to participate.

## **J. Substance Abuse Services**

RUHS-BH was the first county in the state to implement substance abuse services under the DMC-ODS Waiver. Substance abuse services are provided according to ASAM Level of Care determination and include:

### **1. Partial Hospitalization**

Partial Hospitalization (ASAM Level 2.5) services feature 20 or more hours of clinically intensive programming per week, as specified in the patient's treatment plan. Level 2.5 partial hospitalization programs typically have direct access to psychiatric, medical, and laboratory services, and are designed to meet the identified needs which warrant daily monitoring or management, but which can be appropriately addressed in a structured outpatient setting. Services consist primarily of counseling and education about addiction-related problems.

### **2. Withdrawal Management**

WM services are provided as part of a continuum of five WM levels in the American

Society of Addiction Medicine (ASAM) Criteria when determined medically necessary by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA), and in accordance with an individualized client plan. Medically necessary habilitative and rehabilitative services are provided in accordance with the individualized treatment plan prescribed by a licensed physician or licensed prescriber, and approved and authorized according to the state of California requirements. Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Withdrawal management is also available as an outpatient services for those individuals that qualify.

### 3. Additional Medication Assisted Treatment

MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of specific substance use disorders (SUD). Research shows that a combination of MAT and behavioral therapies is a successful method to treat SUD. In particular, opioid and alcohol dependence have well-established medication options. DMC-ODS counties must require through contract that providers have procedures and protocols in place to assure care coordination and linkage to other services and supports for beneficiaries receiving MAT. Residential and outpatient facilities cannot deny a patient utilizing or needing MAT from program participation.

### 4. Individual Prevention Services (IPS)

The Individual Prevention Service program. This program is designed for individuals aged 12 to senior citizens who are starting to see negative consequences of drug or alcohol use, but are not yet to the point of requiring treatment. Participants and their families meet with a Prevention Specialist to set up a plan of action. Subsequent interactions are one-on-one with the consumer. The intervention is custom designed and individualized, and there is no charge for the service. This service is provided at all County operated Substance Abuse Clinics. The intervention utilizes the Brief Risk Reduction Interview and Intervention Model (BRRIM).

### 5. MOMs Program

The MOMs Program is an intensive outpatient treatment program for pregnant and parenting substance abusing women. Transportation is provided for women and their children. A child learning laboratory is provided as part of treatment, where women learn hands-on parenting skills. Groups cover a variety of topics specific to pregnant and parenting mothers. Special speakers are also used to provide information and referrals to other community programs available for women. Program provides between 9 and 19 hours of services per week based on consumer's treatment plan. Available at all County Operated Substance Abuse Clinic except Blythe, Cathedral City, and Lake Elsinore.

### 6. Family Preservation Court (FPC)



The FPC program is offered to consumers who have been referred by Department of Public Social Services. Referred clients participate in an approximately one-year long program consisting of three phases: intensive outpatient, outpatient, and recovery services. Consumers are also required to participate in court reviews on a weekly, bi-weekly, or monthly basis depending on their phase. Treatment components include participation in Triple P Parenting classes and Family groups as well as substance abuse treatment services. The goal of the program is reduction of alcohol and drug use and to promote family reunification. Program is available at the following County Operated Substance Abuse Clinics: Desert Hot Springs, Indio, Moreno Valley, Riverside, San Jacinto and Temecula.

#### 7. Recovery Opportunity Center (ROC)

The ROC program is the name for Riverside County's Drug Court Program. The program is a collaborative effort of multiple County agencies joining together to stop the abuse of alcohol and drugs and drug-related criminal activity in Riverside County. The collaborating agencies include the Superior Courts of Riverside, the District Attorney's Office, the Office of the Public Defender, the Probation Department, and Riverside University Health System - Behavioral Health. This program has been designed to treat drug offenders in a highly-structured, intensive substance abuse program rather than incarcerate them in state prison. The program typically lasts around 18 months and consists of 5 phases which incorporate three levels of care: Intensive Outpatient, Outpatient, and Recovery Services. The program required periodic court reviews (weekly, bi-weekly, or monthly) with the presiding judge with participation of the other collaborative agencies. The program is offered at the following County Operated Substance Abuse Clinics: Blythe, Indio, San Jacinto, and Riverside.

#### 8. Juvenile Success Team (JUST)

The JUST program is Riverside County's Juvenile Drug Court Program. It is a comprehensive and treatment oriented supervision approach to reduce substance abuse within the Riverside County juveniles in the legal system. The program is an evidence-based program designed to involve family participation and incorporation of community based services. The program uses multiple interventions such as regular drug testing and court appearances, counseling, educational and vocational opportunities, and various incentives focused on the life skills necessary. The program is a collaborative effort between the Juvenile Court, the District Attorney's Office, the Minor's Counsel, Juvenile Defense Panel, Probation Department, Department of Public Social Services, Department of Education, and Riverside University Health System – Behavioral Health. The program on average lasts for approximately nine months.

#### 9. School-Based IPS & Treatment

The School-Based IPS and Treatment program is a hybrid type program that brings

substance abuse services (both indicated prevention and treatment) directly into schools located around the county. This is a pilot program that has been in operation for the past two years. Services are currently available in select schools in the following school districts: San Jacinto Unified, Perris Union High School District, Corona-Norco Unified, Hemet Unified, and Palm Springs Unified. A Prevention Specialist from the nearest County Operated Substance Abuse Clinic is placed into the school on a regular basis and referrals come directly from the school. Students are screened using the ASAM and BRRIM instruments. Those that screen for prevention services are provided Individual Prevention Services (see above). Those that screen with more intensive needs are then assessed and if warranted, provided outpatient treatment services directly in the school.

#### 10. Outpatient Treatment Services

Outpatient treatment services are offered at all 10 County Operated Substance Abuse Clinics. Outpatient services consist of up to nine hours per week of medically necessary services for adults and less than six hours of services per week for adolescents. Group size is limited to no less than two (2) and no more than twelve (12) consumers. Outpatient services shall include assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, case management and discharge planning and coordination. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate community setting.

#### 11. Recovery Services

Recovery services are offered at all 10 County Operated Substance Abuse Clinics. Recovery services shall include the following:

- Outpatient counseling services in the form of individual or group counseling to stabilize the consumer and then reassess if the consumer needs further care.
- Recovery monitoring: Recovery coaching, monitoring in-person, by phone, or by internet.
- Substance Abuse Assistance: Peer-to-peer services and relapse prevention.
- Education and Job Skills: Linkages to life skills, employment services, job training and education services.
- Family Support: Linkages to childcare, parent education, child development support services and family/marriage education.
- Support Groups: Linkages to self-help and support, spiritual and faith-based support.
- Ancillary Services: Linkages to housing assistance, transportation, case management and individual services coordination.

### **K. Detention Services**

Detention Behavioral Health (DBH) clinicians assess every individual who is booked

into the five Riverside County adult detention facilities. Clinical Therapists ensure that those with a diagnosable mental illness are triaged to receive an appropriate level of care while incarcerated. A full behavioral health assessment is completed and a client care plan developed for all detained consumers. All consumers with an open behavioral health case meet with a clinical therapist for individual sessions, the frequency of which is determined by the consumers symptom severity. A wide variety of group therapy programs are provided, including groups that address discharge planning, post-trauma-related issues, wellness and recovery from mental health difficulties, anger reduction, and substance abuse prevention and treatment. Incarcerated consumers are offered psychiatric services and access to psychotropic medication, as indicated by their psychiatric symptoms. Recreation therapy is provided. Finally, a robust discharge planning program exists throughout Detention Behavioral Health (DBH): The post-release needs of each consumer are assessed immediately upon booking. DBH staff work to prepare individuals for challenges they may face following their release back to the community. DBH staff link detained consumers with appointments at community-based behavioral health clinics and substance abuse treatment programs. Transportation is often provided to community-based programs following one's release from custody. A 14-to-30 day supply of psychotropic medication is provided to consumers upon their release. DBH staff work with various housing providers to obtain temporary safe housing for those who will be homeless upon release from custody. Finally, DBH will soon begin completing applications for one to obtain or to re-start benefits including MediCal, Social Security Insurance, and Social Security Disability Insurance while one is still in custody so that said benefits may be immediately available upon his/her release.

## L. AB 109

Services for individuals involved with the criminal justice system are provide through the New Life clinics, an FSP, and are imbedded in probation offices:

4. The Riverside New Life Clinics in Riverside and San Jacinto are outpatient behavioral health programs for consumers who are on AB109 probation and/or another type of probation; mental health services such as individual therapy, family therapy, group therapy, and case management are available as well as referral and linkage for Substance Use Disorder services.
5. Riverside Forensic Full Service Partnership is an outpatient behavioral health program for adult consumers involved in the criminal justice system between the ages of 18-60 years old with the primary goals of reducing recidivism into jails, prisons, inpatient psychiatric hospitals and emergency rooms. In addition, FFSP attempts to decrease homelessness by outreaching in the community to individuals that have chronic mental illness and chronic homelessness. The FFSP program provides individual therapy, intensive case management, field-based services, after hours crisis hotline support, skills building and process groups, art therapies, and other behavioral health services.

6. The Day Reporting Centers in Riverside, Temecula, and Indio are outpatient behavioral health program co-located with Probation to provide mental health and Substance Use Disorder services to consumers from mild to moderate severity of functioning. This program provides individual therapy, family therapy, group therapy, drug and alcohol treatment such as individual and group counseling, case management, and various education and skill building groups.

## **M. Managed Care**

1. The Community Access, Referral, Evaluation, and Support (CARES) program assists Medi-Cal beneficiaries and other callers with accessing Behavioral Health treatment services in Riverside County. This program offers a toll-free telephone number 24 hours a day, seven days a week (24/7), with language capability in all languages spoken by beneficiaries of the county; provides information about how to access specialty mental health services; screens for medical necessity and services needed to treat a beneficiary's urgent condition; and provides instruction on how to use the beneficiary problem resolution and fair hearing processes. The line is staffed Monday through Friday, 8:00 am to 5:00 pm by CARES staff. After hours, holidays and weekends the line transfers to the Recovery International 24/7 Crisis Stabilization Center Help Line. The after-hours Help Line utilizes the same standards as the CARES Line Screeners for all incoming calls.
2. When a request is made for mental health services, a brief telephone screening is completed to establish Medical Necessity and determine an appropriate level of treatment. If urgent, a referral to one of the department's urgent care facilities is initiated. For non-urgent requests, the consumer is provided with the choice of three in-network providers to select from to initiate a treatment episode and. If the level of care indicates the consumer would best be served in a county clinic CARES staff have the ability to provide direct booking into the clinic nearest where the consumer resides.
3. A written log is maintained that records initial requests for specialty mental health services from beneficiaries of the mental health plan. The log contains the beneficiary's name, date of request, and initial disposition of the request.
4. All clinical and medication support services provided by a managed care provider require prior authorization. Providers submit Treatment Authorization Requests (TARs) detailing the client's current issues, progress in treatment, and plans for further intervention(s) to request additional authorizations. TARs are reviewed by licensed clinical staff to ensure medical necessity is documented in addition to a review of the treatment plan goals to ensure compliance with Medi-Cal treatment guidelines.
5. Quarterly network provider meetings are held to exchange information related to operational success and challenges in the network of care, including changes in laws and regulations, availability of trainings, and contract compliance issues.

