Program Manager Meeting Agenda

Outpatient Services for Children, Youth, and Families

July 09, 2026 | Zoom | 9:30 – 11:30 am

Agenda Item - Presenter	Slide #	Time
Welcome – Autumn Gabin, LPCC	1	2 min
Quality Assurance Updates – Elaine Mills, LMFT & Diana Daitch, LMFT • TCM and ICC Lockout HFW • Credentialing	2	10 min
System Collaboration Updates – Shaun Goff, LMFT and Cynthia Roman, LMFT		5 min
Decision Support Criteria (DSC) for High Fidelity Wraparound (HFW) –Emily Gaines, LMFT	3-4	5 min
Therapeutic Behavioral Services (TBS) – Jennifer Duran, AMFT	5-20	15 min
Community Research Foundation (CRF) Mobile Adolescent Services Team (MAST) – Christine Phelps, LCSW	21-28	15 min
Center for Child & Youth Psychiatry (CCYP) – Patricia Ulloa, LMFT	29-44	15 min
News You Can Use (NYCU) • Resources for School and Community Threats – Saskya Caicedo, LCSW • SchooLink Updates & Skill Building – Kelly Bordman, LCSW • New BHS Logo Guidelines: BHS Logo Gray Text BHS Logo White Text	45-47	15 min
Networking with Colleagues • SchooLink Providers (SMHS & SUD) o Inclusive of SBIY & SBSB • Outpatient Specialty Programs • Perinatal & Early Childhood (0-5)		10 min
Announcements • BH Connect Funding Available - BH-CONNECT Funding Available to Cover Backfill Costs for EBP • ECMH We Can't Wait Conference – October 2, 2026 ECMH We Can't Wait Conference • Eleos, AI Ambient Listening and Documentation – Eleos Implementation • San Diego Advancing and Innovating Medi-Cal SDAIM Note: Meeting packets are emailed prior to the meeting, distributed during the meeting, can be located online here, and can be requested from Rhonda.Crowder@sdcounty.ca.gov	48-60	10 min
Next Meeting: September 10, 2026 | 9:30 - 11:30 am		

TCM and ICC Lockout Related to HFW

HFW BHIN.pdf

The Department of Health Care Services (DHCS) April 2026 draft HFW BHIN.pdf clarifies that effective July 1, 2026, providers shall not claim Targeted Case Management (TCM) or Intensive Care Coordination (ICC) when High Fidelity Wraparound (HFW) is claimed. Since HFW utilizes a monthly claim, providers working with clients who are also enrolled in a Wraparound program, need to inform their team that TCM and ICC is a lockout, however when participating in a CFT/HFW team meeting, the Comprehensive Multidisciplinary Assessment (H2000 modifier HK) can be claimed, with Certified Peers utilizing the Behavioral Health Prevention Education Service (H0025) or Self-Help/Peer Services (H0038). The County will communicate any changes upon finalization of the DHCS guidance.

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Coordinated Specialty Care (CSC) for First Episode Psychosis, BHPs may claim for both services concurrently.

BHPs shall not claim for HFW concurrently with SMHS Targeted Case Management (TCM) or ICC. When either practitioners outside of the HFW team or who are not employed by the HFW provider (e.g., a youth's therapist) or a youth peer joins the youth's CFT, these practitioners may claim for time spent at HFW team meetings as specified in Figure 4.

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Figure 4: Claiming Guidance for HFW Service Components, Team Functions and Service Activities

SPA Service Component	HFW Team Functions Covered[29]	Claimed as Part of HFW Monthly Rate	Claimed Outside of HFW Monthly Rate (Non-Exhaustive)
Targeted Case Management	» HFW Facilitation and Care Coordination » Care Planning and Documentation » CANS Updates » Referrals » Care Transition Support	» All activities provided by the facilitator and community developer » All indirect service activities including oversight, coaching, care transition support provided by the supervisor, fidelity coach, and clinician; administrative functions such as care plan documentation (including updates to the CANS) and review by the HFW team	» Initial and ongoing full CANS administration while a youth is receiving HFW[30] (using H0031 (Mental Health Assessment by Non-Physician or H2000 (Comprehensive Multidisciplinary Assessment). » LMHPs who are not part of the HFW team but who join the CFT in HFW team meetings (e.g., a youth's therapist) may claim for time spent joining CFT/HFW team meetings (using Comprehensive Multidisciplinary Assessment, H2000 modifier HK). Youth peers who meet the qualifications for an OQP must also claim for CFT/HFW meeting time using this code.

SPA Service Component	HFW Team Functions Covered[29]	Claimed as Part of HFW Monthly Rate	Claimed Outside of HFW Monthly Rate (Non-Exhaustive)
			Youth peers who are certified Medi-Cal Peer Support Specialists must claim for CFT/HFW meeting time using Behavioral Health Prevention Education Service (H0025) or Self-Help/Peer Services (H0038).

DSC for HFW

Decision Support Criteria for High Fidelity Wraparound

DHCS April 2026 Drafts: HFW BHIN.pdf | HFW Policy Manual

When considering a referral to High Fidelity Wraparound (HFW), the treating program is expected to complete the Decision Support Criteria (DSC) for youth ages six years and older. The DSC is applied using CANS scores (see Figures 2 & 3, below, from Draft HFW BHIN – linked above). Once a CANS has been completed for a youth being assessed for HFW, a *licensed mental health professional* (LMHP) must compare the completed CANS scoring against the HFW DSC to inform clinical decision-making about the appropriateness of a HFW referral.

Figure 2. Use of DSC to Recommend HFW for Youth Ages Six Years and Older and Roles of LMHPs/Providers and BHPs

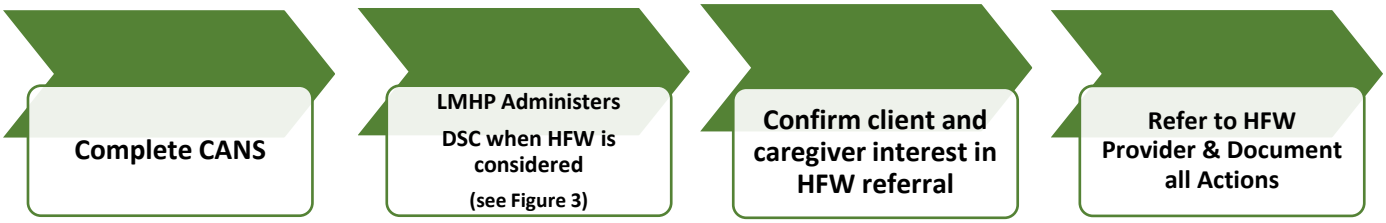
Stage of DSC Process to Recommend HFW	LMHP/Provider Role	BHP Role
1. Completing or Updating the CANS	After the CANS is completed or updated by an individual certified to do so, an LMHP must use the CANS to determine whether HFW is medically necessary and clinically appropriate for each youth referred for HFW. The HFW provider site is responsible for confirming that a CANS is completed or updated.	BHPs must monitor their providers to confirm that staff at HFW provider sites administer[22] and update the CANS throughout the youth's receipt of HFW, and that HFW provider sites have staff who are certified in accordance with BHIN 25-035 and subsequent guidance.
2. Administering the HFW DSC	Once a youth being assessed for HFW has a completed CANS, an LMHP must compare the completed CANS domain scoring against the HFW DSC (see Figure 3 below) to inform clinical decision-making about the appropriateness of HFW. An LMHP must review the HFW DSC in Figure 3 to make individualized determinations of clinical need for HFW. An LMHP can use a rubric based on Figure 3 to manually compare the	BHPs must monitor and train their providers so that an LMHP qualified to direct services as required in California's Medicaid State Plan participates in the assessment process, reviews the HFW DSC as described at left, and
Stage of DSC Process to Recommend HFW	**LMHP/Provider Role**	**BHP Role**
	required ratings outlined in the DSC against the youth's completed CANS domain scores. Figure 3 depicts the HFW DSC. These ratings indicate that HFW is medically necessary and appropriate.	documents whether HFW is medically necessary and clinically appropriate.[23]
3. Consideration of DSC and Confirmation that HFW is Medically Necessary and Clinically Appropriate	**If a Youth Meets the HFW DSC in Figure 3:** An LMHP recommends HFW. **If a Youth Does Not Meet HFW DSC:** In limited circumstances, an LMHP may still recommend HFW as medically necessary and clinically appropriate even if a youth does not meet the HFW DSC. DHCS expects that these edge cases in which an LMHP identifies and recommends HFW as a SMHS intervention but the youth does not meet HFW DSC will be limited. Please see the HFW Policy Manual for examples of these cases. Rendering LMHPs must still consider the youth's CANS domain scoring in	**If HFW is Medically Necessary and Clinically Appropriate for the Youth:** BHPs must monitor and train their providers, and coordinate member care, as needed to ensure that all youth who meet HFW DSC are offered HFW. This may include proactive outreach to youth and families if they have not already been connected to a HFW provider. If a youth meets the HFW DSC, it is ultimately the youth and family's decision as to whether they wish to receive HFW. **If HFW is Not Medically Necessary and Clinically Appropriate for the Youth:** For

