TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT

Cultural Competence Plan Annual Update FY 22-23

Cultural Competency Plan Requirements

Name of County: Tuolumne

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Criteria Reference

- ✓ **Criterion 1: Commitment to Cultural Competence**
- ✓ **Criterion 2: Updated Assessment of Service Needs**
- ✓ **Criterion 3: Strategies and efforts for reducing racial, ethnic, cultural, and linguistic Mental Health disparities**
- ✓ **Criterion 4: Client / family member / community committee: Integration within BHS**
- ✓ **Criterion 5: Culturally Competent Training Activities**
- ✓ **Criterion 6: County's commitment to growing a multicultural workforce**
- ✓ **Criterion 7: County's Language Capacity**
- ✓ **Criterion 8: Adaptation of Services**

Tuolumne County Behavioral Health Department Mission Statement and Commitment to Cultural Competence:

Our mission is to provide respectful, culturally sensitive, and strength based behavioral health services which provide wellness, self-sufficiency, and recovery from mental illness and/or addiction.

Tuolumne County Vision, Mission and Values

Overview of Tuolumne County

Tuolumne County is located in the central Sierra Nevada's with major rivers to the north and south. The Sierra Nevada range forms the border on the east, with the county flowing into the great central valley in the west. The diverse terrain includes the Columbia and Railtown 1897 State Historic Parks, Bureau of Land Management lands, American Indian Rancherias and much of the Stanislaus National Forest and Yosemite National Park. According to the U.S. Census Bureau, the county has a total area of 2,274 square miles (5,891 km²), of which 2,235 square miles (5,790 km²) is land and 39 square miles (101 km²), or 1.71%, is water. The elevation ranges from 300 feet to more than 12,000 feet. Federal, state, and local governments own most of the land (77%) in Tuolumne.

Once known as the "crowning jewel" in the Gem of the Southern Mines, Tuolumne County has a population of 55,620. According to the US Census, demographics for Tuolumne County have shifted only slightly from 2018-2020. Tuolumne County is predominately Caucasian representing 80% of its population. The second and third reported ethnicity for Tuolumne County is Hispanic at 13% and American Indian at 2.3%.

Tuolumne County has almost double the percentage of California's population of people over age 65 population, since 2016. This is notable since, when compared to California at 14.8%. Veterans' population in Tuolumne County is at 9.63% which is more than double statewide, the number of Veterans statewide at 4.1%. The local Vietnam Veterans of America Chapter 391 has 610 members, according to the Membership Chair, Richard Southern chapter 391, as of August 21, 2021. This is the largest chapter in California, and the 9th largest chapter in the nation.

	Tuolumne County Census Data			State of California Census Data		
	2020	2018	2019	2020	2018	2019
White	79.9%	79.8%	79.7%	71.9%	36.8%	36.5%
Hispanic	12.7%	12.7%	12.7%	39.4%	39.3%	39.4%
Two or more races	3.6%	3.6%	3.6%	4.0%	3.9%	4.0
Black	2.0%	2.0%	2.0%	6.5%	6.5%	6.5%
American Indian	2.3%	2.3%	2.3%	1.6%	1.6%	1.6%
Asian	1.5%	1.4%	1.5%	15.5%	15.3%	15.5%
Pacific Islander	0.3%	0.3%	0.3%	0.5%	0.5%	0.5%
Age 65+ yrs.	27.0%	26.2%	27.0%	14.8%	14.3%	14.8%
Veterans	9.63%	11.04%	9.63%	4.1%	4.8%	4.1%
Live Below Poverty Line	11.3%	12.5%	12.5%	11.8%	12.8%	12.8%
Per Capita Income	$34,702	$31,570	$33,685	$36,955	$31,750	$35,021

QuickFacts 2020 statistics for California and County of Tuolumne--Https://www.census.gov/quickfacts/fact/table/CA,tuolumnecountycalifornia

21-22 Fiscal Year Review Response and Actions

Throughout the fiscal year TCBH ensured that ongoing efforts were made to address each goal and objective that was set for the duration of the fiscal year. With new CalAIMS initiatives, No Wrong Door efforts, the introduction of Drug Medi-Cal to Tuolumne County and more, the year was full of new steps towards increased Cultural Competency.

