

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



**ITEM: 3.14  
(ID # 14622)**

**MEETING DATE:**  
Tuesday, March 30, 2021

**FROM :** RUHS-BEHAVIORAL HEALTH:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH: Ratify and Approve the Memorandum of Understanding with the Inland Empire Health Plan for the Proposition 56 Value Based Payment Behavioral Health Integration Program, All Districts. [\$5,642,995, 100% IEHP]

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and approve Memorandum of Understand with the Inland Empire Health Plan (IEHP) for the Proposition 56 Value Based Behavioral Health Integration Program for the period of January 1, 2021 through December 31, 2022 in the amount of \$5,642,995; and
2. Authorize the Director of Behavioral Health to accept and sign documents related to Agreement, and administer the grant. This authority shall include signature of necessary acceptance documents, exhibits, certifications and reports and non-substantive amendments that otherwise do not increase or modify the agreement. Amendments shall be approved by County Counsel.

**ACTION:**

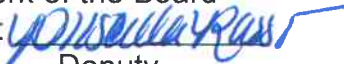
  
Matthew Chang, Director 3/23/2021

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Hewitt, seconded by Supervisor Perez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez, and Hewitt  
Nays: None  
Absent: None  
Date: March 30, 2021  
xc: RUHS-BH

Kecia R. Harper  
Clerk of the Board  
By:   
Deputy

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<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 1,875,999	\$ 2,616,996	\$ 5,642,995	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS: 100% IEHP Grant Funding</b>			<b>Budget Adjustment: No</b>	
			<b>For Fiscal Year: 20/21-22/23</b>	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

Riverside University Health System – Behavioral Health (RUHS-BH) operates a continuum of care system that consists of County-operated and contracted service providers delivering a variety of behavioral health treatment services within each geographic region of Riverside County.

The Inland Empire Health Plan (IEHP) administers the Behavioral Health Integration (BHI) Incentive Program. The primary purpose of the BHI Incentive Program is to seek ways to connect with individuals who typically would not seek services. The prevalence of behavioral health disorders varies greatly by economic status as well as race/ethnicity. Within district cultures and communities of color, stigma and cultural attitudes regarding behavioral health have a significant impact on whether individuals seek care and adhere to care plans. This information is a factor in designing care teams and treatment plans. The main objective of the IEHP BHI Program is to develop care teams that will assist with connections for those individuals.

In January of 2020, RUHS-BH applied for the IEHP BHI Program’s FY 2021 through FY 2023 funding, and was subsequently awarded a total of \$5,642,995 to improve follow-up care for children and youth after a hospitalization for mental illness.

The Follow-Up After Hospitalization for Mental Illness program will build on existing system infrastructure to enhance practices for hospital follow-up after discharge by implementing Navigation Teams that will focus on intensive care coordination and case management, identifying barriers to engaging in follow-up services and coordinating care across multiple systems. The teams will consist of peer support, clinicians, and substance use expertise. Care coordination will include behavioral health, primary care, substance use, and any complex needs that families are encountering that impede engagement or access to care. The Navigation Teams will participate as part of discharge planning by communicating with the youth, families and the hospital treatment team. The teams will provide services to the youth and their families while in the hospital as well as after discharge. Navigation teams will stay with the family and youth for support and care coordination to ensure the youth are fully engaged

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into services and receive any health services needed. Families' needs will also be an area of care coordination and navigation to support the family.

**Impact on Citizens and Businesses**

These services are a component of Behavioral Health's system of care aimed at improving the health and safety of consumers and the community. It is anticipated that a minimum of 100 unduplicated children/youth will be seen as part of this program in the first calendar year, January 1, 2021 through December 2021. This number will increase to a minimum of 320 children/youth in the second calendar year, January 2022 through December 2022.

**Additional Fiscal Information**

The funding amount for FY20/21 is \$1,875,999 in which there are sufficient appropriations budgeted. The remaining amount of \$3,766,996 will be budgeted through the normal budget process. No county funds are required.

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
Riverside University Health System – Behavioral Health  
AND  
INLAND EMPIRE HEALTH PLAN  
FOR PROPOSITION 56 VALUE-BASED PAYMENT BEHAVIORAL HEALTH INTEGRATION  
PROGRAM**

This Memorandum of Understanding (“MOU”) is made and entered into as of this first day of January, 2021 by and between Riverside University Health System – Behavioral Health (“Provider”) and Inland Empire Health Plan (“Plan”) in order to facilitate successful implementation of Provider’s behavioral health integration project.

