

## PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

March 9, 2023 | Zoom

9:30 a.m. – 11:30 p.m.

### Meeting Summary

| ITEM  | SUMMARY/<br>ACTION ITEMS   |
|---|--|
| <b>1. Welcome</b> – Amanda Lance-Sexton <ul style="list-style-type: none"> <li>Black History Month – February</li> <li>Women’s History Month - March</li> <li>May is Mental Health Month</li> </ul> |  |
| <b>2. Prescribing of Controlled Substances- Ryan Haight Act (SOC)</b> – Dr. Laura Vleugels  | <p>There were shifts to previously established regulations to allow for care during the pandemic. One example was temporary suspension of the Ryan Haight Act. The Ryan Haight Act set forth requirements for an in-person medical evaluation for individuals prior to being prescribed controlled substances. With the National Public Health Emergency ending May 11, 2023, it is expected the requirements of the Ryan Haight Act will be re-instituted. Your physicians have been receiving notifications from the DEA and the California Medical Board. If your physicians have been doing telepsychiatry, please discuss with them their plans for in-person evaluations so practice is adherent with the law. This is important for the Children's System of Care because stimulant medications, the first line treatment for ADHD, are controlled substances. If your physicians have questions about their practice, and how it relates to changing regulations, they can contact their malpractice insurance carrier. If programs have questions, they can communicate with their COR.</p> |
| <b>3. QA Updates (SOC)</b> – Elaine Mills, Diana Daitch <ul style="list-style-type: none"> <li>CalAIM</li> </ul>  | <ul style="list-style-type: none"> <li>Beneficiary Handbooks have been updated to align with CalAIM initiatives and will go into effect 3/12/23</li> <li>Effective 3/1/23, programs will be responsible for ensuring any new staff completed the CAMHSA training within 90 days of hire</li> <li>Certified Peer Support Specialists may only bill SC57 and SC58</li> </ul>   |



|   |   |
|---|---|
| <p><b>4. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR) (MH)</b> – Shaun Goff</p> <ul style="list-style-type: none"><li>○ Welcome Gina Herbert</li><li>○ Updated Progress Report to CWS: PTW Information Exchange coming 4/1/23 (screen share)</li><li>○ PWB/CWS Information Exchange (handout)</li><li>○ Information Exchange Form Draft 3-1-23</li><li>○ Explanation Form Draft 3-1-23</li></ul> | <ul style="list-style-type: none"><li>○ Updated Progress Report to CWS: PTW Information Exchange coming 4/1/23 (screen share)</li></ul> <p>The BHS/CWS Information Exchange (Formerly Progress Report to Child Welfare Services) will soon be updated. The most notable changes are what information is required (requirements noted on the form) and in that the requirement for completion is no longer noted. This form allows both BHS and CWS to request pertinent information for specific cases. Moreover, this form will continue to allow for provision of the diagnosis section to the Court. While this form was not provided in the meeting as it is still in Draft form, it will soon be distributed to your programs once completed along with an updated Explanation page.</p> |
| <p><b>5. Wrap Connections (MH)</b> (handout) – Laurin McLarin, Fred Finch Youth Center</p>  | <p>Provides wraparound services for full scope Medi-Cal, ages 6-21 (over 18 with a caregiver), mental health or behavioral difficulties, ESU or 5150 hospitalizations, at risk of going to a higher level of placement/treatment</p> <p><a href="#">Wrap Connections   Fred Finch</a></p>   |
| <p><b>6. Center for Child and Youth Psychiatry (CCYP) (MH)</b> (handout) – Maria Sanchez, Vista Hill Foundation</p>   | <p>Serving Medi-Cal beneficiaries, low income, or uninsured youth up to age 21 needing post treatment medication management, system of care psychiatric coverage/support or short term residential treatment program <a href="#">The Center for Child and Youth Psychiatry (CCYP) (ccypsd.org)</a></p>  |
| <p><b>8. CANS Coupons (MH)</b> - new landing page (handout) – Eileen Quinn-O'Malley</p>   | <p>New landing page for the SOC Outcomes which includes CANS Coupon Request form, Resources and historic implementation information: <a href="#">CYF Outcomes (sandiegocounty.gov)</a></p>  |
| <p><b>9. PCC Clinician Process (MH)</b> – Eileen Quinn-O'Malley</p>   | <p>Providers who will be meeting with youth at Polinsky Children's Center (PCC) will need to share a copy of their BBS license or registration with a picture ID when checking in at the lobby. The PCC reception staff may also verify the license/registration on BreEZE. The verification is due to enhanced guidelines under community care licensing (CCL) requiring verification that background checks were conducted for individuals meeting with youth.</p>  |
| <p><b>10. Announcements (SOC)</b></p> <ul style="list-style-type: none"><li>○ CalMHSA has opened to the public scholarship applications for Peer Support Specialist certification and are processing them on a first-come first-served basis.</li></ul>   |   |



