

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

July 14, 2022 | Zoom | 9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Michael Miller	
2. New Childhood Anxiety Resources for Providers (SOC) (handout) – Rose Woods, RIHS <ul style="list-style-type: none"> ○ Childhood Anxiety Resources for Providers ○ Childhood Anxiety Resources Webpage Flyer 	Online resources for providers: Assessment and Treatment, Research and Training, Books and Workbooks, Videos and Podcasts, Mobile Apps, Related Websites
3. QM Updates (SOC) (handout) – Danielle Rhinesmith, Diana Daitch <ul style="list-style-type: none"> ○ CalAIM (Contractor Memo) ○ CalAIM made easy (Communication Materials) ○ Peer Certification ○ SanWITS Before Admission After Discharge (Contractor Memo) 	Reviewed BHS Information Notices: CalAIM Documentation Reform BHS Plan, and New Program Enrollment Before Admission/After Discharge. Reviewed CalAIM communication materials, Scholarship opportunity: Medi-Cal peer support specialist certification, and Before Admission/After discharge program enrollment is SanWITS
4. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR) (MH) (handout) – Seth Williams, Shaun Goff <ul style="list-style-type: none"> ○ New PWB/CCR staff introductions ○ Updated System Training Requirements – Overview of AB 2083 eLearning: Multi-System Collaboration 	Introduced PWB/CCR Program Manager, Shaun Goff and PWB LMHC, Yanet Melchor. Reviewed Information Notice: Updated System Training Requirements and RIHS AB 2083 eLearning flyer
5. Wrap Connections (MH) (handout) – Laura McClarin, Lea Walchshauser, Fred Finch	Wraparound model that is family centered, culturally/linguistically responsive and community based. Accepting referrals beginning 7/18/22 at: www.fredfinch.org/wrap-connections
6. LWSD Areas of Influence: Q1-3 FY21-22 (SOC) (handout) – Amy Chadwick, CASRC	Reviewed Q1-3 FY21-22 LWSD areas of influence progress: health, standard of living, and knowledge, based on the CANS assessment. aechadwick@health.ucsd.edu
7. Group Therapy (MH) (handout) – Michael Miller	Reviewed BHS Information Notice: Group Therapy – Addressing Access to Care Workforce Challenges



8. UM Authorization update (MH) (handout) – Amanda Lance-Sexton	Reviewed BHS Information Notice: Utilization Management (UM) Update: Shift to Time-Based Program-Level Review, including request form and explanation sheet
9. North Central TRC (SUD) (handout) – Rafael Ortiz-Gomez, Mental Health Systems, Inc. <ul style="list-style-type: none">○ Prosocial Activities	Activities connecting youth to fun, selfless, and engaging activities rafael.ortizgomez@turnbhs.org
10. Incredible Families (MH) (handout) – Josie Caudillo, New Alternatives, Inc.	Provides clinic based, community based, in-home based and telehealth services to youth (ages 2 to 14) and their families who are involved with CWS
11. Announcements (SOC) <ul style="list-style-type: none">○ 13th Annual Early Childhood Mental Health Conference – We Can't Wait, September 15-16, 2022 Virtual Conference. Register at: 13th Annual Early Childhood Mental Health Conference – We Can't Wait - Choose Registration (eventcloud.com)○ Annual CCISC report due July 15○ Inventory report due July 31○ Subcontractor/Consultant Agreements due July 31○ CalAIM Screening and Transition of Care Tools Informational Webinar, July 28, 3:00-4:00pm (handout)○ New contractor orientation is August 2, 9:00am-12:00pm○ 9-8-8 National Suicide Prevention number○ FY22-23 Program Manager meeting schedule (handout)	
SchoolLink Breakout Session	
Next Meeting: September 8, 2022 9:30 a.m. – 11:30 a.m.	

Childhood Anxiety Resources for Providers



Online resource site for providers now available!

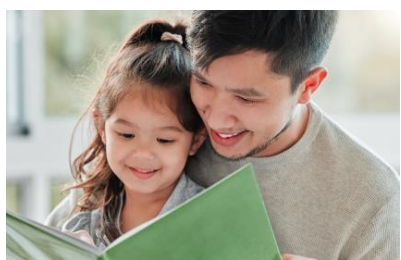
Recognizing that children and youth in our community struggle with various stressors, the County of San Diego Behavioral Health Services in partnership with the Academy for Professional Excellence, Responsive Integrated Health Solutions (RIHS) created a web-based repository with links to resources for treating children and youth experiencing anxiety, including:



[Assessment and Treatment Resources](#)



[Research and Training](#)



[Books and Workbooks](#)



[Videos and Podcasts](#)



[Mobile Apps](#)



[Related Websites](#)

Visit the *new* [Childhood Anxiety Resources for Providers](#) website.



We create experiences that transform the heart, mind, and practice.



Behavioral Health Services (BHS) – Information Notice

To:	Substance Use Disorder (SUD) Contracted Service Providers
From:	Behavioral Health Services
Date:	June 14, 2022
Title	CalAIM Documentation Reform BHS Plan

The Department of Health Care Services (DHCS) released the final Behavioral Health Information Notice (BHIN) regarding documentation reform, [BHIN 22-019 \(ca.gov\)](#) effective July 1, 2022. The aim of this notice is to reform behavioral health documentation requirements to improve beneficiary experience by streamlining and standardizing clinical documentation requirements across Medi-Cal SMHS, DMC, and DMC-ODS services.

DHCS has recognized the complexity of these updates and how much effort will be needed on the part of counties to ensure that the changes are made in a thoughtful manner with attention to provider and beneficiary impacts. The County of San Diego (County) is expected to have policies and procedures in place for implementation by July 1, 2022. DHCS has identified September 30, 2022, as the delivery date for many of the related deliverables. With this in mind, the County will continue to work strategically to roll out the new requirements.

Assessment:

The County is analyzing current assessment forms and comparing them to the required American Society of Addiction Medicine (ASAM) criteria assessment referenced in the BHIN to determine next steps. We are currently looking at assessment timeline requirements that may impact forms utilized. It was confirmed that the current ASAM assessment form that was developed is specific to adults and there is not a timeline for when a youth specific version will be available. As a result, we are working to identify a phased approach to support assessment updates.

Problem List/Treatment Plan:

The development of the required Problem List is currently being explored for integration for SanWITS users, which will then determine next steps and timelines. This will be done with the same intent as the assessments, with a focus on ease of burden on beneficiaries and providers. For those programs/services which continue to require a treatment plan, the current treatment plan format in SanWITS is being reviewed to determine if modifications – such as embedding a Problem List as part of the treatment plan – is in line with regulations and meets CalAIM expectations. In the meantime, we will be developing a paper format of the Problem List that will be available for use.

Progress Notes:

Progress Note templates are currently being reviewed. We recognize that the requirement for progress notes to be completed within three business days for outpatient programs, or daily for residential programs, is of concern to the system of care. We want to ensure there is understanding that the updated documentation standards must be in place before programs will likely be able to meet this timeline.

As updates are made, notification will be released to the system of care and CalAIM topics will continue to be addressed in various meetings. If you have input or need information on the available venues for discussion, please reach out to QI Matters, see email link below.

For More Information:

- HHSA, QI Matters: QIMatters.HHSA@sdcountry.ca.gov

Behavioral Health Services (BHS) – Information Notice

To:	Drug Medi-Cal Organized Delivery System (DMC-ODS) Contracted Service Providers
From:	Behavioral Health Services
Date:	June 23, 2022
Title	New Program Enrollment – Before Admission/After Discharge <i>(Supersedes 12/23/19 Transitional Care Services Memo)</i>

Effective 7/1/2022, the new “Before Admission/After Discharge” SanWITS program enrollment will be available, replacing the current Before Admission/After Discharge program enrollment.

This aligns with CalAIM changes and eliminate confusion with the label TCS. Previously TCS was often limited to care coordination services rendered to clients for a specific time. The new program enrollment eliminates timelines and allows clients to receive more consistent and longer-term before and aftercare. It is separate from the Initial Assessment and Services Provided During the Assessment Process as defined in [DHCS Information Notice 21-075](#).

Residential programs must still follow the authorization requirements in order to bill bed days but can still provide and bill case management under the new program enrollment before admission or after discharge from the program.

Before Admission/After Discharge does not require an ASAM assessment; however, a diagnosis must be present. This could be a diagnosis provided by the prior treatment provider for clients before admission, the client’s most recent diagnosis if providing aftercare at the same program, or a z-code as identified in [DHCS Information Notice 22-013](#), including the Social Determinants of Health as defined in [All Plan Letter 21-009](#). All programs should continue with their current screening process for clients before admission; however, once a client is admitted and the assessment process begins, they must be admitted under the normal program enrollment.

Examples of Before Admission/After Discharge could include but are not limited to:

- Providing care coordination and effective warm hand-offs to a higher or lower level of care.
- Continued care coordination with housing, Primary Care Physicians, or other community providers before or after treatment.
- Care coordination, communication, and other services between programs and the justice system for justice-involved clients.
- A reminder that coordination of care requires that a signed and valid 42 CFR, Part 2-compliant Release of Information are in place.

Before Admission/After discharge claims are billable under the following circumstances:

- The client has a primary SUD diagnosis per DSM-5 criteria or a z-code as defined in [DHCS Information Notice 22-013](#), excluding SUD diagnoses related to tobacco use or behavioral (non-substance) addictions such as gambling.
- The client is not currently incarcerated.
- The client is not currently enrolled in Recovery Services at any Drug Medi-Cal Organized Delivery System (DMC-ODS) program.
- The service was provided by program staff who is a registered or certified SUD counselor, Peer Support Specialist, or an LPHA.
- There is a progress note completed and signed within 3 calendar days of the service by the program staff providing the service that meets current Progress Note requirements.

Behavioral Health Services (BHS) – Information Notice

Before Admission/After Discharge may be provided and claimed by levels of care as follows:

OUTPATIENT LEVELS OF CARE (OS, IOS, OTP)	RESIDENTIAL LEVEL OF CARE	All levels of care
Individuals Services (includes collateral and crisis services)	Care Coordination (aka case management) Only (includes collateral, crisis services, and case management)	H0038: Self-Help/Peer Services.
Care Coordination (aka case management)		

For More Information:

- Contact QIMatters.HHSA@sdcounty.ca.gov

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL = CALAIM

What is CalAIM?

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and well-being.

