



MARIPOSA COUNTY

Human Services/Behavioral Health & Recovery Services



RESOLUTION - ACTION REQUESTED 2012-477

MEETING: September 18, 2012

MINUTE ORDER ATTACHED

TO: The Board of Supervisors

FROM: Jim Rydingsword, Human Services Director

RE: Approve Adoption of Client Services Policy for Human Services MH Clients

RECOMMENDATION AND JUSTIFICATION:

Approve the proposed Client Services Policy for mental health clients effective November 1, 2012.

Mariposa County Behavioral Health and Recovery Services has provided mental health services to Mariposa County residents since June of 2004. During that time we have served clients regardless of their ability to pay. Each client has signed a financial responsibility statement making them aware of the need to pay for services not covered by some form of insurance. We have sent monthly statements requesting payment and even though we have consistently billed we have received very little financial compensation in return.

The individual reimbursement for these clients in 2011-12 was an estimated \$27,500 leaving unpaid costs in 2011-12 that were covered by Mental Health Program Realignment funds estimated at \$315,000. It is not required in the State Law that local mental health departments will cover the costs of private pay clients from either Mental Health Program Realignment funds or from County General Funds. In most California counties, private health insurance and private pay clients are referred to community private providers. It is anticipated that this action, over the long term, will free up Mental Health Program Realignment funds for other Mental Health activities in the community.

This Client Services Policy is designed to address this issue. We are proposing that, beginning in November 1, 2012, according to State requirements, we will continue to serve adult clients who are identified as having severe disabling mental illness (SMI), children who are severely emotionally disturbed (SED), and clients who are in crisis, regardless of ability to pay.

We are also proposing that behavioral health set up a financial services office to assist in qualifying as many clients as possible to receive our services. Clients who qualify for our services and have a share of cost, will be required to pay that share at the time of service. Clients who do not meet the criteria will be sent a letter encouraging them to come in and see what services they will qualify for. Those who do not qualify will be given a list of community providers they can contact for services in the community and in communities that are close to where clients live in other counties. We are proposing a transition period of up to eight months

Resolution - Action Requested 2012-477

for clients who do not qualify. This action will free up resources to allow us to allow Mariposa County options for the use of these funds for community mental health services.

There is no increase to County General Funds associated with the recommended action. It is anticipated that this action, over the long term, will free up Mental Health Program Realignment funds for other Mental Health activities in the community.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

The Department will continue to operate as they have in the past, with the same negative financial consequences.

ATTACHMENTS:

Client Services draft & policy Cover Letter v.(5)- Attachment A (DOC)

CAO RECOMMENDATION

Requested Action Recommended


Rick Benson, County Administrator/Officer

RESULT: ADOPTED [UNANIMOUS]

MOVER: Jim Allen, District V Supervisor

SECONDER: Lee Stetson, District I Supervisor

AYES: Stetson, Turpin, Bibby, Cann, Allen



COUNTY of MARIPOSA

P.O. Box 784, Mariposa, CA 95338 (209) 966-3222

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LYLE TURPIN, VICE-CHAIR
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KEVIN CANN
JIM ALLEN

DISTRICT III
DISTRICT II
DISTRICT I
DISTRICT IV
DISTRICT V



MARIPOSA COUNTY BOARD OF SUPERVISORS

MINUTE ORDER

TO: JIM RYDINGSWORD, Human Services Director
FROM: MARGIE WILLIAMS, Clerk of the Board *MW*
SUBJECT: **Approve the Proposed Client Services Policy for Mental Health Clients Effective November 1, 2012**

RES. 12-477

THE BOARD OF SUPERVISORS OF MARIPOSA COUNTY, CALIFORNIA

ADOPTED THIS Order on September 18, 2012

ACTION AND VOTE:

K. Regular Agenda Items

6. Human Services/Behavioral Health & Recovery Services RES-2012-477

Approve the Proposed Client Services Policy for Mental Health Clients Effective November 1, 2012

Discussion was held with Jim Rydingsword/Human Services Director; and he advised that they are working with County Counsel on cases where people have not paid for services, and he noted they are okay with Supervisor Bibby's suggestion of working with the Probation revenue and recovery on collections. Supervisor Bibby requested that Human Services bring back a report on the status of potential recovery on collections. Supervisor Turpin expressed concern with the lack of services for veterans; and he asked that staff keep track of needs that are not covered.