Stage of DSC Process to Recommend HFW	LMHP/Provider Role	BHP Role
	the context of the HFW DSC to assess how closely the youth's needs align with DHCS' HFW DSC. For youth who do not meet the HFW DSC, a rendering LMHP that seeks to recommend this service should also engage the youth, family, and care team in making a clinical determination of need for HFW.	youth for whom an LMHP determines HFW is not clinically appropriate, BHPs must coordinate referrals for appropriate SMHS and NSMHS, consistent with current contractual requirements. BHPs remain responsible for grievances, appeals, and member noticing as needed, consistent with current guidance. [24]

Figure 3: High Fidelity Wraparound Decision Support Criteria Using CANS Tool

CANS Domain (with CANS Domain #, for reference)	**Rating**
Behavioral Emotional Needs (3.1) **AND**	At least one rating of 2 or 3
Caregiver Needs (3.5)	At least one rating of 2 or 3
AND AT LEAST 1 OF THE FOLLOWING:	
Risk Behavior (3.2) **OR**	At least one rating of 2 or 3 or Three or more ratings of 1
Life Functioning (3.3) **OR**	One rating of 3 or Two or more ratings of 2 or 3
Strengths Indicators (3.4)	Five or more ratings of 2 or 3

If the CANS scores and DSC outcomes endorse that client meets criteria for a referral to a HFW program, confirm interest with client and caregiver; if client and caregiver agree to HFW, submit referral including DSC outcomes, and document in a progress note.



When HFW is not endorsed, there may be limited instances where the LMHP still recommends HFW as medically necessary and clinically appropriate, these are considered "edge cases" (See example below from Draft HFW Policy Manual). A referral may be made for HFW if client and caregiver are in agreement of the referral; "edge case" should be noted in the referral and the rationale for an "edge case" referral should be clearly documented in a progress note.

HFW DSC Edge Case Example: Please refer to Figure 3 within BHIN 26-XXX. A youth meets HFW DSC for the Behavioral Emotional Needs CANS domain (3.1) and Risk Behaviors CANS domain (3.2) but does not meet HFW DSC for the Caregiver Needs domain (3.5). The youth recently went to the emergency department on two occasions to address a behavioral health need. When discussing HFW with the family, the caregiver indicates a desire for more support through HFW.

THERAPEUTIC BEHAVIORAL SERVICES

Today's Focus

- **What is TBS?**
- **TBS eligibility and service delivery requirements**
- **Prior Authorization and Referral Process (Optum)**
  - How to complete referral
  - How to follow up on submitted referrals
- **TBS and SMHP Partnership**
- **FAQs**
- **TBS Referral, Brochure, and Contact information**

WHAT IS TBS?

- **An intensive**, home-based, short-term, behavioral modification program
- **Designed** to help youth reduce high risk behaviors
- **Supplemental** to therapy
- **Can serve youth in any home setting: homes, foster homes, STRTPs**
  - **School support** with classroom support, SST and IEP mtg. Shifts can be made available when school and Caregivers partner in order for TBS to be on campus.

WHO DOES TBS SERVE?

➔ **TBS serves youth…**

- who are up to the age of 21
- who reside in San Diego County
- with full-scope Medi-Cal
- who meet <u>at least one</u> of the following criteria:
  - require support to maintain the current placement
  - require support to reduce the need for psychiatric hospitalization, and/or
  - require support to transition to a lower level of care
- and who are working with a Specialty Mental Health Provider **(SMHP)**

The TBS Team

- **TBS Case Manager**
  - Manages youth's services
  - Develops TBS Cal-AIM Assessment and TBS Care Plan
  - Coordinates treatment team meetings
- **TBS Coach**
  - Provides one-to-one behavioral modification in the youth's environment averaging 6-9 hours per week.
  - Implements individual interventions based on youth's TBS Care Plan & behavioral need
  - Includes everyone in the home to ensure lasting change
- **TBS Parent Partner (as clinically applicable)**
  - Works one-to-one with caregivers, teaching parenting techniques, supports caregiver with school advocacy, self-care and provides them with resources

THE FOCUS OF TBS

➔To reduce Target Behavior(s)

- Target Behaviors are identified by the TBS Case Manager with client and family. A few of the behaviors we address:
  - Reactive Outburst Behaviors
  - Anger Outburst Behaviors
  - Depressive Behaviors
  - Unsafe Behaviors
  - Poor Social Skills
  - Sexualized Behaviors
  - Obsessive/Compulsive Behaviors
  - Anxious Behaviors

SERVICE DELIVERY

- Youth and caregiver are available for intensive services (in home or in community)
  - Caregiver actively present at all TBS coaching shifts within eyesight/earshot
  - Shifts typically 2-3 days per week lasting 2-3 hours
  - Shifts available afternoon, evening, weekends
- SMHP available to collaborate with TBS Case Manager on regular basis
  - Collaborations biweekly or minimum 1 time a month

The Course of Services

1) SMHP completes Prior Authorization Request & Referral Form and sends to **OPTUM** for approval

2) Prior Authorization Request is processed by **OPTUM**, faxed to TBS Referral Specialist who then assigns referral to a TBS Case Manager

3) Case Manager provides intake and completes Cal-AIM Assessment

4) Case Manager identifies target behavior & creates TBS Care Plan

5) Case Manager conducts Implementation meeting to review Care Plan

6) TBS Coach(es)/ Parent Partners are assigned and TBS Coaching begins

7) Bi-Weekly & Monthly meetings with Treatment Team throughout coaching

8) The youth meets goals and has a TBS Graduation or Celebration of Learning!

WHAT IS THE ROLE OF THE SMHP?

- Maintain active therapy services with the TBS youth and family at least 2-4 times per month.
- Ensuring client meets criteria, is available for intensive services ≈ 6-9 hours per week and is open to behavior coaching.
- Collaboration and Communication
  - Participation in TBS Meetings
    - Celebrate and maintain progress
    - Provide feedback
    - Advocate for engagement in TBS services
  - Feedback and collaboration with TBS Case Manager
    - Monthly at minimum aligning with update meetings
    - Evaluate at end of services ICC/IHBS Special Population eligibility
  - Support TBS interventions