Whereas, the Budget Act of 2019, AB 74 (Chapter 23), established the Proposition 56 Value-Based Payment (“VBP”) program and allocated \$70 million in state funds for the behavioral health integration (“BHI”) program with goals of improving physical and behavioral health outcomes, efficiency in care delivery, and patient experience by integrating and coordinating primary care, mental health and substance use disorder treatment for Medi-Cal beneficiaries; and,

Whereas, the Department of Health Care Services (“DHCS”) established an application process whereby eligible providers submitted BHI project proposals to be considered for a Proposition 56 VBP BHI grant award and health plans were designated as responsible for oversight of approved projects and administration of grant funds; and,

Whereas, Provider has been awarded a VBP BHI project grant (“Grant”), attached hereto as Attachment A and incorporated herein, for its approved BHI project (“Project”) by DHCS; and,

Whereas, Plan is responsible for Project oversight and administration of Grant funds to Provider pursuant to terms of the Grant.

Therefore, Provider and Plan agree as follows:

1. **Term.** The Term of this MOU shall be January 1, 2021 and shall terminate on December 31, 2022.
2. **Termination.**
  - i. The terms of this MOU are contingent upon the Grant award and allocation of Grant funds. Should sufficient funds not be allocated, services may be modified or this MOU terminated by any party giving 30 days advance written notice.
  - ii. **Termination for Convenience.** Plan may terminate this Agreement, for

convenience, upon sixty (60) days' written notice in accordance with Section 18 (NOTICES).

- iii. **Immediate Termination.** This MOU shall terminate immediately if either party becomes listed on a debarment or exclusion list relating to state or federal health care programs (including, without limitation, the List of Excluded Individuals and Entities, the Medi-Cal Suspended and Ineligible Provider List, System for Award Management, or CMS Preclusion List). Provider understands that Plan may be prohibited from paying Provider for any services rendered on or after the date of exclusion, and the parties shall follow applicable law and regulation in regard to payment or non-payment requirements.
3. **Scope.** Provider is responsible for implementation of and compliance with the Project and reporting to Plan on achievement of milestones and objectives consistent with the terms of the Grant. Plan is responsible for oversight of the Project, including monitoring and verification of milestone achievement and administering grant payments consistent with the terms of the Grant.
4. **Provider Responsibilities:**
- A. **Practice Redesign and Infrastructure Development Reporting**
    - i. Provider will implement the practice redesign and infrastructure development components in order to successfully complete milestones set forth in Attachment A.
  - B. **Milestones**
    - i. Provider will perform tasks necessary to meet Project milestones, specific milestones and associated funding shall be set forth in the Milestone Budget (Attachment A). Provider shall provide Plan with information and documentation necessary to demonstrate milestone achievement.
  - C. **Measure reporting**
    - i. Plan will be responsible for submitting Baseline, PY1 and PY2 performance measure reporting as outlined in the DHCS provided Performance Measure Reporting Template. Provider may be requested to report to Plan any measures for the Project target population not available to the Plan in a mutually agreed upon electronic format.
5. **Plan Responsibilities**
- A. **Monitoring Project Milestones and Measures.** Plan will collect and evaluate all

information related to implementation of Provider's Project for purposes of ensuring progress toward Provider's goals and objectives, reporting to DHCS and other objectives as set forth in the Grant.

- i. **Information Exchange.** Plan may require Provider to provide Plan with target population data in order to run performance measures against specific populations.


## 6. Administration of Grant Funds


- A. **Initial Payment.** Plan will provide Provider with its initial Project payment, upon full execution of the MOU and receipt of Grant funds from DHCS.
  - B. **Milestone Payments.** Subsequent to initial payment, all ongoing payments to Provider will be tied to achievement of milestones including achievement of practice redesign components or defined progress towards goals required by terms of the Grant. Plan will remit milestone payments to Provider following Provider's successful demonstration to Plan of each milestone achievement.
    - i. In order to receive payment for each quarterly milestone, all supporting documentation to demonstrate milestone completion is due to IEHP on or before the due date listed in Attachment A. Should any milestone not be met by the due date indicated in Attachment A, payment will not be remitted for that quarter. However, if an unmet milestone is achieved in a subsequent quarter, the Provider may then submit evidence of milestone completion to be considered for payment.
7. **Liaison.** Plan and Provider will each designate a liaison or liaisons to serve as a point of contact for activities performed pursuant to this MOU.
  8. **MOU Monitoring.** Plan and Provider may meet quarterly or upon request to monitor the performance of parties' responsibilities pursuant to this MOU.
  9. **Dispute Resolution.** If there is a dispute that cannot be resolved by the parties through Section 8 "MOU Monitoring," either party can submit a request for resolution to the Department of Health Care Services ("DHCS"). A party shall give the other five (5) business days' notice of its intent to submit a request for resolution.
  10. **Miscellaneous.** Other than any mandates or directives by the State of California and/or DHCS, this MOU, including all attachments, constitutes the entire agreement by and between the parties regarding the matters contemplated by this MOU, and supersedes any and all other agreements, promises, negotiations or representations, either oral or written, between the parties with respect to the subject matter and period governed by this MOU. No alteration and/or amendment of any terms or conditions of this MOU shall be binding, unless reduced to