Response and Actions to last FY Goals and Objectives

Goal One:

With an Elder's life experiences, generational beliefs and practices, customs, and vernacular being so different it may be difficult to relate and assist individuals in the Older Adult population in Tuolumne County.

Objective One:

Relatable and informative recognition of similarities and most importantly the differences in age related treatment gaps.

Actions towards goal:

TCBH has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 60 or older, that are isolated, lonely, unserved, or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources, and referrals.

The program continues to plan events and strategies to reach older adults including providing information at community meetings, attending multi-disciplinary team meetings, and working closely with County departments and other community agencies.

Objective Two:

To increase considerate and empathetic responses.

Actions towards goal:

Highlights from the Older Adult Wellness Program:

- 27 individuals received counseling, socialization, and depression intervention services: a total of 287 sessions
    - 100% of the individuals who completed counseling and the posttest reported a reduction in symptoms as measured by the Geriatric Depression Scale and/or the Geriatric Anxiety Schedule
- 1 counseling trainee/associate (MFT) was recruited to co-facilitate groups and to provide individual counseling
- 2 different agencies referred seniors in need including: Adventist Health Sonora and Area 12 on Aging; the program received self-referrals from individuals who learned about the program from NAMI and the local newspaper
- Made referrals to 17 different community programs/agencies
- 2 program presentations to one elder community reached 16 residents; 100% of attendees expressed that content was relevant and helpful to empower them to improve their quality of life
- 8 individuals were provided with brief phone counseling on coping strategies for dealing with COVID-19 restriction
- 14 open support group meetings were conducted with 7 unique individuals attending; 94% of attendee's surveys indicated overall satisfaction with the support group.
- Program clinician attended monthly networking meetings, placed notices in local paper, and made program material available at a local health fair, senior living facilities, mobile home parks in the community, and reached out to community partners during the pandemic to inform them that the program was offering telemedicine

Goal Two:

Enhance BH ability to assess and treat Dual Diagnosis which is a substance use diagnosis and Severe Mental Illness.

Objective One:

Combine and train all clinical staff on a comprehensive assessment for SMI and Substance Use Disorder.

Actions towards goal:

Dual diagnosis training began to be required for all Mental Health and Clinical Staff. The ASAMs and a SUD level of care assessment tool were the first trainings to be offered to staff to start the training process. Through the training staff learned how to better identify when clients have both Mental Health and substance use treatment needs. The staff also learned how to conduct the multidimension assessment that explores individual risks and needs, as well as strengths, skills, and resources. Following the completion of the ASAM Training, the ASAM was implemented for use for all Substance Use Assessments. The ASAM helps clinicians to match levels of care for intensity of treatment services for substance use. It was the first of many training requirements to come. As this would be some of TCBHs staff first experience with dual diagnosis, TCBH utilized the ASAM training to providing a foundation and understanding, allowing clinicians to produce useful input for necessary elements for a future assessment.

The ASAM Criteria was chosen because of its basis in evidence-based practices. According to the American Society of Addiction Medicine, since the ASAM Criteria was created more than two decades ago there has been peer-reviewed research that discuss the positive outcomes related to validity, accuracy, effectiveness, and reliability. The ASAM was implemented with clinicians in November 2021. All SUD assessments moved from being done with a SUD Counselor to happening only with a license or license eligible clinician. This ASAM went through several reviews within our Business Administration Meeting to ensure that the layout was convenient and useable for clinicians. Though the dual assessment had not been launched clinicians did begin doing all SUD assessments with the ASAM in preparation for the full switch to a single assessment

After several months and ongoing training to prepare clinicians, in January 2022 the dual assessment was finally launched. All clinicians now complete the single assessment for both mental health and substance abuse clients.