|  |  |
|--|--|
| <p>Interested individuals may <u>apply directly</u> on the CalMHSA Certification Website (<a href="http://www.CAPeerCertification.org">www.CAPeerCertification.org</a>) (handout)</p> <ul style="list-style-type: none"><li>○ Peer Support Certification Training (handout)</li><li>○ Care coordination for Justice involved individuals (handout)</li><li>○ Responsive Integrated Health Solutions (RIHS) (handout)</li><li>○ Human Trafficking Overview Webinar March 14, 2023 (handout)</li><li>○ May is Mental Health month, Children's Mental Health week is May 10-16, 2023</li><li>○ NAMI Children's Mental Health Day celebration will be in May, will send flyer when determined</li><li>○ Updated TBS brochure (handout)</li></ul> |  |
| <b>11. Networking with colleagues</b> – breakout rooms   |  |
| <b>12. Breakout Sessions</b> – STRTP and SchoolLink  |  |
| <b>Next Meeting: May 11, 2023   9:30 a.m. – 11:30 a.m.</b>   |  |

**Pathways to Well-Being**  
**BHS/CWS Information Exchange**  
**(Formerly: Progress Report to Child Welfare Services)**

☐ **BHS Information Request-** Fax form to Health Education Passport Office Assistant at Secure Child Welfare Services (CWS) region fax number below

☐ Central (619) 521-7325

☐ North Central (858) 576-1032

☐ Residential & EFC (619) 767-5221

☐ East (619) 401-3792

☐ North Coastal (760) 439-3008

☐ Adoptions (858) 650-5832

☐ South (619) 585-5174

☐ North Inland (760) 740-3299

☐ **CWS Information Request-** Please send correspondence via secure/encrypted electronic mail to the BHS Provider Directly. Contact information listed on page 2.

|                                    |                         |                                  |                  |
|------------------------------------|-------------------------|----------------------------------|------------------|
| Client Name (Last Name/First Name) | Client DOB (mm/dd/yyyy) | Protective Services Worker (PSW) | PSW Phone Number |
| _____                              | _____                   | _____                            | _____            |

Provider may call **1-858-514-6995** for current CWS PSW contact information

☐ **Initial** (within 30 days of determining eligibility) ☐ **Update** (upon significant change or revised client plan)

**Choose one designation:**

☐ Youth meets Enhanced Services (Subclass) criteria **OR**

☐ Youth is open to CWS (Class) but does not meet Enhanced Services (Subclass) criteria

Date of Pathways to Well-Being Eligibility Determination: \_\_\_\_\_

Updated as of 12/1/22: BHS Providers are required to share completed CANS tool and Diagnosis on Page 2 of form; Other elements are optional. CWS PSW is required to share current CANS Tool. As of 2/1/2023 all other elements are optional; Other documents are optional and can be shared upon request

**BHS Documents**

**BHS is providing the following documents to CWS PSW  
(As Required below or Requested by CWS):**

- ☐ **Required: Current completed CANS**
- ☐ Most recent CFT Summary and Action plan  
(Only if CFT Meeting Facilitation Program wasn't utilized)
- ☐ Current Client Plan/Problem List (may be utilized in court reports)
- ☐ Current Client Assignment History from CCBH
- ☐ Discharge Summary
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**CWS PSW Documents**

**CWS PSW is providing the following documents to the BHS  
Provider (As Required below or Requested by BHS):**

- ☐ **Required: Current completed CANS**
- ☐ **Required for Foster Youth:** Consent for Examination and Treatment
- ☐ **Required for Foster Youth:** Authorization to Use or Disclose Protected Health Information
- ☐ Most recent CFT Summary and Action Plan
- ☐ Child Welfare Services Case Plan
- ☐ Detention Report
- ☐ Jurisdiction/Disposition Report
- ☐ Status Review Court Reports (every six months)
- ☐ No Contact List (if applicable)
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**Page 1 of this form is administrative and NOT included in court reports.**

Page 1

County of San Diego  
Health and Human Services Agency  
Child Welfare Services  
Behavioral Health Services

**Pathways to Well-Being**  
Information Exchange Form 03/01/2023

**Client:** \_\_\_\_\_

**Record Number:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Pathways to Well-Being**  
**BHS/CWS Information Exchange**  
(Formerly: Progress Report to Child Welfare Services)

Client Name: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Client Admission Date to BHS Program: \_\_\_\_\_

BHS Legal Entity: \_\_\_\_\_

BHS Program Name: \_\_\_\_\_

BHS Provider: \_\_\_\_\_

BHS Provider Phone: \_\_\_\_\_

BHS Provider Email: \_\_\_\_\_

BHS Secure Fax: \_\_\_\_\_

| ICD-10 Code | DSM-V Diagnosis | Required to be shared with CWS PSW |
|-------------|-----------------|------------------------------------|
| _____       | _____           | _____                              |
| _____       | _____           | _____                              |
| _____       | _____           | _____                              |
| _____       | _____           | _____                              |
| _____       | _____           | _____                              |
| _____       | _____           | _____                              |