What are the CalAIM Goals?

Implement a whole-person care approach and address social drivers of health

Improve quality outcomes, reduce health disparities, and drive delivery system transformation

Create a consistent, efficient, and seamless Medi-Cal system

What Does This Mean for Me?

- Easier access to mental health treatment
- Improved teamwork among the providers who serve you
- A more seamless and supportive treatment experience



Where Can I Learn More?

<https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx>

CalAIM Made Easy

What is CalAIM?

California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year initiative by the Department of Health Care Services (DHCS) to transform and strengthen Medi-Cal, offering the people we serve a more equitable, coordinated, and person-centered approach to service delivery. The goal of CalAIM is to maximize the health outcomes and improve the quality of life of Medi-Cal beneficiaries.

Over the next two years, county Behavioral Health Plans are implementing three main categories of changes:

1. Policy and Documentation Redesign
2. Payment Reform
3. Improved Data Exchange

When are These Changes Happening?

Policy Changes:	
Revised Access Criteria for SMHS	January 2022
ASAM Criteria for DMC State Plan Counties	January 2022
Changes to DMC-ODS requirements	January 2022
No Wrong Door	July 2022
Documentation Redesign	July 2022
Payment Reform	July 2023
Improved Data Exchange	July 2023

This document is intended to provide a helpful “snapshot” of CalAIM changes. More detailed guidance can be found in the references linked at the end of this document.

What Does It All Mean?

Below you will find a brief table that outlines the CalAIM changes going live before or on 7/1/2022 and how these changes impact your work:

What Has Changed?	What Do You Need to Know?
<p>"Access to SMHS"</p> <p>The guidelines that dictate whether a person can access Specialty Mental Health Services (SMHS) have been revised.</p> <p>The first three points to the right are valid for Drug Medi-Cal and Drug Medi-Cal Organized Delivery System (DMC/DMC-ODS) as well as for SMHS.</p>	<ul style="list-style-type: none">• "Access criteria for individuals" has been separated from "medical necessity for services"• There is no longer a list of "included diagnoses" to qualify for care• Access criteria are based on level of distress/impairment, except for ages 0 through 20 which does not require impairment• Trauma qualifies individuals who are under age 21 for SMHS
<p>"No Wrong Door"</p> <p>People can easily access services through both the Mental Health Plan (MHP) as well as Managed Care Plan (MCP)</p>	<ul style="list-style-type: none">• Beneficiaries can receive timely services without delay regardless of where they seek care• You can provide and claim for clinically appropriate treatment in one system without worrying whether the client is currently in the "best" system (MHP vs MCP)• Clients can receive mental health services from both the MCP and the MHP if treatment is coordinated and non-duplicative
<p>Outpatient services are now reimbursable prior to the determination of a diagnosis</p>	<ul style="list-style-type: none">• You can provide the full range of outpatient SMHS and DMC-ODS services (with the exception of NTP/OTP) during the assessment phase of treatment.• ICD-10 "Z codes" and "Unspecified"/Other Specified F codes" can be used

What Has Changed?	What Do You Need to Know?
<p>"Co-occurring disorders" (mental health and substance use disorders) can be addressed where the client seeks care</p>	<ul style="list-style-type: none"> • Staff can address and document both substance use and mental health concerns (if clinically appropriate and within scope of competence) without concern that acknowledging/addressing co-occurring disorders will lead to an audit finding • Note: This change does not alter the responsibilities, or the benefits packages provided by the MHP and/or the DMC/DMC-ODS Plan
<p>Updated Assessment Requirements</p>	<ul style="list-style-type: none"> • Specialty Mental Health Assessments now contain seven standard domains • All SMHS assessment domains will be standardized across counties and providers making documentation and information exchange easier • DMC Plans will now use the American Society of Addiction Medicine (ASAM) and DMC-ODS Plans will continue to use the ASAM
<p>Documentation requirements have become "leaner" to reduce burden and allow staff more time for providing services</p>	<ul style="list-style-type: none"> • Progress note narratives can be simplified to focus on the intervention and planned next steps.

What Has Changed?	What Do You Need to Know?
<p>Medical Records now include a “Problem List” – a list of codes that treating staff can use to add or remove issues that are being addressed in treatment. Your EHR may use ICD-10 and/or SNOMED codes</p>	<p>Problem List codes consist of:</p> <ul style="list-style-type: none"> • Mental Health and Substance Use Disorder Diagnoses, i.e., Mental, Behavioral and Neurodevelopment Disorders <ul style="list-style-type: none"> ◦ (ICD-10 F Codes) • Factors Influencing Health Status and Contact with Health Services <ul style="list-style-type: none"> ◦ (ICD-10 Z Codes) • Physical Health Codes
<p>Treatment Plans: Some outpatient services require no treatment plans, some require “simplified” treatment plans. Other services retain the existing treatment plan requirements</p>	<ul style="list-style-type: none"> • Many service types do not require a treatment plan • Targeted Case Management (TCM) and Peer Support Services require a simplified treatment plan documented narratively in a progress note • Services for which treatment plan requirements have not changed include: <ul style="list-style-type: none"> ◦ Therapeutic Behavioral Services (TBS) ◦ Intensive Home-Based Services (IHBS) ◦ Intensive Care Coordination (ICC) ◦ Therapeutic Foster Care (TFC) ◦ Short-Term Residential Therapeutic Programs (STRTPs) ◦ Narcotic Treatment Programs (NTPs)

Where Can I Go to Learn More?

- [DHCS CalAIM Webpage](#)
- [DHCS Behavioral Health CalAIM Webpage](#)
- [California Mental Health Services Authority | CalAIM Support for Counties \(calmhsa.org\)](#)
- [California Mental Health Services Authority | Documentation Manuals and Training \(calmhsa.org\)](#)



Scholarship Opportunity: Medi-Cal Peer Support Specialist Certification

The California Department of Health Care Services is invested in supporting workforce and development in the public behavioral health system. The County of San Diego Health and Human Services Agency Behavioral Health Services (BHS) is identifying individuals for scholarship opportunities for certification as Medi-Cal Peer Support Specialists. The scholarships cover all costs related to the application, training, and examination. For individuals seeking certification through the legacy process (aka grandparenting), the scholarships cover the costs for the application and examination.

How to Apply?

- ☐ Use the online [Application Form](#) to submit your information
- ☐ If you have any questions, contact us at Ezra.Ramirez@sdcounty.ca.gov.

Certification Requirements:

- Must be at least 18 years of age. Proof of age is required (state or government-issued photo identification, such as driver's license, identification card, or passport).
- Possess a high school diploma, general equivalency degree (GED), or college degree. Submission of diploma or transcripts are required.
- Self-identify as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver, or family member of a consumer.
- Be willing to share one's experience as a person with lived experience and recovery to help others.
- Have a strong dedication to recovery.
- Agree, in writing, to the Medi-Cal Code of Ethics.
- Watch the Orientation and Self-Assessment video prior to submitting application (approximately 30-minutes in length).
- Submit a complete application within the open scholarship application timeframe. Responses to the narrative question will be evaluated.
- Pass the state exam.

Processing Scholarships:

- The California Mental Health Services Authority (CalMHSA) as the certifying entity for certification of Medi-Cal Peer Support Specialists will process all applications.
- CalMHSA will receive scholarship applicant names from the County BHS liaison.

Scholarship Application Timeline:

May 2 - July 31, 2022	Scholarship applications open for individuals seeking certification under the legacy process. <i>*See note below.</i>
July 1 - Sept. 30, 2022	Scholarship applications for individuals seeking initial certification, not through the legacy process.
Nov. 30, 2022	Applicant must be registered for the exam by November 30, 2022. Expired scholarships will be forfeited and considered expired/invalid. No extensions will be granted for expired scholarships.

*Note: Individuals must be employed as a peer as of 1/1/2022.

For more information visit the certification program website at [CalMHSA.org](https://www.CalMHSA.org).

TIP SHEET: Before Admission / After Discharge Program Enrollment in SanWITS

Effective July 1, 2022, Before Admission/After Discharge program enrollment will be available under Outpatient, OTP, and Residential programs in SanWITS. This program enrollment replaces previous Transitional Care Services (TCS) program enrollment.

Before Admission/After Discharge program enrollment should **ONLY** be used before a CalOMS Admission or after a CalOMS Discharge.

Please see BHS Information Notice dated June 23, 2022, and refer to the SUDPOH on the Optum website for further guidelines regarding Before Admission/After Discharge program enrollment.

INSTRUCTIONS

Before Admission

1. **Client Profile –**
 - Complete required fields
 - If a client profile exists in the agency, review for accuracy and edit as necessary
2. **Contact Screen –**
 - Complete required fields
 - Disposition = Made an Appointment
 - Review for accuracy, click on Complete Review and then click Create Intake
3. **Intake screen –**
 - Complete required fields
4. **Admission – Do not complete an Admission Record**
5. **Discharge – Do not complete a Discharge Record**
6. **ASAM – Do not complete a ILOC assessment or ASAM screen**
7. **Diagnosis –**
 - Complete an appropriate primary Diagnosis with DSM-5 descriptor through the Diagnosis List (z-codes can be used as defined in DHCS BHIN 22-013)
8. **Benefit Enrollment Plan under Payor Group Enrollment –**
 - Complete the Benefit Enrollment Plan under Payor Group Enrollment according to the client's benefit

9. Program Enrollment –

- Complete the Before Admission/After Discharge Program Enrollment
 - Start Date = Same as Intake Date
 - Perinatal field should **ALWAYS** be **NO** for Before Admission/After Discharge program enrollment

10. Encounters/Services –

- Complete encounters for services according to [QM guidelines/SUDPOH](#)
 - Billable field = YES for DMC or County Billable
 - Medi-Cal Billable field = YES for DMC Billable or NO for County Billable
 - **Start Time and End Time must be entered** on the Encounter
 - Save and Release to Billing

When Completed with Before Admission services and Billing –

11. Go back to the Before Admission/After Discharge Program Enrollment

- Enter the End Date
- Enter the Termination Reason and Notes
- Save and Finish

If client is NOT going to be admitted to SUD Treatment – Close the episode/Intake

12. Intake –

- Enter the Date Closed (This should be the same as the Before Admission/After Discharge Program Enrollment End Date)
- Enter Closure Reason
- Click hyperlink for Save and Close Case
- Click Finish