This goal has been a success in improving our dual diagnosis rates. Through different interventions we have been able to increase this rate from the original 6% to 12%. This improvement was refining clinician's ability to recognize dual diagnosis. After the initial training and introduction of dual diagnosis Additionally, when a clinician identified a dual diagnosis client they became admitted as staff began working more closely together and had improved their abilities at navigating clients into admittance into both MH and SUD programs. As previously in the baseline data only 5% of the 18% identified were admitted to services. URC found that at the start of the goal, 0% of dual diagnosis clients had a POC with SUD treatment written in. This increased to 58% by the end of the fiscal year. This is partly due to the introduction of ASAM utilization to clinicians in November of 2021, because of this dual diagnosis identification was left to trained clinicians that would then complete a POC that involved all identified diagnosis.

Objective Two:

Cross Communication to increase team integration by collaboration

Actions towards goal:

Changes were made in 2021 to remove access barriers for clients. Formerly MH and SUD services were separated physically. MH services took place on the first floor while SUD services took place on the second. This not only meant that services were on separate floors but there were two different entrances for each service which created even more divide for clients who are dually diagnosed. In 2021 a large shift was made, and all services became located on the first floor. This meant TCBH undertook a mass move for not only SUD staff, but also for administration and MH staff.

These moves took months of planning for the full management team to ensure that all service providers could be accommodated on the first floor. After months of planning the final moves

took place in October 2021 and included moving over fifteen different staff offices. In collaboration with the moves, reception areas and staff were shifted from two different reception and lobby areas to one. Now all services are completed on the first floor and a single entrance is used for all services and assessments. This means one door, one reception window, one access point for all client needs.

Once SUD staff were moved the mission to cross train on SUD and MH began. Each SUD counselor was assigned to a different MH program to attend their weekly meetings. The purpose of this was to have a more open dialogue between the teams for both education and treatment team purposes.

Lastly a move was made to integrate the administrative pieces of SUD with MH. Previously most of the administrative pieces for SUD such as monitoring, policies, audits and corrective action plans were overseen by the SUD Supervisor. For MH these functions were overseen by both the Business and Operations program and Quality Improvement. In October 2021 this slowly began to shift and by November a full move was made to integrate these administrative pieces in SUD to mirror how they function in MH.

Additional Efforts Cultural Competency Efforts Over the Last Fiscal Year

Youth Efforts

- **CSOC MOU**

  TCBH continues to strive towards improving children's services and the relationship with our children's serving agencies. Last year Children Welfare Services (CWS) and TCBH worked together to build a Memorandum of Understanding (MOU) to better coordinate care in Tuolumne County. It is a multi-agency MOU with not only TCBH and CWS, but also with Probation, Public Health, County School of Superintendents, Juvenile Court, and others.

The MOU drafting started in March 2021. There was a goal to have a larger county wide system of care dedicated to children and their families. Thus, the Child, Youth and Family System of Care (CSOC) in Tuolumne County was established through the MOU. Tuolumne CSOC promotes and facilitates inter-departmental and interagency cooperation and collaboration in the establishment and enhancement of a community based, comprehensive System of Care, which seeks to ensure that all children, adults and families will be self-sufficient in keeping themselves, their children and their families safe, healthy, at home, in school/employed, out of trouble and economically stable, regardless of the agency door by which children and families enter.

CSOC partner agencies are each individually responsible for the provision of oversight and accountability for certain state and federally funded programs and services.

A goal of this MOU is to address systemic barriers to the traditional provision of interagency services. It is the intent of the agency partners to create a uniform service approach and maintain an administrative team with collaborative authority over the interrelated child welfare, juvenile probation, education, regional center and mental health children's services. Another goal is to promote and provide services, which are outcome-focused, family-centered, strength-based, culturally proficient, comprehensive, and integrated to the extent possible by a single service plan, and which encourages families to use their own resources to resolve problems.

Through several meeting between March and June of 2021, an outline of each agency's role and a MOU was drafted. In July 2021 a final draft was agreed upon by all parties and it was presented to the Tuolumne County Board of Supervisors for approval.

