

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

January 11, 2024 | Zoom

9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Kelly Bordman	
2. Human Trafficking Task Force Presentation – Will Beers, Detective Sheriff's Office	<ul style="list-style-type: none"> The San Diego Human Trafficking Task Force is led by Cal DOJ, with significant involvement from federal, state, and local partners. For emergency call 911 or your local law enforcement National Human Trafficking Hotline (888)373-7888 San Diego Human Trafficking Task Force: Sergeant Jason Phillips, (619)929-1682 Detective Will Beers, (619)-396-1060 Detective Alex Amador, (619)-964-8997
3. Blue Envelope Presentation - Amber Reeves, Sergeant SD Sheriff's Office	<ul style="list-style-type: none"> This program is to “assist drivers with special needs should they ever find themselves in a position where they interact with law enforcement.” Goal of the program is designed to serve as a communication tool which helps elevate awareness during an interaction and promotes effective communication. Blue envelope items: button, sticker, key chain, wristband, seatbelt cover and lapel pin Contacts: Lt. Nathan Rowley, (760) 271-2098 Nathan.Rowley@sdsheriff.org Sgt. Amber Reeves, (858) 974-2063 Amber.reeves@sdsheriff.org
4. Our Safe Place Presentation – Jen Barnes, SDYS	<ul style="list-style-type: none"> County funded live well program that has 5 drop-in centers in San Diego. They serve: LGBTQ+ young folks, up to age 21 and caregivers.



	<ul style="list-style-type: none">• Can be referred by a provider, teacher, friend, can self-refer.• Who to contact: Clinic: kdeberardinis@sdyouthservices.org Central & East: jbarnes@sdyouthservices.org South: oursafeplace@csbcs.org North: afavela@ymcasd.org
5. Therapeutic Behavioral Services (TBS) – Christine Boyd, NA	<ul style="list-style-type: none">• Therapeutic behavioral services: An intensive, home based, short term behavioral modification program.• Designed to help youth reduce high risk behaviors.• TBS info page: https://www.sandiegocounty.gov/content/sdc/hh/sa/programs/bhs/mental_health_services_children/therapeutic_behavioral_services.html• Contacts: Referral Specialist: (858) 256-2180, ext. 535 Christine Boyd, Program Manager: Christine.Boyd@newalternatives.org (858) 256-2180, ext. 517 Jennifer Duran, Clinical Lead: Jennifer.duran@newalternatives.org (858) 256-2180, ext. 513
6. LWSD Areas of Influence: Q1 FY23-24 - Amy Chadwick, CASRC	<ul style="list-style-type: none">• Reviewed Live Well San Diego Areas of Influence: Q1 FY 2023-24
7. Group Therapy PIP – Joel Crume, UCSD	<ul style="list-style-type: none">• Developing a group therapy toolkit for parents and seeking feedback from community experts.• Performance Improvement Projects (PIPs) are designed to achieve improvement, in health outcomes and client satisfaction.
8. QA Updates (SOC) – Elaine Mills	<ul style="list-style-type: none">• Managed Care Plan Enhanced Care Management• Medi-Cal managed care plans include Blue Shield Promise, Community Health Group, Kaiser, and Molina.
9. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR) (MH) – Shaun Goff	<ul style="list-style-type: none">• There has been an update to the Organizational Provider Operations Handbook (OPOH) and IHBS prior authorization documents
10. New Electronic Health Record (SmartCare) Update – Eileen Quinn O'Malley	<ul style="list-style-type: none">• This Semi-Statewide system extends to 37% of the state's Medi-Cal beneficiaries, allows clinicians to spend more time caring, less time on screens.

	<ul style="list-style-type: none"> Eases the process for clients by allowing record-sharing between counties.
11. IOP/PHP new service levels - Eileen Quinn O'Malley	<ul style="list-style-type: none"> Reviewed new service levels
12. Opioid Treatment & MAT services open to Adolescents - Terri Kang	<ul style="list-style-type: none"> There are treatment services available throughout San Diego County. Provided treatment directory.
13. Networking with colleagues	<ul style="list-style-type: none"> Tabled for next meeting due to time
7. Announcements (SOC) <i>Health Care Birth of Brilliance – Theme: Don't Just Think... Feel.</i> Critical Issues in Child and Adolescent Mental Health – Theme: Breaking Barriers – Innovative Approaches to Youth & Family Mental Wellbeing 44 th Annual CA Mental Health Advocates for Children and Youth Conference Children & Youth Mental Health and Well Being Celebration	<ul style="list-style-type: none"> Save the date, Virtual Conference February 29, 2024, and in-person Cultural Fair March 1, 2024. Save the date, Conference on April 26, 2024. Save the date, Conference May 15-17, 2024. Tentative in May 2024
Next Meeting: March 14, 2024 9:30 a.m. – 11:30 a.m.	



BLUE ENVELOPE

**LT. Nathan Rowley
Sgt. Amber Reeves
San Diego Sheriff's Department
LESB Support Services**

San Diego Blue Envelope Program

History

State of Connecticut

In 2020, the State of Connecticut legislatively implemented a Blue Envelope “to enhance communication between a police officer and a driver on the autism spectrum.”

Riverside County Sheriff’s Office

In May 2023, Riverside County Sheriff’s Office adopted the Blue Envelope Program to “assist drivers with special needs should they ever find themselves in a position where they interact with law enforcement.”

**Other Police Agencies
implementing similar programs
across the US**

Driver on the autism spectrum:

- Keep your hands on the steering wheel until otherwise directed, even if the officer is not at your car.
- Remember the officer may shine a flashlight in your car, may have a radio and may have flashing lights on their car.
- When the officer gets to your car say “I have a blue envelope”.
- Answer the officer’s questions and ask the officer before moving any parts of your body.
- When the officer tells you, slowly get the blue envelope that has your license, registration and insurance card and hand the envelope to the officer.
- The officer will go back to their cruiser, you will need to wait for the officer until he/she comes back.
- When the officer comes back to your car, they will explain the end of the stop to you and will tell you when to leave.

Important Papers!

Sponsored By

DMV **POLICE CHIEFS ASSOCIATION**

**OUR PATCHES ARE DIFFERENT
CONNECTION
POLICE CHIEFS
ASSOCIATION
OUR MISSION IS THE SAME**

For more information:
portal.ct.gov/DMV-Blue-Envelope

Contents:
Driver’s License
DMV Auto Registration
Current Auto Insurance Card

Police Officers:

1. Individuals may display repetitive body movements or fidgeting and may have unusual eye contact.
2. Driver may exhibit signs of high anxiety especially due to bright lights and sirens like your radio.
3. Allow driver extra time to respond, driver may need more time to formulate their response.
4. Use the most simplistic explanations possible, speak clearly and limit unnecessary details or jargon.
5. Please clearly tell the driver when the stop is over and that they may leave.
6. If the driver becomes upset, ask and/or consider contacting the person listed on the contact card.

