

**FISCAL YEAR (FY) 2017/2018 ANNUAL REVIEW OF CONSOLIDATED SPECIALTY MENTAL  
HEALTH SERVICES AND OTHER FUNDED SERVICES  
SOLANO COUNTY MENTAL HEALTH PLAN REVIEW  
December 11, 2017  
FINDINGS REPORT**

This report details the findings from the triennial system review of the **Solano County** Mental Health Plan (MHP). The report is organized according to the findings from each section of the FY 2017/2018 Annual Review Protocol for Consolidated Specialty Mental Health Services (SMHS) and Other Funded Services (Mental Health and Substance Use Disorder Services Information Notice No. 17-050), specifically Sections A-J and the Attestation. This report details the requirements deemed out of compliance (OOC), or in partial compliance, with regulations and/or the terms of the contract between the MHP and DHCS. The corresponding protocol language, as well as the regulatory and/or contractual authority, will be followed by the specific findings and required Plan of Correction (POC).

For informational purposes, this findings report also includes additional information that may be useful for the MHP, including a description of calls testing compliance of the MHP’s 24/7 toll-free telephone access line and a section detailing information gathered for the 7 “SURVEY ONLY” questions in the protocol.

The MHP will have an opportunity to review the report for accuracy and appeal any of the findings of non-compliance (for both System Review and Chart Review). The appeal must be submitted to DHCS in writing within 15 business days of receipt of the findings report. DHCS will adjudicate any appeals and/or technical corrections (e.g., calculation errors, etc.) submitted by the MHP and, if appropriate, send an amended report.

A Plan of Correction (POC) is required for all items determined to be out of compliance. The MHP is required to submit a POC to DHCS within 60 days of receipt of the findings report for all system and chart review items deemed out of compliance. The POC should include the following information:

- (1) Description of corrective actions, including milestones
- (2) Timeline for implementation and/or completion of corrective actions
- (3) Proposed (or actual) evidence of correction that will be submitted to DHCS
- (4) Mechanisms for monitoring the effectiveness of corrective actions over time. If POC determined not to be effective, the MHP should propose an alternative corrective action plan to DHCS
- (5) Description of corrective actions required of the MHP’s contracted providers to address findings

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**RESULTS SUMMARY: SYSTEM REVIEW**

<b>SYSTEM REVIEW SECTION</b>	<b>TOTAL ITEMS REVIEWED</b>	<b>SURVEY ONLY ITEMS</b>	<b>TOTAL FINDINGS</b>	<b>PROTOCOL QUESTIONS OUT-OF-COMPLIANCE (OOC) OR PARTIAL COMPLIANCE</b>	<b>COMPLIANCE PERCENTAGE FOR SECTION IN</b>
ATTESTATION	5	0	0/5	0	100%
SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES	25	3	0/25	0	100%
SECTION B: ACCESS	54	0	7/54	B2b8, B2b9, B9a2, B9a3, B9a4, B13a2, B13b	87%
SECTION C: AUTHORIZATION	33	3	0/33	0	100%
SECTION D: BENEFICIARY PROTECTION	29	0	1/29	D2	97%
SECTION E: FUNDING, REPORTING & CONTRACTING REQUIREMENTS	1	0	0/1	0	100%
SECTION F: INTERFACE WITH PHYSICAL HEALTH CARE	6	0	0/6	0	100%
SECTION G: PROVIDER RELATIONS	11	0	1/11	G2b	91%
SECTION H: PROGRAM INTEGRITY	26	1	0/26	0	100%
SECTION I: QUALITY IMPROVEMENT	34	0	0/34	0	100%
SECTION J: MENTAL HEALTH SERVICES ACT	21	0	0/21	0	100%

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<b>TOTAL ITEMS REVIEWED</b>	<b>245</b>	<b>7</b>	<b>9</b>	
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**Overall System Review Compliance**

Total Number of Requirements Reviewed	245 (with 5 Attestation items)			
Total Number of SURVEY ONLY Requirements	7 (NOT INCLUDED IN CALCULATIONS)			
Total Number of Requirements Partial or OOC	<b>9</b>		<b>OUT OF 245</b>	
<b>OVERALL PERCENTAGE OF COMPLIANCE</b>	<b>IN</b>	96%	<b>OOO/Partial</b>	4%
	(# IN/245)		(# OOO/245)	

**FINDINGS**

**ATTESTATION**

DHCS randomly selected five Attestation items to verify compliance with regulatory and/or contractual requirements. All requirements were deemed in compliance. A Plan of Correction is not required.