- **School MOU, MHSSA**
  Beginning in 2019, TCBH and Tuolumne County Superintendent of Schools (TCSOS) begin working on a Mental Health Student Services Act (MHSSA) grant overseen by the Mental Health Service Oversight & Accountability Commission (MHSOAC). The grant

proposal was submitted in early 2020 and MHSOAC chose to not fund it at that time. The unprecedented California State Budget, the focus on children, education, and the well-being of youth led to the MHSOAC to revisit the MHSSA submissions by counties that did not receive funding. On June 30, 2021 County Superintendent was alerted that the grant would be funded in the amount of $2,494,962.00 effective October 1, 2021 through September 30, 2025.

TCBH and TCSOS quickly began working together on an MOU to put a plan in place for the funding. There was a need to formalize the goals of the program and understand how the partnership would take place. The goals were to improve access to identified services and focus on whole child wellness that includes a robust mental health component. The plan was to be able to identify factors that increase resiliency and the improved outcomes such as increased attendance, positive school climate, and braid and leverage funding across agencies.

The program funded by this grant aims to prevent mental illnesses from becoming severe and disabling and improving timely access to services for underserved populations. The program aims to provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses. Additionally, it is to reduce the stigma associated with the diagnosis of a mental illness or seeking mental health services. Finally, to increase services provided in schools to address mental health needs and address facilitating linkages and access to ongoing and sustained services.

The MOU outlined the partnership for the purpose of providing mental health services and supports to school aged children in Tuolumne County through district services; training for school personnel; and the creation of TCBH and school-based partnerships around mental health services. This would place a counselor on every school site within Tuolumne County. The MOU was finalized and approved by the Tuolumne County Board of Supervisors on September 7, 2021.

- **Family Urgent Response System (FURS)**

  The purpose of FURS is to build upon the Continuum of Care Reform and provide current and former foster youth and their caregivers with immediate trauma-informed support when needed. FURS intends to prevent placement disruptions and preserve the relationship between the child or youth and their caregiver. It also strives to reduce the number of 911 calls or law enforcement involvement in foster youth situations. In order to reach these goals a statewide 24/7 hotline was developed to respond to caregiver or youth during situations of instability. From there a county-based mobile response and stabilization team was created to be available 24/7.

  Once the local FURS hotline is contacted, Behavioral Health works collectively with either CWS or Probation to respond to the call. In the beginning of 2021 TCBH and CWS began regular planning meetings be able to institute a mobile response team for FURS. Since this is a team-based approach to caring for foster youth, the development of all procedures for a roll out response was done collectively.

  The first step for TCBH was to identify which staff would be part of the FURS roll outs. Staff were able to volunteer to be on call each night for FURS. During the day the FURS response would roll out through the TCBH Crisis and Assessment Intervention Program (CAIP). Once participating staff were identified they received several hours of training. The trainings totaled 40 hours and were done together with CWS and Probation. These trainings were completed through the summer of 2021.

  By August a full FURS protocol was developed and implemented. This included the development of monthly calendars that would identify when individual staff would be on call. These calendars are shared with the state call center that reaches out to the local response team. In addition, updates were made with service codes to the Electronic Health Records to have accurate data to represent staff time. Go bags were built and deployed to the on-call staff at the start of each evening shift. These bags were

developed with CWS to ensure that a staff would have all the technology, papers, and reporting requirements available to them if they were called to respond.
TCBH now has a full FURS system implemented within their programs. This system currently runs and has allowed for not only an enhanced relationship with Probation and CWS but allows for a more direct response to foster youth and families.

Special Population

- **Mental Health Diversion**

  In September 2021 TCBH began developing a local Mental Health Diversion Program. Half day trainings for the lead supervisors began on September 29, 2021. This initial training was followed by five additional half day trainings that were attended by TCBH, Law Enforcement and other community agencies that interact with Mental Health Diversion. Through these trainings each agency was able to identify their role and responsibilities.

  Throughout the months of October and November plans were set on how to introduce the program into Behavioral Health. Some immediate changes were made to the EHR to ensure that coding and data collection was enabled within the system. In addition to these changes there were changes made to the Access to Care Database. This database logs every request for care and new specifiers were added to include those requesting services for Mental Health Diversion.