writing and signed by the duly authorized representatives of the parties hereto. This MOU shall not be assigned by Provider, either in whole or in part, without prior written consent of Plan, as approved and authorized by DHCS (as applicable). Neither party shall be liable to the other for failure to perform or delay in performance under this MOU if, and to the extent, such failure or delay is caused by conditions beyond its reasonable control and which, by the exercise of reasonable diligence, the delayed party is unable to prevent or provide against. Such conditions include, but are not limited to, acts of God; strikes, boycotts or other concerted acts of workers; failure of utilities; laws, regulations or other orders of public authorities; military action, state of war, acts of terrorism, or other national emergency; fire or flood. The party affected by any such force majeure event or occurrence shall give the other party written notice of said event or occurrence within five (5) business days of such event or occurrence. This MOU may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties' faxed signatures, signatures scanned into PDF format, and/or other such electronic transmission of signatures, shall be effective to bind them to this MOU.

Witness whereof, the parties hereto have executed this MOU as of the date of the last signature.

**Riverside University Health System – Behavioral Health**

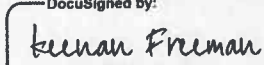
By:   
Date: 4/12/2021

FORM APPROVED COUNTY COUNSEL  
BY:  3/23/21  
ERIC STOPPER DATE

**Inland Empire Health Plan**

By: \_\_\_\_\_  
Date: \_\_\_\_\_

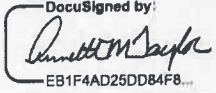
**INLAND EMPIRE HEALTH PLAN:**

By:  Keenan Freeman, Chief Financial Officer, for:  
Jarrod McNaughton, MBA, FACHE  
Chief Executive Officer

Date: 3/11/2021


By:  Karen S. Spiegel  
Chair, IEHP Governing Board

Date: 3/11/2021

Attest:  [Signature]  
Secretary, IEHP Governing Board

Date: 3/11/2021

Approved as to Form:

By:  Anna W. Wang  
General Counsel  
Inland Empire Health Plan



Date: 3/11/2021



ATTACHMENT A

BEHAVIORAL HEALTH INTEGRATION INCENTIVE PROGRAM

APPROVED BHI GRANT AWARD SUMMARY AND MILESTONE BUDGET

**BHI Grant Award Summary**

<b>County</b>	<b>Organization</b>	<b>Project Option</b>	<b>Program Readiness</b>	<b>PY 1 up to</b>	<b>PY 2 up to</b>	<b>Total Eligible Funding</b>
Riverside	Riverside University Health System-Behavioral Health	3.5	\$1,025,999.00	\$2,308,498.00	\$2,308,498.00	\$5,642,995.00
			<b>\$1,025,999.00</b>	<b>\$2,308,498.00</b>	<b>\$2,308,498.00</b>	<b>\$5,642,995.00</b>

BEHAVIORAL HEALTH INTEGRATION INCENTIVE PROGRAM

APPROVED MILESTONE BUDGET

<b>Project #5- Improving Follow-Up after Hospitalization for Mental Illness</b>			
<b>Program Readiness</b>			
<b>Program Readiness Activities</b>	<b>Evidence of Program Readiness Activity</b>	<b>Completion Date</b>	<b>Associated Proposed Incentive Funding</b>
Readiness Tasks: Baseline Reporting Implementation	Development of forms to collect the data for this project and an evaluation outline of the outcomes that will be reported.	Upon execution of the MOU	\$195,000.00
Readiness Tasks: Program Implementation	Provide addresses of the program locations; evidence of ownership of vehicles, laptops and other purchased up front operating expenses (such as air cards, docking stations, monitors and other accessories); administrative planning will be evidenced by providing meeting schedules.	Upon execution of the MOU	\$230,999.00
Readiness Tasks: Program Staff Implementation	Hiring requisitions for program staff including the Supervisor, Research Analyst and others as detailed in the budget.	Upon execution of the MOU	\$350,000.00
Readiness Tasks: Program Infrastructure Implementation	Proof of IT system capability would include purchase of servers, software, data storage and hosting fees.	Upon execution of the MOU	\$250,000.00
<b>Total Amount:</b>			<b>\$1,025,999.00</b>

