

Program Manager Meeting Agenda

Outpatient Services for Children, Youth, and Families

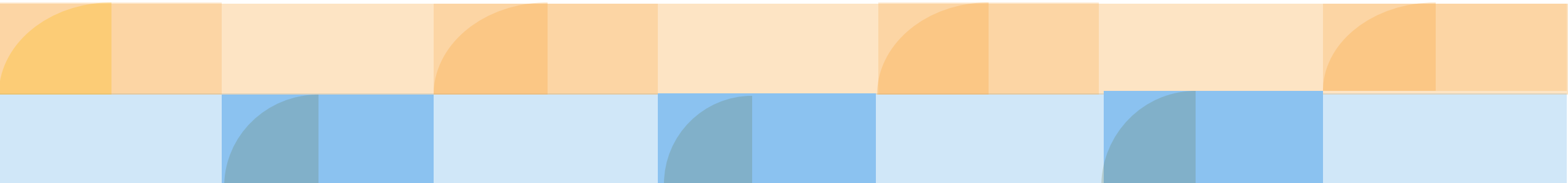
May 14, 2026 | [Zoom](#) | 9:30 – 11:30 am

Agenda Item - Presenter	Slide #	Time
Welcome - Kelly Bordman, LCSW	1	2 min
Quality Assurance Updates - MH - Grievance & Appeal - Elaine Mills - SUD - ASCMI & ELEOS AI - Diana Daitch-Weltsch		10 min
CalFresh & Medi-Cal Updates - Herminia Ramirez Garcilazo & Cynthia Lopez	2-12	15 min
NAI Children & Youth Crisis Stabilization Unit (CYCSU) - Susan Omens	13-24	15 min
UPAC MCC program - API Heritage & MCC Overview - Carmen Pat & Minnie Lin	25-42	15 min
SDYS Our Safe Place - Jennifer Barnes	43-50	15 min
News You Can Use (NYCU) - BHSA - FSP Designation & DCR Decommissioning - Saskya Caicedo - SchoolLink Module update - Saskya Caicedo - DHCS Post Service - Post Payment Audits - Terri Kang - QIP - Emergency Department (ED) Discharge Follow-up - Liz Miles - QSR Outcomes Report - Kelly Bordman - End-of-Year Reminders - Kelly Bordman	51-61	20 min
Networking with Colleagues - SchoolLink Providers (SMHS & SUD) - Inclusive of SBIY & SBSB - Outpatient Specialty Programs - Perinatal and 0 to 5		10 min
Announcements - CFT Meeting Three Questions, form 04-447 - Shaun Goff - UCSD Program Performance Improvement - Amy Chadwick Grandparents Raising Grandchildren and Other Relative Caregivers Handbook 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	62	5 min
Next Meeting: July 9, 2026 9:30 - 11:30 am		



Helping You Navigate Upcoming Changes to CalFresh & Medi-Cal Benefits

March 2026



What is Changing?

House Resolution 1 (H.R. 1) or the “One Big Beautiful Bill Act” was signed into law on July 4, 2025. This law includes changes to CalFresh and Medi-Cal for some individuals.

CalFresh Changes

April 1, 2026: CalFresh non-citizen eligibility categories will change

June 1, 2026: Work requirements will apply to “Able-Bodied Adults Without Dependents” (ABAWDs)

Medi-Cal Changes

January 1, 2026: Full-scope Medi-Cal enrollment freeze for individuals with “Unsatisfactory Immigration Status”

October 1, 2026: Fed gov’t will change how some immigration statuses are classified for federally funded full scope Medi-Cal

January 1, 2027: Medi-Cal work requirements begin. Six-month eligibility checks begin.

*Pregnant people and their infants are eligible for full-scope Medi-Cal during pregnancy and for one year after birth, regardless of immigration status.

CalFresh Changes

Eligibility for Non-Citizens

Before April 1, 2026

- Certain non-citizens were eligible to receive CalFresh, such as asylees, and refugees.

After April 1, 2026

- Certain non-citizens are no longer eligible to receive CalFresh benefits, such as asylees and refugees.

Work Requirements for Able-Bodied Adults Without Dependents (ABAWDs)

Before June 1, 2026

None (in San Diego)

After June 1, 2026

- Age Range: 18 to 64 years old
- Exempt if a parent/guardian of a dependent child **under 14** in the home

Note: Some individuals may be exempt from work requirements if they are physically or mentally unable to be employed

Who is Still Eligible for CalFresh?

Starting **April 1, 2026**, customers **are eligible** for CalFresh if they are one of the following:

United States
(US) citizen

US National

Lawful
Permanent
Resident (LPR)

Cuban or
Haitian Entrant
(CHE)

Compacts of
Free
Association
(COFA) citizen



Who is No Longer Eligible for CalFresh?

Starting April 1, 2026, customers are no longer eligible for CalFresh if they are a/an:

Asylee

Refugee

Parolee
(unless CHE)

Individual with
deportation or
removal withheld

Conditional entrant

Victim of trafficking

Battered non-
citizen

Iraqis and Afghans
with Special
Immigrant Visas
(SIVs)

Certain Afghan
nationals granted
parole between July
31, 2021, through
September 30, 2023

Certain Ukrainian
nationals granted
parole between
February 24, 2022,
through September 30,
2024

Ineligible non-citizens who **adjust to a qualifying immigration status** *may* be eligible for CalFresh.

- For example, a refugee adjusts their immigration status to Lawful Permanent Resident (LPR).

CalFresh Work Requirements



People who must meet work requirements include:

- Adults 18-64
- Do not have children under 14 at home
- Are physically and mentally able to work
- Do not meet any other [exemptions](#)

Work requirements can be met by completing 20 hours/week or 80 hours/month through the following activities:

Work

Self-
Employment

Training

Volunteering

What should I do next?

BenefitsCal Account: Update contact info	Family Resource Centers: visit for in-person support
 Visit your BenefitsCal account and make sure your contact information is up to date.	 Visit a Family Resource Center.
Website	Access Customer Service: call for phone support
 Visit the Changes to CalFresh and Medi-Cal webpage to view changes to benefits.	 Call 1-866-262-9881.
<i>If you are impacted by any of these changes, you will be contacted or informed during your intake interview or next re-certification.</i>	

What should I do next?



If you are using a County of San Diego P.O. Box, check your mail at least monthly to ensure you do not miss any communication.



Respond to communications that come from County of San Diego staff.

If you are impacted by any of these changes, you will be contacted or informed during your intake interview or next recertification

Call to Action for Organizations

 Inform	Share information with your clients and staff: CalFresh and Medi-Cal Changes Self-Sufficiency Programs website	 Create or Promote Volunteer Opportunities	Partner with organizations that promote volunteer opportunities like HandsOn San Diego
 Enrollment Support	See if your organization is a good fit for the Access CBO Line Request the Live Well on Wheels for events	 Stay Engaged	Provide feedback & ask questions at EngageSD Sign up for Newsletter Updates
 Create or Promote Work Opportunities	List open job opportunities with San Diego Workforce Partnership (SDWP) Employer Job Posting Website See if you are a good fit to Become an Eligible Training Provider with SDWP		Request a presentation on CalFresh/Medi-Cal changes

Check out the [CalFresh/Medi-Cal Changes Toolkit](#) and [Community Partner Resource Toolkit](#)

Additional Community & Food Resources

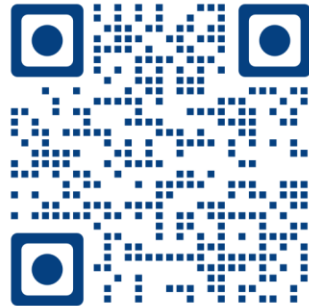
Self-Sufficiency Programs

☎ (866) 262-9881



211sandiego.org

☎ 2-1-1



Feeding San Diego

☎ (858) 452-3663



San Diego Food Bank

☎ (858) 527-1419



San Diego Hunger Coalition



Catholic Charities ☎ (619) 323-2841



Jewish Family Service ☎ (858) 637-3210



San Diego Workforce Partnership ☎ (619) 319-9675



HandsOn San Diego





Please provide your Presentation Feedback



New Alternatives, Inc.

Children and Youth Crisis Stabilization Unit (CYCSU)



4309 3rd Ave.