RESULT: ADOPTED [UNANIMOUS]

MOVER: Jim Allen, District V Supervisor

SECONDER: Lee Stetson, District I Supervisor

AYES: Stetson, Turpin, Bibby, Cann, Allen

Cc: Bill Davis, Auditor
Supervisor Bibby
Supervisor Turpin
File

Summary of Draft Proposal

As we went through our review of the recent audit findings with our consultant Mike Geiss, one of the issues he raised with us was about the sustainability of the Mariposa County Mental Health Clinic on a long term basis. This issue caused us to take a close look at how we do business through the Mental Health Clinic. Here are some of our findings -

1. State law requires local mental health plans to serve adults with severe and disabling mental health illness (SMI) and children who are severely emotionally disturbed (SED) regardless of income.
2. State law further requires local mental health plans to serve those who are crisis regardless of financial need. Crisis is further defined in this policy to include serving those in crisis as a result of a Board of Supervisors declaration of an emergency as defined in the Mariposa County Disaster Action Plan and further defined in any regional or Statewide plan adopted by the State Office of Emergency Preparedness through the State Department of Health Care Services.
3. State law further requires that we serve persons who are eligible for Medi-Cal and meet the definition of medical necessity for mental health services, which currently represents about 72.5% of our current service hours.
4. Recently the California Medical Services Program (CMSP) and their bridge program to health care reform in California known as Path2Health have added both a mental health benefit and an alcohol and drug benefit to their programs for low income single adults who do not qualify for Medi-Cal. We can also begin to serve this population in the Mental Health Clinic and begin to receive reimbursement.
5. We have served a small number of Medicare beneficiaries in the Mental Health Clinic and received Medicare reimbursement for those clients.
6. Historically we have also served a small number of clients who have private health insurance and can request reimbursement from those health insurance carriers.
7. Historically, we have also served private pay clients which currently represent about 23.5% of our service hours.
8. In Mariposa County, costs of the Mental Health Clinic that are not covered by some form of reimbursement are paid for by Program Realignment funds.
9. The unreimbursed costs of private health insurance clients and private pay clients currently are estimated at \$315,000 per year.
10. State law does not require us to serve private health insurance and private pay clients.
11. Most counties have already adopted client service policies that refer private health insurance and private pay clients to community providers in their area.
12. A change in policy may impact up to 205 current adult clients who are classified as private health insurance and private pay and up to 30 children who are classified as private health insurance and private pay. In a transition plan we will assess each client that may be impacted for individual eligibility for SMI, SED, Medi-Cal, CMSP, and Path2Health.
13. In the meantime we are required by new legislation (AB1297) to explore Medi-Cal for each client who seeks mental health services and to work with our Eligibility Unit to establish eligibility for those who may qualify. To meet this new law we plan to establish, using existing staff, a benefits specialist office at the Human Services Department effective August 1, 2012 to begin to work with new clients.

Based upon this research we have prepared a draft proposal for a change in Client Service Policy in Mariposa County that will a) reflect what we need to do under State law and b) transition both private health insurance and private pay clients to community providers in the area. This draft proposal has been reviewed by the Chair of the Mental Health Board, Meghan Kehoe, and the County Auditor. We have made a presentation to the Mental Health Board during the August 2, 2012 meeting and we did a second presentation at their September meeting. We are now bringing this Client Service Policy to the Board of Supervisors for your consideration in September with a proposed effective date of November 1, 2012.

