Program Manager Meeting Agenda

Behavioral Health Services - Outpatient Services for Children, Youth and Families
January 8, 2026 | Zoom | 9:30 – 11:30 am

- Welcome – Saskya Caicedo
- Quality Assurance Updates (System of Care) – Rachel Fuller, Diana Daitch-Weltsch
  - Mental Health Updates: Collateral Codes
  - Substance Use Updates: SUD: DMC – ODS Service Table
  - Critical Incident Reports (CIR) – Contact person for Holiday & Weekend Reporting
  - BHIN 25-042 – Behavioral Health Member Handbook Notice of Significant Changes
    - 2026 Behavioral Health Member Handbook Attestation Form due by 1/31/2026
- System Collaboration Updates – Shaun Goff
  Transition of Care (TOC) – Managed Care Plan (MCP) Connections – NYCU Handout
  - DHCS: Screening and Transition of Care Tools for Medi-Cal Mental Health Services
  - DHCS: Transition of Care Tool for Medi-Cal Mental Health Services
  - Local: Fiscal Year 24-25 UTTM Combined (MH)
  - Local: MCP Contact Information
- San Diego County Office of Education – Heather Nemour & Violeta Mora
  Preventing and Reporting Human Trafficking in Schools
  - School-based Human Trafficking Toolkit
  - School Protocols for Reporting Human Trafficking (Condensed)
  - Parent and Caregiver Human Trafficking training opportunities – January 2026 & February 2026
- Presentation – San Diego Youth Services ICARE- Ember Price
  - ICARE Referral Form
  - Human Trafficking Awareness Event – 1/31/2026
  - Human Trafficking Awareness Event – Tabling Opportunities 1/31/2026
- Presentation – North County Lifeline Community Connections Counseling – Samantha Torpey
  North County Lifeline Community Connections Counseling Referral Form
- Perinatal Guidelines – NYCU Handout - Terri Kang
  - Perinatal Guidelines Update 2025 – DHCS
  - DMC-ODS Providers Required Training Webpage – BHS Website
  - Perinatal Practice Guidelines Training Document 2025.pdf - BHS Training
- Networking with colleagues
- Announcements (System of Care)
  - BHS Info Notice & BHIN 25-019 Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements
    - SDSU Academy of Professional Excellence: A 90-minute recorded eLearning, Culturally Responsive Behavioral Health Care with Trans and Nonbinary People, is expected to be available on 1/12/2026. The training includes post-test questions and meets BHIN requirements. A flyer with access instructions will be distributed upon release.
  - BHIN 23-056 and 23-057 – MHP MOU Annual Training
    - Initial Training Attestation Form
  - Commercial Sexual Exploitation of Children - Webpage
  - Birth of Brilliance Conference: 2/26/2026 – Early Bird Registration ends 1/16/2026
  - 16th Annual Primary Care & Behavioral Health Integration Summit: 1/27/2026 & 1/29/2026
  - Save the Date: Critical Issues in Child and Adolescent Mental Health Conference (CICAMH) - 5/8/2026
- Next Meeting: March 12, 2026 | 9:30 - 11:30 am

Note: Meeting packets are emailed prior to the meeting, distributed during the meeting and can be requested from Rhonda.Crowder@sdcounty.ca.gov.

To:	**BHS County-Operated and BHS Contracted Service Providers – SMH & DMC-ODS**
From:	**Behavioral Health Services**
Date:	**November 17, 2025**
Title	**New Caregiver/Collateral Services Procedure Codes and Mode of Delivery Updates**

Effective **12/1/2025**, Caregiver Services procedure codes will be available to SMH and DMC-ODS outpatient providers for claiming purposes. The addition of these new procedure codes will allow providers to more accurately document and track when providing caregiver/collateral services.

Caregiver/Collateral Definition
Centers for Medicare & Medicaid Services (CMS) define "caregiver" as *"an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation"* and *"a family member, friend, or neighbor who provides unpaid assistance to a person with a chronic illness or disabling condition."* Under this definition, a caregiver is one who furnishes unpaid assistance to a person with a chronic illness or disabling condition and is in a position to assist the patient in carrying out an established treatment or care plan.

Caregiver/Collateral Services
A caregiver/collateral service is an activity involving a significant support person in the beneficiary's life for the purpose of addressing the behavioral health needs of the beneficiary in terms of achieving goals of the beneficiary's treatment and care plan.

Caregiver/Collateral services may include, but are not limited to:

- Consultation of the significant support person(s) to assist in better utilization of behavioral health services by the client,
- Consultation and training of the significant support person(s) to assist with better understanding of the mental health or substance use disorder, and
- Family counseling with the significant support person(s) in achieving the goal of the client's treatment. The client may or may not be present for this service activity.

What is *Not* Considered Caregiver/Collateral Services?
Services provided for the purposes of referrals/linkages or case management needs would not be considered caregiver/collateral services. Coordination and collaboration with other behavioral health providers, MCP providers, ancillary service providers, parole/probation officers for treatment purposes would not be considered caregiver/collateral services, as these providers or individuals would not, in *most* cases, be considered significant support individuals as defined by CMS.

Procedure Codes and Required Mode of Delivery (MOD) Modifiers
Providers should review the CalMHSA Procedure Code List available on the CalMHSA Knowledge Base website: https://2023.calmhsa.org/procedure-code-definitions/ for full definitions and allowable disciplines for these codes. Additional information regarding minimum and maximum claiming times/units and allowable places of service can be reviewed on the most current DHCS Fiscal Year 2025-26 Service Tables:

- SMHS Service Table FY 25-26 (revised 10/2025)
- DMC-ODS Service Table FY 25-26 (revised 10/2025)

For More Information:

- QIMatters.HHSA@sdcounty.ca.gov

To:	**BHS County-Operated and BHS Contracted Service Providers – SMH & DMC-ODS**
From:	**Behavioral Health Services**
Date:	**November 14, 2025**
Title	**New Caregiver/Collateral Services Procedure Codes and Mode of Delivery Updates**

When claiming a Caregiver Service, providers **must** select the appropriate Mode of Delivery that maps to the type of service rendered and attach the required modifier or the claim will be denied.

Procedure Code	Mode of Delivery - Modifiers – Service Category
96202 Multi-family group behavior management with parents/caregivers w/o patient present; initial 60min Min time to claim: 31min	*Providers should select the MOD that <u>most accurately</u> describes the focus of the provided service or intervention being claimed*. COLL – Assessment (CG) • MH: Assessment • SUD: Assessment COLL – Care Coordination (HT) • SUD • MH COLL – MH Medication Support (RD) • **MH only** COLL – MH Psychosocial Rehab (HH) • **MH only** COLL - MH Crisis Intervention (ET) • **MH Only** COLL – Family Therapy (HS) • MH: Family/Couple without client present • SUD: Family/Couple without client present COLL – MH Treatment Planning (HI) • **MH Only** COLL – SUD Individual Counseling (V1) • **SUD only** COLL – SUD Medication (HF) • **SUD Only** – Medication for Addiction Treatment
97550 Caregiver training w/o patient present, face to face; initial 30 min Min time to claim 16min	
97552 Group Caregiver training w/o patient present, face to face with multiple sets of caregivers; 45mins Min time to claim: 23 min	
G0539 Caregiver training in behavior management/ modification, w/o patient present, face to face; initial 30 min Min time to claim: 16min	
G0541 Caregiver prevention training w/o patient present, face to face; initial 30 min Min time to claim: 16min	
G0543 Group caregiver prevention training w/o patient present, face to face; 45 min Min time to claim: 23min	

For More Information:

- QIMatters.HHSA@sdcounty.ca.gov

Mental Health Services - Up To The Minute

General Updates

Critical Incident (CIR) Reminders:

- Report of Findings:
  - CIR ROFs are due 30 days *from date program became aware of incident*. This is sometimes misinterpreted as the date the CIR was submitted.
  - Programs are entitled to an extension for pending CME reports. Please let the QA specialist know via QIMatters if your program would like to extend the ROF due date while pending a CME report.
  - Please see tip sheet: Report of Findings FAQ and tip sheet

- Holiday and Weekend Reporting
  - We are asking all programs to identify a contact person(s) for CIR Holiday and weekend reporting. Please complete this form this form by **12/31/2025**.

Programs shall follow procedures outlined in the OPOH/SUDPOH for reporting a Critical Incident on Weekends and Holidays:

1. For a Critical Incident, submit the notification to QI Matters as soon as possible from awareness of the incident occurrence.
2. Each LE will identify key Senior Level staff (1-3) that are designated as the main contact person(s) for their program report of Critical incidents on weekends and holidays.
3. Each LE's designated staff will report the Critical Incident by calling and/or leaving a message with all required information including their call back number to the County Designated Staff. Each LE will be provided with the contact phone numbers of their County Designated Staff.
4. Refer to OPOH or SUDPOH for complete information on reporting.

UPDATE- Caregiver/Collateral Procedures Codes Delayed

The addition of new Caregiver/Collateral procedure codes was shared at the November SmartCare User Group and via a BHS Memo sent on 11/17/25 indicating that the procedure codes would be available for use as of 12/1/25 – however, due to errors with the rates provided by DHCS, there has been a delay in the set-up of these procedure codes in SmartCare. The EHR Team is currently with CalMHSA to ensure the correct set up of these codes and testing prior to release, availability in the PROD environment will be delayed. It is anticipated that these procedure codes will be available no later than **December 12, 2025**. We apologize for any inconvenience; programs should continue to document and claim services provided to caregivers and collateral contacts following current claiming processes.

QA MH - UP TO THE MINUTE
December 2025

Safety Plans in SmartCare:

As a reminder, if a program chooses to utilize one of the Safety Plans in SmartCare, there are two different available options: “Safety Plan (Client)” and “Safety/Crisis Plan”. To note, the “Safety/Crisis Plan” has a ‘Next Review’ section at the bottom of the form, causing the provider to receive recurring notifications to update the safety plan every “x” number of days as selected by provider. It has been noted that even after a client discharges, providers still receive these notifications which is being addressed to be remedied. QA recommends that programs utilize “Safety Plan (Client)” to avoid this issue and for ongoing Safety Plan updates.

Reminder: Problem Lists, Diagnoses and Flags in SmartCare

Providers should NOT be removing, editing, deleting clinical problems or diagnoses entered by another program – or any information entered by a different program. If there is question regarding a provided clinical problem or diagnosis, etc, providers should be reaching out and consulting with the assigning program. QA has provided guidance, both in our legacy system and within SmartCare, that programs should not be ending or removing clinical problems or diagnoses that were entered by another program without first consulting with the program to determine whether it would be clinically appropriate. The same guidance should be applied regarding client specific flags.
If this occurs, please reach out to QA directly with the relevant information including the client information and program that removed the diagnosis/clinical problem, and will provide appropriate follow up with the program directly.

New Resource Available: Guide to Medi-Cal Behavioral Health

- A new link has been added to the Optum Beneficiary & Families page with DHCS’ Guide to Medi-Cal Behavioral Health: What's Covered and How to Get Care.
- This page includes DHCS’ new brochure titled “Your Guide to Medi-Cal Behavioral Health Services: What’s Covered and How to Get Care,” which is available in both English and Spanish.
- Also included on the page are materials detailing types of support available, how clients can access care, and who to call if they need help or have questions.

Reminder: Medication Monitoring for Programs Prescribing Medication

- Medication Monitoring for the period of **Oct-Dec (Q2)** will be due by **January 15, 2026.**
- The required forms are posted on the Optum site under the “Monitoring” tab in the “MH” section.
    - Please ensure you are using the most up-to-date forms that are posted on Optum.
- Ensure all the fields are completed on the submission form before submitting to QI Matters.
- For programs with nothing to report for the quarter, you must complete the required forms to submit indicating the status for the quarter. Emails without the forms will not be accepted.

QA MH - UP TO THE MINUTE
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NOABD Monitoring

- While NOABD functionality is being developed in SmartCare, generating and tracking of NOABD's are on hold in SmartCare. In the interim, programs shall:
  - Utilize the NOABD templates on the SMH & DMC-ODS Health Plans page on Optum under the NOABD tab
  - Manually track NOABD information and submit to QA for monitoring
- Reference the NOABD Procedure and blank NOABD log template posted on the Optum site under the NOABD tab
- IMPORTANT PRIVACY REMINDER: Due to PHI being included, please encrypt NOABD logs when sending if not in the TLS system.
  - Please note that programs/legal entities on the County Transport Layer Security (TLS) secure email list have automatic encryption in place
  - If you are unsure if your program/legal entity is on the TLS list with automatic encryption, please encrypt as a precaution
- Reminder: NOABD Logs for **Quarter 2** are due to QI Matters by **1/15/2026**
- If your program has not sent in NOABD logs for any of the previous Quarters, please do so as soon as possible to ensure compliance

Integrated Handbook Update

- DHCS released BHIN 25-042 on 11/26/2025 with the new handbook templates
- QA is working on the Summary of Changes that will go out to providers by 01/01/2026
- The new handbook will be effective 02/01/2026

Training and Events

Quality Improvement Partners (QIP) Meeting

- Holiday hold for December
- Next scheduled QIP: January 28, 2025 from 1:00pm-3:00pm

SmartCare User Group Meeting

- Tuesday, December 16, 2025, from 11:00 am to 12:00 pm
  Link: **Join the meeting now**

QA Office Hours

December Session:

- Thursday, December 18, 2025, 3:00 pm – 4:00 pm: **Click here to join the meeting**

Technical Support Hours

Technical Support Hours: Technical Support Hours are virtual sessions where users can “drop in” based on role. These are intended for program staff who know what function they want to perform in SmartCare and would like a refresher on how to do it. Optum staff won't be advising program staff what they should do in the system, nor will they resolve live access issues or elevate system issues. Please visit the Optum website for the schedule and any updates: SmartCare Training.

Users can drop in by joining this MS Teams Link: Join the meeting

Date	Day	Time	Technical Support Hours
15-Dec	Monday	2pm-3pm	Outpatient Clinical Direct Services
16-Dec	Tuesday	2pm-3pm	Residential & Crisis Residential Admin/Clerical
17-Dec	Wednesday	2pm-3pm	Admin Billing Only
18-Dec	Thursday	2pm-3pm	Reports
19-Dec	Friday	2pm-3pm	Outpatient Admin Clerical Front Desk
22-Dec	Monday	2pm-3pm	Outpatient Clinical Direct Services
23-Dec	Tuesday	2pm-3pm	CSU Admin/Clerical
29-Dec	Monday	2pm-3pm	Admin Billing Only
30-Dec	Tuesday	2pm-3pm	Reports
5-Jan	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
6-Jan	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
7-Jan	Wednesday	2pm-3pm	Residential & Crisis Residential Clinical/Medical
8-Jan	Thursday	2pm-3pm	Admin Billing Only
9-Jan	Friday	2pm-3pm	Reports
12-Jan	Monday	2pm-3pm	Outpatient Admin Clerical Front Desk
13-Jan	Tuesday	2pm-3pm	Outpatient Clinical Direct Services
14-Jan	Wednesday	2pm-3pm	CSU Clinical/Medical
15-Jan	Thursday	2pm-3pm	Admin Billing Only
16-Jan	Friday	2pm-3pm	Reports

Management and Information Systems (MIS)

System Administration and Access – Managed by Cheryl Lansang
Contact: Cheryl.lansang@sdcounty.ca.gov

SmartCare Access Request Update

- ARF dated 10-17-25 must be used for access request. Submission of older ARFs will be rejected starting Dec. 1, 2025

- When submitting an ARF, include the staff name and type of ARF request on the subject line. For example: Jane do, Termination
- For new user, name change and reactivation requests, a completed ARF, Summary of Policies and Electronic Signature Agreement must be signed and submitted

System Administration & Development - Managed by Dolores Madrid-Arroyo.
Contact: Dolores.Madrid@sdcounty.ca.gov

SmartCare Access

- LMS required trainings should be completed **prior** to sending the ARF for access request to avoid having your access request from being rejected
- For password resets and login issues, please use the "Forgot your password" feature in SmartCare, contact CalMHSA help desk from 8am-5pm, M-F or call Optum at **(800) 834-3792** from 4:30am–11pm, 7 days a week, including Weekends & Holidays
- To avoid your claims being rejected, MHRS taxonomy must be updated to the following taxonomy or any taxonomy accepted by the State for MHRS: 2242, 2254, 246Z and 2470
- To avoid your claims from being rejected, Other Qualified Provider taxonomy must be updated to the following taxonomy: 171R, 3726, 373H, 374U and 376J
- Once taxonomy is updated, please email access inbox bhs_ehraccessrequest.hhsa@sdcounty.ca.gov so we can update the taxonomy in your account

Resources

System of Care (SOC) Application

- Behavioral Health Information Notices (BHINs) – DHCS notifies County BH Plans and providers of P&P changes via BHIN's as well as draft BHIN's for public input. Feedback can be sent directly to DHCS or BHS-HPA.HHSA@sdcounty.ca.gov.
- System of Care (SOC) Application – Reminder for required monthly attestation in the SOC application and completion of the Cultural Competency element. See SOC Tips & Resources Optum page for more information.
- Medi-Cal Transformation **(**aka CalAIM**) –** info also available at the Optum CalAIM Webpage for BHS Providers for updates on Certified Peer Support Services implementation, CPT Coding, Payment Reform, Required Trainings, and relevant BHINs from DHCS. For general questions on local implementation of Medi-Cal Transformation, email BHS-HPA.HHSA@sdcounty.ca.gov.

***NEW*: DHCS Licensing & Certification Guide:**

- DHCS has released a Licensing and Certification Reference Guide for each MH and SUD facility type with mandatory and voluntary elements that are determined by County. You can access the resource linked here: 10.31_Licensing and Certification Infographic.pdf

Email Contacts

QA MH - UP TO THE MINUTE
December 2025

• ARFs and Access questions?- Contact: BHS_EHRAccessRequest.HHSA@sdcounty.ca.gov
• EHR questions?- Contact: BHS_EHRSupport.HHSA@sdcounty.ca.gov
• Billing questions?- Contact: MHBillingUnit.HHSA@sdcounty.ca.gov
• CalAIM Q&As?- Contact: bhs-hpa.hhsa@sdcounty.ca.gov
• SMHS Documentation Standards/OPOH/UCRM questions?- Contact: QIMatters.HHSA@sdcounty.ca.gov

GovDelivery

- QA has transitioned all communications to the GovDelivery platform.
- **Already receiving our emails? No action is needed**—your email will be automatically transferred to the new platform.
- **Need to sign up to receive emails or having trouble receiving emails?** Click below to subscribe to topics applicable to you:
    - Specialty Mental Health Services
    - Drug Medi-Cal Organized Delivery System
    - SmartCare

QI Matters Frequently Asked Questions - December

Q: Does the Coordinated Care Consent form need to be completed in SmartCare, or can a signed paper version be uploaded? And is verbal consent permissible?

A: A paper version may be signed and uploaded, however, the form should be completed in the system in order to "drop the wall." (allows MH/SUD provider viewing access for care coordination). When completing the form in SmartCare, you would indicate ***Client Signed Paper Document***.

Due to regulations, verbal agreement is not applicable for the Coordinated Care Consent. It must be physically or electronically signed by the client.

a. **Select the method of capturing the signature. NOTE:** Regulations require a signature for documents related to releasing information, so you should not select the "Verbally Agreed Over Phone" option on this document.

Please see guidance on How to Complete a Coordinated Care Consent - 2023 CalMHSA and the Coordinated Care form explanation sheet found on the Optum site/UCRM tab.

Optum Website Updates: SMH & DMC-ODS Health Plans

MH Resources Tab:

- BHS Acronym List 2024 was uploaded in the *References* section of MH Resources Tab.
- MH Guidelines for Choosing Taxonomies was updated and uploaded to the *References* section of MH Resources Tab.

Beneficiary Tab:

- Tagalog versions of G&A Client Forms were updated and uploaded in the *G&A Client Form* sections of Beneficiary Tab.

Manuals Tab:

- mHOMS Outcome Measures Manual- March 2025 updated version was uploaded in the *MH* section of Manuals Tab.

UCRM Tab:

- Care Plan Explanation Sheet was revised and uploaded to *MH Only* section of UCRM tab.

Recent Communications

- 11/25/25 - BHS Information Notice: SmartCare Batch Upload Process
- 11/17/25 - BHS Information Notice: New Caregiver-Collateral Services Procedure Codes

Q2 MH PIPs – Network and Quality Planning/Population Health

1. **Access Times PIP**

Improve timely access from first contact from any referral source to first offered appointment for any specialty mental health service (SMHS).

The San Diego County Behavioral Health Services (SDCBHS) team and the University of California at San Diego (UCSD) Child and Adolescent Services Research Center (CASRC) team are currently finalizing interventions to address this PIP goal. The interventions are to begin January 1, 2026.

2. **Follow-Up After Emergency Department Visit for Mental Illness (FUM)**

Increase the percentage of adult, Medi-Cal-eligible beneficiaries from pilot emergency departments (EDs) who connect to Mental Health (MH) services within 7 and 30 days after an ED visit by 5%.

The SDCBHS and UCSD teams are currently finalizing interventions for this PIP, with the understanding that the intervention will commence on January 1, 2026.

For more information go to HSAG PIP

If you have further questions, please contact bhspophealth.hhsa@sdcounty.ca.gov

Is this information filtering down to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute*! Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Behavioral Health Services (BHS)
Communication

Date: December 26, 2025
To: BHS Service Providers
From: Behavioral Health Services
General Topic: Behavioral Health Member Handbook
Subject: Behavioral Health Member Handbook Notice of Significant Changes - Client Notification - January 1, 2026
Sent on behalf of:
Makenna Lilya, LMFT, Interim Behavioral Health Program Coordinator, MH QA
Nikki Watkins, PsyD, LMFT, Behavioral Health Program Coordinator, SUD QA

Dear BHS Providers,
In compliance with BHIN 25-042, the County of San Diego Behavioral Health Member Handbook has been updated to align with the DHCS policies released between September 2024 through December 2025. The updated member handbook will be effective on **February 1, 2026**.

To ensure compliance with regulations, counties are required to notify clients of significant changes to the handbook. The **2026-01-01-BHS Information Notice-Beneficiary Handbook Changes** attachment included with this email shall be used to notify clients of these changes (see attestation for acceptable notification options). This notice will be available on our Optum Beneficiary & Families page.

Programs shall post the **2026-01-01-BHS Information Notice-Beneficiary Handbook Changes** at their program site no later than **01/01/2026**

Programs shall attest to notifying clients by **01/31/2026** by submitting an attestation at the following link: **https://forms.office.com/g/9xc8twM9fD**

To:	**Mental Health Plan and Drug Medi-Cal Organized Delivery System Beneficiaries**
From:	**Behavioral Health Services**
Date:	**January 1, 2026**
Title	**Behavioral Health Member Handbook – Notice of Significant Changes**

When you first started receiving services at our program, you were offered a copy of a Member Handbook which explained your benefits, how to get care, and answered questions about the County of San Diego's Behavioral Health Services system.

In compliance with BHIN 25-042, the County of San Diego Behavioral Health Member Handbook has been updated to align with the DHCS policies released between September 2024 through December 2025.

The updated member handbook will be effective on **February 1, 2026**.

Attached to this notification is the Summary of Changes for the Member Handbook, which is also available on the Optum – Beneficiary & Families page:
https://www.optumsandiego.com/content/SanDiego/sandiego/en/beneficiary_and_families.html

For More Information:

- Contact QIMatters.HHSA@sdcounty.ca.gov

County of San Diego Behavioral Health Member Handbook
Summary of Changes – effective February 1, 2026

SECTION	REVISION	WHAT HAS CHANGED FOR SMH & DMC-ODS
Notice of Availability of Language Assistance Services and Auxiliary Aids and Services	Updated	• Previously called “Language Taglines” • Updated TTY number to “1-800-855-7100"
Table of Contents	Added	• Added “Notice of Privacy Practices” section • Added “Words to Know” section
Other Languages and Formats	Added	• Under Interpreter Services: “The county can also provide auxiliary aids and services to a family member, friend, or anyone else with who it is appropriate to communicate with on your behalf.”
Behavioral Health Services Information	Updated	• Updated “Teenager” to “Person under the Age of 21”
What Is a Grievance? (sub-section under “The Problem Resolution Process: To File a Grievance, Appeal, or Request a State Fair Hearing” section)	Added	• Added more information about what type of concerns may be addressed with examples.
Can I Keep Getting My Services While I Wait for an Appeal Decision? (sub-section under “Adverse Benefit Determinations” section)	Added	• Added new sub-section and information “Yes, you might be able to keep getting your services while you wait for a decision. This means you can keep seeing your provider and getting the care you need.”
What Do I Have to Do to Keep Getting My Services? (sub-section under “Adverse Benefit Determinations” section)	Added	• Added sub-section and information to on how to request continuance of services while pending an appeal decision to clarify “You must meet the following conditions: o You ask to keep getting the service within 10 calendar days of the county sending the Notice of Adverse Benefit Determination or before the date the county said the service would stop, whichever date is later. o You filed an appeal within 60 calendar days of the date on the Notice of Adverse Benefit Determination. o The appeal is about stopping, reducing, or suspending a service you were already getting. o Your provider agreed that you need the service. o The time period the county already approved for the service has not ended yet.”
What If the County Decides I Do Not Need the Service After the Appeal? (sub-section under “Adverse Benefit Determinations” section)	Added	• Added new sub-section and information “You will not be required to pay for the services you received while the appeal was pending.”
Notice of Privacy Practices	Added	• New section informing members of their right to know how their protected health information may be used and disclosed, and what their privacy rights are.
Words to Know	Added	• New section that includes definitions of terms (in alphabetical order) found throughout the Member Handbook

County of San Diego Behavioral Health Member Handbook
Summary of Changes – effective February 1, 2026

SECTION	REVISION	WHAT HAS CHANGED FOR SMH
Accessing Behavioral Health Services	Updated	• DHCS updated counties must offer an appointment for urgent mental health services: o within 48 hours of request if prior authorization is required o within 96 hours of request if prior authorization is not required
Scope of Services	Added	• Added under Specialty Mental Health Services: o Parent-Child Interaction Therapy (PCIT) o Functional Family Therapy (FFT) o Multisystemic Therapy (MST) o Assertive Community Treatment (ACT) o Forensic Assertive Community Treatment (FACT) o Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) o Clubhouse Services o Enhanced Community Health Worker (CHW) Services (added locally April 2025) o Supported Employment o In-Reach Services

SECTION	REVISION	WHAT HAS CHANGED FOR DMC-ODS
Accessing Behavioral Health Services	Updated	• DHCS updated counties must offer an appointment for urgent SUD services: o - within 48 hours of request if prior authorization is required o - within 96 hours of request if prior authorization is not required • DHCS changed the authorization standard from 14 calendar days to 5 business days, but no impact to members as the local San Diego BHP SUD residential authorization timeline is shorter than the new DHCS standard.
Scope of Services	Added	• Added under Substance Use Disorder Services: o Traditional Health Care Practices (added locally July 2025) o Enhanced Community Health Worker (CHW) Services (added locally April 2025) o Supported Employment

NOTICE OF AVAILABILITY OF LANGUAGE ASSISTANCE SERVICES AND AUXILIARY AIDS AND SERVICES

English
ATTENTION: If you need help in your language call (888) 724-7240 (TTY: 1-800-855-7100). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call (888) 724-7240 (TTY: 1-800-855-7100). These services are free of charge.