San Diego, CA 92103



619-876-4502

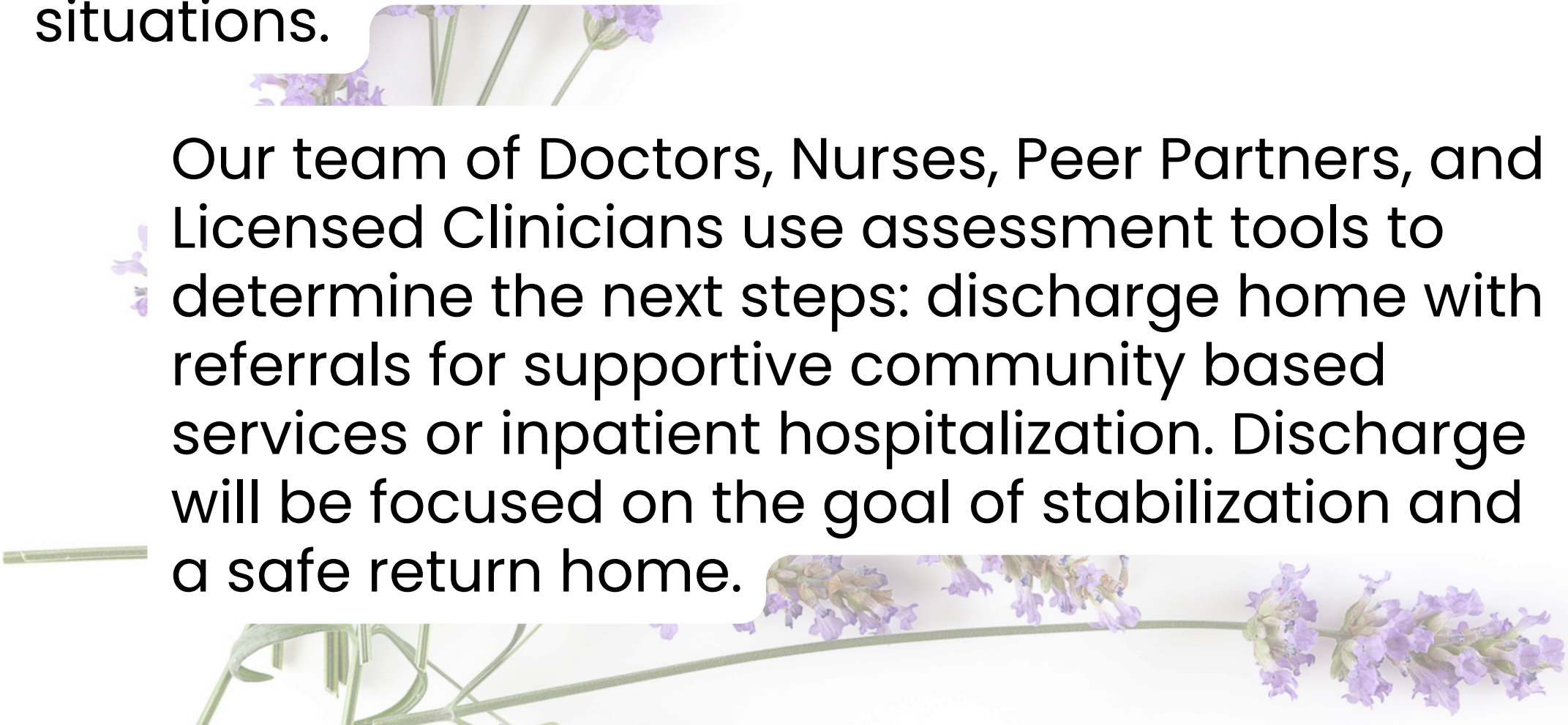




What is CYCSU?

We are a program of New Alternatives, Inc. (NAI), a non-profit organization providing an array of social, residential and mental health services to children, youth and their families.

CYCSU is a 24-hour, 7 days-a-week, secure crisis unit that provides services to children and youth in an acute psychiatric crisis. As part of the stabilization process, which is short term, CYCSU staff will work with the child/youth to complete an assessment, develop a Safety Plan, and discuss positive & healthy strategies and coping skills for difficult situations.

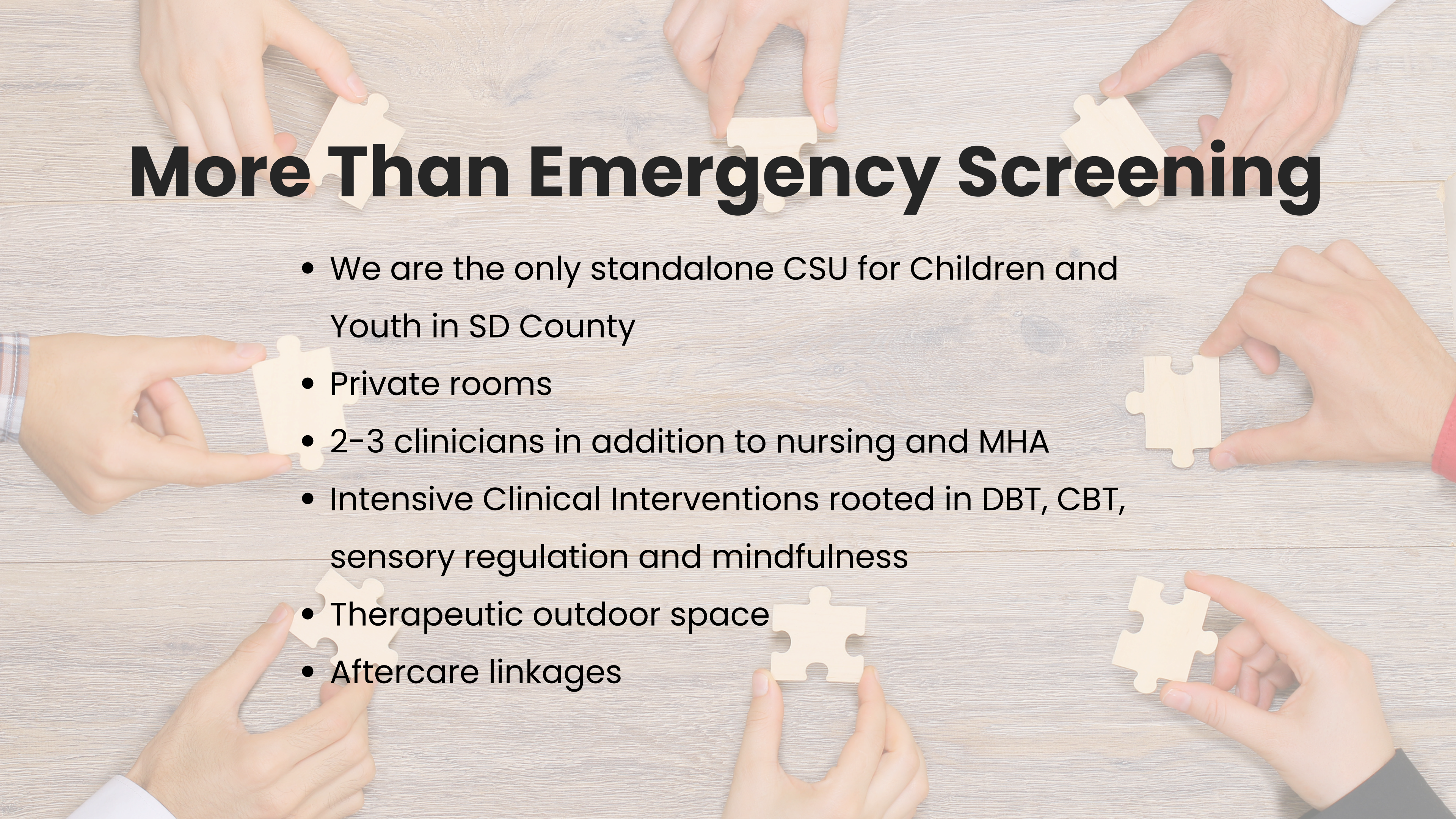


Our team of Doctors, Nurses, Peer Partners, and Licensed Clinicians use assessment tools to determine the next steps: discharge home with referrals for supportive community based services or inpatient hospitalization. Discharge will be focused on the goal of stabilization and a safe return home.



Who is eligible?

- Children or youth who are under the age of 18 who are experiencing a behavioral health condition that requires a more timely response than a regularly scheduled therapy visit
- They may be residing with a family, resource parent(s), in a group care setting, or may be experiencing homelessness
- All are welcome no matter the income, insurance or ability to pay
- We are more than a screening unit, we help stabilize a crisis situation



More Than Emergency Screening

- We are the only standalone CSU for Children and Youth in SD County
- Private rooms
- 2–3 clinicians in addition to nursing and MHA
- Intensive Clinical Interventions rooted in DBT, CBT, sensory regulation and mindfulness
- Therapeutic outdoor space
- Aftercare linkages

Staff at CYCSU

- Program Director
- Medical Director/Psychiatrists
- RN's/LVN's/ LPT's
- Clinicians
- MHAs
- Peer Support Specialists/Family Support Specialists
- Outreach Coordinator
- Administrative Support Staff



What happens at CYCSU?

- Initial interview, consultation with Psychiatrist
- What we can't do, we are not a medical hospital
- Clinical Assessments
 - Extensive Crisis Assessment
 - Safety Plan
 - Diagnosis
 - Medication Evaluation
- Clinical Interventions working toward stabilization
- Model Care Coordination Plan, copy given to caretaker