  The progress on this program was captured through the weekly Managers Meeting Minutes. The Mental Health Diversion program would include an initial assessment to confirm that the individual met medical necessity and then they would be entered into the EHR as a diversion client through a client category. This would allow for ongoing reports and tracking of this special population. The program will be case management intensive and include receiving ongoing therapy and any needed medication services.

TCBH Deputy Directors developed a process on how communication with the court system would happen. Ongoing reports on all participants from TCBH will be made available for the court system, at this time a Deputy Director or Clinical Supervisor will create the reports. Procedures were developed and vetted through the Business Administration Meeting (BAM), which allowed for both clinical and administrative input.

The first two referrals were received in October 2021 and by November the program referrals were coming in regularly. This new program demands ongoing collaboration with the court system, probation, and law enforcement.

FY 21/23 Workplan Goals:

Process for Establishing New Goals:

The following goals were created through ongoing data gathered efforts and are ultimately a reflection of the original plan, previous updates, community input, including current data trends. Goals were discussed and agreed upon during the TCBH Quality Management Committee.

To establish goals for fiscal year 22/23 that were representative of current efforts and the need of clinical staff, the Ethnic Services Coordinator (ESC) first created a workgroup. This workgroup included staff from various departments including the ESC, Quality Improvement (QI), MHSA, and direct service clinical staff. The workgroup met on July 26, 2022, and then on August 16, 2022. After the workgroup met and discussed current needs around Cultural Competency the ESC presented the information to the Community Cultural Collaborative (CCC) meeting on August 16, 2022, for further review and discussion. The workgroup met again on August 23, 2002, to take the feedback from the CCC and create more defined goals.

On August 25 2022, the ESC presented the first draft of goals to the QM team for review and feedback. The QM team is comprised of both clinical supervisors, administration, management, and administrative and clinical line staff representatives, including our ESC. This team approach to develop the plan was utilized to assure all aspects of the recommendations have been met throughout the Cultural Competence Work Plan and the actions and objectives highlighted. Throughout this process, sustainable goals were developed, and the work plan will reflect baseline measurements with clear specific and measurable goals, objectives, and action items. On September 20, 2022, the ESC presented the work plan goals to the CCC for final approval on goals.

Goal(s):	Objectives	Action Step(s): *What Will Be Done?*	Timeline: By When?	Responsibility: *Who Will Do It?*	Measurable Outcome
Goal 1: **To offer more culturally competent clinical services by offering TAY and LGBTQ+ cultural humility, sensitivity, and competency training to our providers.**	**Objective 1: LGBTQ+ Staff Trainings:** Enable workforce to increase knowledge base by attending at least one training with subject matter experts on LGBTQ+ to deliver more competent services.	Identify and roll out LGBTQ+ to all providers and mandate trainings for all new staff.	December 2023	Training committee	Measurable Outcome: **Staff's will be trained to guide their comfort and knowledge on culturally sensitive and competent service delivery for LGBTQ+** Baseline measurement No baseline First Measurement – Will be Pre – Test - November 2023 Final measurement: Post-test – December 2023
	Objective 2: Identify two strategies to work with Youth and Trans youth and to provide increased outreach and engagement to LGBTQ+ youth	1. TCBH to attend and provide outreach to Tuolumne County LGBTQ+ Event in June 2. Identify additional event 3. Establish new way to	June 2023	MHSA	Measurable Outcome: **Newsletter sign-ups to be encouraged at events** No baseline (new measurement) September 2022