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**SECTION B: ACCESS**

<b>PROTOCOL REQUIREMENTS</b>	
B2.	Regarding the provider directory:
B2a.	Does the MHP provide beneficiaries with a current provider directory upon request and when first receiving a SMHS?
B2b.	Does the MHP provider directory contain the following required elements:
	1) Names of provider(s), as well as any group affiliation?
	2) Street address(es)?
	3) Telephone number(s)?
	4) Website URL, as appropriate?
	5) Specialty, as appropriate?
	6) Whether the provider will accept new beneficiaries?
	7) The provider's cultural and linguistic capabilities, including languages (including ASL) offered by the provider or a skilled interpreter?
	8) Whether the provider has completed cultural competence training?

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	9) Whether the provider's office/facility has accommodations for people with physical disabilities, including offices, exam rooms, and equipment?
<ul style="list-style-type: none"> <li>• <i>CFR, title 42, section 438.10(f)(6)(i) and 438.206(a)</i></li> <li>• <i>CCR, title 9, chapter 11, section 1810.410</i></li> <li>• <i>CMS/DHCS, section 1915(b) Waiver</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>DMH Information Notice Nos. 10-02 and 10-17</i></li> <li>• <i>MHP Contract</i></li> </ul>

**FINDINGS**

The MHPs provider directory did not indicate 1) whether the providers have completed cultural competence training, and 2) whether provider offices/facilities are ADA compliant. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: English Provider Directory & Spanish Provider Directory. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the provider list do not include information on whether providers have completed cultural competence training. MHP does not track all providers for cultural competence training. The provider list also does not show that all providers are ADA compliant. The MHP indicated that some providers are ADA compliant and some are not ADA compliant.

Protocol questions B2b8 and B2b9 are deemed OOC.

<b>PROTOCOL REQUIREMENTS</b>	
B9a.	Regarding the statewide, 24 hours a day, 7 days a week (24/7) toll-free telephone number:
	1) Does the MHP provide a statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county?
	2) Does the toll-free telephone number provide information to beneficiaries about how to access specialty mental health services, including specialty mental health services required to assess whether medical necessity criteria are met?
	3) Does the toll-free telephone number provide information to beneficiaries about services needed to treat a beneficiary's urgent condition?
	4) Does the toll-free telephone number provide information to the beneficiaries about how to use the beneficiary problem resolution and fair hearing processes?
<ul style="list-style-type: none"> <li>• <i>CCR, title 9, chapter 11, sections 1810.405(d) and 1810.410(e)(1)</i></li> <li>• <i>CFR, title 42, section 438.406 (a)(1)</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>DMH Information Notice No. 10-02, Enclosure, Page 21, and DMH Information Notice No. 10-17, Enclosure, Page 16</i></li> <li>• <i>MHP Contract, Exhibit A, Attachment I</i></li> </ul>

The DHCS review team made seven (7) calls to test the MHP's 24/7 toll-free line. The seven (7) test calls are summarized below:

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**Test Call #1** was placed at 4:16 p.m. on 11/2/17. The call was answered by a phone tree directing the caller to select a language option. The caller pressed 1 for English. The caller explained to the operator feelings of depression, sadness, not wanting to get out of bed, and maybe related to weather. The operator asked if there were changes in life and if the primary care doctor was seen. The caller responded in the negative. The operator asked if the caller had Medi-Cal and the caller said yes. The operator asked the caller for the phone number and the caller said that he/she was using a friend's phone. The operator asked for the caller's full name (Sarah Thomas), DOB (6/3/79), address (1245 Serrano Drive, Fairfield, CA 94533, which the operator could not locate in their system when checking for eligibility. The operator asked for the Medi-Cal ID card number and SSN and the caller wasn't sure where they were located. The operator asked if this was the first time calling and requesting mental health services and the caller responded yes. The operator suggested that the caller go to the primary care doctor for an initial assessment to determine if the caller had physical health issues. The operator asked the caller if they have experienced mental health illness before, e.g., hurting self or others, hallucinations, and hearing voices and the caller responded in the negative. Since the operator was not able to check for eligibility based on name and DOB, the operator could not refer the caller to Beacon who provides services to mild to moderate cases. The operator referred the caller to New Pathways for counseling and assessment and provided the phone number, 707-556-9137. The operator stated that they have multiple locations and to call to find which is closest. Another option provided was Hope for Healthy Family Counseling Center, 827 Missouri Street, Ste. I, Fairfield, CA 94533 with phone number, 707-646-9873. The operator indicated they are also located at 40 Eldridge Avenue in Vacaville, 707-455-7614.