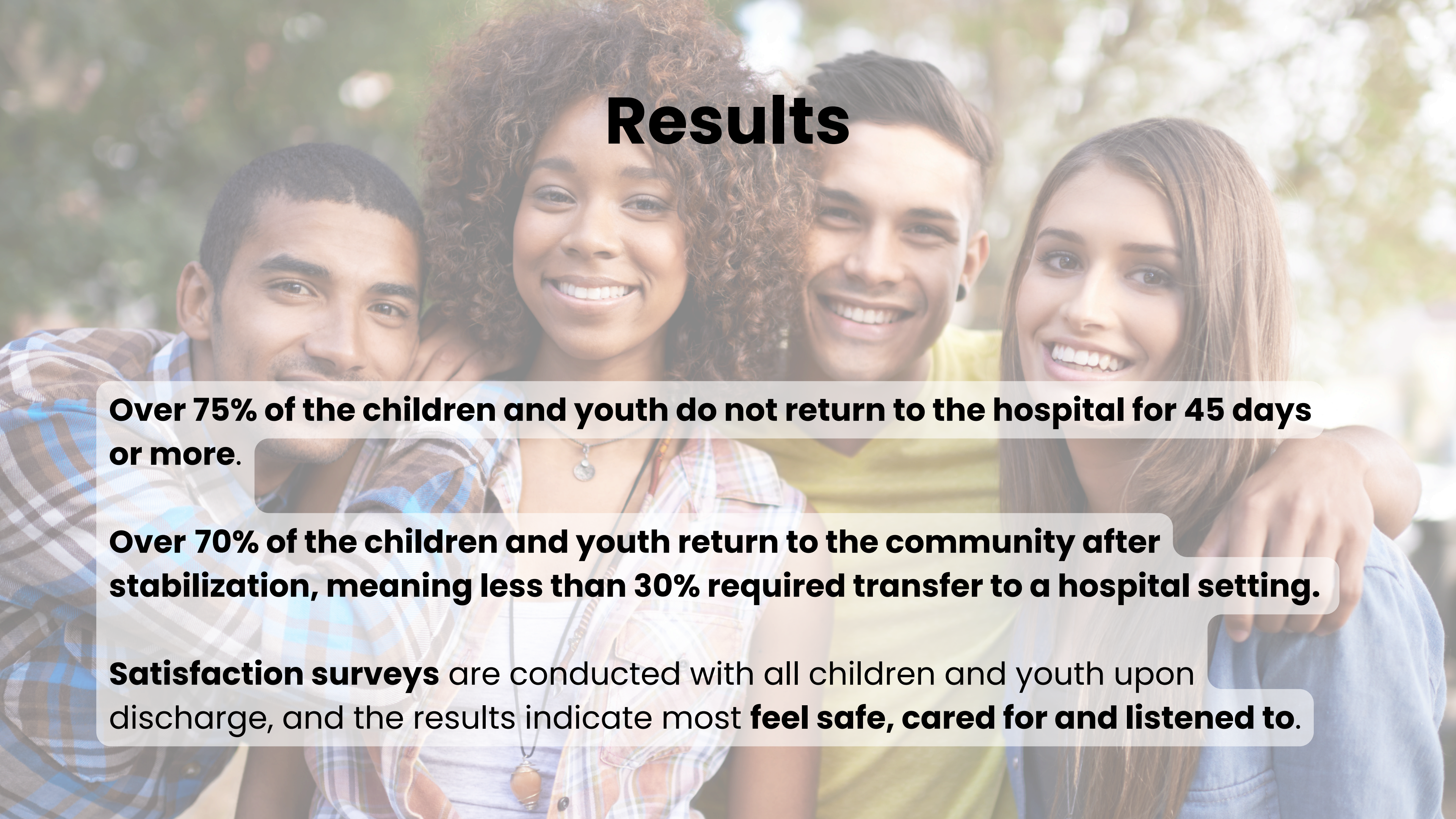
Discharge Planning

- Model Care Coordination Plan done
 - Home (group home, family or caregiver home)
 - Hospital
- Patient Advocacy is called at the 24-hour mark if the child/youth must stay past 24-hours
 - Working on stabilization
 - Waiting on bed at hospital
 - Waiting on caregiver, Lyft partnership

An illustration featuring two stylized human figures. One figure is positioned on a tall, thin ladder, reaching towards a large, textured orange heart shape. The second figure stands on the ground below, looking up at the heart. The background consists of a light blue sky with a large, dark grey, textured heart shape behind the orange one. The bottom of the image has a dark blue, wavy, abstract shape on the left side.

Follow Up

- Peer Support/Family Support Specialists will follow up with the child/youth and caregiver after discharge home to ensure linkage with identified support services, mental health resources, etc.
- CAC will work with those who do not have services in place to ensure linkages are made before closing the case

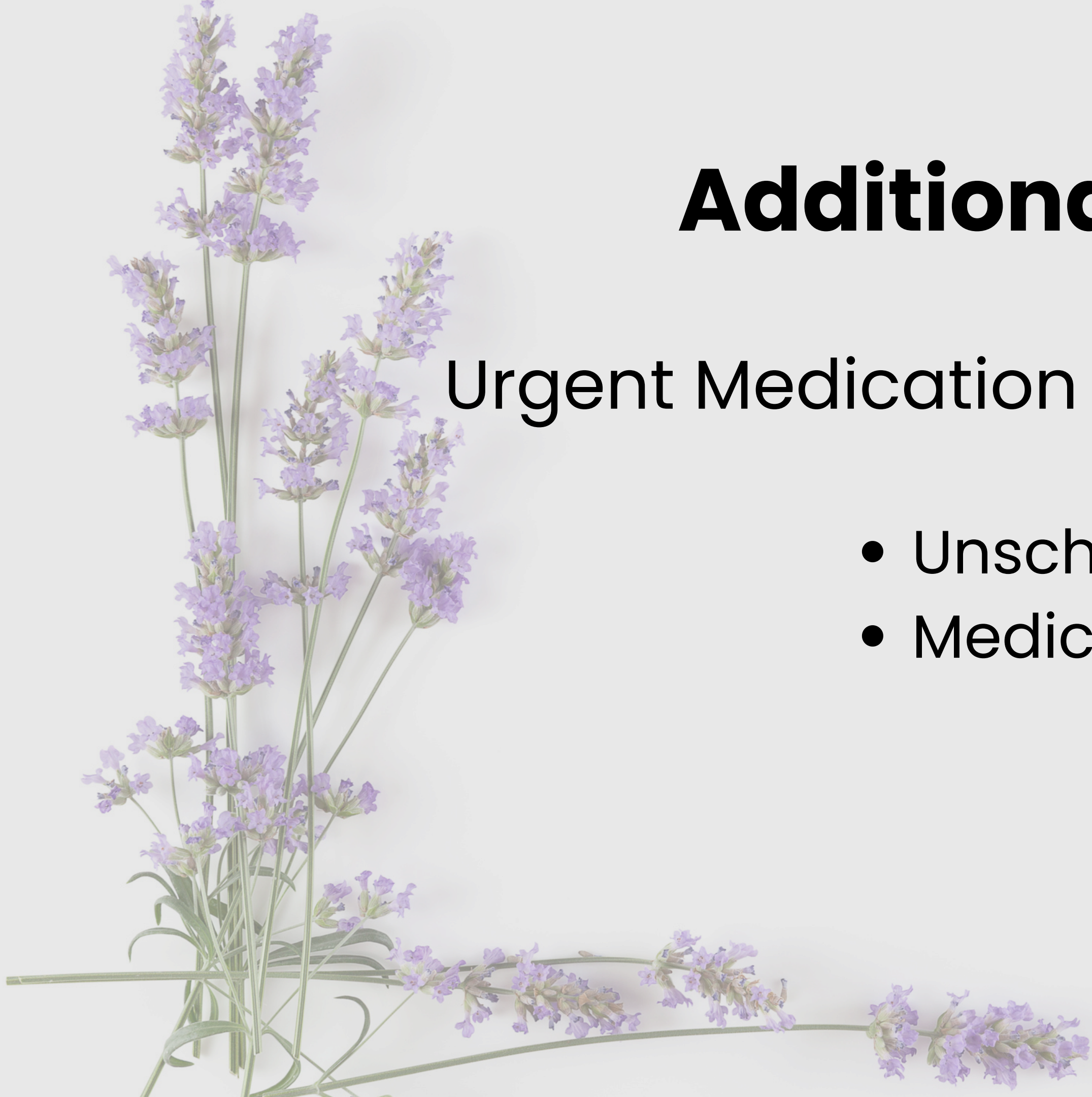
A background image of four young adults (two men and two women) of diverse backgrounds smiling and posing together outdoors. The image is slightly blurred, with a soft focus on the subjects.

Results

Over 75% of the children and youth do not return to the hospital for 45 days or more.

Over 70% of the children and youth return to the community after stabilization, meaning less than 30% required transfer to a hospital setting.

Satisfaction surveys are conducted with all children and youth upon discharge, and the results indicate most **feel safe, cared for and listened to.**

A decorative image of lavender flowers with purple blossoms and green stems, positioned on the left side of the slide.

Additional Services

Urgent Medication Evaluations and Refills

- **Unscheduled/Walk In**
- **Medication Refills**

In closing, why CYCSU?

- Avoid ED, Less Traumatic
- Shorter wait times than ED's
- Shorter stay possible
- Smaller setting, private room
- Welcoming to the families
- If you inform families when in the field, you may reduce need for future LE involvement
- A vital tool for dealing with mental health crisis and interrupting the cycle
- First Responders always welcome at CYCSU, even without a child/youth!

Questions?

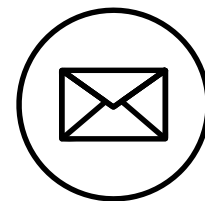
Feel free to reach out

Susan Omens, LMFT
Outreach Coordinator

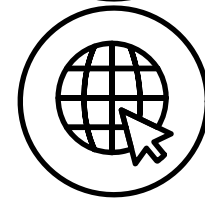


(619) 876-4502 Program

(619) 538-1784 Cell



susan.omens@newalternatives.org



newalternatives.org

Multicultural Community Counseling

Presented By: Minnie Lin & Carmen Pat



U P A C

in partnership with



LIVE WELL
SAN DIEGO

Multicultural Community Counseling (MCC) Overview

- San Diego County has seen a continued increase in its Asian Americans, Native Hawaiians & Pacific Islanders (AANHPI) population from 2005–2022.
- AAPI youth face significant mental health challenges, including high rates of depression, anxiety, suicide risk, and widespread experiences of discrimination.
- AAPI communities have the lowest rates of mental health treatment, largely due to stigma, family pressures, language barriers, and limited culturally competent care.
- MCC addresses these gaps through culturally rooted services, language access, family-centered care, and youth counseling programs both in community settings and at select schools.