BEGINNING OF DRAFT PROPOSAL

RECOMMENDED ACTION

Approve the policy recommendations effective November 1, 2012 for Mariposa County mental health services provision regarding priority target populations that local mental health programs are mandated to serve, to conform their services with the California Welfare and Institution Code Section 5600.1 and 5600.2 and AB 1297.

Approval of the recommended action will allow the Mariposa County Human Services Department, Division of Behavioral Health and Children and Family Services to focus provision of mental health services to those populations the County is mandated to serve while maximizing funding, with no increase in County General Funds.

FISCAL IMPACT

There is no increase to County General Funds associated with the recommended action. The Department of Human Services (HSD) spent an estimated \$340,000 for outpatient services to non-Medi-Cal, non-severely mentally ill consumers who are considered private health insurance and private pay clients. The individual reimbursement for these clients in 2011-12 was an estimated \$27,500 leaving unpaid costs in 2011-12 that were covered by Mental Health Program Realignment funds estimated at \$315,000. It is not required in the State Law that local mental health departments will cover the costs of private pay clients from either Mental Health Program Realignment funds or from County General Funds. In most California counties, private health insurance and private pay clients are referred to community private providers. It is anticipated that this action, over the long term, will free up Mental Health Program Realignment funds for other Mental Health activities in the community.

DISCUSSION

The Mariposa County Department of Human Services through the Division of Behavioral Health and Recovery Services is dedicated to providing quality services to the priority target populations identified within the Bronzan-McCorquodale Act (Welfare and Institution Code Section 5600.1 and 5600.2) and to all County residents who are Medi-Cal beneficiaries and meet the State Department of Mental Health's medical necessity criteria:

In accordance with Welfare and Institution Code Sections 5600.1 and 5500.2, the County is mandated to provide mental health services to adults with severe and

disabling mental illness (SMI) and children who are severely emotionally disturbed (SED) regardless of financial means. The priority population criteria and eligibility for the adult target population is outlined in Attachment A and for the children/youth are outlined in Attachment B. These regulations require that local mental health program's first priority will be to provide an array and intensity of services required by the State for the priority target populations. County residents who are Medi-Cal beneficiaries must meet the State Department of Health Care Services medical necessity criteria established in the Welfare and Institutions Code Section 5777 and Section 1830.205 of Title 9 of the California Code of Regulations. The Medi-Cal Managed Care Medical necessity criteria is outlined in Attachment C.

Historically, the Department has provided mental health services to a broader population than that mandated under the California Welfare and Institutions Code Section 5600.1 and 5600.2 and the State Department of Mental Health's mental health managed medical necessity criteria. This broader coverage was accomplished through the use of Program Realignment revenues that have now shifted to local government. This recommended policy change will establish the County's mission and the priority mental health target populations to be served in conformance with existing state law and establish a transition plan for those clients who do not meet the criteria of priority target populations in State law.

The transition plan regarding the adult populations is illustrated in Attachment D and may impact up to 205 adult clients annually who currently receive services. During the transition period we will assess each client that may be impacted for individual eligibility for SMI, SED, Medi-Cal, CMSP, and Path2Health. Clients who are assessed as non-Medi-Cal eligible non-SMI consumers will continue to be provided outpatient services for a maximum of eight months or until the client is stabilized on medications and/or no longer needs counseling services.

If appropriate, HSD will provide a list of community providers to clients who are no longer eligible and need services through a community provider (See Attachment H). Providing a higher and more concentrated level of services to the adult SMI populations will reduce the use of acute inpatient services and the number of consumers who are subsequently placed on conservatorship and experience long term institutional care.

The transition plan regarding the child populations is illustrated in Attachment D and may impact up to 30 child clients annually who currently receive services. During the transition period we will assess each client that may be impacted for individual eligibility for SMI, SED and Medi-Cal. Clients who are assessed as non-Medi-Cal eligible non-SMI consumers will continue to be provided outpatient services for a maximum of eight months or until the client is stabilized on medications and/or no longer needs counseling services.