San Diego Blue Envelope Program

Shaping a Blue Envelope Program in San Diego County

Intended to serve a broader segment of the community with a ***condition or disability*** which:

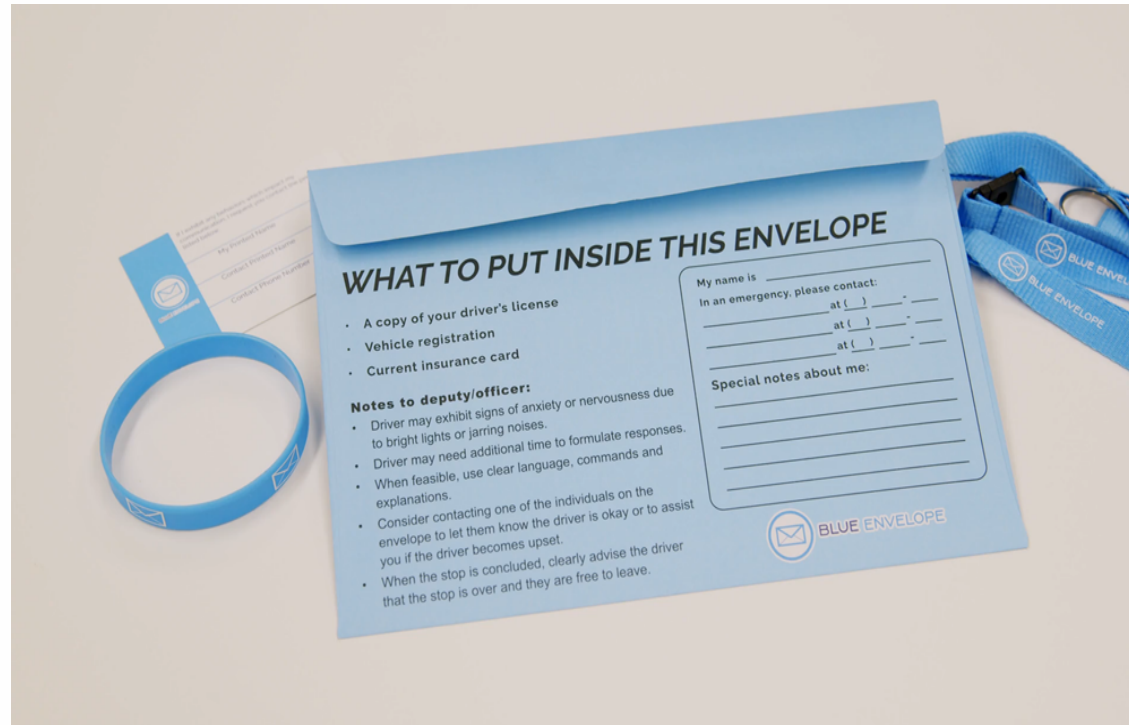
- ***may impact communication*** or
- ***may require additional accommodations*** or
- ***the participant requests awareness during an interaction.***



Goal of the Program

The Blue Envelope Program is designed to serve as a communication tool which helps elevate awareness during an interaction and promotes effective communication.

San Diego Blue Envelope Program



Blue Envelope Items

- Button
- Sticker
- Key Chain
- Wristband
- Seatbelt Cover
- Lapel Pin




Blue Envelope Badge Lanyard

Badge Lanyard Benefit


- Specially designed lanyards that let law enforcement know they may need additional support and consideration.




 **BLUE ENVELOPE**

I have a condition which may impair my ability to communicate with others. As a result, I may have difficulty understanding your directions or responding to your questions. Please consider the following when interacting with me:

Please see reverse side for additional information.

 **BLUE ENVELOPE**


 **BLUE ENVELOPE**

If I exhibit any behavior which impact my communication, I request you contact the person listed below:

My Printed Name

Contact Printed Name

Contact Phone Number

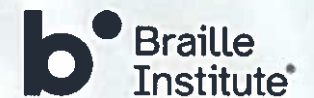
 **BLUE ENVELOPE**

*Language being modified

San Diego Blue Envelope Program



San Diego Blue Envelope Program Community Partners



San Diego Blue Envelope Program

Training Resources for Law Enforcement

- Initial Training
 - Introduction of program
 - Does not specify tactics
 - Hate Crime reminder
- Ongoing Collaboration Videos w/ADA Unit
 - Basic awareness videos in LE scenarios (Video example)

Training Communities through Community Partners

- Goal is not public awareness
- Goal is awareness for those who would benefit

Blue Envelope (For Drivers or Vehicle)



WHAT TO DO WHEN PULLED OVER BY LAW ENFORCEMENT



Stop at a safe location.



Stay in your car. DO NOT LEAVE
until you are told it's okay to leave.



Keep your hands on the steering wheel.



Tell the deputy/officer
you have a Blue Envelope.



Follow instructions.



Scan this QR Code to learn more
about the Blue Envelope Program.

Blue Envelope (For Drivers or Vehicle)



WHAT TO PUT INSIDE THIS ENVELOPE

- A copy of your driver's license.
- Vehicle registration.
- Current insurance card.

Notes for deputy/officer:

- Driver may exhibit signs of anxiety or nervousness due to bright lights or jarring noises.
- Driver may need additional time to formulate responses.
- When possible, use clear language, commands and explanations.
- If needed to help with communication, consider calling one of the emergency contacts on the envelope.
- When the stop is concluded, clearly advise the driver the stop is over and they are free to leave (if applicable).

My name is: _____

In an emergency, please contact:

_____ at () _____


_____ at () _____

_____ at () _____

Special notes about me:

**BLUE ENVELOPE**

SAMPLE

<h2>I AM DEAF I AM HARD OF HEARING</h2> <p>Please point to the pictures to help me understand what you want</p>	
<h3>I need to see your:</h3>	
 Driver license	 Vehicle registration
 Car insurance	 Concealed carry permit
<h3>I stopped you for:</h3>	
 No seat belt	 Over the speed limit
 Running a stop light	 Cellphone usage
 Drinking and driving	 Stop
 Broken	 Reckless driving
 Pedestrian crossing	 Other
<h3>You are being:</h3>	
<div> <div>WARNED</div> <div>TICKETED</div> <div>ARRESTED</div> </div>	
<h2>I AM DEAF I AM HARD OF HEARING</h2>	
<h3>Communication mode(s):</h3>	
 Writing	 Sign language
 Assistive technology	 Texting
<h3>Victim or witness to a crime?</h3>	
<div> <div>VICTIM</div> <div>WITNESS</div> </div>	
<h3>I need help:</h3>	
 Gas	 Lost
 Hospital	 Tow truck
 Flat tire	 Other
<h3>Communication tips:</h3>	
<ul style="list-style-type: none"> • Maintain eye contact while speaking. • Speak slowly and clearly. • Background noise (e.g., heavy traffic) may make it difficult for me to understand you. • Shining a flashlight in my face may make it harder to see your face and understand you. • A hearing aid or cochlear implant does NOT allow me to understand everything you say. • I may need to connect an assistive device to help me hear you better. 	
 BLUE ENVELOPE	
<small>Disclaimer: This card does not waive the user's right to effective communication under the American with Disabilities Act.</small>	

Blue Envelope Awareness Material



ABOUT US

The Blue Envelope Program was designed to provide participants who have a condition or disability which may impact communication, or who may require additional accommodation or awareness during an interaction, a way to identify themselves to emergency and community service personnel. The program consists of displaying the program's logo on a person or vehicle. The program does not consist of a registration or disclosure of one's condition or disability.

The program was designed in partnership between the San Diego County Board of Supervisors, Community Partner Organizations, and the San Diego Chiefs of Police and Sheriff Association.

