Medi-Cal Mobile Crisis Services Benefit Implementation Plan

ORGANIZATION INFORMATION

County Name/BH Health Delivery System: Sonoma County Department of Health Services

Proposed Launch Date: 12/31/23

Contact Information

Please provide below the contact information of the person who can answer questions about the responses (name, phone number, email address).

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MEDI-CAL BEHAVIORAL HEALTH DELIVERY SYSTEM'S MOBILE CRISIS SERVICES PROVIDER NETWORK

Please describe the provider types per the allowable provider types the county plans to utilize for the Medi-Cal mobile crisis benefit.

Sonoma County Department of Health Services (DHS or Health Services) has a long history of providing mobile crisis support services to the community. Behavioral Health Division, BHD, a division of Sonoma County Department of Health Services began operating mobile support teams (MST) in 2012. Subsequently, in the wake of the COVID 19 pandemic, several communities in Sonoma County developed their own unique crisis response teams, with funding support provided by Measure O, a one-quarter cent sales tax passed in November 2020 by the Sonoma County Board of Supervisors and approved by the voters to provide essential funding for mental health and homelessness services. These other crisis response teams include 1) inRESPONSE, a mobile crisis support program operated by Buckelew Programs that responds to crises without law enforcement in Santa Rosa, CA; and 2) Specialized Assistance for Everyone (SAFE), operated by Petaluma People Services Center, that operates in the communities of Petaluma, Cotati, and Rohnert Park, CA.

Health Services Mobile Support Team (MST), in partnership with Buckelew Programs and Petaluma People Services Center developed a Coordinated Crisis Collaborative to utilize and expand upon these robust and well-received mobile crisis services and to assure that all communities in Sonoma County receive these critical services. Health Services partners with Buckelew Programs to support crisis intervention in the community of Santa Rosa, CA; and Health Services will partner with Petaluma People Services Center to provide crisis support services in the communities of Cotati, Rohnert Park, and Petaluma. Health Services will respond directly to behavioral health crises in the remaining cities, towns, and unincorporated areas of Sonoma County. These include: Sonoma and Sonoma Valley in East County; Sebastopol, Guerneville, Russian River, and the Sonoma Coast in West County; and Windsor, Healdsburg, Cloverdale in North County.

InRESPONSE of Santa Rosa, CA , operated by Buckelew Programs, is a collaboration of Sonoma County's Department of Health Services Behavioral Health Division, the City of Santa Rosa, and partner agencies – Catholic Charities, Buckelew Programs, and Humanidad Therapy and Services. The teams are comprised of a licensed mental health clinician; a paramedic; and a homeless outreach specialist, and are supported by wrap-around support service providers. While inRESPONSE works in partnership with the Santa Rosa Police Department, the inRESPONSE team is unarmed and best equipped to support and provide mental health resources to individuals and

families experiencing a crisis. inRESPONSE provides services seven days per week, 7:00 am to 10:00 pm, with plans to expand to 24/7 coverage in late 2023. InRESPONSE can be reached by calling 707-575-HELP(4357). This line is answered by a police dispatcher who takes the call and dispatches to the team.

SAFE teams, operated by Petaluma People Services Center, operate in the communities of Petaluma, Cotati, and Rohnert Park. SAFE has utilized a “CAHOOTS” type model of crisis intervention. A team is comprised of two team members; one Emergency Medical Technician and one Trained Crisis Worker. SAFE also utilizes the services of one on-call Licensed Practioner of the Healing Arts (LPHA). SAFE responds to crisis calls 24/7. SAFE can be reached by calling 911 and/or calling directly to 707-781-1234 in Petaluma, 707-584-2612 in Rohnert Park, and 707-792-4611 in Cotati and Sonoma State University.

MST will operate in the remaining regions of Sonoma County and will partner with SAFE and InRESPONSE in the communities they serve. MST’s team composition is in accordance with the California Department of Health Care Services (DHCS) requirements for the Medi-Cal Mobile Crisis Services Benefit. DHCS requires at least two staff for each MST field team. Teams are comprised of one Licensed Practitionar of the Healing Arts (LPHA) and one Behavioral Health Support Worker (BHSW), or another combination of the two.

The Crisis Hotline Call Center

MST will operate a Crisis Hotline Call Center at 1-800-746-8181. This number has been one of the call numbers used by the public to access the Crisis Stabilization Unit for many years and is a number known to the community to use for crisis supports. The Crisis Hotline Call Center will operate as a county-wide resource that will closely interface with other crisis teams and hotlines. It will also operate as the dispatch center for an in-person response from MST. All calls for services for MST to respond in the field will go through the call center and the dispatching process. The crisis hotline call center will have two staff to take calls 24/7. The call center will take the call, triage the call, and dispatch or transfer to the appropriate party.

MST field teams will respond to anyone of any age in Sonoma County in need of behavioral health crisis support. They may include those under the influence of a substance, experiencing hallucinations, contemplating self-harm, or otherwise needing immediate support for mental health symptoms. MST will also conduct follow-up over the phone or in person.