## Project #5- Improving Follow-Up after Hospitalization for Mental Illness

Project Year 1			
Milestones/Accomplishments	Evidence of Milestone Completion	Completion Date	Associated Proposed Incentive Funding
Quarter 1			
<b>Milestone #1:</b> Establish stakeholder coalition to ensure effective communication and collaboration. The coalition will meet one time prior to 3/31/2021 and then bi-monthly through 12/31/2022.	Sign in sheets and agendas for each meeting	3/31/2021	\$75,000.00
<b>Milestone #2:</b> Stakeholder input from youth, parents and other caregivers, primary care providers, social workers, and other child serving individuals will be gathered through the implementation of stakeholder surveys. 100 surveys will be distributed.	The stakeholder surveys and lists of how and to whom the surveys were distributed. This will include the number of surveys that we distributed.	3/31/2021	\$75,000.00
<b>Total Q1 Amount:</b>			<b>\$150,000.00</b>

Quarter 2			
<b>Milestone #3:</b> Training of 100% of the staff in Motivational Interviewing and Trauma Informed Care will be completed.	Training completion certificates for each staff for Motivational Interviewing and Trauma Informed Care	6/30/2021	\$350,000.00
<b>Milestone #4:</b> Evaluation unit will analyze and report stakeholder survey results. A report will be produced with the results. The report will be presented to the Steering Committee at their first meeting and program design will be adjusted upon findings.	A stakeholder survey report will be generated. Changes to program design as a result will be written into the report.	6/30/2021	\$350,000.00
<b>Total Q2 Amount:</b>			<b>\$700,000.00</b>

Quarter 3			
<b>Milestone #5:</b> Launch Steering Committee for oversight and accountability of the project. The Steering Committee will meet quarterly.	Sign in sheets and agendas for each meeting	9/30/2021	\$75,000.00
<b>Milestone #6:</b> RUHS-BH management will begin meeting one (1) time per month with hospital leads to develop written policies and procedures.	Sign in sheets, meeting agendas and policies and procedures	9/30/2021	\$150,000.00
<b>Milestone #7:</b> Two Navigation Teams will provide services to youth and families in line with the project goals. A minimum of 40 youth and families will receive navigation services during this quarter.	A service data report will be provided which will indicate the number of youth served as well as the type and number of services provided to each youth	9/30/2021	\$400,000.00
Total Q3 Amount:			\$625,000.00

Quarter 4			
<b>Milestone #8:</b> Evaluation unit will track and report the core metric, Follow Up After Hospitalization for Mental Illness - Ages 6-17. Review target to increase connection to physical and behavioral health by using primary care settings by 2% in Year 1.	Report will be generated that will state the timeliness to follow up after hospitalization. Report will include data for each youth follow up to both behavioral health and physical health care. It will include a comparison of how many of the youth received primary care services pre and post hospitalization.	12/31/2021	\$300,000.00
<b>Milestone #9:</b> Full implementation of the tracking system for referrals to any health care, social services, and other community-based resources.	Screen shots of the tracking system and training sign in sheets for all staff.	12/31/2021	\$300,000.00
<b>Milestone #10:</b> Review number of consumers impacted by project, referrals to specialty care, social services, and other community-based resources. A minimum of 60 unduplicated youth and families will be served in this quarter.	A service data report will be provided which will indicate the number of youth served as well as the type and number of services provided to each youth. Report will be generated from the tracking system which will document the types of referrals made by category.	12/31/2021	\$233,498.00
Total Q4 Amount:			\$833,498.00

Total PY 1 Amount:	\$2,308,498.00
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## Project #5- Improving Follow-Up after Hospitalization for Mental Illness