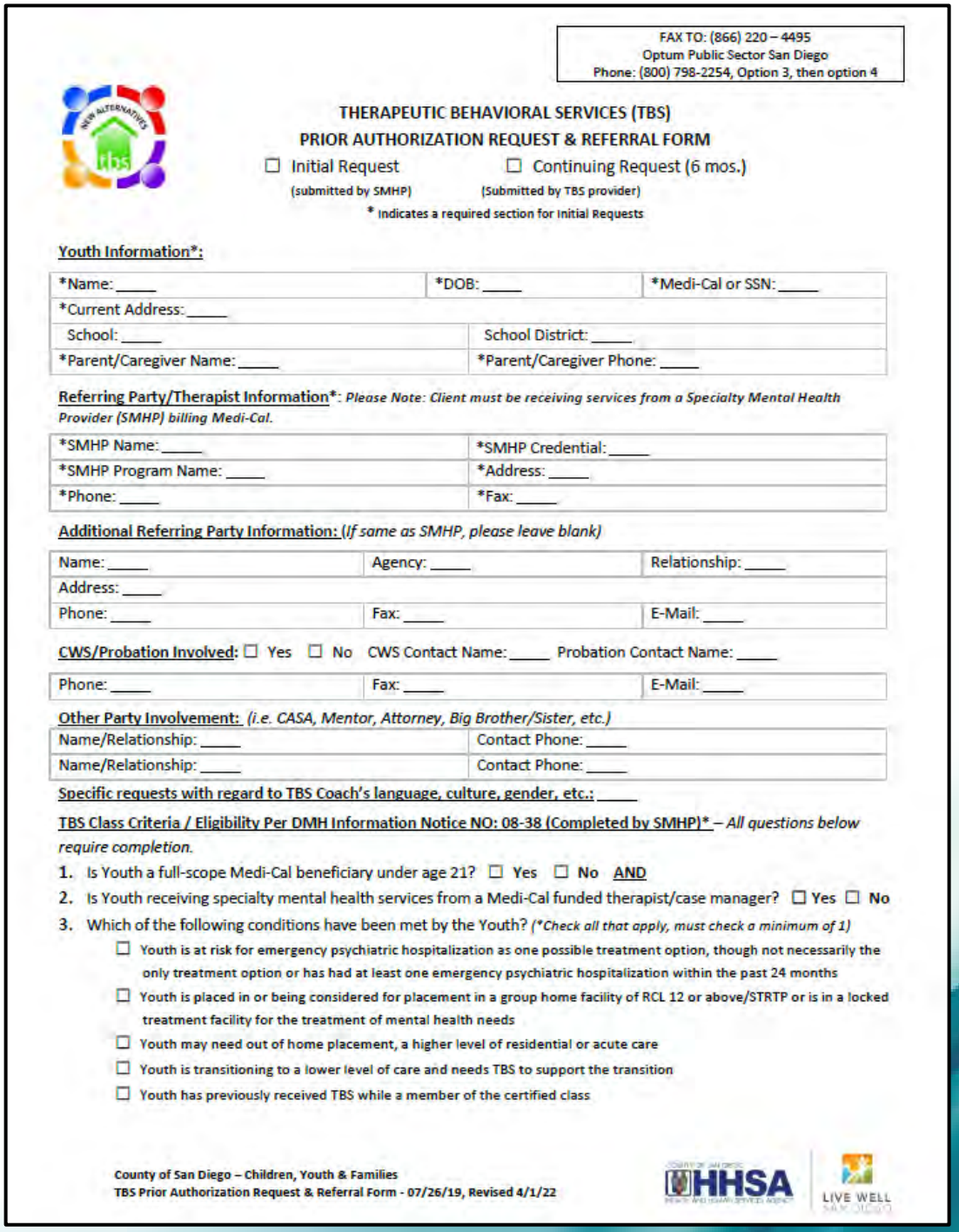
How to Refer

1) Assess if youth meets criteria for TBS services
    a) Requires support to maintain the current placement
    b) Requires support to reduce the need for psychiatric hospitalization, and/or
    c) Requires support to transition to a lower level of care
2) Discuss TBS services with youth and family
3) Complete the *TBS Prior Authorization Request/Referral Form*
4) Fax the *TBS Prior Authorization Request/Referral Form* to Optum at (866) 220-4495

* Release of Information is not required to proceed with referral

TBS Referral Form

Note that all boxes with a (*) need to be filled in or Optum will return it back



FAX TO: (866) 220 – 4495
Optum Public Sector San Diego
Phone: (800) 798-2254, Option 3, then option 4

THERAPEUTIC BEHAVIORAL SERVICES (TBS)
PRIOR AUTHORIZATION REQUEST & REFERRAL FORM

☐ Initial Request (submitted by SMHP) ☐ Continuing Request (6 mos.) (Submitted by TBS provider)

* Indicates a required section for Initial Requests

Youth Information*:

*Name: ____	*DOB: ____	*Medi-Cal or SSN: ____
*Current Address: ____		
School: ____	School District: ____	
*Parent/Caregiver Name: ____	*Parent/Caregiver Phone: ____	

Referring Party/Therapist Information*: *Please Note: Client must be receiving services from a Specialty Mental Health Provider (SMHP) billing Medi-Cal.*

*SMHP Name: ____	*SMHP Credential: ____
*SMHP Program Name: ____	*Address: ____
*Phone: ____	*Fax: ____

Additional Referring Party Information: *(If same as SMHP, please leave blank)*

Name: ____	Agency: ____	Relationship: ____
Address: ____		
Phone: ____	Fax: ____	E-Mail: ____

CWS/Probation Involved: ☐ Yes ☐ No CWS Contact Name: ____ Probation Contact Name: ____

Phone: ____	Fax: ____	E-Mail: ____

Other Party Involvement: *(i.e. CASA, Mentor, Attorney, Big Brother/Sister, etc.)*

Name/Relationship: ____	Contact Phone: ____
Name/Relationship: ____	Contact Phone: ____

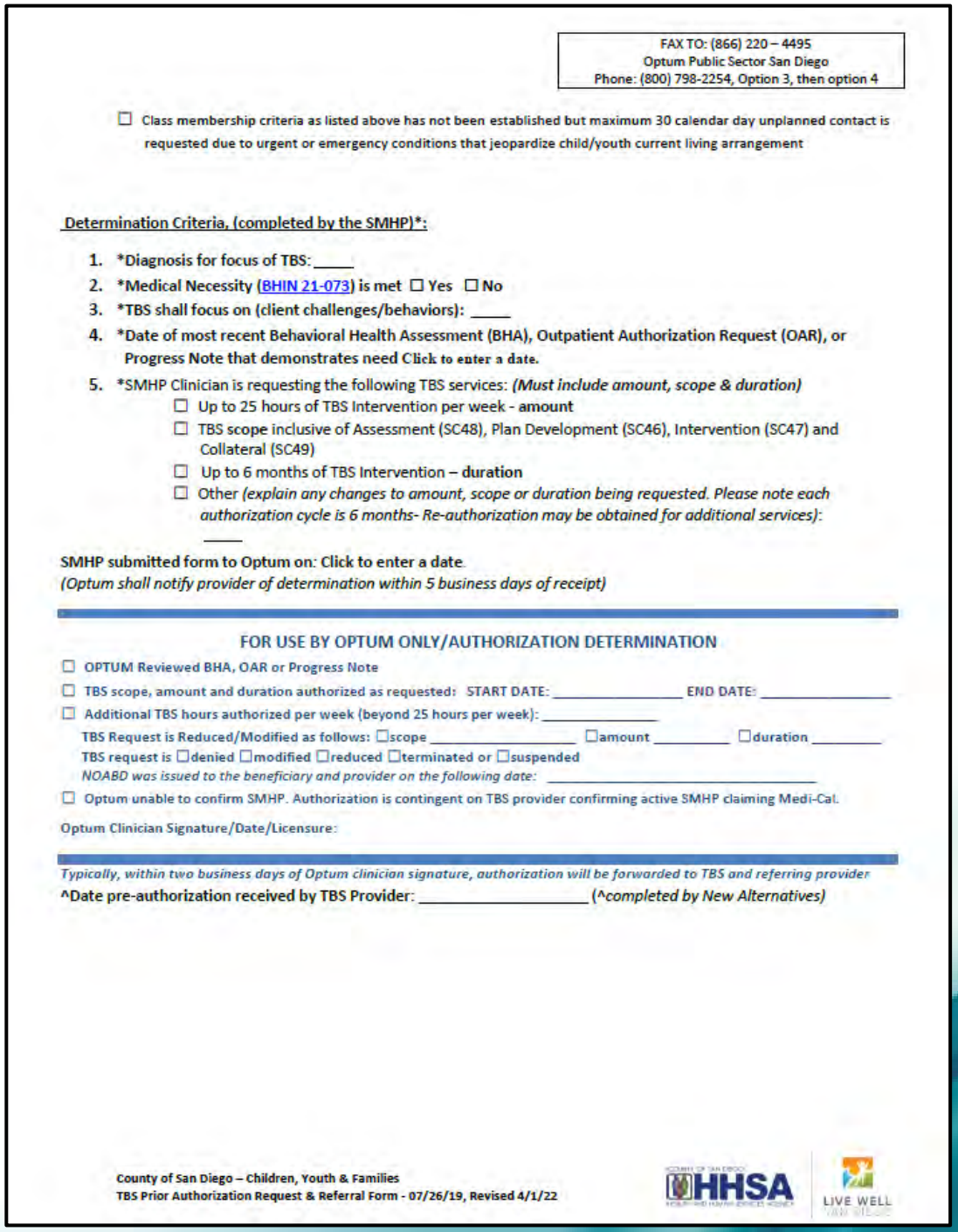
Specific requests with regard to TBS Coach's language, culture, gender, etc.: ____