If client is being admitted to SUD treatment, Leave episode/Intake Open

SUD Treatment – (normal admission process)

1. ASAM – Complete

- If facility is entering assessments in SanWITS - complete Initial Level of Care Assessment
- If facility is not entering assessments in SanWITS – complete ASAM screen

TIP SHEET: Before Admission / After Discharge Program Enrollment in SanWITS

2. Program Enrollment –

- Complete the appropriate Level of Care Program Enrollment
 - Start Date = date of admission to SUD Treatment

3. Admission –

- Complete required fields
- Start date should be date of admission to SUD treatment

4. Diagnosis

- If facility is entering assessments in SanWITS – complete the Diagnostic Determination Note (DDN)
- If facility is not entering assessments in SanWITS – complete the diagnosis through the Diagnosis List

5. Treatment Plan

- If the facility is entering Treatment plans in SanWITS – complete the Treatment Plan

6. Encounters/Services –

- Complete as services are rendered

When completed with SUD treatment services and Billing –

7. Go back to the Level of Care Program Enrollment –

- Enter the End Date
- Enter the Termination Reason and Notes
- Save and Finish

8. Discharge –

- Complete required fields
- End date should be the same as Level of Care program enrollment end date

If client is going to receive After Discharge services, leave episode/Intake Open

After Discharge –

1. Program Enrollment –

- Complete the Before Admission/After Discharge Program Enrollment
 - Start Date = Same as Intake Date
 - Perinatal field should **ALWAYS** be **NO** for Before Admission/After Discharge program enrollment

2. Diagnosis –

- Review diagnosis from SUD treatment – change if needed

3. Encounters/Services –

- Complete encounters for services according to [QM guidelines/SUDPOH](#)
 - Billable field = YES for DMC or County Billable
 - Medi-Cal Billable field = YES for DMC Billable or NO for County Billable
 - **Start Time and End Time must be entered** on the Encounter
 - Save and Release to Billing

When Completed with After Discharge services and Billing –

4. Go back to the Before Admission/After Discharge Program Enrollment

- Enter the End Date
- Enter the Termination Reason and Notes
- Save and Finish

4. Intake – **Close episode/Intake**

- Enter the Date Closed (This should be the same as the Before Admission/After Discharge Program Enrollment End Date)
- Enter Closure Reason
- Click hyperlink for Save and Close Case
- Click Finish

Behavioral Health Services (BHS) – Information Notice

To:	BHS CYF Contracted Service Providers (Mental Health and Drug Medi-Cal Services)
From:	Behavioral Health Services
Date:	July 7, 2022
Title	Updated System Training Requirements: Retirement of Three Required Trainings New Program Manager Training for Overview of AB 2083 eLearning: Multi-System Collaboration

When [Assembly Bill \(AB\) 2083](#) was established in 2018, it built on the requirements outlined in the California Department of Social Services (CDSS) Continuum of Care Reform, requiring the development of a coordinated, timely, and trauma-informed system-of-care approach for children and youth in foster care who have experienced severe trauma. AB 2083 initiated the development of a collaborative Memorandum of Understanding (MOU) between the County of San Diego Behavioral Health Services (BHS), Child Welfare Services (CWS), Probation Department, San Diego County Office of Education, San Diego Regional Center, and other partners as appropriate.

Effective July 1, 2022, direct service staff and Program Managers will no longer be required to complete the following three previously mandated trainings that shall be retired:

- BHS Children Youth and Families System of Care eLearning (BHE0028)
- CWS 101: An Overview of Child Welfare Services in San Diego County eLearning (PCWTADL049)
- San Diego County Probation Department Overview eLearning (BHE0088)

Effective July 1, 2022, Program Managers will be required to complete the new AB 2083 training through RIHS LMS that outlines the multi-system collaboration process. The one-time training completion by the Program Manager will be tracked in the Quarterly Status Report (QSR) or Staffing Status Report (SSR) and shall be completed within 90 days of hire, or by 9.30.22 for all current Program Managers. In addition, Program Managers shall educate program staff about the various systems and the importance of collaboration. The training is available to all staff as well as system partners.

- Overview of AB 2083 eLearning: Multi-System Collaboration (BHE0136)

All mental health treatment program direct service staff and Program Managers shall continue to be required to complete the following one-time training within 60 days of hire:

- Pathways to Well-Being and Continuum of Care Reform (PCWTADL0043)

Attachments:

Overview of AB 2083 eLearning: Multi-System Collaboration (BHE0136) flyer

For More Information:

- [RIHS Training Website](#)
- Contact your Contracting Officer's Representative (COR)

Overview of AB 2083 eLearning: Multi-System Collaboration eLearning course (COURSE CODE: BHE0136)



San Diego's System of Care has long encouraged strong collaboration and robust discussions among teams of committed and dedicated partners all coming together to do the right thing for children and families. California Assembly Bill (AB) 2083, enacted in 2018, requires the creation of Memoranda of Understanding to formalize this collaboration for children and youth in foster care, especially those who have experienced severe trauma. In this course, you'll learn about AB 2083, its mandate for California counties, and the various partnerships and collaborations across the County of San Diego Children's System of Care that ensure we are meeting the needs of our children, youth, and families.

Learning Objectives

Upon completion of this training, participants will be able to:

- Explain the historical context underlying the development of AB 2083
- Recognize the key Memorandum of Understanding (MOU) components and the required partnerships outlined in AB 2083
- Identify the services, policies, and practices guiding the work of partners across the system of care including, Child Welfare Services, Behavioral Health Services Children, Youth and Families, Juvenile Probation, Regional Center, and Department of Education
- Describe successful collaborative efforts implemented across our system of care that have resulted in improved services

Continuing Education

This course does not meet the qualifications for continuing education credit.



eLearning Course

[Click here](#) to log into the Learning Management System (LMS) and Register.

Course Code: BHE0136

REGISTRATION

If you already have an account, you may search for the course by name or course code.

If you do not have an account in the LMS you will need to open one by [clicking here](#).

Email RIHS@sdsu.edu if you have any questions. This training is FREE of charge to County of San Diego Children, Youth and Families System of Care employees and contractors.



Who Should Attend

This training is open to professionals working with Children, Youth, and Families including those outside the BHS system. Please see Registration information for further info on how to register.

Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.



We create experiences that transform the heart, mind, and practice.

Visit us at theacademy.sdsu.edu.

FredFinch

Youth & Family Services

Wrap Connections

Wrap Connections Overview

- Referral Process
- Participation in Services
- History of Wraparound
- Review phases, guiding principles, and activities of the wraparound process
- Identify the different roles on a wrap team

Referral Criteria

- Full Scope Medi-Cal
- Ages 6 -18 with a caregiver
- Mental health or behavioral difficulties
- ESU or 5150
- Intensive services



Fax: 619-797-1091
or
wrapconnections@fredfinch.org

FredFinch
Youth & Family Services

Wrap Connections Referral Form

Referring Party Information:	
Agency (if applicable):	
Name:	
Email:	
Phone Number:	
Fax Number:	

Referral Criteria (check all that apply):	
<input type="checkbox"/>	Youth is a full-scope Medi-Cal beneficiary under age 21
<input type="checkbox"/>	Youth is non-system involved and has mental health or behavioral concerns
<input type="checkbox"/>	Youth has recently been at ESU or inpatient psychiatric hospitalization
<input type="checkbox"/>	Youth is currently at risk for moving to a different living arrangement
<input type="checkbox"/>	Other

Reason for Referral:
Please describe the youth and family needs. What are the mental health or behavioral concerns that need to be addressed? What is the reason for the referral to this program?

Youth Information:	
Youth Name:	Date of Referral:
DOB:	Age:
Race/Ethnicity:	Language Preference:
Gender:	

Caregiver Information:	
Name:	Relationship:
Phone Number:	Email:
Address:	Language Preference:

Release of Information attached: <input type="checkbox"/>	Verbal Consent Received: <input type="checkbox"/>
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Please send completed referral to wrapconnections@fredfinch.org or fax to (619)797-1091
Rev. 2/23/2022

FredFinch
Youth & Family Services

Please complete the following section with as much information as possible

Please describe youth and family dynamics that will be important for Wraparound to consider:

Has the youth/family agreed with referral to Wraparound? ☐ YES ☐ NO

Add additional comments if necessary:

Youth/Family Risk Factors- please mark all that apply:

<input type="checkbox"/> Suicidal Ideation/Behaviors	<input type="checkbox"/> Physical Aggression
<input type="checkbox"/> Homicidal Ideation/Behaviors	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> History of Hospitalization

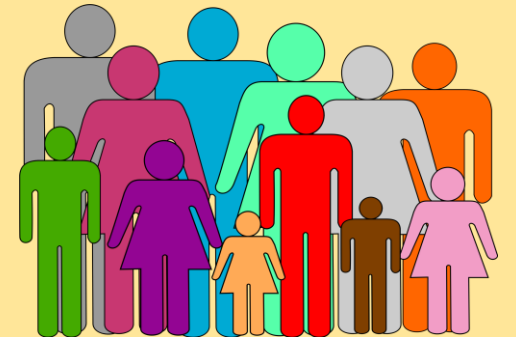
Overall safety considerations:

What other services does the youth or family currently have or participate in? (i.e. Therapy, TBS, other providers, extracurricular activities, etc.):

Please describe strengths of the youth and family:

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Medi-Cal Check ☐

- Services include meeting in the families' home 1-3 times a week for about 1-2 hours
- The Wraparound team will meet the family wherever and whenever it works for them
- Team will help them build a cadre of caring people to support their family as well as connect them to needed resources
- We will build on client's strengths and offer support to both the caregiver and child/children in the family
- Client's will be empowered to help create meeting agendas with Wrap team, and will have the ultimate say on actions taken



- Evolved out of consumer-driven care movement
- Model is planning process across multiple systems
- Services & natural supports “wrapped around” youth & family
- Family is the center of the planning process and is viewed from strengths-based perspective
- Evidence based model

1. Family Voice and Choice
2. Team Based
3. Natural Supports
4. Collaboration
5. Community Based
6. Culturally Competent
7. Individualized
8. Strengths Based
9. Persistence
10. Outcome Based