## **N. Services for Targeted Populations**

1. In the child, adult, and older adult programs, the county operates, and also contracts for, Full Service Partnership (FSP) programs to provide more intensive services to consumers that have co-occurring disorders, have severe/persistent mental illness,

- and/or are high utilizers of crisis and hospital services, and/or are at risk for homelessness. These programs utilize evidence based practices and work closely with consumers to identify their needs, assist with obtaining needed resources, and provide the appropriate services to stabilize the client in the least restrictive environment possible.
2. The department works together with the judicial system through Mental Health Courts that assist the court in providing appropriate assessment and placement of criminal defendants suffering from a mental illness. Following the referral and assessment of possible candidates from the court, RUHS-BH staff make recommendations to the court on the appropriateness of the individual for treatment. These courts support and implement individualized treatment plans and case management with the objective of safeguarding the public and reducing recidivism.
  3. The department also works together with the judicial system through the Drug Courts. RUHS-BH staff meet with judges, parole officers, probation officers, and legal representatives to identify individuals with substance use issues that contributed to their arrest that would be better served through substance use treatment rather than incarceration. The Drug Courts work to reduce recidivism by addressing the underlying cause of the criminal behavior.
  4. Recognizing the unique needs of veterans receiving services, the department developed a peer position to serve as a Veteran's Liaison. This position is staffed by a Clinical Therapist, and provides a variety of services including direct clinical services, community outreach, participation in the VALOR Committee to reduce homelessness among veterans in Riverside County, participation in the Behavioral Health Commission's Veterans Committee, and development of veteran specific resource materials.
  5. For children, teens, and transitional age youth (TAY) up to age 21 and their family that are transitioning to a lower level of care, including the natural home, or those avoiding moving to a higher level of care, including hospital and group home, Therapeutic Behavioral Services (TBS) are available to provide short-term support. This intensive, field based program targets identifiable behaviors to supplement other behavioral health services.

## **O. Continuity of Care**

1. Interdisciplinary Care Team meetings are held monthly with the Managed Care Organizations (IEHP, Molina, and Kaiser) to discuss the continuity of care for consumers who present with complex symptom profiles. Consumers that exhibit severe symptoms in need of more intensive treatment services are referred to county clinics. Those with mild to moderate symptoms are referred for transition to a lower level of care available through the health plan.

2. New beneficiaries with Riverside County Medi-Cal that have an existing relationship with a non-contracted provider may continue to receive services from their existing provider for a period of time if the provider agrees to contract with the county, typically through a single case agreement.
3. American Indian beneficiaries may obtain covered services from out of network American Indian Health Care Providers if the beneficiaries are eligible to receive such services.

## P. Transportation

The department provides transportation to individuals in need through Community Service Assistants staffed in various programs throughout the department. The CSA's are an integral part of ensuring that individuals that have no other access to transportation are able to receive needed services.

Individuals with a Managed Care Plan (IEHP/Molina) are entitled to transportation through their plan. Consumers receiving behavioral health services through RUHS-BH can follow the procedures of their plan to receive a bus pass and/or more direct transportation through alternatives such as Uber/Lyft.

Transportation for individuals placed on a 5150 hold occurs through local law enforcement when appropriate, or through a contract with American Medical Response (AMR).

## Q. Benefits

The goal of the Benefits Assistance Program is to assist adults with a serious mental illness who cannot maneuver through the Medi-CAL & Social Security process on their own.

Benefits Services Provided:

- Help determine if an individual meets criteria of the Social Security Standards for Disability and Supplemental Benefits.
- Help determine if an individual meets the criteria for Medi-Cal benefits.
- Assistance with the application process.
- Complete & submit Social Security and Medi-Cal Forms.
- Evaluation of ability to participate in daily life activities.
- Process requests for records.
- Filing for necessary SSA Appeals.
- Legally representing consumers at SSA hearings for SSI/SSDI case, claims, entitlements

Consumers may be referred to the Benefits program from the regular outpatient programs where they are screened to make sure they meet the basic requirements (eg. having had a psych assessment within the past year), then are assigned to one of

the Benefits specialists.

## **R. Vocational Services**

The Pathways to Success Vocational Program is a co-op between Behavioral Health and the Department of Rehabilitation (DOR) together, the goal is to assist individuals who have a mental health disability achieve their individual employment goals.

Vocational Services Provided:

- Vocational Assessment
- Identify barriers to employment and assist individuals in overcoming those barriers.
- Assist individuals in successfully re-entering the workforce and maintaining employment.
- DOR may provide financial support for training programs such as college or vocational training depending on member's needs, wants, desires, abilities and available funding to individuals who demonstrate a commitment to the program.

Consumers are referred to the Pathways program from BH outpatient programs, and from a variety of outside sources (eg. Department of Rehabilitation, other vocational and/or non-profit organizations). Consumers must be enrolled in a regular mental health outpatient program in order to participate.

## **S. Evidence Based Practices**

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

1. Trauma Focused Cognitive Behavioral Therapy (TFCBT)
2. Wellness Recovery Action Plan (WRAP)
3. Multi-dimensional Family Therapy (MDFT)
4. Parent Child Interactive Therapy (PCIT)
5. Wrap Around
6. Cognitive Behavioral Therapy (CBT)
7. Therapeutic Behavioral Services (TBS)
8. Dialectic Behavior Therapy (DBT)
9. Co-Occurring Recovery (COR)
10. Aggression Replacement Therapy (ART)
11. Seeking Safety
12. Positive Parenting Program (Triple P Parenting)
13. Educate, Equip, and Support (EES)
14. Recovery Management
15. Transition to Independence Process (TIP)

## 16. Motivational Interviewing (MI)

### T. Animal Assisted Therapy

Research has indicated the benefits of animals in the provision of mental health services. In response, the department created a Pets Assisting in Therapy (PAIR) program which introduced availability to all programs of:

- Service Animals
- Equine Therapy
- Collaboration with local shelter

Therapeutic service dogs are located in various programs throughout the department, most notably in the children's and older adult's clinics. These dogs are providing consumers in these settings with a sense of safety and comfort that is allowing for the individual to increase participation in therapeutic activities.

## Chapter 3: Mental Health Services Act (MHSA)

The Mental Health Services Act (MHSA) was a voter approved ballot initiative that established dedicated funding for the transformation of the California public mental health service system. RUHS-BH MHSA Administration manages the stakeholder process, plan development and implementation, and oversees annual reporting requirements and regulatory compliance related to the five required MHSA Components:

- Community Services and Supports (CSS)
- Workforce Education and Training (WET)
- Prevention and Early Intervention (PEI)
- Capital Facilities and Technology (CFT)
- Innovation (INN)

Community Services and Supports (CSS) provide integrated mental health and other supports services to those whose needs are not currently being met through other funding sources. Riverside's CSS Work Plans are designed by the Life Development Stages (Children, Transition Age Youth, Adults, Older Adults) and by Peer Recovery Support Services, which includes Peer Employment Training, Peer Centers called Wellness Cities, and the integration of peers with a full range of lived-experience (consumer, parent, or family member) practitioners into our system of care. Riverside is unique in that even our leadership structure includes peer-identified positions: Senior Peer Support Specialists that perform mentoring and administrative duties; and, Peer Policy and Planning Specialists that manage our peer programming and report directly to the Assistant Director.

Workforce Education and Training (WET) was designed to develop the people that serve in the public mental health system workforce. WET's mission is to promote the recruitment, retention, and development of those who serve our consumers and families. WET is divided into five funding categories, and Riverside's plan totals 19 Action areas. These programs include



internship and residency programs, outreach to high school and early college age youth to educate on public mental health careers, education for law enforcement and first responders on serving people in mental health crisis, and cultural competency and clinical skills training for service providers.

Prevention and Early Intervention (PEI) plan was approved in September 2009, and since that time, significant strides have been made toward full implementation of the plan. There are seven workplans in the overall PEI plan. The workplans were developed following regulatory direction and refined by stakeholder input: 1) Mental Health Outreach, Awareness, and Stigma reduction; 2) Parent Education and Support; 3) Early Intervention for Families in Schools; 4) Transition Age Youth Project; 5) First Onset for Older Adults; 6) Trauma-Exposed Services; and, 7) Underserved Cultural Populations.

Innovations (INN) funds provide exciting opportunities to learn something new that will add knowledge to the field of mental health service. Much like big research projects, by design, INN plans are not intended to fill service gaps, but rather to gain new insights on how to better meet one of the following: 1) Improved access to services by underserved groups; 2) The quality of services including measurable outcomes; 3) Interagency and community collaboration; and, 4) increased access to behavioral health care overall. Current (2019) INN Plans in Riverside County are: 1) Transition Age Youth Drop in Centers; 2) Commercially Sexually Exploited Children; and, 3) The Technology Suite.

## **Chapter 4: Stakeholder Involvement/Planning Process**

### **A. MHSA**

The Mental Health Services Act (MHSA) is stakeholder driven and a community planning process is a regulatory requirement. Feedback to the MHSA Plan is encouraged and accepted all year round and includes a continual posting to the RUHS-BH website of our 3-Year Plan and latest annual update. Feedback can easily be submitted electronically. MHSA also posts plan updates or amendments for 30-day community comment and holds related public hearings.

There are multiple avenues for community to participate in the stakeholder process and have their voice heard. Riverside holds MHSA Forums at key community events where stakeholder can meet MHSA administrative staff, learn about each of the MHSA components and the related Riverside workplans, hear presentations on program and outcomes, and give us both verbal and written feedback about behavioral health services and programs. All forums have Spanish speaking and American Sign Language speaking staff or interpreters available.

Additionally, PEI and WET have developed Steering committees that provide Riverside with an opportunity to develop interested stakeholders into MHSA component experts. Steering committee members provide a concentrated voice on the full workplan and afford the final review before submission of the annual update or 3-year plan. PEI also holds community Collaboratives where any interested community member can come

and learn about PEI outcomes, dialogue with PEI staff, meet PEI community providers, and give insights and recommendations on plan development. INN and CSS are in the development process for a steering committee as well.

The most consistent and regular plan feedback is comprised from a network of advisory groups with membership from the public, department employees, and professionals from other allied health, community, and human services organizations. These advisory groups include committees formed by our Cultural Competency program, and sub-committees formed by the Behavioral Health Commission.

## **B. Cultural Competence**

The Cultural Competency/Reducing Disparities Committee provides ethnic and culturally-specific feedback and perspectives to RUHS-BH. This committee seeks to reduce disparities and promote equity by empowering local communities to engage fully in the planning, development and delivery of ethnic, cultural and linguistically appropriate behavioral health services. The committee provides a public venue for stakeholder input focused on strategies to reduce stigma, and actively includes representation from intergenerational Latino, Native American, African American, Asian American, LGBTQ, Deaf and Hard of Hearing, Blind and visually impaired, Faith based and other diverse underserved populations. Other smaller task force groups and subcommittees meet to reduce health disparities and identify workforce training needs.

## **C. Behavioral Health Commission**

Historically the County Board of Supervisors appointed representatives to both a Mental Health Board and a Substance Use Advisory Committee. These two groups provided guidance to the Board and the Director of Mental Health on issues related to mental health and substance use services and needs in the county. However, in 2015, as part of the Integration of Services, the Mental Health Board and the Substance Use Advisory Committee merged and were renamed the Behavioral Health Commission. This Commission has sub-committees that meet with department managers/administrators in the various regions to discuss localized topics, evaluate program procedures based on community feedback, conduct site visits, and review county outcomes data. The Commission then meets the first Wednesday of each month to synthesize all the information from the sub-committees in a publically held meeting. Standing agenda items include a Recovery Happens presentation (Success stories from those with lived experience), a MHSA and Substance Abuse and Prevention Update, and the Behavioral Director's report. Working together jointly, this Commission provides a voice to/for the community on behavioral health needs and resources.

Behavioral Health Commission Sub-Committees consist of:

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

## **D. Strategic Planning**

1. Planning for the departments under each manager involves the inclusion of direct feedback from the supervisors/staff working within the programs to ascertain the strengths/needs of the individual programs and regions.
2. The Substance Use program has coordinated meetings for a Strategic Planning Committee with contracted providers to develop screening tools, form design, and workflow for the different treatment modalities.
3. Collaboration between RUHS-BH and the Inland Empire Opioid Crisis Coalition (IEOCC) is occurring to mitigate the impact that the current national opioid crisis is having upon the citizens that reside in the Inland Empire. The coalition is made up of representative agencies from both San Bernardino and Riverside County and include individuals from Public Health, Behavioral Health, area hospital Emergency Departments, Managed Care plans, FQHCs, etc. The IEOCC has several workgroups that are working on specific issues including Access to Treatment, Reporting and Outcomes, Education and Engagement, Safe Prescribing Guidelines, and creating an ER Toolkit.