MST will also respond to all calls that are not an emergency without law enforcement. If there is a current threat to the individual or others or a concern of violence or weapons, then MST will co-respond with law enforcement. Other calls that will require a co-response are calls where a crime has been reported or a welfare check.
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Team Composition

The MST team composition is in accordance with the California Department of Health Care Services (DHCS) requirements and recommendations. DHCS requires a minimum of two staff for each MST field team. The two staff can either be Licensed Practioners of the Healing Arts (LPHAs), Community Health Worker (CHW), or a combination of the two.

Sonoma County Health Services staff that meet the LPHA definition are:

- BH Clinician/Clinician Intern and BH Clinical Specialist
- Psychiatric RNs
- Psychiatric Technicians
- LVNs

Sonoma County Health Services staff meeting the Community Health Worker definition are:

- AODS Counselor
- Senior Client Support Specialist
- Senior Client Support Specialist-Peer

The Crisis Hotline Call Center will have 2 staff assigned to take calls 24/7. The call center will be staffed by CHW – any job class. All MST staff will be cross trained to cover the call center.

MST field response teams will be staffed as follows:

- 2 CHWs – any job class – with access to LPHA via telehealth
- 1 LPHA and 1 CHW – any job class.

MST will dispatch a 2 CHW team to lower-level crisis calls that do not appear to need a 5150 assessment. These will include in-person follow-ups to prior crisis calls.

MST will dispatch a team of 1 LPHA and 1 CHW to calls that may need a 5150 assessment or a law enforcement co-response.

The NOC shift team will be staffed with 2 CHW – any job class – with access to an LPHA via telehealth. If a higher level of care is needed in the field after consultation with the LPHA or in case of emergency, law enforcement will be activated.

If additional supports are needed on any call, the BH Clinical Specialist or an on-call Manager will be available for telehealth and possibly in-field support.

(Staffing schedule 10-8-10 attached)

MST and Crisis Collaborative mobile crisis teams have developed a training plan. MST staff and Crisis Collaborative staff from participating community-based organizations (CBOs), such as Buckelew and Petaluma People Services Center have started taking the required Core trainings as well as the required Enhanced trainings. Our goal is to have all staff trained in the required Core trainings by 12/31/23. Core trainings include: Crisis Assessment, Trauma Informed Care, Crisis Safety Planning, Crisis De-escalation and Intervention Strategies, and Harm Reduction. MST has developed a tracking system and a training tracking sheet is included in appendix. MST staff and participating Crisis Collaborative staff from Buckelew and Petaluma People Services Center will be expected to complete the five required Enhanced trainings: Culturally Responsive Crisis Care for Diverse Communities, Co-Occurring Disorders/Responding to SUD Crises, Culturally Responsive Crisis Care for Tribal Communities, Culturally Responsive Crisis Care for Children, Youth, and Families, and Culturally Responsive Crisis Care for Individuals/Families with IDD-Adult.
(Staff training tracking sheet attached)

MENTAL HEALTH PLAN (MHP) AND DRUG MEDI-CAL (DMC) AND/OR DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS)

Please describe how the county's MHP and DMC and/or DMC-ODS will coordinate in the delivery of mobile crisis services, to include billing and payment policies.

Sonoma County Department of Health Services Behavioral Health Division is currently a State Plan Drug Medi-Cal delivery system; not a DMC-ODS. We have submitted our DMC-ODS plan and it was recently approved. We hope to have it fully implemented by July 1, 2024.

Our Substance Use Disorder (SUD) and Community Recovery Services Programs are an integrated part of our Behavioral Health Services System of Care, with several programs co-located with Youth and Family Services and Adult Services programs. Community providers of SUD services are a valued and integral part of our network of care. The Behavioral Health Division Substance Use Disorder Section includes the following services: Adolescent Treatment Program; Alcohol and Other Drug Services – Testing; Substance Use Disorder Court Programs; Treatment Alternatives for Safer Communities; Alcohol and Other Drugs Prevention Programs; Coordination of Drug Medi-Cal and SUDS Residential Treatment Services; and Driving Under the Influence (DUI) Programs.

Health Services will implement a fully integrated approach across mental health and SUD delivery systems wherein one mobile crisis services infrastructure serves the entire county. Multiple MST teams will include either an Alcohol and Other Drug Services (AODS) Counselor or a Peer Support Specialist. All MST teams will be multidisciplinary and will be able to respond to beneficiaries requiring behavioral health crisis support who may be under the influence of a substance, have a substance use disorder, or co-occurring mental health and substance use disorders.

MST claims will be reimbursed by “encounter” per BH IN # 23-025 and claims will use HCPC procedure code H2011 in place of service code 15. Services will be identified as SMH mobile crisis services using modifier HE, or DMC-ODS mobile crisis services using level of care modifier U upon implementation of our DMC-ODS plan, or DMC mobile crisis services using no modifier. MST will submit one claim per mobile crisis service encounter and include the four minimum components required for Medi-Cal reimbursement.

Because reimbursement for an encounter will be considered all-inclusive, MST wlll not submit separate claims on behalf of individual members of the mobile crisis team for services provided as part of a mobile crisis services encounter. The date of the mobile crisis service encounter will be documented as the day the of the mobile crisis response. A beneficiary may receive more than one service encounter on the same day.