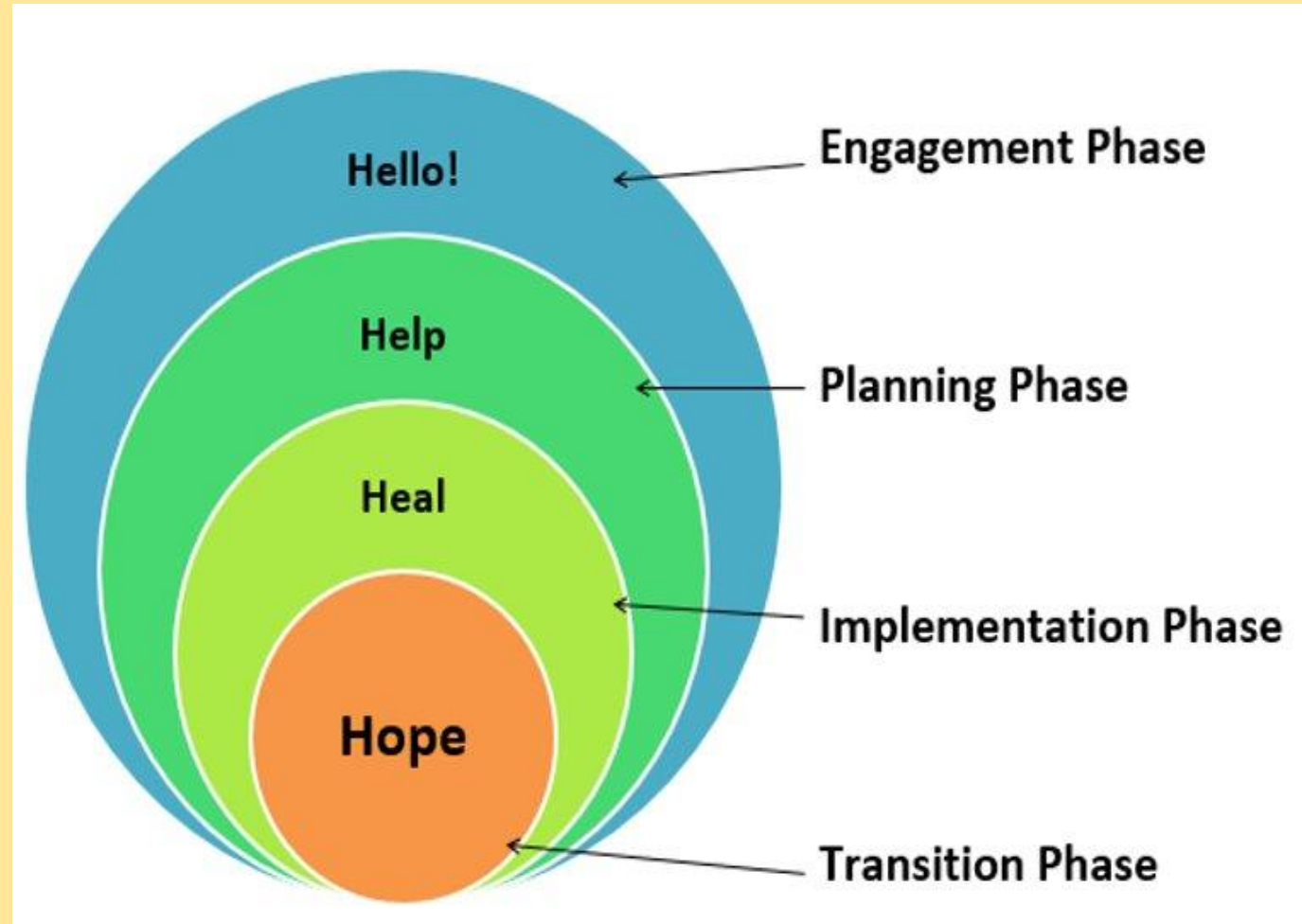


Phase One: Engagement

Phase Two: Planning

Phase Three: Implementation

Phase Four: Transition



- Family Orientation
- Listen to Family Story/Cultural Discovery
- Crisis Stabilization (if applicable, conversation re: containment)
- Safety Planning
- Informal Support Inventory
- Strengths Assessment
- Team Building Activity

Wraparound Safety Plan for _____

☐ Engagement Phase
 ☐ Planning Phase
 ☐ Implementation Phase
 ☐ Transition Phase

Potential Problem	Warning Signs	What will help	Who will help	Back up

Signed by: _____ **Date:** _____

Youth:	
Caretaker(s):	
FFYC Staff:	
Other(s):	

Emergency Contacts

Psychiatric Emergency Response Team (PERT) – call 911 and ask for PERT
 San Diego Access and Crisis Line (SADAL) 724-7240
~~Hotline~~ Lifeline (SADAL) 212-LIFE (LGBT, gay, bisexual, transgender)
 Domestic Violence Hotline (SADAL) 313-4037
 Emergency Screening Unit (ESU) (SADAL) 421-0900
 San Diego County Psychiatric Hospital Emergency Psychiatric Unit (SADAL) 502-5200
 24/7 Info Line
 Emergency On-Call Wraparound Number (SADAL) 792-0167

Date Entered: _____ Date Entered: _____ Date Entered: _____

- Ground Rules
- Mission Statement
- Unmet Need(s)
- Goal/ Measurement
- Strategies
- Action Planning
- Min. 1 informal support incorporated in services
- Safety Plan Update



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- Safety Plan Update.
- Where most of the ‘action’ takes place – look at “who is going to do what and by when?”.
Relates back to unmet need and Wrap Plan.
- Review and incorporate strengths & informal supports.





Activities in Wraparound: Phase IV- Transition

-
- Transition Plan
 - Transition Safety Plan
 - Titration of Services Outlined
 - Referrals and resources provided
 - Celebrate Success and Transition

Members of the Wrap Team

- Care Coordinator
 - Master's level clinician, responsible for doing behavioral health assessment and treatment planning, organizes and facilitates child/family team meetings – point person on team
- Family Partner/Youth Partner
 - Staff with lived experience in a system, acts as an advocate and skills trainer for the parent/youth, connects family to basic community resources and natural supports
- Behavior Counselor
 - Bachelor's level professional, generally under age 25, acts as an advocate, mentor, and takes youth on community outings to build skills related to mental health goals
- Wrap Leads
 - Staff with high level of wraparound experience who attend wrap meetings to coach staff and maintain fidelity to wrap process, and provide on-going training to staff on wraparound topics
- Psychiatrist
 - Can provide psychiatric assessments and medication monitoring – may be internal or connected with external provider

- Referring Party
- Professional Supports
 - Teachers, CASA's, FFA social workers, etc
- Natural Supports
 - Unpaid people who have a genuine interest in the well-being and safety of the youth
 - Next door neighbor
 - Extended family
 - Parent's friends/sponsors
 - Soccer coach
 - Pastor



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Barriers to Family Engagement in Wraparound

- Too stressed out to add another service provider – Maslow's Hierarchy of Needs
- Too busy w/work and other commitments
- Bad prior experiences w/providers
- Distrust of the 'System'
- Not ready to change i.e., pre-contemplative
- Stigma of needing mental health services
- Cultural disconnect w/provider

Thank you!

lauramccclarin@fredfinch.org

lwalchshauser@fredfinch.org

wrapconnections@fredfinch.org

www.fredfinch.org/wrap-connections

619-797-1090 (main line)



Wrap Connections



Wrap Connections is a high fidelity Wraparound model that is family centered, culturally/linguistically responsive, and community based.



About Us

Wrap Connections offers a myriad of services and supports including behavioral and mental health assessment and interventions as well as medication and psychiatric support. It is a highly intensive program consisting of meetings several times a week. Families indicate their preference for location of services, such as in the home, community, or at a Fred Finch office.

Eligibility

Wrap Connections is provided through a contract with San Diego County Behavioral Health Services (BHS).

Eligibility criteria include:

- Youth is a full scope Medi-Cal beneficiary under 21 and has mental health or behavioral concerns
- Youth has recently been in the Emergency Department, ESU, and/or inpatient psychiatric hospital
- Youth is currently at risk for moving to a different living arrangement

Services

Wrap Connections offers the following services:

- Mental health assessment with resiliency and strength based principles
- Behavioral and mental health strategies and interventions
- Parent support and education
- Consultation with a psychiatrist for medication or medication monitoring
- Linkage to any necessary resources

Contact

For more information or with any questions, please email wrapconnections@fredfinch.org or call 619-797-1090.





Wrap Connections Referral Form

Referring Party Information:	
Agency (if applicable):	
Name:	
Email:	
Phone Number:	
Fax Number:	

Referral Criteria (check all that apply):	
<input type="checkbox"/>	Youth is a full-scope Medi-Cal beneficiary under age 21
<input type="checkbox"/>	Youth is non-system involved and has mental health or behavioral concerns
<input type="checkbox"/>	Youth has recently been at ESU or inpatient psychiatric hospitalization
<input type="checkbox"/>	Youth is currently at risk for moving to a different living arrangement
<input type="checkbox"/>	Other

Reason for Referral:
Please describe the youth and family needs. What are the mental health or behavioral concerns that need to be addressed? What is the reason for the referral to this program?

Youth Information:	
Youth Name:	Date of Referral:
DOB:	Age:
Race/Ethnicity:	Language Preference:
Gender:	
Caregiver Information:	
Name:	Relationship
Phone Number:	Email:
Address:	Language Preference:
Release of Information attached:	
Verbal Consent Received:	

Please send completed referral to wrapconnections@fredfinch.org or fax to (619)797-1091

Rev.2/23/2022



Please complete the following section with as much information as possible

Please describe youth and family dynamics that will be important for Wraparound to consider:

Has the youth/family agreed with referral to Wraparound?