# **Chapter 5: Service Provision**

## **A. Medi-Cal Certification**

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

## **B. Modes of Service**

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

modes of service:

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

### **C. Service Entitlements**

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

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

## **Chapter 6: Coordination and Outreach**

The Riverside County Mental Health Plan is administered by Riverside University Health System-Behavioral Health. Services are coordinated with various community agencies and organizations

via a number of agreements and contracts which provides for easy transition and referral of beneficiaries to and from those agencies. Community Services needed include: mental health treatment, probation, substance use services, education, physical health care, housing, and vocational services.

## *Coordination*

### **A. Navigation Center**

One source of coordination with the inpatient psychiatric hospitals occurs through the Navigation Center. This program serves as the liaison between ETS/ITF and the outpatient behavioral health system. This program's primary function is to outreach to individuals while still hospitalized, establish rapport, strengthen informal supports, minimize barriers to recovery, and provide linkage to outpatient behavioral health clinics. Short-term peer support services, group therapy, psycho-education, case management, clinical/psychiatric assessments, and medication services are provided.

### **B. Inland Regional Center**

Coordination with Inland Regional Center (IRC) occurs through monthly meetings. Consumers receiving services through IRC and have co-existing mental health disorders are reviewed by a multidisciplinary team. The cases presented have complex symptom profiles that require multiple agency care coordination to manage the individual needs of each consumer effectively.

In addition to RUHS-Behavioral Health, Riverside County SELPA and Inland Empire Health Plan (IEHP) also participate as part of the team. A workgroup with stakeholders from all three agencies developed a Care Path to address the treatment needs of individuals with Intellectual Disabilities and Serious Mental Illness (ID & SMI). The pilot project is anticipated to roll out July 2019.

### **C. Department of Public Social Services**

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

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

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

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

- h. A Joint Operational Meeting is held quarterly regarding the Consultation, Assessment, Referral, Treatment (CART) contract. The CART contract is one which affords RUHS-BH funding for clinical staff of ACT which would otherwise not be billable.
- i. Operations are well under way between DPSS, BH and Probation related to the Continuum of Care Reform procedures are developed in the Pathways to Wellness Core Committee and reviewed and approved in the Pathways to Wellness Executive Committee.
- j. The DPSS Support Letter Committee was established to review all program statements from group homes wanting to transition to become an STRTP. Members include supervisors from DPSS, BH and Probation.

## **D. Juvenile Justice**

1. Collaboration for minors involved in the Juvenile Justice system occurs through:
  - a. Interagency screening committee to identify minors with mental health needs that would benefit more from treatment than incarceration. These minors are adjudicated to RUHS-BH Multi-Dimensional Family Therapy program (MDFT) or the Wrap Around program (WA) for intensive treatment with the minor and the minor's family.
  - b. Medi-Cal related services are also provided while children await placement in the juvenile halls. All children in the juvenile halls receive a mental health screening and services are provided based upon need without regard for the ability to bill Medi-Cal.
  - c. Behavioral Health services are provided on site at the Youth Treatment and Education Center (YTEC), which is a Probation placement. Aftercare services are available to youth graduating from YTEC. The services include Wraparound and Functional Family Therapy.
  - d. Administrative Collaboration occurs via monthly on site meetings with Probation staff at the Juvenile Halls
  - e. Quarterly Executive joint interagency meetings that also include Education and Health Services.
  - f. RUHS-BH Administration attends the Juvenile Justice Coordinating Council meeting held twice annually to strategize on community prevention programs.

## **E. Children's Agencies**

1. Per AB 377, the Mid Management of children's services in multiple agencies meet and confer every other month regarding issues surrounding care to children. These

- agencies include: Probation, Education, Public Defender, District Attorney, Public Social Services, Public Health, and RUHS-BH.
2. Collaboration with Education representatives occurs in the following ways:
    - a. RUHS-BH staff attend Individualized Education Plan (IEP) meetings for individual clients.
    - b. RUHS-BH Preschool staff conduct Parent Child Interaction Therapy via the mobile clinic at school sites.
    - c. RUHS-BH staff assist with Teacher Child Interaction training at school sites.
    - d. RUHS-BH staff attend monthly interagency meetings regionally to problem solve linkage and division of treatment responsibilities between educationally related mental health services and EPSDT services.
    - e. RUHS – BH Parent partners provide parent education classes on site for several school districts.
    - f. RUHS – BH has a Medi-Cal contract with Palm Spring Unified School District to provide EPSDT services for youth and families in their district.
    - g. The San Jacinto Children’s Clinic has an MOU with San Jacinto Unified School District to have 2 clinicians provide EPSDT services on school sites.
  3. Representatives of the department attend the Inland Empire Perinatal Mental Health Collaborative, the Nursing Partnership, and the Autism Center for Excellence. Corresponding treatment ideas are implemented following the outcome of the meetings.
  4. The Department is fully engaged with the First Five Commission. RUHS-BH staff attend the quarterly meetings. Services to the 0 to 5 year old populations are provided via First Five and EPSDT, in collaboration with the commission.

### *Outreach*

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

## **F. Prevention and Early Intervention**

Prevention and Early Intervention is provided through the Mental Health Services Act Tri-Annual Plan. Outreach occurs in the hundreds of community events and meetings that occur each fiscal year including suicide prevention activities; anti-stigma and discrimination campaigns; help-lines that assist with linkage to community resources and supports; conferences for various target populations; educational materials; and



collaboration/funding for programs, committees, taskforce that focus on the underserved populations in the county.

## **G. Neonatal Abstinence Syndrome**

Neonatal Abstinence Syndrome (NAS) is an outreach program based at Riverside University Health System-Medical Center- NICU unit. The goal of NAS is to reduce the negative impact substance use has on drug dependent/exposed infants; shorten the length of hospital stay of the newborn; encourage parent participation; encourage bonding and breastfeeding when appropriate; provide a safe, non-judgmental support system; and provide linkage to substance abuse disorder treatment.

The partnership includes RUHA-BH screening and referring pregnant women and women who recently delivered a baby.

## **H. Social Media**

Social media has become the dominant form of communication and interaction among the population in general, so the ability to contribute to these social media conversations is critical. RUHS-BH was able to adopt these tools in order to elevate its presence as a resource and insight about mental health and substance use concerns in our community.

RUHS-BH officially launched Facebook, Twitter, Instagram and YouTube as the first phase into the social media realm in June of 2016. The results showed a household reach increase of 59.8% in FY 17/18 over the prior fiscal year. The community viewed RUHS-BH videos over 16,000 times to date. Resource content posted on the feeds (measured as “Engagements”) showed a 137.6% increase in “liked,” “shared” or commented on over the prior year.

In 2018 the second phase in social media was launched through a new Snapchat account to target teens and college-age adults where Snapchat is the most popular form of social media.

# **Chapter 7: Access**

## **A. Access**

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

1. Self referral
2. Referral by a primary care physician
3. Referral from hospitals
4. Referral from schools
5. Referral from family

6. Referral from law enforcement
7. Referral from court
8. Referral from Department of Social Services (DPSS)
9. Referral from a Mental Health Plan (ie: IEHP, Molina)

## **B. Request for Services**

Individuals may request services via:

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

## **C. First Contact**

Individuals requesting mental health services will first be:

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

## **D. Provider Determination**

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

1. If the individual is triaged as being in need of brief focused problem intervention, they will be considered for referral to a contract provider
2. If the individual is triaged as being in need of a comprehensive system of mental health care, they will be considered for referral to a county operated treatment

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

### **E. Timeliness to Services**

If the request for services is determined to be:

- Routine, the individual will be assessed within 10 days.
- Urgent, the individual will receive screening/assessment within 48 hours.
- Emergent, the individual will be assessed the same day, or referred to the nearest emergency room if unable to access the program

Tracking of the first offered appointment is achieved through the First Encounter Form in the EHR. This form includes a disposition where attended, missed, and/or rescheduled appointments are entered.

### **F. Long Term Client**

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

## **Chapter 8: Treatment Provisions**

### **A. Assessments**

All assessments will include the following:

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

## 11. Additional Clarifying Information

### **B. Medical Necessity**

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

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

### **C. Client Care Plan (CCP)**

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

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

### **D. Progress Notes**

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

- The staff providing the service

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

## Chapter 9: Crisis Services

1. The department implemented three crisis teams, CREST, REACH in December 2014 and ROCKY November 2018 to meet the increasing need in the community:
  - a. Regional Emergency Assessments at Community Hospital (REACH) teams consist of a Clinical Therapist and Peer Support Specialist working collaboratively within community hospital emergency rooms to provide a brief therapeutic interaction in an attempt to divert consumers out of local emergency rooms without the need for an inpatient admission, and provide follow-up case management to connect the individual with outpatient services.
  - b. Community Response Evaluation and Support Teams (CREST) consist of a Clinical Therapist, Behavioral Health Specialist, and Peer Support Specialist working together in the field with law enforcement to provide crisis intervention for individuals experiencing a psychiatric emergency. The goal is to decrease the need for inpatient hospitalizations as well as decreasing the amount of time that law enforcement personnel are dedicating to individuals in psychiatric distress. Follow-up case management is intended to connect the individual with community and/or outpatient resources to decrease that individuals possible future interactions with law enforcement and need for inpatient services.
  - c. Resilient Outcomes in the Community for Kids and Youth (ROCKY) consist of a Clinical Therapist, Behavioral Health Specialist, and Peer Support Specialist working together in the field with schools, group homes, foster homes, hospitals, community clinics, county clinics, and law enforcement to provide crisis intervention for children and youth experiencing a psychiatric emergency. The goal is to decrease the need for inpatient hospitalizations as well as decreasing the amount of time that law enforcement personnel are dedicating to individuals in psychiatric distress. Follow-up case management is intended to connect the individual with community and/or outpatient resources to decrease that individuals possible future interactions with law enforcement and need for inpatient services.
2. The department has added three (3) additional crisis facilities:

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

## Chapter 10: Inpatient

RUHS-BH provides acute inpatient psychiatric services to consumers who cannot be safely and effectively treated at a lower of care such as treatment in a clinic. A consumer may be admitted to an inpatient facility on either a voluntary or involuntary (5150) basis. Regardless of the admission status, the admission criteria remain the same. Inpatient admission is indicated when a consumer, as a result of a mental disorder, presents with symptoms or behaviors that:

- Indicate a danger to self (DTS)
- Indicate a danger to others (DTO)
- Prevent an individual from utilizing food, clothing or shelter (GD – grave disability)
- Present a severe risk to the individual's physical health -AND/OR-
- Represent a significant deterioration in ability to function

When it is clinically appropriate, admission on a voluntary basis is always preferred. However, when a consumer refuses to be admitted voluntarily, an authorized behavioral health professional will evaluate the individual to determine if the current symptoms or behaviors warrant placing the consumer on 5150 in order to admit him/her involuntarily. Similar to the

above list, the criteria for initiating a 5150 are DTS, DTO and/or GD.

A consumer placed on a 5150 is transported to a Riverside County LPS designated facility for further evaluation and possible treatment/admission. These facilities include ETS, ITF, RUHS Medical Center, PHF and various fee-for-service hospital such as Pacific Grove Hospital, Corona Regional Hospital and Loma Linda University Hospital.

The admitting psychiatric hospital notifies RUHS-BH QI Inpatient Program within 24 hours of the admission. QI Inpatient is available to consult with the hospital clinical staff and case managers about the documentation that is required to meet medical necessity in order to be reimbursed by the state and/or county for the admission. After discharge, QI Inpatient reviews the hospital records and determines which bed days meet the criteria for reimbursement.

RUHS-BH Patients' Rights program assure that admitted consumers are treated with respect and courtesy and are allowed the greatest degree of decision-making that is compatible with their clinical condition. Patients' Rights oversees and participates in the Doe-Gallinot hearings which reviews the appropriateness of extending involuntary hospitalizations of each patient per the 5250 process.