COMMUNITY PARTNERS





SDSHERIFF.ORG

PHONE: (619) 973-2222

ADDRESS: 9621 Ridgeway Ct, San Diego, CA 92123




SERVICE WITH CARE





PURPOSE

The purpose of the program is to promote communication and accommodation between participants and law enforcement, emergency services, and community services personnel through an outward display of a logo.

DISPLAY MERCHANDISE

Merchandise can be picked up free from participating locations throughout the county. It's as simple as the QR code to find the Location Closest to you.




- Envelope
- Wallet information card
- Button Pin
- Ribbons
- Key Chains
- Bracelets
- Stickers
- Lanyards






SCAN QR CODE FOR MORE INFORMATION



Making San Diego a Blue Envelope County

Future Sector Integration

Fire Departments
Emergency Medical Response
Hospitals
Colleges / Schools



BLUE ENVELOPE

LT Nathan Rowley
Nathan.Rowley@sdsheiff.org
760-271-2098



Sgt. Amber Reeves
Amber.reeves@sdsheiff.org
858-974-2063



www.sdsheiff.gov
[@sdsheiff](https://twitter.com/sdsheiff)



Our Safe Place





County Funded Live Well Program

5 Drop in Centers

Medi-Cal Clinic - Therapy

Psychiatry Services

Community Outreach and
Trainings

Who we are:



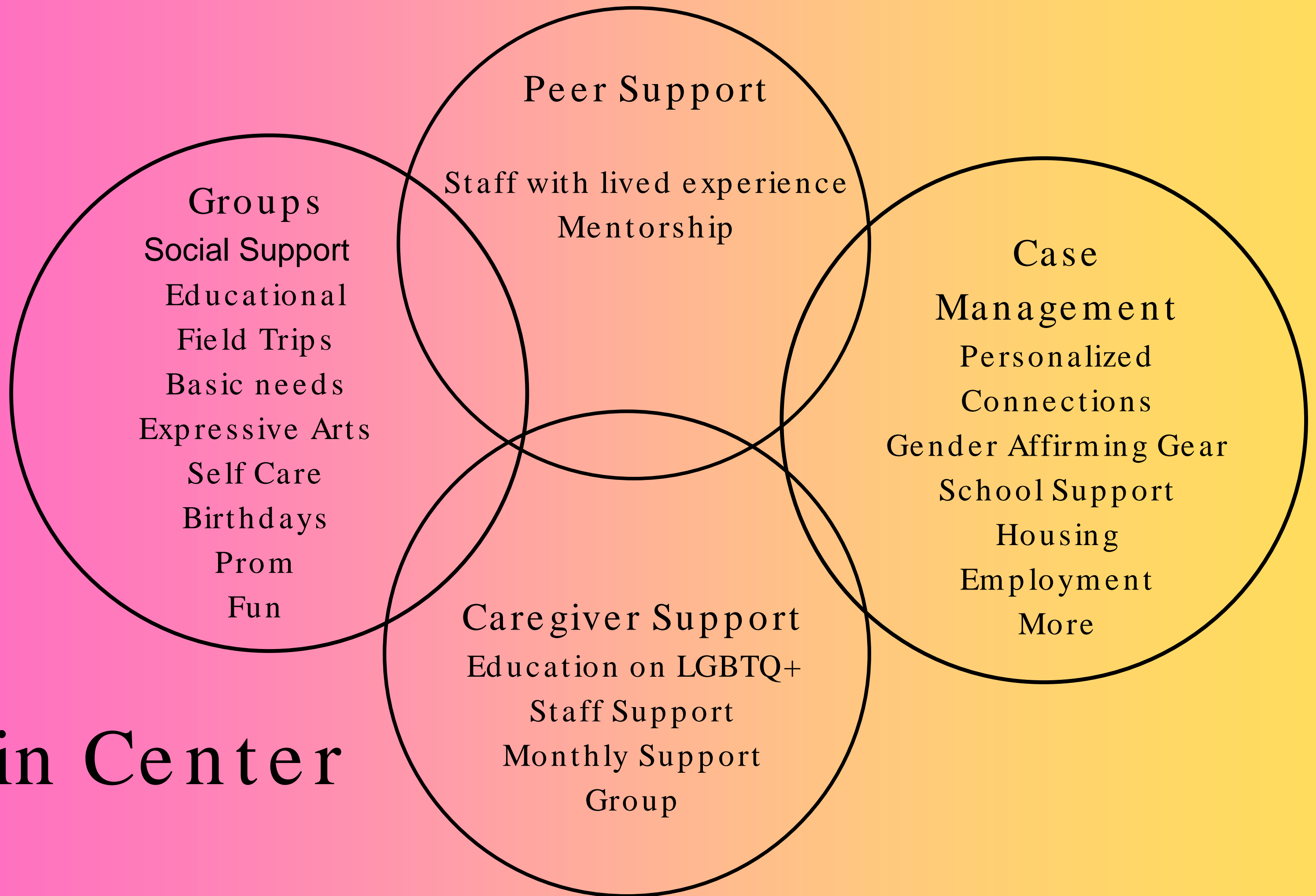
Who Do We Serve:

LGBTQ+ Young Folks

Up to Age 21

Caregivers





Drop in Center

Mental Health Clinic

Our current clinicians hold specialties and training In:

Individual, Group, Family

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

Telehealth

Psychodynamic
Psychoanalysis
Expressive Arts

Narrative Therapy

Drama Therapy

Movement Therapy

CBT

DBT

Neurolinguistic Programming

EMDR

Internal Family Systems

Mindful Self Compassion

Ecosystem Family Therapy

3 Clinicians
1 Case Manager

Up to 6 months of treatments
with reassessment possible

Optional psychiatry with
Medication Prescriptions

Where we are:



SDYS OSP Clinic
3427 4th Ave, San Diego

Central - SDYS Golden Hill
Youth Center
2220 Boardway, San Diego

East - SDYS SVECC
3845 Spring Drive, Spring
Valley

North - Palomar YMCA
1050 N Broadway
Escondido

North - Oceanside YMCA
215 Barnes St, Oceanside

South -SBCS Trolley Trestle
746 Ada St Chula Vista





Referring Youth:



- Can be referred by a provider, teacher, friend
- Can self refer
- Can visit first before intake or referral
- Clinic accepts: Medi-cal, Underinsured, or Uninsured
- Please consider youth safety and if they are out to caregivers

Who to Contact:



Clinic: kdeberardinis@sdyouthservices.org

Central & East: jbarnes@sdyouthservices.org

South : oursafeplace@csbcs.org

North: afavela@ymcasd.org

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

*Thank
you!*





THERAPEUTIC BEHAVIORAL SERVICES

1/11/24



WHAT IS TBS?

- **An intensive**, home-based, short-term, behavioral modification program
- **Designed** to help youth reduce high risk behaviors
- **Supplemental** to therapy
- **Can serve** youth in homes, foster homes, STRTPs, and some schools



WHO DOES TBS SERVE?

→ TBS serves youth...