BHS Provider Signature: \_\_\_\_\_

Credential: \_\_\_\_\_

Date: \_\_\_\_\_

**PSW may provide Page 2 of this form and the Client Plan/Problem List to the Court.**

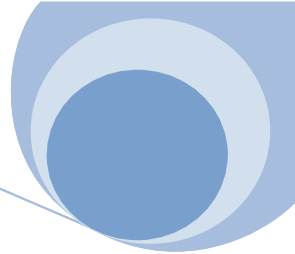
Page 2

County of San Diego  
Health and Human Services Agency  
Child Welfare Services  
Behavioral Health Services  
**Pathways to Well-Being**  
Information Exchange Form 03/01/2023

Client: \_\_\_\_\_

Record Number: \_\_\_\_\_

Program: \_\_\_\_\_



2023

# Pathways to Well-Being BHS/CWS Information Exchange

(Formerly Progress Report to Child Welfare Services)

- WHEN:** Must be completed within 30 days of determining eligibility and when any updates/significant changes or revised client plan.
- ON WHOM:** All children/youth open to Child Welfare Services (CWS).
- COMPLETED BY:** Staff delivering the service within scope of practice. Co-signatures must be completed within timelines.
- MODE OF COMPLETION:** Form fill and forwarded in a secure manner to Child Welfare Services Health and Education Passport Office Assistant (see secure region fax numbers on form). Maintain a copy in hybrid chart.
- REQUIRED ELEMENTS:** Portions of this form are **required** to be completed. These sections are indicated below with a **Required**.
- Elements on Page 1 Required:**

- Identify which region to fax form: The CWS Protective Services Worker (PSW) has this information
- Client Name and Client Date of Birth
- Name and Contact information of CWS PSW  
(Provider may call 858-514-6995 for current CWS PSW contact information)
- Timeframe: check one box (Initial or Update)
- Choose one designation (per Eligibility for PWB and Enhanced Services form):
  - Enhanced Services/Sub-Class criteria (including youth meeting Enhanced criteria at discharge, even when end date has been entered, aka “switched off”, in Client Categories Maintenance[CCM]).

**OR**

- Youth is open to CWS (Class) but does not meet Enhanced Services (Subclass) criteria
- Date of Pathways to Well-Being Eligibility Determination: Should match date youth was open to Class or Subclass in CCM

**BHS Provider (left side) fax to CWS the following (applicable) attachments:**

- **Required: Current Completed CANS**
- Most Recent CFT Summary and Action Plan (Only if CFT Meeting Facilitation Program wasn't utilized)
- Current Client Plan/Problem List (may be utilized in court reports)
- Client Assignment History from CCBH
- Discharge Summary
- Any other pertinent information or comments as needed

**CWS PSW (right side) send via secured/encrypted email to BHS the following attachments (upon request from BHS):**

- **Required: Current Completed CANS**
- **Required for Foster Youth:** Consent for Examination and Treatment
- **Required for Foster Youth** Authorization to Use or Disclose Protected Health Information
- Most recent CFT Summary and Action Plan
- Child Welfare Services Case Plan
- Detention Report
- Jurisdictional/Disposition Report
- Status Review Court Reports (every 6 months)
- No Contact List (if applicable)
- Any other pertinent information or comments as needed

**Elements on Page 2  
Required for all Youth:**

- Client Name
- Client Date of Birth
- Client Admission date to BHS Program
- BHS Legal Entity
- BHS Program Name
- BHS Provider Name
- BHS Provider Phone Number
- BHS Provider Email
- BHS Provider Secure Fax Number
- ICD-10 Code/DSM-V Diagnosis
- BHS Provider Signature, Credentials, and Date

**BILLING:**

- Billing for gathering of information for the Pathways to Well-Being Progress Report to Child Welfare Services shall only occur when connected to a direct client service.

**NOTES:**

- This form is initiated and faxed by the BHS provider to CWS.
- Page 1 of form is administrative and not included in court reports (excluding Client Plan).
- CWS PSW may utilize Page 2 of this document with diagnostic information from BHS provider in court reports including Client Plan.



# FredFinch

Youth & Family Services

## Wrap Connections

- Referral Criteria and Process
- History of Wraparound
- Guiding principles of Wraparound
- Different roles on a wrap team
- The Phases of Wraparound

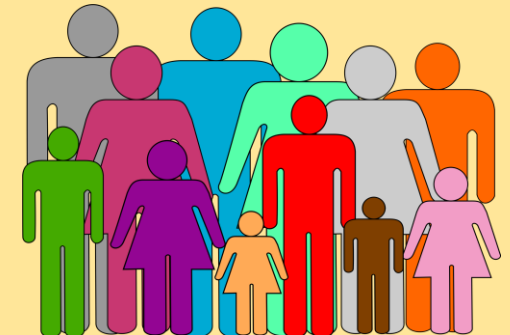
# Referral Criteria

- Full Scope Medi-Cal
- Ages 6-21 (over 18 with a caregiver)
- Mental health or behavioral difficulties
- ESU or 5150 hospitalizations
- At risk of going to a higher level of placement/treatment



**NOTE:** Youth with an **open** CWS or Probation case would be referred to the SDCC WrapWorks program and youth open to SDRC would go to the FF Specialized Wrap program.