RUHS-BH Long Term Care (LTC) and RUHS-BH case managers and clinics assist the inpatient facilities in providing placement and outpatient treatment referrals to facilitate a smooth transition back to the community.

## **Chapter 11: Physical Health Care**

### **A. Screening**

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

### **B. Integration**

1. Integration of Physical Health with Mental Health services is occurring through an agreement with Inland Empire Health Plan (IEHP) in which IEHP is funding Nurse Practitioners in two adult Integrated Health clinics (Blaine and Lake Elsinore), and one children's Integrated Health Clinic (Riverside Family Wellness Center). In a similar format, a mental health team has been co-located in a physical health location (Rubidoux Family Health).

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

### **C. Interface with Physical Healthcare**

1. RUHS-BH has partnered with managed care plans, IEHP and Molina, to assist in integrated care of physical health, mental health, and substance use disorders. Currently, the department's ELMR system is able to interface with IEHP's electronic health record.
2. RUHS-BH has initiated a task force to develop an Interagency Integration of CARE (IIOC) project. RUHS-BH joined with community clinics, as well as RUHS-Public Health specifically for this project. Using a standard performance improvement planning process, the integration team developed a model of full bi-directional integration of care to test and determine if this model may be expanded across the County to bring together mental health and public health primary care clinics.



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

The goals of the IIOC project are to improve access to primary care services for individuals with serious mental illness, substance abuse issues, improve client's general health and well-being, improve client's ability to self manage both their mental health and physical health issues, and to decrease negative outcomes and premature deaths, especially cardiovascular disease, which results from the lack of health care services in this population. Part of the goal is to link those clients of the mental health clinics, who have inadequate or no health care services, to a "Medical Home" for those who have significant medical/physical health issues. In the end, it is desired that many clients will be able to receive all of their services at one location, close to their homes, creating a "one-stop-shop" for all of their mental health and physical health needs.

3. RUHS-BH joined CiMH sponsored Care Integration Collaborative (CIC) with several other counties. Through the CIC, our integration project has been strengthened. Specific new areas of focus through the CIC are:
  - Full involvement of Substance Abuse services in the CIC
  - Electronic/Universal Consent and Release of Information
  - Electronic/Universal Referral Format and Process
  - Electronic/Integrated Medication Reconciliation
  - Internet Based Data Registry
  - Screening for Mental Health, Substance Abuse, and Physical Health Care needs in the appropriate settings
  - Electronic/Shared Care Plans
  - Role of Care Coordinators
  - Role of Peer Care Navigators
  - Warm Hand-off Communications
  - Development and Implementation of Life Style Centers
4. RUHS-BH has collaborated with RUHS-BHPublic Health HIV/AIDS clinics. Psychiatrist-only services are fully integrated into the HIV/AIDS clinics in Indio, Riverside, and Perris. The projects in Riverside and Lake Elsinore include providing services for local AB 109 clients.

## **D. Clinical Consultation**

Clinical consultation and training to beneficiary’s primary care physicians and other physical health care providers is provided through on going collaborations with the Riverside University Health System Medical Center and RUHS Clinics. RUHS-BH Consultation Psychiatrists provide psychiatric consultations at the RUHS-MC. RUHS-BH Child Psychiatrists and UCR Child Psychiatry Fellows are providing direct care and consultation to the Pediatricians at the RUHS-MC Pediatrics Clinic once a week in Moreno Valley. Additionally, an RUHS-BH Adult Psychiatrist and UCR Adult Psychiatry resident has been co-located at the Rubidoux Family Clinic. The department in the upcoming years will be rapidly expanding consultations to the system of Family Medicine Clinics across the County.

## Chapter 12: Telemedicine

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

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

## Chapter 13: Provider Selection

### A. Considerations

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

- Medicaid and Medicare licensure/certification/accreditation history
- Circumstances and outcomes of any current or previous litigation against the provider
- Ability of the provider to offer services at competitive rates
- Ability of the provider to demonstrate outcomes and cost effectiveness as defined by the county

- Ability to address the need of the local population such as age, language, culture, physical disability, and specified clinical interventions
- Ability on the part of the provider to meet the Quality Improvement, Authorization, Administrative, and Clinical requirements of the MHP
- With regard to inpatient service providers, have the ability to meet the immediate medical needs of beneficiaries while in their facility, and be licensed as a hospital
- Organizational (clinic) providers must have a Head of Service that meets California Code of Regulations, Title 9 requirements and have accounting/fiscal practices that meet the standards of the State Department of Health Care Services
- Private practitioners must be licensed to practice psychotherapy independently
- Skilled nursing facilities must be licensed as a nursing facility and have a certified treatment program (STF)
- Geographic location to maximize consumer access
- Ability to work with beneficiaries and their families in a collaborative and supportive manner

## **B. Process**

- a. New providers must complete an extensive application packet, submit documentation on individual licensure, malpractice insurance, and liability insurance on their office
- b. Organizational providers requesting a System of Care contract are reviewed via an interactive process with the sub-committee responsible for overseeing the requirements of that contract. Specific details of the proposed services are outlined and reviewed until a determination can be made on the agency's ability to provide the service.
- c. Group and Organizational providers are rated on a formal scale by their ability to provide services by representatives from CARES, ACT, and QI when requesting a Managed Care contract.
- d. Individual providers requesting a Managed Care contract are considered based on services they are able to provide, geographic location, and need for additional providers in their region.

## **C. Contracts**

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

reporting requirements (when applicable).

## **D. Credentialing**

Credentialing for non-hospital providers is contracted to an outside agency. RUHS-BH Program Support then monitors that all information is kept up to date. Individuals with expired licenses and/or insurance are prohibited from providing services to RUHS-BH beneficiaries until all documentation is current.

RUHS-BH staff must submit required registrations/licenses prior to being hired. Renewals are submitted to the staff's supervisor and Human Resources as they come due.

## **E. Contract Provider Meetings**

1. RUHS-BH schedules separate meetings for all mental health and substance use providers quarterly. Hosted by the Children's or Substance Abuse Deputy Director, the meetings are supported by program analysts, fiscal staff, quality improvement staff, with staff from additional programs invited when topics necessitate their expertise.
2. RUHS-BH also schedules an annual provider meeting for all managed care providers annually. Hosted by CARES, ACT, QI, TRAC, and Fiscal staff. This meeting reviews current requirements, information about pending changes at the state/federal level, and provides a presentation on a currently trending topic (eg. opioid epidemic). These meetings provide an open forum to interact directly with contractors, receive feedback, and respond to questions.

# **Chapter 14: Beneficiary Rights**

## **A. Informing Materials**

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

## **B. Patients Rights**

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

### **C. Choice of Practitioner**

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

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

The department recognizes that there may be consumers whose personal needs do not match with their assigned clinician. When this situation occurs, consumers may request a change of provider. This request may be made orally or in writing.

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

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

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

### **D. Availability of Second Opinions**

If a consumer has been denied services, they may file a formal appeal through the Consumer Complaint and Appeal/Grievance Procedure. A second opinion may be

requested through this process if the consumer feels they need this service. Upon receipt of the appeal, the Outpatient Quality Improvement program will investigate the circumstances and provide the consumer with a written disposition within 45 days. If a second opinion appears warranted, the consumer will be referred by QI to another provider to provide their assessment of the client's needs.

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

## **Chapter 15: Cultural Competence**

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

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

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

## **Chapter 16: Compliance**

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

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

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

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

## **Chapter 17: Program Integrity**

1. RUHS-BH verifies services were provided by conducting a phone satisfaction survey with the introductory statement including the date of the specific service randomly selected. Services unknown to the consumer are forwarded to the Compliance Officer for further follow up/investigation.
2. Collection of disclosures of ownership, control, and relationship information for persons who have an ownership or control interest are gathered during the initial and annual contract process. Providers, or any person with a 5% or more direct/indirect ownership interest must submit fingerprints prior to the contract being executed. Disclosures are sent to DHCS when obtained.
3. RUHS-BH contracts with an external vendor to check the Social Security Administration's Death Master File and National Plan and Provider Enumeration System (NPPES) for all new providers, and monthly for the Office of the Inspector General List of Excluded Providers and Entities (LEIE); System of Award Management (SAM); and the Medi-Cal Suspended and Ineligible List (S&I List). Excluded providers are reported to Department of Healthcare Services.

## **Chapter 18: Confidentiality**

- RUHS-Behavioral Health is committed to protecting the health information of all

consumers. It is the policy of the department to keep all protected health information (PHI) private.

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

## Chapter 19: Quality Improvement Program

### A. Quality Management

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

#### *Research*

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



services being provided.

### ***Evaluation***

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

### ***ELMR***

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

## **B. Outpatient Quality Improvement**

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

## **C. Inpatient Quality Improvement**

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

## **D. Quality Improvement Committee**

Overseeing the activities of the Quality Management activities is the Quality Improvement Committee (QIC). The QIC reviews these activities through the department's multiple reports, identifies areas for improvement, develops and recommends interventions to improve performance, and monitors/evaluates the

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

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

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

## **E. Adverse Incidents Committee**

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

# **Chapter 20: Problem Resolution Process**

## **A. Consumer Grievance Procedure**

Federal regulations redefined the term “grievance” to mean an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. The definition specifies that grievances may include, but are not limited to, the quality of care

or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the beneficiary's rights regardless of whether remedial action is requested, and the beneficiary's right to dispute an extension of time proposed by the Plan to make an authorization decision. There is no distinction between a complaint and a formal grievance.

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

- a. Consumers will receive an acknowledgment of their Grievance within 5 calendar days.
- b. QI will investigate the grievance
- c. QI will then discuss the resolution of the situation with the consumer
- d. A resolution letter will be sent to the consumer within 90 working days of the initial receipt of the Grievance
- e. If the Grievance is resolved the same day as received, no acknowledgment or resolution letter will be sent
- f. If the Grievances received and resolved on the same day do not require written notification(s) to the consumer
- g. If additional time is needed (based on the beneficiaries request or documentation demonstrates additional information/time is needed and the delay is in the beneficiary's interest
  - i. The beneficiary must be given prompt oral notice of the delay
  - ii. Within 2 calendar days of determining additional time is needed, a Delay in Processing letter will be sent to the beneficiary clearly explaining the reason for the delay, the anticipated date of completion, and inform the beneficiary of the right to file an additional grievance if they do not agree with the decision to extend the timeframe. Extensions will not exceed 14 additional calendar days.

## **B. Consumer Appeal Process**

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

An appeal may be filed by a consumer/beneficiary (or that person's representative) with his/her health service provider, the CARES unit, or with Quality Improvement. Appeals may be filed orally or in writing (using the Appeals/Grievance form available in all county clinic lobbies) within 60 days of receiving the NOABD. Appeals made orally must also be submitted in writing (the date of the appeal will be the date the oral appeal was

received). Upon receipt of an Appeal:

- a. QI staff will send a letter acknowledging the receipt of the appeal within 5 calendar days.
- b. QI staff will review the information received and follow up on any needed information.
- c. The disposition of expedited appeals will be provided to the beneficiary/beneficiary's representative by phone or in person, and in writing, within 72 hours.
- d. For standard appeals, a written decision/resolution letter will be sent by QI to the 30 calendar days of QI's receipt of the appeal.
  - i. The disposition letter will include information regarding the right to/how to file for a State Fair Hearing if the appeal is denied.
  - ii. If the appeal is resolved the same day as received, no acknowledgement letter or disposition letters will be sent.

### **C. Provider Appeal Process**

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

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

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

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

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

If all documentation is not received:

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

If all documentation is received:

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

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

## **D. Notice of Adverse Benefit Determination**

A Notice of Adverse Benefit Determination (NOABD) is completed when there is a reduction, change, termination, or denial of services when:

- a. The consumer DOES NOT agree with the termination, denial or reduction of services **and**
- b. The consumer is a Medi-Cal consumer

The eight NOABD's are:

1. NOABD Denial of authorization for requested services
2. NOABD Delivery System
3. NOABD Modification of Requested Services
4. NOABD Termination of Previously Authorized Service
5. NOABD Delay in Processing Authorization of Services
6. NOABD Failure to Provide Timely Access to Services
7. NOABD Denial of payment for a service rendered by provider
8. NOABD Dispute of Financial Liability

The NOABD needs to be handed to the consumer at the time it's completed (when possible), or addressed to/mailed to the consumer within 5 calendar days. If the beneficiary does not agree with the NOABD the form includes information on how the consumer can appeal the decision. This is done either verbally or in writing with the Quality Improvement department.