العربية (Arabic)
يُرجى الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ (888) 724-7240 (TTY: 1-800-855-7100)
. تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريل والخط الكبير. اتصل بـ (888) 724-7240 (TTY: 1-800-855-7100). هذه الخدمات مجانية.

Հայերեն (Armenian)
ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք (888) 724-7240 (TTY: 1-800-855-7100): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք (888) 724-7240 (TTY: 1-800-855-7100): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)
ចំណាំ៖ បើអ្នក ត្រូវ ការជំនួយ ជាភាសា របស់អ្នក សូម ទូរស័ព្ទទៅលេខ (888) 724-7240 (TTY: 1-800-855-7100) ។ ជំនួយ និង សេវាកម្ម សម្រាប់ ជនពិការ ដូចជាឯកសារសរសេរជាអក្សរផុស សម្រាប់ជនពិការភ្នែក ឬឯកសារសរសេរជាអក្សរពុម្ពធំ ក៏អាចរកបានផងដែរ។ ទូរស័ព្ទមកលេខ (888) 724-7240 (TTY: 1-800-855-7100) ។ សេវាកម្មទាំងនេះមិនគិតថ្លៃឡើយ។

繁體中文 (Chinese)
请注意：如果您需要以您的母语提供帮助，请致电 (888) 724-7240 (TTY: 1-800-855-7100)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 (888) 724-7240 (TTY: 1-800-855-7100)。这些服务都是免费的。

فارسی (Farsi)
توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با (888) 724-7240 (TTY: 1-800-855-7100) تماس بگیرید. کمک‌ها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با (888) 724-7240 (TTY: 1-800-855-7100) تماس بگیرید. این خدمات رایگان ارائه می‌شوند.

हिंदी (Hindi)
ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो (888) 724-7240 (TTY: 1-800-855-7100) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े प्रिंट में भी दस्तावेज़ उपलब्ध हैं। (888) 724-7240 (TTY: 1-800-855-7100) पर कॉल करें। ये सेवाएं नि: शुल्क हैं।

Hmoob (Hmong)
CEEB TOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau (888) 724-7240 (TTY: (TTY: 1-800-855-7100). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau (888) 724-7240 (TTY: 1-800-855-7100). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)
注意日本語での対応が必要な場合は (888) 724-7240 (TTY: 1-800-855-7100) へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。 (888) 724-7240 (TTY: 1-800-855-7100) へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)
유의사항: 귀하의 언어로 도움을 받고 싶으시면 (888) 724-7240 (TTY: 1-800-855-7100) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. (888) 724-7240 (TTY: 1-800-855-7100) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)
ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໂທຫາເບີ (888) 724-7240 (TTY: 1-800-855-7100). ຍັງມີຄວາມຊ່ວຍເຫຼືອແລະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ເປັນອັກສອນນູນແລະມີໂຕພິມໃຫຍ່ ໃຫ້ໂທຫາເບີ (888) 724-7240 (TTY: 1-800-855-7100). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien
LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux (888) 724-7240 (TTY: 1-800-855-7100). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hluo mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx (888) 724-7240 (TTY: 1-800-855-7100). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

ਪੰਜਾਬੀ (Punjabi)
ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 1-800-855-7100). ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਵੀ ਉਪਲਬਧ ਹਨ| ਕਾਲ ਕਰੋ (888) 724-7240 (TTY: 1-800-855-7100). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ|

Русский (Russian)
ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру (888) 724-7240 (линия TTY: 1-800-855-7100). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру (888) 724-7240 (линия TTY: 1-800-855-7100). Такие услуги предоставляются бесплатно.

Español (Spanish)
ATENCIÓN: si necesita ayuda en su idioma, llame al (888) 724-7240 (TTY: 1-800-855-7200). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al (888) 724-7240 (TTY: 1-800-855-7200). Estos servicios son gratuitos.

Tagalog (Filipino)
ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa (888) 724-7240 (TTY: 1-800-855-7100). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan,tulad ng mga dokumento sa braille at malaking print. Tumawag sa (888) 724-7240 (TTY: 1-800-855-7100). Libre ang mga serbisyong ito.

ภาษาไทย (Thai)
โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 1-800-855-7100) น อกจากนี้ ยังพร้อมให้ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข (888) 724-7240 (TTY: 1-800-855-7100)
ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)
УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер (888) 724-7240 (TTY: 1-800-855-7100). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер (888) 724-7240 (TTY: 1-800-855-7100). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số (888) 724-7240 (TTY: 1-800-855-7100). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số (888) 724-7240 (TTY: 1-800-855-7100). Các dịch vụ này đều miễn phí.

NONDISCRIMINATION NOTICE

Discrimination is against the law. The County of San Diego follows State and Federal civil rights laws. The County of San Diego does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The County of San Diego provides:

- Free aids and services to people with disabilities to help them communicate better, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, braille, audio or accessible electronic formats)
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Access and Crisis Line 24 hours a day, 7 days a week by calling (888) 724-7240. Or, if you cannot hear or speak well, please call 711. Upon request, this document can be made available to you in braille, large print, audio, or accessible electronic formats.

HOW TO FILE A GRIEVANCE

If you believe that the County of San Diego has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the following advocacy agencies. You can file a grievance by phone, in writing, in person, or electronically:

- By phone:
  - For help with filing regarding **inpatient and/or residential services**, you may call the **Jewish Family Service (JFS) Patient's Advocacy Program** at 619-282-1134 or 1-800-479-2233.
  - For help with filing regarding **outpatient services**, you may call the **Consumer Center for Health Education and Advocacy (CCHEA)** at their toll-free number (877) 734-3258 (TTY 1-800-735-2929).
  - Or, if you cannot hear or speak well, please call 711.

- In writing: Fill out a complaint form or write a letter and send it to:
  - **For Inpatient and/or Residential Services:**
    Jewish Family Service of San Diego
    Joan & Irwin Jacobs Campus
    Turk Family Center Community Services Building
    8804 Balboa Avenue
    San Diego, CA 92123

  - **For Outpatient Services:**
    Consumer Center for Health Education and Advocacy (CCHEA)
    1764 San Diego Avenue, Suite 100
    San Diego, CA 92110

- In person: Visit your doctor's office or any County of San Diego-contracted provider site and say you want to file a grievance.

- Electronically: Visit the following websites below:
  - **For Inpatient and/or Residential Services:**
    Jewish Family Service of San Diego at https://www.jfssd.org/our-services/adults-families/patient-advocacy/
  - **For Outpatient Services:**
    Consumer Center for Health Education and Advocacy (CCHEA) at https://www.lassd.org/mental-health-and-substance-abuse-patients-rights/

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (California State Relay)**.
- In writing: Fill out a complaint form or send a letter to:
  Department of Health Care Services - Office of Civil Rights
  P.O. Box 997413, MS 0009
  Sacramento, CA 95899-7413
  Complaint forms are available at:
  https://www.dhcs.ca.gov/discrimination-grievance-procedures.
- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- In writing: Fill out a complaint form or send a letter to:
  U.S. Department of Health and Human Services
  200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201
- Complaint forms are available at: http://www.hhs.gov/ocr/office/file/index.html
- Electronically: Visit the Office for Civil Rights Complaint Portal at: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: November 26, 2025

Behavioral Health Information Notice No: 25-042
Supersedes BHIN No: 24-034 effective February 1, 2026

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Integrated Behavioral Health Member Handbook Requirements and Templates

PURPOSE: This Behavioral Health Information Notice (BHIN) informs county Mental Health Plans (MHPs), Drug Medi-Cal (DMC) counties, and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties of the requirements related to the integrated member handbook templates for the 2026 calendar year. The integrated member handbook templates are included as enclosures.

REFERENCE: 42 CFR § 438.10; Welf. & Inst. Code § 14184.102(d)

BACKGROUND:
Historically, MHPs and DMC-ODS counties were required to distribute member handbooks under the 2016 Medicaid and Children's Health Insurance Program Managed

Care Final Rule (Final Rule)[1], which aimed to align the Medicaid managed care regulations with requirements for other major sources of coverage. The 2016 Final Rule stipulates the requirements for the format, content, and distribution of member handbooks.

Effective February 1, 2026, MHPs and DMC-ODS counties, as well as DMC counties (hereafter jointly referred to as "Medi-Cal behavioral health delivery systems") must disseminate to their members an integrated member handbook based on one of the templates included as enclosures to this BHIN.

To the extent that there is a conflict between the Medi-Cal behavioral health delivery system's contract or Intergovernmental Agreement terms and this BHIN, the policy contained within this BHIN supersedes the contract terms.

POLICY:

Member Handbook Templates

In accordance with 42 CFR § 438.10, and the requirements specified in this BHIN, Medi-Cal behavioral health delivery systems must offer each member a handbook at the time the member first accesses services, and upon request thereafter.

Integrated Member Handbook

To improve health care outcomes and experiences of Medi-Cal members, particularly individuals living with co-occurring Mental Health and Substance Use Disorders, the Department of Health Care Services (DHCS) requires Medi-Cal behavioral health delivery systems to develop and distribute integrated member handbooks. An integrated member handbook will streamline and strengthen:

- The member's experience with county and county-contracted providers when seeking behavioral health services;
- Internal county structures and processes regarding program administration and data management; and
- DHCS' oversight of county operations.

DHCS has developed two integrated member handbook templates for:

[1] Title 42, CFR, Section 438.10

1. MHP and DMC Counties (Enclosure 1).
2. MHP and DMC-ODS Counties (Enclosure 2).

- These integrated member handbook templates contain information that will assist the Medi-Cal behavioral health delivery systems in developing handbooks that clearly describe for the member how to effectively access services and list all federally required information for handbooks[2]. DHCS has incorporated the Notice of Availability of Language Assistance Services and Auxiliary Aids and Services, formerly known as Language Taglines, (Enclosure 3 of this BHIN) and Non-Discrimination Notice (Enclosure 4 of this BHIN) into the provided templates (Enclosures 1 and 2 of this BHIN).

The handbook must not be altered or modified in any way, with the exception of designated areas where county-specific information is required. These areas are marked with brackets (e.g., [Name of County]) throughout the document. Additionally, Medi-Cal behavioral health delivery systems may include relevant information in the section titled "Additional Information About Your County" at the end of the handbook. If there is any additional county-specific information that the Medi-Cal behavioral health delivery system would like to add, it should be included in this section as needed. If the Medi-Cal behavioral health delivery systems include this section in their handbook, the title of the new section should match the title(s) from the handbook that the additional information complements. For example, "Additional Information About Medi-Cal Peer Support Services". Additionally, if a county has opted to provide an optional service, the Medi-Cal behavioral health delivery system must indicate those services in this section.

The handbook templates now include the following additional sections:

- **Words to Know**: This section provides members with a list of terms utilized in the handbook templates and their meanings.
- **Notice of Privacy Practices**: This section informs members of their right to know how their protected health information may be used and disclosed, and what their privacy rights are. Medi-Cal behavioral health delivery systems must include their Notice of Privacy Practices in this section.

[2] Title 42, CFR, Part 438.10(g)

For 2026, the member handbook templates have been updated to align with DHCS policies released between September 2024 through December 2025.

Member Handbook Delivery Method

The handbook will be considered provided to the member if the Medi-Cal behavioral health delivery system delivers the handbook as required below:

1. Direct Delivery
    a. A printed copy of the member handbook is mailed to the member's mailing address.

    Or

    b. A printed copy of the member handbook is directly offered during in-person interactions.

    Or

    c. The Medi-Cal behavioral health delivery system provides the member handbook via an electronic format (e.g., email, or text message that includes a hyperlink or QR code to the handbook from the Medi-Cal behavioral health delivery system's website) after obtaining the member's agreement to receive it electronically.

And

2. Website
    a. The Medi-Cal behavioral health delivery system must:
        - Post the member handbook on the Medi-Cal behavioral health delivery system's primary website homepage[3] in a manner that is readily accessible.[4]

[3] Title 42, CFR, Part 438.10(c)(6)

[4] Readily accessible means electronic information and services which comply with current accessibility standards including sections 504 and 508 of the Rehabilitation Act of 1973 and W3C's Web Content Accessibility Guidelines 2.0 AA and successor versions. (Title 42, CFR, Part 438.10.)

- Advise the member in paper or electronic format (e.g., email, or text message that includes a hyperlink to the handbook on the Medi-Cal behavioral health delivery system's website), that the member handbook is available on the Internet and includes the applicable Internet address (e.g., this can be completed via the 30-day notification letter).
- Inform members the member handbook is available in paper form without charge upon request and provide the member handbook upon request within five (5) business days; and
- Provide members with disabilities who cannot access this information online with auxiliary aids and services upon request at no cost.

Notice of Significant Change(s) - Member Notification Requirement

The Medi-Cal behavioral health delivery systems must also give each member notice of any significant change[5,6] to the information contained in the handbook(s) at least 30 days before the intended effective date of the change.[7]

Below is a list of new services that the Medi-Cal behavioral health delivery systems must include in a notice of significant change letter. The notice of significant change provided to each member must include an issuance date of the notice, the effective date of the updated handbook, and the following types of new services (as applicable) such as, but not limited to:

1. Parent-Child Interaction Therapy (PCIT)
2. Functional Family Therapy (FFT)
3. Multisystemic Therapy (MST)
4. Assertive Community Treatment (ACT)
5. Forensic Assertive Community Treatment (FACT)

[5] A change is considered significant when there is an increase or decrease in the amount or types of services that are available, or if there is an increase or decrease in the number of network providers, or if there is any other change that would impact the benefits available through the Plan.
[6] Subsection (f) of section 1810.360 of Title 9 of the California Code of Regulations is superseded.
[7] Title 42, CFR, Part 438.10(g)(4)

6. Coordinated Specialty Care (CSC) for First Episode Psychosis
7. Clubhouse Services
8. Enhanced Community Health Worker Services
9. Supported Employment
10. Traditional Health Care Practices
11. In-Reach Services

Medi-Cal behavioral health delivery systems shall include information in the Notice of Significant Change on how members can obtain a copy of the member handbook. Additionally, the Notice of Availability of Language Assistance Services and Auxiliary Aids and Services (Enclosure 3) and Non-Discrimination Notice (Enclosure 4) shall be included in the Notice of Significant Change.

Notice of Significant Change Delivery Method

At a minimum, the types of delivery options for the notice of significant change are required below:

1. Direct Delivery
    a. Mail a printed notice to the member's mailing address.

        Or

    b. Provide the notice in an electronic format (e.g., email, or text message that includes a hyperlink to the notice) after obtaining the member's agreement to receive it electronically.

Or

2. Website
    c. If the Medi-Cal behavioral health delivery system chooses to post the 30-day notice on its website(s), the Medi-Cal behavioral health delivery system must:
        - Provide members the notice in paper via mail or electronic format (e.g., email, or text message that includes a hyperlink to the notice

on the Medi-Cal behavioral health delivery system's website)[8] and information on how to access the 30-day notice on the Medi-Cal behavioral health delivery system's website homepage.
- Ensure that the online notice is readily accessible on the Medi-Cal behavioral health delivery system's primary website homepage.
- Provide members with disabilities who cannot access this information online with auxiliary aids and services upon request at no cost.

ADMINISTRATIVE COSTS:
Counties may claim for administrative costs for updating the Member Handbook, ensuring that members are informed about the available services and their rights as outlined in the following information notices: DMH Letter 11-01 and/or MH SUDS 14-033.

COMPLIANCE:
Effective February 1, 2026, Medi-Cal behavioral health delivery systems must implement the integrated member handbook policies established above, ensure compliance with this policy, and provide updated handbooks to members. Before implementation, Medi-Cal behavioral health delivery systems may reach out to their DHCS BH County Liaison for technical assistance (TA) to ensure compliance with the policies established above.

Medi-Cal behavioral health delivery systems must distribute the Notice of Significant Change, including the list of new services as described above, and information on how members can obtain a copy of the member handbook, to members on or before January 1, 2026. Medi-Cal behavioral health delivery systems are expected to meet compliance and demonstrate to DHCS their ability to comply with the handbook and noticing requirements as outlined in this BHIN. A copy of the final 30-day Notice and the member handbook(s) must be provided to the DHCS via the MOVEit secure file transfer protocol by March 1, 2026. DHCS may impose a corrective action plan, as well as administrative and/or monetary sanctions for non-compliance.[9] For additional

[8] After obtaining the member's agreement to receive it electronically.
[9] Welf. & Inst. Code § 14197.7

information regarding administrative and monetary sanctions, see BHIN 25-023, and any subsequent iterations on this topic.

Please contact countysupport@dhcs.ca.gov for questions regarding this BHIN or its enclosures.

Sincerely,

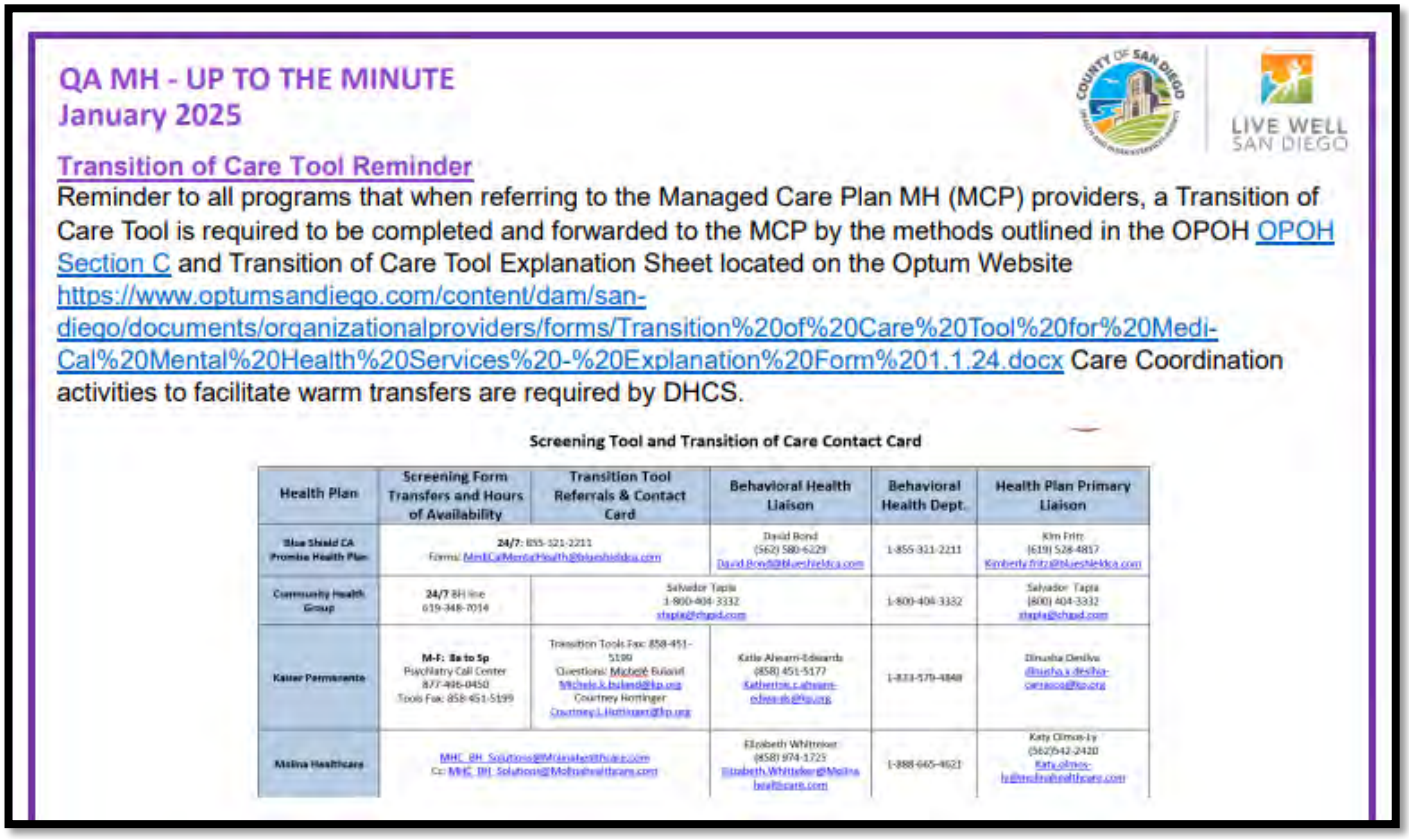
Michele Wong, Chief
Behavioral Health Oversight and Monitoring Division

Enclosures (4):
Enclosure 1 – MHP and DMC Member Handbook Template
Enclosure 2 – MHP and DMC-ODS Member Handbook Template
Enclosure 3 – Notice of Availability of Language Assistance Services and Auxiliary Aids and Services
Enclosure 4 – Nondiscrimination Notice

Transition of Care (TOC) – MCP Connections

Transition of Care Referrals from the County BHP to MCP

DHCS: Screening and Transition of Care Tools for Medi-Cal Mental Health Services
DHCS: Transition of Care Tool for Medi-Cal Mental Health Services
Local: FY24-25 UTTM Combined (MH).pdf
Local: MCP Contact Information



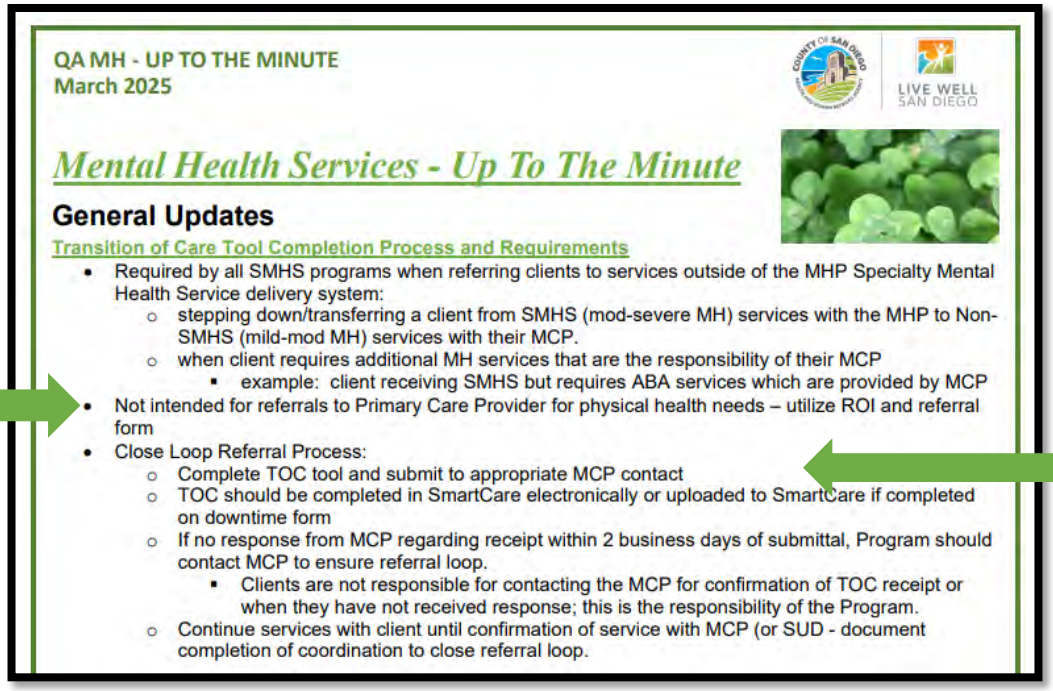
QA MH - UP TO THE MINUTE
January 2025

Transition of Care Tool Reminder

Reminder to all programs that when referring to the Managed Care Plan MH (MCP) providers, a Transition of Care Tool is required to be completed and forwarded to the MCP by the methods outlined in the OPOH OPOH Section C and Transition of Care Tool Explanation Sheet located on the Optum Website https://www.optumsandiego.com/content/dam/san-diego/documents/organizationalproviders/forms/Transition%20of%20Care%20Tool%20for%20Medi-Cal%20Mental%20Health%20Services%20-%20Explanation%20Form%201.1.24.docx Care Coordination activities to facilitate warm transfers are required by DHCS.