MST will utilize the county-specific bundled rate for each encounter established in the Medi-Cal State Plan by DHCS. The encounter rate for each service will include the hourly cost of deploying a mobile crisis team, time for the team to travel to meet the beneficiary in crisis, the time for the direct mobile crisis response, time for follow-up check-in, and “stand-by” time per team per day. If transportation of the beneficiary is provided by the MST team, an add-on reimbursement will be included.

Administrative costs associated with the administration of MST will be billed through the existing administrative claiming process. These activites include: coordination with delivery system partners,

community partners, and law enforcement partners; as well as, conducting dispatch activities, date reporting, and developing an implementation plan and its policeis and procedures.

REQUIRED TRAININGS

Have members of the county's mobile crisis team have not completed the required trainings in each of the following areas?

- Crisis Assessment
- Trauma-Informed Care
- Crisis Safety Planning
- Crisis De-Escalation and Intervention Strategies
- Harm Reduction
- Culturally Responsive Crisis Care for Diverse Communities
- Co-occurring Disorders/Responding to SUD Crises
- Culturally Responsive Crisis Care for Tribal Communities
- Culturally Responsive Crisis Care for Children, Youth, and Families
- Culturally Responsive Crisis Care for Individuals/Families with IDD - Adult

**The county must maintain documentation that each mobile crisis team member has completed all required Medi-Cal mobile crisis services training courses, outlined above. DHCS reserves the right to request a copy of these documents from the county at any time.*

DISPATCH POLICIES AND PROCEDURES

Mobile Crisis Service Hotline Number: 1-800-746-8181

The county Mobile Crisis Service Hotline Number currently does offer live responses 24/7/365.

If the county does not, please describe how this will become 24/7/365 by the time the county goes live with the Medi-Cal mobile crisis benefit.

If the county does, enter "N/A" as a response.

This number is currently, and has been for many years, the community facing crisis number for the Crisis Stabilization Unit. It is answered 24/7/365 with a live response. Using this number as the crisis call center number will allow Health Services to expand the services we have been offering with this number and our existing Mobile Support Team by pairing them together and offering an in-field response when requested.

Dispatch Policies and Procedures

Please describe the county's dispatch policies and procedures.

Sonoma County DHS Behavioral Health Division's Dispatch Policies and Procedures will outline the following: procedures will be reviewed regularly during the standing up phase to ensure that written policies and procedures are functional.

Dispatch/Call Center Responsibilities.

Dispatch/Call Request Handling.

Coordinating with other teams, 911, 988, and other hotlines.

Level of Response and dispatching in-field teams.

Commutation and Coordination.

Documentation and Record Keeping.

Improvement and Compliance.

MOBILE CRISIS TOOLS

Standardized Dispatch Tools
The county does intend to use the DHCS Standardized Dispatch Tools for dispatching Medi-Cal mobile crisis teams.

If the county does not plan to use the DHCS tool, please describe the tool in detail and include any standardized dispatch tools the county is using, if applicable. Please attach a copy of the county's tools to this response and name the file "Dispatch Tools [County Name]".

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a dispatch template which the county may use if the county doesn't have a standardized tool.*

If the county does plan to use the DHCS tool and the county does not use any standardized dispatch tools, enter "N/A" in the response below.

N/A

Standardized Crisis Assessment Tools
The county does intend to use the DHCS Standardized Crisis Assessment Tool.

If the county does not plan to use the standardized DHCS crisis assessment tool, please describe the county's tool in detail, and include any standardized crisis assessment tools the county is using, if applicable. Please attach a copy of the tools to this response and name the file "Crisis Assessment Tool [County Name]".

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a crisis assessment template which the county may use if the county doesn't have a standardized tool.*

If the county does choose to use the standardized DHCS crisis assessment tool and the county does not use any standardized crisis assessment tools, enter "N/A" in the response below.

N/A

Standardized Crisis Planning Template
The county does not intend to use the DHCS Standardized Crisis Planning Tool Template.

If the county does not plan to use the DHCS standardized crisis planning template, please describe the crisis planning template, in detail, and include any standardized crisis planning template the county is using, if applicable. Please attach a copy of the tools to this response and name the file "Crisis Planning Tool [County Name]".

- *If counties use different standardized tools, this must be approved by DHCS.*
- *DHCS will provide a crisis planning template which the county may use if the county doesn't have a standardized tool.*

If the county does choose to use the standardized DHCS crisis planning template and the county does not use any standardized crisis planning tools, enter "N/A" in the response below.

Crisis Planning Tools

The Mobile Support Team will be using the current Safety Plans that the DHS Behavioral Health Division is using. The current safety plans are based on the Stanley Brown model and have a youth and adult version. The differences between the two are subtle, with age appropriate examples and a space for a parent/guardian signature on the youth form. Steps on the form are listed below.
Step 1: Warning signs of suicidal thoughts
Step 2: Internal coping strategies
Step 3: People and social settings that provide distractions
Step 4: Supportive people I can ask for help who know that I am having thoughts of suicide
Step 5: Professionals or agencies I can ask for help
Step 6: What is the person/idea/thing that is most important to me and worth living for?
Signatures and date. (See county crisis planning tools-Adult Safety Plan in English/Spanish and Youth Safety Plan in English/Spanish-attached)

PROMOTION TO AND ENGAGEMENT OF LOCAL RESOURCES

Local Community Partnerships and Engagement

Please describe how the county will promote and engage the local community in the availability of mobile crisis services.