Goal(s):	Objectives	Action Step(s): *What Will Be Done?*	Timeline: By When?	Responsibility: *Who Will Do It?*	Measurable Outcome
		monitor the number of increased engagements at event			Remeasurement - April 2023 Final measurement: June 2023
Goal 2: Utilizing advertising efforts to encourage enrollment of targeted demographics to specific substance use disorder (SUD) and Dual Diagnosis programming	**Objective 1:** Utilize advertising efforts to encourage attendance in the Adolescent Youth Treatment and Perinatal programs	To distribute advertisement via social media, nontraditional advertising, BH Newsletter, and additional distribution to be determined.	First Advertisement Distribution: December 2023 Second Advertisement Distribution: March 2023	QI, MHSA, SUD	Measurable Outcome: **AYT and Perinatal enrollment numbers** Baseline measurement: **Current Enrollment for Programs** Remeasurement: February 2023 Final measurement: June 2023
	Objective 2: To provide increased outreach and engagement to the community by having a TCBH Substance Use Disorder (SUD) staff representative host tables at Community Roots Resource Fair, Hope and Honor Walk, and Suicide Prevention	Community Roots Resource Fair, Hope and Honor Walk, and Suicide Prevention Expo	June 2023	MHSA and SUD	Measurable Outcome: **Number of contacts or clicker conversations made with the community on SUD services**

Goal(s):	**Objectives**	**Action Step(s):** *What Will Be Done?*	**Timeline: By When?**	**Responsibility:** *Who Will Do It?*	**Measurable Outcome**
	Expo for community outreach in 22/23.				No baseline (new measurement) – November 2022 Remeasurement: April 2023 Final measurement: June 2023

Exhibit A

Name: TEST, CLIENT Case#: 6013000 Page: 1 of 9
Type: Comprehensive BH Assessment Date: 01/01/2022
Printed on 03/14/2022 at 01:28 PM (Draft)

TUOLUMNE COUNTY
Comprehensive Behavioral Health Assessment

Guide to Medi-Cal Mental Health Services and the Grievance and Appeal Process was explained and offered:
O Yes O No

Limites of Confidentiality explainied before begining? O Yes O No

Source (s) of Information:

PRESENTING PROBLEM (Beneficiary's Chief Complaint, history of presenting problem(s), relevant family history and current family information.)

CURRENT CLINICAL SYMPTOMS (Description to include criteria, onset, severity, frequency, duration and to support Dx; All criteria must be present to support Dx(s)):

IMPAIRMENT (Impairment in Life Functioning caused by the MH Symptoms/Behaviors from perspective of client and/or others):

RISKS (Situations that present a risk to the beneficiary and others, including past or current trauma)

Consumer is currently admitting to suicidal thoughts/ideation	O Yes	O No
Consumer is currently admitting to suicidal plans	O Yes	O No
Consumer is currently admitting to suicidal acts	O Yes	O No
Consumer is currently admitting to suicidal intentions	O Yes	O No
Consumer is currently admitting to homicidal thoughts/ideations/plans	O Yes	O No
History of suicidal/homicidal ideation/acts, or intention to harm others, self-harm	O Yes	O No
Family History of suicidal/homicidal ideation/acts, or intention to harm others, self-harm	O Yes	O No

If yes to any of the above, please describe (include summation of current suicide and homicidal ideation/plan)

HISTORY OF TRAUMA OR EXPOSURE TO TRAUMA

EXPOSURE TO TRAUMA (accidents, injuries, grief/loss, abuse/neglect, sexual) O Yes O No

If yes, please describe.

MENTAL HEALTH HISTORY

(Previous Treatment, including providers, therapeutic modality (e.g., medications, psychosocial treatments) and response, and inpatient admissions.)

Has the consumer ever been HOSPITALIZED for mental health/psychiatric treatment?

O Yes O No O Unknown

If yes, number of HOSPITALIZATIONS:

Has the consumer ever been in outpatient mental health/psychiatric treatment? O Yes O No O Unknown

Describe past mental health/psychiatric tx (may include type of tx, providers, PROGRESS, ATTENDANCE, EFFECTIVENESS, and reason for change, medications, THERAPEUTIC MODALITIES, response to hospitalizations and outpatient treatment):

Is consumer currently in mental health or psychiatric treatment of any type? O Yes O No

Describe current treatment (may include type of treatment, providers, progress, attendance and effectiveness):

Additional information:

RELEVANT CONDITIONS AND PSYCHOSOCIAL FACTORS (Address any factors effecting the consumer's PHYSICAL and MENTAL HEALTH, including, as applicable; LIVING SITUATION, DAILY ACTIVITIES, SOCIAL SUPPORT, current family structure and origin of relationships, education, domestic violennce description from childhood thru adolescence, and any other significant prior familial issues that impact current functioning)

MEDICAL HISTORY Relevant physical health conditions reported by the beneficiary or a significant support person

Name and address of current source of medical treatment.