- ✎ Intensive Services: meet 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- home or community based
- ✎ The Wraparound team will help the family build a network 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
- ✎ Wrap is a future planning process; is not therapy.



Fax: 619-797-1091  
or  
[wrapconnections@fredfinch.org](mailto:wrapconnections@fredfinch.org)

**FredFinch**  
Youth & Family Services

### Wrap Connections Referral Form

|                                     |  |
|-------------------------------------|--|
| <b>Referring Party Information:</b> |  |
| Agency (if applicable):             |  |
| Name:                               |  |
| Email:                              |  |
| Phone Number:                       |  |
| Fax Number:                         |  |

|  |   |
|--|---|
| <b>Referral Criteria (check all that apply):</b> |   |
| <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?

|                           |                      |
|---------------------------|----------------------|
| <b>Youth Information:</b> |                      |
| Youth Name:               | Date of Referral:    |
| DOB:                      | Age:                 |
| Race/Ethnicity:           | Language Preference: |
| Gender:                   |                      |

|                               |                      |
|-------------------------------|----------------------|
| <b>Caregiver Information:</b> |                      |
| Name:                         | Relationship:        |
| Phone Number:                 | Email:               |
| Address:                      | Language Preference: |

|   |   |
|---|---|
| Release of Information attached: <input type="checkbox"/> | Verbal Consent Received: <input type="checkbox"/> |
|---|---|

Please send completed referral to [wrapconnections@fredfinch.org](mailto: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:

**FF ADMIN USE ONLY**  
Medi-Cal Check ☐

- 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 a 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





- 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





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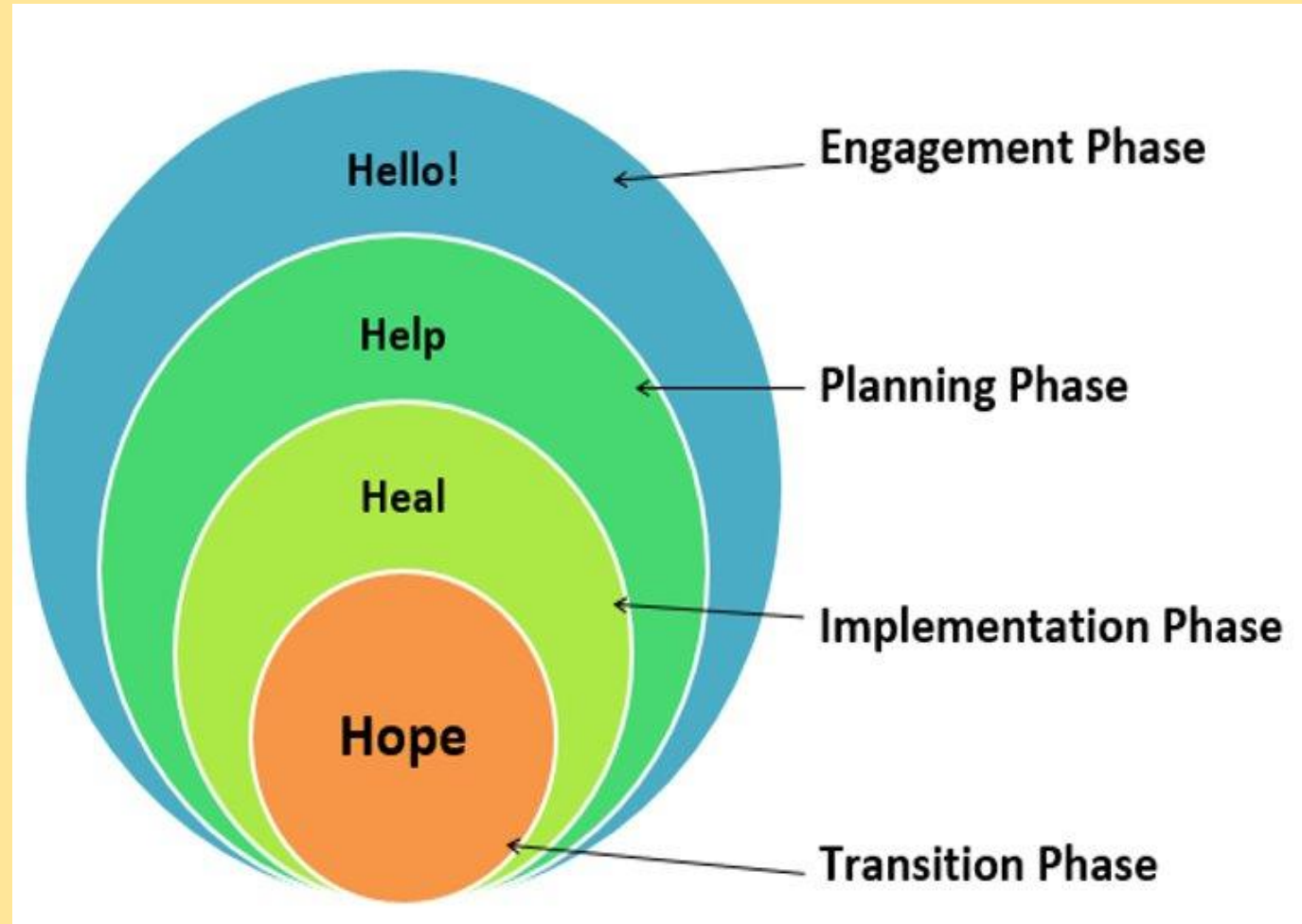
- Referring Party
- Professional Supports
  - Teachers, CASA's, social workers, etc
- Natural Supports
  - Unpaid people who have a genuine interest in the well-being and safety of the youth
    - Next door neighbor
    - Extended family
    - Parent's friends/sponsors
    - Soccer coach
    - Pastor