Health Services works daily with numerous community partners who will be instrumental in sharing feedback regarding our mobile crisis response countywide. We rely on trusted partners like NAMI and Buckelew Family Service Coordination to broadcast to family members and clients about services available and how to access them. And with our large Spanish-speaking population we rely on our relationships with our Latinx service providers like Latino Service Providers and Humanidad Therapy and Services.
Our specific communications plan for these new expanded services is still in development. We plan to develop a new logo, marketing materials, and a media calendar that will include use of social media, local news outlets, billboards and radio spots. Our department is also currently developing a new broad community engagement plan that will utilize five new Community Health Worker positions to provide culturally responsive, authentic engagement with residents, particularly in our most marginalized communities in the county.

How will the county meaningfully engage actual and potential consumers of mobile crisis services and their families?

Again, our department is currently developing a new community engagement plan that will utilize new Community Health Worker positions to provide culturally responsive, authentic engagement with residents, particularly in our most marginalized communities in the county. We will be ensuring there is a continuous feedback loop, meaning we will be developing relationships with community leaders in prioritized neighborhoods, holding listening sessions, and then bringing the feedback to leadership. Because these positions are permanent and this is their purpose, the CHWs will continue to go back out into the community and share what actions (and inactions) are taken in response to their feedback.

How will the county engage individuals and families with lived experience of mobile crisis services?

Because we have had mobile crisis services in Sonoma County for the past ten years, we have been adjusting our services as a result of consumer feedback and experience along the way. As we adjust the services to meet this new mandate, it will require us to continue to examine the way residents experience mobile crisis response and to ensure we are providing a trauma-informed and culturally respectful service. We are building out bilingual satisfaction surveys that will hopefully lead to candid feedback over the next year.

How will stakeholders such as clinicians, peers, and CBOs be engaged in the planning, implementation, and assessment of mobile crisis services? Describe how the county currently engages with schools and what additional plans the county has for maintaining and improving coordination and communication.

The Department of Health Services has several standing boards and commitees that include the majority of stakeholders in the community of crisis response. Our Mental Health Board, our Mental Health Services Act (MHSA) board, our Life Worth Living Suicide Prevention Coalition, our mobile crisis collaborative, our case conferencing teams, Peer Advisory Council, and our Measure O Oversight Committee (local mental health/homeless sales tax committee) all include necessary stakeholders who need to know what services are available, how they are changing, where to call, what navigation and referral systems look like, etc. We utilize these existing groups to spread the word on changes to our services and to get valuable feedback on what is working and what is not working in the field. Additionally we have a Behavioral Health School Partnership program that provides crisis response from our DHS-BHD directly to schools. This program provides direct access to our local Office of Education and all staff and leadership at our local schools – and an excellent opportunity to share additional services and changes to our mobile crisis response. We recently held a Mental Health Forum in May where we solicited feedback on all our behavioral health services and challenges and shared the feedback provided to participants, as well as developed an RFP for additional innovative services as a result of that feedback. We will continue to hold these types of forums to ensure continuous quality improvement with the help of our partners in the community.

How will recipients of mobile crisis services and their families provide their individual and family experience of crisis care?

We are building out a bilingual satisfaction/feedback survey over the coming year. This is in development.

How will the county leverage the information gained from outreach and engagement efforts to inform continuous quality engagement?

Our department is currently developing a new community engagement plan that will utilize new Community Health Worker positions to provide culturally responsive, authentic engagement with residents, particularly in our most marginalized communities in the county. We will be ensuring there is a continuous feedback loop, meaning we will be developing relationships with community leaders in prioritized neighborhoods, holding listening sessions, and then bringing the feedback to leadership. Because these positions are permanent and this is their purpose, the CHWs will continue to go back out into the community and share what actions (and inactions) are taken in response to their feedback.

How will usage, outcome, and consumer experience data be shared with the community?

Most of this data is already being collected and shared with our community through community forums, public presentations to the Board of Supervisors and city councils, and through publications via DHS. We are working to build out more qualitative data collection via satisfaction surveys over the next year.

Local Law Enforcement
The county does not have a formal partnership agreement with local law enforcement in place.

Please describe the role of local law enforcement in the county's current mobile crisis response system.

The Mobile Support Team (MST) was developed out of community meetings and stakeholder groups when Mental Health Services Act (MHSA) funding was granted. At that time, the community wanted law enforcement to have trained mental health professionals that could respond alongside them for high level mental health crises. MST launched 11 years ago to respond to law enforcement when they needed support in the field for a mental health crisis for high level mental health calls. Over the past 11 years MST has grown to cover the county and support different law enforcement jurisdictions. Sonoma County DHS is in the process of developing MOUs with law enforcement jurisdictions in our cities as well as the Sheriff in our outlying unincorporated areas.