This call is in compliance for B9a2 and B9a3 since the caller was asked questions to determine if this was a crisis: hurting self or others, hallucinations, and hearing voices. Upon not finding the caller in the system for eligibility purposes, the operator offered the following suggestions: primary care for initial assessment to determine if the caller had physical health issues, and two community resources (New Pathways and Hope for Health Family Counseling Center, including addresses and phone numbers).

**Test Call #2** was placed on Monday, November 6, 2017, at 11:26 p.m. The call was initially answered after one (1) ring via a recorded greeting and instructions to call 911 in an emergency. The greeting was in both English and Spanish. The call was immediately transferred to a live operator. The DHCS test caller requested information about accessing SMHS in the county. The operator asked the caller if he/she was in crisis and needed immediate services. The operator advised the caller that he/she had reached the crisis line if immediate services are required or that the caller could call 911 for emergency services. The caller responded in the negative. The operator advised the caller to call back or walk into the clinic during business hours for an assessment for SMHS. The operator provided the caller with the clinics address and hours of operation. The caller was provided information about how to access SMHS and the caller was provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a2 and B9a3.

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**Test Call #3** was placed on November 16, 2017, at 7:47am and initially answered by a phone tree with instructions to dial 911 in an emergency, instructions for police and medical personnel and instructions for English language callers. This message, or facsimile, was then repeated in Spanish. The call was then answered by an operator. Upon hearing a request for initial SMHS, the operator advised the caller to come to the clinic in a couple of hours to see a psychiatrist that was available for assessments, prescriptions and hospital admissions. After several follow-up inquiries, the Fairfield location and what would be needed for an assessment was provided. The operator indicated that more information could be obtained by calling during business hours.

The call is deemed in compliance with the regulatory requirements for protocol questions B9a1, B9a2.

Protocol question B9a3 is deemed out of compliance as the operator did not inquire if the caller was in a crisis and simply having 911 information on the phone tree is not sufficient.

**Test Call #4** was placed on November 17, 2017, at 7:40 am. The call was initially answered after two (2) rings via a recorded message which instructed to call 911 if it was an emergency also included the MHP's threshold languages. After the recorded message the call was answered immediately by a live operator. The caller requested information about obtaining services with the county. The operator asked the caller if he/she lived in the county. The caller replied in the affirmative. The operator asked the caller for his/her name and call back number to have someone call the caller back with an appointment. The caller provided the operator his/her name, but didn't provide the call back number and provided a reason. The operator suggested the caller contact the clinic at 9am when they open. The operator informed the caller that if currently in crisis, such as wanting to harm him/herself, the Crisis Unit could do an evaluation. The caller informed the operator that he/she is not in crisis. The caller thanked the operator and ceased the call. The caller was provided information in the MHP threshold language and about SMHS required to assess whether medical necessity criteria are met and the operator provided information about services needed to treat a beneficiary's urgent condition. However, the operator did not mention walk-in services and no location/ addresses where provided. Caller was told to call the clinic back at 9am.

The call is deemed In compliance with the regulatory requirements for protocol questions B9a1 and B9a3. However, out of compliance with protocol question B9a2.

**Test Call #5** was placed on November 20, 2017, at 11:07 a.m. The call was initially answered after one (1) ring via a phone tree directing the caller to select a language option, which included the MHP's threshold languages. After selecting the option for English, the DHCS test caller then heard a recorded greeting and instructions to call 911 in an emergency. The caller was placed on hold for one (1) minute while the call was transferred to a live operator. The caller requested information about accessing mental health services in the county. The operator asked the caller to provide name, contact information and asked the caller what city they were from; and if they wanted to change providers or file a grievance? The caller stated they are from Fairfield that they were using a friend's phone and wanted to file a grievance. The caller was then placed on hold and eventually hung up. The caller was not provided information about how to access SMHS, including SMHS required to assess whether medical

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necessity criteria are met, nor was the caller provided information about services needed to treat a beneficiary's urgent condition.