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



THE TBS TEAM

→ TBS Case Manager

- ◆ Manages youth's services
- ◆ Develops TBS BHA and client plan
- ◆ Coordinates treatment team meetings

→ TBS Coach

- ◆ Provides one-to-one behavioral modification in the youth's environment
- ◆ Implements individual interventions based on youth's TBS Treatment Plan & need
- ◆ Includes everyone in the home to ensure lasting change

→ TBS Parent Partner (as needed)

- ◆ Works one-to-one with caregivers, teaching parenting techniques, self-care and provides them with resources



THE COURSE OF SERVICES

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

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

3) Case Manager
completes
Assessment

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

5) Case Manager
schedules
Implementation
meeting

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

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

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

THE FOCUS OF TBS

→To reduce Target Behavior(s)

- ◆ Target Behaviors are identified by the TBS Case Manager from the TBS Functional Assessment with client and family. A few of the behaviors we address:

- Reactive Outburst Behaviors
- Anger Outburst Behaviors
- Depressive Behaviors
- Unsafe Behaviors
- Poor Social Skills
- Sexualized Behaviors
- Obsessive/Compulsive Behaviors
- Anxious Behaviors



TBS SHIFTS

- Shifts can vary in length (1 hour-3 hours)
- Can occur any day, at any time
- Schedule is based on TBS youth/family availability
- Shifts can take place anywhere in the community (parks, libraries, grocery stores)
- Caregiver(s) must be present at all times during shifts
- During shifts, TBS Coach will provide behavioral interventions based on the youth's target behavior and specific needs
- Temporary telehealth available when applicable due to Covid-19



TBS INTERVENTIONS

- Coping skills
- Individualized visual aids
- Self-soothing
- Replacement behaviors
- Structure
- Token economies
- Communication activities
- Feelings exercises
- Self-esteem building activities
- Parenting strategies
- Awareness
- Self-care



TBS INTERVENTIONS



TBS INTERVENTIONS



HUNGRY?

When is the last time we ate/had water? What is our body telling us we need right now?

ANGRY?

What emotions have we felt today? What are we feeling now? What is our heart telling us?

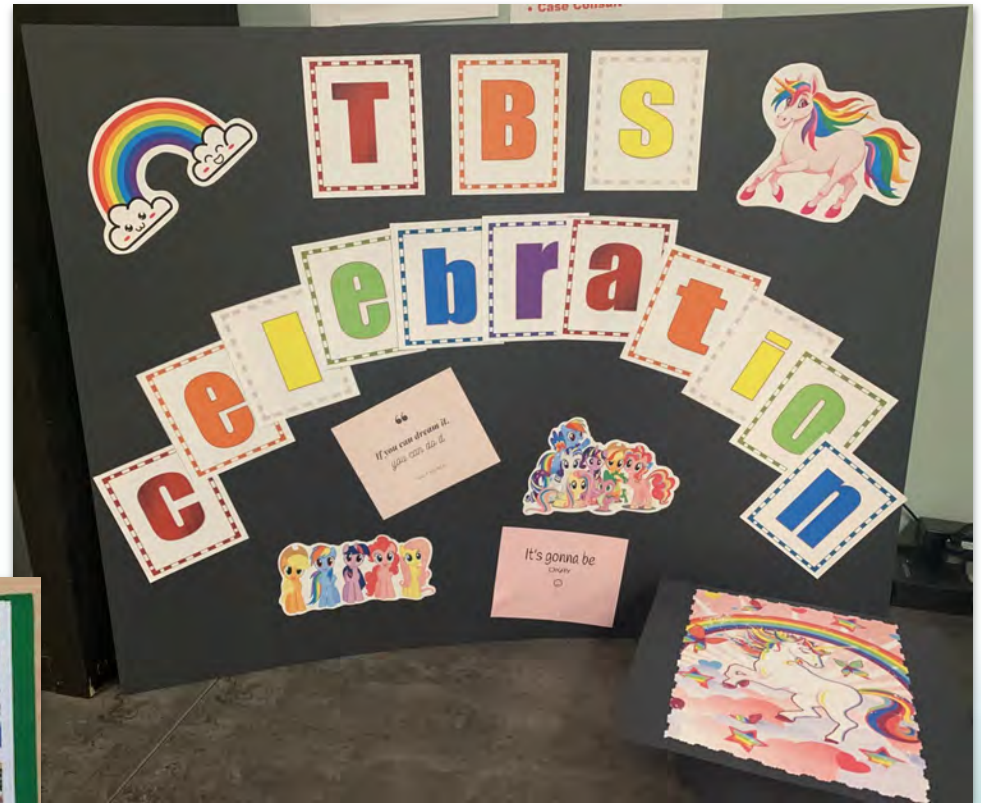
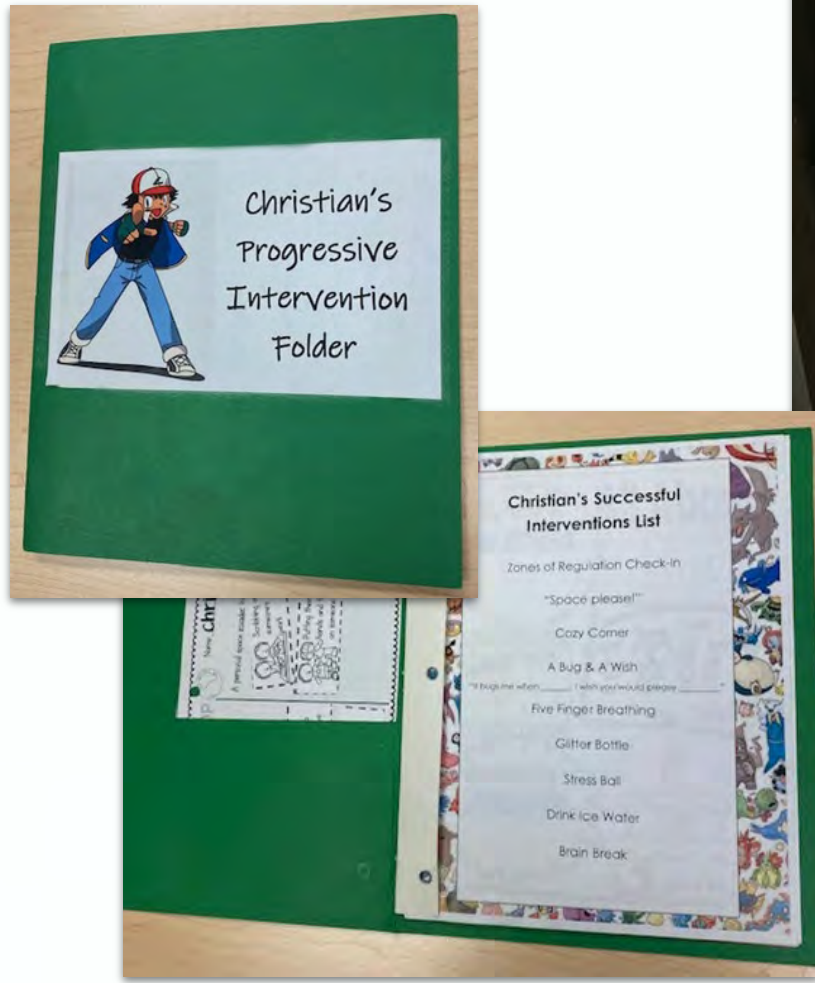
LONELY?

Did we socialize today? Was it positive/negative?
Did we connect with natural supports today?

TIRED?