If the county has a formal partnership agreement with local law enforcement in place, please attach a copy and name the file "Local LEA Partnership Agreement [County Name]" and enter "N/A" as the county's response below. If not, how will the county put an agreement in place for coordination of services when necessary?

N/A. Sonoma County DHS is currently developing MOUs with law enforcement jurisdictions in our cities and with the Sheriff who supports our outlying unincorporated areas.

If the county's model currently includes law enforcement as a default, how will the county shift to an only as-needed model? How will the county determine when to include law enforcement?

The county, MST, SAFE, and inRESPONSE have been meeting with law enforcement and the dispatchers of the communities of Santa Rosa, Rohnert Park, Cotati, Petaluma, Santa Rosa Junior College in regularly scheduled work groups. The work groups are designed to address workflows and collaboration between the county crisis call center and all other call centers and dispatchers and to

develop work flows to coordinate efforts between call center/dispatch and county integration. Work flows in these meetings will help to support when law enforcement is needed. The work group is currently working on a tool that will outline the different levels of responses and when law enforcement is needed vs an independent behavioral health crisis response. All of the teams will send a behavioral health response first unless there is a concern for safety for the beneficiary or the team.

Local Emergency Medical Services (EMS)
The county has a formal partnership agreement with local EMS in place.

Please describe how the county will coordinate with the local Emergency Medical Services (EMS) agency.

Our mobile support teams have regular coordination meetings with the local emergency medical services agency. We also have recurring meetings set to support continuing collaboration and discussions toward an arrangement that supports Medi-Cal beneficiaries

If the county has a formal partnership agreement with local EMS in place, please attach a copy and name the file "Local EMS Partnership Agreement [County Name]" and enter "N/A" as the county's response below. If not, how will the county put an agreement in place for coordination of services when necessary?

Our Department of Health Services is our County's designated Local Emergency Medical Services Agency. Our internal mobile support team as well as our mobile support partner agencies have ongoing, regular check-in meetings to report out and coordinate care in the field.

Please describe the role of local EMS in the county's current mobile crisis response system.

Mobile Support Team does not have a formal role for EMS but the SAFE team and inRESPONSE do. MST will utilize EMS to support with transportation when it is the appropriate method for someone going to an emergency room.

SAFE team, which is operated by Petaluma People Services, has a staffing model that includes one Emergency Medical Technician that is hired through their agency. The inRESPONSE staffing model includes one City of Santa Rosa Fire Department Paramedic on the response team.

If the county's model currently includes local EMS services as a co-response model or for transportation purposes, will this practice continue? How will the implementation of this benefit impact this?

The SAFE team and inRESPONSE team will continue with their models of embedded EMS personnel. The county MST team will not utilize a co-response model with EMS at this time, but will partner with EMS when an individual is in need of medical attention or transportation that would be more appropriately provided by EMS.

TRANSPORTATION POLICIES AND PROCEDURES

Please describe the transportation policies the county will use with the Medi-Cal mobile crisis benefit.

All county teams will be able to transport beneficiaries to health centers, Crisis Stabilization Unit, and Emergency Departments. For the safety of beneficiaries and team members, the vehicles will have a secured area in which beneficiaries will be transported.

The decision to transport someone will depend on the following factors: the individual's safety during transportation given their mobility, whether they require medical transportation, and their willingness to cooperate and be transported. Discretion on when to transport will be with the crisis team and consultation will always be available.

If an individual is not appropriate for transportation by the mobile crisis team, the mobile crisis team will be responsible for coordinating alternative transportation that may include law enforcement or ambulance.

Does the county use non-Medi-Cal transportation or law enforcement to provide transportation? If so, to what extent? Describe any changes the county plans on making to this for the future.

Currently MST is utilizing law enforcement for transportation since they are a law enforcement co-response program. Under the new model, the team will no longer solely do co-response and will have vehicles with a secured passenger area to transport beneficiaries. The county may use law enforcement to support transportation in emergent situations where it is not safe for the beneficiary or the mobile crisis team.

OVERSIGHT POLICIES AND PROCEDURES

Please describe the county's oversight policies and procedures.

Sonoma County Department of Health Services, Behavioral Health Division (DHS-BHD,) maintains policies and procedures to be current and in compliance with all laws and regulations pertaining to the service delivery of mental health and substance use disorder services. We are in the process of merging most mental health and substance use disorder policies into behavioral health policies to reflect the integration of our two service delivery systems. Policies that would be relevant to Medi-Cal Mobile Crisis Services Include the following:

Provider Credentialing and Continuous Monitoring

Provider Problem Resolution and Payment Appeal Process

Criteria for Beneficiary Access to Specialty Mental Health Services

No Wrong Door

Documentation Requirements for all Specialty Mental Health Services and Drug Medi-Cal Services

Utilization Management, Audit, Oversight and Recoupment Standards for Specialty Mental Health Services

Utilization Management, Audit, Oversight and Recoupment Standards for Substance Use Disorder Services

Medical Necessity Determination and Level of Care Determination Requirements for Drug Medi-Cal Treatment Programs

Use of Telehealth Modalities for Provision of Specialty Mental Health Services

Client Grievance and Appeal Process

Linking Non-English-Speaking Beneficiaries to Behavioral Health Services and Use of Interpreters

5150 Involuntary Detention of Individuals with Mental Health Disorders

Required Informing Materials and Translation of Written Documents

Medi-Cal Beneficiary and Treatment Client Rights

Medical Records Policy

SUD Interim Services

SUD Perinatal Services

SUD Cultural Competence

Drug Medi-Cal Title 22

SUD Accessibility of Services

SUD TB Services

SUD Non-Discrimination

SUD Prevention of Trafficking

How are the county's policies and procedures monitored?