If appropriate, HSD will provide a list of community providers to clients who are no longer eligible and need services through a community provider (See Attachment H). Providing a higher and more concentrated level of services to the adult SMI populations will reduce the use of acute inpatient services and the number of consumers who are subsequently placed on conservatorship and experience long term institutional care.

Crisis intervention services will continue to be provided to all County residents, as mandated by Welfare and Institutions Code section 5600.2(d) and as part of the Mariposa County Disaster Plan and in any regional or Statewide plan adopted by the State Office of Emergency

Preparedness through the State Department of Health Care Services, regardless of financial means, who as a result of their mental illness are determined to be a danger to self or others or are gravely disabled and require acute services. To the extent that crisis intervention services are not covered by other funding sources these services will be paid from Program Realignment funds.

The Human Services Department is required, by State statute, to use the State sliding fee scale and payment policy, the Uniform Method of Determining Ability to Pay (UMDAP), for those clients who meet the definition of SMI, SED and crisis intervention and meet medical necessity regardless of their ability to pay

Medi-Cal clients who meet the definition of medical necessity (See Attachment C) and have a share of cost will be required to pay that share of cost or the actual cost of any scheduled session prior to receiving services.

Upon adoption of the recommendations of the new Client Services policy, all existing clients will be provided with a 30 day letter of notification (See Attachment F) and will also be provided with the Medi-Cal and CMSP/Path2Health Eligibility Summary documents (See Attachment F).

Attachment A

TARGET POPULATION FOR ADULT SERVICES

PRIORITY POPULATION CRITERIA

The priority target population is to individuals with a severe and persistent mental illness. The criteria utilized are that the individual suffers from (1) a severe psychiatric impairment (Axis I and II), (2) exhibit an impaired level of functioning that prevents them from sustaining themselves in the community without treatment, supervision, rehabilitation and supports, and (3) whose illness and impaired level of functioning is persistent in duration. Excluded from this criterion are individuals who have a primary diagnosis of substance abuse and those individuals with a sole diagnosis of developmental disabilities. The criteria also exclude individuals with a primary diagnosis of organic brain syndrome.

OPERATIONAL DEFINITION

Individuals who are considered to be severe and persistently mentally ill must meet the following criteria to be eligible for services:

Criteria A:

At least one of the following diagnoses as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorder IV-TR:

- Schizophrenia
- Schizoaffective Disorder
- Bipolar Disorders
- Psychotic Disorder Not Otherwise Specified
- Major Depression
- Delusional Disorder

Criteria B:

A Global Assessment Functioning Scale with a score of 50 (Fresno County went with a GAF of 60) or lower. The **Global Assessment of Functioning (GAF)** is a numeric scale (0 through 100) used by mental health clinicians and physicians to rate subjectively the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The score is often given as a range, as outlined below:

91 - 100 No symptoms. Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

81 - 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

71 - 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61 - 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51 - 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

41 - 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

31 - 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21 - 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

11 - 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

1 - 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

Criteria C:

The client's actual Functional Impairment(s) must be specifically identified and documented in writing in the chart and the notation must indicate how they have limited or impacted the individual's daily functioning.

Attachment B

TARGET POPULATION FOR CHILDREN/YOUTH SERVICES

PRIORITY POPULATION CRITERIA

The priority population of children and youth are permanent residents of the County or Medi-Cal beneficiaries of Mariposa County and who meet the following criteria:

- Children/Youth who are beneficiaries of Medi-Cal, Healthy Families or Healthy Kids insurance and who meet the State-defined medical necessity criteria for specialty mental health services including services to children and youth who are severely emotionally disturbed (SED).
- Any Mariposa County resident who is a ward or dependent of the court.
- Children and Youth determined to be eligible for services under Government Code Section, Title 1, Division 7, Chapter 26.5.
- Children/Youth in psychiatric crisis.