Phase One: Engagement

Phase Two: Planning

Phase Three: Implementation

Phase Four: Transition



- Family Orientation
- Hearing 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) 734-7340  
~~Hotline~~ Lifeline (SADAL) 213-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) 602-6200  
 24/7 Info Line  
 Emergency On-Call Wraparound Number (SADAL) 792-0167

Date Entered: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Entered: \_\_\_\_\_

## Team Meetings to establish the following

- 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 – looking at “Who is going to do what and by when?”. *(Relates back to unmet need and Wrap Plan)*
- Review and incorporate strengths & informal supports.





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

## Thank you!

[lauramcclarin@fredfinch.org](mailto:lauramcclarin@fredfinch.org)

[wrapconnections@fredfinch.org](mailto:wrapconnections@fredfinch.org)

[www.fredfinch.org/wrap-connections](http://www.fredfinch.org/wrap-connections)

619-797-1090 (main line)

# Center for Child and Youth Psychiatry (CCYP)





# Eligibility Requirements:

- VH-CCYP serves Medi-Cal beneficiaries, low income, or uninsured youth up to age 21 throughout San Diego County. In addition, youth are eligible for VH-CCYP if they are referred through one of the following channels that will be described

# Serving those who need:

- Post Treatment Medication Management
- System of Care Psychiatric Coverage/Support
- Short Term Residential Treatment Program (STRTP) youth

- Specialized medication support
  - Specific Injectable medications
  - Medication Assisted Treatment (MAT)

As well as:

- Juvenile Court Clinic/Youth Transition Support
- JV220 Reviews and Second Opinions

Vista Hill CCYP is made up of a team of caring professionals that are eager to serve the community

### Our Team:

- Board Certified Child and Adolescent Psychiatrists
- Assessment Coordinators
- Case Managers
- Registered Nurse
- Program Manager

## Services Include:

The VH-CCYP program offers an array of behavioral health services including Behavioral Health Assessment (clinician assessment) inclusive of outcome measures, Psychiatric Evaluation (physician assessment), medication management, case management, collateral services, care coordination, and short term individual and family therapy to address clinically urgent issues and to aid in transition and stabilization.

## Duration:

- Services at VH-CCYP are generally provided for up to 12 months and we work with you and your primary care provider as well as community providers to develop a transition plan

## Location of services:

\*Both in-person and remote services available

Contact us if you have a question regarding our services or eligibility or if you need more information on how to access behavioral health resources.  
*(website in development)*

Office Phone: (858) 571-1964

Office Fax: (858) 571-1967

Program Manager Maria E. Sanchez : 619-510-2066



## Program Location:

Main Office

8910 Clairemont Mesa Blvd, San Diego, CA 92123

First Floor



### Program Referral Form

*Thank you for your interest in receiving services through the Vista Hill Center for Child and Youth Psychiatry. Please take a moment to let us know a little about the services that are needed and an Assessment Clinician will call you to gather any additional information needed to begin treatment with us. We look forward to working with you.*

#### REFERRAL SOURCE

Referring Agency: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Day and time available for referral consultation: \_\_\_\_\_

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

#### REFERRAL TYPE AND REQUESTED SERVICE

☐ Post-Treatment Medication Management

☐ System of Care Psychiatry Service Support

☐ Long Lasting Injectables

☐ Cajon Valley School District Partnership

☐ Juvenile Court / Youth Transition Support

☐ JV220 Second Opinion

☐ Medication Assisted Treatment

☐ Short Term Residential Treatment

#### CLIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex assigned at birth: ☐ Male ☐ Female ☐ Other

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Language: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