The Department of Health Services Administration monitors all policies for updates on a two-year cycle, has implemented a policy on policies, and has established a Policy Committee that meets monthly.

How is data captured (include names of IT systems)?

Data is mainly captured within the department's electronic health record, System (SmartCare) which was launched in July, 2023. Prior to SmartCare, mental health data was captured in Avatar, outcomes data was captured in a Data Collection and Reporting, DCAR, system, and several Access Databases were used for tracking timeliness and care coordination requirements. Prior to SmartCare, substance use data was captured in the electronic health record, Sonoma Web Infrastructure for Treatment Services, SWITS. Data is regularly reviewed in the monthly Quality Improvement Committee (QIC) meetings and the weekly Behavioral Health Plan Administration (BHPA) meetings.

How are any findings shared with supervisors and providers for improvement?

Data is regularly reviewed on a schedule in our monthly Quality Improvement Committee (QIC) meeting, weekly Behavioral Health Plan Administration (BHPA) meeting, weekly Division Management Team (DMT) meeting, and the Mental Health Board (MHB) upon request. QIC is the venue for reviewing updated policies and soliciting participation in policy review and development. Sonoma County's MH and SUD network is invited to QIC, which includes County leadership, CBO staff, family members, peers, and other stakeholders.

How are findings used to determine potential training topics needed for supervisors and providers?

Findings are reviewed in QIC to elicit quality improvement discussions and to plan for activities including trainings for our network of care providers and supervisors.

CULTURALLY RESPONSIVE AND ACCESSIBLE SERVICES

Please describe how the county will ensure that the services and care the county offers are culturally responsive and accessible.

Sonoma County Department of Health Services has set up an Equity Steering Committee and is developing a Racial Equity Plan. Creating an equity plan will ensure that our division has a direction and steps to increase community trust in county services. The Equity Steering Committee will oversee that the roll out of the equity plan will promote fairness and inclusivity and will hopefully limit disparities amongst staff and the services that the community receives. Health Services holds a yearly, mandatory training for all staff on Diversity, Equity and Inclusion.

Explain how the county's mobile crisis delivery system meets the requirements of cultural competence in all competence and linguistic requirements in state and federal law, including those in W&I section 14684, subdivision (a)(9); CCR, Title 9, section 1810.410; the contract between the MHP and DHCS, contracts between DMC counties and DHCS, and contracts between DMC-ODS counties and DHCS; 31 BHIN 20-070 and 21-075; and DMH Information Notices 10-02 and 10-17.

Health Services Behavioral Health programs must follow cultural competence and linguistic policies. Currently we have the following policies which comply with state and federal law:

Linking Non-English-Speaking Beneficiaries to Behavioral Health Services and Use of Interpreters

Required Informing Materials and Translation of Written Documents

Medi-Cal Beneficiary and Treatment Client Rights

SUD Cultural Competence

For our Contracted Providers, we include cultural competence and linguistic requirements in their contracts.

Please explain how the county's mobile crisis teams will work respectfully and effectively with diverse communities.

Staffing is a significant way the mobile crisis team can work respectfully with diverse communities. It is important that the mobile crisis teams reflect the community. As we expand our team, it is our goal to

recruit and staff our teams with linguistic and cultural diversity and peers. Mobile crisis teams will also participate in all trainings in relation to diversity, equity and inclusion and try to bring that lens into other trainings. Mindfully staffing and training our teams to reflect the community we serve will support our goal of respectfully and effectively serving our diverse communities.

It is also our goal to have community stake holder group meetings yearly, as we have done with our partner team inRESPONSE. Community feedback is essential to respectful, effective service to diverse communities, so we will intentionally develop ways to receive and consider feedback.

Please describe the county's dispatch and triage strategies that ensure that mobile crisis services are culturally responsive.

Health Services will be using the dispatch and triage tools provided by the state and the assumption is that they have been vetted for cultural appropriateness. In addition, Health Services conducts data collection and analysis to see if we are reaching all populations in the county. This includes collecting demographic and geographic (zip code) information at each encounter to the fullest extent possible. In Sonoma County, zip code data can reveal significant information about socioeconomic groups and some information about cultural communities being reached by our services.

Please describe how the county trains mobile crisis response teams to deliver culturally appropriate and responsive services.

Mobile crisis teams will participate in the annual County-level training on equity and inclusion. MST will also work with the DHS-BHD Ethnic Services, Inclusion, and Training Coordinator to develop a specific training to address needs that arise from mobile crisis teams. In addition, the teams will participate in the DHCS required core trainings, required enhanced trainings, and the recommended supplemental trainings as they become available on the M-TAC website.