OPERATIONAL DEFINITION

Individuals who are considered to be included with the target population must meet the following criteria:

Criteria A:

Included diagnoses include at least one of the following as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorder IV-TR:

- Pervasive developmental Disorder (except Autistic Disorder)
- Attention Deficit and Disruptive Behavioral Disorders
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Eating Disorders
- Impulse-Control Disorders, not classified elsewhere
- Adjustment Disorders
- Personality Disorder (except Antisocial Personality Disorder)
- Other Disorders of Infancy, Childhood or Adolescence

Criteria B:

At least one of the following current degrees of impairment:

- Either a significant impairment in an important areas of life functions, or
- A probability of significant deterioration in an important area of life functioning, or
- There is a probability that the child/youth will not progress developmentally as individually appropriate.

At least one of the following degrees of risk as demonstrated:

- Significant Risk of out of home placement or failed school placement.
- Past/present psychiatric emergency visits and hospitalizations that indicate a high probability of current risk, unrelated to substance abuse, medical conditions or cognitive impairment.
- Significant degree of current risk of self-injurious behavior or injury to others as a result of an included diagnosis, as demonstrated by:
 - Recent serious thoughts of harming self/others, or recent significant injurious behaviors

Attachment C

STATE DEPARTMENT OF MENTAL HEALTH MEDICAL MANAGED CARE MEDICAL NECESSITY CRITERIA

Medical necessity for managed care specialty mental health services which are the responsibility of the County mental health plan must meet the three following criteria:

DIAGNOSES

Must have one of the following DSM IV-TR diagnoses, which will be the focus of any treatment intervention which is provided:

Included Diagnoses:

- Pervasive Developmental Disorders, except Autistic Disorders which are excluded
- Attention Deficit and Disruptive Behavioral Disorders
- Elimination Disorders
- Schizophrenia and other Psychotic Disorders
- Mood Disorders
- Anxiety Disorders
- Somatoform Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders, Not Elsewhere Classified
- Adjustment Disorders
- Personality Disorder, excluding Antisocial Personality Disorders
- Medication-Induced Movement Disorders

Excluded Diagnoses:

- Mental Retardation
- Learning Disorders
- Communication Disorders
- Autistic Disorders
- Tic Disorders
- Delirium, Dementia, Amnesic and Other Cognitive Disorders
- Mental Disorders due to a general medical condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorders

A beneficiary may receive services for an included diagnosis even when an excluded diagnosis is also present.

IMPAIRMENTMENT CRITERIA

Must have one of the following as a result of a mental disorder(s) identified in the diagnostic criteria and must have one of 1, 2, or 3 below

1. A significant impairment in an important area of life functioning, or;
2. A probability of significant deterioration in an important area of life functioning or;
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. Children covered under EPSDT qualify if they have a mental disorder that can be corrected or ameliorated.

INTERVENTION RELATED CRITERIA Must have **all** 1, 2, and 3 below:

1. The focus of the proposed intervention must address the condition identified as part of the impairment criteria above and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and
3. The condition would not be responsive to physical based health care treatment.

ATTACHMENT D

DEPARTMENT OF HUMAN SERVICES TRANSITION PLAN FOR CLIENTS BASED ON TARGET POPULATIONS POLICY

This transition plan would be applicable for clients who are: Non-severely and non-persistently mentally ill AND are not Medi-Cal eligible.

BACKGROUND

The Department of Human Services is proposing to develop policies and procedures in order to comply with existing state law regarding the expenditure of mental health realignment funds for services rendered to those individuals who meet the state defined target populations. The Department of Human Services is proposing the following plan to transition individual who are not Medi-Cal eligible and who do not suffer from a severe and persistent mental health disorder (SMI) out of the existing outpatient mental health system.

This policy is imperative if the Department is going to redesign its current delivery system and to focus its financial and human resources on serving the target populations identified in existing state law. All county residents, regardless of payer source, who are in crisis, will continue to be seen by the Crisis Response Service (CRS).

Non-severely and non-persistently mentally ill who are not eligible for Medi-Cal includes clients with private health insurance and clients who are private pay clients. In addition this group will also include clients with a Medi-Cal share of costs who will be required to pay their share of cost or the actual cost of the service, whichever is lower.