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

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

## Chapter 21: Claims Process-Outpatient Services

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

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

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

## *Mission Statement*

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

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

## *Vision*

We offer a welcoming door to a healing world.

## *Operating Beliefs*

### *We Believe*

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

## *Principles*

### *We Will*

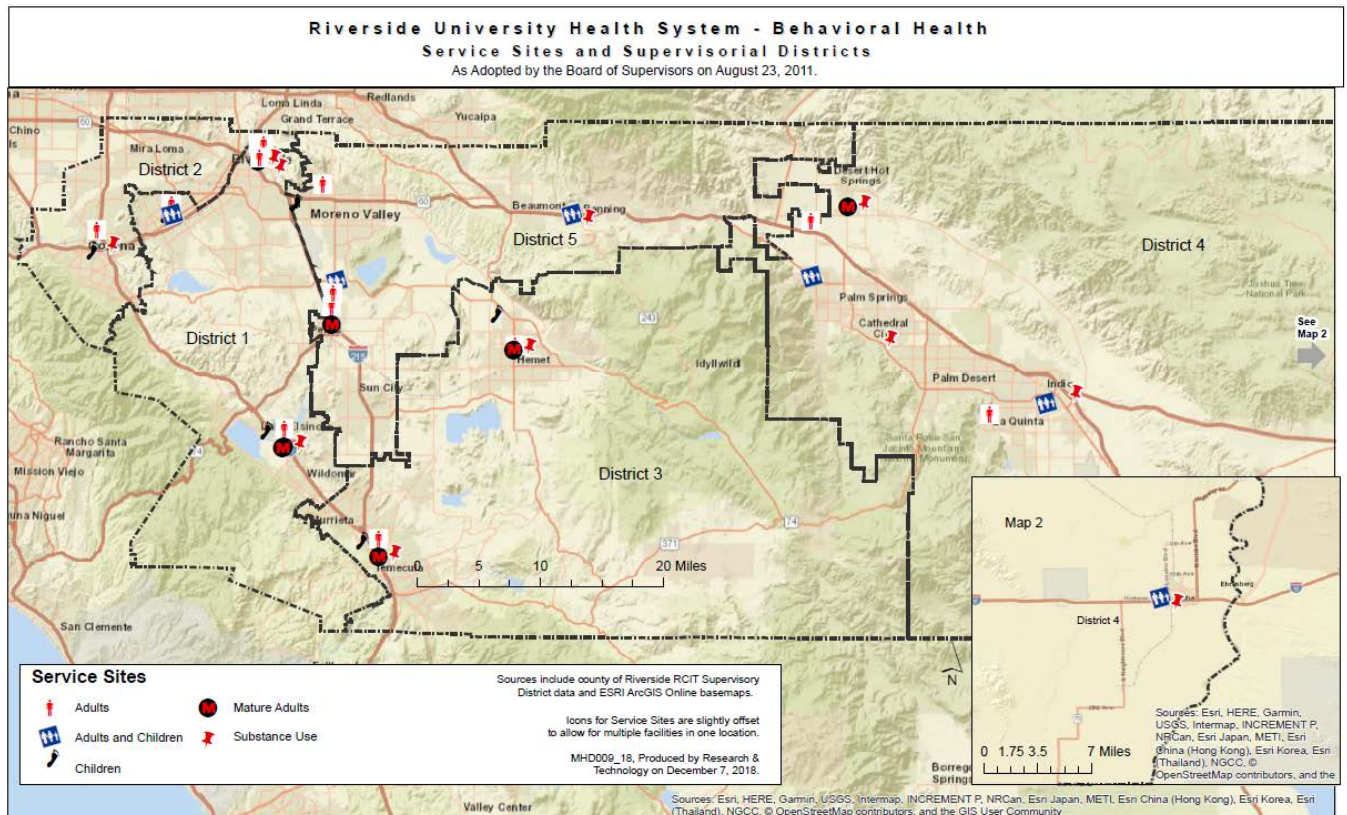
- Respect client's choices and beliefs and instill hope, promote empowerment and foster resilience
- Celebrate accomplishments both with ourselves and with those who receive services and be truly welcoming to those we serve and to each other
- Provide effective, flexible treatment which we believe facilitates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



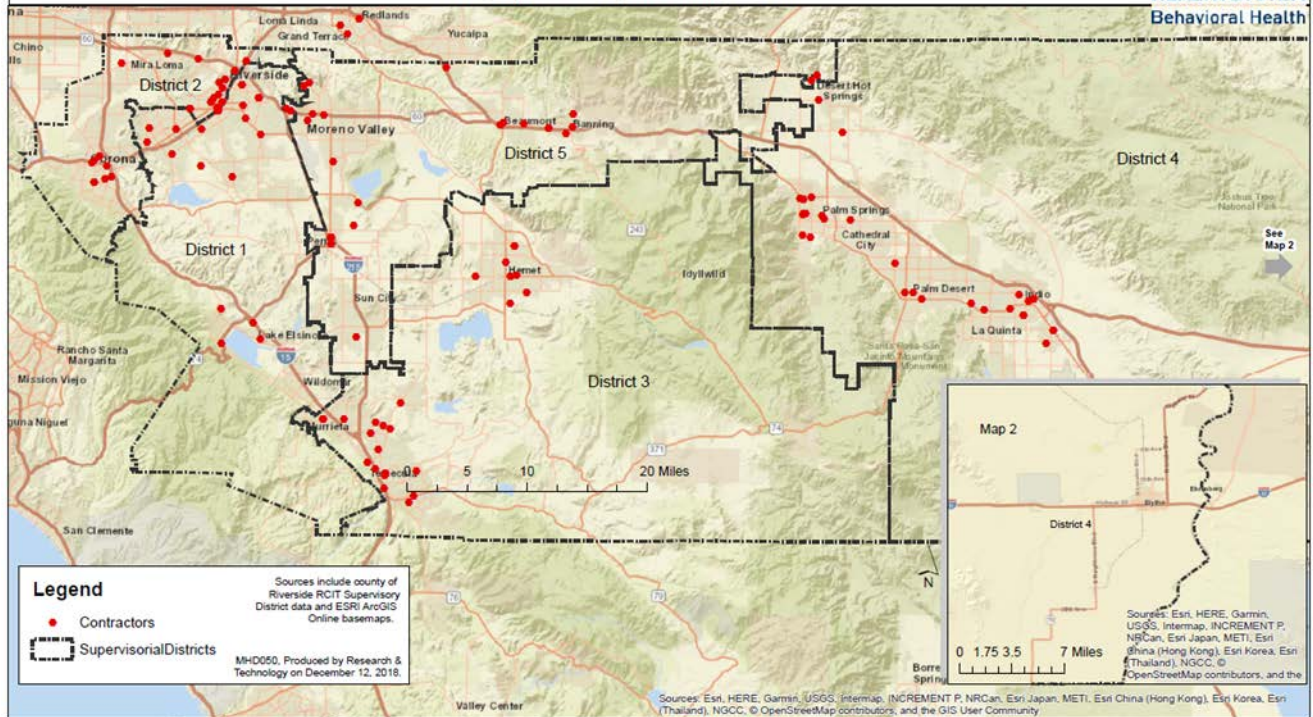
## Appendix B: Maps

A visual representation of where services are located, and the population density for services provided in the three regions of the county is included in the following 8 maps:

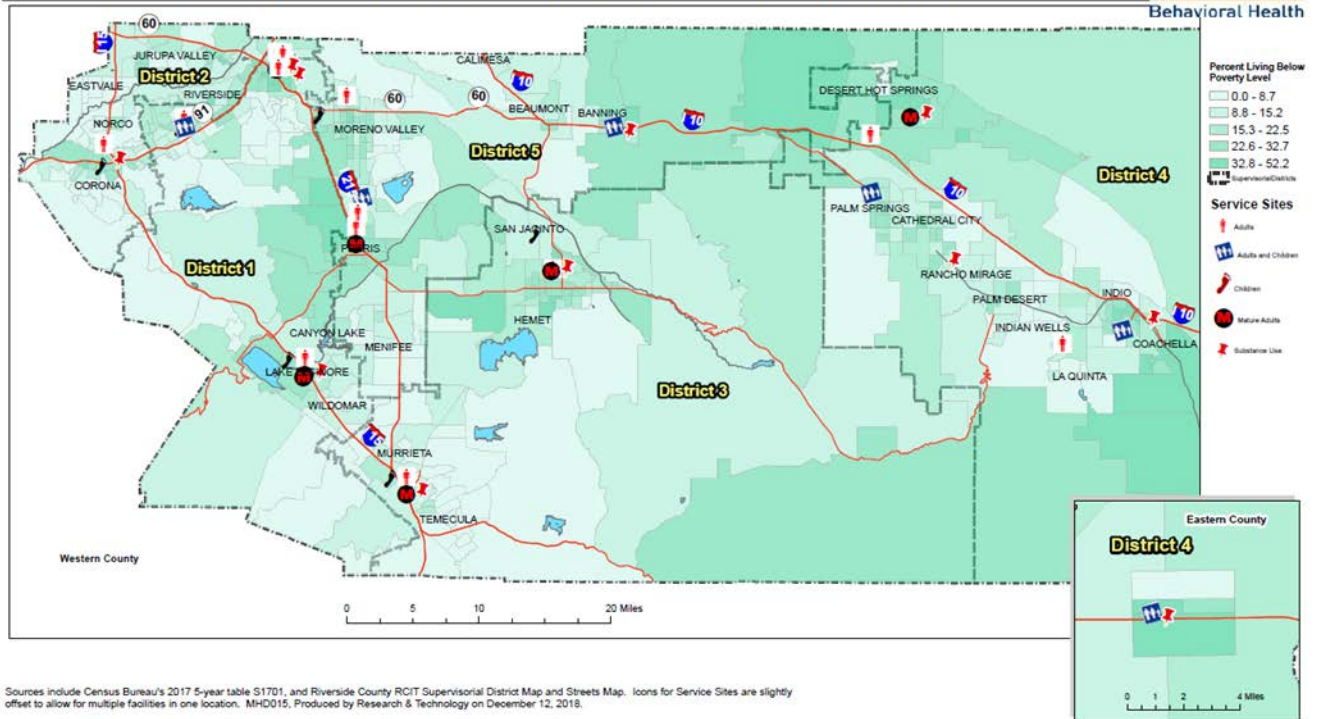
- A. Service Sites and Supervisorial Districts
- B. Contractor Locations and Supervisorial Districts
- C. Service Sites and Percentage of Population Under Poverty Level
- D. Density Map of People Who Have Used Outpatient Services FY 15/16
- E. Density Map of People Who Have Used Outpatient Services FY 16/17
- F. Density Map of People Who Have Used Outpatient Services FY 17/18
- G. Service Sites and 2017 Population Density Estimate
- H. Density Map of People Who Have Used Outpatient Services In First Quarter FY 18/19



Riverside University Health System - Behavioral Health  
 Contractor Locations and Supervisorial Districts  
 As Adopted by the Board of Supervisors on August 23, 2011.