YES

NO

Add additional comments if necessary:

Youth/Family Risk Factors- please mark all that apply:

Suicidal Ideation/Behaviors	Physical Aggression
Homicidal Ideation/Behaviors	Domestic Violence
Substance Abuse	History of Hospitalization

Overall safety considerations:

What other services does the youth or family currently have or participate in? (i.e. Therapy, TBS, other providers, extracurricular activities, etc.):

Please describe strengths of the youth and family:

FF ADMIN USE ONLY
Medi-Cal Check

Please send completed referral to wrapconnections@fredfinch.org or fax to (619)797-1091

Rev.2/23/2022

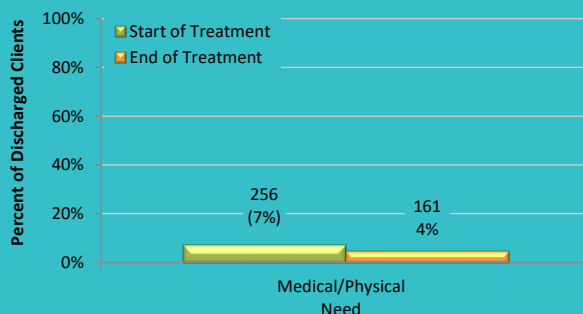
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-3 FY 2021-22

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2021 and March 2022. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

HEALTH (N=3,669)

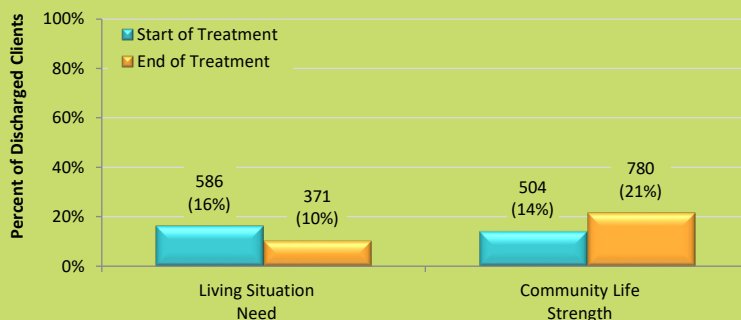
Physical Activity
Connection to Health Home
Healthy Food
Immunizations



[CANS items](#)
Medical/Physical Need



[CANS items](#)
Living Situation Need
Community Life Strength

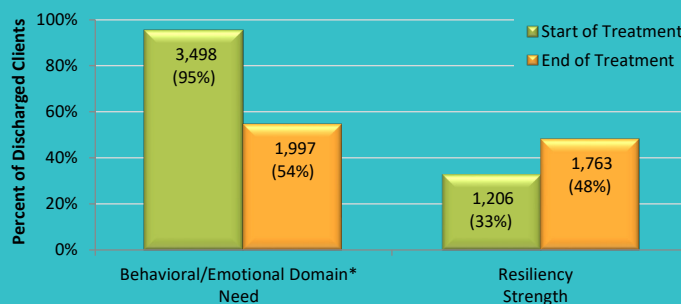


COMMUNITY (N=3,669)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

STANDARD OF LIVING (N=3,669)

Access to Healthcare
Access to Behavioral Health Services

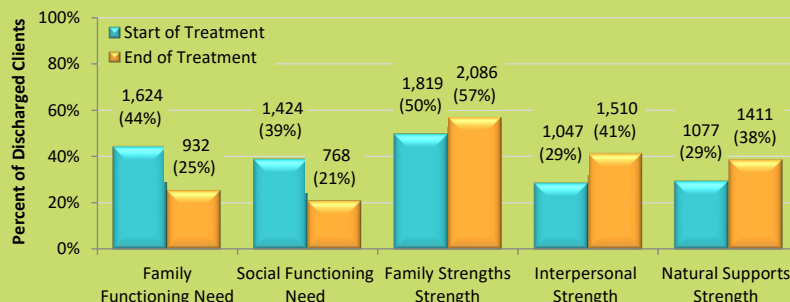


[CANS items](#)
Behavioral/Emotional Need
Resiliency Strength

*This Domain is comprised of 9 individual behavioral and emotional needs



[CANS items](#)
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength

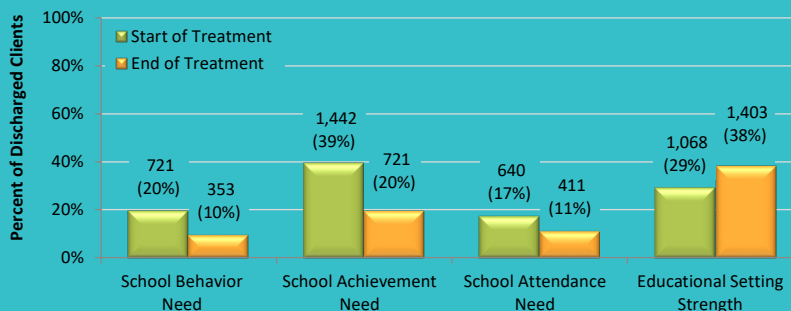


SOCIAL (N=3,669)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=3,669)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



[CANS items](#)
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: All changes from intake to discharge were statistically significant. However, due to large sample sizes, they were not necessarily clinically meaningful.

Behavioral Health Services (BHS) – Information Notice

To:	BHS CYF Contracted Service Providers
From:	Behavioral Health Services
Date:	June 1, 2022
Title	Group Therapy - Addressing Access to Care and Workforce Challenges

Supporting the behavioral health needs of children and youth is a local priority shared by the County of San Diego and community-based organizations that contract with Behavioral Health Services (BHS) to care for kids. An alarming trend of increased behavioral health needs among school-aged children has been evident across the nation for some time and has been exacerbated due to the COVID-19 pandemic.

The San Diego County Board of Supervisors have taken numerous steps to care for children across the county. In September 2021, mental health school-based treatment contracts were obtained to enhance access to care and services. However, as the demand for care increases, and the workforce challenges persist, families are facing challenges in accessing services with long wait times in both the private and public behavioral health systems.

While national and local solutions implemented by service providers are addressing timely access to care, the behavioral health system is emphasizing the utility of group treatment. Group therapy is a well-documented and clinically recognized treatment modality that brings valued peer-to-peer interactions and maximizes the utilization of the existing workforce. Emphasizing group services through mental health treatment providers, especially those located on school campuses, presents administrative challenges. However, **creating and strengthening workflow pathways that establish consistent utilization of group treatment modality will lead to increased access to care.**

Group treatment is shown to be effective across various age groups. Although the group modality may not be appropriate for every client or situation, it is an overall efficient intervention at various stages of treatment. Contractors should evaluate making groups available at the early, middle, or end stages of treatment as it offers different benefits. Both open and closed groups should be considered to focus on various areas of needs. The group modality can be offered at treatment and rehabilitation level, as well as delivered in person or virtually.

Though SchoolLink mental health contracts are designed with group framework, BHS encourages all treatment providers to explore the utilization of group treatment beyond the following minimum requirements (when possible):

- Offer a group therapy cycle of at least six sessions at a minimum of 10% of designated schools.
- At discharge, a minimum of 25% of clients (at clinic and school sites) participate in at least six group therapy sessions.
- Offer, at a minimum, monthly open or closed groups utilizing artistic expression with goal of increasing youth's self-sufficiency, independence, resiliency, hope, and sense of self-worth.

Preliminary data identified that from August 2021 to April 2022 (eight months) of the 2021-2022 school year, only 245 (or 3%) obtained a group session out of the 7,478 youth who received outpatient services. Of those 245 youth who did receive group service, 91 received only one group session; 90 youth received two to five group sessions; 39 youth received six to ten group sessions; and 25 youth received ten or more group sessions. This data encompasses psychotherapy group (code 31), rehabilitation group (code 35), and collateral group (code 40).

The data suggests that as a system of care there is a collaborative opportunity to be change agents and develop the administrative infrastructure, as well as support program staff to promote the delivery of group services. Legal entities

For More Information:

- Contact your Contracting Officer's Representative (COR)

Behavioral Health Services (BHS) – Information Notice

To:	BHS CYF Contracted Service Providers
From:	Behavioral Health Services
Date:	June 1, 2022
Title	Group Therapy - Addressing Access to Care and Workforce Challenges

and programs can evaluate how to best promote group services while maintaining quality of care and recognizing the positive impact on the much-needed access to care.

With the closure of the fiscal year 2021-2022, programs are urged to move beyond planning and early implementation of workflow systems and launch consistent provision of group services. Starting in fiscal year 2022-2023, data of group services delivery will be reviewed monthly. Programs that require formal planning can initiate a mitigation plan to ensure that group modality is consistently available and utilized.

For More Information:

- Contact your Contracting Officer's Representative (COR)

Behavioral Health Services (BHS) – Information Notice

To:	BHS Children, Youth and Families (CYF) Outpatient and Short-Term Residential Therapeutic Program (STRTP) Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	June 21, 2022
Title	Utilization Management (UM) Update: Shift to Time-Based Program-Level Review Effective July 1, 2022 (Fiscal Year 2022-2023)

Effective July 1, 2022, all current and new mental health program admissions will be on a time-based Utilization Management (UM) cycle and reviews will occur within the program level Utilization Management Committee at each program's identified time-based interval. Session-based UM cycles and COR-level reviews will be sunset as of June 30, 2022. Outpatient programs will all transition to a 6-month UM cycle, while STRTPs will continue with a 3-month UM cycle.

As outlined in the Organizational Provider Operations Handbook (OPOH), the UM Committee operates at the program level and must include at least one licensed clinician. The UM Committee bases its decisions on whether medical necessity is still present and works with the treating clinician to ensure that the proposed services are set to promote meeting the client's goals. To assist in its determination, the UM Committee receives a UM Request Authorization form and a new Client Plan which covers the interval for which authorization is requested. Medication only clients are not included in the Utilization Management process as they are subject to medication monitoring. The UM cycle continues to be the timepoint for Client Plan updates and completion of the outcome tools.

The following time-based intervals shall apply to mental health treatment programs:

- Outpatient: 6-month UM cycle
- STRTP: 3-month UM cycle aligned with DHCS 90-day Clinical Review requirement

Utilization Review of Day Treatment Services continues to be delegated to Optum and prior authorization requests shall be submitted according to the timelines outlined in the OPOH.

Transitioning to a Six-Month Time-Based UM cycle:

Clients who started services prior to July 1, 2022, will transition to 6-month UM cycle based on their admission date. Clients with a UM due in July 2022 will have up to a 30-day transition period to complete the UM. The following three examples reflect timepoints for transitioning clients to the updated UM cycle:

Example 1: Client opened between 1.1.22 to 6.30.22: Initial UM to be completed within 6 months of admission

- 1.1.22 admission – UM completed by 7.31.22
- 4.1.22 admission – UM completed by 10.1.22

Example 2: Client opened between 7.1.21 to 12.30.21: UM to be completed within 12 months of admission

- 7.1.21 admission – UM completed by 7.31.22
- 10.1.21 admission – UM completed by 10.1.22

Example 3: Client opened between 1.1.21 to 6.30.21: UM to be completed based on 6-month interval from admission

For More Information:

- Review the updated Organizational Provider Operations Handbook (OPOH)
- Contact your Contracting Officer's Representative (COR)

Behavioral Health Services (BHS) – Information Notice

To:	BHS Children, Youth and Families (CYF) Outpatient and Short-Term Residential Therapeutic Program (STRTP) Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	June 21, 2022
Title	Utilization Management (UM) Update: Shift to Time-Based Program-Level Review Effective July 1, 2022 (Fiscal Year 2022-2023)

- 1.1.21 admission – UM completed by 7.31.22 (based on the following interval 7.1.21; 1.1.22; 7.1.22)
- 4.1.21 admission – UM completed by 10.1.22 (based on the following intervals 10.1.21; 4.1.22; 10.1.22)
- Although unlikely, any admissions prior to 2021 will follow the same 6-month interval from admission.