Screening Tool and Transition of Care Contact Card

Health Plan	Screening Form Transfers and Hours of Availability	Transition Tool Referrals & Contact Card	Behavioral Health Liaison	Behavioral Health Dept.	Health Plan Primary Liaison
Blue Shield CA Promise Health Plan	24/7: 855-321-2211 Forms: MHECalMentalHealth@blueshieldca.com		David Bond (562) 580-6229 David.Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	24/7 BH line 619-348-7014	Salvador Tapia 1-800-404-3332 stapia@chpsd.com		1-800-404-3332	Salvador Tapia (800) 404-3332 stapia@chpsd.com
Kaiser Permanente	M-F: 8a to 5p Psychiatry Call Center 877-466-0450 Tools Fax: 858-451-5199	Transition Tools Fax: 858-451-5199 Questions: Michele Bulard Michele.k.bulard@kp.org Courtney Hottinger Courtney.L.Hottinger@kp.org	Katie Alvarez-Edwards (858) 451-5177 Katherine.r.alvarez-edwards@kp.org	1-833-579-4848	Dinusha Devilva dinusha.x.devilva-carrasco@kp.org
Molina Healthcare	MHC_BH_Solutions@MolinaHealthcare.com Cc: MHC_BH_Solutions@MolinaHealthcare.com		Elizabeth Whitmire (858) 974-1725 Elizabeth.Whitmire@MolinaHealthcare.com	1-888-665-4621	Katy Olmos-Ly (562)642-2420 Katy.olmos-ly@molinahealthcare.com



QA MH - UP TO THE MINUTE
March 2025

Mental Health Services - Up To The Minute

General Updates

Transition of Care Tool Completion Process and Requirements

- Required by all SMHS programs when referring clients to services outside of the MHP Specialty Mental Health Service delivery system:
  - stepping down/transferring a client from SMHS (mod-severe MH) services with the MHP to Non-SMHS (mild-mod MH) services with their MCP.
  - when client requires additional MH services that are the responsibility of their MCP
    - example: client receiving SMHS but requires ABA services which are provided by MCP
- Not intended for referrals to Primary Care Provider for physical health needs – utilize ROI and referral form
- Close Loop Referral Process:
  - Complete TOC tool and submit to appropriate MCP contact
  - TOC should be completed in SmartCare electronically or uploaded to SmartCare if completed on downtime form
  - If no response from MCP regarding receipt within 2 business days of submittal, Program should contact MCP to ensure referral loop.
    - Clients are not responsible for contacting the MCP for confirmation of TOC receipt or when they have not received response; this is the responsibility of the Program.
  - Continue services with client until confirmation of service with MCP (or SUD - document completion of coordination to close referral loop.

Although the TOC Form does not explicitly request the reason for transition – it is a key point of reference and helpful to include

san diego county office of EDUCATION

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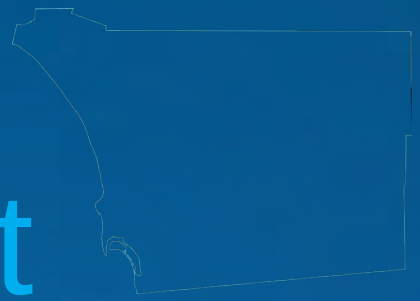
Inspiring and leading innovation in education

Preventing and Reporting Human Trafficking in Public Schools

Heather Nemour, Coordinator
Violeta Mora, Program Specialist

Student Wellness & School Culture

About San Diego County



487,175 Students

43 School Districts

(including SDCOE's Juvenile Court and Community Schools)

128 Charter Schools

Source: 2023-24 CDE Dataquest

Countywide Cross Sector Collaboration

- Human trafficking advisory council
- Legislation
- Multidisciplinary training
- Recommended protocol for schools

CSEC Histogram

An Overview of Commercial Sexual Exploitation of Children (CSEC) Prevention in Secondary Schools

WHERE IT BEGAN

2007

2008 — **Curfew Sweep**
CSEC was identified as an issue

2009 — **GOALS MOU**
GOALS Profile Meetings identified trends

2011 — **SD Regional HT & CSEC Advisory Council Established**
By San Diego County Board of Supervisors

2014 — **AB1432**
School mandated reporters must receive annual training in child abuse detection and reporting obligations

2016 — **SB794**
Includes "commercial sexual abuse" in the legal definition of child abuse

2018 — **AB1227**
HT Prevention Education and Training Act for grades 7th-12th

2018 — **HT/CSEC Sample Protocol**
Shared with 42 school districts

2019 — **AB1861**
7th -12th grade LEAs must inform students how social media and apps are being used to recruit students into HT

2020 — **SB1104**
6th-12th grade LEAs required to identify methods of informing parents of HT prevention resources

2020 — **Project Safe**
Federal grant within partnership with 5 school districts in 12 schools and 11 charter schools to train staff and students in HT prevention and implement protocols

2024 — **LEA Survey**
SDCOE surveyed districts to identify staff and student training and protocol

2025 — **Protocol Toolkit**
In process: Creating a toolkit to support LEAs in developing a protocol

Cross Sector Collaboration

SDCOE collaborated with key stakeholders to ensure coordinated and comprehensive prevention efforts of human trafficking in schools

Countywide Trainings

A total of 43 multi disciplinary HT/CSEC prevention trainings were provided to 37 out of 42 school districts between **2010-2020**

HT/CSEC Recommended Protocol for Schools

The HT Education Subcommittee created this protocol and County Superintendent shared it with all district Superintendents

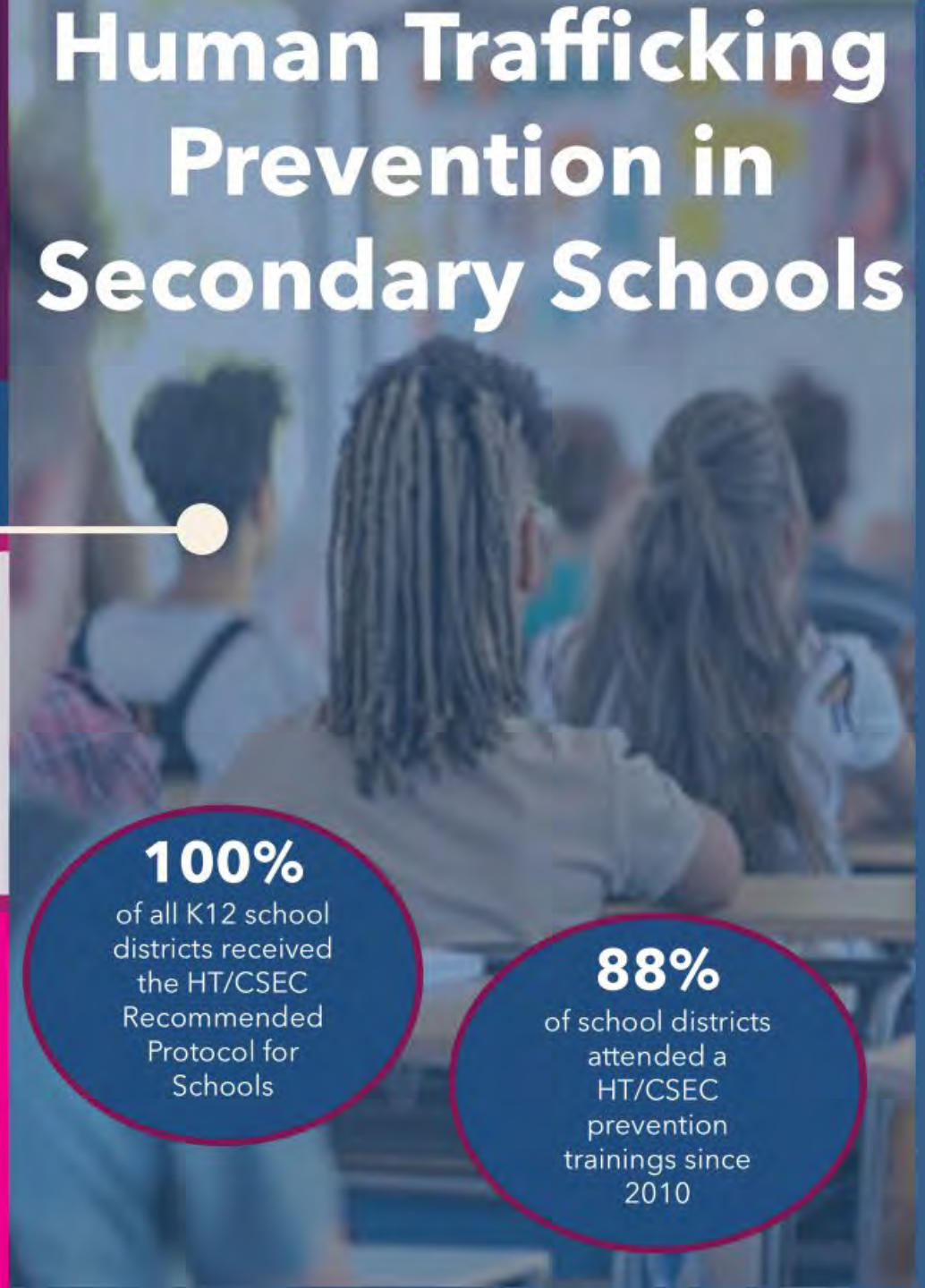
Technical Assistance & Training

- Delivered 16 Zion Story HT plays to 7th-12th grade students
- Resumed 9 multi disciplinary HT/CSEC prevention trainings between **2022-2024**
- Targeted TA provided to districts

SDCOE Student Wellness & School Culture Department will be providing:

- webinars ,technical assistance/consultation and trainings on HT awareness, prevention and protocol implementation

Human Trafficking Prevention in Secondary Schools



100% of all K12 school districts received the HT/CSEC Recommended Protocol for Schools

88% of school districts attended a HT/CSEC prevention trainings since 2010

In 2024, the San Diego County Office of Education (SDCOE) surveyed secondary school districts across the county to identify human trafficking prevention activities in middle and high schools.

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74% provide training to students

75% of secondary school districts completed SDCOE survey

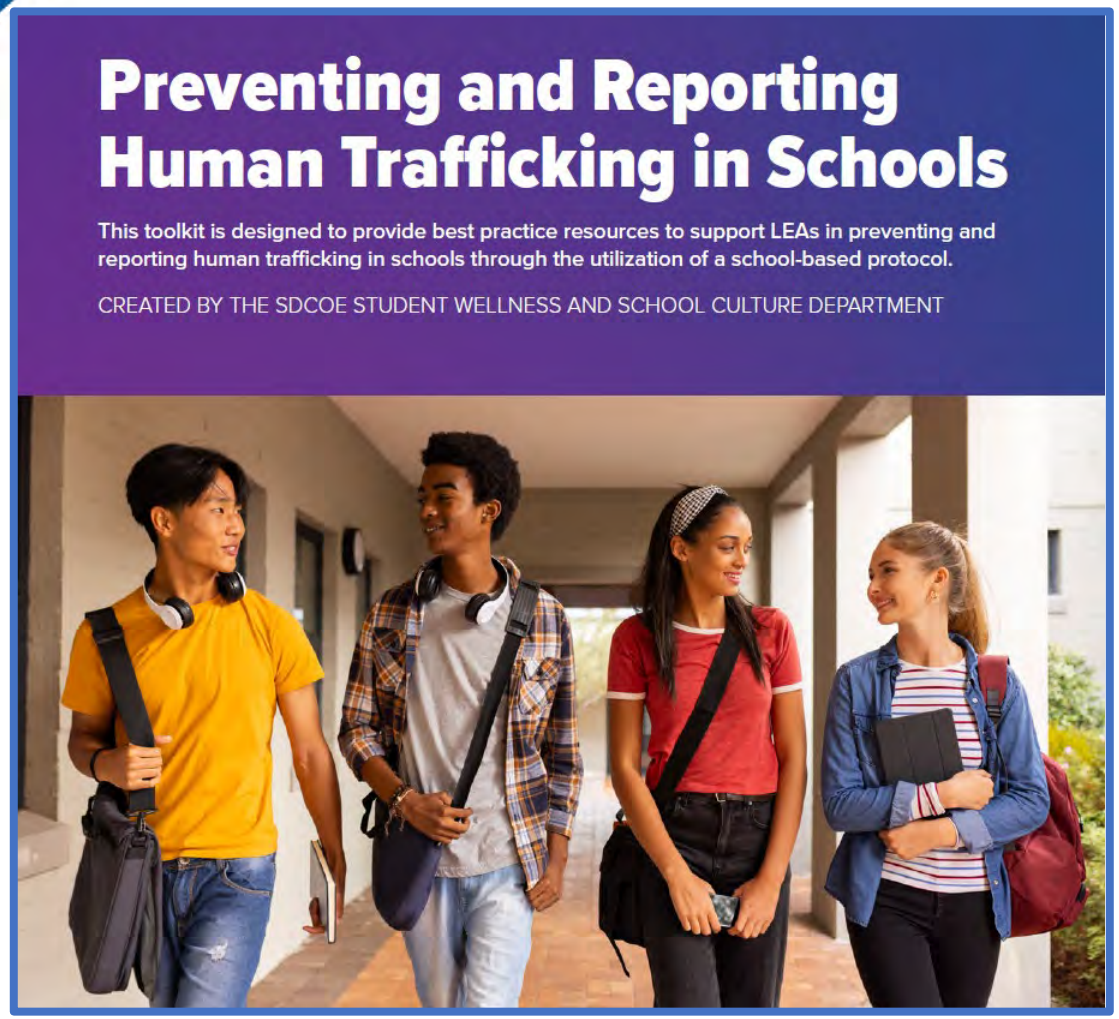
70% reported having human trafficking protocols in place

93% provide training to staff

For more information on CSEC/HT Prevention visit this site

Components of Toolkit

- Legislation
- School Protocols for Reporting
- Professional Development for Staff
- Curriculum and Programming for Students
- Mandated Reporter Requirements
- Resources for Students, Parents and Caregivers, and Schools



This toolkit is designed to provide **best practice** resources to support LEAs in **preventing** and **reporting** human trafficking utilizing a school-based **protocol**.

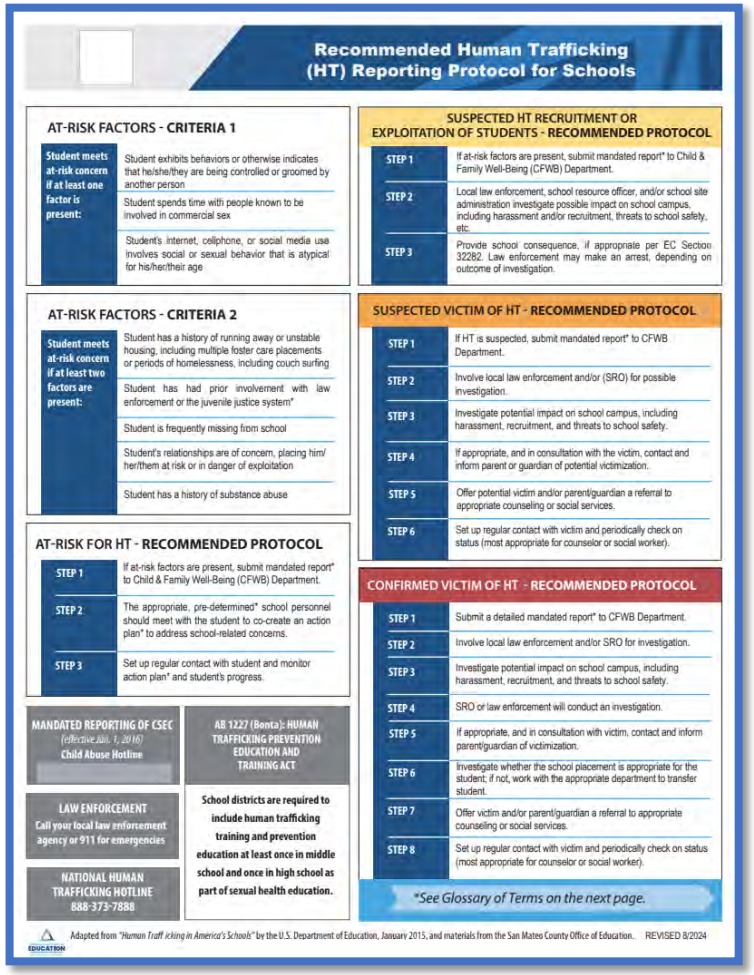
Link to Toolkit

Legislation

- AB 1227: Human Trafficking Prevention and Training Act and Training Requirements

- Required Comprehensive Sexual Health Education and HIV Prevention Education [51933 - 51934]

School Protocols for Reporting Human Trafficking



Recommended Human Trafficking (HT) Reporting Protocol for Schools

AT-RISK FACTORS - CRITERIA 1

Student meets at-risk concern if at least one factor is present:	Student exhibits behaviors or otherwise indicates that he/she/they are being controlled or groomed by another person
	Student spends time with people known to be involved in commercial sex
	Student's internet, cellphone, or social media use involves social or sexual behavior that is atypical for his/her/their age

AT-RISK FACTORS - CRITERIA 2

Student meets at-risk concern if at least two factors are present:	Student has a history of running away or unstable housing, including multiple foster care placements or periods of homelessness, including couch surfing
	Student has had prior involvement with law enforcement or the juvenile justice system*
	Student is frequently missing from school
	Student's relationships are of concern, placing him/her/them at risk or in danger of exploitation
	Student has a history of substance abuse

AT-RISK FOR HT - RECOMMENDED PROTOCOL

STEP 1	If at-risk factors are present, submit mandated report* to Child & Family Well-Being (CFWB) Department.
STEP 2	The appropriate, pre-determined* school personnel should meet with the student to co-create an action plan* to address school-related concerns.
STEP 3	Set up regular contact with student and monitor action plan* and student's progress.

MANDATED REPORTING OF CSEC *(effective Jan. 1, 2016)*
Child Abuse Hotline

LAW ENFORCEMENT
Call your local law enforcement agency or 911 for emergencies

NATIONAL HUMAN TRAFFICKING HOTLINE
888-373-7888

AB 1227 (Bonta): HUMAN TRAFFICKING PREVENTION EDUCATION AND TRAINING ACT

School districts are required to include human trafficking training and prevention education at least once in middle school and once in high school as part of sexual health education.

SUSPECTED HT RECRUITMENT OR EXPLOITATION OF STUDENTS - RECOMMENDED PROTOCOL

STEP 1	If at-risk factors are present, submit mandated report* to Child & Family Well-Being (CFWB) Department.
STEP 2	Local law enforcement, school resource officer, and/or school site administration investigate possible impact on school campus, including harassment and/or recruitment, threats to school safety, etc.
STEP 3	Provide school consequence, if appropriate per EC Section 32282. Law enforcement may make an arrest, depending on outcome of investigation.

SUSPECTED VICTIM OF HT - RECOMMENDED PROTOCOL

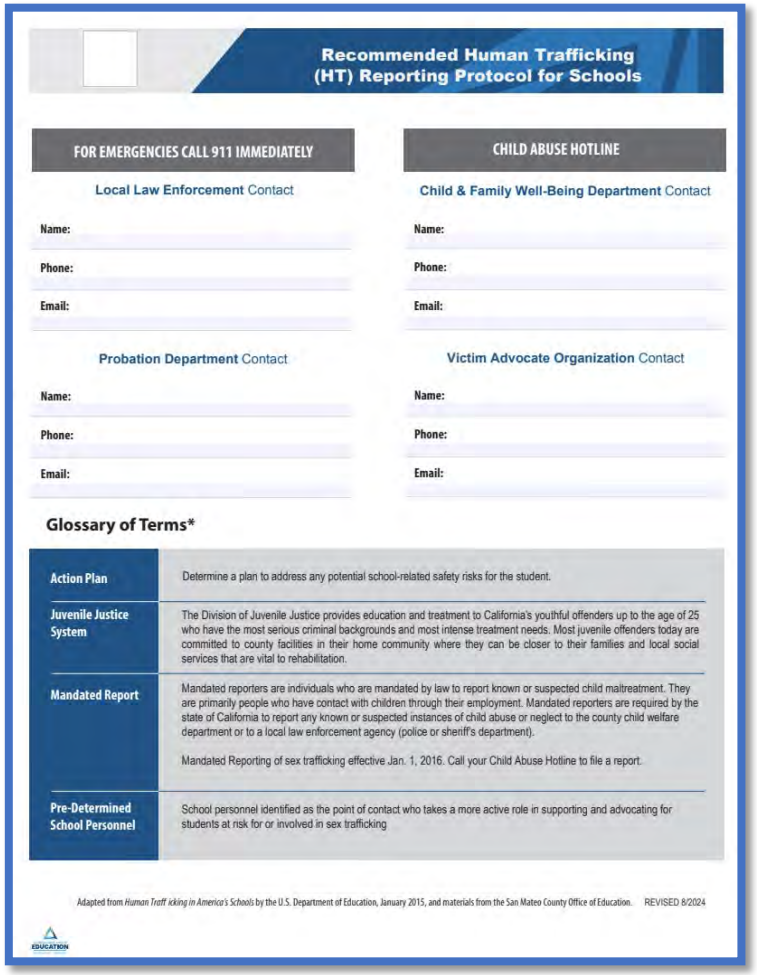
STEP 1	If HT is suspected, submit mandated report* to CFWB Department.
STEP 2	Involve local law enforcement and/or (SRO) for possible investigation.
STEP 3	Investigate potential impact on school campus, including harassment, recruitment, and threats to school safety.
STEP 4	If appropriate, and in consultation with the victim, contact and inform parent or guardian of potential victimization.
STEP 5	Offer potential victim and/or parent/guardian a referral to appropriate counseling or social services.
STEP 6	Set up regular contact with victim and periodically check on status (most appropriate for counselor or social worker).

CONFIRMED VICTIM OF HT - RECOMMENDED PROTOCOL

STEP 1	Submit a detailed mandated report* to CFWB Department.
STEP 2	Involve local law enforcement and/or SRO for investigation.
STEP 3	Investigate potential impact on school campus, including harassment, recruitment, and threats to school safety.
STEP 4	SRO or law enforcement will conduct an investigation.
STEP 5	If appropriate, and in consultation with victim, contact and inform parent/guardian of victimization.
STEP 6	Investigate whether the school placement is appropriate for the student; if not, work with the appropriate department to transfer student.
STEP 7	Offer victim and/or parent/guardian a referral to appropriate counseling or social services.
STEP 8	Set up regular contact with victim and periodically check on status (most appropriate for counselor or social worker).

*See Glossary of Terms on the next page.

Adapted from *"Human Trafficking in America's Schools"* by the U.S. Department of Education, January 2015, and materials from the San Mateo County Office of Education. REVISED 8/2024



Recommended Human Trafficking (HT) Reporting Protocol for Schools

FOR EMERGENCIES CALL 911 IMMEDIATELY

Local Law Enforcement Contact

Name:

Phone:

Email:

Probation Department Contact

Name:

Phone:

Email:

CHILD ABUSE HOTLINE

Child & Family Well-Being Department Contact

Name:

Phone:

Email:

Victim Advocate Organization Contact

Name:

Phone:

Email:

Glossary of Terms*

Action Plan	Determine a plan to address any potential school-related safety risks for the student.
Juvenile Justice System	The Division of Juvenile Justice provides education and treatment to California's youthful offenders up to the age of 25 who have the most serious criminal backgrounds and most intense treatment needs. Most juvenile offenders today are committed to county facilities in their home community where they can be closer to their families and local social services that are vital to rehabilitation.
Mandated Report	Mandated reporters are individuals who are mandated by law to report known or suspected child maltreatment. They are primarily people who have contact with children through their employment. Mandated reporters are required by the state of California to report any known or suspected instances of child abuse or neglect to the county child welfare department or to a local law enforcement agency (police or sheriff's department). Mandated Reporting of sex trafficking effective Jan. 1, 2016. Call your Child Abuse Hotline to file a report.
Pre-Determined School Personnel	School personnel identified as the point of contact who takes a more active role in supporting and advocating for students at risk for or involved in sex trafficking

Adapted from *Human Trafficking in America's Schools* by the U.S. Department of Education, January 2015, and materials from the San Mateo County Office of Education. REVISED 8/2024

Condensed Version

Extended Version of School Protocols for Reporting Human Trafficking

Step	Assess the situation if you think you have a **potential** victim of human trafficking	Step	Assess the situation if you think you have an **identified** victim of human trafficking
1	Call the Child and Family Well-Being Department (CFWB, formerly Child Welfare Services) to submit a report.	1	Call the Child and Family Well-Being Department (CFWB, formerly Child Welfare Services) to submit a report.
2	Report and coordinate with law enforcement when appropriate.	2	Report and coordinate with law enforcement when appropriate.
3	Investigate potential impact on the school campus (safety, harassment, recruitment, etc.).	3	Investigate potential impact on the school campus (safety, harassment, recruitment, etc.).
4	If appropriate, contact parent/guardian/caregiver.	4	If appropriate, contact parent/guardian/caregiver.
5	Offer resources for counseling and/or social services.	5	Determine the appropriateness of school placement.
6	Set up regular contact with the student for follow-up support.	6	Offer resources for counseling and/or social services.
		7	Set up regular contact with the student for follow-up support.

Step 1	**If a potential victim of human trafficking (sex and/or labor trafficking) is suspected, and in coordination with the designated staff/site administrator, submit a mandated report to the Child and Family Well-Being (CFWB) Department.** **If there is imminent danger, call 911. For further details, see Step 2.** If an employee has suspicion or knowledge of suspected child abuse or neglect, they shall follow the below reporting procedures: **Initial Telephone Report** Immediately make an initial report by telephone to the county Child and Family Well-Being department or any police department (excluding a school district police/security department). **NOTE: When calling in to make the report, be specific that the concerns reported are related to human trafficking.** Child Abuse Placement and Protective Services 1-858-560-2191 or 1-800-344-6000 Fax: 858-467-0412

Professional Development for Staff

RESOURCE	DESCRIPTION	DURATION	COST
North County Lifeline's Project LIFE *	Project LIFE trafficking awareness training for community members and professionals who may encounter victims.	• Varies	• No Cost
PROTECT	PROTECT provides engaging and interactive sessions to help schools recognize and respond safely to various forms of violence, including human trafficking. Our goal is to equip everyone with the knowledge and skills needed for prevention and intervention.	• PROTECT Prevention Program Overview • Online training: 2 hours • Virtual Training of Trainers: 2 day seminar	• Online Staff Training: $8/person • Virtual Training of Trainers: $997/person
San Diego County Office of Education Human Trafficking Training for Educators *	SDCOE offers a variety of training about human trafficking, how it occurs, and curated resources to raise awareness about human trafficking.	• Varies	• No cost
San Diego Youth Services Human Trafficking Training *	San Diego Youth Services offers a variety of training about the warning signs, recruitment tactics, and vulnerabilities of human trafficking to schools, parents, and students of different age groups	• Varies	• No cost
SOAR	In this training, school-based professionals are provided tailored information to identify and respond to human trafficking within the school setting.	• 60-minutes online	• No cost

Curriculum and Programming for Students

RESOURCE	DESCRIPTION	GRADES/DURATION	COST
Combating Trafficking in Persons (CTIP) Online Student Training	The U.S. Department of Defense Combating Trafficking in Persons (CTIP) Program Management Office (PMO) and Joint Knowledge Online (JKO) developed a new course, the CTIP Student Guide to Preventing Human Trafficking. The course teaches military-connected high school students (10th – 12th grade) about human trafficking.	• Grades 10-12 • Self-guided but also has a Parent's Accompaniment Guide	• No cost
kNOwMORE Drama-Based Prevention Curriculum *	kNOwMORE is a drama-based and student-centered human trafficking awareness and prevention curriculum, for middle school- and high school-aged youth in San Diego County. Curriculum is delivered by program staff.	• Tailored for school needs	• Contact program staff for licensing and certification costs
Not a Number	An online interactive curriculum designed to provide youth with information and skills in a manner that inspires them to make safe choices. Youth learn to identify and utilize healthy support systems to decrease their vulnerabilities.	• Grades 7-12 • (5) modules	• Contact program staff for licensing and certification costs
PROTECT	PROTECT aims to prevent crime by educating students to recognize abusive tactics and signs of exploitation online and in person.	• K-12 • (2) 45-minute sessions	• Contact program staff for costs
Zion's Story: Belonging as Prevention *	Zion's Story is a human trafficking prevention and awareness program for middle and high school youth, families, and communities. The program takes a holistic approach to prevention by addressing vulnerabilities and root causes that lead to trafficking.	• Tailored for school needs	• Contact program staff for costs

Mandated Reporter Requirements

Mandated Reporting – <u>Section 11165.1</u>

Educators are required to report suspicions of commercial sexual exploitation of children (CSEC), and child labor trafficking to local authorities (county child welfare department, police or sheriff's department, or county probation department if designated by the county to receive child abuse, reports).