Did we sleep well last night? Are we getting enough rest? Do we need to be energized?

TBS GRADUATIONS



HOW DOES TBS HELP YOUTH & FAMILIES?

- Increases safety and prevents mental health crisis
- Strengthens family connections & relationships
- Encourages goal setting and growth mindset
- Helps manage emotions appropriately
- Teaches parenting techniques and skills
- Teaches appropriate communication strategies
- Empowers youth and family



HOW DOES TBS PROVIDE TRAUMA-INFORMED CARE?

- All TBS staff trained in and utilize trauma-informed care
- Interventions are youth and family-centered
- Youth empowered to guide TBS services
- Elicit regular feedback from caregiver(s) & youth
- Ongoing assessment of caregiver and youth trauma history
- Family strengths, language and culture considered for treatment planning



HOW DOES TBS HELP SMHPs?

- Allows SMHP to focus on the therapeutic issues
- Supports SMHP's therapeutic goals
- Motivates youth and families
- Collaboration
- Ensures efficiency and effectiveness of services



WHAT IS YOUR ROLE?

→ Collaboration and Communication

- ◆ You drive our services!
- ◆ Participation in TBS Meetings
- ◆ Provide feedback regarding TBS services
- ◆ Provide necessary documentation

→ Maintain active therapeutic services with the TBS youth and family (individual or family therapy services to meet the needs of client presenting with high risk. Weekly preferred, at least twice per month acceptable)



SUCCESS RATES



of caregivers reported that TBS helped their child manage their behaviors and improve their ability to achieve their treatment goals



of youth said that they learned new and effective coping skills from their TBS Coach



of providers reported that TBS assisted their client in achieving identified treatment goals



CLIENT & CAREGIVER SATISFACTION

Write or draw your favorite thing about TBS:



- Client feedback

"TBS, especially (the coach) was awesome!! She worked and taught us valuable skills to help our family navigate and identify ways to understand/control our feelings and emotions. Thank you!!"

- Caregiver feedback

"We thoroughly enjoyed our time with (the coach). He helped my son name some feelings, helped with our family connection, and planted seeds for the future. Thank you TBS!! We will miss (the coach)."

- Caregiver feedback

Write or draw your favorite thing about TBS:



- Client feedback



TBS FUN DAY

- ▶ Twice a year TBS hosts a free TBS Fun Day event for the youth and families we serve



HOW TO REFER

- 1) Assess if youth meets criteria for TBS services
 - a) Require support to maintain the current placement
 - b) Require support to reduce the need for psychiatric hospitalization, and/or
 - c) Require support to transition to a lower level of care
- 2) Discuss TBS services with your youth and family
- 3) Get *Release of Information**
- 4) Complete the *TBS Prior Authorization Request/Referral Form*
- 5) Fax both the *TBS Prior Authorization Request/Referral Form* and the *Release of Information** to Optum at (866) 220-4495
- 6) Contact our Referral Specialist with questions at (858) 256-2180 ext. 535

* Release of Information is not required to proceed with referral



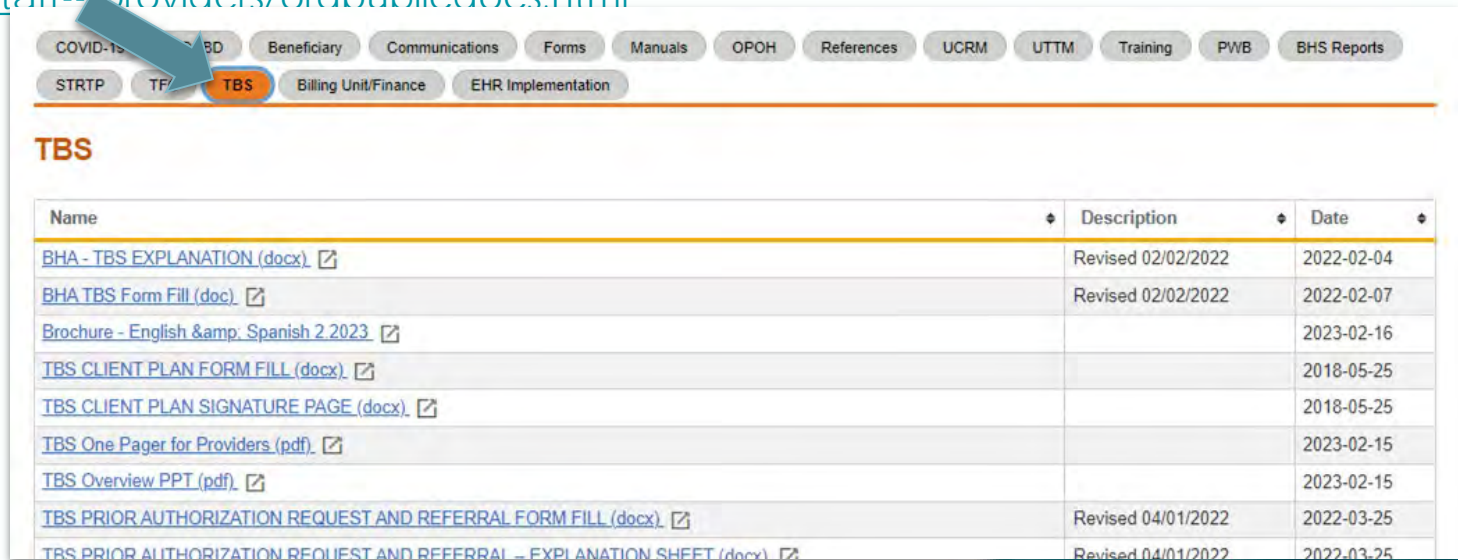
MORE INFORMATION

→ Visit the TBS info page on the County of San Diego Behavioral Health Services Website

- ◆ https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/therapeutic_behavioral_services.html

→ Access TBS MHP Provider Documents at Optum San Diego

- ◆ <https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff--providers/oranublicdocs.html>



The screenshot shows the Optum San Diego website with a navigation bar containing buttons for COVID-19, BD, Beneficiary, Communications, Forms, Manuals, OPOH, References, UCRM, UTTM, Training, PWB, BHS Reports, STRTP, TF, TBS, Billing Unit/Finance, and EHR Implementation. The 'TBS' button is highlighted with a blue arrow. Below the navigation bar, the 'TBS' section is displayed with a table of documents.

Name	Description	Date
BHA - TBS EXPLANATION (docx)	Revised 02/02/2022	2022-02-04
BHA TBS Form Fill (doc)	Revised 02/02/2022	2022-02-07
Brochure - English & Spanish 2 2023		2023-02-16
TBS CLIENT PLAN FORM FILL (docx)		2018-05-25
TBS CLIENT PLAN SIGNATURE PAGE (docx)		2018-05-25
TBS One Pager for Providers (pdf)		2023-02-15
TBS Overview PPT (pdf)		2023-02-15
TBS PRIOR AUTHORIZATION REQUEST AND REFERRAL FORM FILL (docx)	Revised 04/01/2022	2022-03-25
TBS PRIOR AUTHORIZATION REQUEST AND REFERRAL - EXPLANATION SHEET (docx)	Revised 04/01/2022	2022-03-25

TBS REFERRAL FORM



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

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

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

* Indicates a required section for Initial Requests

Youth Information*:

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

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

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

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

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

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

Phone: _____	Fax: _____	E-Mail: _____
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Other Party Involvement: (i.e. CASA, Mentor, Attorney, Big Brother/Sister, etc.)