NEW CLIENTS

New clients who do not have a diagnosis of major depression, schizophrenia or other psychotic disorders or mood disorder (bi-polar) and who are not Medi-Cal beneficiaries, (thus do not meet the State's target population definition) would not be eligible to receive outpatient services from the Department of Human Services.

In accordance with AB 1297 the Department of Human Services, beginning August 1, 2012, established a benefits specialist office, using existing staff, to assist new clients to explore their eligibility for Medi-Cal.

TRANSITION PLAN FOR EXISTING CLIENTS

Clients currently receiving services who are not Medi-Cal beneficiaries and who do not meet the State's target population definition, would continue to receive service for up to eight months. Since the majority of clients are episodic users of service and typically stop coming for services after a few months, it is anticipated that a significant number of clients will discontinue outpatient services on their own accord.

At any point, if non-target population clients become stabilized on medications and/or from receiving counseling services, they will be assisted in transferring to community agencies or primary health care providers. At the end of the 6 month period, a multi-disciplinary utilization review team will be established to review and authorize services for those clients who are considered in need of additional services.

Upon Board approval and with thirty days notice to impacted clients the Department of Human Services will expand the benefits specialist office to assist transitional clients to explore their eligibility for Medi-Cal. It is expected that this expansion will be effective November 1, 2012.

TIME FRAME

- New admission of clients to crisis and inpatient would continue.
- New admission of non Medi-Cal, non SMI clients to outpatient services would cease when the Board of Supervisors approves this policy.
- Existing non-target population clients currently receiving outpatient services will be transferred during the FY 12-13 fiscal year. At the end of FY 12-13, if any non-target population clients (who were not Medi-Cal beneficiaries) remain in care, their cases will be reviewed on an individual basis before a decision would be made regarding disposition.

ATTACHMENT E

Welfare & Institutions Code 5600.1

The mission of California's mental health system shall be to enable persons experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs that assist them, in a manner tailored to each individual, to better control their illness, to achieve their personal goals, and to develop skills and supports leading to their living the most constructive and satisfying lives possible in the least restrictive available settings.

Welfare & Institutions Code 5600.2

To the extent resources are available, public mental health services in this state should be provided to priority target populations in systems of care that are client-centered, culturally competent, and fully accountable, and which include the following factors:

(a) Client-Centered Approach. All services and programs designed for persons with mental disabilities should be client centered, in recognition of varying individual goals, diverse needs, concerns, strengths, motivations, and disabilities. Persons with mental disabilities:

(1) Retain all the rights, privileges, opportunities, and responsibilities of other citizens unless specifically limited by federal or state law or regulations.

(2) Are the central and deciding figure, except where specifically limited by law, in all planning for treatment and rehabilitation based on their individual needs. Planning should also include family members and friends as a source of information and support.

(3) Shall be viewed as total persons and members of families and communities. Mental health services should assist clients in returning to the most constructive and satisfying lifestyles of their own definition and choice.

(4) Should receive treatment and rehabilitation in the most appropriate and least restrictive environment, preferably in their own communities.

(5) Should have an identifiable person or team responsible for their support and treatment.

(6) Shall have available a mental health advocate to ensure their rights as mental health consumers pursuant to Section 5521.

(b) Priority Target Populations. Persons with serious mental illnesses have severe, disabling conditions that require treatment, giving them a high priority for receiving available services.

(c) Systems of Care. The mental health system should develop coordinated, integrated, and effective services organized in systems of care to meet the unique needs of children and youth with serious emotional disturbances, and adults, older adults, and special populations with serious mental illnesses. These systems of care should operate in conjunction with an interagency network of other services necessary for individual clients.

(d) Outreach. Mental health services should be accessible to all

consumers on a 24-hour basis in times of crisis. Assertive outreach should make mental health services available to homeless and hard-to-reach individuals with mental disabilities.