Resources

- For Students
- For Parents and Caregivers
- For Schools

Human Trafficking Prevention Month SDCOE Activities

- Multi-Disciplinary Training for Educators
- January 13 & 22

- Webinar on Preventing and Reporting Human Trafficking in Schools Toolkit
  January 29

- Elementary Human Trafficking Prevention Parent/Caregiver Training
- January 20

- Middle and High School Human Trafficking Prevention Parent Training
  February 10 & 24

Violeta Mora

vmora@sdcoe.net

Heather Nemour

heather.nemour@sdcoe.net

Raising Digitally Safe Kids

Online Safety, Social Media Readiness, and Potential Risks

WEBINAR SERIES FOR PARENTS AND CAREGIVERS OF ELEMENTARY STUDENTS

Hosted by the San Diego County Office of Education and the Human Trafficking Advisory Council – Education Subcommittee

Facilitated by San Diego Youth Services

Tuesday, January 20th

6:00–7:00 PM

Register Here

Questions? Contact:
Elizabeth Campos
858-298-2075 | ecampos@sdcoe.net

About the Series

Join us for an engaging session designed to help **parents and caregivers of elementary school students** understand the online world their children navigate every day. Learn practical strategies to protect kids, build digital readiness, and recognize early warning signs of online risks.

Session will cover:

- The digital reality for elementary-aged children
- Hidden risks in games, YouTube, and online platforms
- Essential online safety skills
- Preparing children for social media before they get it
- Setting healthy boundaries and safeguards
- Recognizing cyberbullying and online peer pressure
- Human trafficking awareness & online grooming signs
- Tools, language, and resources to keep kids safe

About San Diego Youth Services

San Diego Youth Services offers a continuum of care for children and youth from infancy to age 25. We provide safe places to live and long-term solutions through shelter, foster homes, community centers and housing. Through prevention, early intervention and treatment, we also help youth before they need higher levels of care or become homeless.

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SAN DIEGO YOUTH SERVICES

ONLINE SAFETY and PREVENTING INTERNET CRIME AGAINST TEENS

WEBINAR SERIES FOR PARENTS AND CAREGIVERS OF MIDDLE AND HIGH SCHOOL STUDENTS

Hosted by the San Diego County Office of Education and the Human Trafficking Advisory Council – Education Subcommittee

Facilitated by Lifeline Community Services

SESSION 1 — ONLINE SAFETY 101

Tuesday, February 10 • 6:00–7:00 PM

Register Here

SESSION 2 — INTERNET CRIME PREVENTION

Tuesday, February 24 • 6:00–7:00 PM

Register Here

Questions? Contact:
Elizabeth Campos
858-298-2075 | ecampos@sdcoe.net

About the Series

Join us for two informative evening sessions designed for **parents and caregivers of middle and high school students.**

Learn practical strategies to help protect teens online and recognize risks in today's digital world.

Session 1: Online Safety 101

- Effects of the internet on teen mental health
- Modern online cultural norms
- Talking to teens about online safety
- Privacy settings and safety features

Session 2: Internet Crime Prevention

- Understanding human trafficking risks
- Red flags and grooming tactics
- Online safety planning for families

About Lifeline Community Services

Lifeline Community Services supports more than 25,000 San Diego residents each year with programs in youth development, behavioral health, child abuse prevention, housing and self-sufficiency, and anti-human-trafficking services.

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Lifeline Community Services

I CARE

San Diego Youth Services

Agenda

- Description of SDYS
- I CARE Program Overview
- Population
- Referral Process
- Contact Information
- Questions

San Diego Youth Services

A comprehensive non-profit organization that has helped stabilize the lives of more than 700,000 young people and their families since 1970.

Our mission is empowering youth to thrive by meeting their basic needs and providing lifelong skills for self-sufficiency and achieving their life ambitions.

We offer services through over 20 programs in 80 locations throughout San Diego County.

SAN DIEGO
YOUTH SERVICES

Program Overview

Offers services to young people up to the age of **21,** who have experienced commercial sexual exploitation or are at risk for it.

"At risk" can include truancy, homelessness, substance abuse, domestic violence, sexual assault, running away and/or being involved in the foster care system.

I CARE offers emotional support in developing inner strengths, self-esteem, and overcoming adversity while building a sense of community that promotes healing.

Funding:
Clinic: Medi-Cal through the County of San Diego Health and Human Services Agency, Behavioral Health Services (COSD BHS)
DIC: COSD Child and Family Wellbeing (CFWB)

What is Commercial Sexual Exploitation of Children (CSEC)?

- A form of child sexual abuse.
- Involves the recruiting, harboring or trafficking of a minor, by force, fraud or coercion for the purpose of sexual exploitation.
- Victims of Commercial Sexual Exploitation (CSE) experience threats of harm and direct violence repeatedly.
- On average, early adolescents, age 12-14 is the most common time for children to fall victim to CSE.
- ALL CHILDREN of ALL GENDERS from any background can be targeted and exploited.

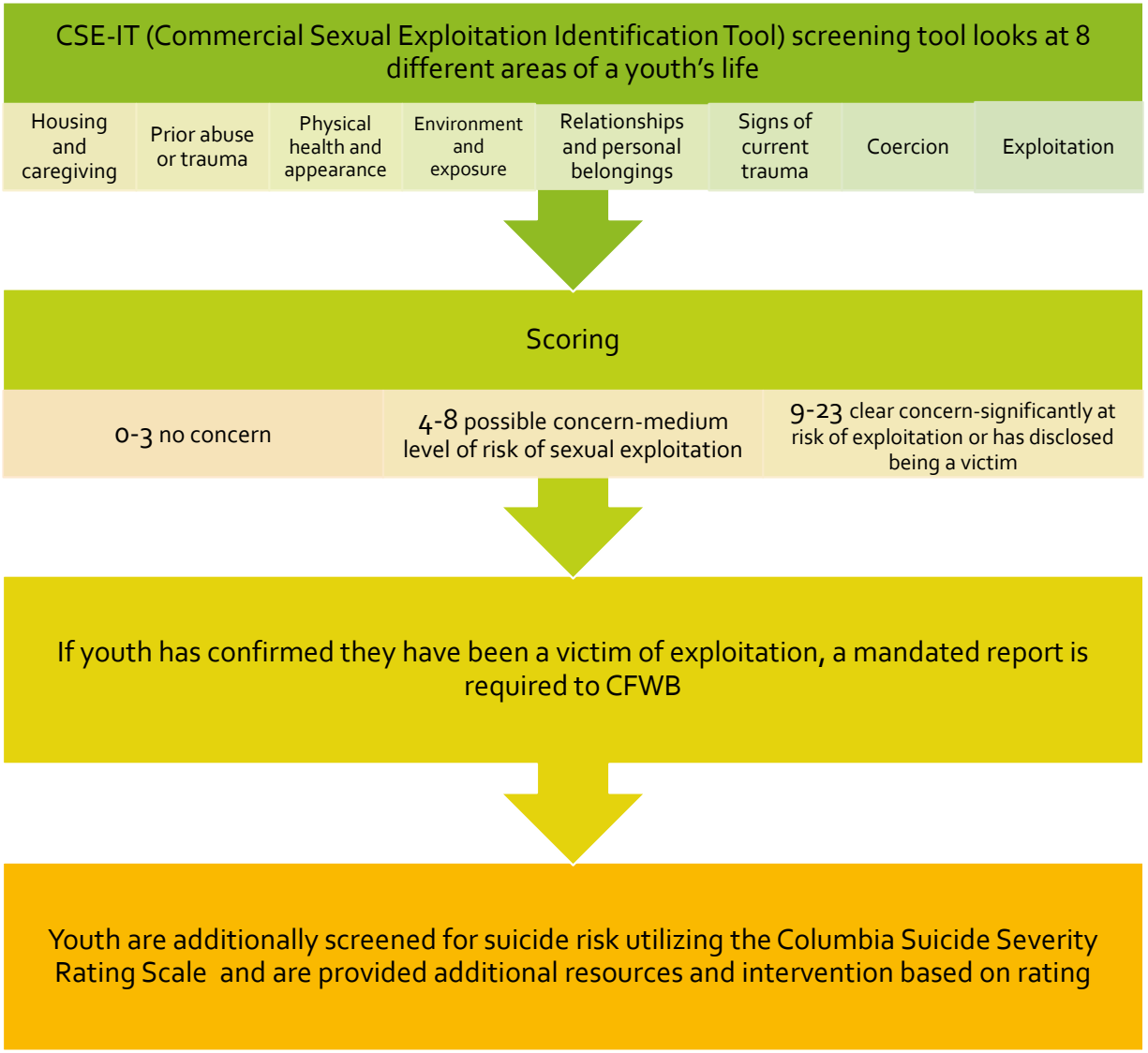
CSEC Includes and is not limited to:

- Street Walking
- Pornography
- Survival Sex
- Stripping
- Escort Agencies
- Phone sex lines
- Video Chats
- Private Parties
- Internet based exploitation/sextortion
- Erotic/nude massage
- Gang-based exploitation
- Interfamilial pimping

Warning Signs

- Change in dress
- Drug use increases
- New items (i.e. cell phone, clothes)
- Friends change
- Not going to school
- New tattoos
- Coming home late or not at all
- Running away from home
- Has sexually explicit online profile (i.e. Instagram, Snapchat, etc)
- Dating apps on their phone
- Separating from family
- Doctors or nurses consider frequent or multiple sexually transmitted diseases (STIs)/pregnancies
- Prepaid credit cards, hotel/motel key cards
- Unexplained money
- Unhealthy relationships with partners

Screening Tools



I CARE Behavioral Health Clinic

Mon-Fri
9am-6pm

Therapeutic Services

- Individual Therapy
- Family Therapy
- Group Therapy
- Harm Reduction
- Available to meet after 6pm by appointment request
- Telehealth Available
- Case Management

Psychiatry/Medication Management

I CARE Drop-In Center Services

Recreational/Support Groups

- Yoga and mindfulness
- Arts and crafts
- Self-care
- Holiday celebrations
- Cultural nights
- Field-trips/Outings
- Offered at transitional settings

Caregiver Support Groups

- Psychoeducational groups
- CSEC 101 training tailored for parents/caregivers
- Support groups for both parenting/pregnant youth and caregivers of youth

Case Management

- Employment Resources/Support
- Education Resources/Support
- Job readiness training

Survivor mentorship

- Leadership opportunities for survivors
- Group facilitation with support from staff
- Strength-based & trauma informed
- Paid stipend

Peer Support

- Lived Experience
- Mentoring
- Perspective and validation

I CARE Drop-In Center

Mon-Fri
3pm-7pm

Sat-Sun
4pm-8pm

- Washer and Dryer
- Food Pantry
- Snacks and Drinks
- Play station
- Punching Bag
- Netflix/Disney Plus
- Arts and Crafts


EMPOWER
NOTE TO
Your feeling
Your boundaries
You are doing the
It's ok to as
You are worthy
You are allowe
You are capable of
It's ok to start over


YOU ARE RESPECTED
YOU BELONG HERE
YOU ARE WORTH
YOU ARE LOVED
YOU MATTER

I CARE Eligibility Criteria

- Drop-In Center & Clinic
  - Youth ages up to 21 years
  - All genders
  - At risk for or victim of Commercial Sexual Exploitation
  - Residing in San Diego County
  - ***For Mental Health Clinic Only:***
    - Medi-Cal Beneficiary or Uninsured
    - Must meet medical necessity for services
- Referral Process
  - From anyone and anywhere
  - Fill out referral form via online link
  - https://a108729.socialsolutionsportal.com/apricot-intake/b6565e33-0745-4806-95f3-720f80f97f7e

Contact Information

Program Email:

icarecp@sdyouthservices.org

SDYS Website

sdyouthservices.org

Questions?

JOIN US IN RAISING AWARENESS ON HUMAN TRAFFICKING

2PM - 5PM
JANUARY 31, 2026

3845 SPRING DR
SPRING VALLEY CA 91977

In honor of January being Human Trafficking Awareness month, join us in making a difference. Come learn about the services available in our community and celebrate the resilience and strength of survivors

RAFFLES

COMMUNITY RESOURCES

FOOD

YOUTH ART

MOBILE CLINIC

FUN ACTIVITES

SAN DIEGO YOUTH SERVICES

SCAN TO RSVP

ÚNASE A NOSOTROS EN LA SENSIBILIZACIÓN SOBRE LA TRATA DE PERSONAS.

2PM - 5PM
ENERO 31, 2026

3845 SPRING DR
SPRING VALLEY CA 91977

En honor a que enero es el mes de la concienciación sobre la trata de personas, únete a nosotros para marcar la diferencia. Ven a informarte sobre los servicios disponibles en nuestra comunidad y a celebrar la resiliencia y la fortaleza de las supervivientes.

- RIFAS
- RECURSOS COMUNITARIOS
- COMIDA
- ARTE JUVENIL
- CLINICA MOBIL
- ACTIVIDADES DIVERTIDAS

SAN DIEGO YOUTH SERVICES

ESCANEE PARA CONFIRMAR ASISTENCIA

HÃY CÙNG CHÚNG TÔI NÂNG CAO NHẬN THỨC VỀ NẠN BUÔN NGƯỜI

2PM - 5PM
NGÀY 31 THÁNG 1 NĂM 2026

3845 SPRING DR
SPRING VALLEY CA 91977

Nhân dịp tháng Một là Tháng Nân cao Nhận Thức về Nạn Buôn Người, kính mời quý vị cùng tham gia và góp phần tạo nên sự khác biệt. Hãy đến để tìm hiểu về các dịch vụ hỗ trợ trong cộng đồng và cùng tôn vinh sự kiện cường cũng như sức mạnh của những người sống sót.

RÚT THĂM TRÚNG THƯỞNG

NGƯỜI LỰC CỘNG ĐỒNG

ẨM THỰC

NGHỆ THUẬT TRẺ EM

PHÒNG KHÁM LƯU ĐỘNG

CÁC HOẠT ĐỘNG VUI CHƠI

SAN DIEGO YOUTH SERVICES

QUÉT MÃ ĐỂ ĐĂNG KY THAM DỰ

Join Us in Raising Awareness on Human Trafficking

Empowering Survivors.
Protecting Youth.
Building Hope.

2PM to 5PM
January 31st

January is Human Trafficking Awareness Month, a time to unite and take action against exploitation.
This event will:

- Share inspiring stories of resilience and positive impact
- Highlight programs making a difference in our community
- Bring awareness and provide education

3845 Spring Dr
Spring Valley
CA 91977

Interested in tabling, participating or donating?
Contact:
safefamily@sdyouthservices.org

Together, we can make a difference

LEARN. SUPPORT. ADVOCATE

SAN DIEGO YOUTH SERVICES
Building futures for over 50 years

Connections Community Counseling

Clinical Overview of a Behavioral Health Program

Samantha Torpey

1/8/2026

Agency & Clinical Framework

- Community-based nonprofit
- Integrated behavioral health care
- Trauma-informed systems approach

Program Scope & Eligibility

- Outpatient mental health services
- Youth up to age 21
- Medi-Cal insurance or eligibility
- Homeless or unstably housed

Populations Typically Served (Not Limited To)

- History of Juvenile Justice
  - ~1/4 of youth of juvenile justice history report recent homelessness
- Former foster youth
  - ~1/3 of youth experiencing homelessness in SD county had a history of foster care involvement
  - Nationally, former foster youth 2x as likely to report homelessness
  - aging out of the foster system is a risk factor (TAY)
- LQBTQ+ youth
  - 3x as likely as to report homelessness as heterosexual youth

Clinical Presentation of Clients

- Complex trauma exposure
- Anxiety, depression, chronic PTSD, BPD
- Undiagnosed neurodivergence
- Co-occurring psychosocial stressors
  - Including substance use

Assessment & Treatment Planning

- Comprehensive biopsychosocial assessment
  - Strength-based
- Trauma-informed formulation
  - Client and caregiver involvement
- Individualized treatment plans
  - collaboration with school, PCP, PSW, probation, etc.

Therapeutic Interventions

- Individual psychotherapy
- Family-based interventions
  - Extended family or chosen family
- Skill-building & psychoeducation

Evidence-Based Practices

- TF-CBT
  - Self-awareness, trauma narratives, psychoeducation
- DBT
  - Mindfulness, crisis survival and distress tolerance skills
- Seeking Safety
  - Present-focused, integrated treatment for PTSD and substance use
- Interventions inspired by play therapy and art therapy

Care Coordination & Referrals

- Psychiatric consultation
- Case management integration
- Community resource linkage
  - TBS, IOP/PHP, substance use treatment, specialized programs (teen parenting, KickSTART, Regional Center)

Service Delivery & Engagement

- Clinic and field-based sessions across the county
  - 200 Michigan Ave, **Vista**, CA 92084
  - 707 Oceanside Blvd, **Oceanside**, CA 92054
  - 334 Via Vera Cruz, **San Marcos**, CA 92078
  - 3890 Murphy Canyon Rd. #250, **San Diego**, CA 92123
  - 8324 Allison Ave, **La Mesa**, CA 91942
- Flexible scheduling
  - Evening hours multiple times per week
- Engagement-focused practices
  - Telehealth option, even for psychiatry

Group Services

- Psychoeducation for clients and caregivers
  - Healthy relationships, navigating the mental health system, parenting skills, etc
- Street Safety
  - Public transportation, emergency shelters, drop-in centers, food banks, etc

Outreach and Engagement

- School events, open houses
- Youth/homeless events, virtual or in-person
  - Youth Care Coordination, YMCA
- Walk & Rally to Shine a Light on Youth Homelessness
  - San Diego Youth Services Hosts
- Tables at Community Colleges
- Outreach to hospitals, FQHCs
- Post-discharge outreach

Clinical Outcomes

- Symptom stabilization
  - Reduce hospitalizations
- Improved coping capacity
  - Increase in pro-social activities
- Increased treatment engagement

Clinical & System Impact

- Reduced crisis escalation
- Improved care continuity
- Prevention-oriented outcomes

Conclusion

- No waitlist, currently accepting clients
- Referral Process
  - Self-referral option
  - Email: CCCIntake@nclifeline.org
  - Intake Line: 760-842-6202
- Questions & Discussion ☺

References

- Arista C, Corbett E, Dixon M, Henderson S, Mathieu D, Muro M, Ross L. Young and young adult homelessness in Worcester, Massachusetts. 2011 Retrieved from http://www.hfcm.org/CMS/Images/PiTDistribute2011v2.pdf

- Regional Task Force on Homelessness & San Diego Youth Homelessness Consortium. (2019). *San Diego County Coordinated Community Plan to End Youth Homelessness 2019-2024* (p. 50). San Diego Coordinated Community Plan. https://sdyhc.org/storage/app/media/SD-County-Coordinated-Community-Plan-to-End-Youth-Homelessness-2019-2024-3_13_2019.pdf SDYHC

- National Conference of State Legislatures. (2025, May 28). *Youth homelessness overview*. https://www.ncsl.org/human-services/youth-homelessness-overview NCSL

- Council on Community Pediatrics, Briggs, M. A., Granado-Villar, D. C., Gitterman, B. A., Brown, J. M., Chilton, L. A., ... & Zind, B. (2013). Providing care for children and adolescents facing homelessness and housing insecurity. *Pediatrics*, *131*(6), 1206-1210.

Connections Community Counseling
Referral/Intake Form

Fax: 760-407-6415
Email: CCCintake@nclifeline.org
Call Intake Line: 760-842-6202

Youth Name:	DOB:	Age:	Gender:	Ethnicity:
Social Security Number:	Medi-Cal ☐ Uninsured ☐ Private Insurance ☐		Policy Number:	
Address:	City: Zip:	School: Grade:		Client preferred language:
Client Phone Number:		Client Email:		
Guardian Name:	Guardian Preferred Language:	Guardian Email and Phone # :		

Who has provided consent for Lifeline Community Services to Contact them? Youth ☐ Guardian ☐ Both☐

Referred by Name: _____ Agency: _____ Contact info: _____

Describe youth living arrangement:

☐ In a Shelter, vehicle, hotel or public space ☐In a group home or THP ☐Couch Surfing or multifamily housing due to economic hardship. ☐ Recent runaway or other un-fixed residence (describe down below):

Reason for referral:

Please check the locations where you would like to receive services:
☐ Oceanside ☐ San Diego ☐ San Marcos ☐Vista ☐ Near the following Zip code_____
☐ Telehealth/remote video sessions

Safety Check List	YES	NO	UNKNOWN	EXPLANATION
Drugs or Alcohol Abuse	☐	☐	☐	
Violence or Abuse	☐	☐	☐	
Suicidal Ideation/Past Attempts	☐	☐	☐	
Current or Previous Counseling	☐	☐	☐	
Current Psych Meds	☐	☐	☐	
Police Contact	☐	☐	☐	
Access to Firearms	☐	☐	☐	
Psychiatric hospitalization within the past 14 days	☐	☐	☐	

BELOW FOR LIFELINE STAFF ONLY

Date Referral Received:	Intake Staff:	Intake Date:
Client number:		Unit/subunit:

NOTE: Connections Community Counseling in not a crisis response service. If a youth/student is experiencing a behavioral health crisis, call 911 or the Access & Crisis Line at 1-888-724-7240.

Perinatal Practice Guidelines Dated November 2025

Perinatal Practice Guidelines 2025

DMC-ODS Required Trainings

Perinatal Practice Guidelines Training Document 2025.pdf

From: DHCS Perinatal <DHCSPERINATAL@dhcs.ca.gov>
Sent: Thursday, December 11, 2025 4:00 PM
To: DHCS Perinatal <DHCSPERINATAL@dhcs.ca.gov>
Subject: [External] DHCS UPDATE - Substance Use Disorder Perinatal Practice Guidelines 2025

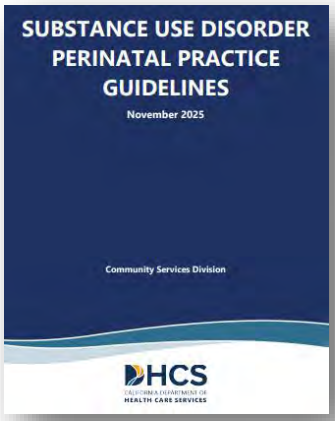
The Department of Health Care Services (DHCS) is pleased to announce that the Substance Use Disorder Perinatal Practice Guidelines (SUD PPG) has recently been updated. The SUD PPG 2025 is now available as a resource on the DHCS webpage Prevention and Youth Branch under the section titled Providers.

DHCS is mandated by state and federal law to update, disseminate, and implement the SUD PPG, which aims to ensure that California providers offer high-quality SUD treatment services and comply with state and federal regulations. These guidelines address SUD treatment services for women, specifically pregnant and parenting women seeking or having been referred to SUD treatment.

If you have any questions, please contact DHCSPerinatal@dhcs.ca.gov.