Outcomes and UM Cycle

In CYF mHOMS, “Assessments Due by Staff” and “Assessment Status Reports” can be used to help determine UM and Assessment schedules for all new clients open on or after July 1, 2022. Please do not use these reports for clients open prior to July 1, 2022, as they will not properly align with the new time-based UM cycle; they are based on assessment dates rather than admission dates. The UM transition will also impact CASRC trainings as documentation is revised to match a 6-month UM cycle. Trainings will be updated to reflect the shifts in FY 22-23. If you need assistance, please contact CASRC at CYFmHOMS@health.ucsd.edu.

Attachments:

- UM Request Form Rv. 07.01.22
- UM Request Form Explanation Sheet Rv. 07.01.22

For More Information:

- Review the updated Organizational Provider Operations Handbook (OPOH)
- Contact your Contracting Officer’s Representative (COR)

**UTILIZATION MANAGEMENT (UM) REQUEST
CYF - OUTPATIENT TREATMENT**

UM Reviews occur within the program level Utilization Management Committee at a 6-month interval

A. ADMISSION DATE:

DIAGNOSIS:

- ☐ Experience of Trauma
☐ History of Trauma Per Screener
☐ CWS Involved
☐ Justice Involved
☐ Homeless

CURRENT SERVICES:

- ☐ Therapy ☐ CM/ICC ☐ Rehab/IHBS ☐ Meds

Youth/family requesting additional services?

- ☐ YES ☐ NO ☐ Other

Comments as applicable: _____

DESCRIPTION OF SYMPTOMS: _____

B. Psychiatric Hospitalizations: ☐ YES ☐ NO

Provide most recent dates of hospitalization and relevant history when applicable:

Other Behavioral Health Services Client is Receiving when applicable:

C. Child and Adolescent Needs and Strengths (CANS)

Date of most current CANS (Required at UM Cycle): _____

Number of CANS 'High Need' (items rated a '3') (from current Assessment Summary): _____

Number of CANS 'Help is Needed' (items rated a '2') (from current Assessment Summary): _____

List the CANS 'Strengths to Leverage' items (from current Assessment Summary): _____

CANS Assessment Summary is available for UM reviewer

D. Pediatric Symptom Checklist (PSC): (Required at UM Cycle)

Date of most current Parent PSC: _____

- ☐ Parent did not complete

Date of most current Youth PSC: _____

- ☐ Not applicable, child is 10 years old or younger
☐ Youth did not complete

	<u>Parent PSC Score</u>	<u>Youth PSC Score</u>	<u>Clinical Cutoff Score</u>
Attention Problems Subscale (0-10)	_____	_____	At-Risk if score is 7 or higher
Internalizing Problems Subscale (0-10)	_____	_____	At-Risk if score is 5 or higher
Externalizing Problems Subscale (0-14)	_____	_____	At-Risk if score is 7 or higher
*Total Scale Score	_____	_____	

**Parent: Total score of 28 or higher for ages 6-18 or scale score of 24 or higher for ages 3-5 indicates impairment*

**Youth: Score of 30 or higher for ages 11-18 indicates impairment*

PSC Assessment Summary is available for UM reviewer

E. ☐ Updated Client Plan and/ or Problem List completed prior to UM request (reviewed by Program UM Committee)

F. ELIGIBILITY CRITERIA:

Child meets Medical Necessity (BHIN No. 21-073) in the following manner: _____

Specify how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210): _____

G. Proposed Treatment Modalities:

- | | |
|--|--|
| <input type="checkbox"/> Family Therapy | <input type="checkbox"/> Group Therapy |
| <input type="checkbox"/> Individual Therapy | <input type="checkbox"/> Collateral Services |
| <input type="checkbox"/> Case Management/ICC | <input type="checkbox"/> Rehab/IHBS |
| <input type="checkbox"/> Medication Services | <input type="checkbox"/> Other |

H. Expected Outcome and Prognosis:

- ☐ Return to full functioning
☐ Expect improvement but less than full functioning
☐ Relieve acute symptoms, return to baseline functioning
☐ Maintain current status/prevent deterioration

**UTILIZATION MANAGEMENT (UM) REQUEST
CYF - OUTPATIENT TREATMENT**

UM Reviews occur within the program level Utilization Management Committee at a 6-month interval

I. REQUESTED NUMBER OF MONTHS: _____

Up to 6 months per UM cycle

J. Requestor's Name, Credential: _____ **Date:** _____

K. UM DETERMINATION / APPROVAL

☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved **Time Approved:** _____

UM Committee Members (The UM Committee must consist of at least 1 licensed member and may not include the requesting clinician):

Member's Name, Credential: _____ Date: _____

Member's Name, Credential: _____ Date: _____

Member's Name, Credential: _____ Date: _____

Member's Name, Credential: _____ Date: _____

Comments when applicable: _____

Note: UM request that is denied or authorized for a reduced/modified amount, duration, or scope other than requested will require issuing a Notice of Adverse Benefit Determination (NOABD) to Medi-Cal beneficiary/family/clinician within stipulated timelines.

County of San Diego Mental Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs

2022

REQUEST COMPLETED BY:

- Licensed/Waivered Psychologist
- Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
- Licensed/Registered Professional Clinical Counselor
- Physician (MD or DO)
- Nurse Practitioner

APPROVAL COMPLETED BY:

- Program Manager/Program UM Committee

COMPLIANCE REQUIREMENTS:

- Clinicians are expected to clearly explain the short-term treatment model and UM process for additional services based on need to client/families upon intake.
- Prior to expiration of the current UM Cycle, programs are expected to complete a UM Request to receive approval for providing additional outpatient and case management services to clients.
- UM Request Form must have all required elements (listed below) completed within the form.
- In addition to completing the UM form, the following tasks are required prior to submitting the request:
 - Updated CANS is entered in CYF mHOMS
 - Updated PSC and Y-PSC (when applicable) are entered in CYF mHOMS
 - Client Plan and/ or Problem List must be reviewed, and new client signatures need to be obtained

DOCUMENTATION STANDARDS:

- A. Current Services:** Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.
- B. Psychiatric Hospitalizations:** Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.
- C. Child and Adolescent Needs and Strengths:** Provide completion date of CANS for current UM request. Utilize information from CYF-mHOMS CANS Assessment Summary to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology.
- D. Pediatric Symptom Checklist:** Provide completion date of PSC and PSC-Y (when applicable) for current UM request. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the subscale scores and total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form.
- E. Updated Client Plan and/ or Problem List:** Update the client plan and/ or Problem List in CCBH prior to initiating the UM request. The updated client plan/ Problem List must be reviewed by Program UM Committee and presented to the youth/family for input and signatures.
- F. Eligibility Criteria:** Outline how Medical Necessity is met and describe how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210).
- G. Proposed Treatment Modalities:** Select the proposed treatment modalities to mitigate current risk factors.
- H. Expected Outcome and Prognosis:** Select the projected functioning level from providing the additional services.

County of San Diego Mental Health Plan
UTILIZATION MANAGEMENT (UM) REQUEST
Children's Mental Health Outpatient Treatment Programs

2022

- I. Requested Number of Months:** Identify the number of months needed to achieve expected outcome.
- J. Requestor Name and Credential:** Type in requestor's name and date.
- K. UM Determination/Approval:** Program UM Committee selects the approval status, indicates time approved, UM Committee Member's name and date.

NOTES:

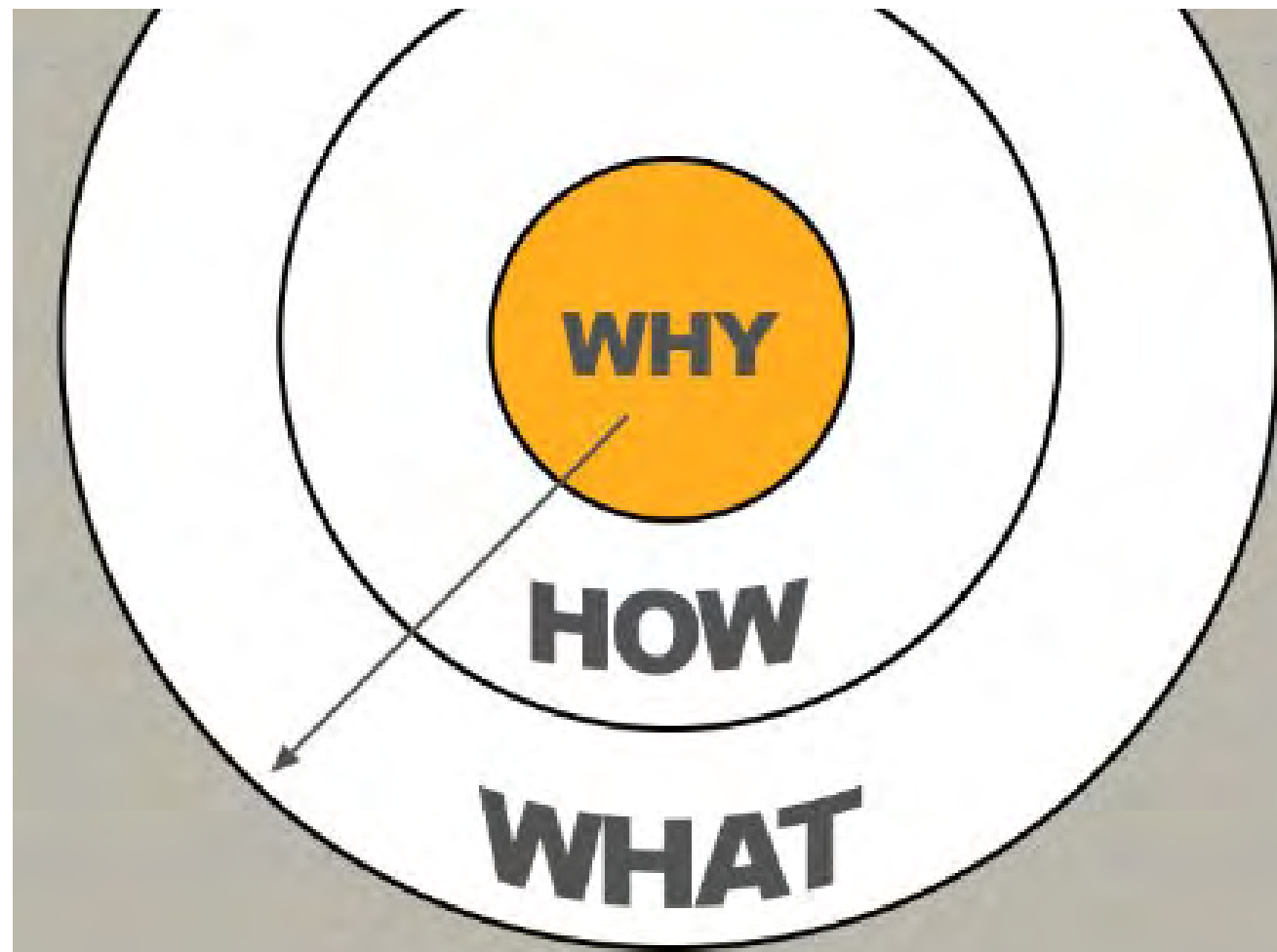
- All retroactive approvals must be documented by the UM Committee in Section K in the comments section under UM Determination/ Approval.
- UM is a non-billable activity. Therefore, there is no billing for preparation of the UM form or for the UM review time spent on the case. UM is an administrative function.
- UM request that is denied or authorized for a reduced/modified amount, duration, or scope other than requested will require issuing a Notice of Adverse Benefit Determination (NOABD) to beneficiary/family/clinician within stipulated timelines.