TBS Class Criteria / Eligibility Per DMH Information Notice NO: 08-38 (Completed by SMHP)* – *All questions below require completion.*

1. Is Youth a full-scope Medi-Cal beneficiary under age 21? ☐ Yes ☐ No **AND**
2. Is Youth receiving specialty mental health services from a Medi-Cal funded therapist/case manager? ☐ Yes ☐ No
3. Which of the following conditions have been met by the Youth? *(*Check all that apply, must check a minimum of 1)*
   - ☐ Youth is at risk for emergency psychiatric hospitalization as one possible treatment option, though not necessarily the only treatment option or has had at least one emergency psychiatric hospitalization within the past 24 months
   - ☐ Youth is placed in or being considered for placement in a group home facility of RCL 12 or above/STRTP or is in a locked treatment facility for the treatment of mental health needs
   - ☐ Youth may need out of home placement, a higher level of residential or acute care
   - ☐ Youth is transitioning to a lower level of care and needs TBS to support the transition
   - ☐ Youth has previously received TBS while a member of the certified class

County of San Diego – Children, Youth & Families
TBS Prior Authorization Request & Referral Form - 07/26/19, Revised 4/1/22

TBS Referral Form



FAX TO: (866) 220 – 4495
Optum Public Sector San Diego
Phone: (800) 798-2254, Option 3, then option 4

☐ Class membership criteria as listed above has not been established but maximum 30 calendar day unplanned contact is requested due to urgent or emergency conditions that jeopardize child/youth current living arrangement

Determination Criteria, (completed by the SMHP)*:

1. *Diagnosis for focus of TBS: ____
2. *Medical Necessity (BHIN 21-073) is met ☐ Yes ☐ No
3. *TBS shall focus on (client challenges/behaviors): ____
4. *Date of most recent Behavioral Health Assessment (BHA), Outpatient Authorization Request (OAR), or Progress Note that demonstrates need Click to enter a date.
5. *SMHP Clinician is requesting the following TBS services: *(Must include amount, scope & duration)*
   - ☐ Up to 25 hours of TBS Intervention per week - **amount**
   - ☐ TBS scope inclusive of Assessment (SC48), Plan Development (SC46), Intervention (SC47) and Collateral (SC49)
   - ☐ Up to 6 months of TBS Intervention – **duration**
   - ☐ Other *(explain any changes to amount, scope or duration being requested. Please note each authorization cycle is 6 months- Re-authorization may be obtained for additional services)*: ____

SMHP submitted form to Optum on: Click to enter a date.
(Optum shall notify provider of determination within 5 business days of receipt)

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

☐ OPTUM Reviewed BHA, OAR or Progress Note
☐ TBS scope, amount and duration authorized as requested: START DATE: _____ END DATE: _____
☐ Additional TBS hours authorized per week (beyond 25 hours per week): _____
TBS Request is Reduced/Modified as follows: ☐scope _____ ☐amount _____ ☐duration _____
TBS request is ☐denied ☐modified ☐reduced ☐terminated or ☐suspended
NOABD was issued to the beneficiary and provider on the following date: _____
☐ Optum unable to confirm SMHP. Authorization is contingent on TBS provider confirming active SMHP claiming Medi-Cal.

Optum Clinician Signature/Date/Licensure:

Typically, within two business days of Optum clinician signature, authorization will be forwarded to TBS and referring provider
^Date pre-authorization received by TBS Provider: _____ *(^completed by New Alternatives)*

County of San Diego – Children, Youth & Families
TBS Prior Authorization Request & Referral Form - 07/26/19, Revised 4/1/22

STATUS OF REFERRAL SUBMISSIONS

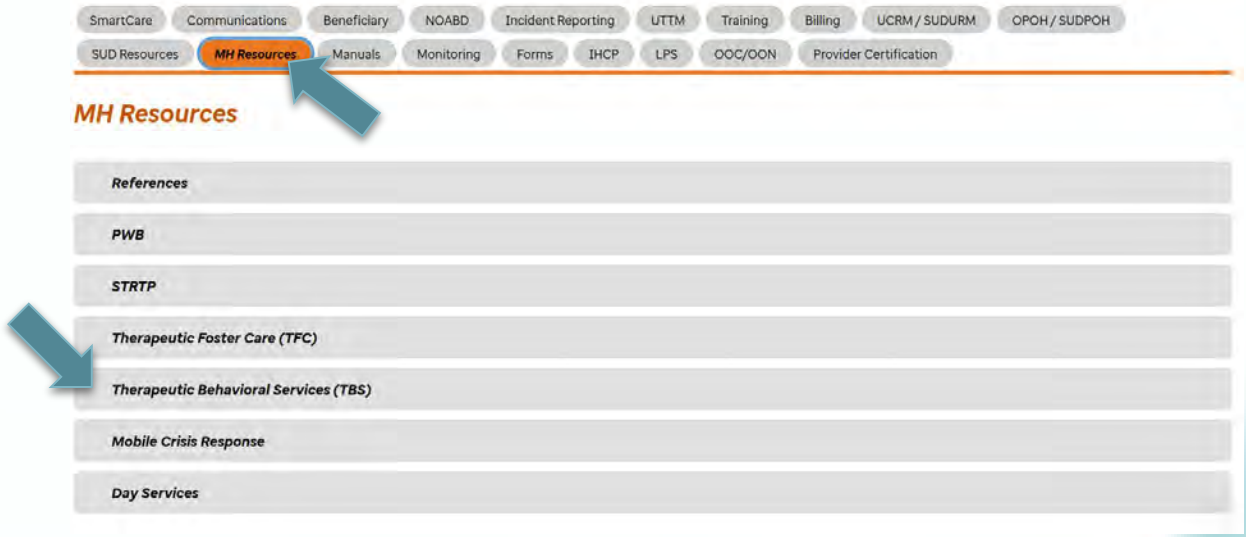
- Call Optum to ensure receipt of referral and authorization
  - (800) 798-2254 (select option 3 then option 4)
  - If Optum requires a correction, they will ONLY fax provider (they will not call)
- Check Client Programs List Page in SmartCare
  - TBS will be listed as “Requested” in SmartCare when authorized and fax received at TBS office
- Call TBS directly once referral is authorized for referral assignment information

ELIGIBILITY AND SERVICE DELIVERY FAQS

- Client/caregiver have not heard from TBS. What happened?
- Can a client see a case manager instead of a therapist at the primary program?
- Can the primary program end services once TBS opens?
- What if client's family is not available for intensive services?
- What if the SMHP cannot collaborate with TBS? Can communication be email or voicemail only?

More Information

- **Visit the TBS info page on the County of San Diego Behavioral Health Services Website**
  - https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/therapeutic_behavioral_services.html
- **Access TBS MHP Provider Documents at Optum San Diego**
  - https://optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/smh-dmc-ods-health-plans.html



QUESTIONS?

THANK YOU!

- **Jennifer Duran, Program Manager**
  - Jennifer.duran@newalternatives.org
  - (858) 256-2180 x517
- **Kristina Crader, Clinical Lead**
  - Kristina.crader@newalternatives.org
  - (858) 256-2180 x523
- **Cristina Pulido, Referral Specialist**
  - Cristina.pulido@newalternatives.org
  - (858) 256-2180 x535

crf Behavioral Healthcare

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Mobile Adolescent Services Team (MAST)

A Community Research Foundation (CRF) program

*Funded by The County of San Diego, Children Youth and Families Behavioral Health Services

Program Overview

- CRF opened the MAST program in 2003
- **Priority Population:** At-risk youth enrolled in the Juvenile Court and Community Schools (JCCS)
    - Overtime services have expanded to Charter Schools, and traditional school sites through San Diego Unified and Vista Unified School Districts.
- Services are mobile and provided in contracted schools, homes and community settings, and/or in the clinic if requested by family.
- Services are provided County-wide.
- Our team includes mental health clinicians, case managers, a substance use specialist and a prescriber

crf Behavioral Healthcare

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

Eligibility Criteria

- Children, youth and young adults up to 21 years old who meet medical necessity requitements
- Medi-Cal recipients, Medi-Cal eligible, or Uninsured
- Children and youth enrolled in JCCS schools or other designated sites.

crf Behavioral Healthcare

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MAST Services

- Individual, Family and Group Therapy
- Case Management and Rehabilitation Services
- Substance Education, Early Intervention and Use Services (Co-Occurring Mental Health and Substance Use)
- Crisis Intervention
- Psychiatric Evaluations
- Medication Management

crf Behavioral Healthcare

MAST Referrals

WHO CAN REFER?