(e) Multiple Disabilities. Mental health services should address the special needs of children and youth, adults, and older adults with dual and multiple disabilities.

(f) Quality of Service. Qualified individuals trained in the client-centered approach should provide effective services based on measurable outcomes and deliver those services in environments conducive to clients' well-being.

(g) Cultural Competence. All services and programs at all levels should have the capacity to provide services sensitive to the target populations' cultural diversity. Systems of care should:

(1) Acknowledge and incorporate the importance of culture, the assessment of cross-cultural relations, vigilance towards dynamics resulting from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs.

(2) Recognize that culture implies an integrated pattern of human behavior, including language, thoughts, beliefs, communications, actions, customs, values, and other institutions of racial, ethnic, religious, or social groups.

(3) Promote congruent behaviors, attitudes, and policies enabling the system, agencies, and mental health professionals to function effectively in cross-cultural institutions and communities.

(h) Community Support. Systems of care should incorporate the concept of community support for individuals with mental disabilities and reduce the need for more intensive treatment services through measurable client outcomes.

(i) Self-Help. The mental health system should promote the development and use of self-help groups by individuals with serious mental illnesses so that these groups will be available in all areas of the state.

(j) Outcome Measures. State and local mental health systems of care should be developed based on client-centered goals and evaluated by measurable client outcomes.

(k) Administration. Both state and local departments of mental health should manage programs in an efficient, timely, and cost-effective manner.

(l) Research. The mental health system should encourage basic research into the nature and causes of mental illnesses and cooperate with research centers in efforts leading to improved treatment methods, service delivery, and quality of life for mental health clients.

(m) Education on Mental Illness. Consumer and family advocates for mental health should be encouraged and assisted in informing the public about the nature of mental illness from their viewpoint and about the needs of consumers and families. Mental health professional organizations should be encouraged to disseminate the most recent research findings in the treatment and prevention of mental illness.

ATTACHMENT F

Dear Name of Client:

On September 18, 2012, The Mariposa County Board of Supervisors approved a change in our Client Service Policy. The new policy will go into effect on November 1, 2012 and may affect the Mental Health Services you and your family are currently receiving.

1. The Department will contact you in the next ninety days to set an appointment with the Mental Health Benefits Specialist at the Mariposa County Human Services Department to discuss your eligibility.
2. If you would like to set your own appointment, please contact the Mental Health Benefits Specialist at the Mariposa County Human Services Department to discuss your eligibility for services. The Benefits Specialist can be reached at (209) 742-0970.

Sincerely,

James A. Rydingsword, Director
Mariposa County, Human Services Department

Clinic Reimbursement Analysis 2011-12

	Service Hours	Percent of Hours	Avg/Cost/Hr	Reimbursement	Program Realignment	Total Cost
Mandated						
Medi-Cal	10083.64	72.99%	\$100.00	\$830,522.20	\$177,841.80	\$1,008,364.00
Optional						
Medicare	302.68	2.19%	\$100.00	\$37,443.77	-\$7,175.76	\$30,268.01
CMSP	TBD	TBD	TBD	TBD	TBD	TBD
Path2Health	TBD	TBD	TBD	TBD	TBD	TBD
Non-Mandated Private Health Ins.						
Private Pay	150.61	1.09%	\$100.00	\$5,169.11	\$9,891.89	\$15,061.00
Totals	3278.68	23.73%	\$100.00	\$22,350.91	\$305,517.09	\$327,868.00
Totals	13815.61	100.00%	\$100.00	\$895,485.99	\$486,075.02	\$1,381,561.01