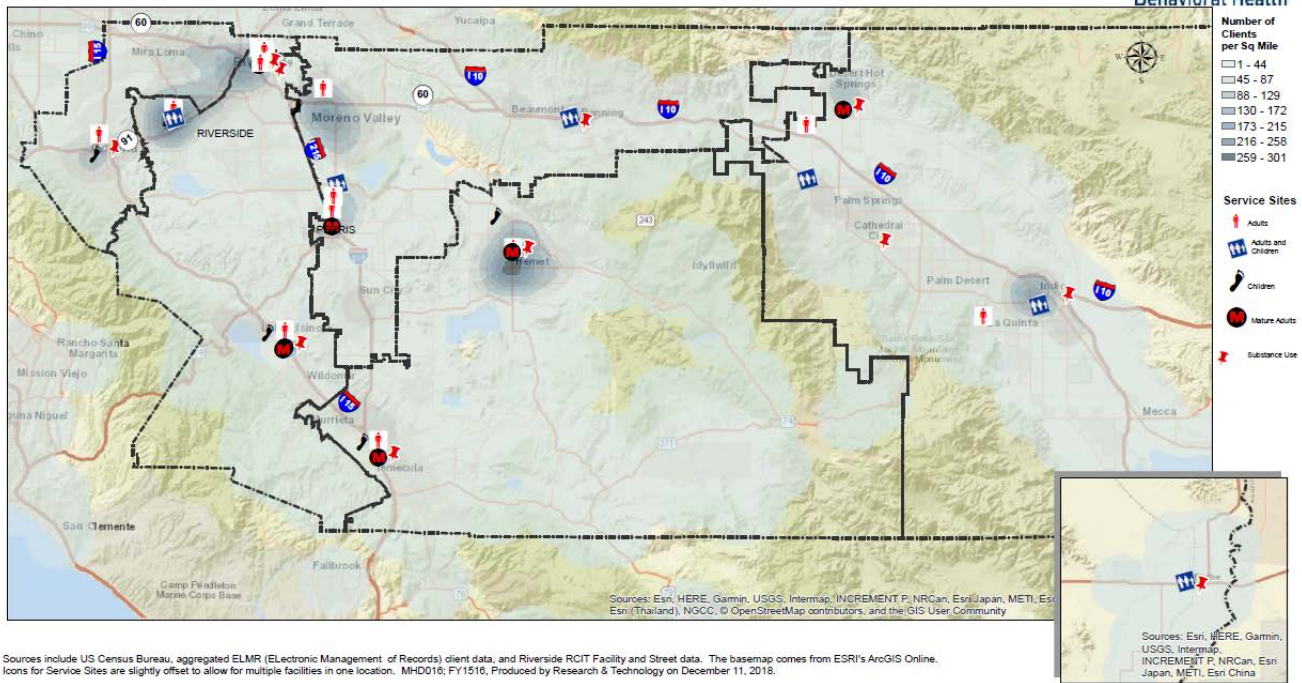


Riverside County Department of Mental Health  
 Service Sites and Percent of Population Under Poverty Level (by Census Tract)



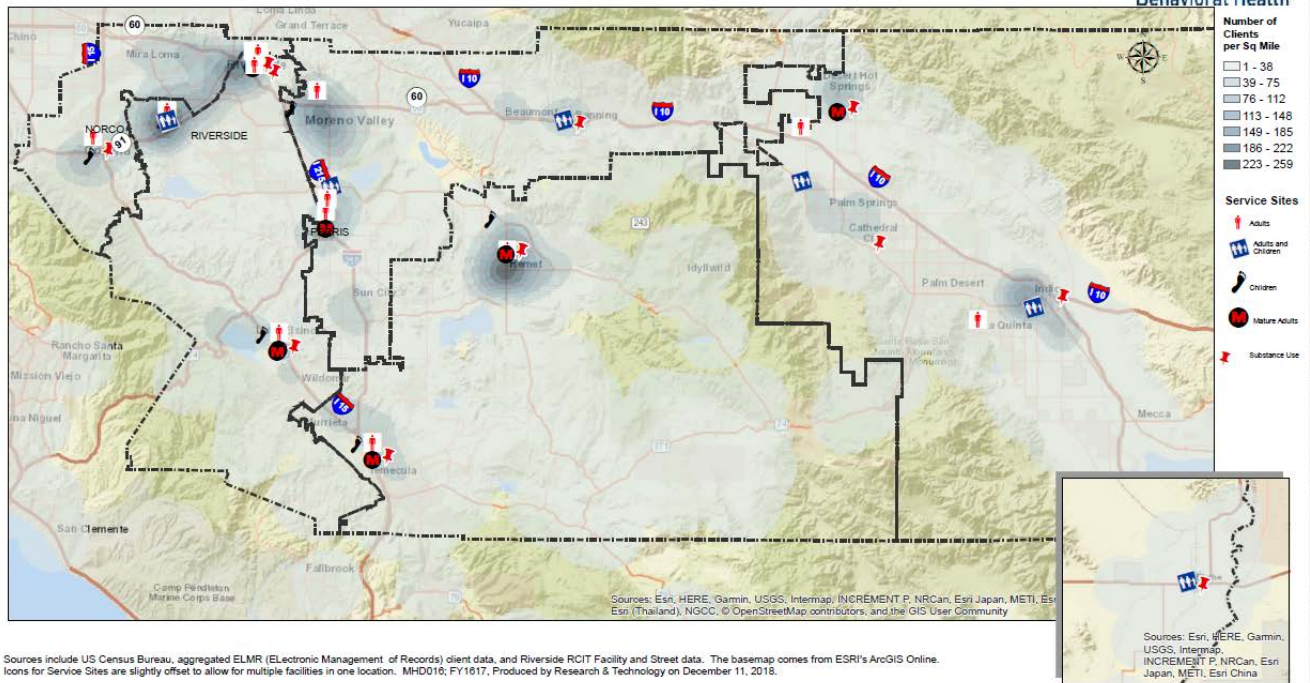
Sources include Census Bureau's 2017 5-year table S1701, and Riverside County RCIT Supervisorial District Map and Streets Map. Icons for Service Sites are slightly offset to allow for multiple facilities in one location. MHD015, Produced by Research & Technology on December 12, 2018.

Riverside University Health System - Behavioral Health  
 Density Map of People who have used  
 Outpatient Services in FY 2015-2016



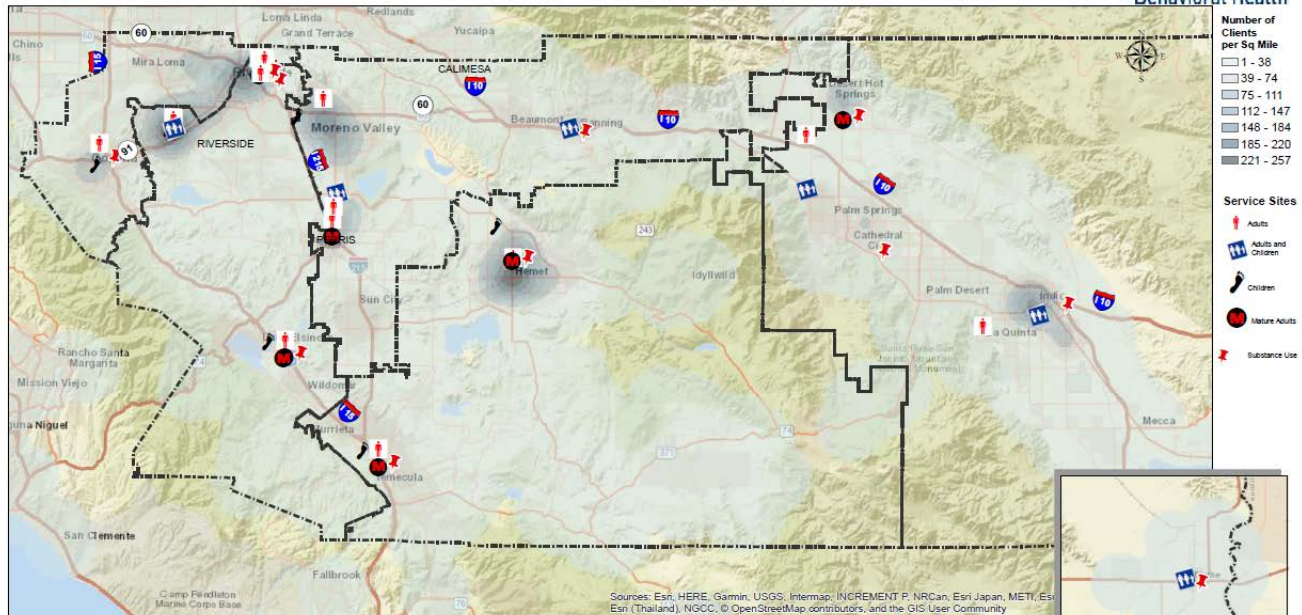
Sources include US Census Bureau, aggregated ELMR (Electronic Management of Records) client data, and Riverside RCIT Facility and Street data. The basemap comes from ESRI's ArcGIS Online. Icons for Service Sites are slightly offset to allow for multiple facilities in one location. MHD016, FY1516, Produced by Research & Technology on December 11, 2018.

Riverside University Health System - Behavioral Health  
 Density Map of People who have used  
 Outpatient Services in FY 2016-2017



Sources include US Census Bureau, aggregated ELMR (Electronic Management of Records) client data, and Riverside RCIT Facility and Street data. The basemap comes from ESRI's ArcGIS Online. Icons for Service Sites are slightly offset to allow for multiple facilities in one location. MHD016, FY1617, Produced by Research & Technology on December 11, 2018.

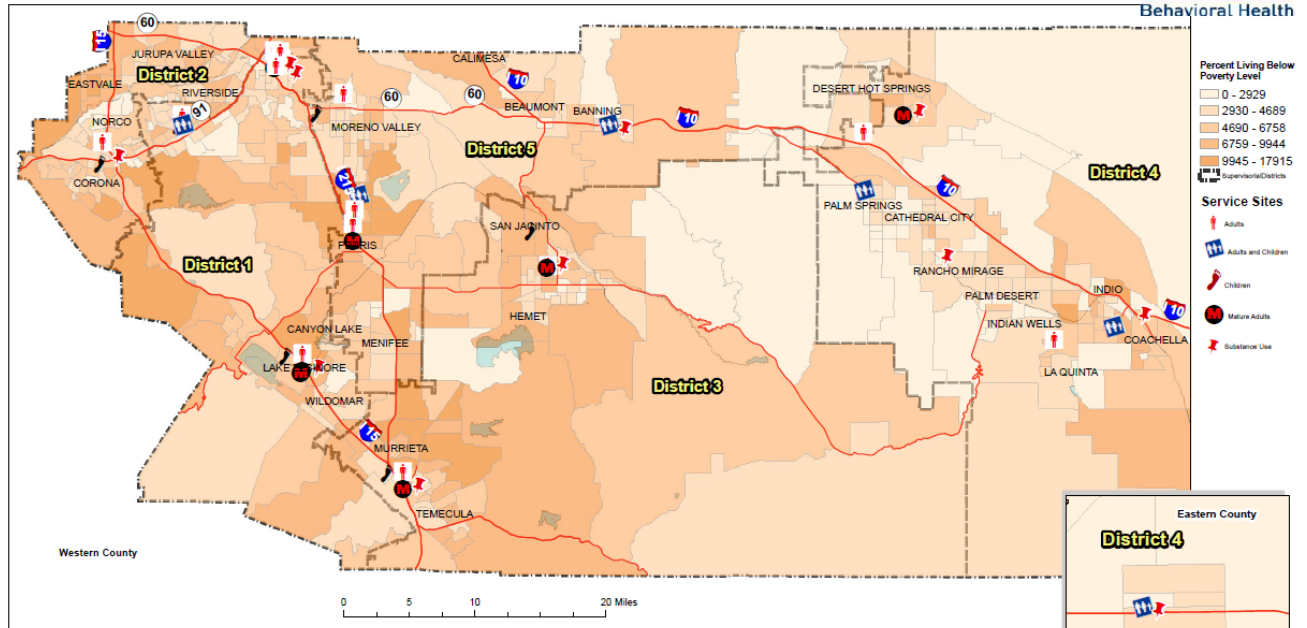
Riverside University Health System - Behavioral Health  
 Density Map of People who have used  
 Outpatient Services in FY 2017-2018



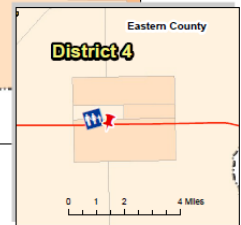
Sources include US Census Bureau, aggregated ELMR (Electronic Management of Records) client data, and Riverside RCH Facility and Street data. The basemap comes from ESRI's ArcGIS Online. Icons for Service Sites are slightly offset to allow for multiple facilities in one location. MHD016; FY1718; Produced by Research & Technology on December 11, 2018.