The call is deemed not in compliance with the regulatory requirements for protocol questions B9a4.

**Test Call #6** was placed on November 21, 2017, at 7:34 a.m. The call was answered by a phone tree informing the call to wait while the call is connected, immediately a recorded message informed the caller that if it was a medical emergency to hang up and dial 911, the message was then repeated in Spanish. The call was then answered by an operator. He/she asked the caller if the caller was in crisis or felt like hurting him/herself or others. The caller replied in the negative. The caller then explained that he/she was crying all the time, having difficulties getting out of bed and was feeling depressed. The operator asked if the caller had been connected to Solano county Mental health before. The caller replied in the negative. The operator asked the caller's name, call back number DOB, and address. The caller provide all information except for the call back number. The caller informed the operator that he/she was using a friend's phone and was not comfortable providing it. The operator asked if the caller was taking any medication, had previous psych history, or was experiencing any other symptoms. The caller replied in the negative. The operator asked if the caller had heard of the crisis center. The caller replied in the negative. The operator explained that the caller could walk in today and be seen by a psychiatrist, the crisis center is open 24 hours a day 7 days a week. Another option would be that the operator could fax the information to the Solano county access team and they could set up an appointment. The caller informed the operator that he/she would go to the crisis center today. The operator repeated the hours of operation and asked if the caller would reconsider providing a call back number. The caller replied in the negative and thanked the operator and ended the call. The caller was provided information about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, and the caller was provided information about services needed to treat a beneficiary's urgent condition. The access line also provided language capabilities in the counties threshold language.

The call is deemed in compliance with regulatory requirements for protocol questions B9a1, B9a2, and B9a3.

**Test Call #7** was placed on November 22, 2017, at 10:10 am. The call was initially answered after one ring via a recorded message which instructed to call 911 if it was an emergency also included the MHP's threshold languages. After the recorded message the call was answered immediately by a live operator. The caller requested information about filing a complaint. The operator asked the caller for name and asked if he lived in the county. The caller provided name and confirmed that they lived in the county. The operator asked the caller for his call back number. The operator asked from whom the complaint was for and if the compliant was against a doctor within the county. The caller confirmed it was a complaint against his therapist within the county. Operator indicated that the caller could fill out a grievance form and this form could be mailed. Caller indicated he would like to pick up the form instead. The Operator provided MHP address and phone number. The caller confirmed the details of the MHP and thanked the operator and ceased the call.

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The call is deemed In compliance with the regulatory requirements for protocol questions B9a1 and B9a3.

**FINDINGS**

**Test Call Results Summary**

Protocol Question	Test Call Findings							Compliance Percentage
	#1	#2	#3	#4	#5	#6	#7	
9a-1	IN	N/A	IN	IN	IN	IN	IN	100%
9a-2	IN	IN	IN	OOO	N/A	IN	N/A	80%
9a-3	IN	IN	IN	IN	N/A	IN	N/A	100%
9a-4	N/A	N/A	N/A	N/A	OOO	N/A	IN	50%

Protocol question(s) B9a2 and B9a4 are deemed in partial compliance.

**PLAN OF CORRECTION**

The MHP will submit a POC addressing the OOO findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it provides a statewide, toll-free telephone number 24 hours a day, 7 days per week, with language capability in all languages spoken by beneficiaries of the county that will provide information to beneficiaries about how to access SMHS, including SMHS required to assess whether medical necessity criteria are met, services needed to treat a beneficiary's urgent condition, and how to use the beneficiary problem resolution and fair hearing processes.