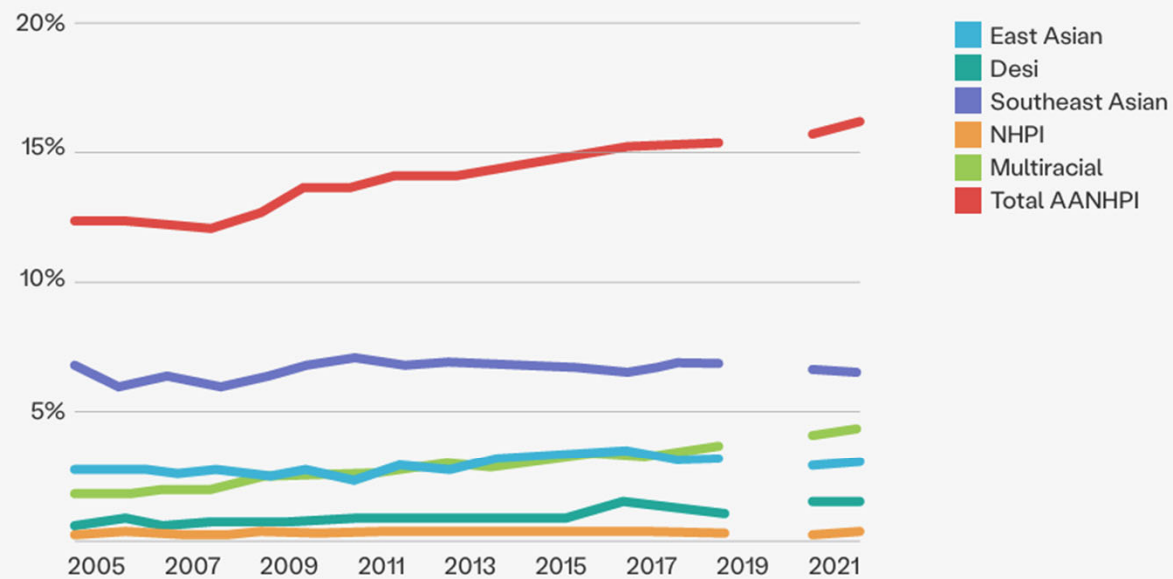


May is...

Asian American and Pacific Islander (AAPI) Heritage Month
+
Mental Health Awareness Month

AAPI Population in San Diego County

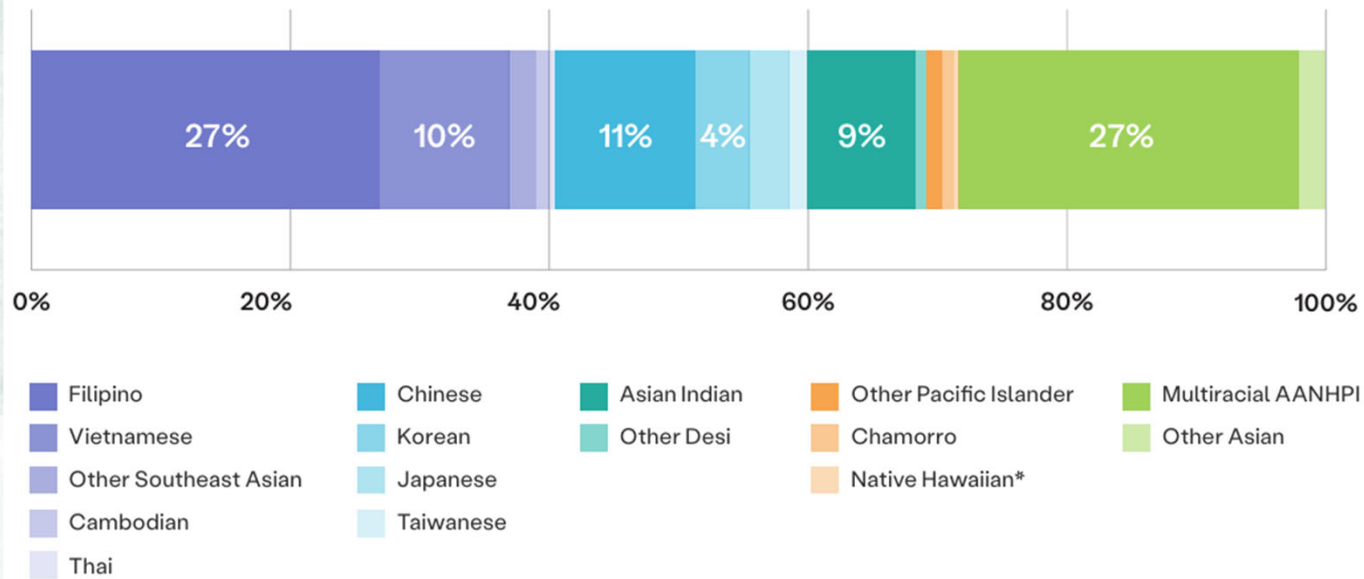
Figure 4: AANHPI Representation in San Diego County, 2005-2022. By subgroup.



From *State of San Diego Asian Americans, Native Hawaiians & Pacific Islanders Report December 2024*, by San Diego Regional Policy & Innovation Center.

AAPI Population Subgroups

Figure 1: AANHPI Population Subgroups in San Diego County, 2022



From *State of San Diego Asian Americans, Native Hawaiians & Pacific Islanders Report December 2024*, by San Diego Regional Policy & Innovation Center.

AAPI Youth Mental Health

Increasing rates of mental health concerns

- 48% of AAPI youth aged 14-25 scored above threshold for moderate depression
- 30% of AAPI youth aged 14-25 reported considering or attempting suicide.
- For AAPI LGBTQ+ youth, even higher rates
 - 68% reported anxiety, 61% reported depression, 40% considered suicide
- Suicide rates for AAPI youth (ages 5-24) doubled from 1999 to 2021
- Suicide is the leading cause of death among AAPI youth

¹The Asian American Foundation (TAAF), 2024

²The Trevor Project, 2022

³Reyes et al., 2024

AAPI Youth Mental Health

Increased discrimination

- 53% of AAPI adults experienced hate incident(s) in 2024
- 47% of Pacific Islander adults experienced hate acts (harassment, discrimination, or violence) due to their race/nationality in 2024
- 93% of AAPI youth reported experiencing race-based discrimination in the past year, contributing to distress

¹Stop A/

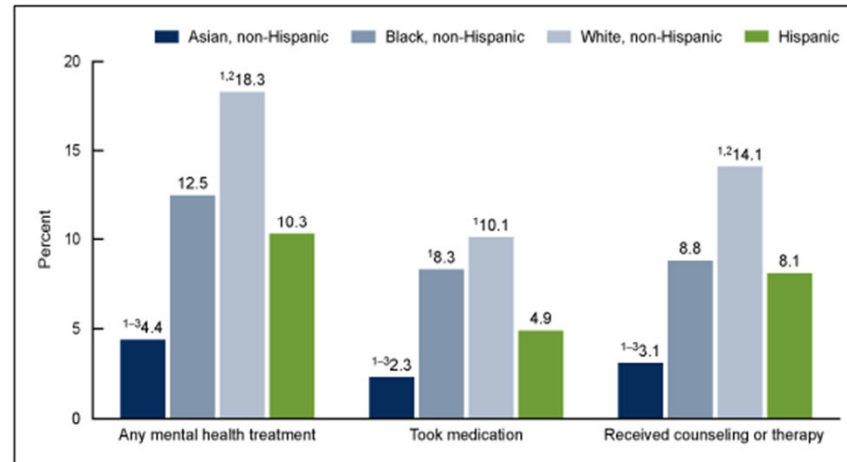
²Stop A

³The Asian American F

AAPI Treatment Utilization

Among all racial groups, AAPI adults and children have the lowest rates of mental health treatment.

Figure 3. Percentage of children aged 5–17 years who had received any mental health treatment, taken medication for their mental health, or received counseling or therapy from a mental health professional in the past 12 months, by race and Hispanic origin: United States, 2021



From NCHS Data Brief No. 472

¹Terlizzi & Schiller, 2022

²Zablotsky & Ng, 2023



Barriers to Mental Health Care

Barriers to Mental Health Care



Cultural stigma



Family &
community pressure



Language
barriers



Lack of
culturally
competent care



Lack of
awareness



Cultural stigma



Mental health seen as “weakness”



Emphasis on saving face / family reputation



Family & Community pressure



“Handle it within the family”



Avoid bringing shame



Language Barriers



Limited access to providers who speak native languages



Difficulty expressing emotions in English



Mismatch in clinical terms and understanding



? **Lack of culturally competent care**

 Providers may not understand cultural values and family systems

 Misdiagnosis or disconnect

- 34% of AAPI youth report wanting more accessible mental health professionals who understand their racial/ethnic/cultural background
- 36% of AAPI youth report wanting parent training programs to educate caregivers about youth's mental health needs



Lack of awareness



Mental health education is limited in many API communities

Common Themes



present with
somatic
symptoms



emotional
distress not
verbalized



only seek
help when
symptoms
are severe



academic
success

MCC's Specialty



**Culturally
rooted
care**



**Language
Access**



**Strengthen
family system**



About MCC

Community Counseling

Population:

-AAPI, Latino, Middle Eastern

Age:

Up to 20 years old

Services:

- Individual Therapy
- Family Therapy
- Case Management
- Parenting Support
- Psychiatric Services

SchoolLink Services

AAPI youth at the
following schools:

- Bell Middle
- Bethune K-8
- Challenger Middle
- Mann Middle
- Preuss School

Insurances

- Medi-Cal
- No Insurance

Referrals

Email: tzlin@upacsd.com
Phone: (619) 578-2211
Web: upacsd.org

in partnership with



Resources

Reyes, M. P., Song, I., & Bhatt, A. (2024, May). Breaking the Silence: An Epidemiological Report on Asian American and Pacific Islander Youth Mental Health and Suicide (1999-2021). *Child Adolesc Ment Health* 29(2), 136-144. doi: 10.1111/camh.12708

San Diego Regional Policy & Innovation Center. (2024, Dec.). State of San Diego Asian Americans, Native Hawaiians & Pacific Islanders report. San Diego Foundation. <https://www.sdfoundation.org/wp-content/uploads/2024/12/SDF-AANHPI-Report.pdf>

Stop AAPI Hate. (2025, June 25). The state of anti-AA/PI hate in 2024. <https://stopaapihate.org/wp-content/uploads/2025/06/25-SAH-StateofHateReport-F-digital.pdf>