Attachment G
See Notes

ATTACHMENT G

- Note 1 Welfare & Institutions Code 5600.1 and 5600.2 mandate that local counties provide mental health services provide mental health services to adults with severe and disabling mental illness (SMI) and children who are severely emotionally disturbed (SED) regardless of financial means. These regulations require that local mental health program's first priority will be to provide an array and intensity of services required by the State for the priority target populations.
- Note 2 The California Code of Regulations, Title 9, Section 1810.100 requires that specialty mental health services, shall be provided to Medi-Cal beneficiaries of each county through a mental health plan with the Department of Health Care Services. It further requires that approved county mental health plans provide specialty mental health services to those Medi-Cal beneficiaries and to share in the financial risk of providing specialty mental health services. When a mental health plan contracts with the Department all beneficiaries of that county shall be eligible to receive Medi-Cal funded specialty mental health services through the mental health plan. Medi-Cal funded services that are not the responsibility of the mental health plan may be obtained by beneficiaries under the provisions of Title 22, Division 3, Subdivision 1, beginning with Section 50000.
- Note 3 Specialty mental health services provided to Medi-Cal beneficiaries also require that the service to be provided meet the criteria of medical necessity. Medical necessity is defined meeting a defined DSM IV-TR diagnoses
- Note 4 AB 1297, adopted by the 2011-12 State Legislature requires that for each person receiving mental health services from a county mental health program, the county shall determine whether the person is Medi-Cal eligible and, if determined to be Medi-Cal eligible, the person shall be referred when appropriate to a facility, clinic, or program which is certified for Medi-Cal reimbursement.

Attachment H

Mariposa Area Mental Health Referral List *

Mariposa County Human Services Department does not necessarily endorse or promote these individuals or programs. They are listed as a courtesy to those seeking alternative clinical services from those that MCHS offers

Mariposa County

Licensed Clinicians:

Joy McClure LCSW	5131 Hwy 140 Ste 4, Mariposa	209 742-3027
Carol Johnson LCSW	5653 Clouds Rest, Mariposa	209 777-8764
Donna Lerner LCSW	Yosemite Forensic Consultants 5320 Hwy 49 Ste 18, Mariposa	209 742-3143
John C Fremont Medical Clinical	5189 Hospital Road, Mariposa	209 966-3631
	Psychiatry: Dr David Browne (Monthly)	
	Marriage Family & Children's Counseling: Renee Roper MFT	

Non- Licensed Counseling Services:

Mountain Crisis Center Hot Line	5079 Hwy 140 Ste A	209 742-5865 ofc 209-966-2350
Mi Wu Mati Indian Healing Center: Jim Newberry MFTI (supervised by Licensed Clinician)	4629 Hwy 49 S, Mariposa	209 966-3245

Alcohol/Substance Abuse Resources

Celebrate Recovery	New Life Christian Church 5089 Cole Road, Mariposa	209 966-7734
First Baptist Church Pastor John Trujillo PhD	5352 Hwy 49, N Mariposa	209 966-5780
Heritage House	4990 6th Street, Mariposa	209 966-7770
Alcoholics Anonymous,	Mariposa	209 966-3110

Tuolumne County (Sonora)

Arlene Giordano, PhD	Counseling, Psychologist 427 Highway 49 Ste 303 Sonora, CA 95370	(209) 533-2137
Larry Hicks, LMFT	193 Fairview Lane # K Sonora, CA 95370	(209) 532-3086
Walter Reed, LMFT	193 Fairview Lane # K	(209) 532-3569
Dante Sanchez, LCSW Phd	13951 Mono Way Sonora, CA 95370	(209) 588-9555
Galyn Savage, PhD	193 S. Fairview, Suite F Sonora, CA 95370	(209) 536-5110
County of Tuolumne County	Behavioral Health Department 2 S Green St Sonora, CA 95370	(209) 533-6609
Maynard's Chemical Dependency Recovery Center		800-228-8208

Madera County (Oakhurst)

Jenny Becker RN-LMFT	40459 Hwy 41 Ste 4 Oakhurst, CA 93644	(209) 683-4889
Kennedy Theresa LCSW	P.O. Box 1667 Oakhurst, CA 93644	(209) 683-3657
Oakhurst Counseling Center	Mental Services for Madera County 49774 Rd 426 Oakhurst, CA 93644	800-359-6939 (209) 683-4809