Name:

Address:

City/State/Zip SONORA CA

MEDICATIONS

(Including a: Information about medications the beneficiary has received, or is receiving, to treat mental health and medical conditions, including duration and medical treatment, and b: Documentation of the absence or presence of allergies or adverse reactions to medications.)

SUBSTANCE EXPOSURE/SUBSTANCE USE (Past and present use of tobacco, alcohol, caffeine, CAM (Complementary and alternative medications) and over-the-counter drugs, and illicit drugs.)

Frequency of Use/Quantity

Previous Drug/Alcohol Treatmen (Program, Dates, Duration, Completed or Dropped Out)

1.
2.
3.

Behavioral Signs/Physical Observations regarding substance abuse:

Family History of Substance Abuse:

LEGAL HISTORY/ISSUES (if applicable to their current functioning/impairment)

CULTURAL, SPIRITUAL, SEXUAL ORIENTATION

(Address any factors effecting the consumer's PHYSICAL and MENTAL HEALTH, including: Cultural, Linguistic and Sexual Orientation factors that may impact treatment and current functioning; personal identification to a cultural group.)

STRENGTHS, SUPPORT AND CHALLENGES/BARRIERS

(Documentation of the beneficiary's strengths in achieving client plan goals related to their mental health needs and functional impairment(s), support, and challenges/barriers to client/family that may impact treatment)

MEDICAL NECESSITY

DIAGNOSIS CRITERIA

Consumer has an included ICD-10 diagnosis.

FUNCTIONAL IMPAIRMENT CRITERIA

Consumer has at least one of the following as a result of the mental disorder(s) identified in the included diagnosis:

A significant impairment in an important area of life functioning O Yes O No

A probability of significant deterioration in an important area of life functioning O Yes O No

A probability that the child will not progress developmentally as individually appropriate O Yes O No

For consumers under the age of 21, a condition exists due to their mental health disorder or emotional disturbance that Specialty Mental Health Services (SMHS) can correct or ameliorate. O Yes O No

INTERVENTION CRITERIA

Treatment interventions will significantly diminish the documented impairment O Yes O No

Prevent significant deterioration in an important area of life functioning O Yes O No

Allow the child to progress developmentally as individually appropriate O Yes O No

Consumer's treatment is medically necessary (treatment needs meet the above criteria) O Yes O No

CLINICAL SUMMARY

Provide a clinical summary of the case which includes the presenting problem, primary symptoms, functional impairment in the community, and psychosocial issues in the case.

Recommendations presented to consumer and consumer's response

Recommended services and specific interventions (individual, group, etc.) presented to the consumer for SMHS

DISPOSTION

☐ Adult System of Care
☐ Children's System of Care
☐ Older Adult System of Care
☐ Full Service Partnership (FSP)
☐ CAIP
☐ Medication Services
☐ SUD Outpatient 1.0
☐ SUD Outpatient 2.1
☐ SUD Residential 3.1
☐ SUD Narcotic Treatment Program
☐ Managed Care Plan/Network Provider
☐ Community Referral
☐ Other

Primary Care (please list clinic):

Network Provider: Please identify:

Consumer does not meet medical necessity and/or target population (open/close) O Yes O No

Referral(s) provided O Yes O No

Please provide details:

NOABD provided: O Yes O No

If No, please provide details

Additional comments:

Signature of Staff Completing Form:

Name: Date: Time: Pending

Signature of LPHA/MD Approving Form

Name: Date: Time: Pending

Form COMPASSESS; Version 1.03; 10/26/2021