Project Year 2			
Milestones/Accomplishments	Evidence of Milestone Completion	Completion Date	Associated Proposed Incentive Funding
Quarter 1			
<b>Milestone #1:</b> Trained Navigation Teams are in place. A minimum of 80 unduplicated youth will be served this quarter.	A service data report will be provided which will indicate the number of youth served as well as the type and number of services provided to each youth	3/31/2022	\$350,000.00
<b>Milestone #2:</b> Full implementation of the tracking system for referrals to any health care, social services, and community-based services. 80% of the youth and families will be referred to at least one (1) resource with 50% of those referrals being followed up on by the youth and/or families. This will be evidenced by utilization of the resource.	Report will be generated from the tracking system that will document the number of referrals per youth and the follow up rate by each youth.	3/31/2022	\$116,749.00
<b>Milestone #3:</b> Navigation Team members will attend existing meetings designed to assist with system navigation including the monthly Interdisciplinary Care Team (ICT) meetings with IEHP, Molina and Kaiser. At least one (1) Navigation Team member will attend each of the ICTs each month.	Monthly meeting sign in sheets and meeting agendas for each ICT meeting.	3/31/2022	\$116,749.00
<b>Total Q1 Amount:</b>			<b>\$583,498.00</b>

Quarter 2			
<b>Milestone #4:</b> Trained Navigation Teams are in place. A minimum of 80 unduplicated youth will be served this quarter.	A service data report will be provided which will indicate the number of youth served as well as the type and number of services provided to each youth	6/30/2022	\$350,000.00
<b>Milestone #5:</b> Full implementation of the tracking system for referrals to any health care, social services, and community-based services. 80% of the youth and families will be referred to at least one (1) resource with 50% of those referrals being followed up on by the youth and/or families. This will be evidenced by utilization of the resource.	Report will be generated from the tracking system that will document the number of referrals per youth and the follow up rate by each youth.	6/30/2022	\$112,500.00
<b>Milestone #6:</b> Consumer satisfaction surveys will be sent to a random sample of 40 consumers on a quarterly basis, both youth and parents, to gain feedback on the program and use the information to make changes as needed. 70% of those that respond will rate the services as Satisfactory or higher.	Copies of the youth and parent satisfaction surveys; a list of individuals the surveys were sent to (in an unidentifiable manner); and a report with the overall satisfaction ratings.	6/30/2022	\$112,500.00
Total Q2 Amount:			\$575,000.00

Quarter 3			
<b>Milestone #7:</b> Trained Navigation Teams are in place. A minimum of 80 unduplicated youth will be served this quarter.	A service data report will be provided which will indicate the number of youth served as well as the type and number of services provided to each youth	9/30/2022	\$350,000.00
<b>Milestone #8:</b> Full implementation of the tracking system for referrals to any health care, social services, and community-based services. 80% of the youth and families will be referred to at least one (1) resource with 50% of those referrals being followed up on by the youth and/or families. This will be evidenced by utilization of the resource.	Report will be generated from the tracking system that will document the number of referrals per youth and the follow up rate by each youth.	9/30/2022	\$112,500.00
<b>Milestone #9:</b> Consumer satisfaction surveys will be sent to a random sample of 40 consumers on a quarterly basis, both youth and parents, to gain feedback on the program and use the information to make changes as needed. 70% of those that respond will rate the services as Satisfactory or higher.	Copies of the youth and parent satisfaction surveys; a list of individuals the surveys were sent to (in an unidentifiable manner); and a report with the overall satisfaction ratings.	9/30/2022	\$112,500.00
Total Q3 Amount:			\$575,000.00

Quarter 4			
<b>Milestone #10:</b> Trained Navigation Teams in place. A minimum of 80 unduplicated youth will be served this quarter.	A service data report will be provided which will indicate the number of youth served as well as the type and number of services provided to each youth	12/31/2022	\$350,000.00
<b>Milestone #11:</b> Evaluation unit will track and report the core metric, Follow Up After Hospitalization for Mental Illness - Ages 6-17. Review target to increase connection to physical and behavioral health by using primary care settings by 4% in Year 2.	Report will be generated that will state the timeliness to follow up after hospitalization. Report will include data for each youth follow up to both behavioral health and physical health care. It will include a comparison of how many of the youth received primary care services pre and post hospitalization.	12/31/2022	\$112,500.00
<b>Milestone #12:</b> Steering Committee will receive an overall outcomes report from evaluation unit for review. The report will be disseminated to interested stakeholders.	The overall outcomes report will be completed. Agenda for the Steering Committee will include presentation of the overall outcomes report.	12/31/2022	\$112,500.00
Total Q4 Amount:			\$575,000.00
Total PY2 Amount:			\$2,308,498.00