Prosocial Activities

The Why, the How, and the What

North Central Teen Recovery Center





**START
WITH
WHY**



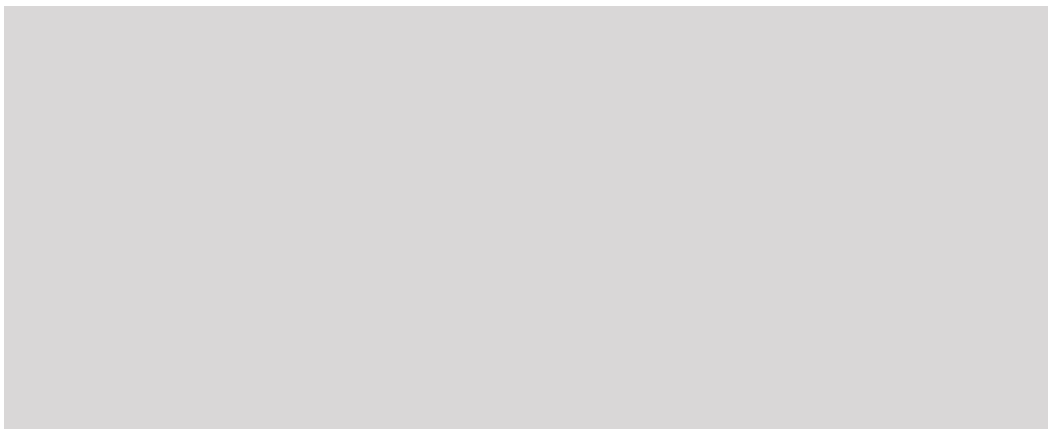
We believe...

We believe that introducing and connecting youth to new fun, selfless, and engaging activities allows them to learn about themselves, their community, and each other. Helping youth to believe that they can be more, do more, give more, and even overcome more is an intricate part of why we do what we do.

The Why...

- Over time, prosocial behavior is associated with
 - Greater psychological well-being
 - Improved social relationships
 - Improved physical health
- Thus, prosocial behavior is valuable for both those who receive help and those who do the helping.





**People will forget what you said,
people will forget what you did,
but people will never
forget how you
made them feel.**

Maya Angelou





Name: _____

Interest Inventory

1. What do you like to do in your spare time?
2. Do you belong to any clubs or organizations? If so, what are they?
3. What kind of movies do you like?
4. Do you have any favorite sports?
5. If you had three wishes, what would they be?
6. What kind of books do you own?
7. If you had a snow day, how would you spend it?

The How...

- Client Interest via Interest Survey upon intake
- Incorporating treatment groups at activities & events
- Cultural Activities
- Art & Music Expression

Pairing Treatment Sessions with Activities

- Disguising treatment by scheduling individual sessions or treatment groups before pro-social activities
- Holding sessions in various settings to keep clients more engaged
- Introducing clients to new activities and locations within their community





Sunny Jim Cave





Fun activities in the community that are low cost/accessible for youth
(which they could potentially continue to do after treatment)



- BBQ at Crown Point



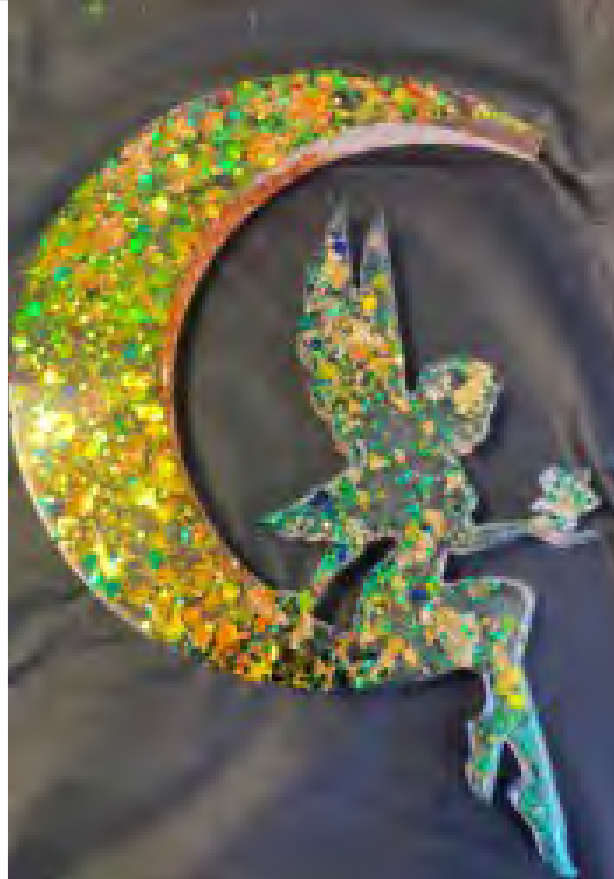
Music-

Clients can use music in group to express themselves through rhythm. Music can also be used as a form of meditation.

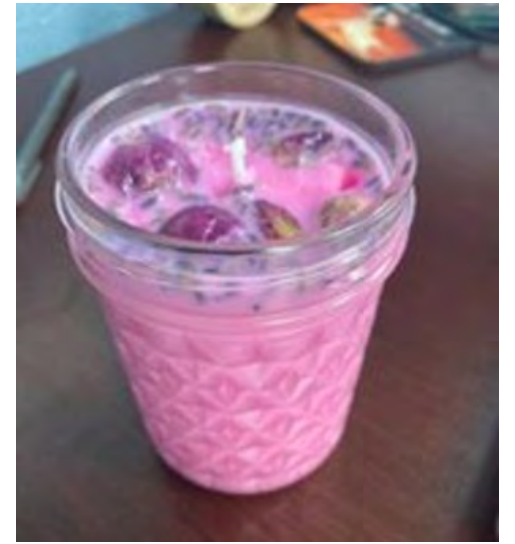
A decorative graphic consisting of two horizontal rows of blue dots. Each row contains 10 dots, for a total of 20 dots.

- In the project below, the client chose to put the two paths she saw for her future on her project and what is going guide her toward her positive path in the center





Art Expression Projects- Epoxy Resin projects can help clients express themselves in a 3D art form often identifying their values and making projects for their loved ones. Clients often have not used this art modality before and are able to try something new. This project is a client favorite, receiving requests to participate again.



Art Expression Projects-

- Candle making for Mother's Day
- Skateboard painting as a reminder to have fun in recovery
- Meditative Painting to help imagine a peaceful place and be able to return during tough times



- **The How cont.**

- Meshing client and staff interest, passions, and skills
- Managing staff burn out
- A balanced approach to delegating tasks and allowing staff to take ownership of tasks
- Plan but not too far ahead





Meshing Client and Staff Interest

A balanced approach
to delegating tasks
and allowing staff to
take ownership of tasks



Researchers have identified several strategies for promoting prosocial behavior, but many benefits of prosocial behavior arise not from any single action, but rather from patterns of behavior. Thus, a critical question is how to cultivate prosocial *habits*.

One such intervention is **service learning**. Service learning involves asking students to volunteer for some form of service work within their community.

Service-Learning Events



Volunteer With Us To Support Kids Adopt-A-Beach

July 20 @ 9:15 am - 11:30 am





alliancejiujitsu-eastlake



Liked by jnev_14 and 56 others

alliancejiujitsu-eastlake Love working with people that love giving back..... can't wait to see where this goes!!!
@revivingralph @pepper_brooks2020

October 22, 2021



alliancejiujitsu-eastlake

Teen Recovery Center North Central



A recovery program designed for the special needs of adolescents and their families.

4660 Viewridge Ave, Suite 100A
San Diego, CA 92123
Phone (760) 227-1354

Are alcohol and drugs creating problems for you or someone you know? Call us! We're here for you and your family.



We offer the following services for teens, families and the community:

- Comprehensive Assessments
- Individual and Group Counseling
- Family Education
- Coordination of Services to Schools, Health Care Providers and the Judicial System

Mental Health Systems is a non-profit agency founded in 1978 to improve the lives of individuals, families and



Liked by jnev_14 and 56 others

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@revivingralph @pepper_brooks2020

Mental Health Systems is a non-profit founded in 1978 to improve the lives of individuals, families, and communities facing substance abuse and behavioral health challenges.