Stop AAPI Hate. (2025, December 17). Pacific Islander report: Insights and findings. <https://stopaapihate.org/2025/12/17/pacific-islander-report-dec25>

Terlizzi, E. P., & Schiller, J. S. (2022). Mental health treatment among adults aged 18–44: United States, 2019–2021 (NCHS Data Brief No. 444). National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:120293>

The Asian American Foundation. (2024). Beyond the surface: Understanding mental health among Asian American, Native Hawaiian, and Pacific Islander youth. <https://beyond-the-surface.s3.amazonaws.com/beyond-the-surface-youth-mental-health-report-2024.pdf>

The Trevor Project. (2022, June 29). The mental health and well-being of Asian American and Pacific Islander (AAPI) LGBTQ youth. <https://www.thetrevorproject.org/research-briefs/the-mental-health-and-well-being-of-asian-american-and-pacific-islander-aapi-lgbtq-youth>

Zablotsky, B., & Ng, A. E. (2023). Mental health treatment among children aged 5–17 years: United States, 2021 (NCHS Data Brief No. 472). National Center for Health Statistics. <https://dx.doi.org/10.15620/cdc:128144>



Our Safe Place



**THIS IS A
SAFE
SPACE**



Who we are:

- **County Funded Live Well Program**
 - **Fee for Service**
- **5 Drop in Centers**
 - **Escondido & Oceanside with YMCA**
 - **Golden Hill & Spring Valley with SDYS**
 - **Chula Vista with SBCS**
- **MediCal Therapy Clinic - Hillcrest**
- **Psychiatry Services**
- **Community Events, Outreach, and Trainings**

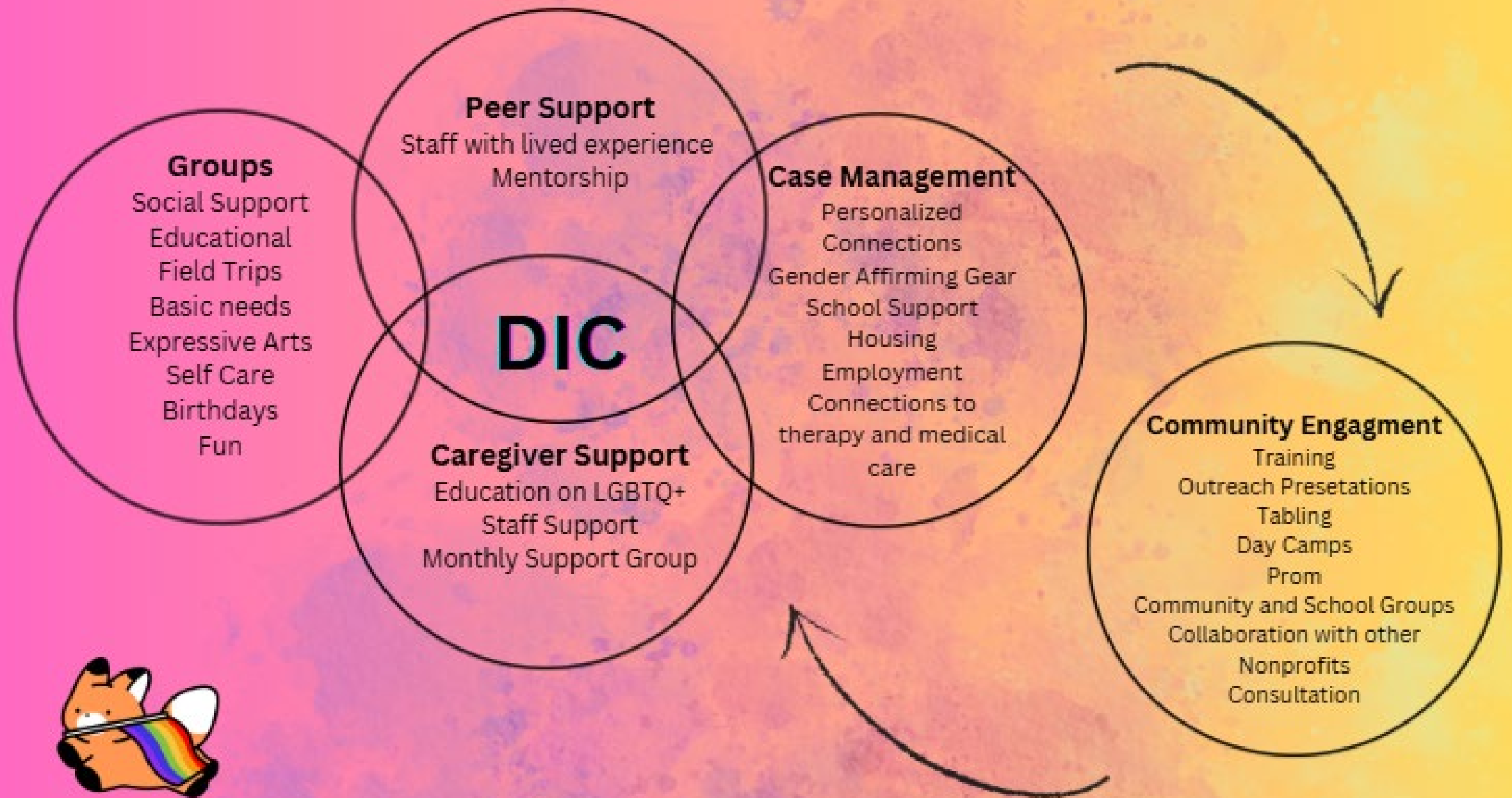
Who we serve:

- **LGBTQ+ Young Folks**
- **Up to Age 21**
- **Caregivers**

2025-2026 So Far:

DIC - 308 Clients Served
Clinic - 60 Clients Served
On track to expend 88%
of this year's available funds.





Mental Health Clinic

**Individual, Group, Family,
and Case Management**

**3 Clinicians
1 Case Manager**

**Meet SPs where they're at:
School, DIC, Home, ETC**

**Up to 6 months of treatment
with reassessment possible**

Telehealth

**Optional psychiatry with
Medication Prescriptions**



Who to Contact:



Clinic: kdeberardinis@sdyouthservices.org

Central & East: jbarnes@sdyouthservices.org

South : oursafeplace@csbcs.org

North: afavela@ymcasd.org

Email us if your interested in your group recieving this outreach presentation, our LGBTQ+ training, or if you would like to be added to our month activity calendar and newsletter mailing list.

Referring New Folks:



- Can be referred by a provider, teacher, or a friend
- Can self refer
- Can stop by to check out DIC
- Clinic accepts: Medi-cal, Underinsured, or Uninsured
- Please consider youth safety and if they are out to caregivers



OSP in the Last Year

Jack in Box Headquarters visit

Camp Surf with the Y

Gardening

Humble Horse (Equine Therapy)

Zoo Visit

Astronomy (Full Moon Nights)

NAMI Mental Health Groups

Breaking Down Barriers Support Groups

Speedfriending with Rainbow Space

Trans Youth Support Group



What's next for OSP

Gender Affirming Hair Cuts

Celestial Prom

Gender Affirming Make up

Drag Make up

Sign Making + Community

Pride - float decoration and Parade



BHSA FSP Designation and DCR Decommissioning

Changes Effective 7.1.26

BHIN 26-016 DHCS: [Contact-Us](#) – DCR MHSADCRSupport@dhcs.ca.gov

DHCS April 2026 Drafts: [HFW BHIN.pdf](#) | [HFW Policy Manual](#)

Background:

Effective July 1, 2026, California's [Behavioral Health Services Act \(BHSA\)](#) replaces the 2004 Mental Health Services Act (MHSA) and introduces a new funding structure under BHSA, inclusive of: Housing Interventions, Full Service Partnerships (FSP), and Behavioral Health Services and Supports (BHSS). As part of the BHSA implementation, some local programs previously designated as FSP will be reclassified.

Program Impact (Local Implementation)

- Effective July 1, 2026, 29 child serving outpatient programs including SchoolLink, Therapeutic Behavioral Services (TBS), Foster Family Agency Stabilization and Treatment (FFAST), Connections Community Counseling (CCC), and ChildNet Incredible Years (IY) are expected to transition out of FSP designation.
- High Fidelity Wraparound (HFW) will carry the FSP designation – impacting both local wraparound programs.

ACTION:

June 2026 Transition Planning: HFW Eligibility & Interest Review for Programs Ending FSP

- During or before June 2026, programs transitioning out of FSP will conduct case reviews to determine whether client may be an appropriate candidate for High Fidelity Wraparound (HFW)—either in addition to or in lieu of their current program enrollment.
- By June 30, 2026, and before the FSP designation ends (7/1/26), the program will document a Full-Service Partnership (FSP) Level of Care Review for every client who will remain enrolled on/after July 1, 2026.
- If transferring a client from FSP to a new provider, please refer to the OPOH Practice Guidelines (section L) for process to ensure timelines are met.

Client Indicators to Consider for HFW FSP: utilize April 2026 Draft Information Notice [HFW BHIN.pdf](#)

- LPHA to compare completed CANS Scoring against the HFW Decision Support Criteria (DSC) for youth six years and older to inform clinical decision making about the appropriateness of HFW, and document findings and referral outcome within the clinical record.

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

- For clients under the age of six consider that typically, HFW is leveraged when child present with high clinical need and complexity, including risk of out-of-home placement or institutional care. There is typically persistent functional impairment (home, school, community) with frequent crises and/or acute care utilization (e.g., ED or inpatient).
- HFW requires caregiver and client willingness to engage in intensive, team-based, family-centered services.
- [Wrap Connections | Fred Finch](#) – primarily focused on community referrals.
- [WrapWorks Program | County of San Diego | San Diego Center for Children](#) – primarily focused on system involved referrals (Child and Family Wellbeing & Probation).