Name/Relationship: _____	Contact Phone: _____
Name/Relationship: _____	Contact Phone: _____

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

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

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



TBS REFERRAL FORM

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

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

Determination Criteria, (completed by the SMHP)*:

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

SMHP submitted form to Optum on: Click to enter a date.

(Optum shall notify provider of determination within 5 business days of receipt)

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

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

Optum Clinician Signature/Date/Licensure: _____

Typically, within two business days of Optum clinician signature, authorization will be forwarded to TBS and referring provider

^Date pre-authorization received by TBS Provider: _____ (^completed by New Alternatives)



QUESTIONS?

THANK YOU!

→ **Christine Boyd, Program Manager**

- ◆ christine.boyd@newalternatives.org
- ◆ (858) 256-2180 x517

→ **Jennifer Duran, Clinical Lead**

- ◆ jennifer.duran@newalternatives.org
- ◆ (858) 256-2180 x513



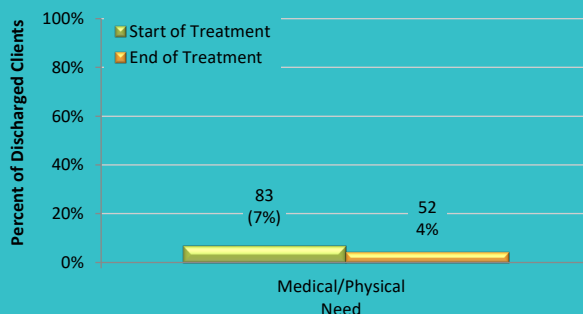
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1 FY 2023-24

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2023 and September 2023. 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=1,237)

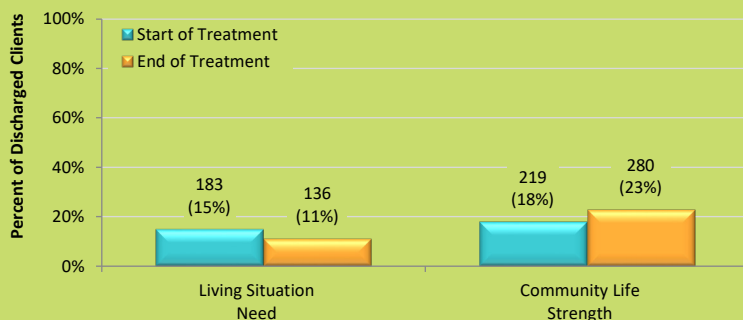
Physical Activity
Connection to Health Home
Healthy Food
Immunizations



[CANS items](#)
Medical/Physical Need



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

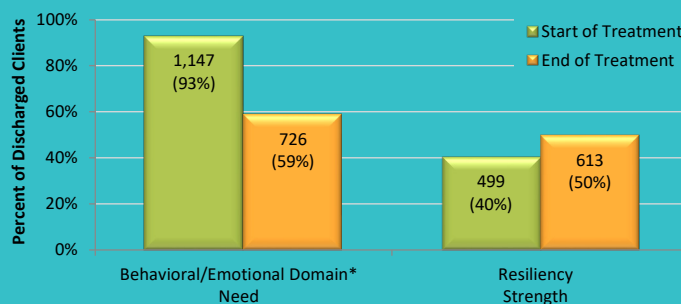


COMMUNITY (N=1,237)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

STANDARD OF LIVING (N=1,237)

Access to Healthcare
Access to Behavioral Health Services

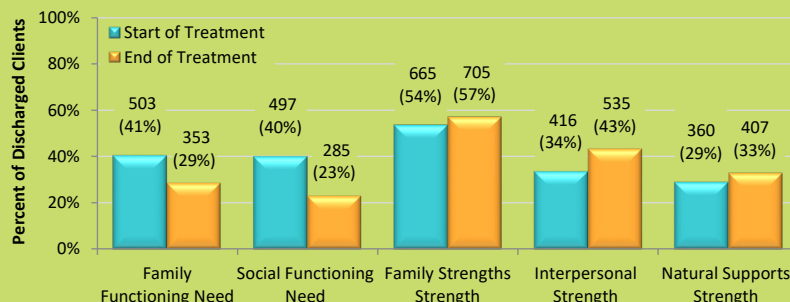


[CANS items](#)
Behavioral/Emotional Need
Resiliency Strength

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



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

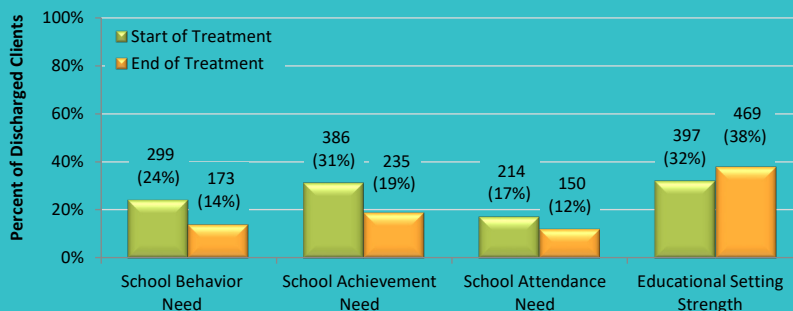


SOCIAL (N=1,237)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=1,237)

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.



Seeking Feedback from Community Experts

Developing a Group Therapy Toolkit for Parents

Performance Improvement Projects (PIPs) are designed to achieve improvement, sustained over time, in health outcomes and client satisfaction. All Mental Health Plan/Drug Medi-Cal Organized Delivery Systems (MHPs/DMC-ODSs) are required to have an active and ongoing clinical PIP each year as a part of the plan's quality assessment and performance improvement (QAPI) program.

The upcoming 2024 CYF clinical PIP will focus on school-based group therapy among outpatient CYF clients. The PIP will focus on working with CYFBHS programs to develop psychoeducational toolkits for different audiences (e.g., parents, youth, and school personnel). The toolkits are intended to build awareness about the efficacy of group therapy and to increase utilization among CFY outpatient clients experiencing anxiety, depression, and social skills challenges.

To develop the PIP toolkits, we are reaching out to experts in the community to gather information about frequently asked questions, challenges, barriers, and other information parents may have about CYFBHS school-based and community outpatient group therapy services in San Diego County.

Please fill out this brief open-ended questionnaire that asks several questions about what parents need to know about CYFBHS group therapy. Your responses will be aggregated with the responses of other experts in the community to support the development of a detailed and specific parent toolkit.

Scan the QR Code or click on the link to access the questionnaire.

https://ucsd.co1.qualtrics.com/jfe/form/SV_aghGkKA6HeWL04S





Seeking Feedback from Parents

Developing a Group Therapy Toolkit

The 2024 San Diego County Behavioral Health Services (BHS) Performance Improvement Project (PIP) will focus on school-based group therapy among outpatient Children, Youth, and Families (CYF) clients. The PIP will focus on working with CYFBHS programs to develop psychoeducational toolkits for various audiences (e.g., parents, youth, and school personnel). The toolkits aim to build awareness about the efficacy of group therapy and to increase utilization among CYFBHS outpatient clients experiencing anxiety, depression, and social skills challenges.