PROTOCOL REQUIREMENTS	
B13a.	Regarding the MHP's plan for annual cultural competence training necessary to ensure the provision of culturally competent services:
	1) Is there a plan for cultural competency training for the administrative and management staff of the MHP?
	2) Is there a plan for cultural competency training for persons providing SMHS employed by or contracting with the MHP?
	3) Is there a process that ensures that interpreters are trained and monitored for language competence (e.g., formal testing)?
B13b.	Does the MHP have evidence of the implementation of training programs to improve the cultural competence skills of staff and contract providers?
	<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.410</li> <li>• MHP Contract, Exhibit A, Attachment I (a)-(e)</li> <li>• DMH Information Notice No. 10-02, Enclosure, Pages 16 &amp; 22 and DMH Information Notice No. 10-17, Enclosure, Pages 13 &amp; 17</li> </ul>

**FINDINGS**



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The MHP did not furnish evidence it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: FY2016 – 2017 Cultural Competency and Culturally and Linguistically Appropriate Plan Service Update, Cultural Competency Training Plan, Solano Countywide Cultural Competence Workshop 2016 PowerPoint slides, AAA203: Ensuring and Providing Multi-Cultural and Multi-Lingual Services. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, the MHP did not have a plan for or evidence of implementation of cultural competency training for administrative and management staff and/or persons providing SMHS employed by or contracting with the MHP. The MHP did not have a process to ensure interpreters are trained and monitored for language competence.

Protocol questions B13a2 and B13b are deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it has a plan for annual cultural competence training necessary to ensure the provision of culturally competent services. Specifically, the MHP must develop a plan for, and provide evidence of implementation of, cultural competency training for administrative and management staff as well as persons providing SMHS employed by or contracting with the MHP. The MHP must develop a process to ensure interpreters are trained and monitored for language competence.

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***SECTION D: BENEFICIARY PROTECTION***

<b>PROTOCOL REQUIREMENTS</b>	
D2.	The MHP is required to maintain a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt of the grievance, appeal, or expedited appeal.
D2a.	The log must include:
	1) The name or identifier of the beneficiary.
	2) The date of receipt of the grievance, appeal, and expedited appeal.
	3) A general description of the reason for the appeal or grievance.
	4) The date of each review or, if applicable, review meeting.
	5) The resolution at each level of the appeal or grievance, if applicable.

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	6) The date of resolution at each level, if applicable.
• CCR, title 9, chapter 11, section 1850.205(d)(1)	• CCR, title 9, chapter 11, section 1810.375(a)

**FINDINGS**

The MHP did not furnish evidence that all grievances, appeals, and expedited appeals are logged within one working day of the date of receipt. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: SharePoint Grievance Resolution Log. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, two grievances reviewed by DHCS were not logged within one working day.

Protocol questionD2 is deemed OOC.

**PLAN OF CORRECTION**

The MHP must submit a POC addressing the OOC findings for these requirements. The MHP is required to provide evidence to DHCS to substantiate its POC and to demonstrate that it maintains a grievance, appeal, and expedited appeal log(s) that records the grievances, appeals, and expedited appeals within one working day of the date of receipt.

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**SECTION G: PROVIDER RELATIONS**

<b>PROTOCOL REQUIREMENTS</b>	
G2.	Regarding the MHP’s ongoing monitoring of county-owned and operated and contracted organizational providers:
G2a.	Does the MHP have an ongoing monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified as per title 9 regulations?
G2b.	Is there evidence the MHP’s monitoring system is effective?
<ul style="list-style-type: none"> <li>• CCR, title 9, chapter 11, section 1810.435 (d)l</li> <li>• MHP Contract, Exhibit A, Attachment I</li> </ul>	

**FINDINGS**

The MHP did not furnish evidence it has an ongoing and effective monitoring system in place that ensures contracted organizational providers and county owned and operated providers are certified and recertified per title 9 regulations. DHCS reviewed the following documentation presented by the MHP as evidence of compliance: Solano County 12-04-2017 Overdue Provider Report, P&P QI617: Short-Doyle Medi-Cal Certification/Recertification Process. However, it was determined the documentation lacked sufficient evidence of compliance with regulatory and/or contractual requirements. Specifically, of the 45 providers in Solano County, one (1) was overdue for re-certification at the time of this review. Protocol question(s) G2b is deemed OOC.

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In addition, DHCS reviewed its Online Provider System (OPS) and generated an Overdue Provider Report which indicated the MHP has providers overdue for certification and/or re-certification. The table below summarizes the report findings:

<b>TOTAL ACTIVE PROVIDERS (per OPS)</b>	<b>NUMBER OF OVERDUE PROVIDERS (at the time of the Review)</b>	<b>COMPLIANCE PERCENTAGE</b>
45	1	98%

Protocol question G2b is deemed OOC.