Sample Documentation of HFW FSP Level of Care Review:

- Prior to program transition to non FSP on 7.1.26, client's needs were reviewed and determined that current clinical presentation and impairment level does not require HFW FSP level of care, and outpatient SMHS services will continue through this program. HFW Decision Support Criteria utilizing current CANS was completed and HFW was not indicated.
- With program upcoming transition to non FSP designation, HFW FSP referral was discussed with family and youth due to recent utilization of acute services, however the family declined referral at this time, with plan to continue existing services and review need at a future time. HFW Decision Support Criteria utilizing current CANS was completed and HFW was indicated.
- Prior to program transition to non FSP on 7.1.26, client's needs were reviewed and determined HFW may be appropriate due to clinical complexity and persistent functional impairment; family/youth expressed interest in exploring HFW as an ancillary service to existing care; HFW referral initiated. HFW Decision Support Criteria utilizing current CANS was completed and HFW was indicated.

DHCS Decommissions the DCR Effective 7.1.26

The Department of Health Care Services (DHCS) has announced the following changes to statewide Data Collection and Reporting (DCR) requirements for FSP programs:

- DHCS is removing the requirement for counties to report FSP outcomes in the DCR system.
- Counties will no longer be required to submit DCR data on newly completed partner assessments.
- Counties must continue submitting DCR data for all assessments completed through June 30, 2026.
- The final deadline to submit all remaining FY 25/26 assessments is October 1, 2026.
- DHCS expected to provide policy guidance in Spring 2026 that will outline statewide expectations for FSP reporting under BHSA.

Contact Information (OP2 Children's FSP DCR Support Team):

- Email: BHS.CYF.DCR.Support@sdcounty.ca.gov or SaskyaP.Caicedo@sdcounty.ca.gov Children's FSP/DCR Contract Officer Representative (COR) Lead.
- [Full Service Partnership](#)



DATE: April 7, 2026

Behavioral Health Information Notice No: 26-016

POLICY:

DHCS is removing the requirement that counties report FSP data via the DCR system. Effective July 1, 2026, counties will no longer be required to submit data on newly completed partner assessments. Counties shall continue to submit data for MHSA FSP partner assessments performed through June 30, 2026, by a final deadline of October 1, 2026.

This change is intended to reduce county reporting burden and implement updates to FSP programs as required under the BHSA. As counties implement BHSA FSP requirements, DHCS will utilize alternative data sources - including individual-service level (ISL) encounters for county-delivered behavioral health services - to support program oversight.

Table 1. Timeline for Sunsetting MHSA FSP Reporting to DCR

Step	Date
Revised policy eliminating DCR reporting for newly completed MHSA FSP partner assessments takes effect	July 1, 2026
Counties may begin submitting ISL encounters to DHCS (Note: ISL encounters are optional for counties between July 1, 2026 and December 31, 2026)	July 1, 2026
Counties submit all outstanding MHSA FSP data to DCR for FSP partner assessments performed through June 30, 2026	October 1, 2026 (or earlier)
DCR system decommissioned	October 2, 2026
All counties are required to submit ISL encounters to DHCS	January 1, 2027

Up To The Minute!

MH PROVIDER EDITION | MARCH 2026

Data Collection and Reporting System Retirement:

DHCS is removing a requirement that counties report data on Full Service Partnership (FSP) outcomes via the Data Collection and Reporting (DCR) system. Effective July 1, 2026, counties will no longer be required to submit DCR data on newly completed partner assessments. Counties shall continue to submit data on assessments performed through June 30, 2026, to DCR by a final deadline of October 1, 2026.

DHCS is making this change to alleviate county reporting burden and in recognition of alternative sources of FSP data that will become available under BHSA implementation. DHCS is committed to working with counties to ensure the successful implementation of new FSP program requirements under BHSA and will leverage existing and new sources of FSP data to support its oversight responsibilities. DHCS anticipates releasing policy guidance in Spring 2026 formalizing this change.

DHCS Decommissions the DCR Effective 7/1/26

Per [BHIN 26-016](#), the Department of Health Care Services (DHCS) has announced the following changes to statewide Data Collection and Reporting (DCR) requirements for FSP programs:

- DHCS is removing the requirement for counties to report FSP outcomes in the DCR system.
- Counties will no longer be required to submit DCR data on newly completed partner assessments.
- Counties must continue submitting DCR data for all assessments completed through June 30, 2026.
- The final deadline to submit all remaining FY 25/26 assessments is October 1, 2026.
- DHCS anticipates issuing formal policy guidance in Spring 2026 that will further outline statewide expectations for FSP reporting under BHSA.

BHSA Transition Update: Youth FSP Designation Changes

Beginning July 1, 2026, California's Behavioral Health Services Act (BHSA) will replace the Mental Health Services Act (MHSA), shifting statewide funding categories to be inclusive of Housing Interventions, Full-Service Partnerships (FSP), and Behavioral Health Services and Supports (BHSS). As part of local implementation, several child-serving outpatient programs will transition out of FSP designation, while High Fidelity Wraparound (HFW) will carry FSP designation moving forward.

Throughout June 2026, programs transitioning out of FSP classification will determine whether clients may be an appropriate candidate for HFW, either in addition to or in lieu of their current program enrollment. Programs will complete required Level of Care reviews, assess potential member eligibility for HFW using CANS and the Decision Support Criteria, and document all determinations before July 1.

Referrals to HFW may be made when clinical complexity, functional impairment, or recent acute service use indicate a need for a higher level of care and caregiver and client have a willingness to engage in intensive, team-based, family-centered services.

Additional guidance and information regarding tools and timelines will be shared in upcoming meetings.

SchoolLink San Diego

Updates



As **summer** approaches, SchoolLink providers are reminded to finalize a plan for service provision with school closures and proactively plan for the start of the new school year, making necessary connections with school personal before the summer break.

SchoolLink forms are being updated for the 2026-27 school year. Please share any recommended form improvements with the program Contracting Officer Representative (COR). One notable update is the inclusion of **'Skill Building'** programs under the umbrella of SchoolLink. Under Proposition 1 funding changes, select programming for elementary and middle school students will shift to offer Medi-Cal services. These 'Skill Building' programs will continue to primarily offer group services, and students are expected to be enrolled in only one SchoolLink program (discuss student specific exceptions with COR), i.e. either Core SchoolLink services, Teen Recovery SchoolLink, or Skill Building SchoolLink.

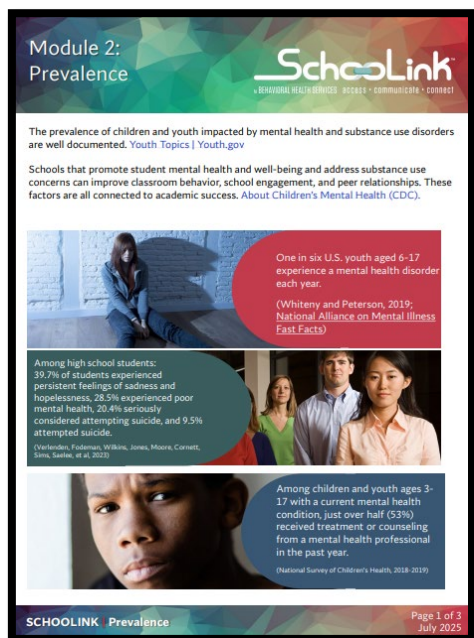
  **Referral for SchoolLink Services** 

INSERT SCHOOL NAME

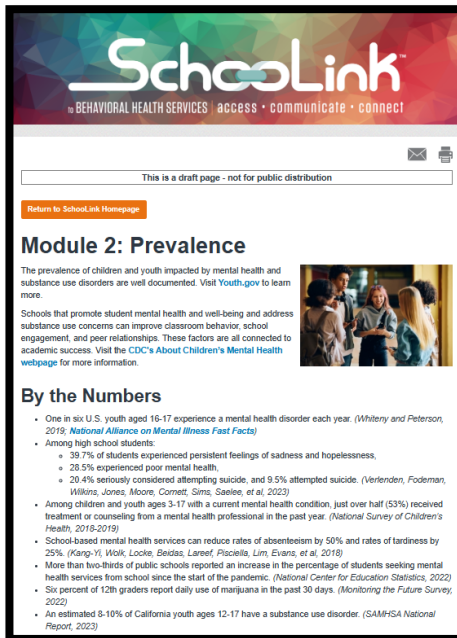
Select Core SchoolLink Provider	Select TRC SchoolLink Provider	Select Skill-Building SchoolLink Provider
Phone: Click here to enter text.	Phone: Click here to enter text.	Phone: Click here to enter text.
Fax: Click here to enter text.	Fax: Click here to enter text.	Fax: Click here to enter text.

To promote accessibility compliance, the **SchoolLink modules** will shift from a pdf format to a web-based structure. Modules will continue to be located at [SchoolLink San Diego](https://www.schoollink.org).

PDF Format



Web Format



Efforts to create a secure and automated **web-based referral portal** are ongoing, with projected roll out in the 2026-27 school year. Opportunities for input will be forthcoming.



Post Service - Post Payment Audits

DHCS [Audits & Investigations](#)

BHS [PSPP Tip Sheet \(pdf\)](#)

Conducted by DHCS's Audits & Investigations (A&I) unit—the MediCal Program Integrity office—PSPP audits involve chart-based reviews to verify that services billed were delivered, documented correctly, and compliant with contract and regulation requirements. Overpayments may be recovered if discrepancies are found. PSPP audits are administered under A&I's Contract and Enrollment Review Division (CERD), responsible for utilization reviews in behavioral health (including Drug MediCal Organized Delivery System) and managed care plans.