DHCS SUD Perinatal Team
Program Information and Resources Unit (PIRU)
Community Services Division

Substance Use Disorder Perinatal Services
Email: DHCSPerinatal@dhcs.ca.gov
Phone: (916) 713-8555
Webpage: https://www.dhcs.ca.gov/individuals/Pages/Perinatal-Services.aspx

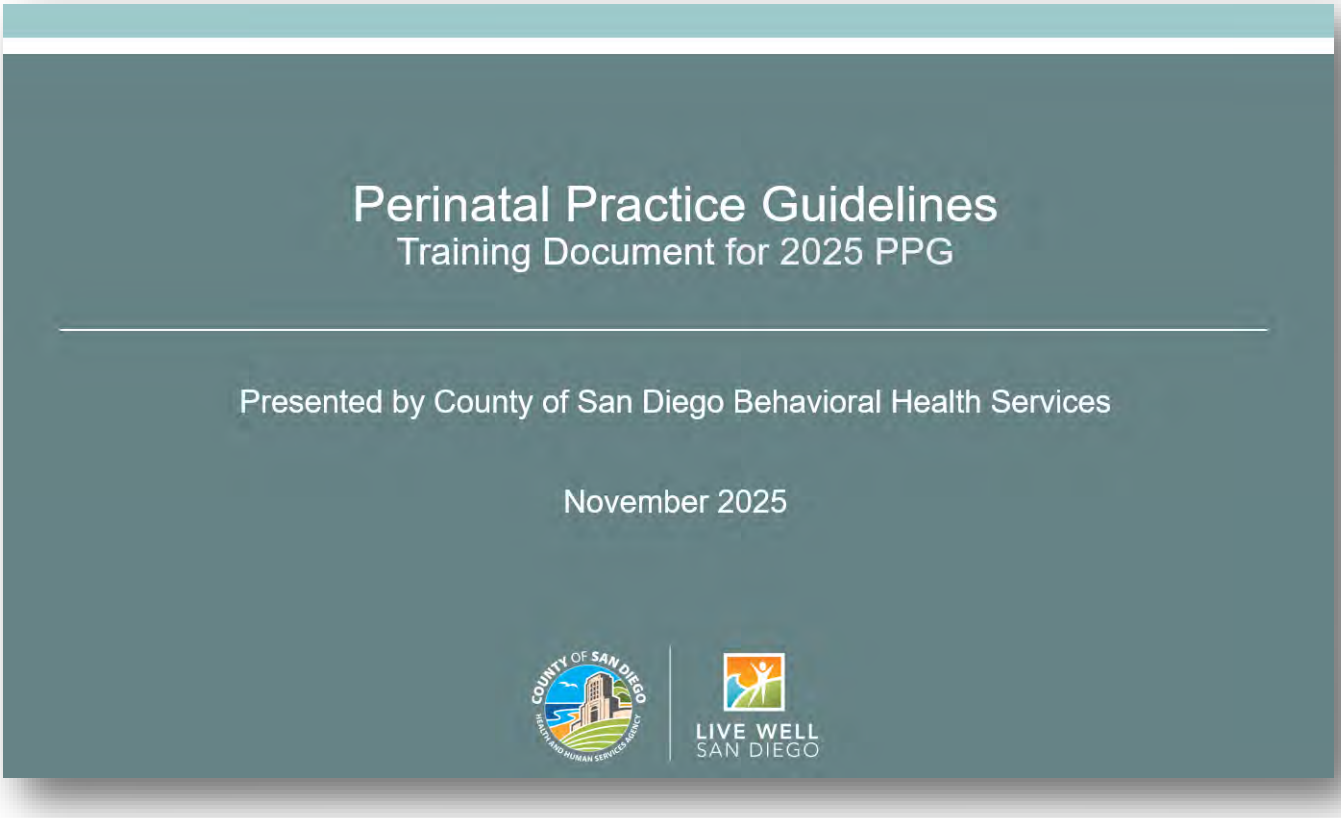


DHCS has highlighted the following as the "major changes" from the 2024 PPG:

- The "Assessment" section on page 9 now includes "The physician shall determine whether substance use disorder services are medically necessary within 30 calendar days of each beneficiary's admission to treatment date."
    - Additionally, a reference to BHIN 21-071 for medical necessity and level of care determination requirements was made, and TN No. 20-0006-A was removed.
- The "Care Planning" section on page 10 was updated to reflect correct terminology and provide clarification. Previously, it read, "In accordance with BHIN No. 23-068, DHCS removed care plan requirements…" It now reads, "In accordance with BHIN 23-068, DHCS removed standalone treatment plan requirements…"
- The "Capacity Management" section on page 13 removed the line about updating data more frequently, as DATAR reports can only be run once per month, and the website address was updated.
- The webpage where the PPG is located was updated.

Provider Staff Training Requirements

The County requires that all BHS Perinatal SUD program staff with client contact review the current PPG within 60 days of hire and on an annual basis, as described in the DMC-ODS Required Trainings. Please be advised that program staff may utilize the November 2025 San Diego Perinatal Practice Guidelines Training document available on the training site. Programs have discretion on how they train to the current PPG. Please note in the training log when using methods other than the County-provided document. Programs must maintain records of PPG training, to include: (1) program name; (2) version of PPG presented (i.e. 2025 PPG); (3) method of delivery; and (4) sign-in log or signature sheet with staff name and date of the training. To assist with tracking, the PPG training requirement is listed on the Staffing Status Report (SSR).



Perinatal Practice Guidelines

Training Document for 2025 PPG

Presented by County of San Diego Behavioral Health Services

November 2025

COUNTY OF SAN DIEGO

LIVE WELL SAN DIEGO

INTRODUCTION

DHCS Community Services Division is mandated by State and Federal law to update, disseminate, and implement SUD Perinatal Practices Guidelines to address SUD treatment services for women, specifically pregnant and parenting women.

Purpose of the Perinatal Practice Guidelines

- The purpose of the Substance Use Disorder (SUD) Perinatal Practice Guidelines (PPG) is to ensure delivery of quality SUD treatment services and adherence to state and federal regulations.
- The SUD PPG provides guidance on perinatal requirements in accordance with Drug Medi-Cal Organized Delivery System (DMC-ODS), California Advancing and Innovating Medi-Cal (CalAIM), and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- Providers must adhere to the requirements as outlined in the current SUD PPG published by DHCS.
- The SUD PPG outlines best practices for serving pregnant and parenting women based on resources and research published by the National Association of State Alcohol and Drug Abuse Directors and SAMHSA and in alignment with California statues and regulations.
- Providers are encouraged to use the best practices as a reference tool to develop comprehensive, individualized, gender-specific, and family-centered SUD services.

The DHCS, Community Services Division provides training and technical assistance (TTA) to counties, providers, and members of the public regarding services for pregnant and parenting women with SUDs. TTA offered to counties and providers assists them with program development and increases public awareness of the potential impact of SUDs. TTA services may include telephone calls, literature, webinars, and/or other program development resources. TTA can be requested by submitting a request during the annual county monitoring reviews or by contacting DHCS through the following methods:

Email: DHCSPerinatal@dhcs.ca.gov
Webpage: https://www.dhcs.ca.gov/services/MH/Pages/Prevention-and-Youth-Branch.aspx

CHANGES FROM PPG 2024

Perinatal Practice Guidelines for 2025 include the following changes from PPG 2024:

Assessment Section – p.9

- Added, "The physician shall determine whether substance use disorder services are medically necessary, within 30 calendar days of each beneficiary's admission to treatment date."
- Added reference to BHIN 21-071 for medical necessity and level of care determination requirements, and removed TN No. 20-0006-A.

Care Planning Section – p.10

- Updated to reflect correct terminology and provide clarification. Previously, it read, "In accordance with BHIN No. 23-068, DHCS removed care plan requirements…" It now reads, "In accordance with BHIN 23-068, DHCS removed standalone treatment plan requirements…"

Capacity Management Section – p.13

- Removed a line about updating data more frequently, as DATAR reports can only be run once per month.
- The DATAR website link was updated.
- The webpage where the PPG is located was updated.

Purpose of this training document

- This power point was created by San Diego County Behavioral Health Services Department to serve as an optional training tool of the Perinatal Practice Guidelines 2025 for local Substance Use Disorder (SUD) program that provide perinatal services.
- San Diego County requires that all BHS Perinatal SUD program staff with client contact review the current PPG within 60 days of hire and on an annual basis, as described in the DMC-ODS Required Trainings (sandiegocounty.gov)
- To assist with tracking, the PPG training requirement is listed on the Staffing Status Report (SSR).

Programs must maintain records of PPG training, to include:

1. Program Name
2. Version of Guidelines presented (i.e. 2025 PPG)
3. Method of delivery
4. Sign-in log or signature sheet with staff name and date of the training

PPG SERVICE DELIVERY REQUIREMENTS

Priority Populations

- Due to the harmful effects of substance use on the fetus, pregnant women require more urgent treatment services.
- The priority population for the SUD PPG is pregnant and parenting women.
- In accordance with SUBG requirements, SUD treatment providers must treat the family as a unit and admit both women and their children into treatment services, if appropriate.
- SUD treatment providers must serve the following individuals with SUD:
  - Women who are pregnant
  - Women with dependent children
  - Women attempting to regain custody of their children
  - Postpartum women and their children
  - Women with substance-exposed infants.

Best Practice

It is encouraged to identify prenatal drug exposure and provide timely care to pregnant women with a SUD to provide a significant buffer against adverse pregnancy outcomes, including premature births and low birth weights.

Admission Priority

Priority admission must be given to pregnant women in the following order:

- Pregnant injecting drug users
- Pregnant substance users
- Injection drug users
- All others

PPG SERVICE DELIVERY REQUIREMENTS

Coverage Period

- The postpartum coverage period for individuals receiving postpartum care services begins after the last day of pregnancy through the last day of the month in which the 365th day occurs.
- Individuals maintain coverage through their pregnancy and the 12-month postpartum coverage period regardless of income changes, citizenship, immigration status, or how the pregnancy ends.
- Pregnant women who were eligible for Medi-Cal and received Medi-Cal during the last month of pregnancy shall continue to receive the full breadth of medically necessary services through the end of the 365-day postpartum period.

PPG SERVICE DELIVERY REQUIREMENTS

Outreach and Engagement

- SUD treatment providers are required to conduct outreach and engagement. Providers serving pregnant and parenting women using injection drugs must use the following research-based outreach efforts:
  - Select, train, and supervise outreach workers.
  - Contact, communicate, and follow-up with high-risk individuals with SUDs, their associates, and neighborhood residents, within the Federal and State confidentiality requirements.
  - Promote awareness among women using injection drugs about the relationship between injection drugs and communicable diseases, such as HIV, Hepatitis B, Hepatitis C, and Tuberculosis (TB).
  - Recommend steps to ensure that HIV transmission does not occur.
  - Encourage entry into treatment.
- SUD treatment providers delivering treatment services to pregnant and parenting women must publicize the availability of such services.

Best Practice

It is encouraged for providers to use the following methods to publicize the availability of services and engage pregnant and parenting women: street outreach programs; public service announcements; advertisements; posters placed in strategic areas; notification of treatment availability distributed to community-based organizations, healthcare providers, and social service agencies; clearinghouse/information resource centers; resource directories; media campaigns; brochures; speaking engagements; health fairs/health promotion; information lines; and multidisciplinary coalitions.

PPG SERVICE DELIVERY REQUIREMENTS

Partnerships

- SUD providers are required to coordinate treatment services with other appropriate services, including health, criminal justice, social, educational, and vocational rehabilitation, and other services that are medically necessary to prevent risk to the fetus, infant, or mother.
- Providers must provide or arrange for transportation to ensure access to treatment.

Best Practice

It is encouraged to develop partnerships among other local agencies and neighboring communities to share resources to aid in the delivery of services in remote areas. Education should be provided to bring awareness to community-based organizations that serve pregnant and parenting women. Cultivating true partnerships can lead to constructive collaboration and ensure pregnant and parenting women receive services wherever they are in the community. Training should include other social and healthcare facilities and personnel within the community to enhance awareness, identify women with SUD, and increase appropriate referrals.

PPG SERVICE DELIVERY REQUIREMENTS

Screening

- SUD treatment providers are required to conduct an alcohol and drug use screening to identify women who have or are developing SUD. Screening must be conducted using validated screening tools.
- Screening is typically a brief process for identifying whether certain conditions may exist and usually involves a limited set of questions to establish whether a more thorough evaluation and/or referrals are needed.
- Providers are required to implement infection control procedures designed to prevent the transmission of TB. Providers must screen pregnant and parenting to identify those at high risk of becoming infected.

Best Practice

It is encouraged to regularly screen women to effectively minimize the risk of fetal exposure to alcohol or drugs. When women are screened for SUD during pregnancy, education may be provided about the risks of substance use. Screening serves to identify women whose pregnancies are at risk due to substance use, which allows for early intervention services or referral for appropriate treatment services. Although screening may reveal an outline of a client's substance involvement, it does not result in diagnosis. The most important domains to screen for when working with women include:

- Substance use, including the type, frequency, and impact of alcohol or other drug consumption
- Pregnancy considerations, including stage of pregnancy, potential risks to maternal and fetal health, and impact of substance use on the pregnancy
- Immediate risks related to serious intoxication or withdrawal
- Immediate risks for self-harm, suicide, and violence
- Past and present mental health disorders, including PTSD and other anxiety, mood, and eating disorders
- Past and present trauma experience, including sexual victimization and interpersonal violence
- Health screenings, including HIV/AIDS, hepatitis, tuberculosis (TB), and sexually transmitted diseases.

PPG SERVICE DELIVERY REQUIREMENTS

Intervention

- SUD treatment providers are required to provide intervention services to pregnant and parenting women.
- Intervention services are designed to motivate and encourage individuals with SUD to seek or remain in treatment.
- SUD treatment providers must provide or arrange for gender-specific treatment and other therapeutic interventions for pregnant and parenting women to address such issues as relationships, sexual and physical abuse, and parenting.
- Childcare services must be provided while women receive gender-specific treatment services.
- Therapeutic interventions must be provided or arranged for children of women receiving SUD treatment services.

Best Practice

It is encouraged for SUD treatment providers to use brief interventions. Identifying specific risk factors for initiation of use may help determine potential barriers and problem areas, anticipate intervention strategies, and contribute to individually tailored treatment planning. The following are potential benefits of using brief interventions:

- Reduce no-show rates for the start of treatment.
- Reduce dropout rates after the first session of treatment.
- Increase treatment engagement after intake assessment.
- Increase group participation and a more collaborative treatment environment.
- Increase compliance with outpatient mental health referrals.
- Serve as interim intervention for clients on treatment program waiting lists.

PPG SERVICE DELIVERY REQUIREMENTS

Assessment

- SUD treatment providers are required to conduct assessments of pregnant and parenting women.
- Specific assessment requirements are detailed in BHIN 23-068 and BHIN 21-071.
- Assessments may be initial and periodic and may include contact with family members or other collaterals focused on the individual's treatment needs.
- The admission process begins with assessing the individual's needs to ensure placement in the most appropriate treatment modality and continuum of services to adequately support recovery. SUD providers delivering perinatal services must have procedures for admission to treatment and must complete a personal, medical, and substance use history for all individuals upon admission. The physician shall determine whether substance use disorder services are medically necessary within 30 calendar days of each client's treatment admission date.
- Providers must obtain medical documentation that substantiates the woman's pregnancy.
- All SUD providers should attempt to obtain a physical examination for the individual before or upon admission. The physician must review the most recent physical exam (obtained within the past 12 months) within 30 days of admission; or, a physical exam may be performed within 30 days by a physician, registered nurse, or physician's assistant; or, a goal to obtain a physical exam should be maintained until the goal is met.

Best Practice

It is encouraged to perform initial and ongoing assessments to ensure pregnant and parenting women are continuously placed in the appropriate level of care, considering the nature and severity of the SUD, the presence of co-occurring mental or physical illnesses, and identification of other needs.

PPG SERVICE DELIVERY REQUIREMENTS

Care Planning

- Care planning is a required service activity that consists of developing and updating documentation to plan and address the client's needs and planned interventions, and to address progress and restoration of the best possible functioning level.
- Providers shall prepare individual care plans or problem lists as specified in BHIN 23-068 for pregnant and parenting women with SUD, based on information obtained through the intake and assessment process and with meaningful member participation in the planning process.
- Perinatal-specific services shall include:
  - Mother/child habilitative and rehabilitative services, such as parenting skills and training in child development.
  - Access to services, such as arrangement for transportation.
  - Education to reduce harmful effects of alcohol and drugs on the mother and fetus or mother and infant.
  - Coordination of ancillary services, such as medical/dental, education, social services, and community services.
- Per BHIN 23-068, standalone treatment plans are not required except for Narcotic Treatment Programs (NTP) and are replaced by new behavioral health documentation requirements, including problem list & progress note requirements.
- Pregnant women with a documented history of addiction to opioids may be admitted to NTP maintenance treatment without documentation of a 2-year history of addiction or prior treatment failures. Within 60 days post-partum, a woman shall be evaluated by a physician to determine whether continued maintenance treatment is needed.

PPG SERVICE DELIVERY REQUIREMENTS

Referrals

- SUD treatment providers are required to make a referral when the provider has insufficient capacity to provide treatment services to a pregnant or parenting woman.
- If no treatment facility has capacity to provide treatment services, the provider shall make available or arrange for interim services within 48 hours of the request, including a referral for prenatal care.

Best Practice

It is encouraged to use SAMHSA's Screening, Brief Intervention, and Referral to Treatment Initiative (SBIRT) to provide opportunities for early intervention with at-risk SUD pregnant and parenting women, as many people with SUDs do not seek specialty addiction treatment but often enter the healthcare system through general medical settings.

When reporting referrals, providers should not include referrals to non-treatment services such as medical appointments, 12-Step programs, or other recovery support services.

PPG SERVICE DELIVERY REQUIREMENTS

Interim Services

- SUD treatment providers are required to make interim services available for pregnant and parenting women awaiting admission to treatment.
- The purpose of providing interim services is to reduce the adverse health effects of substance use, promote women's health, and reduce the risk of disease transmission.
- If an SUD treatment provider has insufficient capacity to treat a pregnant or parenting woman who uses drugs intravenously and a referral has been made, the provider must admit the woman no later than 14 days of the request or must admit the woman no later than 120 days of the request and provide interim services no later than 48 hours after the request.
- At a minimum, interim services include:
  - Counseling and education about the risk and prevention of transmission of HIV and TB, the risks of needle-sharing, and the risks of transmission to sexual partners and infants
  - Referral for HIV and TB services
  - Counseling on the effects of alcohol and drug use on the fetus, and referrals for prenatal services.

Best Practice

It is encouraged for providers to use these additional methods for providing interim services for pregnant and parenting women: peer mentorship; services by telephone or email; risk assessment activities; and drop-in centers.

PPG SERVICE DELIVERY REQUIREMENTS

Capacity Management

- SUD treatment providers are required to maintain a capacity management system to track and manage the flow of members with SUD entering treatment, which serves to ensure timely placement into the appropriate level of care.
- When an SUD treatment provider cannot admit a pregnant or parenting woman because of insufficient capacity, the provider shall provider or arrange for interim services within 48 hours including referral for prenatal care.
- If a treatment facility has insufficient capacity to provide treatment services, the provider must refer the woman to DHCS through the DATAR, which collects data on treatment capacity and waiting lists.

Best Practice

DHCS uses data from the Drug and Alcohol Treatment Access Report (DATAR) to effectively locate and refer applicants to available and appropriate treatment options. DATAR data is collected monthly.

When a SUD treatment provider serving intravenous substance users reaches or exceeds 90 percent of its treatment capacity, the provider must report this information to the DATAR for each month by the 10th of the following month. For more information regarding the DATAR program and technical assistance, visit the DHCS DATAR webpage at https://www.dhcs.ca.gov/provgovpart/Pages/CalOMS-Treatment.aspx

PPG SERVICE DELIVERY REQUIREMENTS

Waiting List

- It is required to maintain a waiting list to ensure pregnant and parenting women receive timely treatment. SUD treatment providers must submit waiting list information to DATAR upon reaching capacity.
- Waiting lists must include a unique patient identifier for each injection substance user seeking treatment and include those who are receiving interim services while awaiting admission to treatment.
- SUD treatment providers:
  - Must develop a mechanism for maintaining contact with the women awaiting admission to treatment.
    - As space becomes available, the provider shall match the woman with an SUD treatment provider offering the appropriate treatment services within a reasonable geographic area.
  - Must ensure injection drug users are placed in comprehensive treatment within 14 days.
    - If an individual cannot be placed in comprehensive treatment within 14 days, the provider must admit the woman within 120 days and provide interim services within 48 hours after the request.
  - May remove a woman from the waiting list and not provide treatment within 120 days if she cannot be located or refuses treatment.
    - Days waited include only those days waiting for treatment due to the unavailability of a slot. Circumstances unique to the individual's life are not counted as days on the waiting list.

PPG SERVICE DELIVERY REQUIREMENTS

Case Management

- SUD treatment providers are required to provide or arrange for case management to ensure that pregnant and parenting women and their children have access to:
  - Primary medical care, including prenatal care, and childcare while receiving these services
  - Primary pediatric care, including immunizations
  - Gender-specific treatment
  - Therapeutic interventions for children to address developmental needs and trauma (abuse and neglect)

Best Practice

It is encouraged to apply the following case management principles. Case management:

- Is client-driven and driven by client needs.
  - The aim of case management is to provide the least restrictive level of care necessary so that disruption of the client's life is minimized.
- Involves advocacy.
  - The goal when assisting clients with diverse services and at times contradictory requirements is to promote the client's best interests.
- Is community-based.
  - Case management helps clients negotiate with community agencies and integrate formal and informal care resources.
- Is pragmatic.
  - Case management begins where the client is and responds to tangible needs such as food, shelter, clothing, and transportation.
- Is anticipatory.
  - Requires the ability to understand the course of addiction, to foresee problems, understand options, and take appropriate action.
- Is flexible.
- Is culturally sensitive.

PPG SERVICE DELIVERY REQUIREMENTS

Transportation

- SUD treatment providers are required to provide or arrange for transportation to ensure pregnant and parenting women and their children have access to services and community resources and to and from medically necessary treatment services.
- Medi-Cal offers transportation to and from appointments for services covered under Medi-Cal, including medical, dental, mental health, and SUD appointments and to pick up prescriptions and medical supplies.
- The DHCS Transportation webpage provides information on how to schedule transportation services.

Best Practice

It is encouraged for providers to use these additional methods for providing transportation services:

- Provide vouchers and tickets for public transportation.
- Implement contracts with community-based transportation services (i.e., Uber, Lyft, shuttle services, etc.)
- Provide company-owned vehicles.

PPG SERVICE DELIVERY REQUIREMENTS

Recovery Support

- Treatment providers are required to provide recovery support services for pregnant and parenting women with SUD.
- SUD Perinatal services shall address treatment and recovery issues specific to pregnant and postpartum women, such as relationships, sexual and physical abuse, and the development of parenting skills.
- Treatment providers shall continue to provide recovery support services to pregnant and parenting women upon treatment completion to encourage continue health and wellness.
- Within 30 calendar days of the date of the last face-to-face treatment contact with a client, the provider shall complete a discharge summary which includes the duration of treatment from date of admission to date of discharge; reason for discharge; summary of the treatment episode; and prognosis.

Best Practice

It is encouraged to use a variety of recovery support methods such as clinical treatment, medications, faith-based approaches, peer support, family support, and self-care. Recovery support services help people navigate the systems of care, remove barriers to recovery, stay engaged, and live full lives in their communities of choice. SAMHSA's 4 Major Dimensions of Recovery are:

- Health – Overcoming or managing one's symptoms and making informed, healthy choices that support physical and emotional well-being.
- Home – Having a stable place to live.
- Purpose = Conducting meaningful daily activities, such as work, school, volunteering, caregiving, and resources and ability to participate in society.
- Community – Having relationships and social networks that provide support, friendship, love, and hope.

PPG SERVICE DELIVERY REQUIREMENTS

Treatment Modalities

- It is required to provide Residential, Outpatient Drug-Free Treatment Services, Narcotic Treatment Programs, Intensive Outpatient Treatment Services, and Naltrexone Treatment Services to pregnant and parenting women.
- If the need is indicated by the assessment, a pregnant or parenting woman may stay in residential treatment longer than 30 or 60 days.
- **Licensed Residential SUD Treatment Services**
  - Providers offering residential SUD services to pregnant and parenting women shall provide a range of activities and services. Supervision and treatment services shall be available day and night, 7 days a week.
- **Outpatient Programs**
  - Mother and child habilitative services shall be provided to pregnant and parenting women. During Intensive Outpatient Treatment services, group counseling shall be conducted with no less than 2 and no more than 12 clients at the same time.

PPG SERVICE DELIVERY REQUIREMENTS

Parenting Skills

- SUD treatment providers are required to incorporate parenting skills into the client's care plan. Parenting skills can be improved through education in child development, skill-building training, counseling, modeling, and problem-solving in specific instances of parent-child interactions.
- Parenting skills involve the relationship between a woman and her child that includes identification of feelings, empathy, active listening, and boundary setting. These skills may be practiced by the woman alone or with her child.

Best Practice

It is encouraged to match parenting, coaching, and other support groups to a woman's treatment services to improve her coping ability and give her time to practice new skills and change patterns of behavior to improve interactions with her children. Topics for parenting skills and relationship building may include:

- Developmentally age-appropriate programs for children
- Parenting education for mothers
- Strategies to improve nurturing for mothers and children
- Appropriate parent-child roles, including modeling opportunities
- Integration of culturally competent parenting practices and expectations
- Nutrition education for mothers
- Children's mental health needs and substance use prevention curriculum
- Education for mothers about child safety

PPG SERVICE DELIVERY REQUIREMENTS

Best Practices for Childcare

- It is encouraged that SUD treatment providers provide on-site, licensed childcare in accordance with childcare licensing requirements. When an SUD treatment provider is unable to provide licensed on-site childcare services, the provider should partner with local licensed childcare facilities or offer on-site, license-exempt childcare through a cooperative arrangement between parents for the care of their children.
- All of the following conditions must be met for a cooperative childcare arrangement:
  - Parents combine their efforts, so each parent rotates as the responsible caregiver for all the children in the cooperative arrangement.
  - Individuals caring for the children must be a parent, legal guardian, stepparent, grandparent, aunt, uncle, or adult sibling of at least one of the children in the cooperative arrangement.
  - No monetary compensation, including receipt of in-kind income, may be provided in exchange for the provision of care in the cooperative arrangement.
  - Nor more than 12 children can receive childcare in the same place at the same time.
- It is recommended that the women offering childcare in the cooperative arrangement be directed under supervision of an experienced staff member with child development expertise and who has passed a background check.
- Children born to mothers with SUD are at greater risk of in-utero exposure to substances. These children my require childcare that extends beyond basic supervision.
- It is recommended that childcare services include services to help identify a child's developmental delays, including emotional and behavioral issues.

REFERENCES

DHCS Substance Use Disorder Perinatal Services
Perinatal Services (ca.gov)

DHCS 2025 Perinatal Directory
2025 Perinatal Directory

DHCS Substance Use Disorder Perinatal Practice Guidelines, November 2025
Perinatal Practice Guidelines 2025

SAMHSA Tip 51: Addressing the Specific Needs of Women
TIP 51: Substance Abuse Treatment: Addressing the Specific Needs of Women | SAMHSA Publications and Digital Products

To:	**BHS Contracted Service Providers and County-Operated Programs**
From:	**Behavioral Health Services**
Date:	**November 21, 2025**
Title	**Transgender, Gender Diverse, or Intersex Cultural Competency Training Update**

This information notice contains updates regarding the Department of Health Care Services (DHCS) Behavioral Health Information Notice (BHIN) 25-019 training requirement:

- Background
- Training option
- Documentation Requirement
- Reference Document
- Support

BACKGROUND

- DHCS released the final BHIN 25-019 on May 12, 2025.
- All staff who are in direct contact with service recipients are required to complete an evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse or intersex (TGI).
- All new hires are required to complete this training within 45 days of hire and every two years thereafter.