- Self Referrals, designated SchooLink sites, Probation, Community, and/or Family Members, etc.

HOW TO REFER

- **Call the Office:** 619-398-3261
- **Walk-In Appointments Available:** Wednesday and Friday 9a-10a (in-person, telehealth, or schedule)
- **Fax Referral:** 619-275-2023
- **Secure Email:** Msalazar@comresearch.org; Danielamartin@comresearch.org

WHAT TO EXPECT

- Same or next day phone screen
- Offered an intake within 3 business days of phone screen
- Weekly (or as indicated) sessions after intake

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

MAST Monarch Housing Program
Supportive Housing Services
Program Overview

- Partnership between the San Diego Housing Commission, Monarch School Project, County Behavioral Health Services and CRF MAST
- Combines supportive services with a housing component to serve homeless families with children attending Monarch School
- Families are identified through referrals via the Coordinated Entry System
- Total of 25 housing vouchers for unhoused families with at least one minor (ages 4-17) enrolled at Monarch School at time of eligibility
- Assists families in achieving self-sufficiency and long-term stability, allowing vouchers to be reallocated to other eligible Monarch families

MAST Monarch Housing Program
Supportive Housing Services

Services Provided

Supportive Housing Case Manager: provides services to help families achieve and maintain housing stability. Services include but are not limited to:

- Accessing medical, behavioral health and social services
- Housing search and move-in support
- Employment services and benefits (e.g., Medi-Cal, Social Security, etc.)
- Educational and other essential services
- Linkage and training in using community recourses
- Collaboration with landlords to support housing retention, including conflict resolution and landlord-tenant relationship management
- Coordination with Monarch School, San Diego Housing Commission, BHS and other partners through regular meetings and site visits
- With the goal of self-sufficiency for families

CRF MAST
Contact Information

Program Manager: Christine Phelps, LCSW

Office: 619-398-3261

Cell: 619-405-4711

Fax: 619-275-2023

Email: Cphelps@comresearch.org

crfbehavioralhealthcare.org

VISTA HILL

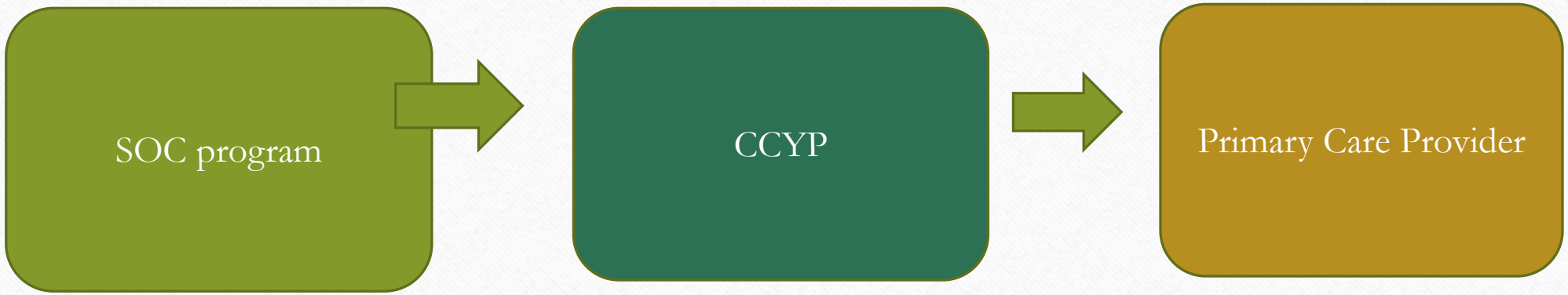
Center for Child and Youth Psychiatry

COUNTY OF SAN DIEGO

BEHAVIORAL HEALTH SERVICES

Center for Child and Youth Psychiatry (CCYP)

- A medication management program geared to bridge the gap between a full time SOC program with therapy and medication management and a client's primary care provider



What is the CCYP SOC?

- VH-CCYP provides all medically necessary Specialty Mental Health Services (SMHS) for children, adolescents and young adults up to age *21 years*. We provide time limited support to SOC to programs experiencing a lapse in psychiatry coverage. Length of treatment is *up to 12 months*.

CCYP Program Structure

Our Three-Tier Program provides medication management and short-term clinical support based on client need, with the goal of stabilization and appropriate linkage to ongoing care when needed.

- Tier 1: Medication management only (case management)
- Tier 2: Medication management with limited SMHS clinical support, including monthly therapy (individual/family), case management and support as needed for stabilization
- Tier 3: Medication management with transitional short-term SMHS to achieve stabilization. Services beyond 90 days shall require a referral to a System of Care (SOC) Specialty Mental Health Provider (SMHP)

CCYP SERVICES CAN INCLUDE:

- Medication Management (all clients) including MAT and LAI where indicated
- Nursing Support
- Transitional Therapy Services
- Case Management

CCYP Team

- 1 PROGRAM MANAGER
- 6 BOARD CERTIFIED CHILD AND ADOLESCENT PSYCHIATRISTS
- 1 NURSE PRACTITIONER
- 2 LICENSED THERAPIST
- 3 CARE COORDINATORS
- 1 ADMINISTRATIVE ASSISTANT

Our population

- Children, Adolescents and Young Adults up to age 21 years
  - Medi-Cal or no insurance
  - Residing in San Diego
- Not currently receiving medication management services elsewhere

Reasons to refer to CCYP

- Medication Management
- System of Care Psychiatric Coverage
- STRTP
- Specialized Medication Support
- JV-220 support

Medication Management

- Youth who have completed mental health treatment with a system of care (SOC) provider and require ongoing medication support to maintain progress may be referred by the program clinician upon discharge.

System of Care Psychiatric Coverage

- Youth who are receiving behavioral health treatment from an SOC mental health program that is experiencing a lapse in psychiatric coverage. The SOC Program Manager must notify the County Contracting Officer representative (COR) about the lapse of psychiatric coverage and request temporary medication support services from CCYP. Upon COR approval, referrals are then made by the treating clinician who remains the primary contact and liaison with VH-CCYP.

Short Term Residential Treatment Program (STRTP) youth

- Youth who are residing in short term residential treatment programs (STRTP) and in need of a psychiatric evaluation and medication support services may be referred by County contracted STRTPs once approved by County of San Diego BHS.

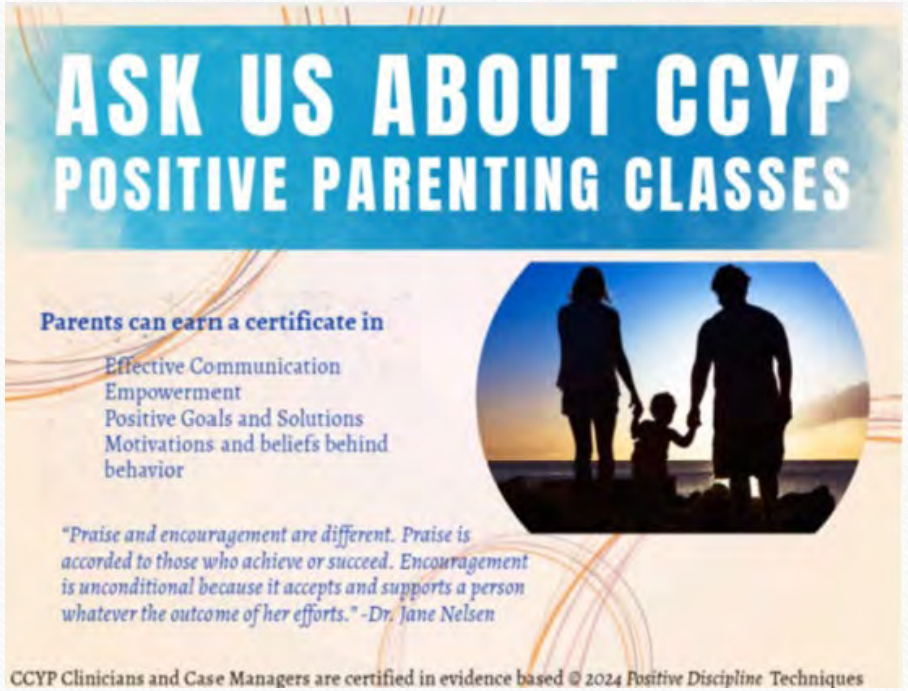
Specialized medication support

- *Specific Injectable medications*. Youth needing injectable medications to facilitate behavioral health treatment may be referred by their treatment team from programs approved by the County of San Diego.
- *Medication Assisted Treatment (MAT)*. Youth needing medication assisted substance use disorder treatment may be referred by a partnering substance use programs approved by the County of San Diego.