With whom does the client reside: \_\_\_\_\_

#### PARENT / CARGIVER INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: ☐ Same as client or \_\_\_\_\_

☐ Able to provide Legal Consent. Preferred Language: \_\_\_\_\_ eMail: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: ☐ Same as client or \_\_\_\_\_

☐ Able to provide Legal Consent Preferred Language: \_\_\_\_\_ eMail: \_\_\_\_\_

#### CLIENT INSURANCE

MediCal # \_\_\_\_\_ Other Health Insurance \_\_\_\_\_ Uninsured \_\_\_\_\_

#### MEDICAL HOME

Primary Care Provider: \_\_\_\_\_ PCP Clinic \_\_\_\_\_ Phone: \_\_\_\_\_

Relevant medical issues \_\_\_\_\_

#### ADDITIONAL SYSTEM OF CARE PARTNERS

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

## Behavioral Health Services (BHS) – Contractor Information Notice

|              |   |
|--------------|---|
| <b>To:</b>   | <b>BHS Contracted Service Providers and Fee for Services (FFS) Network</b>      |
| <b>From:</b> | <b>Behavioral Health Services</b>   |
| <b>Date:</b> | <b>March 3, 2023</b>  |
| <b>Title</b> | <b>Child and Adolescent Needs and Strengths (CANS) Coupon Procedure Changes</b> |

As outlined in a recent Behavioral Health Services (BHS) Contractor Information Notice (attached), effective April 1, 2023, Responsive Integrated Health Solutions (RIHS) will no longer be providing behavioral health training services to providers on behalf of BHS. We appreciate RIHS' service to our behavioral health community.

The distribution of CANS coupons for the Praed Foundation training and certification exam which was previously managed by RIHS will now be administered internally by the BHS Workforce Team, until further notice. **Children, Youth and TAY providers needing to obtain their certification or annual recertification can navigate to a webform on the BHS website and complete a request for a CANS coupon**, at

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf\\_outcomes.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/workforce/cyf_outcomes.html) Once a request is received, a coupon code and CANS assessment user guide will be emailed to the requestor within 24 hours. Additional information on the CANS, including manuals, explanation sheets, and forms is also available on the site.

Thank you for your patience as we navigate this transition in the delivery of training and support to our system of care providers. If you have questions, please reach out to your COR or the BHS workforce team at [BHSworkforce.hhsa@sdcounty.ca.gov](mailto:BHSworkforce.hhsa@sdcounty.ca.gov).

Attachment: Change in Workforce Trainings Memo 1-25-23

### For More Information:

- Contact [BHSworkforce.HHSA@sdcounty.ca.gov](mailto:BHSworkforce.HHSA@sdcounty.ca.gov)



# Medi-Cal Peer Support Specialist Certification Training—ONLINE

## CRESTWOOD BEHAVIORAL HEALTH, INC.



### PEER PERSONNEL TRAINING AND PLACEMENT PROGRAM.... AN OPPORTUNITY FOR PEER SUPPORT TRAINING AND MORE!!

#### Exciting Learning Opportunity!!

Crestwood Behavioral Health, Inc. is offering training, placement, and ongoing support for “peer personnel” (those individuals with a lived recovery experience with mental illness and/or addiction, family members, and/or parents/caregivers). If you meet this definition of “peer personnel” you are eligible and invited to participate in this innovative and dynamic program. This opportunity will enhance your knowledge and skills in recovery and resilience practices from a peer support perspective.

| Peer Support Learning for the 21 <sup>st</sup> Century |
|--|
| 1. Person Centered Perspective – Strengths Focused.    |
| 2. Recovery Principles and Practices.                  |
| 3. Resilience  |
| 4. Sacred Discipline of Peer Support.                  |
| 5. Working on Wellness.                                |
| 6. Recovery Documentation.                             |
| 7. Sharing the Recovery and Resilience Story.          |
| 8. Cultural Competency.                                |
| 9. Communicating to Build Relationships.               |
| 10. Professional Ethics.                               |
| 11. Peer Support for Whole Health Needs.               |
| 12. Redefining Labels and Diagnostic Criteria.         |
| 13. Overcoming Trauma by Character Building.           |
| 14. Moving Beyond Addictions.                          |
| 15. The Resilience Conversation.                       |
| 16. Joining a Professional Integrated Team,            |

The next rotation of online Peer Support Specialist Training is scheduled for: Monday, January 23 through Monday, February 13, Monday through Friday, 9:00am to 12:00pm and 1:00pm to 4:00pm.

**Crestwood Behavioral Health, Inc is an approved Training Vendor through CalMHSA.**

This program is funded by the California Department of Health Care Access and Information

FOR MORE INFORMATION, CONTACT US AT

<http://recoveryresiliencesolutions.com>

**Complete the State of California Peer Support Specialist Certification Training requirement.**

**Join us as a learning partner by participating in our fun, highly interactive, participant-centered learning community**

**Have fun practicing Peer Support skills in a safe, comfortable, and supportive environment**

**Receive 6 months of ongoing, post training support.**

Visit our website at <http://recoveryresiliencesolutions.com> to register for an upcoming Orientation before the training.