TRAINING OPTION

- TGI trainings will be offered through San Diego State University Research Foundation (SDSURF), Academy for Professional Excellence (APEX) Cultural Responsiveness Academy (CRA). At this time, there are two training options:
  - Live virtual training scheduled on December 10, 2025, titled "Culturally Responsive Behavioral Health Care with Trans and Nonbinary People"
  - On-demand webinar series scheduled to be released in January 2026. Announcements will be sent to all providers upon release of the webinar.

DOCUMENTATION REQUIREMENT

- Upon completion of training, staff are required to report and submit proof of completion to their respective program manager to be reported via monthly/quarterly status report (MSR/QSR) or DMC-ODS staffing status report (SSR).

REFERENCE DOCUMENTS

- DHCS BHIN 25-019
- Senate Bill (SB) 923 (Chapter 822; Statutes of 2022)
- Welfare and Institution Code (W&I) Section 141497.09

SUPPORT

- For training access, please log into APEX learning management system.

For More Information:

- BHS Workforce at BHSworkforce.HHSA@sdcounty.ca.gov

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: May 12, 2025

Behavioral Health Information Notice No: 25-019

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professional
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements

PURPOSE: To notify all Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) counties regarding the transgender, gender diverse, intersex (TGI) Cultural Competency Training program required by Senate Bill (SB) 923 (Chapter 822; Statutes of 2022) for the purpose of providing trans-inclusive health care to Medi-Cal members.

REFERENCE: Welfare and Institutions Code (W&I) Section 14197.09; Health and Safety Code, Section 150950; Title 9, California Code of Regulations, Section 1810.410; Department of Mental Health (DMH) Information Notices 10-02 and 10-17.

BACKGROUND:
Senate Bill (SB) 923 (Chapter 822; Statutes of 2022), known as the Transgender, Gender Diverse or Intersex Inclusive Care Act, added section 14197.09 to the W&I and mandated DHCS to require all of its MHP and DMC-ODS staff (hereafter referred to as Behavioral Health Plans (BHPs)), subcontractor, and downstream subcontractor staff who are in direct contact with members in the delivery of care or member services to complete evidence-based cultural competency training for the purpose of providing

trans-inclusive health care for individuals who identify as transgender, gender diverse, or TGI. Trans-inclusive health care means comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding, and respect.[1] Additionally, SB 923 requires DHCS to track, monitor, and report complaints, impose sanctions for violations of the law, and publicly report this data alongside other complaint data.

This Behavioral Health Information Notice (BHIN) outlines the training curriculum requirements and quality standards, which are based on recommendations from the statutorily required working group convened by the California Health and Human Services Agency that met from April 2023 to February 2024. This working group consisted of representatives from the Department of Managed Healthcare, California Department of Insurance, DHCS, and the California Department of Public Health, as well as members from TGI-serving organizations, individuals who identify as TGI, and health care providers. This BHIN further specifies the submission of deliverables and compliance requirements for all BHPs.

POLICY:

I. Evidence-Based Cultural Competency Training Requirements

BHPs shall require all subcontractors, downstream subcontractors[2] (excluding network providers), and all its staff who are in direct contact with members whether oral, written, or otherwise in the delivery of care or member services, including providers directly employed by the BHP (staff working in county owned and operated facilities), to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI. This training may be developed in conjunction with existing cultural competency training as outlined in the DMH Information Notice 10-02, DMH Information Notice 10-17, or any subsequent guidance. BHPs shall require that the training is completed by all staff at least every two years or more often if needed. Evidence-based training is a training and assessment method grounded in and supported by research demonstrating its success. BHPs should verify and review any research or data available that supports the efficacy or

[1] 14197.09(a)(2)

[2] Subcontractors and downstream subcontractors do not include network providers. (42 C.F.R. § 438.2.) (For additional context, refer to MHP Contract (pages 129 and 131) and DMC-ODS Plan Contract (pages 171 and 180)). Subcontractor and downstream subcontractors refer to MHP Contract (pages 129 and 131) and DMC-ODS Plan Contract (pages 171 and 180).

success of the training program that is being considered. BHPs must complete the following:

1. The BHP must collaborate with a TGI-serving organization(s) meeting the criteria of H&S section 150900(f)(2) to develop a training curriculum and facilitate that training to ensure the trans-inclusive health care cultural competency training that is provided encompasses the topics and information recommended by the TGI Working Group recommendations[3]. The training must include all of the elements set forth in W&I Code Section 14197.09(a)(2). Refer to Attachment A of this BHIN for trans-inclusive health care cultural competency training curriculum requirements and topics.
2. The BHP must provide to DHCS a signed and dated attestation every two years on a BHP letterhead that all BHP staff, subcontractors, and downstream subcontractors in direct contact with members have completed evidence-based cultural competency training. The bi-annual, signed attestation must be submitted via email to QAPIS@dhcs.ca.gov.
3. The initial training must be completed no later than March 1, 2025. If BHP staff, subcontractors, and downstream subcontractors who are in direct contact with members have not completed the training by March 1, 2025, the BHP must email a timeline for completion to DHCS at QAPIS@dhcs.ca.gov.
4. The BHP's attestation must also provide that all newly hired BHP staff, subcontractors, and downstream subcontractors in direct contact with members will complete the trans-inclusive health care cultural competency training within 45 days of being hired and every two years thereafter.
5. BHPs must have a policy and/or procedures in place to track and report to DHCS when a grievance is made against a named individual(s) of a BHP or its subcontractors, downstream subcontractors, or staff for failure to provide trans-inclusive care. If a grievance is decided in the member's favor, the applicable individual(s) must complete the trans-inclusive health care cultural competency training again within 45 days from the grievance resolution and before having direct contact with members. For requirements on grievance monitoring and course reporting, see section III of this BHIN (below) titled "Grievance Monitoring and Reporting Requirements".[4]
6. BHPs shall submit all SB 923 training curricula and BHP, subcontractors, and downstream subcontractors' staff training information to DHCS within 90 calendar days from the publication of this BHIN via email at: QAPIS@dhcs.ca.gov.

[3] 2024 Transgender, Gender Diverse, or Intersex Working Group Recommendation Report
[4] 14197.09(a)(5)

BHP TGI training instructions and implementation timelines are detailed in Attachment B of this BHIN.

II. Grievances Monitoring and Reporting Requirements

BHPs must ensure that members are made aware of all their grievance and appeal rights, including their right to submit grievances to BHPs for failure to provide trans-inclusive health care as defined in W&I sections 14197.09(d)(5).

If a member submits a grievance against a BHP or its subcontractors, downstream subcontractors, or staff for failure to provide trans-inclusive health care, the BHP is required to report the grievance to DHCS quarterly. DHCS will use the quarterly grievance data reported to monitor and publicly report all gender-affirming care related grievances against BHP staff, subcontractors, and downstream subcontractors on the DHCS website as required by W&I Section 14197.09(b)(2).

BHPs are also required to submit additional information, as specified by DHCS, that verifies the grievance data reported to DHCS on a quarterly basis when the outcomes of the grievance reported are resolved in a member's favor. If the grievance is resolved in the member's favor, then the individual named in that grievance who is employed by the BHP, its subcontractors, or its downstream subcontractors must complete a refresher course by retaking the trans-inclusive health cultural competency training within 45 days of the resolution of the grievance and before they have direct contact with members again. BHPs are required to submit to DHCS verification of the completed refresher training quarterly. The report shall include, but is not limited to, the following:

- Total grievances filed for failure to provide trans-inclusive health care as defined within this BHIN
- Total grievances resolved in the member's favor
- Date the grievance was received
- Name of the individual, position title, affiliation with the BHP
- Completion date of the refresher training; and
- Any additional actions taken by the BHP to prevent future complaints.

BHPs should note that any pattern of repeated complaints against an individual, or multiple complaints against multiple individuals of a BHP or its subcontractors, or downstream subcontractors gives rise to a presumption that the BHP or its subcontractors, and downstream subcontractors are not providing adequate trans-inclusive care, as required. Such patterns and practices suggest that existing training is ineffective or that the working culture is hostile to trans-inclusive care and requires

further remediation, including, but not limited to staff training, staff discipline, and/or re-evaluation of the training curriculum.

The initial report shall be submitted no later than 10 business days after the end of the reporting period that covers July 1, 2025, through September 30, 2025. Subsequent filings should be submitted no later than 10 business days after the end of the quarterly reporting period. BHPs shall complete a separate report for each delivery system (i.e., one report for data from the SMHS program, and one report for data from the DMC-ODS program). See the following quarterly submission timeline:

Reporting Periods	BHP Grievance Data Submission due to DHCS
Quarter 1: July 1 – September 30	10 business days following the end of the reporting period.
Quarter 2: October 1 – December 31	
Quarter 3: January 1 – March 31	
Quarter 4: April 1 – June 30	

The reporting instructions and template will be provided to BHPs in an email correspondence shortly after this BHIN is released.

III. Administrative Costs – Proposition 30 Reimbursement

Proposition 30 requires the state to reimburse counties 100% of the non-federal share for increased costs to implement realigned programs that result from new requirements the state imposed after September 30, 2012. To claim administrative costs associated with the implementation of this BHIN, please refer to the procedures contained in the BHINs below:

- MHPs: Use the forms as outlined in BHIN 22-049.
- DMC-ODS Plans: Use the forms as outlined in BHIN 23-004.

IV. Compliance

BHPs are responsible for ensuring that their staff, subcontractors, and downstream subcontractors that provide or administer Specialty Mental Health or DMC-ODS services comply with all applicable state and federal laws and regulations, DHCS contract requirements, and other DHCS guidance, and are trained on the requirements set forth in this BHIN. A policy and/or procedure shall be updated to ensure compliance with the requirements outlined in this BHIN. Each BHP must communicate these requirements to all staff, subcontractors, and downstream subcontractors.

Corrective action plans, administrative and/or monetary sanctions, or temporary withholding of funds for non-compliance may be imposed. For additional information regarding administrative and monetary sanctions, see BHIN 22-045 and any subsequent guidance on this topic.

If you have any questions regarding this BHIN, please contact QAPIS@dhcs.ca.gov.

Sincerely,

Original signed by

Michele Wong, Chief
Behavioral Health Oversight and Monitoring Division

Attachments

Attachment A: Guidelines for Evidence-based Cultural Competency Training and Checklist

The BHP must explain how it developed the curriculum and how the training is administered, including:

- Identifying the TGI-serving organization(s), or subject matter expert that facilitated the training.
- The bid, procurement, or selection process, if any, the BHP utilized to engage with TGI-serving organizations and select a TGI-serving organization qualified to facilitate the training.
- Any processes employed to verify and evaluate the experience of the TGI-serving organization to facilitate the training.
- The procedures for oversight and monitoring the BHP implemented to verify the training and performance of the TGI-service organization complied with the requirements of W&I 14197.09(a).
- A description of the training materials, including whether the training materials include written and/or electronic materials, and the manner in which the training is conducted, such as in-person, via video conferencing, or through on-demand video or other access.
- The BHP affirms it will maintain related policies and/or procedures that require BHP staff, subcontractors, and downstream subcontractors to retake the full course when a grievance is made against an employee for failure to provide trans-inclusive care, and a decision was made in favor of the member.
- The BHP will explain whether the BHP delegated compliance to a contracted entity. If so, identify the entity to whom the BHP delegated compliance, explain the scope of delegation, and identify the policy and/or procedures the BHP utilized to monitor and oversee performance of the delegated entity.

This tool was created for BHPs to use when developing TGI training curriculum components. BHPs are responsible for complying with all applicable state and federal laws, contract requirements, and BHINs.

TGI Training Curriculum Requirements		**Completed Y/N**
Curriculum Components		
1	Welcome/Introduction	
2	Introduction to Cultural Competency in Behavioral Health Care Coverage	
3	Effects of Historical, Contemporary, and Present-Day Exclusion, Microaggressions, and Oppression	
4	Effective Communication Across Gender Identities	
5	Trauma-Informed Approaches to Care Delivery	
6	Behavioral Health Inequities and Family/Community Acceptance	
7	Perspectives from Diverse Constituency Groups and TGI-Serving Organizations	
8	Personal Values and Professional Responsibilities	
9	Behavioral Health Plan Considerations for Gender-Affirming Care	
10	Ensure Culturally Competent Behavioral Health Care Services	
11	Collaborative Approaches to Enhance TGI Access to Care	
12	Continuous Quality Improvement	

TGI Training Curriculum Requirements		Completed Y/N
Inclusion of real-life experiences and challenges of TGI individuals including:		
1	Challenges with Accessing Behavioral Health Care Services	
2	Lack of Knowledge Among Behavioral Health Care Staff, including Plan staff	
3	Gaps in Data Collection	
4	Denials by Behavioral Health Plans – Gender Affirming Care	
5	Denials by Behavioral Health Plans - Interlapping Behavioral Health Care Problems	
6	Effects on Mental Health and/or Substance Use Conditions	
7	Privacy and Confidentiality Considerations including Minor Consent	
8	Positive Experiences with Behavioral Health Care Providers and Behavioral Health Plans.	
9	Intersectional Barriers	
Sub-Population Considerations:		
1	Intersex Individuals	
2	TGI Youth	
3	Elderly TGI Individuals	
4	Non-Binary Individuals	
5	Individuals with Physical Health Disabilities	
6	Individuals with Mental Health Disabilities and/or Substance Use Conditions	
7	Neurodivergent Individuals	
8	Guardians of TGI Individuals	
9	The Spectrum of Reproductive Health Care for TGI individuals	

The table below is included for BHPs to add components they identify as necessary and has opted to include in the curriculum.

TGI Training Curriculum: BHP's Optional Components		Completed Y/N

Attachment B: Deliverable Submission Timelines

BHPs develop and implement TGI training and complete training of all BHP staff, subcontractors, and downstream subcontractors.	March 1, 2025
BHPs submit TGI training curriculum to DHCS.	90 calendar days from the publication of this BHIN

- DHCS utilizes a standard review tool for assessing compliance with TGI training requirements. Refer to Attachment A of this BHIN for the TGI training curriculum review checklist.

Behavioral Health Services (BHS)
Information Notice

Date: November 13, 2025

To: Specialty Mental Health Providers (including County-Operated Programs)

From: Behavioral Health Services

General Topic: New Training Requirements due 12/15/25

Subject: Important Update: Requirements for County Behavioral Health Plans and Managed Care Plans Provider Training & Member Education

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DHCS BHINs 23-056 and 23-057 establish new statewide expectations for how County Behavioral Health Plans and Managed Care Plans coordinate care and inform Medi-Cal members. These BHINs require education regarding aspects, specifically:

- Member Education: Medi-Cal members must receive clear, accessible information about how to obtain medically necessary services; and
- Provider Training: County and contracted provider staff must be trained on coordinating care, making and receiving referrals, and appropriately sharing information across systems.

Member Education

Programs must provide Medi-Cal members with educational materials explaining how to access medically necessary behavioral health services and who to contact for assistance. This applies to all current members and all new members moving forward.

These materials were jointly developed by the San Diego BHP and the MCPs and are available in English and all San Diego threshold languages on the Members & Families page:

- For Member | Education Material - English, Arabic, Chinese, Farsi, Korean, Russian, Somali, Spanish, Tagalog, Vietnamese

Provider Training

Training is required for all County and contracted staff, subcontractors, and network providers including those who:

- Coordinate care for members receiving services from the MHP/DMC-ODS and an MCP.
- Ensure services are non-duplicative and consistent with each plan's respective responsibilities.
- Facilitate transitions of care and collaboration for members with co-occurring or complex needs.

The initial training is due for existing staff (as of September 30, 2025) by 12/15/2025. After this initial training date, new staff and subcontractors shall complete training before performing related duties. Annual refreshers are required thereafter and will be included in the annual QA SMH Forum and annual QA DMC-ODS Training.

Staff training plans shall be updated to include this new training requirement. Training materials are available here: For Provider | San Diego BHP-MOU Resource - Training (pdf).

Each program shall submit one attestation attesting to the completion of the training by all staff by the due date. Attestation is available here: Behavioral Health Plans and Managed Care Plans Initial Training Attestation.

Questions:

Please Contact: QIMatters.HHSA@sdcounty.ca.gov

County of San Diego Behavioral Health Services (BHS)

Mental Health Plan (MHP)

Drug Medi-Cal Organized Delivery System (DMC-ODS)

and

Medi-Cal Managed Care Plans (MCPs)

blue california
Promise Health Plan

Community Health Group

KAISER PERMANENTE

MOLINA HEALTHCARE

Content Areas

Medi-Cal Behavioral Health Services

- Substance Use Disorder (SUD) services through County Drug Medi-Cal Organized Delivery System (DMC-ODS) = *County BHS SUD providers*
- Specialty Mental Health (SMH) services through County Mental Health Plan (MHP) = *County BHS MH providers*
- Non-specialty Mental Health (NSMH) services through Medi-Cal Managed Care Plans (MCPs)
  - *= Blue Shield of California Promise Health Plan*
  - *= Community Health Group Partnership Plan*
  - *= Kaiser Permanente*
  - *= Molina Healthcare of California*

No Wrong Door

- Patient Portal & MCP URL/BHS Provider Directory URL
- Additional MCP information

Care Coordination, Referrals, and Transition of Care

- Workflows
- Eating Disorders
- Pharmacy Benefit
- Transportation
- Enhanced Case Management (ECM) and Community Services (CS) through MCPs

Resources (click here for Healthy San Diego Behavioral Health Operations page)

- Forms
- Contact Cards
- Signed MOUs
- P&Ps

Shared Workflows: County & MCP Coordination

DHCS Screening & Transition Tools

APL 22-028 / BHIN 22- 065: Incorporate the DHCS standardized tool for initial screening for adults & youth (for new members) and transitions of care referral (TOC) form (for existing patients).

No Wrong Door - Non-Specialty & Specialty MH Services

APL 22-005 APL 22-006 / BHIN 22-011: Increased coordination & billing between MCP & the County so that members can access or transition services to the appropriate delivery system.

Eating Disorders (EDO)

APL 22-003 / BHIN 22-009 MCPs and County BH share fiscal responsibility for partial Hospitalization and Residential Treatment for EDO as it includes physical and behavioral health treatment components.

Pharmacy

DHCS Pharmacy homepage

SUD Screening & Early Intervention

APL 21-014 BHIN 24-001: SUD screening for all Medi-Cal members age 11+ along with brief interventions.

Medications for Addiction Treatment (MAT)

APL 21-014 APL 22-005 BHIN 21-024 : Individuals can access MAT (alcohol, opioid & stimulant medications) services through MCP and County

Enhanced Care Management (ECM) & Community Supports (CS)

DHCS ECM & CS homepage

Transportation

APL 22-008 BHIN 22-031

No Wrong Door

Essentially, there is "no wrong door" to begin accessing mental health services. The County and MCPs work together to connect a member to appropriate services.

The goal of No Wrong Door (NWD) is to ensure members have access to the right care, in the right place, at the right time.

As described in APL 22-028 and BHIN 22-065, MCP providers and MHP providers who are contacted directly by individuals seeking mental health services are to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in BHIN 22-011.

As a member may move between different levels of care, it is vital that service providers complete a **warm hand off** with each other to provide continuity of care.

Assessment of BH concerns

When members are screened and assessed for Behavioral Health concerns, including Substance Use Disorders, there is a determination of acuity: Mild, Moderate, Severe to indicate the appropriate delivery system

- SMH criteria 21+ years old is based on impairment severity, NOT diagnosis
- SMH criteria under 21 years old is based on risk or potential harm. NO diagnosis is required
- Clinical judgement and team-based care is used to determine severity

Mild to Moderate Mental Illness

→ Non-Specialty Mental Health (NSMH) services**

→ Provided by Medi-Cal Managed Care Plan (MCP)

Blue Shield Promise, CHG, Kaiser, Molina

Severe Mental Illness (SMI)

→ Specialty Mental Health Services (SMHS)

→ Provided by County Mental Health Plan (MHP)

→ County Mental Health Providers

Substance Use Disorders (SUD):

→ Drug Medi-Cal Organized Delivery System (DMC-ODS) services

→ Provided by County DMC-ODS Plan

→ County SUD Providers

**For additional information, refer to APL 22-006 Medi-Cal Managed Care Health Plan Responsibilities for Non-specialty Mental Health Services

Medi-Cal Behavioral Health Services

Substance Use Disorder (SUD) services through County Drug Medi-Cal Organized Delivery System (DMC-ODS) Providers = *County BHS providers*

- Screening, Brief Intervention, Referral to Treatment and Early Intervention Services (for beneficiaries under age 21)
- Withdrawal Management Services (residential and ambulatory)
- Intensive Outpatient Treatment Services
- Outpatient Treatment Services
- Narcotic Treatment Programs
- Recovery Services
- Care Coordination (delivered within treatment programs)
- Clinician Consultation
- Medications for Addiction Treatment (also known as Additional Medication Assisted Treatment or MAT)
- Residential Treatment Services (ASAM Levels 3.1, 3.3, and 3.5)
- Certified Peer Support Services (delivered within treatment programs)
- Contingency Management Services (delivered through 3 providers as part of the pilot period)

Medi-Cal Behavioral Health Services

Specialty Mental Health (SMH) services through County Mental Health Plan (MHP) Providers = *County BHS providers*

- Medication Support Services
- Crisis Intervention (including mobile crisis services)
- Crisis Stabilization
- Adult Residential Treatment Services
- Crisis Residential Treatment Services
- Psychiatric Health Facility Services
- Psychiatric Inpatient Hospital Services
- Targeted Case Management
- Certified Peer Support Services (typically delivered within treatment programs)
- Day Treatment Intensive
- Day Rehabilitation

- For beneficiaries under the age of 21, all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code (Welf. & Inst. Code 14184.402 (d)), in addition to:
  - Intensive Care Coordination
  - Intensive Home- Based Services
  - Therapeutic Behavioral Services
  - Therapeutic Foster Care

Medi-Cal Behavioral Health Services

Non-specialty Mental Health (NSMH) services through Medi-Cal Managed Care Plans (MCPs) = *Blue Shield, CHG, Kaiser, Molina*

- Mental health evaluation and treatment, including individual, group and family psychotherapy
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition
- Outpatient services for purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies, and supplements
- Care in Emergency Departments
- Additionally, Medication for Addiction Treatment (MAT) provided in primary care, inpatient hospital, EDs, and other medical settings, and
- Alcohol and Drug Screening, Assessment, Brief Intervention, and Referral to Treatment (SABIRT) in Primary Care settings

Screening for Medi-Cal MH Services

Adult and Youth Screening Tools: Determine the most appropriate Medi-Cal mental health delivery system (e.g., County MHP or Medi-Cal MCP) for members who are not currently receiving mental health services when they contact the MCP or MHP seeking mental health services.

As described in APL 22-028 and BHIN 22-065, MCP providers and MHP providers who are contacted directly by individuals seeking mental health services are to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in BHIN 22-011.

Transition of Care for Medi-Cal MH Services

The Transition of Care Tool (Adult and Youth) leverages existing clinical information to document an individual's mental health needs and facilitate a referral to the individual's Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) as needed.

The Transition of Care Tool is to be used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs **and** 1) their existing services need to be transitioned to the other delivery system **or** 2) services need to be added to their existing mental health treatment from the other delivery system.

Process: The determination to transition services to and/or add services from the other mental health delivery system must be made by a clinician in alignment with protocols. Once a clinician has made the determination to transition care or refer for services, all the following actions must be taken:

1. Complete the Transition of Care Tool.
2. Send the Transition of Care Tool and any relevant supporting documentation to the plan the beneficiary is being referred to.
3. Continue to provide necessary mental health services and coordinate the transition of care or service referral with the receiving plan, including follow up to ensure services have been made available to the individual.

Eating Disorders

- Effective treatment of eating disorders involves a combination of physical and mental health interventions, often provided through an integrated therapeutic modality, program, or setting.
- MHPs and MCPs share a joint responsibility to provide medically necessary services to Medi-Cal beneficiaries with eating disorders.
- Beneficiaries identified as requiring medically necessary eating disorder treatment will be reviewed for clinical need based on established criteria and authorized by the MHP for program services at the appropriate level of care.
- MHP or MCP will convene clinical review meetings to coordinate case management as needed by both the MHP and MCP.
- MHP and MCP have collaboratively established a shared cost allocation schedule for treatment services and have identified an invoicing and payment process.
- For additional information, call the Access and Crisis Line

Access & Crisis Line

Medi-Cal Transportation Benefit

Nonemergency medical transportation (NEMT) is transportation by ambulance, wheelchair van, or litter van for beneficiaries who cannot use public or private transportation to get to and from covered Medi-Cal services, and who need assistance to ambulate.

- NEMT is available to all beneficiaries when their medical and physical condition does not allow them to travel by bus, passenger car, taxicab, or another form of public or private transportation. Services must be prescribed by a health care provider.

Nonmedical transportation (NMT) is private or public transportation to and from covered Medi-Cal services for eligible beneficiaries.

- NMT services are available to all beneficiaries with full-scope Medi-Cal and to pregnant women, including to the end of the month in which the 60th day postpartum falls. Beneficiaries will need to verbally let the transportation provider know that there is no other way for them to get to their appointment.
- Beneficiaries will need to attest to the provider verbally or in writing that they have an unmet transportation need and all other currently available resources have been reasonably exhausted. Reasons for needing NMT can include any of the following:
  - No valid driver's license.
  - No working vehicle available in the household.
  - Not being able to travel or wait for covered Medi-Cal services alone.
  - Having a physical, cognitive, mental, or developmental limitation.
  - No money for gas to get to appointment.