JV-220 Support

- Youth in foster care or juvenile court needing a mandatory California court JV220 form can be referred to our program for prescribing psychotropic medications. Our psychiatrists will process the JV220s for the court for San Diego County youth. (Usually requested by Social Worker)
- The purpose is to assure prescribing practices are appropriate, safe & effective according to CA Guidelines for the Use of Psychotropic Medication in C&A in Foster Care Systems and National Standards: American Academy of Child & Adolescent Psychiatry (AACAP)

Other Services that CCYP Provides



How to refer

- www.vistahillccyp.org
- Download the referral form found on the program's website, then fax it to 858-570-1967

VISTA HILL

CCYP
Center for Child and Youth Psychiatry

HHSA

LIVE WELL

Program Referral Request Form

Thank you for your interest in receiving services through the Vista Hill Center for Child and Youth Psychiatry (CCYP). ***CCYP is a System of Care resource available to youth and families who meet specific eligibility criteria.*** *Please take a moment to let us know a little about the services that are needed. A member of the CCYP team will reach out to you to acknowledge receipt of the referral and review any questions. We look forward to working with you.*

REFERRAL SOURCE

Referring Agency:_____ Contact:_____

Phone #:_____ Email:_____ Date:_____

☐ A current Behavioral Health Assessment and ☐Psychiatric Evaluation is available in the County Health Record

ELIGIBILE REFERRAL TYPE AND REQUESTED SERVICE

☐ **System of Care Medication Management Clinic**. Available to youth who have successfully completed a mental health treatment episode, are stable, without recent psychiatric hospitalization, and do not require mental health therapy.
Treatment Episode dates: Intake date_____ Planned Discharge date_____.
Has the youth experienced acute suicidal ideation in the past month? ☐ *Yes* ☐ *No*
Has the youth been psychiatrically hospitalized in the last 90 days? ☐ *Yes* ☐ *No*

☐ **Ancillary Psychiatry Services Support**. Available to youth currently in treatment in the San Diego System of Care and whose program does not currently have psychiatry. Contracting Officer Representative program approval required.
Please specify if ☐ Cajon Valley School District Partnership

☐ **Short Term Residential Treatment**. Available to youth residing in partnering STRTP programs pre-approved by the Contracting Officer Representative.

☐ **Medication Assisted Treatment**. Available to youth enrolled in Substance use treatment programs who could also benefit from psychiatric medication management.

☐ **Other Request:** ☐JV220 Second Opinion ☐ Long- Acting injectables

_____

CLIENT INFORMATION

Name:_____ DOB:_____ Sex assigned at birth: ☐Male ☐Female ☐Other

Address:_____ Phone:_____

Preferred Language:_____ Preferred Name:_____ Pronouns:_____

With whom does the client reside:_____

PARENT / CARGIVER INFORMATION

Name:_____ Relationship:_____ Phone:_____

Address: ☐Same as client or _____

☐Able to provide Legal Consent. Preferred Language:_____ eMail:_____

Name:_____ Relationship:_____ Phone:_____

Address: ☐Same as client or _____

☐Able to provide Legal Consent Preferred Language: _____ eMail:_____

CLIENT INSURANCE

MediCal #_____ Other Health Insurance_____ Uninsured_____

MEDICAL HOME

Primary Care Provider:_____ PCP Clinic_____ Phone:_____

Relevant medical issues_____

_____

CCYP Main Office 8910 Clairemont Mesa Blvd, San Diego CA 92123 - Office Phone (858) 571-1964 Fax (858) 571-1967

- **Contact Us**
- If you have a question regarding our services or eligibility or if you need more information on how to access behavioral health resources, you may call our team:

- **Phone:** (858) 571-1964
  Fax: (858) 571-1967
  Website: http://www.vistahillccyp.org
  Program Location: 8825 Aero Drive, Suite 305 San Diego, CA 92123.

Community Violence - Supporting Youth and Families

Resources for Providers, Families, & Educators

Did You Know? Youth may experience distress even when they are not directly affected by an incident. Exposure through media coverage, social media, or connections to impacted individuals and communities can contribute to anxiety, fear, grief, and stress.

Providers can support youth by creating opportunities for discussion, reinforcing safety and stability, and connecting families to appropriate resources.

How Can Providers Help?

- Create opportunities for youth to discuss concerns, fears, and questions.
- Reinforce safety, routines, and trusted support systems.
- Encourage healthy media consumption and address misinformation.
- Monitor for emotional or behavioral changes that may indicate distress.
- Recognize that violence targeting a specific racial, ethnic, religious, LGBTQ+, or other community may have broader impacts beyond those directly involved.

Resources:

1. **San Diego County Office of Education (SDCOE)**
   - Resources for Educators & Families to Discuss Mass Shootings

2. **National Child Traumatic Stress Network (NCTSN)**
   - Coping after Mass Violence: Offers information on coping after mass violence. This fact sheet provides common reactions children and families may be experiencing after a mass violence event, as well as what they can do to take care of themselves.
   - For Teens: Coping After Mass Violence: Offers information for teens about common reactions to mass violence, as well as tips for taking care of themselves and connecting with others.
   - Resources for Children, Families, and Educators Following Traumatic Events

3. **National Association of School Psychologists (NASP)**
   - Talking to Children About Violence: Tips for Families and Teachers

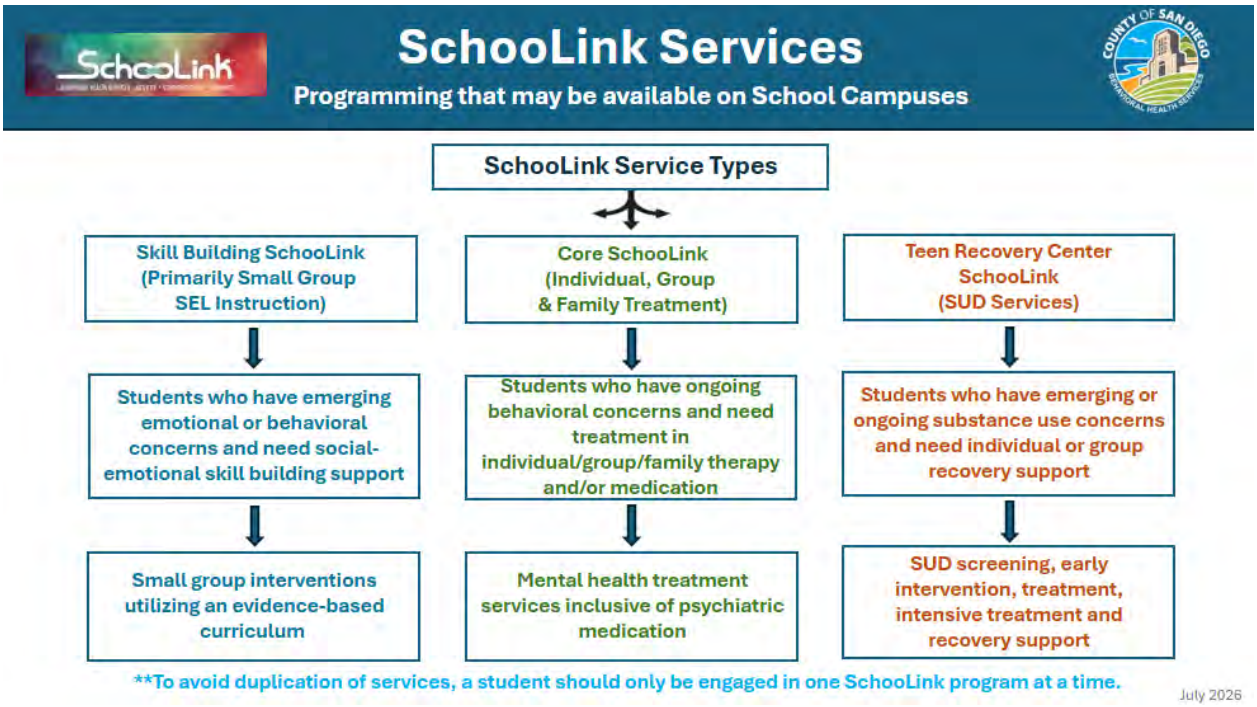
4. **National Mass Violence Victimization Resource Center (NMVVRC)**
   - Talking to Children about Hate Crimes.