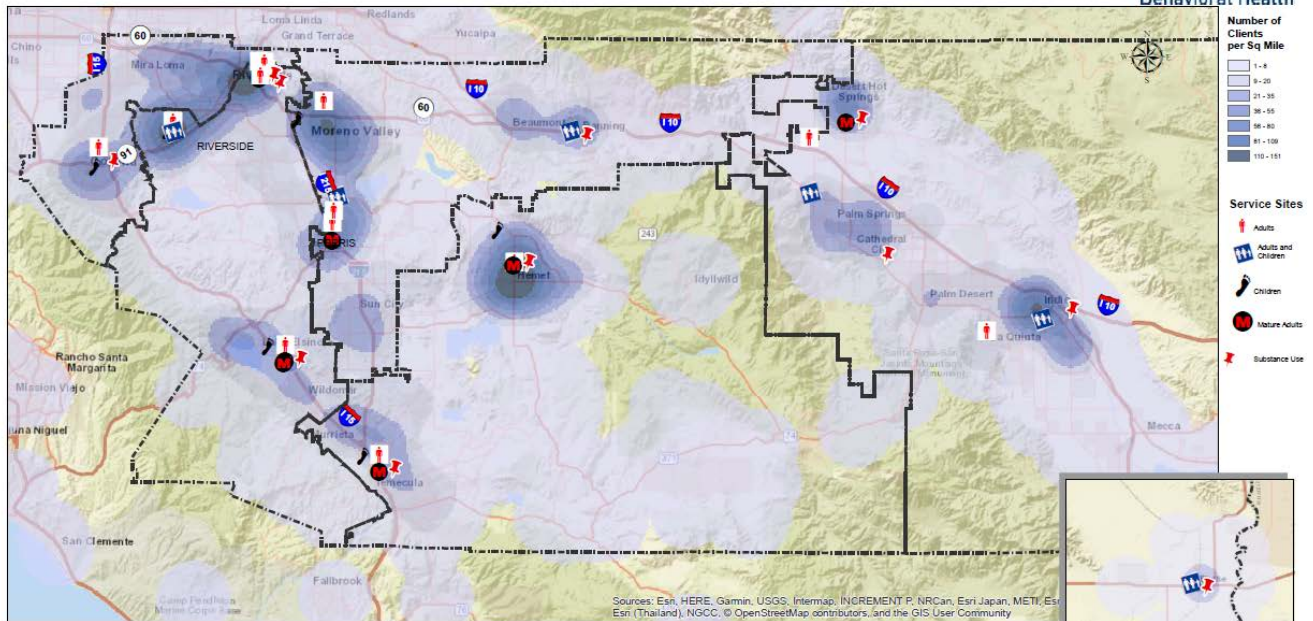
Riverside University Health System - Behavioral Health  
 Service Sites and 2017 Population Density Estimate



Sources include U.S. Census Bureau and county of Riverside Streets file.  
 Icons for Public Facilities are slightly offset to allow for multiple facilities in one location.  
 MHD020\_18, Produced by Research & Technology Dept. on December 12, 2018.



Riverside University Health System - Behavioral Health  
 Density Map of People who have used  
 Outpatient Services in First Quarter FY 2018-2019



Sources include US Census Bureau, aggregated ELMR (Electronic Management of Records) client data, and Riverside RCIT Facility and Street data. The basemap comes from ESRI's ArcGIS Online. Icons for Service Sites are slightly offset to allow for multiple facilities in one location. MHD016; Q1FY1819; Produced by Research & Technology on December 11, 2018.





# Appendix C: List of Agreements and Agencies Providing Collaborative Services

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

## LISTING OF MOU'S AND INTRA-AGENCY AGREEMENTS

Agency/Contractor	County/Non County	Effective Date	Termination Date	Agreement Name	Purpose
Alvord Unified School District	Non-County		6/30/19	Alvord Unified School District	RUHS-BH's Parent support and Training program will work with all parents/grandparents/guardians that are in need of Parent Partner, Parenting classes, group/and or training.
American Medical Response Ambulance	Non-County		6/30/20	Cooperative agreement between RUHS-BH and AMR	Cooperative agreement for Crisis Triage Mental Health Services
AUVI Management Corporation	Non-County	3/17/09	3/16/29	Rancho Dorado North Project	Manage 15 units of supportive permanent housing within an affordable housing project
California MHSA	County	7/1/09	Perpetual	Joint Exercise of Powers Agreement	Jointly develop & fund MH services & education programs
ChildNet	Non-County		10/30/21	ChildNet - Crisis Support System of Care - SB82 Children's Crisis Services Grant	Establish cooperative efforts in conjunction with the SB82 Children's Crisis Services Grant. The collaboration will initiate and provide behavioral health crisis intervention services for the target population, resulting in better outcomes.
City of Riverside Housing Authority	County	7/3/05	6/30/22	No Place Like Home	Define expectations, rights, and responsibilities in intergovernmental partnership for No Place Like Home
City of Riverside Police Dept.	Non-County		6/30/19	City of Riverside Police Dept.	Allow Mental Health Service Staff II team with Law Enforcement and respond to 9-1-1 calls involving mental health issues.
Coachella Valley Housing Coalition	Non-County	12/18/01	12/31/56	Coachella Valley Housing Coalition	Forty-Five Bed Housing Project MOU
Coachella Valley USD	Non-County	6/18/02	Perpetual	Safe Schools/Healthy Students	Develop services under the Safe Schools/Healthy Students Programs
College of the Desert	Non-County		10/30/21	College of the Desert - Crisis Support System of Care - SB82 Children's Crisis Services Grant	Establish cooperative efforts in conjunction with the SB82 Children's Crisis Services Grant. The collaboration will initiate and provide behavioral health crisis intervention services for the target population, resulting in better outcomes.
Corona/Norco Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
Corona-Norco Substance Use Prev. Coalition	Non-County	6/30/10	Perpetual	Coalition Involvement Agreement-MDA	Drug Free communities support programs to prevent & reduce youth substance use
Corona-Norco USD	Non-County		6/30/19	Corona-Norco USD	Allow a SAPT Program Counselor to provide revention and SUD Services at school sites within the Corona-Norco USD
Corona-Norco USD	Non-County	3/2/10	Perpetual	C.A.R.E.S.	MOA to expand needed counseling services to 4th & 5th grade students
Desert AIDG Project (DAP)	Non-County		4/30/21	Desert AIDG Project (DAP)	Enhance service to the delivery of primary care, behavioral health and related services for DAP patients
Desert Sands Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
Family Service Association	Non-County	3/15/19	Perpetual	Hemet YOC	Outline roles & duties of WIA & Youth Opportunity Ctrs (YOC) grant program
Family Service Association	Non-County	3/15/19	Perpetual	Rubidoux YOC	Outline roles & duties of WIA & Youth Opportunity Ctrs (YOC) grant program
Family Service Association	Non-County	6/15/19	Perpetual	"Promise Neighborhoods" Prelim. MOA	Partnership for grant app. to improve youth outcomes within distressed communities
Health Management Associates	Non-county		6/30/19	Health Management Associates	
Hemet USD	Non-county	2/24/18	6/30/19	On site Substance Abuse Treatment Services	Counselor will serve for the students at the school sites and their families for substance abuse treatment
Housing Authority of Riverside County	County	8/4/02	Perpetual	Shelter Plus Care Housing	HUD Project # CA16C 108-002-Coordinate public housing & services
IHP	Non-County		12/31/23	IHP Dualchoice Cal Medconnect Plan	Drug Medi-Cal Organized Delivery System Waiver
Inland Empire Health Plan	Non-county	2015/15	6/30/19	IHP Health Access	Behavioral Health Integration and Complex Care Initiative (BHICCI) for integrated primary care and behavioral health
Junipero Unified School District	Non-County		6/30/19	Parent Child Interaction Therapy (PCIT) 0-7	Services to include, but not limited to Parent Child Interaction Therapy (PCIT) 0-7, Trauma Focused cognitive Behavior, Triple P, and Incredible Years
Junipero Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Prevention and Early Intervention Mobile Services
Kaiser Permanente	Non-County	7/1/10	Perpetual	Kaiser Health Care Services Agreement	ITF & ETS units to provide inpatient Physc. outpatient crisis intervention to beneficiaries
Lake Elsinore Unified School District	Non-County		6/30/19	Parent Child Interaction Therapy (PCIT) 0-7	Services to include, but not limited to Parent Child Interaction Therapy (PCIT) 0-7, Trauma Focused cognitive Behavior, Triple P, and Incredible Years
Lake Elsinore Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
Molina	Non-County		12/31/20	Molina Healthcare of California Plan, Inc.	Approve Amendment #2 to the MOU with Molina for the Cal MediConnect Program
Moreno Valley Unified School District	Non-county	20/17/19	6/30/22	Parent Support and Training	Assist the Department with Outreach efforts to school age children, parents, grandparents, and guardians
Naview Union School District	Non-County		6/30/19	Parent Child Interaction Therapy (PCIT) 0-7	Services to include, but not limited to Parent Child Interaction Therapy (PCIT) 0-7, Trauma Focused cognitive Behavior, Triple P, and Incredible Years
Naview Union School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
Operation SafeHouse	Non-County		10/30/21	Operation SafeHouse - Crisis Support System of Care - SB82 Children's Crisis Services Grant	Establish cooperative efforts in conjunction with the SB82 Children's Crisis Services Grant. The collaboration will initiate and provide behavioral health crisis intervention services for the target population, resulting in better outcomes.
Optiflex, LLC	Non-County	4/6/10	4/5/20	Skilled Nursing Facility Agreement-MV	Skilled Nursing Facility in Moreno Valley
Our Lady of the Lake University	Non-County		6/30/19	Our Lady of the Lake University	
Pacifica Graduate Institute	Non-County		6/30/19	Pacifica Graduate Institute	This agreement is for servision for students from Pacifica Graduate Institute, in support of the Workforce Education and Training Plan.
Pacificare / LifeLink, Inc.	Non-County	12/16/96	Perpetual	LifeLink, Inc. MOU	A Pacificare MH benefits carrier (HMO)
Palm Springs Unified School District	Non-County		6/30/19	Palm Springs Unified School District	Prevention and Early Intervention services to middle School age Students

