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Mid-Valley Behavioral Care Network (MVBCN)		Date: 8/1/2010
Subject:	Prepared By:	
Access and Capacity	MVBCN Clinical Director	

OUTPATIENT SERVICES

Provision of outpatient mental health services to OHP members is sub-contracted to each of the five counties under a sub-capitation contract. These contracts incorporate Accessibility and Continuity of Care requirements from the MHO Contract. Each of these sub-regions is responsible for maintaining a provider system adequate to meet the needs of its OHP Members. Services are to be available in multiple communities across each county so that routine travel time for 90% of BCN Members accessing services does not exceed the community standard of care. When capacity outside of what is available within the local County Mental Health Program is required, the county will select additional provider agencies who must also contract with and be credentialed as MVBCN member agencies.

MVBCN delegates to each county the responsibility for maintaining adequate capacity for timely services for OHP Members, including the provision of clinical expertise sufficient to meet the needs of Members for specialty mental health services. In addition, Members are able to access services across county lines at will, which increases their choice of providers. If rural counties lack the expertise to provide specific services (i.e. for eating disorders or for sexual offenders), they will consult with MVBCN staff and other Network providers to locate the needed specialty care. MVBCN staff also provide care management support to Members, allied agencies and provider agency staff in situations when complex Member needs create access challenges. Each county assigns staff to liaison with acute care psychiatric hospitals and Oregon State Hospital and to ensure post-hospital services within 2 calendar weeks of discharge.

If there is not capacity to provide services within the contractually-defined timelines, each county has the authority to authorize out of network outpatient services as needed. These authorizations typically reflect a lack of immediate, clinically appropriate care within the Network, or may allow for continuation of care with an out of network provider when clinically indicated.

MVBCN's contracts with provider agencies incorporate the timely access requirements of the MHO Contract. Each agency submits an electronic log monthly, showing the length of time between requests for urgent, emergent and routine services and the appointments offered. These reports are included in quarterly Quality Improvement Plan reports provided to Quality Management Committee (QMC) and the Regional Council. When a county drops significantly below the 95% performance standard they are asked to report an analysis of the gap and a correction strategy to QMC. In addition, MVBCN staff monitor complaints and calls to the Member Information Line and the Regional Service Center involving provider access issues. Failure to correct an access performance problem would result in further corrective action following the *Holding Ourselves Accountable* protocol.

Another method of assessing the adequacy of capacity to serve OHP Members is through the annual biennial planning process in each county. A wide range of stakeholder input and feedback is solicited and used to inform county leadership about service needs and gaps.

When clients miss appointments, the provider is responsible to follow-up and reschedule or provide outreach services as medically appropriate or as needed to prevent serious deterioration in the OHP Member's mental health condition. Reasonable accommodations are provided to support service access and continuity of care for OHP Members with disabling conditions. Disruptive or abusive behavior resulting from symptoms of a mental disorder or other disability is addressed in treatment planning with the Member (and/or their family or representative). Sites of service must be accessible for persons with disabilities.

Provider agencies will have a method for responding to telephone calls from OHP Members who are hearing impaired or who do not speak English. Forms and materials are available in languages appropriate to the community served.

Any consumer who feels that the mental health clinician serving them is not meeting their needs has the right to request a Second Opinion. The program manager or clinical supervisor in the provider agency receives and responds to these requests. Second Opinions are provided at no cost to the member, from a qualified mental health practitioner at a provider agency contracted with MVBCN or from a non-participating provider if a qualified mental health practitioner is not available within the panel of contracted agencies.

CRISIS AND EMERGENCY SERVICES

Each MVBCN sub-region (county) is responsible for providing 24 hour crisis services. In addition, the Northwest Human Services Crisis Hotline provides member services support for MVBCN members and crisis intervention. Members whose conditions are likely to result in the need for crisis or inpatient services are provided the opportunity to complete a Crisis Plan outlining their needs in these situations. MVBCN counties have created a variety of hospital diversion services which allow for necessary levels of support when inpatient care is not available or not medically indicated. MVBCN's Hospital Liaison works closely with crisis staff in each county to ensure appropriate and consistent response to crises which may call for inpatient care.

CHILDREN'S INTENSIVE SERVICES

MVBCN has adopted high fidelity wraparound as the core of *New Solutions*, the children's intensive services array. Funding is dedicated to wrap around staff including Family Support Partners in each county. Each county is responsible for conducting the Needs Determination process with their residents and for determining what services are medically appropriate. MVBCN's Children's System Regional Coordinator works with wrap around staff in each county to arrange for timely authorization of residential, day treatment, and community-based intensive services as requested by county care coordinators and Child and Family Teams. MVBCN maintains contracts with sub-acute, residential, day treatment and community providers sufficient to meet these needs.

INPATIENT PSYCHIATRIC SERVICES

MVBCN maintains contracts with area hospitals to provide inpatient psychiatric care, and reimburses out of area hospitals where Members receive care.