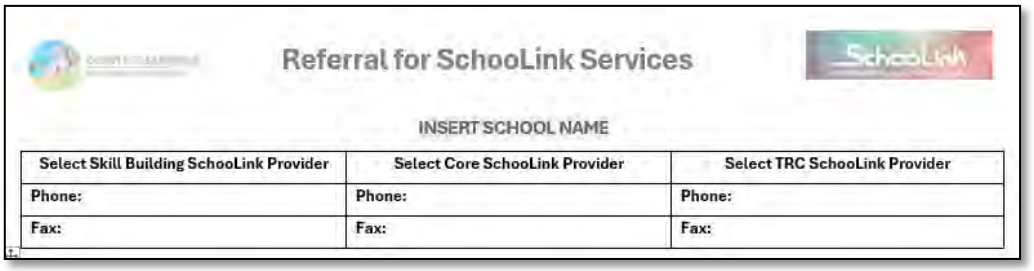
5. **SchooLink:** See Modules on School Threat, Psychiatric Crisis Response Teams, and Suicide & Self-Harm Response.

SchooLink Updates – New School Year

As the 2026-2027 School Year begins – SchooLink programs will be holding their Annual School Meetings with their partnering schools. Module 4 provides helpful information and reminders about these meetings.

An exciting update for the new school year is that SchooLink now encompasses three subcategories: Skill Building, Core, and TRC.





New Forms for 26/27 School Year

Thank you to everyone who provided input on the SchooLink forms that have been updated and posted on the SchooLink website:

- SchooLink Referral Form FY2627
- SchooLink Monthly Communication Log FY2627
- SchooLink Annual Plan Form FY2627
- Annual SchooLink Meeting Agenda FY2627

The SchooLink modules have been updated to incorporate the new service line (Skill Building) and to make adjustments resulting from the numbering changes.

SchooLink Referral Portal

As mentioned in the May Program Manager's meeting, efforts to create a secure an automated **web-based referral portal** are ongoing, with projected roll out sometime during the 2026-27 school year. Opportunities for input will be forthcoming.

County Logo Usage Guidelines
For BHS Contractors

COUNTY OF SAN DIEGO
BEHAVIORAL HEALTH SERVICES

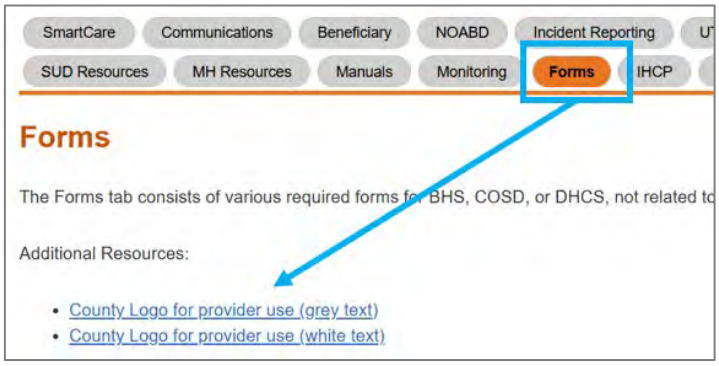
Using the Correct Logo

Use the circle County of San Diego logo with “Behavioral Health Services” on the bottom.

Logos should contrast background color for legibility. There are two versions of this logo:

- If placing on documents with a **light-colored background** (e.g., white, gray, etc), use the **logo with the gray lettering**.
- If placing on documents with a **dark-colored background**, use the logo with the **white lettering**.

Do not put a white box around the logo when placing on a dark background. Instead, use the provided PNG versions of the color logo with white text. Do not add any additional language above the logo (“funded by”). Contact your COR if pairing other logos with the County logo for guidelines.



You can request both versions of the logo from your COR or find them on the Optum website under BHS Provider Resources, SMH & DMC-ODS Health Plans. Find it under the **Forms** tab.

There are exceptions to using these logos if there are multiple County departments involved in the event, initiative, or program. Please reach out to your COR for the correct logo to use if this is the case.

SIZE

Logo artwork should not be made any smaller than 1 inch wide for the circle logo to maintain the readability of the text within the logo.

The logo can be resized but must always maintain an aspect ratio of 1:1 and be uniformly scaled. To resize the logo but keep its proper aspect ratio, you can hold down the ‘shift’ key while dragging the corner of the transform control box when resizing.

Circle Logo
(Actual Size)
1” minimum size width
1/8” minimum size clearspace

Correct aspect ratio

Incorrect aspect ratio

Behavioral Health Services (BHS)

Information Notice

Date: July 7, 2026

To: BHS Contracted Service Providers

From: Behavioral Health Services

General Topic: BH-CONNECT Funding Opportunity

Subject: BH-CONNECT | Funding Available to Cover Backfill Costs for EBP Training

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Please see below and attached for information about a new funding opportunity under the Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP), administered by the California Department of Health Care Access and Information (HCAI) through the BH-CONNECT Workforce Initiative.

BH-CONNECT now provides reimbursement to cover backfill costs for behavioral health providers whose staff participate in Evidence-Based Practice (EBP) training. This support is intended to reduce staffing and operational barriers that prevent providers from accessing high-quality training.

Key Highlights:

- Eligible behavioral health practitioners can receive support while completing approved EBP training.
- Providers may claim reimbursement for backfill coverage, so client services are not disrupted.
- This funding is part of the State's broader effort to strengthen the behavioral health workforce.
- Applications must be submitted by 3:00 p.m., July 15, 2026. Review the 2026 Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP) Grant Guide for program guidance and requirements.

Program details, eligibility, and application information are available at:
https://hcai.ca.gov/workforce/initiatives/behavioral-health-bh-connect/mbhrrp/

Attachments

- MBH-RRP-Flyer-2.pdf

Past Communications

Visit Optum to view all Behavioral Health Services provider communications sent on behalf of the department.

Build Long Term Capacity and Strengthen Your Workforce

Apply for the Medi-Cal Behavioral Health Recruitment and Retention Program

The Medi-Cal Behavioral Health Recruitment and Retention Program allows eligible organizations to apply for funding to support:

- Up to **$20,000** recruitment bonuses
- Up to **$4,000** retention bonuses
- Up to **$50,000** recruitment bonuses per individual student in final training year
- Up to **$1,500** per practitioner for licensure/certification
- Up to **$35,000** per year for supervision
- **Backfill funds** to support evidence-based practice trainings

Why Apply?

- Recruit and retain qualified behavioral health professionals
- Receive financial support for staffing
- Strengthen your ability to serve vulnerable communities

Who Should Apply?

This program is open to behavioral health provider organizations that serve Medi-Cal populations and are dedicated to strengthening the behavioral health workforce. See **t.ly/-pt-p** for more information on eligible sites.

How to Apply?

Visit **t.ly/-pt-p** for more information and to apply starting June 1, 2026.

HCAi Department of Health Care Access and Information

ECMH

We can't wait!