LANGUAGE ACCOMMODATIONS

Please describe how the county will ensure that services are delivered in the language preferred by the beneficiary.

Health Services will attempt to staff the teams with linguistic diversity so that our response teams reflect the needs of the community to the greatest extent possible. If it is impossible to provide services in client preferred languages via staffing, we do have a contract with Language Link to provide interpretation services in over 240 languages and dialects 24/7. Language Link is particularly helpful for languages that are not widely spoken in our area, for which it can be difficult to find staff who are fluent speakers.

Describe how the county will use interpreters when necessary.

In the case that we are not able to meet the language needs of beneficiaries in the field or on the call center phones, we will do the following provisions:

At the call center the printed instructions for setting up a three-way call with Language Link will be posted.

For field teams, all staff will have printed step-by-step guides on how to use the Language Link on their persons and in each vehicle. Each vehicle will also be equipped with a “Point To Your Language” visual aid for helping to determine a beneficiary’s preferred language when necessary.

When making follow-up appointments, the best attempt will be made to provide these in the language of the beneficiary’s choice.

RESPONDING TO THE NEEDS OF CHILDREN AND YOUTH

Engagement with Local Family Urgent Response System (FURS) & Child Welfare Services

The county does not have a formal partnership agreement with local FURS and Child Welfare Services in place.

Please describe how the county will coordinate with local FURS services.

Health Services has started conversations with local FURS program managers to discuss partnerships and workflows. There is a standing relationship between Seneca, the agency that operates FURS in Sonoma County, since Seneca is a contract agency for part of the DHS-BHD youth services. There will be ongoing meetings between MST and FURS to develop and refine workflows now that we will be coordinating more with the call center.

Please explain how the county’s mobile crisis team partners/engages with FURS services when necessary.

FURS and mobile crisis teams have collaborated in the field in years past and are currently continuing to do so. FURS will see youth that meet their criteria to whom they are dispatched through their state-run call center. Youth served include former and current foster youth and those currently on juvenile probation. If the FURS team is meeting with a youth who is in need of an assessment for an involuntary hold, then the mobile crisis team is called along with law enforcement. FURS is happy to hear that in the future law enforcement will not always be part of that equation. Currently the mobile crisis teams are including FURS as a resource in safety planning but have not been referring directly to FURS in the moment of crisis.

What coordination/partnerships are needed to ensure effective engagement with FURS and County Social Services?

The addition of the call center creates the need for a new workflow to define and support MST collaboration with FURS and County Social Services. Seneca is examining their current procedures to determine the best way to work with the new call center and to better evaluate when to call FURS directly and who can benefit from their expertise and resources. Their workflow will include a procedure for redirecting back to mobile crisis teams for support when a youth is experiencing a crisis

that requires a higher level of care that includes a 5150 evaluation. These workflows will be developed and finetuned through our collaborative meetings with the FURS program managers.

Strategies for Responding to Children and Youth
The county will use the DHCS provided crisis assessment tool to respond to diverse youth and young adult beneficiaries.

Describe how the county's crisis assessment tool is responsive to diverse youth and young adult beneficiaries if the county will not be using the DHCS provided tool. If the county will use the DHCS provided tools, please enter "N/A".

N/A

Please describe the county's overall strategies for responding to children and youth.

Health Services overall strategies to responding to youth and children are based on treating them with respect and honoring their experiences. Youth and children are often looked down upon or told what to feel or what their experiences mean. We must utilize confidentiality, natural supports including trusted adults, and, when necessary to protect, Child Support Services.

Please explain how mobile crisis teams will work with parents, caregivers, and guardians as appropriate and in a manner consistent with state and federal privacy and confidentiality laws.

The mobile crisis teams will maintain the confidentially of youth who are twelve and older and mature enough to consent to their own treatment. The exceptions to confidentially would include cases in which they or anyone else under the age of 18 were being harmed as well as if they were a danger to themselves or others. In either of these situations the crisis team would be mandated to bring in a parent or a higher level of care. Our safety plans for youth always include bringing in a caring adult that the youth can trust – it is often the guardian if the guardian is a safe person. Every effort is made to work with the family and bring everyone in to protect the youth while maintaining confidentiality per all applicable laws. Safety plans are often great catalysts for this work with the family.

Please describe the county's process for triage and dispatching of staff with specialized training/experience working with children, youth, and families in crisis.

The expectation is that every on-shift mobile crisis team member will be qualified to respond to youth, children, and families. It will be important for the call center staff to gather as much information as possible to determine how many people may potentially need support in the home, and how many are on scene to assist in providing support. Often it is not just the youth that needs support but the family unit so having an additional team member to support with de-escalation or resources may be helpful. If there is a staff on duty who has extensive background working with youth, that person would be dispatched on that call.

Please describe how the county trains mobile crisis team members to deliver crisis services to children, youth, and families.

Recruitment of a diverse workforce is important including a varied work history. When staffing a mobile crisis team we look for staff who can work with a variety of populations including youth and children. Training is provided by the county on child abuse and neglect reporting, along with regular training in regard to minor consent. All staff will do the DHCS required enhanced trainings specific to children, youth and families.