Medi-Cal Transportation Benefit *(continued)*

Transportation is only available to and from covered Medi-Cal services, which includes:

- Medical appointments, including family planning, mental health, and substance use disorder services
- Dental appointments
- Picking up prescriptions
- Picking up medical supplies and equipment

Who can provide NEMT and NMT Services? Licensed, professional medical transportation companies approved and enrolled by Medi-Cal. In addition, Medi-Cal managed care plans also directly contract with other transportation providers for services for plan members.

When to request transportation? Be sure to contact a transportation provider as soon as an appointment is made. It is helpful to request the service at least five business days before an appointment. If there are more than one appointment that is ongoing, transportation can be requested to cover those appointments.

- ***Note:*** One assistant, such as parent/guardian or spouse, may accompany a beneficiary on a trip provided by NMT. However, transportation is not available for more than one assistant.

To access transportation benefits, call the health plans member services department

- Community Health Group (1-800-224-7766)
- Blue Shield CA Promise Health Plan (1-855-699-5557)
- Kaiser Permanente (1-800-464-4000)
- Molina (1-888-665-4621)

Medi-Cal Pharmacy Benefit (Medi-cal Rx)

- Effective January 1, 2022 all pharmacy benefits for Medi-Cal beneficiaries including those in a Medi-Cal Managed Care Plan will be covered by the Department of Health Care Services (DHCS) stated-wide pharmacy benefit called Medi-Cal Rx
    - The change to a state-wide pharmacy benefit does not apply to the following: Programs of All-Inclusive Care for the Elderly (PACE) plans, Senior Care Action Network (SCAN), Cal MediConnect health plans, Major Risk Medical Insurance Program (MRMIP)

- DHCS has contracted with Magellan Medicaid Administration to provide administrative services and supports relative to the Medi-Cal pharmacy benefit.

Medi-Cal Rx will be responsible for managing and resolution of complaints and grievances raised by Managed Care Plan members, their Authorized Representatives, or other interested parties, regarding a Medi-Cal Rx complaint or grievance as well as managing member appeals involving disagreement with benefit-related decisions, such as coverage disputes, disagreeing with and seeking reversal of a request involving medical necessity etc.

Resources:
Medi-Cal Rx
DHCS Medi-Cal Rx Customer Service (800) 977-2273
- Consumer Center for Health Education & Advocacy (877) 734-3258
- Medi-Cal Managed Care Plan Customer Service Health Plan ID Card
- San Diego County Access & Crisis Line (888) 724-7240

MCP Enhanced Care Management (ECM)

ECM is available for select Medi-Cal members with complex needs. Enrolled members receive comprehensive case management from a lead care manager who coordinates health and social services.

To connect an individual to ECM

1. Confirm the individual has active Medi-Cal and identify their Managed Care Plan (MCP).
2. Ensure the individual meets the eligibility criteria for ECM in the **ECM Policy Guide.**
3. Complete the universal or plan specific ECM referral form linked below and email the form to the assigned MCP's designated email address.
   The **Universal ECM Referral Form** is accepted by all plans.

Note that the MCP should authorize ECM services within 5 working days for routine authorizations and within 72 hours for expedited requests. If you have not received a response, email or call the MCP for an update.

MCP	Email Address	Member Services Phone Number
Blue Shield	ECM@blueshieldca.com	1-855-699-5557
Community Health Group	ecm-cs@chgsd.com	1-800-224-7766
Kaiser	RegCareCoordCaseMgmt@KP.org	1-800-464-4000
Molina	MHC_ECM@Molinahealthcare.com	1-888-665-4621

MCP Community Supports (CS)

CS are medically appropriate and cost-effective services provided by MCPs to help members address their health-related social needs. CS are available to a wide range of members, including those with complex needs and those who are enrolled in ECM. However, members do not need to be enrolled in ECM to access Community Supports.

To connect an individual to Community Supports:

1. Confirm the individual has active Medi-Cal and identify their Managed Care Plan (MCP).
2. Ensure the individual meets the eligibility criteria for Community Supports in the **Community Supports Policy Guide**.
3. Complete the plan specific Community Supports referral form linked below for each service needed and email the form(s) to the assigned MCP's designated email address.

MCPs	Link to Referral Form	Email Address	Member Services Phone Number
Blue Shield Promise	Community Supports Referral Form (blueshieldca.com)	SDCommunitySupports@blueshieldca.com	1-855-699-5557
Community Health Group	Community Supports Referral Form (chgsd.com)	ecm-cs@chgsd.com	1-800-224-7766
Kaiser Permanente	Community Supports Referral Form (kaiserpermanente.org)	RegCareCoordCaseMgmt@KP.org	1-800-464-4000
Molina	Community Supports Referral Forms (molinahealthcare.com)	MHC_CS@MolinaHealthcare.com	1-888-665-4621

MCP Community Supports (CS)

CalAIM Community Supports – Managed Care Plan Elections as of March 2024

County of San Diego	Blue Shield of California Promise Health Plan	Community Health Group Partnership Plan	Kaiser Permanente	Molina Healthcare of California Partner Plan
Housing Transition/ Navigation	X	X	X	X
Housing Deposits	X	X	X	X
Housing Tenancy & Sustaining Services	X	X	X	X
Short-Term Post Hospitalization Housing	X	X	X	X
Recuperative Care (Medical Respite)	X	X	X	X
Respite Services	X	X	X	X
Day Habilitation Programs	X	X	X	X
Nursing Facility Transition/ Diversion	X	X	X	X
Community Transition Services/ Nursing Facility Transition to a Home	X	X	X	X
Personal Care and Homemaker Services	X	X	X	X
Environmental Accessibility Adaptations	X	X	X	X
Medically- Supportive Food/ Meals/ Medically Tailored Meals	X	X	X	X
Sobering Centers	X	X	X	X
Asthma Remediation	X	X	X	X

Source: https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Elections-by-MCP-and-County.pdf

Data Exchange

- Goals include improving care coordination and referral processes, in accordance with federal and state privacy laws, including but not limited to (HIPAA) and 42 CFR Part 2. Data exchange also assists with population health management and outcome metrics.
- Additional information about each plan, its provider network (directory), and patient portal are available, as follows:

	Blue Shield	CHG	Kaiser	Molina	County of San Diego Behavioral Health Plan
Provider Network Search Link	Blue Shield Provider Search	CHG Provider Search		Molina Provider Search	County of San Diego Behavioral Health Provider Directory
API Provider Directory		CHG Provider Directory API			County of San Diego Behavioral Health Provider Directory API
Patient Portal	Blue Shield Patient Portal	CHG Patient Portal		Molina Patient Portal	
General Info/Plan Home Page	Blue Shield Home Page	CHG Home Page		Molina Home Page	County of San Diego Behavioral Health Services
Behavioral Health Landing Page	Blue Shield BH Page	CHG BH Page			

Resources

Dispute Resolution

- County and MCPs collaborate to resolve issues related to coverage or payment of services, conflicts regarding the respective roles for care management for specific members, or other issues.
- If there is a dispute, County and MCPs shall complete the plan-level dispute resolution process.
- Pending resolution of any such dispute, services & payments must continue to be provided without delay.
- Unresolved disputes are reported to the State.

- **Click here for the BHS Grievances and Appeals process**

Click here for Healthy San Diego Behavioral Health Operations page

- Forms
- Contact Cards
- Signed MOUs
- P&Ps

Resources

Healthy San Diego

Medi-Cal Managed Care Plan Contact Card

Health Plan	Member Services/Transportation	Behavioral Health	Telephone Medical Advice Line	Vision Services	Medi-Cal RX	Denti-Cal
Blue Shield CA Promise Health Plan	1-855-699-5557	(855) 321-2211	1-800-609-4166	1-855-699-5557	(800) 977-2273	(800) 322-6384
Community Health Group	1-800-224-7766	(800) 404-3332	1-800-647-6966	Vision Service Plan 1-800-877-7195	(800) 977-2273	(800) 322-6384
Kaiser Permanente	1-800-464-4000	(833) 579-4848	1-800-290-5000	1-800-464-4000	(800) 977-2273	(800) 322-6384
Molina Healthcare	1-888-665-4621	(888) 665-4621	1-888-275-8750	March Vision Services 1-888-463-4070	(800) 977-2273	(800) 322-6384

County Mental Health Plan To access Specialty Mental Health and the Drug Medi-Cal Organized Delivery System 1-888-724-7240	**Jewish Family Service** Patient Advocacy Program Complaints & Grievances/Inpatient & Residential 1-800-479-2233	**Consumer Center for Health Education & Advocacy** Patient Advocacy Program Complaints & Grievances/Outpatient services 1-877-734-3258

Pharmacy benefits for all Medi-Cal recipients are covered by the State's Medi-Cal Rx. Program (800) 977-2273

blue california Promise Health Plan · Community Health Group · Kaiser Permanente · Molina Healthcare

10/2025 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

- Click here for the most recent version(s) of the Contact Card

Resources

SB 1019 Non-Specialty MH Services Outreach and Education Plan

- Effective January 1, 2025, SB 1019 requires MCPs to develop a DHCS-approved outreach and education plan for members and primary care physicians regarding covered mental health benefits.
- APL 24-012: Provides guidance to MCPs regarding requirements for Member outreach, education, and assessing Member experience for Non-Specialty Mental Health Services as required by SB 1019.
  - Stigma reduction resources are available at:
    - StigmaFree Pledge PSA | National Alliance on Mental Illness (NAMI)
    - Stigma and Discrimination Research Toolkit - National Institute of Mental Health (NIMH) (nih.gov).

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE: October 12, 2023

Behavioral Health Information Notice No: 23-056

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Medi-Cal Mental Health Plans

PURPOSE: This Behavioral Health Information Notice (BHIN) clarifies the Memorandum of Understanding (MOU) required to be entered into by the Medi-Cal Mental Health Plans (MHPs) and Medi-Cal Managed Care Plans (MCPs) under the MHP Contract and MCP Contract with the Department of Health Care Services (DHCS). This BHIN includes a required MHP-MCP MOU template.

In addition, this BHIN reiterates oversight, compliance, and DHCS reporting requirements to help ensure that MOUs are regularly reviewed and updated as necessary. The MOU is intended to be an effective vehicle to clarify roles and responsibilities between MHPs and MCPs, support local engagement, facilitate care coordination and the exchange of information necessary to improve care coordination and improve referral processes between parties. The MOU is intended to improve transparency and accountability by setting forth the obligations of each party as it relates to service or care delivery and coordination so that each party is aware of what the other party may be required to do.

REFERENCE: 2022-2027 Mental Health Plan Contract, Medi-Cal Managed Care Boilerplate Contract

BACKGROUND:
The MHP Contract[1] with DHCS requires MHPs to enter into an MOU with any Medi-Cal MCP that serves its members[2] to ensure member care is coordinated.

The MOU is a binding, enforceable contractual agreement between the MHP and MCP and outlines the responsibilities and obligations of each party[3] to coordinate and facilitate the provision of medically necessary services to members where members are served by multiple parties. The purpose of the MOU is to:

- Set forth contract components required by the MHP and MCP contracts, and Cal. Code Regs. tit. 9 § 1810.370;
- Clarify roles and responsibilities for coordination of the delivery of care and MHP and MCP services of all members;
- Establish negotiated and agreed upon processes for how MHPs and MCPs will collaborate and coordinate on population health and other programs and initiatives;
- Memorialize what data will be shared between MHPs and MCPs and how data will be shared to support care coordination and enable monitoring;
- Provide public transparency into relationships and roles/responsibilities between MHPs and MCPs; and
- Provide mechanisms for the parties to resolve disputes and ensure overall oversight and accountability under the MOU.

POLICY:
MHPs shall make a good faith effort to execute an MOU(s) with their respective MCP(s) by January 1, 2024. MHPs are required to use the attached MHP-MCP MOU template. Parties may agree to negotiate and include additional provisions, provided they do not conflict with the required minimum provisions. The proposed language in the template is not exhaustive.

PROVISIONS REQUIRED TO BE INCLUDED IN MOUS
MHPs are responsible for providing medically necessary covered Specialty Mental Health Services (SMHS) to members set forth in the State Plan, including the coordination of a member's care. The MOU between the MHP and MCP requires the parties coordinate medically necessary services, including health-related social service

[1] Mental Health Plan Contract.
[2] "Member" refers to any individual receiving services from the MHP. Members are referred to as "members" in the MOU template.
[3] "Parties" are defined as the parties to the MHP-MCP MOU.

needs, when members are accessing services from both systems. The MOU shall include the roles and responsibilities of the MHP and MCP for coordinating care, exchanging information, and conducting administrative activities to deliver care to enrolled members.

Pursuant to the MHP contract, the MOU shall address how to ensure Medically Necessary NSHMS and SMHS provided concurrently are coordinated and non-duplicative.[4] The MHP-MCP MOU template, **Attachment 1** of this BHIN, shall include:

- Services Covered by this MOU: The services that each party shall coordinate for members who receive the other party's services.[5]
- Party Obligations: Each party's provision of services and oversight responsibilities (e.g., each party shall designate a liaison to coordinate with the other party and ensure compliance with the MOU requirements including compliance by subcontractors, downstream subcontractors, and network providers). The intent of this provision is to ensure each party is aware of what services the other party is required to provide or arrange under existing requirements. This provision also is intended to ensure that each party knows how and who to contact from the other party to support the MOU implementation. This provision also requires the MCP to impose certain MOU requirements on its Subcontractors and Network Providers.
- Training and Education: Requires each party to provide educational materials to members and network providers about accessing medically necessary services and train network providers, and as applicable, subcontractors and downstream subcontractors on the MOU requirements and services provided by each party. This provision is intended to ensure both parties provide their Subcontractors and Network Providers with information necessary for them to coordinate care with and make referrals to or receive referrals from the Other Party.
- Screening, Assessment, and Referrals: Policies and procedures regarding member screening and assessment, including administering the applicable Screening and Transition of Care Tools for Medi-Cal Mental Health Services, and for member referrals to the other party as appropriate and describes each party's referral pathways[6] to ensure both parties understand and are able to refer to or assist members with obtaining services from the other party. The intent of this provision is so that the parties develop written policies to refer members to one

[4] MHP Contract, Exhibit A, Attachment 10, pg. 3.
[5] As described in APL 22-006, APL 22-003, APL 22-005, BHIN 21-073.
[6] As set forth in APL 22-028 and BHIN 22-065.

another and include what information may need to accompany each referral in their written policies.

- Care Coordination and Collaboration: Requirements for coordinating member access to care, including the policies and procedures the parties will use to coordinate care between the parties, addressing barriers to care coordination, and ensuring the ongoing monitoring and improving of such care coordination. Includes requirements for parties to coordinate provision of medically necessary services, treatment planning, clinical consultation, Enhanced Care Management (ECM), Community Supports, and eating disorder services. This provision is for the parties to agree in writing how the parties will coordinate care, monitor whether those processes are working and improve the processes, as necessary.
- Disaster Emergency Preparedness: Policies and procedures to ensure the continued care coordination for services in the event of a disaster or emergency.
- Quality Improvement: Quality improvement (QI) policies to ensure each party's ongoing oversight and improvement of the MOU requirements. These QI policies and activities are separate and apart from an MCP's other QI requirements. The intent of this provision is for the parties to agree in writing how they will assess whether the MOU is improving care coordination and whole-person care and to develop their own metrics to evaluate whether the MOU is effective in achieving its goals.
- Quarterly Meetings: Requires the parties to meet at least quarterly to address care coordination, QI activities and systemic and case-specific concerns, and to communicate with others within their organizations about such activities. After each quarterly meeting, both parties shall post on its website the date and time the quarterly meeting occurred in order to demonstrate transparency that the meetings are taking place. The intent of this provision is to ensure that the parties have a set time to meet to assess whether the MOU is effective in supporting care coordination and whole-person care, as well as to address specific issues that may have arisen in the prior quarter. These meetings are not intended to be open to the public.
- Document Retention: Requires MHP to retain all documents related to the MOU requirements for at least ten years.
- Data Sharing and Confidentiality: The minimum data and information that the parties shall share to ensure the MOU requirements are met and describes the data and information the parties may share to improve care coordination and referral processes, and requirements for parties to share information about members as set forth in the MHP-MCP MOU template and in accordance with federal and state privacy laws, including but not limited to the Health Insurance

Portability and Accountability Act (HIPAA) and 42 CFR Part 2.[7] This provision is intended for the parties to agree in writing the minimum necessary information that shall be shared to facilitate referrals and coordinate care, how to share that information, and whether member consent is required. The data sharing requirements set forth in the MOUs are not intended to supersede any federal or state laws or regulations governing the MCP or MHP's ability to exchange information.

- Dispute Resolution: The policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS when the parties are unable to resolve disputes between themselves. The intent of this provision is for the parties to agree in writing on a dispute resolution process to resolve conflicts with regard to each parties' responsibilities under the MOU.
- General: Any additional general contract requirements, such as a requirement that the parties publicly post the executed MOU, and annually review the MOU and that the MOU cannot be delegated, except as permitted under the MHP and MCP Contracts, respectively.

Parties may not deviate from the minimum requirements listed above; however, parties may agree to negotiate and include additional provisions, provided that any additional provision does not conflict with the required minimum provisions. The proposed language is not exhaustive.

MOU COMPLIANCE AND OVERSIGHT REQUIREMENTS
The MHP Contract outlines the requirement that the MHP shall enter into and implement an MOU with the MCP.

Ultimately, the MHP compliance officer is responsible for the MHP's compliance with the MOU, and compliance with the MOU shall be part of the county's compliance program. The MHP compliance officer shall ensure that deficiencies in MOU compliance are addressed in accordance with the MHP's compliance program policies.

Responsible Person(s)
The MHP compliance officer for each MHP shall designate a responsible person(s) for overseeing that MHP's compliance with its MOU(s); this person shall provide reports to the MHP compliance officer. For example, the MHP compliance officer may consider designating staff within their Contract Management or Community Relations functional areas. The MHP compliance officer shall ensure the responsible person(s) understand the terms of the MOU, have developed relationships with the MCP, and are authorized

[7] Pursuant to 42 C.F.R. § 438.242(b) and 42 C.F.R. § 438.10(h).

to ensure the MCP complies with the MOU requirements. The MHP compliance officer shall notify DHCS of a change in the responsible person/liaison as soon as practicable, but no later than five (5) working days of the change.

As outlined in the MHP-MCP MOU template under "MHP Obligations: Oversight Responsibility," the responsible person shall:

1. Conduct regular meetings, on at least a quarterly basis, to address policy and practical concerns that may arise between MOU parties (See *Quarterly Meetings* section of the MHP-MOU template);
2. Ensure an appropriate level of leadership e.g., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from Other Party are invited to participate in the MOU engagements, as appropriate;
3. Report on the party's compliance with the MOU to the Compliance Officer no less frequently than quarterly;
4. Ensure there is sufficient staff at the MHP to support compliance with and management of the relevant MOU and its provisions;
5. Ensure subcontractors, downstream subcontractors, and network providers, as applicable, comply with any applicable provisions of the MOUs (see Subcontractor and Network Providers section below for further details); and
6. Serve as or designate a person at the MHP to serve, as the day-to-day liaison with the MCP or MCP programs ("MHP-MCP Liaison"). The liaison is to serve as the subject matter expert for the MCP to address day-to-day concerns for administering the MOU. For example, the MHP-MCP Liaison would serve as the day-to-day contact for the MCP administrator to address immediate concerns related to specialty mental health services for MCP members in a particular county. The MHP compliance officer shall notify the MCP of any changes to the MHP-MCP Liaison in writing as soon as reasonably practical but no later than the date of change and shall notify DHCS within five (5) working days of the change.

Dispute Resolution
MHPs shall work collaboratively with MCPs to establish dispute resolution policies and procedures. This includes how the MHP will work with the MCP to resolve issues related to coverage or payment of services, conflicts regarding the parties' respective roles for care management for specific members, or other issues. See the MHP-MCP MOU template Dispute Resolution section for required language.

If there is a dispute, MHPs and MCPs shall complete the plan-level dispute resolution process. If the parties are unable to resolve the dispute, one of the Parties shall submit a written "Request for Resolution" to DHCS within fifteen (15) calendar days of the completion of the plan level dispute resolution process[8]. If the MHP submits the Request for Resolution, it shall be signed by the county behavioral health director or designee.

The Request for Resolution shall include:

1. A summary of the disputed issue(s) and a statement of the desired remedies, including any disputed services that have been or are expected to be delivered to the member;
2. A history of the attempts to resolve the issue(s) with the MCP;
3. Justification for the MHP's desired remedy; and
4. Any additional documentation that the MHP deems relevant to resolve the disputed issue(s), if applicable.[9]

If MCP submits a Request for Resolution to DHCS, DHCS will forward a copy of the Request for Resolution to the affiliated MHP, within three business days of receipt. The MHP shall have three business days to respond and provide relevant documents, as set forth in BHIN 21-034 and any subsequently issued superseding BHINs.[10]

The Request for Resolution shall be submitted via secure email to countysupport@dhcs.ca.gov.

DHCS will communicate the final decision to the MHP and the MCP, including any actions the parties are required to take to implement the decision.

Subcontractors and Network Providers
MHPs are required to ensure subcontractors, downstream subcontractors, and network providers, as applicable, comply with any applicable provisions of the MOU.

Training
MHPs shall provide training and orientation on MOU requirements with subcontractors, downstream subcontractors, and network providers, as applicable, on an annual basis, at a minimum. The training shall include information on MOU requirements and the services that are provided or arranged for by each party and how those services can be

[8] 9 C.C.R. § 1850.505(d); BHIN 21-034, pg. 2-3.
[9] 9 C.C.R. § 1850.505(d); BHIN 21-034, pg. 3.
[10] BHIN 21-034, pg. 3.

accessed or coordinated for the member. MHPs shall provide training before any person or entity performs any MOU obligations and at least annually thereafter.

Signatories
As noted above, if an MHP has a delegated subcontractor, the signatories of the MOU shall include the MHP, the subcontractor, as well as the MCP. In addition, to minimize administrative burden on counties, DHCS encourages multi-party MOUs, which may include more than one signatory entering into agreement with the MHP.

MONITORING AND REPORTING

Annual Reporting
MHP shall continuously evaluate the effectiveness of the MOU processes and review and update their MOUs annually to incorporate current requirements in contract amendments and policy guidance. MHPs shall submit an annual report to MCBHOMDMonitoring@dhcs.ca.gov that includes updates from the quarterly meetings with the MCP and the results of their annual MOU review. The updates from the quarterly meetings shall include the following elements:

- Attendees, including MCP responsible person(s), leadership, and county executives;
- Care coordination and referral concerns discussed;
- Strengths, barriers, and plans to improve effective collaboration between the MHP and the MCP;
- Disputes and resulting outcomes;
- Strategies to address duplication of services; and
- Member engagement challenges and successes.

The annual report submission to DHCS shall include evidence of the annual review as well as copies of any MOUs modified or renewed as a result. The evidence of the annual review described in the annual report shall include a summary of the review process and outcomes, and any resulting amendments to the MOU or existing policies and procedures. The annual reports shall be submitted to DHCS by the last business day of January.

Progress Quarterly Reporting
MHPs shall demonstrate a good faith effort to meet the requirements of this BHIN. MHPs that are unable to execute their MOUs by January 1, 2024, shall submit quarterly progress reports and documentation to DHCS via email at

MCBHOMDMonitoring@dhcs.ca.gov demonstrating evidence of their good faith effort to execute the MOU.

Quarterly Reporting Submission Timeline:

Quarter Reporting	Submission due to DHCS
Quarter 1: January 1 – March 31	Last business day of April
Quarter 2: April 1 – June 30	Last business day of July
Quarter 3: July 1 – September 30	Last business day of October
Quarter 4: October 1 – December 31	Last business day of January

These quarterly updates will be required until the MOU is executed, and all policies and procedures required by the MOU are established and submitted to DHCS.

Executed MOU Submission
MHPs shall send a fully executed MOU and an attestation to DHCS via email at MCBHOMDMonitoring@dhcs.ca.gov. The attestation shall state that the county did not modify any of the provisions of the template, and that provisions the parties added do not conflict with or reduce either party's obligation under the templates, MCP Contract, or MHP Contract. If the parties modify any of the provisions of the template, the MHP shall submit a redlined version of the MOU for execution to DHCS for review and approval. The MHP shall send any written policies and procedures that result from the terms of the MOU to DHCS when they are completed or updated.

Policies and Procedures
Parties must establish, implement, and comply with Policies and Procedures to fulfill all the duties and obligations of this MOU. Parties must agree to the terms of joint Policies and Procedures to fulfill all joint obligations and duties of this MOU. Parties must also implement and comply with those joint Policies and Procedures.

Website Posting
Each MHP shall publish its MOU(s) on its website within 30 calendar days of the MOU being fully executed. Additionally, the annual report shall be published within 30 calendar days from the due date of the annual report submission to DHCS.

Subcontractor Compliance
MHPs are further responsible for ensuring that their subcontractors and network providers comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance, including BHINs and Policy Letters. These

requirements shall be communicated by each MHP to all subcontractors and network providers.

Corrective Action and Sanctions for Non-Compliance
DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance with the terms of this BHIN. For additional information regarding administrative and monetary sanctions, see BHIN 22-045, and any subsequently issued superseding BHINs. Any failure to meet the requirements of this BHIN may result in a CAP and subsequent sanctions.

If you have any questions regarding this BHIN, please contact your County Liaison.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health – Policy Division

Enclosure

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

DATE: October 12, 2023

Behavioral Health Information Notice No: 23-057

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Programs
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professionals
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Drug Medi-Cal Organized Delivery System Counties

PURPOSE: The purpose of this Behavioral Health Information Notice (BHIN) is to clarify the Memorandum of Understanding (MOU) required to be entered into by the Medi-Cal Drug Medi-Cal Organized Delivery System (DMC-ODS) counties and Medi-Cal Managed Care Plans (MCPs) under the DMC-ODS Intergovernmental Agreement (IA) and MCP Contract with the Department of Health Care Services (DHCS). This BHIN includes a required DMC-ODS-MCP MOU template.