Rooted in Relationships:
Strengthening Our Village When It Matters Most

October 2, 2026

7 CEs/CMEs

Joan B. Kroc Institute for
Peace & Justice University of San Diego

Register today

https://ecmh.cego.com/ecmh2026#

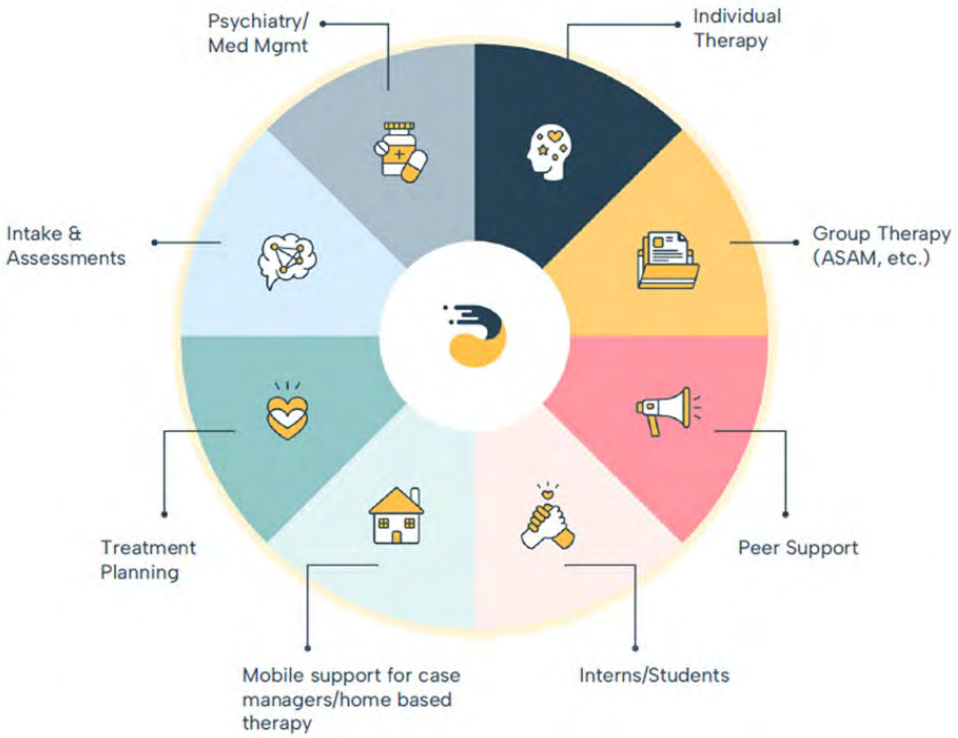
SDACAP San Diego Academy of Child & Adolescent Psychiatry

Eleos
AI Ambient Listening and Documentation Platform
BHS HPO EHR Project Team
6.17.26

Eleos Implementation Kick-off 6/23/26

4-8 weeks from Implementation kickoff to Go Live

Eleos SmartScribe



Eleos SmartScribe – documentation tool

70% average reduction in documentation time

90% of Eleos users report less daily stress due to documentation demands – improves retention

2+ additional interventions mentioned in each note leading to increased note quality

2x higher client engagement leading to fewer no shows, progress towards goals

Opportunities for increased Medi-Cal revenue through more complete and timely documentation

Eleos SmartScribe

- Embedded within SmartCare as a browser extension – does not require API or custom build
- Supports over 110 languages – can take notes and translate note into English even when another language is spoken during session
- Eleos functions as an AI ambient passive listener during the session
  - Convert unstructured session audio or provider-supplied key points into structured, clinically relevant and compliant note suggestions
  - Provider oversight to review and select content using clinical expertise to complete final documentation
- Will tailor documentation based on service type and whether therapeutic service or note – ie: case management service by non-licensed provider will not use therapeutic language
- Eleos can be used during telehealth sessions and works on both desktop and mobile devices

Live Quality Assist

- Compliance guidance directly in documentation workflow
- Real-time prompts to identify potential gaps and reinforce documentation compliance before note completion
  - Completeness
  - Interventions used
  - Progress
  - Plan of care
  - Client response
- Reduce post-submission corrections
- Active training for providers

Compliance Dashboard

- Automatically scans every note for real-time compliance checks
- Uniqueness – identify notes that contain duplicate or copied-and-pasted content
- Completeness – missing fields, sparse entries
- Interventions Used – therapeutic interventions are documented
- Progress mentions
- Compliant plan – verify the note includes plan of action for next session
- Client Response to provided intervention
- Golden Thread – validates connection between documentation, services rendered and client's care plan

AI Policy Requirements AI Notification/Consent

AI Notification and Consent

- CalMHSA has developed separate, specific consent for use of AI ambient scribe technology during treatment sessions. This should be reviewed with client and signed prior to initial session.
  - Describes purpose and function of of AI tool
  - Limitations of use of AI tool
  - Identifies client right to refuse or withdraw consent
- Providers will be required to obtain consent to record at start of each session and document consent in service note
  - Client may refuse or opt out of use in session at any time
- Providers will be required to notate the use of AI ambient scribe technology in creation of service note documentation

AI Policy Requirements

- San Diego County Board Policy A-140 governs the ethical and compliant use of artificial intelligence
- Contracted providers will be required to develop internal AI Policies that align with SDCB Policy A-140
  - Outline how the organization will ensure appropriate human oversight
  - Protect client privacy
  - Maintain adherence to County standards when using AI tools such as Eleos

Eleos FAQs

1. Is there a standard or recommended approach that counties can rely on to guide appropriate use, clinical oversight, and provider sign-off for AI-supported documentation.

   A: Will be covered in orientation and training. Best practices from each county will be shared as multiple implementations happen concurrently

2. How will Eleos be supported?

   A: Providers will follow the Standard EHR support process via Hubspot ticket submission.

3. If I want to learn more where would I go?

   A: CalMHSA has provided initial links to Eleos information which will be updated upon implementation of Eleos. Eleos - 2023 CalMHSA Additional questions regarding access to Eleos may be directed to your program COR and QIMatters.HHSA@sdcounty.ca.gov please use subject line: Eleos on email communications to QI Matters.

Eleos Additional Resources

SMARTscribe Demonstrations

- Individual therapy workflow
- Group therapy workflow
- Psychiatry workflow
- Assessment Workflow

SMARTcomply Demonstrations

- Dashboards
- Live Quality Assist

Getting Started with Eleos

- Eleos Implementation Overview – CalMHSA
- CalMHSA Training Overview

Storm information - Take steps now to prepare

County Offices to Close for Christmas

San Diego Advancing and Innovating Medi-Cal (SDAIM)

Past Community Listening Sessions

The County of San Diego's Health and Human Services Agency held two virtual community listening sessions during February 2023 to discuss new services for Medi-Cal members with complex needs and receive input to help create the County's "Roadmap" for California Advancing and Innovating Medi-Cal (CalAIM). Each session provided an overview of CalAIM and presented draft priorities areas and potential strategies for implementation. Public input was solicited through interactive poll questions and discussion forum.

February 2023 - Community Listening Sessions

- **Video Recording**
- **Presentation Slides**

Email questions or feedback to: **SDAIM.HHSA@sdcounty.ca.gov**

Sign up to receive alerts about future SDAIM community engagement opportunities

SDAIM Emerging Priority Areas

Coordinate Care: Improve service delivery, data infrastructure and data sharing through collaborative partnerships

Fortify Safety Net: Advance quality and innovative improvements for Medi-Cal beneficiaries

Expand Services: Foster growth of Enhanced Care Management and Community Supports

Innovate Medicaid: A beacon of innovation, through on-going collaborative learning and mentorship

San Diego Advancing and Innovating Medi-Cal (SDAIM) refers to the County of San Diego's local approach to California Advancing Innovating Medi-Cal (CalAIM). SDAIM partners and collaborates with community providers, direct service providers, County departments, managed care providers and local government to assist in coordinating the goals of CalAIM at a local level.

Core components of CalAIM include providing whole person care coordination through Enhanced Care Management and Community Supports such as housing navigation, housing deposits, short-term post-hospitalization housing, recuperative care, nursing facility transition, personal and homemaker services, medically-supportive meals, and sobering centers to name a few. These are offered to any beneficiary that qualifies within one or more of the populations of focus as defined by CalAIM, which includes individuals experiencing homelessness, high utilizers, individuals with serious mental illness/substance use disorder, seniors or people living with disabilities, people re-entering the community from jail/prison, children, and youth in foster care.

For more information on CalAIM, associated programs, and page links, click below:

CALAIM

HEALTHY SAN DIEGO

MEDI-CAL

SELF-SUFFICIENCY PROGRAMS

BEHAVIORAL SERVICES

Back to MCS Home