Please follow the PSPP Tip Sheet provided by BHS when completing the DHCS PSPP Review Process (referencing full tip sheet):



COMPLETING THE DHCS PSPP REVIEW PROCESS

PSPP Audits

- *Post Service Post Payment*
 - Involve chart reviews by DHCS at program using regulation and contract requirements.
 - Recovery/recoupment can occur.
- *Post Service Pre-Payment*
 - Formerly known as *monitoring reviews*; there is no financial recovery or recoupment.
 - Focus is on administrative oversight of charts, employee files, P&P's, site location
- QA is a resource for technical assistance

Provider's Role

- Responsible for notifying the COR and QA when DHCS schedules a review.
- Responsible for reviewing final DHCS report.
- Write initial draft of CAP and submit to QA within 30 days.
- Forward all DHCS correspondence to QA.
- If CAP is approved, continue to work with QA for the implementation plan and retain evidence of implementation.
- Maintain records verifying that actions denoted in the CAP are being aptly adhered to.

BHS Quality Improvement Projects

Client follow-up post Emergency Department (ED) discharge

April UTTM Notice – [Population Health Updates](#)



Program Managers may receive emails regarding clients who are discharged from the hospital:

From: Miles, Elizabeth (Liz)
Sent: Tuesday, April 28, 2026 4:29 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: Confidential: Follow up For [REDACTED] Seen in ED-4/23/26

Dear [REDACTED],

BHS has partnered with Blue Shield Promise and Kaiser Permanente through an Institute for Healthcare Improvement (IHI) Learning Collaborative to pilot a new data-sharing process to improve provider follow-up rates after emergency department (ED) visit. Historically, BHS has not had timely visibility when clients accessed emergency services for mental health and/or substance use needs, which has limited our ability to follow up right after a client's ED visit. As part of new follow-up protocol that BHS will be testing in April and May, providers will be contacted when their clients have had a recent emergency room visit for a behavioral health concern.

Please reach out to the following client, currently open to [REDACTED], who was recently seen in the emergency room (4/23/26) for a behavioral health concern:

[REDACTED], CIN # [REDACTED]

BHS is requesting that your team please connect with the client(s) within 72 hours after receiving this notification to (1) conduct a brief wellness check and ensure they are aware of available services and supports, and (2) assist them in scheduling a follow-up appointment at your program. Please utilize the script included below when contacting clients. The goal of this new process is to follow up with BHS clients within 72 hours of ED discharge and provide a service within 15 days.

Please note that all attempts to contact the client should be documented in SmartCare. If the provider reaches the client and provides a follow up service to the client, as defined by the procedure code definition below, this may be captured as a Targeted Case Management service.

Procedure Name Displayed in EHR	Procedure Definition (Developed by CalMHSA)
TCM/ICC	Services that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; placement services; and plan development. Each 15 minutes. This is also the code utilized to capture Intensive Care Coordination (ICC) services. Targeted Case Management is a type of Care Coordination code that can be used by DMC-ODS providers.

If a provider attempts to contact the client but is unable to reach them, this should still be documented in the form of a non-billable note.

Procedure Name Displayed in EHR	Procedure Definition (Developed by CalMHSA)
Brief Contact Note	Used to document a brief, non-treatment services contact with the client, such as confirming an appointment.
Non-Billable Attempted Contact	To be utilized when documenting attempts to contact a client but have been unsuccessful in reaching them.
Client Non Billable Srvs Must Document	Any other non-billable service that must be documented and is not better accounted for by other available non-billable procedure codes.

Phone Call Script from Provider to Client:

Hi Mr./Ms. [Client Name], this is [Provider Name] and I am a [role] from [Clinic/Program Name]. I am calling to check in with you because we received notice that you were recently in the [Hospital Name if appropriate] ED. I wanted to connect with you from our care team to see how you're doing and schedule an appointment with you.

As your current provider, we will be the one to continue providing your ongoing mental health care. [Kaiser/Blue Shield] will be checking in with you to make sure you get your ongoing care with us. Your next scheduled appointment is OR Here are some days and times that we can see you, which day and time works for you?

[If the client says they already spoke with someone from their health plan] If your health plan has already contacted you, they may have talked about follow-up care or resources. We want to make sure we're aligned and that everything they discussed still works for you.

If things start to feel overwhelming before your scheduled appointment, please know you can contact our clinic or reach out to crisis support at 9-8-8. We want to make sure you have support when you need it. Thank you for taking a few minutes to talk with me today. If anything comes up before [restate appointment time and date], please don't hesitate to reach out to us.

Questions:

Please do not reply to this email. If you have questions, please contact us at bhspophealth.hhsa@sdcounty.ca.gov and someone will return your email within one business day.

As noted in the body of the email, BHS is working with Blue Shield and Kaiser regarding data sharing to improve timely follow-up after members have been discharged from the hospital. Instructions are included in the email and contact information for any questions related to this Performance Improvement Project (PIP) can be sent to bhspophealth.hhsa@sdcounty.ca.gov.

QSR Outcomes Reports

CoSD CANS Quarterly Status Report
CoSD PSC Quarterly Status Report



LIVE WELL
SAN DIEGO

NEW CoSD SmartCare QSR Outcomes Reports that reflect year-to-date program level data are available for FY2526
Quarter 4 Reporting (CANS 6-21 & Parent PSC 3 -18) – The Early Childhood CANS Summary report will be available in FY2627

SYSTEM OF CARE EVALUATION									
Initial to Discharge Assessment - CANS Summary									
PROGRAM ID - PROGRAM NAME					Total SmartCare Discharges N ^a = 387				
Discharged Clients with a Discharge CANS 250									
Number of discharged clients ^{b,c} ages 6-21 who have CANS data available for discharge assessment.									
Quarterly Status Report Objectives									
1. Discharged Clients with Initial and Discharge CANS 218									
Number of discharged clients ^{b,c} ages 6-21 who have CANS data available for both initial and discharge assessments. ^d									
2. Impairment Reflected on Initial CANS ^d									
For discharged clients ^{b,c} (ages 6-21), what number of actionable needs (2 or 3) did they have across the Child Behavioral and Emotional Needs, Risk Behaviors and Life Functioning domains at intake?									
2a. Percent of clients who had no actionable needs on their initial assessment. ^d 5.5% 12 of 218									
2b. Percent of clients who had 1 - 5 actionable needs on their initial assessment. ^d 63.8% 139 of 218									
2c. Percent of clients who had 6+ actionable needs on their initial assessment. ^d 30.7% 67 of 218									
3. Actionable Needs on Initial CANS ^d					4. Progress at Discharge ^{b,c,d}				
Number of clients who entered services with actionable need ('2' or '3') in the following areas:					Number of clients who moved from a '2' or '3' to '0' or '1' in the following areas:				
3a. Life Functioning 74.3% 162 of 218					4a. Life Functioning 81.5% 132 of 162				
3b. Risk Behaviors 23.4% 51 of 218					4b. Risk Behaviors 92.2% 47 of 51				
3c. Child Behavioral and Emotional Needs 92.7% 202 of 218					4c. Child Behavioral and Emotional Needs 87.1% 176 of 202				
a. SmartCare Discharges: Clients ages 6-21 with a discharge in SmartCare in the reporting period; may be duplicated.									
b. Discharged clients: Clients with a discharge CANS assessment at this program in SmartCare (ages 6-21 at enrollment).									
c. Clients with more than one discharge CANS assessment in a reporting period may be duplicated.									
d. Initial CANS assessment may have been completed at a different program, and may precede the reporting period.									
Selection Criteria: Clients with SmartCare Discharge CANS Assessment Date between 7/1/2025 and 4/30/2026.									

SYSTEM OF CARE EVALUATION									
Initial to Discharge Assessment - Parent PSC Summary									
(Administered to caregivers of youth ages 3- 18 only)									
PROGRAM ID - PROGRAM NAME					Total SmartCare Discharges N ^a = 407				
Discharged Clients with a Discharge PSC 182									
Number of discharged clients ^{2,3} ages 3-18 who have PSC data available for discharge assessment.									
Quarterly Status Report Objectives									
1. Discharged Clients with Initial and Discharge PSC 159									
Number of discharged clients ^{2,3} ages 3-18 who have Parent PSC data available for both Initial and Discharge assessments ^{3,4}									
2. Impairment Reflected on Initial PSC ⁴									
Programs shall identify the number of discharged clients ^{2,3} at or above the clinical cutoff score (indicating impairment at initial assessment) on any of the three Parent PSC subscales or total scale score at initial assessment. ⁴ 71.1% 113 of 159									
3. Improvement at Discharge									
Programs shall identify the number of discharged clients ^{2,3} ages 3-18 who had the following levels of treatment improvement, defined as reductions from initial ⁴ to discharge on the Parent PSC total scale score.									
3a. Percent of caregivers who reported no improvement (0 or 1-point reduction). 8.2% 13 of 159									
3b. Percent of caregivers who reported a small improvement (2-4 point reduction). 11.3% 18 of 159									
3c. Percent of caregivers who reported a medium improvement (5-8 point reduction). 15.1% 24 of 159									
3d. Percent of caregivers who reported a large improvement (9+ point reduction). 53.5% 85 of 159									
3e. Percent of caregivers who reported an increase in impairment (1+ point increase). 11.9% 19 of 159									
4. Reliable Improvement at Discharge									
Programs shall identify the number of discharged clients ^{2,3} ages 3-18 who had at least 6-point reduction on the parent PSC total scale score, demonstrating reliable improvement 64.8% 103 of 159									
5. Clinically Significant Improvement at Discharge for clients impaired at intake 73.5% 83 of 113									
Number of discharged clients ^{2,3} who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment ⁴ at discharge and who had at least a 6-point reduction on the Parent PSC total scale score demonstrating clinically significant improvement.									
1. SmartCare Discharges: Clients ages 3-18 with a discharge in SmartCare in the reporting period; may be duplicated.									
2. Discharged clients: Clients with a discharge PSC assessment at this program in SmartCare (ages 3-18 at enrollment).									
3. Clients with more than one discharge PSC assessment in a reporting period may be duplicated.									
4. Initial PSC assessment may have been completed at a different program, and may precede the reporting period.									
5. Clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 5 or higher, or externalizing subscale score of 7 or higher.									
Selection Criteria: Clients with SmartCare Discharge PSC Assessment Date between 7/1/2025 and 4/30/2026.									

