Memorandum of Understanding
For Use of Plan Year 2015/2016 and Plan Year 2016-2017 IGT Funds
Between
Shasta County Health & Human Services Agency
And
Partnership HealthPlan of California

Partnership Health Plan of California (PHC) and the Shasta County Health & Human Services Agency (County) have participated in a Medi-Cal Managed Care Intergovernmental Transfer (IGT) for plan years 2015-2016 and 2016-2017 and for expenditure in Fiscal Year 2016 – 2017 and beyond. As a result of the IGT, County will receive approximately $6.1 million in Local Medi-Cal Managed Care Rate Range ("LMMCRR") payments. After payment of the Managed Care Organization tax and State Administrative fee, the total new funds provided to the County will be approximately $5 million.

Both organizations share a common goal of ensuring that the LMMCRRs are utilized in compliance with State and Federal regulations as well as the PHC Board policy regarding Medi-Cal Managed Care IGTs. In addition to supplementing the rates paid to County for services provided during the plan year 2015-2016, the LMMCRR funds will be expended for health services in accordance with the Plan/Provider Agreement Amendment. These include projects that promote the well-being of Medi-Cal beneficiaries by supporting the local safety net through improved behavioral health services, including substance abuse treatment and prevention, care coordination/case management services, oral health, and/or improving access to specialty care.

To achieve this goal, the organizations enter into this Memorandum of Understanding, which outlines their basic roles and responsibilities.

1. County will be responsible for the following activities:

   A. Project Overview. The IGT LMMCRRs for plan years 2015-2016 and 2016-2017 will support several existing programs in addition to providing the initial funding for the following focus areas: behavioral health services, care coordination, case management services, oral health, and services that promote access to specialty care.

   B. Project Summary. Please see Attachment A that provides a general description of each project or program funded with IGT LMMCRRs.

   C. Reporting Requirements.

      Annual Report. Twelve (12) months after receipt of the LMMCRRs, the County Health Department will submit a report describing the status of each project or service paid for with IGT dollars. This will include information about whether the project was fully completed, partially completed, or not undertaken at all. An explanation will be included addressing whether the project or service will be an ongoing or whether it was a one-time undertaking. The final report will include a statement from the County Health Services Department that none of the LMMCRRs were recycled back to the

State or to the County General Fund and the funds were expended in accordance with the Plan/Provider Agreement Amendment.

2. PHC will be responsible for the following activities:

   a. PHC IGT Oversight Responsibilities. PHC will request from the County Health Services Department an annual report as described under Section 1.C above. PHC staff will review and evaluate each report and provide a copy to the PHC Board for review. PHC will ensure that annual report includes a statement that none of the LMMCRR funds were recycled back to the State or to the County General Fund and that LMMCRRs were expended in accordance with the Plan/Provider Agreement Amendment.

This MOU will cover a twelve (12) month period. It will begin on the date the payment of LMMCRR funds is issued by PHC to the Shasta County Health & Human Services Agency and will conclude three hundred and sixty five days (365) from that date.

_____	_____
Date	Date
_____	_____
Donnell Ewert	Elizabeth Gibboney
Director	Chief Executive Officer
Shasta County, Health & Human Services Agency	Partnership HealthPlan of California

Approved as to form:

RUBIN E. CRUSE, JR	RISK MANAGEMENT APPROVAL
County Counsel	
_____	_____
Alan B. Cox	James Johnson
Deputy County Counsel	Risk Management Analyst

SHASTA COUNTY IGT SPENDING PLAN – FY 2015-16 AND 2016-17 REVENUES
LOCAL MEDI-CAL MANAGED CARE RATE RANGE

Behavioral Health Programs ($1,980,000)