In addition, this BHIN reiterates oversight, compliance, and DHCS reporting requirements to help ensure that MOUs are regularly reviewed and updated as necessary. The MOU is intended to be an effective vehicle to clarify roles and responsibilities between DMC-ODS counties and MCPs, support local engagement, facilitate care coordination and the exchange of information necessary to improve care coordination and improve referral processes between parties. The MOU is intended to improve transparency and accountability by setting forth the obligations of each party as it relates to service or care delivery and coordination so that each party is aware of what the other party may be required to do.

REFERENCE: DMC-ODS Intergovernmental Agreement (IA), MCP Boilerplate Contract

BACKGROUND:
The DMC-ODS IA [1] with DHCS requires DMC-ODS counties to enter into an MOU with any Medi-Cal MCP that serves their members [2] to ensure member care is coordinated.

The MOU is a binding, enforceable contractual agreement between the DMC-ODS county and MCP and outlines the responsibilities and obligations of each party [3] to coordinate and facilitate the provision of medically necessary services to members where members are served by multiple parties. The purpose of the MOU is to:

- Set forth contract requirements for both DMC-ODS and MCPs;
- Clarify roles and responsibilities for coordination of the delivery of care and MCP and DMC-ODS services of all members;
- Establish negotiated and agreed upon processes for how DMC-ODS counties and MCPs will collaborate and coordinate on population health and other programs and initiatives;
- Memorialize what data will be shared between DMC-ODS counties and MCPs and how data will be shared to support care coordination and enable monitoring;
- Provide public transparency into relationships and roles/responsibilities between the DMC-ODS counties and MCPs; and
- Provide mechanisms for the parties to resolve disputes and ensure overall oversight and accountability under the MOU.

POLICY**:**

DMC-ODS counties shall make a good faith effort to execute an MOU(s) with their respective MCP(s) by January 1, 2024. DMC-ODS counties are required to use the attached DMC-ODS-MCP MOU template. Parties may agree to negotiate and include additional provisions, provided they do not conflict with the required minimum provisions. The proposed language in the template is not exhaustive.

[1] DMC-ODS Intergovernmental Agreement.
[2] "Member" refers to any individual receiving services from the DMC-ODS, Beneficiaries are referred to as "members" in MOU template.
[3] "Parties" are defined as the parties to the DMC-ODS-MCP MOU.

PROVISIONS REQUIRED TO BE INCLUDED IN MOUS

DMC-ODS counties are responsible for providing medically necessary Drug Medi-Cal covered services to members set forth in the State Plan, including the coordination of a member's care. The MOU between the DMC-ODS county and MCP requires the parties to coordinate medically necessary services, including health-related social services, when members are accessing services from both parties. The MOU shall include the roles and responsibilities of the DMC-ODS county and MCP for coordinating care, exchanging information, and conducting administrative activities to deliver care to enrolled members.

The DMC-ODS-MCP MOU shall include the following provisions, as specified in **Attachment 1,** the DMC-ODS-MCP MOU template, as required in the DMC-ODS IA:

- Services Covered by this MOU: The services that each party shall coordinate for members who receive the other party's services. [4]
- Party Obligations: Each party's provision of services and oversight responsibilities (e.g., each party shall designate a liaison to coordinate with the other party and ensure compliance with the MOU requirements including compliance by subcontractors, downstream subcontractors, and network providers). The intent of this provision is to ensure each party is aware of what services the other party is required to provide or arrange under existing requirements. This provision also is intended to ensure that each party knows how and who to contact from the other party to support the MOU implementation. This provision also requires the MCP to impose certain MOU requirements on its Subcontractors and Network Providers.
- Training and Education: Requires each party to provide educational materials to members and network providers about accessing medically necessary services and train network providers, and as applicable, subcontractors and downstream subcontractors on the MOU requirements and services provided by each party. This provision is intended to ensure both parties provide their Subcontractors and Network Providers with information necessary for them to coordinate care with and make referrals to or receive referrals from the other party.

[4] As described in APL 22-006, BHIN 23-001, DMC-ODS Requirements for the Period of 2022-2026, and the DMC-ODS Intergovernmental Agreement.

- Screening, Assessment, and Referrals: Policies and procedures regarding member screening and assessment, including administering Alcohol and Drug Screening, Assessment, Brief Interventions, and Referral to Treatment ("SABIRT") to Members aged eleven (11) and older; [5] and requirements for referrals to the other party as appropriate, including each party's referral pathways to ensure both parties understand and are able to refer to or assist members with obtaining services from the other party. The intent of this provision is so that the parties develop written policies to refer members to one another and include what information may need to accompany each referral in their written policies and procedures.
- Care Coordination and Collaboration: Requirements for coordinating member access to care including the policies and procedures the parties will use to coordinate care between the parties, addressing barriers to care coordination, and ensuring the ongoing monitoring and improving of such care coordination. Includes requirements for parties to coordinate provision of medically necessary services, treatment planning, clinical consultation, Enhanced Care Management (ECM), Community Supports, and prescription drugs. This provision is for the parties to agree in writing how the parties will coordinate care, monitor whether those processes are working and improve the processes, as necessary.
- Disaster Emergency Preparedness: Policies and procedures to ensure the continued care coordination for services in the event of a disaster or emergency.
- Quality Improvement: Quality improvement (QI) policies to ensure each party's ongoing oversight and improvement of the MOU requirements. These QI policies and activities are separate and apart from an MCP's other QI requirements. The intent of this provision is for the parties to agree in writing how they will assess whether the MOU is improving care coordination and whole-person care and to develop their own metrics to evaluate whether the MOU is effective in achieving its goals.
- Quarterly Meetings: Requires the parties to meet at least quarterly to address care coordination, QI activities and systemic and case-specific concerns, and to communicate with others within their organizations about such activities. After each quarterly meeting, both parties shall post on its website the date and time the quarterly meeting occurred in order to demonstrate transparency that the meetings are taking place. The intent of this provision is to ensure that the parties have a set time to meet to assess whether the MOU is effective in supporting care coordination and whole-person care, as well as to address specific issues

[5] In accordance with APL 21-014.

that may have arisen in the prior quarter. These meetings are not intended to be open to the public.

- Document Retention: Requires MCP to retain all documents related to the MOU requirements for at least ten years.
- Data Sharing and Confidentiality: The minimum data and information that the parties shall share to ensure the MOU requirements are met and describes the data and information the parties may share to improve care coordination and referral processes and requirements for parties to share information about members as set forth in the DMC-ODS-MCP MOU template and in accordance with federal and state privacy laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2. [6] This provision is intended for the parties to agree in writing regarding the minimum necessary information that shall be shared to facilitate referrals and coordinate care, how to share that information, and whether member consent is required. The data sharing requirements set forth in the MOUs are not intended to supersede any federal or state laws or regulations governing the MCP or DMC-ODS county's ability to exchange information.
- Dispute Resolution: The policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS when the parties are unable to resolve disputes between themselves. The intent of this provision is for the parties to agree in writing on a resolution process to resolve conflicts with regard to each parties' responsibilities under the MOU.
- General: Any additional general contract requirements, such as a requirement that the parties publicly post the executed MOU, annually review the MOU, and that the MOU cannot be delegated, except as permitted under the DMC-ODS IAs and MCP contracts, respectively.

Parties may not deviate from the minimum requirements listed above; however, parties may agree to negotiate and include additional provisions provided that any additional provision do not conflict with the required minimum provisions. The proposed language is not exhaustive.

MOU COMPLIANCE AND OVERSIGHT REQUIREMENTS

The DMC-ODS IA outlines the requirement for the DMC-ODS county to enter into and implement an MOU with the MCP.

[6] Pursuant to 45 C.F.R. Part 170, 42 C.F.R. 438.242(b), 42 C.F.R. 438.10(h), BHIN 22-068, as applicable.

Ultimately, the DMC-ODS county compliance officer is responsible for the DMC-ODS county's compliance with the MOU and compliance with the MOU shall be part of the county's compliance program. The DMC-ODS compliance officer shall ensure that deficiencies in MOU compliance are addressed in accordance with the county's compliance program policies.

Responsible Person(s)

The DMC-ODS county shall designate a responsible person(s) for overseeing the county's compliance with its MOU(s); this person shall provide reports to the DMC-ODS compliance officer. For example, the DMC-ODS county compliance officer may consider designating staff within their Contract Management or Community Relations functional areas. The DMC-ODS county compliance officer shall ensure the responsible person(s) understand the terms of the MOU, have developed relationships with the MCP, and are authorized to ensure the DMC-ODS complies with the MOU requirements. The DMC-ODS county compliance officer shall notify DHCS of a change in the responsible person/liaison as soon as practicable, but no later than five (5) working days of the change.

As outlined in the DMC-ODS-MCP MOU template under "DMC-ODS Obligations: Oversight Responsibility," the responsible person shall:

1. Conduct regular meetings, on at least a quarterly basis, to address policy and practical concerns that may arise between MOU parties (See *Quarterly Meetings* section of the DMC-ODS-MCP MOU template);
2. Ensure an appropriate level of leadership e.g., persons with decision-making authority) are involved in implementation and oversight of the MOU engagements and ensure the appropriate levels of leadership from Other Party~~,~~ are invited to participate in the MOU engagements, as appropriate;
3. Report on the party's compliance with the MOU to the Compliance Officer no less frequently than quarterly;
4. Ensure there is sufficient staff to support compliance with and management of the relevant MOU and its provisions;
5. Ensure subcontractors, downstream subcontractors, and network providers, as applicable, comply with any applicable provisions of the MOUs (see Subcontractor and Network Providers section below for further details); and

6. Serve as or designate a person to serve, as the day-to-day liaison with the MCP or MCP programs (“DMC-ODS-MCP Liaison”). The liaison is to serve as the subject matter expert for the MCP to address day-to-day concerns for administering the MOU. For example, the DMC-ODS-MCP Liaison would serve as the day-to-day contact for the MCP administrator to address immediate concerns related to substance use disorder (SUD) services for MCP members in a particular county. The DMC-ODS county shall notify the MCP of any changes to the DMC-ODS-MCP Liaison in writing as soon as reasonably practical but no later than the date of change and shall notify DHCS within five (5) working days of the change.

Dispute Resolution

DMC-ODS counties shall work collaboratively with MCPs to establish dispute resolution policies and procedures. This includes how the DMC-ODS county will work with the MCP to resolve issues related to coverage or payment of services conflicts regarding the parties’ respective roles for care management for specific members, or other issues. See the DMC-ODS-MCP MOU template Dispute Resolution section for required language.

If there is a dispute, DMC-ODS counties and MCPs shall complete the plan-level dispute resolution process. If the parties are unable to resolve the dispute, one of the Parties must submit a written “Request for Resolution” to DHCS. If the DMC-ODS county submits the Request for Resolution, it shall be signed by the county behavioral health director or SUD director in counties with separate mental health and SUD departments.

The Request for Resolution shall include:

1. A summary of the disputed issue(s) and a statement of the desired remedies, including any disputed services that have been or are expected to be delivered to the member;
2. A history of the attempts to resolve the issue(s) with the MCP;
3. Justification for the DMC-ODS county’s desired remedy; and
4. Any additional documentation that the DMC-ODS county deems relevant to resolve the disputed issue(s), if applicable.

The Request for Resolution shall be submitted via secure email to countysupport@dhcs.ca.gov.

DHCS will communicate the final decision to the DMC-ODS county and the MCP, including any actions the parties are required to take to implement the decision.

Subcontractors and Network Providers

DMC-ODS counties are required to ensure subcontractors, downstream subcontractors, and network providers, as applicable, comply with any applicable provisions of the MOU.

Training

DMC-ODS counties shall provide training and orientation on MOU requirements with subcontractors, downstream subcontractors, and network providers, as applicable, on an annual basis, at a minimum. The training shall include information on MOU requirements and the services that are provided or arranged for by each party and how those services can be accessed or coordinated for the member. DMC-ODS counties shall provide training before any person or entity performs any MOU obligations and at least annually thereafter.

Signatories

As noted above, if a DMC-ODS county has a delegated subcontractor, the signatories of the MOU shall include the DMC-ODS county, the subcontractor, as well as the MCP. In addition, to minimize administrative burden on counties, DHCS encourages multi-party MOUs, which may include more than one signatory entering into agreement with the county.

MONITORING AND REPORTING

Annual Reporting

DMC-ODS shall continuously evaluate the effectiveness of the MOU processes and review and update their MOUs annually to incorporate current requirements in contract amendments and policy guidance. DMC-ODS shall submit an annual report to MCBHOMDMonitoring@dhcs.ca.gov that includes updates from the quarterly meetings

with the DMC-ODS county and the results of their annual MOU review. The updates from the quarterly meetings shall include the following elements:

- Attendees, including MCP responsible person(s), leadership, and county executives;
- Care coordination and referral concerns discussed;
- Strengths, barriers, and plans to improve effective collaboration between the DMC-ODS county and the MCP;
- Disputes and resulting outcomes;
- Strategies to address duplication of services; and
- Member engagement challenges and successes.

The annual report submission to DHCS shall include evidence of the annual review as well as copies of any MOUs modified or renewed as a result. The evidence of the annual review described in the annual report shall include a summary of the review process and outcomes, and any resulting amendments to the MOU or existing policies and procedures. The annual reports shall be submitted to DHCS by the last business day of January.

Progress Quarterly Reporting

DMC-ODS counties shall demonstrate a good faith effort to meet the requirements of the BHIN. DMC-ODS counties that are unable to execute their MOUs by January 1, 2024, shall submit quarterly progress reports and documentation to DHCS via email at MCBHOMDMonitoring@dhcs.ca.gov demonstrating evidence of their good faith effort to execute the MOU.

Quarterly Reporting Submission Timeline:

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Parties must establish, implement, and comply with Policies and Procedures to fulfill all the duties and obligations of this MOU. Parties must agree to the terms of joint Policies and Procedures to fulfill all joint obligations and duties of this MOU. Parties must also implement and comply with those joint Policies and Procedures.

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Corrective Action and Sanctions for Non-Compliance

DHCS may impose Corrective Action Plans (CAP), as well as administrative and/or monetary sanctions for non-compliance with the terms of this BHIN. For additional information regarding administrative and monetary sanctions, see BHIN 22-045, and any subsequently issued superseding BHINs. Any failure to meet the requirements of this BHIN may result in a CAP and subsequent sanctions.

If you have any questions regarding this BHIN, please contact your County Liaison.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health – Policy Division

Enclosure

Commercial Sexual Exploitation of Children (CSEC)

Children are often enticed into sexual exploitation with the promise of something of value to themselves or another person. Traffickers offer love, safety, food, shelter, clothing, money and other incentives. Shockingly, across the nation, the average age of entry for victims of exploitation of this type is 12-14 years old. In San Diego County, the average age of entry is 16 years old.

Examples of CSEC include:

- Street Walking
- Pornography
- Stripping
- Escort Agencies
- Phone Sex Lines
- Video Chats
- Private Parties
- Internet-based Exploitation
- Erotic/Nude Massage
- Gang-based Prostitution
- Interfamilial Trafficking

San Diego is one of the country's hotspots for trafficking of adults and children – the FBI has ranked San Diego as one of the 13 worst regions in the United States with up to 8,000 victims per year. An astonishing number of hidden victims are boys and LGBTQ+ youth under age 18.

- As high as 50% of exploited children in the U.S. identify as boys
- The average age of entry into sexual exploitation for boys in the U.S. is between 11-13 years old

The rejection of LGBTQ+ youth by parents or peers leads to increased homelessness, and homeless youth are a natural target for traffickers. Up to 40% of homeless youth identify as LGBTQ+. Of these:

- 46% ran away because of family rejection
- They are 7.4x more likely to experience acts of sexual violence than their heterosexual peers
- They are 3-7x more likely to engage in survival sex to meet basic needs

Most victims are not kidnapped during broad daylight and locked away. Instead, human trafficking is a crime perpetuated against some of the most vulnerable members of our society through deception, psychological coercion and force. Below are some of the red flags that a child is being trafficked:

- Running away from home
- Truancy, chronic absenteeism
- Sudden drop in grades
- Change of friends or alienation from longtime friends
- Rumors among peers regarding sex activities
- Sudden change in behavior, attitude or attire
- Anger, aggression, being suicidal or fearful
- Claims of a new and mysterious/secretive partner
- Drug use
- Weight loss
- Bruises or other physical trauma

- New cell phone or multiple cell phones
- Use of terminology related to sex work
- Tattoos
- Secrecy with social media and phone

If you or someone you know needs help, please call our Child Abuse Hotline at (800) 344-6000. Caring, trained people are available 24 hours a day.

For more information specifically addressed to parents, educators and youth, download these useful resources:

Parent Brochure

Educator Brochure

Youth Brochure

Local Services for Youth and Families

San Diego Youth Services

North County Lifeline Project LIFE

Resources for Youth

Be Safer Online! (netsmartzkids.org)

I am Jasmine Strong **Youth Tips**

San Diego County of Education **Health and Well-Being Support**

Resources for Parents and Caregivers

Parent Resources (rachelcthomas.com)

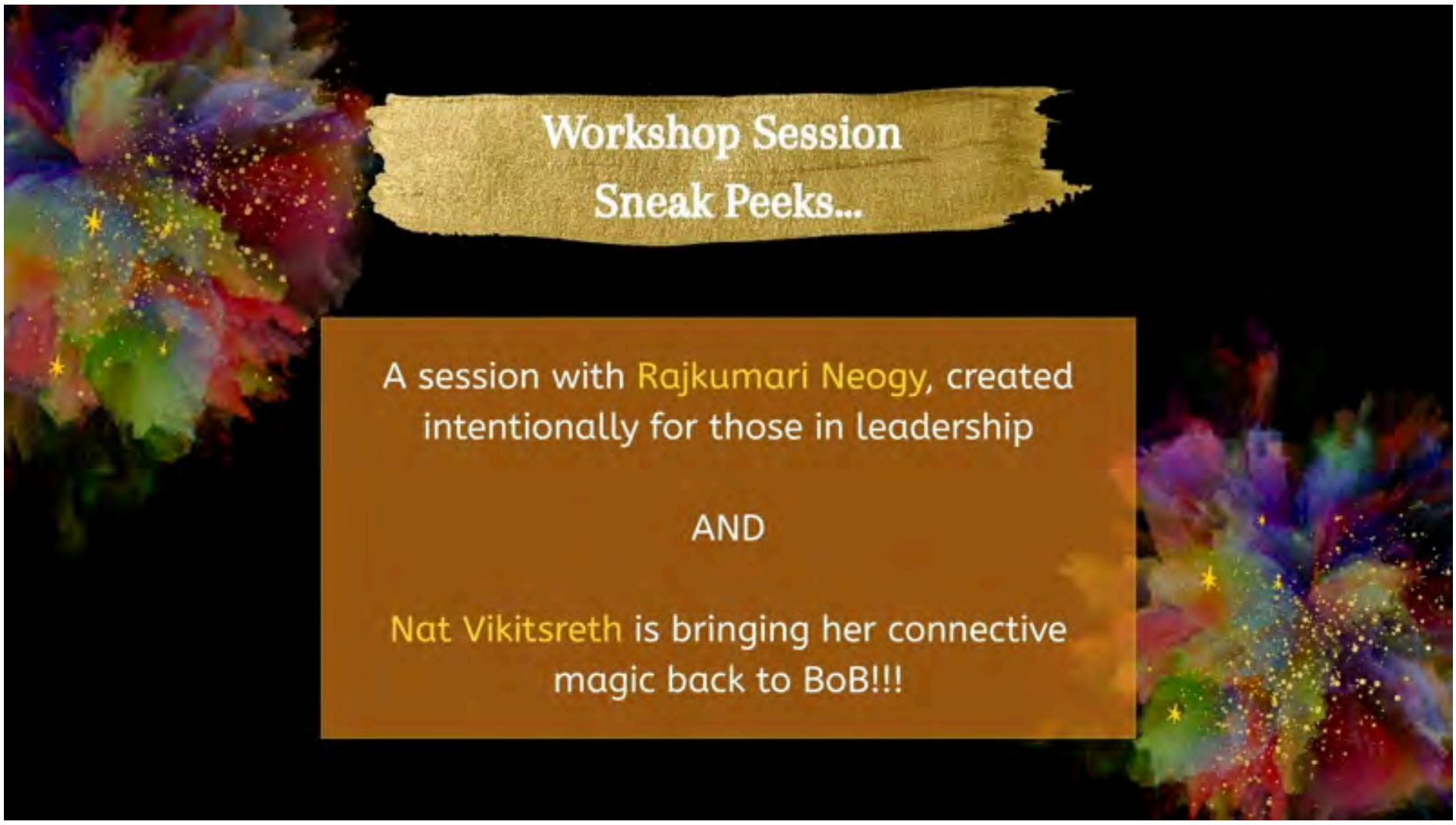
I am Jasmine Strong **Parent/Caregiver Tips**

National Center for Missing and Exploited Children **Family Support**

CSEC Survivor Advisory Board Training **Video**


Birth of Brilliance 2026
is here!
Disrupt burnout.
Reimagine rest.
Submit your proposal.
Birth of Brilliance
Disrupting Burnout Culture:
From Self-Care
to Community Care


Meet our 2026 Keynotes — guiding us in rest,
justice, and belonging.
Virtual Conference 2.26.2026
Tricia Hersey,
The Nap Bishop
Rajkumari Neogy,
Epigenetics Coach
& Workplace
Belonging Expert



Questions? email: birthofbrilliance@gmail.com

Featured Speakers

Tricia Hersey

THE NAP BISHOP

Rajkumari Neogy

EPIGENETIC AND LEADERSHIP COACH

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AAP-CA3 San Diego & Imperial Counties INCORPORATED IN CALIFORNIA
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HEALTH QUALITY PARTNERS®
of Southern California

REGISTER TODAY

January 27 and 29, 2026

16th Annual Primary Care and Behavioral Health Integration Summit

Join us for a **free**, two-day, **virtual** event featuring presentations addressing the physical and behavioral health needs of our clients from local and national leaders. **CEs will be awarded at no cost** to physicians, psychologists, LCSWs, LMFTs, LPCCs, LEPs, NPs, RNs, LVNs, LPT, CNAs, CFAAPs, CADTPs, CAADEs, CADCs, LAADCs, and RADTs. **Register once for access to all sessions across both days.**

REGISTER TODAY

Day One Agenda*: January 27th

9:00 a.m. – 9:30 a.m.
Opening Remarks
Sayone Thihalolipavan, MD, MPH

9:30 a.m. – 10:30 a.m.
From Adversity to Advocacy:
A Journey of Resilience and Hope
Erica Alfaro | ***Keynote Speaker***

10:45 a.m. – 12:00 p.m.
Bridging Behavioral Health and Cultural Responsiveness: Advocating for the Needs of Immigrant and Refugee Communities
Janine Young, MD, FAAP
Ruth Tadesse, MPH, UCSD Refugee & Immigrant Health Unit (RIH)
Eriq Vargas, San Diego Refugee Communities Coalition (SDRCC)
Fareshta Quedees, San Diego Refugee Communities Coalition (SDRCC)

1:00 p.m. – 2:15 p.m.
Addressing Spiritual and Religious Aspects of Mental Health: Key Targets for Clinical Training and Practice
Joseph Currier, PhD

2:30 p.m. – 4:00 p.m.
"10 Minutes to 2 Live: Securing Homes, Saving Lives" Documentary
Yeni Palomino, San Diego Community Health Improvement Partners (SDCHIP)
Daniel Kennedy, Eagle's Flight Studio, LLC

Day Two Agenda*: January 29th

9:00 a.m. – 10:30 a.m.
Providing Care in a New Environment: Shifting Law at the Intersection of Health, Immigration, Disability, and LGBTQ Policy
Jack Dailey, Legal Aid Society San Diego
Kendra Muller, Disability Rights California
Matthew Lopas, National Immigration Law Center

10:45 a.m. – 12:00 p.m.
Everything is Connected to Everything: Improving Healthcare for Autistic and ADHD Adults
Melissa Houser, MD

1:00 p.m. – 2:15 p.m.
It's a Family Affair!—Engaging Youth and Families in Substance Use Disorder Treatment
Marc Fishman, MD

2:30 p.m. – 4:00 p.m.
ADHD and Substance Use Disorders: Understanding and Managing Risk
Amy Yule, MD

**Agenda subject to change.*

Physician Accreditation: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Scripps Health and Health Quality Partners of Southern California. Scripps Health is accredited by the ACCME to provide continuing medical education for physicians.

Scripps Health designates this live activity for a maximum of 10 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Credit Breakdown: *January 27th: 5 credits | January 29th: 5 credits*

Continuing Education is being provided by Aurora Behavioral Health Care San Diego and MARSTE Training Services (MTS). We are partnering to offer 5 continuing education hours (CEs) for each full day of training. Aurora Behavioral Health Care is approved by the California Board of Registered Nursing, Provider #15298; CAADAC Counselors as required by the California Association of Alcoholism and Drug Abuse Counselors, Provider # 1S-05-675-0827; and by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs, and/or LEPs, CAMFT Provider #83638. MARSTE Training Services (MTS) is an approved provider by CAADAC Counselors as required by the California Association of Alcoholism and Drug Abuse Counselors, Provider #1S-12-163-0726; CAADE, California Association for AOD Educators, Provider # CP40 920 ACH 0826; and CADTP California Association of DUI Treatment Programs, Provider #170. Aurora Behavioral Health Care and MARSTE Training Services (MTS) are responsible for the academic content in this workshop.

HEALTH CENTER® PARTNERS of Southern California

COUNTY OF SAN DIEGO Health and Human Services Agency | LIVE WELL SAN DIEGO

2 1 SAN DIEGO INTEGRATION INSTITUTE

MTS MARSTE Training Services

Aurora San Diego Behavioral Health Care

Questions? Contact Yesenia Preciado-Hidalgo: yphidalgo@hqpsocal.org

CICAMH

Critical Issues in Child and Adolescent Mental Health Conference

Voices of a Generation: Equity, Access, and Innovation in Youth Mental Health

Friday, May 8, 2026
Joan B. Kroc School of Peace Studies
University of San Diego

KEYNOTE SPEAKERS

Kymberly Garrett, SPHR MBA
Jessica Jackson, Ph.D.

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cicamh.conference@gmail.com

SDACAP

Rady Children's Hospital San Diego

Hahn School of Nursing and Health Science
University of San Diego

County of San Diego

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