To develop the PIP toolkits, we are reaching out to parents of youth accessing school-based and community mental health services in the community to gather information about frequently asked questions, challenges, barriers, and other information parents may have about CYFBHS school-based and community outpatient group therapy services in San Diego County. We would like to hear directly from parents to learn more about your understanding of group therapy and gather feedback concerning the types of therapeutic support that would be most beneficial for your children.

If you would like to contribute, please fill out this brief five question open-ended survey that asks several questions about group therapy and the challenges facing young people in our communities. Your responses will be anonymous and answers will be aggregated with the responses of other parents in the community to support the development of a detailed and specific group therapy toolkit for parents.

Scan the QR Code or click on the link to access the questionnaire.

https://ucsd.co1.qualtrics.com/jfe/form/SV_da4X68xpEHnhBli





Solicitando opiniones de los padres

Desarrollando un kit de herramientas para terapia

El Proyecto de Mejoramiento del Desempeño (en inglés, "Performance Improvement Project" o "PIP") 2024 de los Servicios de Salud Conductual (en inglés, "Behavioral Health Services" o "BHS") del condado de San Diego se enfocará en la terapia de grupo escolar entre los clientes ambulatorios de Niños, Jóvenes y Familias (en inglés, "Children, Youth, and Families" o "CYF"). El "PIP" se enfocará en trabajar con los programas "CYFBHS" para desarrollar herramientas psicoeducativas para varias audiencias (por ejemplo, padres, jóvenes y personal de la escuela). Los kits de herramientas tienen como objetivo crear conciencia sobre la eficacia de la terapia de grupo y aumentar la utilización entre los clientes ambulatorios "CYFBHS" que se encuentran con problemas de ansiedad, depresión y con desafíos de habilidades sociales

Para desarrollar los kits de herramientas "PIP", estamos acudiendo a los padres de los jóvenes que acceden servicios de salud mental comunitarios y escolares para recopilar información sobre las preguntas más frecuentes, los desafíos, las barreras y otra información que los padres puedan tener sobre los servicios de terapia de grupo ambulatoria comunitarios y escolares de "CYFBHS" en el condado de San Diego. Nos gustaría escuchar directamente de los padres para aprender más acerca de su comprensión de la terapia de grupo y recopilar información sobre los tipos de apoyo terapéutico que sería lo más beneficioso para sus hijos.

Si desea colaborar, por favor, complete esta breve encuesta de cinco preguntas sobre la terapia de grupo y los retos a los que se enfrentan los jóvenes en nuestras comunidades. Sus respuestas serán anónimas y se agregarán a las de otros padres de la comunidad para apoyar el desarrollo de un kit de herramientas de terapia de grupo detallado y específico para padres.

Escanee el código QR o haga clic en el enlace para acceder al cuestionario.

https://ucsd.co1.qualtrics.com/jfe/form/SV_cUOieE1u6zsSvb0



Managed Care Plan Enhanced Care Management

Links to the Managed Care Plan Enhanced Care Management (ECM) Referral Forms and email addresses.

Medi-Cal Managed Care Plan	Referral Form	Email Address
Blue Shield Promise	ECM Referral Form (blueshieldca.com)	Email: ECM@blueshieldca.com
Community Health Group	ECM Referral Form (chgsd.com)	Email: ecm-cs@chgsd.com
Kaiser	ECM Referral Form (kaiserpermanente.org)	Email: RegCareCoordCaseMgmt@KP.org
Molina	ECM Referral Form (molinahealthcare.com)	Email: MHC_ECM@Molinahealthcare.com

Please share this information, as appropriate. The QA team will be including this information in upcoming UTTMs, as well as updating the operation handbooks.

As a reminder, the populations of focus for this benefit are in the table below and additional information and definitions can be found here: [ECM Policy Guide Updated September 2023.pdf \(ca.gov\)](#)



Pathways to Well-Being and Continuum of Care Reform

Updates to the Organizational Provider Operations Handbook (OPOH) and IHBS Prior Authorization documents

- Recent updates were made to “Section D Providing Specialty Mental Health Services” section of the OPOH. Notable changes include alignment of IHBS definitions with new language indicated by DHCS as well as an update to how the service is billed for. In addition, Pathways to Well-Being forms and their links have been updated.
- Changes were made to the IHBS Prior Authorization to align with DHCS regulations around IHBS and ICC. Note the change in the Scope of Service as well as the addition of indicating that IHBS be a documented intervention on the Client Plan.

FAX TO: Optum Public Sector San Diego
Fax: (866) 220 – 4495
Phone: (800) 798-2254, Option 3, then Option 4
IHBS Prior Authorization Request web based electronic form: [IHBS Prior Authorization Request- Web Based](#)

County of San Diego Mental Health Plan Intensive Home-Based Services (IHBS) Prior Authorization Request

☐ Prior Authorization Request
(Prior to provision of IHBS)

☐ Continuing Request
(After initial authorization of up to 12 months)

Client Information

Client Name:	Date of Birth:	Client ID:
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Program Information

Legal Entity:	Program Name:
Phone:	Fax:
Unit #:	Subunit #:
Program Manager Name:	

SCOPE OF SERVICE

IHBS are individualized, strength-based interventions designed to correct or ameliorate mental health conditions that interfere with a child or youth's functioning and are aimed at helping the child or youth build skills necessary for successful functioning in the home and community, and improving the child's or youth's family's ability to help the child or youth successfully function in the home and community. IHBS services are provided according to an individualized treatment plan developed in accordance with the ICPM by the Child and Family Team (CFT) in coordination with the family's overall service plan. They may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral. IHBS is provided to beneficiaries under 21 who are eligible for full-scope Medi-Cal services and who meet access criteria.

IHBS Criteria: (All 6 items are required for authorization of IHBS)

- ☐ Client is under the age of 21
- ☐ Intensive Home-Based Services (IHBS) is a documented intervention on the Client Plan dated: _____
- ☐ Intensive Care Coordination (ICC): Client is eligible for and receiving ICC services.
(Not eligible for IHBS unless receiving ICC)
- ☐ Client meets medical necessity criteria for Specialty Mental Health Services as documented in the Behavioral Health Assessment (BHA) dated: _____
DSM/ICD Mental Health diagnosis: _____
- Amount Requested:** (Select one)
☐ Up to 15 hours of IHBS intervention per week;
☐ 16-25 hours of IHBS intervention per week; must provide rationale for not referring to TBS and attach written COR support: _____
- Duration Requested:** (Select one)
☐ Up to 12 months of IHBS intervention

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

- ☐ OPTUM Reviewed BHA, Client Plan and/or Progress Notes
☐ IHBS scope, amount and duration authorized as requested: START DATE: _____ END DATE: _____
☐ IHBS request is ☐ denied; ☐ modified; ☐ reduced; ☐ terminated; or ☐ suspended

Reason: _____

NOABD was issued to the Medi-Cal beneficiary and provider on the following date: _____

Optum Clinician Signature/Date/Licensure: _____

Within five business days of Optum receipt, authorization will be forwarded to the requesting provider

The County Behavioral Health Semi-Statewide Electronic Health Record

Improving public behavioral health care delivery



The California Mental Health Services Authority’s (CalMHSA) semi-statewide EHR has, at its center, the primary purpose of improving the lives of Californians who turn to county behavioral health departments for their care. This semi-statewide system:

- Extends to 37% of the state’s Medi-Cal beneficiaries
- Allows clinicians to spend more time caring, less time on screens
- Tells a complete story about the individuals in their care
- Eases the process for clients by allowing record-sharing between counties

Forging County Innovation and Efficiency

Together, the 25 participating counties are enhancing delivery of care with a system that:

- Leverages deep technical expertise for a scaled solution with greater reach
- Creates cross-county innovation and shared outcomes
- Builds efficiencies that alleviate workforce shortages
- Integrates CalAIM payment reform changes

Facilitating Interoperability

The 25-county EHR expands the way data is managed and shared, facilitating state and federal interoperability mandates, such as:

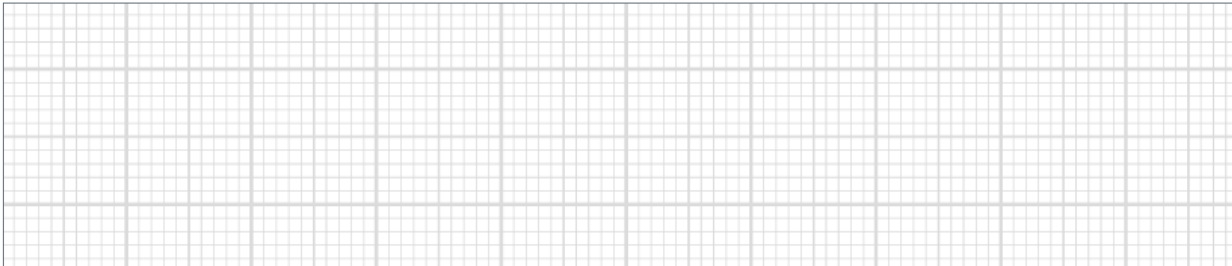
- AB 133
- The California Data Exchange Framework
- The Centers for Medicare & Medicaid Services Interoperability and Patient Access rule
- Department of Health Care Services 2023-24 work plan

Counties Participating:

Colusa, Contra Costa, Fresno, Glenn, Humboldt, Imperial, Kern, Kings, Lake, Madera, Marin, Mono, Nevada, Placer, Sacramento, San Benito, San Joaquin, San Luis Obispo, Santa Barbara, Sierra, Siskiyou, Sonoma, Stanislaus, Tulare, Ventura

“This EHR has made a lot of our processes more streamlined, specifically for clinicians, which gives them more time to spend with clients to be able to improve our services.”

DANNIELLE MURRAY,
MONO COUNTY BEHAVIORAL
HEALTH DEPARTMENT STAFF



OPIOID TREATMENT

Which medicines treat opioid use disorder and addiction?

The medicines used to treat opioid use disorder and addiction are methadone, buprenorphine, and naltrexone.

Methadone and buprenorphine can decrease withdrawal symptoms and cravings. They work by acting on the same targets in the brain as other opioids, but they do not make you feel high. Some people worry that if they take methadone or buprenorphine, it means that they are substituting one addiction for another. But it is not; these medicines are a treatment. They restore balance to the parts of the brain affected by addiction. This allows your brain to heal while you work toward recovery.

There is also a combination drug that includes buprenorphine and naloxone. Naloxone is a drug to treat an opioid overdose. If you take it along with buprenorphine, you will be less likely to misuse the buprenorphine.

You may safely take these medicines for months, years, or even a lifetime. If you want to stop taking them, do not do it on your own. You should contact your health care provider first, and work out a plan for stopping.

Naltrexone works differently than methadone and buprenorphine. It does not help you with withdrawal symptoms or cravings. Instead, it takes away the high that you would normally get when you take opioids. Because of this, you would take naltrexone to prevent a relapse, not to try to get off opioids. You have to be off opioids for at least 7-10 days before you can take naltrexone. Otherwise you could have bad withdrawal symptoms.



NORTH INLAND REGION

Mission Treatment Services, Inc.
161 N. Date Street
Escondido, CA 92025
(760)745-7786

Acadia [San Diego Health Alliance, Inc.]
1560 Capalina Road
San Marcos, CA 92069
(760) 744-2104

NORTH COASTAL REGION

Mission Treatment Services, Inc.
1906 Apple Street, Suite 3
Oceanside, CA 92054
(760) 547-1280

SOAP MAT, LLC
3230 Waring Court, Suite A
Oceanside, CA 92056
(760) 305-7528

SOUTH REGION

Acadia [San Diego Treatment Services]
1155 Third Avenue
Chula Vista, CA 91911
(619)498-8260

CENTRAL REGION

Eldorado Community Service Center
1733 Euclid Avenue
San Diego, CA 92105
(619) 263-0433

NORTH CENTRAL REGION

Mission Treatment Services, Inc.
8898 Clairemont Mesa Blvd., Suite H
San Diego, CA 92123
(858) 715-1211

Acadia [San Diego Health Alliance, Inc.]
7545 Metropolitan Drive
San Diego, CA 92108
(619) 718-9890

EAST REGION

Acadia [San Diego Health Alliance, Inc.]
234 North Magnolia Avenue
El Cajon, CA 92020
(619) 579-8373

WHAT ARE OPIOIDS?

What are opioids?

Opioids, sometimes called narcotics, are a type of drug. They include strong prescription pain relievers, such as oxycodone, hydrocodone, fentanyl, and tramadol. The illegal drug heroin is also an opioid.

A health care provider may give you a prescription opioid to reduce pain after you have had a major injury or surgery. You may get them if you have severe pain from health conditions like cancer. Some health care providers prescribe them for chronic pain.

Prescription opioids used for pain relief are generally safe when taken for a short time and as prescribed by your health care provider. However, opioid abuse and addiction are still potential risks.

What are opioid use disorder and addiction?

Opioid abuse disorder means you are not taking the medicines according to your provider's instructions, you are using them to get high, or you are taking someone else's opioids. Addiction is a chronic brain disease. It causes you to compulsively seek out drugs even though they cause you harm.

What are the treatments for opioid use disorder and addiction?

Treatments for opioid abuse disorder and addiction include:

- Medicines
- Counseling and behavioral therapies
- Medication-assisted therapy (MAT), which includes medicines, counseling, and behavioral therapies. This offers a "whole patient" approach to treatment, which can increase your chance of a successful recovery.
- Residential and hospital-based treatment.

Clients receiving services through County of San Diego contracted SUD programs are treated with equality, in a welcoming, nondiscriminatory manner, consistent with applicable state and federal law. Client fees are waived for Medi-Cal eligible persons participating in Medi-Cal certified services (except for required share of cost). No services will be refused due to a client's inability to pay.

Programs are organized by region but services may be sought at any location.

Pregnant women and intravenous drug users have priority admission to recovery and treatment programs

www.sandiegocounty.gov/hhsa/programs/bhs

www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/dmc_ods.html

**SAN DIEGO
ACCESS & CRISIS LINE**

1-888-724-7240

TDD/TTY Dial 711

Free assistance 7 days / 24 hours

www.livewellsd.org

Behavioral Health Services

3255 Camino Del Rio South
San Diego, CA 92108

(No services provided at this location)



DIRECTORY OF OPIOID TREATMENT PROGRAMS