COME AND JOIN US AT THE

SCAVENGER HUNT ESCAPE ROOM

With
SD NIGHTS | SD COUNTY PARKS AND RECREATION

NORTH CENTRAL TEEN RECOVERY CENTER | 4660 VIEWRIDGE AVE, SUITE 100A, SAN DIEGO 92123

01/28/2022
5-7PM

Come join us at the NCTRC location to participate in the virtual scavenger hunt and escape room put on by SD Nights and SD Parks and Recreation. Pizza will be provided!

SD NIGHTS ONLINE PRESENTS.....

Paint Night

May 20, 2022
5pm-7pm

Join us in attending paint night! This prosocial event will be held at North Central TRC, pizza and art supplies will be provided! If transportation is needed please let your counselor know ahead of time.

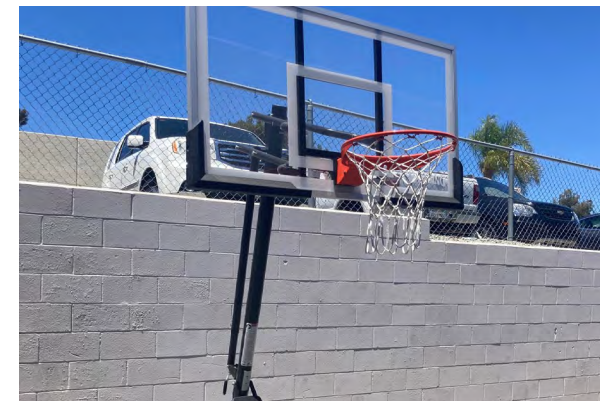
Partnering with SD Nights



Yoga Mat Wall



Indoor and Outdoor Basketball



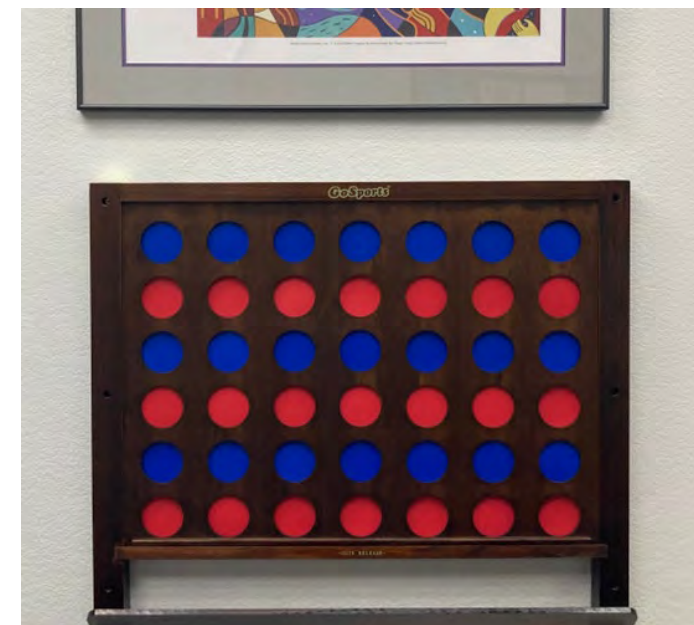
Our Activity Friendly Site

Clients are able to interact and build rapport with each other and staff before/ after groups. Activities assist in program engagement and promotes healthy competition. Clients are able to feel more comfortable and feel at home.

Hydroponic Garden



Life Size Connect Four





North Central Teen Recovery Center invites you to come to our first....

HOLIDAY PARTY

Date: Friday, December 3rd
Time: 5:30pm-7:30pm
Where: 4660 Viewridge Ave. San Diego, CA 92123

We are so excited to kick off the holiday season with you! We will be having a gingerbread house decorating contest, decorating stockings, playing a game, and enjoying some pizza! Parents/guardians are more than welcome to join us!






Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services Division. MHS is a 501(c)(3) non-profit corporation. © Mental Health Systems mhs

Parent/ Guardian Involvement

- Parent Advisory Groups (PAG)
- Activities encouraging parent participation with their youth



North Central Teen Recovery Center

Parent and Guardian Event

House Join US

We would like to invite you to attend. Our counselors will provide an orientation that will give you a curriculum that is tailored to the needs of the youth at North Central Teen Recovery Center. We will provide refreshments and we encourage you to come with your youth. We value your feedback and your input is the success of our program.

See you there!

Friday, December 10th, 2022
5:00pm - 7:30pm
4660 Viewridge Ave. Ste 100A
San Diego, CA 92123

Mental Health Systems is a non-profit agency founded in 1978 to improve the lives of individuals, families and communities facing substance abuse and behavioral health challenges.

mhsinc.org



Holiday Activities

We surveyed clients to identify their cultural traditions around the holiday time. We participated in activities reflecting the beliefs they shared.

Connecting Clients to Community Resources Post-Treatment



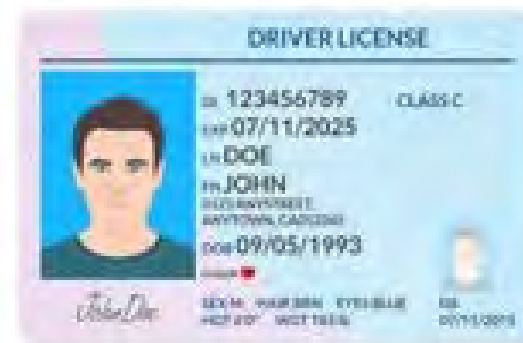
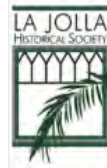
Assisting clients in obtaining library cards to engage in programs such as the Discover & Go program.



Connecting clients to 12-step young people meetings



Our Peer Support Specialist will assist in helping clients get CA ID's to best access resources



•Client Quotes-

"I like the people at the TRC, they are inspiring and I feel like they really care."

R when talking in the wrap meeting:

"Everyone is super nice here and I like that we do projects."

D when doing epoxy resin project

"It's helpful to talk about stuff in groups sometimes."

J

"I don't want to be discharged, I like coming here and get the accountability I need."

O

"I had never been to a PADRE game before actually, and just a few weeks ago I had told someone that I wanted to try to go to one and look at me ... I'm here now, because of you guys. "

B

"When are we going to another Padre game , I had so much fun. There is no other program that has taken me to a base-ball game that was dope!!!"

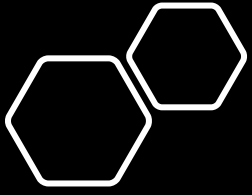
D

"OT likes going to program, and we get a lot of support here."

O's mom

"You guys aren't like other drug programs, it doesn't feel like I'm in a drug program, you guys are cool and you guys actually care about us – you don't just sit us in a room in front of a TV and make us watch the same boring videos for hours."

J before he discharged



North Central Teen Recovery Center

CONTACT US AT

- **Phone number:** 760-227-1354
- **Address:**

4660 Viewridge Ave, Suite 100A
San Diego, California 92123





Josie Caudillo, LCSW

Program Director

07/14/2022



About Incredible Families

- Our team includes Licensed and Licensed-eligible clinicians, case managers (parent specialists), and psychiatry.
- Provide clinic based, community based, in-home based, and telehealth services to youth (ages 2 to 14) and their families who are involved with Child Welfare Services (CWS) using a strength-based, client-centered, family-focused approach.
- Our multidisciplinary team provides therapeutic support with the goal of supporting reunification for the youth and family.
- We serve the entire County and have offices in Chula Vista, Kearny Mesa, and Vista.



Our Services

- Individual Therapy
- Family Therapy
- Parenting Skills Group (15 weeks from Incredible Years)
- Therapeutic Family Visitation (meal included)
- Individual and Family Rehabilitative Services
- Transportation Support
- Intensive Case Management and Connection to Community Resources
- Collaboration Including Attending Child and Family Team (CFT) Meetings.



Our Services

- Family Partnership and support
- Safety Planning
- School Advocacy
- Medication Evaluation
- Psychiatric Consultation
- Drug and Alcohol Assessment and Resource Connection
- Crisis support
- Discharge/ Aftercare Planning

My Safety Plan

My triggers & warning signs

→ _____

→ _____

→ _____

→ _____

→ _____

Things I can do to distract myself

...on my own

○ _____

○ _____

○ _____

...with other people

○ _____

○ _____

○ _____

People who I can ask for help

Friends and family

Professionals/Services

Safe places I can go to

Ways I can keep myself & my space safe

→ _____

→ _____

→ _____

→ _____

One person or thing that is important enough for me to stay alive

@henanfied www.henanfied.com

There is no more powerful
advocate than a parent
armed with information
and options

Rod Paige



Eligibility

- Children ages 2-14
- Full Scope Medical
- Open to CWS for reunification or family maintenance (including voluntary cases)



***All referrals come from CWS worker**



Contact and Questions

Josie Caudillo, LCSW

Program Director

josie.caudillo@newalternatives.org

Work Line: 619-857-2612

Main Line: 619-207-0396

ifreferral@newalternatives.org





**CalAIM Screening and Transition of Care Tools
Informational Webinar**

July 28, 2022

3:00 p.m. – 4:00 p.m.

[Register here](#)

Live captioning will be available during the webinar.

Agenda	
3:00 – 3:05	Welcome, Housekeeping, Introductions
3:05 – 3:15	Overview and Purpose of Initiative
3:15 – 3:40	Review of Draft Adult Tools and Guidance
3:40 – 3:45	Next Steps for Technical Assistance and Youth Tools
3:45 – 4:00	Q&A

The CalAIM Screening and Transition of Care Tools Informational Webinar agenda is also posted on the [CalAIM Behavioral Health webpage](#). Please email bhcalaim@dhcs.ca.gov if you have any questions about the meeting.

For individuals with disabilities, DHCS will provide assistive devices, such as sign-language interpretation, real-time captioning, note takers, reading or writing assistance, and conversion of training or meeting materials into Braille, large print, audiocassette, or computer disk. To request such services, copies in an alternate format, or language services, all free of charge, please call or email:

Department of Health Care Services
Office of Communications
1501 Capitol Ave, MS 0025, Sacramento, CA 95814
(916) 440-7660
DHCSPress@dhcs.ca.gov

Please note, the range of assistive services available may be limited if requests are received less than ten working days prior to the meeting.

Behavioral Health Services
Children, Youth and Families
Program Manager Meeting Schedule
FY22-23

Meetings to be held virtually 9:30 a.m. - 11:30 a.m. (Breakout Sessions 11:30 a.m. - 12:30 p.m.) * *topic specific as appropriate
July 14, 2022
September 8, 2022
November 10, 2022
January 12, 2023
March 9, 2023
May 11, 2023