The Quarter 4 QSR for FY2526 has been updated for programs to include the CANS and PSC information:

2. CANS AND PSC OUTCOMES DATA: Program to enter YTD Q4 data using SmartCare's COSD CANS & PSC Quarterly Status reports.					
Number	CANS OUTCOME OBJECTIVES	YTD Results			
		%	X of Y		
		Green = Meets Expectation Red = Provide Mitigation Plan			
Total SmartCare Discharges N (Clients ages 6-21; may be duplicated)		Discharged Clients with a D/C CANS		Completion Rate	0%
Not all discharged clients will have a discharge CANS. However, the goal is to maximize completion rates. When completion rate is under 75% please outline barriers and active mitigation. Programs may access CANS Tool - 2023 CALMHSA for guidance or reach out to QIMatters.HHSA@sdcounty.ca.gov or soce@health.ucsd.edu for support through CASRC.					
1	Discharged Clients with Initial and Discharge CANS Number of discharged clients ages 6-21 who have CANS data available for both initial and discharge assessments				
2	Impairment Reflected on Initial CANS For discharged clients (ages 6-21), what number of actionable needs (2 or 3) did they have across Child Behavioral and Emotional Needs, Risk Behaviors and Life Functioning domains at intake?				
2a	Clients who had no actionable needs on their initial assessment (goal of 0)	0%			
2b	Clients who had 1-5 actionable needs on their initial assessment	0%			
2c	Clients who had 6 or more actionable needs on their initial assessment	0%			
2d	100% of clients ages 6-21 shall have at least one actionable need (2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors or Life Functioning domain on their initial CANS. [Add numbers from 2b & 2c]	0%			
3	Actionable Needs on Initial CANS Number of clients who entered services with actionable needs (2 or 3) in the following areas:				
3a	Life Functioning	0%			
3b	Risk Behaviors	0%			
3c	Child Behavioral & Emotional Needs	0%			
How does program address outcomes under the minimum goal?					
4	Progress at Discharge Number of clients who moved from a 2 or 3 to 0 or 1 in the following areas:				
4a	Life Functioning (80% goal)	0%			
4b	Risk Behaviors (80% goal)	0%			
4c	Child Behavioral & Emotional Needs (80% goal)	0%			

Parent PSC Outcome Objectives				%	X of Y
Total SmartCare Discharges N (Clients ages 3-18; may be duplicated)		Discharged Clients with a D/C PSC		Completion Rate	0%
Not all discharged clients will have a discharge PSC. However, the goal is to maximize completion rates. When completion rate is under 50%, please outline barriers and active mitigation. Programs may access Pediatric Symptoms Checklist - 2023 CALMHSA for guidance or reach out to QIMatters.HHSA@sdcounty.ca.gov or soce@health.ucsd.edu for support through CASRC.					
1	Discharged Clients with Initial and Discharge PSC Number of discharged clients ages 3-18 who have Parent PSC data available for both Initial and Discharge assessments.				
2	Impairment Reflected on Initial PSC Number of discharged clients, at or above the clinical cut off score (indicating impairment at initial assessment) on any of the three Parent PSC subscales or total scale score at initial assessment.	0%			
3	Improvement at Discharge Number of discharge clients ages 3-18 who had the following levels of treatment improvement, defined as reductions from initial to discharge on the Parent PSC total scale score.				
3a	Caregivers who reported no improvement (0 or 1 point reduction)	0%			
3b	Caregivers who reported a small improvement (2-4 point reduction)	0%			
3c	Caregivers who reported a medium improvement (5-8 point reduction)	0%			
3d	Caregivers who reported a large improvement (9+ point reduction)	0%			
3e	Caregivers who reported an increase in impairment (1+ point increase)	0%			
4	Reliable Improvement at Discharge - (minimum 50% goal) Number of discharge clients ages 3-18 who had at least a 6-point reduction on the Parent PSC total scale score, demonstrating reliable improvement.	0%			
5	Clinically Significant Improvement at Discharge for Clients Impaired at Intake - (minimum 50% goal) Number of discharged clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment at discharge and who had at least a 6 point reduction on the Parent PSC total scale score demonstrating clinically significant improvement.	0%			
How does program address outcomes under the minimum goal?					

At the SmartCare User Group on 4.21.26 a reminder was given of the importance of entering paper CANS & PSC forms into the EHR electronically, as it impacts data:

Reminders – Electronic vs Paper Documentation in SmartCare




- CANS or PSC forms completed on paper must also be entered electronically into SmartCare
 - Failure to enter the CANS or PSC electronically results in incomplete data reporting to the State.
- Refer to [Outcome Measures for Children and Youth BHS Information Notice 2024-09-03](#) available on Optum SMH & DMC-ODS Health Plans page under the Communications Tab for additional guidance.
- Documentation completed using Down Time forms or hard copy/paper forms are required to be uploaded/scanned into SmartCare in a timely manner.
- Best Practice – follow DHCS's documentation standards (completed within 3 business days of providing service, exception – crisis services completed within 1 calendar day)

End of Year Reminders

BHS Information Notices – [Important Provider Updates](#)

- End of Year Email Bulletin - [Attachments](#)

Gov Delivery – [Sign up](#) to receive [BHS Communications via email](#)



Signatory Authorization Form (SAF) - [Instructions](#)

BHS Providers Signatory Authorization Form (SAF) Instructions

The BHS [Signatory Authorization Form \(SAF\)](#) shall be completed per Organization/Legal Entity identifying that the Legal Entity top executive has authorized/delegated authority to the individual(s) listed on the form to sign all or specified documents on behalf of the organization.

Legal Entity must complete the form 30 days upon new contract execution, 30 days upon changes to key contacts, and annually 30 days after the start of the new Fiscal Year. If a SAF has been submitted within the fiscal year, the Legal Entity does not have to resubmit during the annual review.

NOTE: The SAF can be completed via an electronic Smartsheet form or completed via PDF for manual entry. The PDF format requires Top Executive signature (e-signature or wet signature is acceptable).

Subcontractor/Consultant Agreements – [Checklist](#)

All BHS Subcontractor/Consultant Agreement(s) must be pre-approved, regardless of dollar amount and payment type, prior to the effective date of the subcontractor agreement or before the start of services. Contractors must request written pre-approvals at a minimum of two (2) weeks prior to the effective start date of subcontractor agreement.

- A written pre-approval must contain the following four components for each subcontract and/or consultant agreement:
 1. Name of the organization or individual.
 2. Brief scope or description of what services/products the subcontractor(s) and/or consultant(s) will provide relevant to the main contract.
 3. Agreement amount.
 4. Agreement term.
- For Fixed Price contracts, contractors are only required to submit the [BHS Subcontractor/Consultant Pre-Approval Form](#).

Inventory Guidelines – [Report Form](#)

The County of San Diego (County) requires contractors to submit an inventory report at least annually, no later than thirty (30) calendar days into each new contract year and when any updates occur throughout the year (i.e. new items charged to the contract or items are lost, stolen, damaged, disposition or salvage).

The inventory report must list all capital assets and minor equipment that have been purchased in whole or in part with County contract funds since contract start date, including property acquired through lease purchase agreements.

- **Cost Reimbursement (CR) payment type:** All capital assets and minor equipment charged to the contract shall be listed on the inventory report.
- **Hybrid and Fixed Price (FP) payment type:** Contracts with budget line items purchased with County funds or one-time funding (i.e., ancillary funding) for equipment which are usually reimbursed at cost to the contractor, are required to follow the same inventory procedures as CR contracts for those items ONLY.
- **Previously Retained Inventory:** Contracts that have received prior approval to retain inventory purchased with County funds (submitted an inventory retention form that was approved), no inventory report is required.

BACKGROUND

As part of the County of San Diego Behavioral Health Services mission to support providers, improve quality, and enhance services, UC San Diego's Research Centers (CASRC and HSRC) will engage programs in a Program Performance Improvement (PPI) review process personalized to that program's specific needs and challenges.

ROLE OF THE RESEARCH CENTERS

The PPI protocol leverages the analytic and applied expertise of the research centers to streamline the process for you. You will have access to a PPI Toolkit, comprised of worksheets and resources to facilitate problem-solving and goal-setting. CASRC and HSRC will train key staff to use the PPI Toolkit, fill in resource gaps, and support implementation and evaluation of action plans.

PROCESS

REVEAL

Identify barriers, inefficiencies, and/or areas for enhancement

CASRC/HSRC works with CORs, PMs, clinicians, and program staff to identify strategic areas for performance improvement

REALIZE

Develop actionable goals and intervention plans

CASRC/HSRC collaborates with staff/administrators and the BHS Population Health Unit to understand the problem, isolate causes, develop strategies, and plan interventions

RESOLVE

Implement successful strategies

CASRC/HSRC supports evaluation of interventions to determine success of the strategy and feasibility of broader implementation

HOW TO GET STARTED

If you have an idea for a PPI for your program, please let your Supervisor/Program Manager know!

Program Managers, please contact your UC San Diego PPI leads:

CASRC (CY): Amy Chadwick, aechadwick@health.ucsd.edu

HSRC (AOA/SUD): Katie Rule, klrule@health.ucsd.edu