ENGAGEMENT WITH 911, 988, AND MANAGED CARE PLANS

Please describe how the county will engage with 911, 988, and Managed Care Plans (MCPs) to plan for data exchange and to develop related policies and procedures.

Health Services is hosting and participating in a multi-agency workgroup to that includes crisis teams and police dispatch. The outcome of this workgroup will be a tool for the different crisis lines and dispatches to utilize to facilitate standardized coordination with another team. the tool will include level of service, population served, service area and who to call for each crisis response provider.

We will be meeting with 988 to develop a plan for how best to collaborate with them and their new system.

How will the county's mobile crisis response team coordinate with 988, 911, and county crisis hotlines?

As the program launches, Health Services will have ongoing meetings with crisis hotlines, 988 and 911. The purpose of these meetings will be to fine-tune workflows, develop relationships, and troubleshoot problems that may arise with the new call center and cross-referral system.

Please describe the county's policies and procedures for coordination of care, including the process for sharing protected health information across systems.

No Wrong Door Policy – 7.2.4

Key partners have access through SmartCare

What systems will the county need to develop/enhance for data exchange across systems?

Currently all partners have or will have access to SmartCare and we expect that all partners will be connected with SacValley Medshare HIE by January 1, 2024.

How does the county ensure that its mobile crisis response team is aware of privacy and security rules under the Health Insurance Portability and Accountability Act (HIPAA)?

All staff and external partners are trained one hour on privacy and one hour on security each year – we have excellent compliance rates with this mandatory annual training.

How does the county's mobile crisis response team ensure that, if needed, beneficiaries give their consent to release information for coordination with other delivery systems?

The County shall not use or disclose PHI without a written authorization signed by the individual, or by the individual's personal representative, unless the disclosure or use without written authorization is permitted or required by law. Permitted disclosures are outlined in our 4.1.3 Use and Disclosure of Protected Health Information Policy and Procedure. DHS has standard Release of Information forms that are stocked in every MST vehicle to facilitate obtaining written authorization whenever necessary.

OUTREACH TO MEDI-CAL MEMBERS

Please describe how the county will outreach to Medi-Cal beneficiaries to promote the availability of services and how to access them.

Health Services is currently developing a new community engagement plan that will utilize new Community Health Worker positions to provide culturally responsive, authentic engagement with residents, particularly in our most marginalized communities in the county. We will be ensuring there is a continuous feedback loop, meaning we will be developing relationships with community leaders in prioritized neighborhoods, holding listening sessions, and then bringing the feedback to leadership. Because these positions are permanent and this is their purpose, the CHWs will continue to go back out into the community and share what actions (and inactions) are taken in response to their feedback. A priority for these positions will be promoting our mobile crisis services.

Describe what media the county will use to promote the new benefit (e.g., mailings, radio ads, posters)

Our communications plan for these new expanded services is still in development. We plan to develop a new logo, marketing materials, and a media calendar that will include use of social media, local news outlets, billboards and radio spots.

How will the county ensure that these promotions will be accessible in threshold languages in the county?

Language justice is a high priority for Health Services and we hold ourselves accountable for racial equity – which includes language access for materials promoting services just like this. We will ensure ALL materials and marketing are in Spanish and other languages as needed (Mandarin and Tagalog are the next priority languages in Sonoma County).

Does the county's mobile crisis services program provide communities the opportunity to come together to learn about crises, available resources, patient rights, and parent/guardian rights? If not, please describe the county's plan to offer this opportunity.

Health Services staff have numerous community forums and health fairs throughout the year where information like this is shared. The mobile crisis marketing and educational materials will be added to each of these opportunities once developed, and the other resources mentioned above (patient rights, other services) are already included at those events.

Please read and check each box affirming the county agrees with the information.

☒ I affirm that this county will attach all required documents, if applicable, for review and/or approval with the submittal of this Implementation Plan. *If counties use different standardized tools, this must be approved by DHCS.*

1. Standardized Dispatch Tools with file name “Dispatch Tools [County Name]”

2. Standardized Crisis Assessment Tools with file name “Crisis Assessment Tool [County Name]”

3. Standardized Crisis Planning Template with file name “Crisis Planning Template [County Name]”

4. Local LEA Partnership Agreement with file name “Local LEA Partnership Agreement [County Name]”

5. Local EMS Partnership Agreement with file name “Local EMS Partnership Agreement [County Name]”

☒ I affirm that the county must maintain documentation that each mobile crisis team member has completed all required Medi-Cal mobile crisis services training courses, outlined in the section “Required Trainings” above. DHCS reserves the right to request a copy of these documents from the County at any time.

☒ I affirm that the county will address any other topics identified by DHCS or its training and technical assistance contractor as needed.

Signed by: Tina Rivera
Email Address: tina.rivera@sonoma-county.org
Date Signed: 10/31/23

Submission of Implementation Plan and Attachments

Please email the completed IP file to mobilecrisisinfo@cars-rp.org with the subject line: “[County/Organization Name] Implementation Plan Submission”. IP submissions must be submitted as a Word document (.docx). The county will receive a submission confirmation from the M-TAC team.