1. **Mobile Crisis Team ($150,000):** In order to divert individuals with mild/moderate mental illnesses away from the local hospital emergency departments (EDs), we propose to fund a mobile crisis team that will respond with law enforcement to calls for services involving mental health issues. Clinicians will travel to homes or other community locations where they will make 5150 field assessments and refer individuals for community based services if they do not meet 5150 criteria. They will also respond to phone inquiries from persons in pre-crisis with phone assessment and community referral. These funds will be used to draw down federal funds through the Whole Person Care Pilot.
2. **Embedding Crisis Services within Hospital Emergency Departments (EDs) ($200,000):** Shasta County provides crisis evaluation services within hospital emergency departments (EDs) when patients are on 1799 and 5150 holds. We evaluate approximately 170 persons on holds each month, and average wait times for inpatient beds have increased to more than 30 hours. In an effort to decrease overall wait time and boarding in the EDs, we are hiring additional clinical staff so that we can imbed clinicians in the EDs 16 hours a day, seven days a week. This will improve the patient experience as less time will be spent in the crowded and noisy ED.
3. **Field Based Nurses ($150,000):** Many full service partners and other persons with severe mental illness (SMI) are able to live in a community setting but have difficulty taking their medications appropriately. We have experimented with using field based registered nurses to do home visits in order to work with clients on setting up medication boxes and remaining compliant in taking medications. This has shown promise in maintaining patients' mental wellness and preventing crises. We would like to continue funding three field based nurses to assist SMI patients with med-sets and medication compliance.
4. **Integration of Substance Use Disorder (SUD) Treatment into Primary Care ($100,000):** Drug Medi-Cal (DMC) is carved out of managed care and is operated by counties in California. Shasta County provides some direct SUD services and we also have DMC contractors. Federally Qualified Health Centers (FQHCs) are only allowed to bill for individual counseling by Licensed Clinical Social Workers (LCSWs) for reimbursement through their Prospective Payment System (PPS). FQHCs are reluctant to become DMC providers because they are concerned about needing to offset their PPS revenue with anything received through DMC, and DMC reimbursement does not cover their costs. We propose to continue the pilot project started last year with one FQHC, whereby it employs a Drug and Alcohol Counselor to conduct treatment groups with patients of the FQHC that need SUD treatment, therefore allowing for treatment within

the primary care setting rather than referring out to a DMC provider. This will also allow for better integration of social model treatment with medically assisted treatment (MAT).

5. **Healthy Babies Program ($80,000):** Maternal substance and tobacco use during pregnancy, as well as postpartum depression and anxiety lead to many health and developmental problems for newborn infants. This program utilized public health nurses to provide care coordination and services for women with these issues. Screening pregnant women for risk related to substance abuse is a proven strategy for increasing the percentage of women who enter treatment and stop substance use during their pregnancies. Additionally, providing services to postpartum mothers and babies increases the health outcomes for both mother and child. The nurses will receive referrals from medical providers, community based organizations or women themselves. Assessments will be completed and warm handoffs will be made to connect the client to needed services including counseling and/or substance abuse
6. **Behavioral Health Clinic Maintenance ($1,000,000):** The clinic building is an old hospital that needs roof maintenance and repair to prevent water intrusion. A remodel of the 1st floor of the building is also necessary to provide appropriate space for services.
7. **Medically Assisted Treatment for Substance Use Disorders (SUD) ($300,000):** Shasta County does not have a local methadone clinic, but the methadone provider in Butte County is establishing a medication only clinic in Redding that will provide access to this evidence based treatment for opiate addiction. This is an expense that is not accounted for in our Drug Medi-Cal 2011 realignment, and the county must front the cost, hoping to receive an increase in base in the following year if there is growth in the 2011 Behavioral Health Subaccount. We propose using IGT funds to cover the first year of methadone-related expense that was not included in the 2001 Realignment Behavioral Health Subaccount base calculation.

Care Coordination ($1,450,000)

1. **Moderately Mentally Ill Care Coordination ($650,000):** FQHCs provide a significant amount of mental health care to people with mild to moderate illnesses. For the more severely moderate patients, care coordination is a service that can assist in keeping these patients stable, on their medications, and out of inpatient care. Unfortunately, FQHCs cannot claim for case management services through their PPS rate. Therefore, we propose to continue funding case management services through contracts with FQHCs to serve this population. In addition, staff in one of the FQHCs will provide mental health crisis assessment in one critical access hospital ED, which will be funded through that contract.
2. **Health Service Care Coordination for Parents in the Child Welfare System ($350,000):** Financing for care coordination for the health care needs of children in the child welfare system is provided through Child Health and Disability Prevention (CHDP) and social services health related funding streams. Unfortunately, there is not any public health or social services funding streams dedicated to care coordination for biological

parents of children in the child welfare system. We propose to fund care coordination for these parents by a 1.0 FTE Clinician or Registered Nurse who will assist parents in obtaining family planning, mental health, substance use disorder and other health services. In addition, some direct services to these parents will be rendered by the Agency and funded by this project.

3. **Homeless Population Care Coordination ($450,000):** Shasta County has a significant homeless population of childless adults with substance use disorders and mental illnesses. We propose to fund six case managers to work with this population to collaborate with housing, medical, and other service providers to overcome barriers to housing and appropriate medical care. Some of this expense will draw down federal funds through the Whole Person Care Pilot.

Specialty Care Access ($465,000)

1. **Enhanced Psychiatry Services ($465,000)**: Shasta County currently employs only one full time permanent psychiatrist. Other strategies to meet patient needs include employing one mid-level practitioner and telepsychiatry for children/youth. To better serve our population of adult clientele, we propose to contract with a telemedicine firm to provide 0.6 FTE psychiatry services for the adult population, and to hire an additional mid-level practitioner.

Reserve / Contingency ($1,079,633)

A reserve of $1,079,633 would be set aside.