**SURVEY ONLY FINDINGS**

**SECTION A: NETWORK ADEQUACY AND ARRAY OF SERVICES**

<b>PROTOCOL REQUIREMENTS</b>	
A6.  A6a.	Regarding therapeutic foster care service model services (referred to hereafter as “TFC”):  <b>SURVEY ONLY</b> 1) Does the MHP have a mechanism in place for providing medically necessary TFC services, either by contracting with a TFC agency or establishing a county owned and operated TFC agency?
	2) If the MHP does not have a mechanism in place to provide TFC, has the MHP taken steps to ensure that TFC will be available to children/youth who require this service, either through contracting with a TFC agency or establishing a county owned and operated TFC Agency?
<ul style="list-style-type: none"> <li>• <i>State Plan Amendment 09-004</i></li> <li>• <i>MHSUDS Information Notice No. 17-009</i></li> <li>• <i>MHSUDS Information Notice No. 17-021</i></li> </ul>	

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Solano County Implementation Plan FY2016-2017.

**SUGGESTED ACTIONS**

DHCS recommends the MHP implement the following actions in an effort to meet regulatory and/or contractual requirements or to strengthen current processes: Follow through with providers to establish TFC services.

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<b>PROTOCOL REQUIREMENTS</b>	
A7.	Regarding Continuum of Care Reform (CCR):
A7a.	<b>SURVEY ONLY</b> Does the MHP maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria?
<ul style="list-style-type: none"> <li><i>Welfare and Institutions Code 4096,5600.3(a)</i></li> </ul>	

**SURVEY FINDING**

Although the MHP does not maintain an appropriate network of Short Term Residential Therapeutic Programs (STRTPs), The MHP is meeting with other counties and contract providers in an effort to meet regulatory requirements. There was no evidence submitted to demonstrate the MHP maintains an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/Youth who have been determined to meet STRTP placement criteria.

**SUGGESTED ACTIONS**

DHCS recommends the MHP continue working towards developing and maintaining an appropriate network of Short Term Residential Therapeutic Programs (STRTPs) for children/youth who have been determined to meet STRTP placement criteria. Continue to follow up with the three group homes who are currently interested in STRTP placement criteria. Continue to work with Contra Costa County regarding placement.

***SECTION C: COVERAGE AND AUTHORIZATION***

<b>PROTOCOL REQUIREMENTS</b>	
C4d.	Regarding presumptive transfer:
	<b>SURVEY ONLY:</b> 1) Does the MHP have a mechanism to ensure timely provision of mental health services to foster children upon presumptive transfer to the MHP from the MHP in the county of original jurisdiction?
	<b>SURVEY ONLY:</b> 2) Has the MHP identified a single point of contact or unit with a dedicated phone number and/or email address for the purpose of presumptive transfer?
	<b>SURVEY ONLY:</b> 3) Has the MHP posted the contact information to its public website to ensure timely communication?
<ul style="list-style-type: none"> <li><i>Welfare and Institutions Code 4096,5600.3(a)</i></li> </ul>	

**SURVEY FINDING**

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DHCS reviewed the following documentation provided by the MHP for this survey item: P&P AAA213 – Authorization of Children Placed Outside County of Origin, Screenshot of the Solano County website which list the AB1299-Presumptive Transfer phone number, fax number, and email address.

**SUGGESTED ACTIONS**

No further action required at this time.

<b>PROTOCOL REQUIREMENTS</b>	
H2k	Does the MHP have a provision for prompt reporting of all overpayments identified or recovered, specifying the overpayments due to potential fraud, waste and abuse?
	<ul style="list-style-type: none"><li>• <i>CFR, title 42, sections 438.10, 438.604, 438.606, 438.608 and 438.610</i></li><li>• <i>MHP Contract, Exhibit A, Attachment I</i></li></ul>

**SURVEY FINDING**

DHCS reviewed the following documentation provided by the MHP for this survey item: Solano County Compliance Program Work Plan FY 2016-2017, Solano County Deficit Reduction Act: Fraud, Waste, & Abuse, Template for Notification of Billing Errors (NOBE).

**SUGGESTED ACTIONS**

No further action required at this time.