Questions? Contact Jim by phone at 209-313-4511  
[james.ritchie@cbhi.net](mailto:james.ritchie@cbhi.net)



## Scholarships

1,500 available. Ask Peer Workers to complete application on certification website.



## Grandparenting Certification

Extended through June 30, 2023 .  
Peer must be employed on Jan 1, 2022 and at time of application, and must meet all other requirements



## Supervisor Training

No Cost to All!  
Anticipated release in late February. Link for registration to learning management system to follow.

CalMHSA

# Peer Certification

WWW.CAPEERCERTIFICATION.ORG



## Certified Workforce

320 individuals certified  
870 individuals approved to schedule exam  
1,106 individuals taking training course for initial certification  
519 applications needing revision by applicant



## Certification Registry

Publicly available registry open  
(see website)



## Training Providers

21 training providers for Medi-Cal Peer Support Specialist training  
Applications to add new training providers to open late Feb 2023



## Fee Schedule Published

Any individual may apply for certification and pay associated fee  
Training provider application fee to be posted (\$300 for 2 year approval)



## DHCS

CalMHSA continues to receive TA from DHCS  
Program updates made based on BHINs



## Complaints

CalMHSA shall investigate complaint made against certified professional for Code of Ethics violations  
CalMHSA shall take actions based on investigation



## Areas of Specialization

CalMHSA continues with the development of core competencies for areas of specialization (Crisis, Unhoused, and Forensic)



## Certification Program Manual

CalMHSA Medi-Cal Peer Support Specialist - Guidelines, Standards, and Procedures Manual

(link: Guidelines, Standards & Procedure Manual - CA Peer Certification). Please note, the manual is currently being updated to clean up language and program updates.

CalMHSA

# Peer Certification

WWW.CAPEERCERTIFICATION.ORG



# Medi-Cal Peer Support Specialist Certification (PSSC) Training

80 hour online state training offered through NAMI San Diego and Imperial Counties, meeting the training requirements for peer certification in California.

Approved by CalMHSA and in partnership with



NAMI California



Sessions begin

February 6, 2023; 12:30 pm

## DETAILS

**Cost:** FREE

**Location:** Online (through Zoom)

**Dates:** Mondays-Fridays, February 6-23, 2023 (No Class February 20)

**Time:** 12:30-4:30 pm\* (live attendance for the 52 hours of sessions required; breaks provided)

\*Participants are required to factor in an additional 28 hours outside of sessions for homework and training support

- Training approved by CalMHSA meeting the training requirement for peer certification in California
- 13 days of sessions
- Office Hours to supplement training content and support
- Follow-up support, career counseling, & career placement assistance
- Certificate of Completion awarded after completing 80 hour training

## ELIGIBILITY

You must meet the following qualifications:

- Intend to become state certified as a Peer Support Specialist (PSS), including sitting for the state certification exam
- Interested in seeking/maintaining placement as a PSS or related role
- Live with a mental health and/or substance use condition; or as the parent, caregiver, or family member - support a loved one living with either of these conditions
- Be at least 18 years of age
- Reside in San Diego or Imperial County
- Possess a high school diploma/equivalent (or higher) degree
- Have access and ability to utilize computer, laptop, and internet connection with which you can see, hear, and speak
- Willingness to commit to staying in communication with trainers for 6 months of follow-up support

## TO EXPRESS INTEREST

Go to: <https://forms.office.com/r/3V6qPGsrcP>

Questions? Email [ingridalvarezron@namisd.org](mailto:ingridalvarezron@namisd.org)



**Behavioral Health Services (BHS) – Information Notice**

|              |  |
|--------------|--|
| <b>To:</b>   | <b>BHS Contracted Service Providers</b>  |
| <b>From:</b> | <b>Behavioral Health Services</b>  |
| <b>Date:</b> | <b>February 8, 2023</b>  |
| <b>Title</b> | <b>Behavioral Health Services (BHS) and Probation Care Coordination Directive for Clients in Custody</b> |

**Directive replaces the BHS Notice 2022-11-16****BHS Providers and Probation Care Coordination Directive for Clients in Custody**

San Diego County Behavioral Health Services (BHS) providers and the Department of Probation (Probation) are to adhere to the following guidelines and mutual collaboration expectations to coordinate client care. These guidelines were created to facilitate collaboration which will provide the best opportunity for a positive client experience.