## LISTING OF MOU'S AND INTRA-AGENCY AGREEMENTS

Agency/Contractor	County/Non County	Effective Date	Termination Date	Agreement Name	Purpose
Palm Springs Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
Palm Springs Unified School District	Non-County		10/30/21	Palm Springs Unified School District - Crisis Support System of Care - SB82 Children's Crisis Services Grant	Establish cooperative efforts in conjunction with the SB82 Children's Crisis Services Grant. The collaboration will initiate and provide behavioral health crisis intervention services for the target population, resulting in better outcomes.
Perris Unified School District	Non-County		6/30/19	Parent Child Interaction Therapy (PCIT) 0-7	Services to include, but not limited to Parent Child Interaction Therapy (PCIT) 0-7, Trauma Focused cognitive Behavior, Triple P, and Incredible Years
Reaching New Heights Foundation	Non-County		6/30/21	Reaching New Heights Foundation	Expand the Riverside County, Network of Care-Veteran Resources Portal capability of online access.
RivCo Animal Services	County	1/1/17	6/30/21	Shelter Buddies	Recovery Skills Program
RivCo Animal Services (RCOAS)	County		6/30/19	Pets Assisting in recovery (PAIR)	Therapeutic services
RivCo Children and Family Commission	County		6/30/21	First & Early Identification and Intervention - Integrated System of Care	Funding Provided by Riverside County Children and Families Commission, 3Year Period to work in collaboration with partners to provide a comprehensive continuum of EIEI Treatment in addition to developing an Integrated System of Care across Riverside County for Children ages 0 to 5.
RivCo Community Action Partnership (CAP)	County		6/30/19	Mentor Collaborative Program/Friday Night Live	Establish the responsibilities for both CAP and RUHS-Behavioral Health for the Mentor Collaborative Program
RivCo DPSS	County		6/30/23	Zone 3	Consumers referred to RUHS-BH by DPSS in the Desert Region (Zone3) Consumers will utilize SAPT clinics located in Blythe, Indio, Cathedral City and Desert Hot Springs. This MOU will provide reimbursement for those consumers that do not qualify for Drug Medi-Cal Services.
RivCo DPSS	County		6/30/24	FRC Agreement	Allow the Children's Program staff to hold classes on Emotional Well-being in English and Spanish at the Family Resource Centers in Rubidoux, Mead Valley, Desert Hot Springs, Mecca and Perris.
RivCo DPSS	County		6/30/19	CalWORKs, Domestic Violence and Family Stabilization Services Program.	In collaboration with DPSS, RUHS-BH provide mental health and substance use treatment services to recipients in the CalWORKs program. CalWORKs provides funding and administration of social service programs that provide cash assistance and benefits to qualified low-income families throughout the State. Domestic Violence (DV) and Family Stabilization Services (FSS) are now provided under the CalWORKs umbrella.
RivCo DPSS	County		6/30/23		Parent Support and Services will provide Out-of-Home Education Program evidence-based/Evidence-informed training for parents/caregivers with children and youth who are at risk and/or have been reported for maltreatment, to improve Child Welfare outcomes related to child safety, permanency, and child and family well-being.
RivCo DPSS	County		6/30/23	DPSS/Family Preservation Court	Agreement provides reimbursement to DPSS from RUHS-BH Substance Abuse Services to consumers referred by DPSS for Family Preservation Court. This MOU will provide reimbursement for those consumers that do not qualify for Drug Medi-Cal Services.
RivCo DPSS	County	7/1/17	6/30/22	Wraparound Services MOU # CO-03488	SB 163-Provide children with service alternatives to group homecare
RivCo DPSS	County	2017/18	6/30/22	Data Sharing	Allow the transfer of information regarding Medi-Cal eligible clients (Children under 19), who may be SB 75 eligible from RUHS-BH to DPSS.
RivCo DPSS	County	2016/17	6/30/19	Information Sharing	to specify information shared between DPSS and RUHS-BH, youth age 0-21
RivCo DPSS	County	7/1/16	6/30/19	Agreement #CW-02855-02	CalWORKs
RivCo DPSS	County	5/28/09	Perpetual	Agreement #CW-01283	JWEX - Workforce Experience
RivCo DPSS	County	2/1/13	Perpetual	Foster Focus MOU 367/ CO-02620	Use of database for foster youth school records
RivCo DPSS	County	7/1/10	Perpetual	Agreement #CP-01626	Casemanagers at DPSS facilities
RivCo DPSS	County	9/3/08	Perpetual	Agreement #CP3384-00 / CO-01206	TDM
RivCo DPSS	County	7/1/02	Perpetual	Agreement #HO-1284-08	J-XST System Pilot Program
RivCo DPSS	County	7/6/06	Perpetual	Agreement #HO-1752-12	Homeless Management System
RivCo DPSS	County	10/1/15	Perpetual	CSEC Protocol Agreement CSR03175	MOU for Commercially Sexually Exploited Children Protocol
RivCo DPSS	County	7/1/06	Perpetual	Agreement #CP0458-00	Eligibility/Placement for SED Children
RivCo DPSS	County	4/7/06	Perpetual	Agreement #CP2032-00	Enriched Foster Care
RivCo DPSS	County	7/1/07	Perpetual	Agreement #CP2119-00	Group Home Placement
RivCo DPSS	County	7/1/09	6/30/20	DPSS-CARTS # CO-01198-13	Provides Mental Health assessment & consultation to determine needs of clients
RivCo DPSS/Probation/RUHS-PH/RUHS-Care Clinics/RCOE	County		6/30/19	Annual Interagency Symposium	
RivCo Federally Qualified Health Centers (RUHS-FQHC)	County		6/30/19	MOU - RUHS-FQHC IEHP & Mid County	Assign (1) Physician IV to Provide Primary care services at Riverside Family Wellness Center (IEHP). (2) Physician IV to provide primary care services at Lake Elsinore Adult IEHP.
RivCo Office of Education (RCOE)	County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
RivCo Office of Education (RCOE)	County		10/30/21	Riverside County Office of Education - Crisis Support System of Care - SB82 Children's Crisis Services Grant	Establish cooperative efforts in conjunction with the SB82 Children's Crisis Services Grant. The collaboration will initiate and provide behavioral health crisis intervention services for the target population, resulting in better outcomes.
RivCo Office on Aging	County		6/30/19	Carelink and Healthy Ideas	Services for eligible older and disabled adults
RivCo Office on Aging	County		6/30/19	Caregiver Support Groups	Continue Caregiver Support Group Services to eligible older adults and disabled adults
RivCo Probation	County		6/30/19	Wraparound Program with Probation	to reimburse the Probation Department for the services on twelve (12) probation officers who will provide individualized services (i.e. rehab, case management) to wards of the court that are enrolled in the Western, Desert, ISF, Banning and Mid-County Wraparound Programs
RivCo Probation	County	2011/16	6/30/18	Day Reporting Center	Collaboration to provide educational groups and SAPT Treatment to AB109 eligible clients.
RivCo Probation	County	7/1/06	6/30/19	Drug Court MOU	Services to supervise & monitor substance use offenders in drug court
RivCo Probation	County	7/1/12	Perpetual	Intensive Re-Integration Services	Provide Training services in accordance with the Intensive Re-integration Services (IRIS) project related to MIOCR Grant
RivCo Probation	County	7/1/12	Perpetual	Operational Agreement	Provide healthcare services to all minors on detention/treatment facilities
RivCo Public Health	County		6/30/19	Wraparound with RUHS-PH	Establish three public health nurses to provide individualized services (i.e. health screenings, medical case management, referrals for nursing services) to clients and their families that are enrolled in Western, Desert, Mid-County, and ISF Wraparound Programs.

## LISTING OF MOU'S AND INTRA-AGENCY AGREEMENTS

Agency/Contractor	County/Non County	Effective Date	Termination Date	Agreement Name	Purpose
RivCo Public Health	County		6/30/19	Teen Suicide Prevention Program	Renew MOU with RUHS Public Health Teen Prevention and Suicide Program for Fiscal Year 2018/19. Funding is provided to RUHS-Public Health/Children Services Branch to fund One (.75) Program Coordinator, Health Services Assistant (.50) and related operating costs, as well as funding to medical providers to pay fees for 0-5 MH screening.
RivCo Public Health	County		6/30/19	Preschool 0-5 Mental Health Screening Services	Services provided by Medical Consultant Dr. Victor Laus
RivCo RUHS-MEDICAL CENTER	County		6/30/19	Dr. Laus (Medical Consultant)	Inter-Agency Physicians Agreement
RivCo RUHS-MEDICAL CENTER	County	7/1/99	Perpetual	Inpatient Treatment Facility (ITF) Agreement	Behavioral Health Services or SITE-B Programs
RivCo Sheriff	County		6/30/19	RSAT- GOALS & VET Detention Programs	In collaboration with the Sheriff Department, RUHS - BH will continue to provide staff to support the Residential Substance Abuse Treatment (RSAT), the Guidance and Opportunities to Achieve Lifelong Success (GOALS), and the Veterans Enrichment and Transitions (VET) programs.
RivCo Sheriff	County		6/30/19	RSAT, GOALS, and VET Detention Program	Facilitate maximum cooperation in hostage situations/ Crisis intervention
RivCo Sheriff	County	7/11/00	Perpetual	Hostage Situations MOU	Interagency Adult Detention Healthcare
RivCo Sheriff / RUHS-MC	County		6/30/11	Adult Detention Healthcare MOU	Door-to-Door Non-Emergency medical Transportation Grant
RivCo Transportation Commission (RCTC)	County		6/30/21	Western Riverside County Measure A Specialized Transit Program	Non-mandatory/ non-reimbursable services to customers who seek employment
RivCo Workforce Development Board (WDB)	County		12/11/00	Workforce Investment ACT of 1998 (WIA) MOU	Establish cooperative efforts in conjunction with the SB82 Children's Crisis Services Grant. The collaboration will initiate and provide behavioral health crisis intervention services for the target population, resulting in better outcomes.
Riverside Community College	Non-County		10/30/21	Riverside Community College - Crisis Support System of Care - SB82 Children's Crisis Services Grant	Provide clinical experience through Physician Assistant Program for RCCD students
Riverside Community College District	Non-County		6/1/10	Affiliation Agreement for Clinical Training	Counselors serve as a resource for adolescents in schools outpatient OCF.
Riverside County Special Education Learning Plan Area	Non-County		6/30/19	Special Education Learning Plan Area (SELPA)	Services to include, but not limited to Parent Child Interaction Therapy (PCIT) 0-7, Trauma Focused cognitive Behavior, Triple P, and Incredible Years
Riverside Unified School District	Non-County		6/30/19	Parent Child Interaction Therapy (PCIT) 0-7	Mobile Services in Training included in the Triple P and DECA
Riverside Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Mobile Services in Training included in the Triple P and DECA
Romoland School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	Collaboration between counties for advertising and marketing for Mental Health Stigma and public relations
San Diego County	Non-County		Perpetual	AdEase	Mobile Services in Training included in the Triple P and DECA
San Jacinto Unified School District	Non-County		6/30/19	Prevention and Early Intervention Mobile Services (PEIMS)	On-site therapy and support services
San Jacinto Unified School District - San Jacinto Children's Programs	Non-County		6/30/19	San Jacinto Unified School District - San Jacinto Children's Programs	services to child victims/witnesses of violence
DAVE Intervention Team	Non-county	2004/06	Perpetual	DAVE Intervention Team	Juvenile Success Team (JUST) Program
Superior Court	Non-County		6/4/17	Juvenile Drug Court Provisional Operational Agreement	
Superior Court of California	Non-County		6/30/19	Juvenile Contency Protocol ; Juvenile Contency Attainment Team (JCAT)	To provide guidance when the statutes and rules of court are silent with respect to the procedures to be followed when addressing juvenile competency issues under W&I Code Section 709, to create a multi-agency team, JCAT, consisting of Riverside County Probation, RUHS-BH, DPSS, RCOE, and the IRC.
UCR	Non-County		6/30/19	Psychiatric Residency Program Affiliation Agreement with UCR	UCR Graduate Medical Education Students are assigned to RUHS-BH's Psychiatric Residency and Fellowship Program and will provide direct services under the supervision of Staff Psychiatrists.
United Education Institute (UEI)	Non-County		6/21/10	Extern Site Agreement	Education Program at UEI of San Bernardino
University of California San Francisco	Non-County		4/1/11	Perpetual	8971 The Regents of the University of California
USA Multifamily Management, Inc.	Non-County		3/15/11	3/14/21	Supportive Permanent Housing within an affordable housing project (20 Year Term)
WCHS, Inc.	Non-County		6/30/19	WCHS, Inc. - MAT Services	Establish the responsibilities for both WCHS and RUHS for providing Medication Assisted Treatment (MAT) in the RusIn SAPT Clinic.
Workforce Education & Training (WET)	Non-County		7/14/09	Perpetual	Workforce Education & Training MOU
					Southern Counties Regional Partnership for WET

# Appendix D: #239 - Oath of Confidentiality Form

## RIVERSIDE UNIVERSITY HEALTH SYSTEM – BEHAVIORAL HEALTH

### CONFIDENTIALITY STATEMENT

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

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

### OATH OF CONFIDENTIALITY

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

_____	_____
Print Name	Employer Name
_____	
Position/Title	
_____	_____
Signature	Date