**BHS Substance Use and Mental Health Service Providers****1. Assessment**

- a. For clients being referred to substance use treatment who are in custody, Probation may facilitate screenings via telehealth while client is in custody. Programs shall ensure timely coordination with referral source.
  - i. Although currently not billable to Drug Medi-Cal, providers are able to bill County BHS for these services while waiting for Department of Health Care Services (DHCS) updates to this policy.
- b. For clients being referred to mental health services who are in custody, programs shall ensure timely coordination with referral source.
- c. Provide an appointment for intake prior to client being released from custody to facilitate a warm hand-off.
- d. Collaborate with Probation/Custody staff to ensure medication management support as needed between jail exit and program intake.
- e. Working with justice-involved clients necessitates close collaboration with Probation staff to provide services that are clinically appropriate and that also align with correctional and supervision case planning and/or release conditions. When skillfully applied, the American Society of Addiction Medicine (ASAM) criteria, Behavioral Health Assessment, and level of care assessments ensure access to the full continuum of care (both substance use and mental health treatment) in a clinically appropriate manner for the justice-involved population. All providers shall utilize the appropriate level of care determination for each referral.
- f. Assessment information provided by Probation clinical staff (Alcohol and Drug Program Specialists or Optum Behavioral Health Service Team (BHST)) will be incorporated in the assessment conducted by BHS service providers and in planning client care.
- g. Incorporate Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) criminogenic risk and needs assessment into treatment planning, as available.

**2. Coordination**

- a. BHS providers are expected to coordinate referrals and screenings with the Probation Officer (PO), Alcohol and

**For More Information:**

- Contact your Contracting Officer's Representative (COR) or
- Stacey Kneeshaw, Assistant Medical Services Administrator, [Stacey.kneeshaw@sdcounty.ca.gov](mailto:Stacey.kneeshaw@sdcounty.ca.gov)



**Behavioral Health Services (BHS) – Information Notice**

|              |  |
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| <b>To:</b>   | <b>BHS Contracted Service Providers</b>  |
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Drug Program Specialists (ADPS), and BHST, as assigned.

- b. Providers will facilitate completion of a Release of Information (ROI) for Probation upon intake/admission.
  - i. Consent requirements: clients can consent to the disclosure of their health records to an entity without naming a specific person as the recipient of the disclosure. For example, programs can accept an ROI that lists “San Diego County Probation Department” without the specific name of the Probation Officer.
- c. Collaborate with Probation staff to incorporate correction and supervision case planning to include the COMPAS and/or release conditions into treatment and transition planning (particularly involving the prescription of certain Medication Assisted Treatment (MAT) resources.
- d. As consented to by the client, invite Probation to participate in the treatment planning and treatment team meetings.

**3. Communication with Probation**

- a. Provider staff will contact the PO within 24-hours whenever significant client changes occur, such as program enrollment/discharge; violent behavior; law enforcement contact; positive urinalysis results; change in program location; change in level of care; as well as critical incidents, such as death or hospitalization of a client.
- b. Providers shall work closely with and be available to meet monthly or as agreed upon with case-carrying POs and/or ADPS/BHST to discuss client progress in treatment. Communication with Probation will be documented in client’s treatment record.
- c. Providers shall provide pertinent treatment information received from Recovery Residences, Independent Living Homes, or Board and Care facilities to the assigned case-carrying PO to include providing information about noteworthy incidents, including change of housing location, within 24-hours of receiving the information.
- d. Providers shall be available to meet at least quarterly with Probation representatives to discuss systemic improvements and collaboration.
- e. Providers staff shall return emails and phone calls from PO or ADPS/BHST staff within two (2) business days.

**4. Access**

- a. Program policies, procedures, and practices must allow for clients to have timely access to Court/Probation meetings. Providers will assist the client in scheduling and accessing appointments in the community.
- b. Providers will identify a private, welcoming, and accessible space within the program for the client to meet with Probation staff as needed.

**For More Information:**

- Contact your Contracting Officer’s Representative (COR) or
- Stacey Kneeshaw, Assistant Medical Services Administrator, [Stacey.kneeshaw@sdcounty.ca.gov](mailto:Stacey.kneeshaw@sdcounty.ca.gov)

**Behavioral Health Services (BHS) – Information Notice**

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- c. Providers are to explore the availability of teleconferencing options to allow for remote meeting scheduling and attendance.
- d. Programs/Providers will coordinate with clients and POs in identifying and reducing barriers to ensure access to and/or compliance with both needed treatment services and Court/Probation requirements.
- e. Client correspondence addressed to, or from, the County of San Diego, public officials, attorneys, and clergy shall be unrestricted and shall be forwarded promptly without being opened or read by provider staff.

**POs and/or ADPS/BHST Will:**

1. Ensure an ROI is in place as required.
2. Communicate with provider and/or respond to provider calls/emails within two (2) business days.
3. Incorporate trauma informed care into planned “Care Coordination” training.
4. Attend treatment team meetings as agreed upon with designated clinician, substance use counselor, and/or treatment team.
5. Provide COMPAS bar chart and COMPAS case plan to treatment providers as requested.
6. Provide completed ASAM Level of Care assessment as requested.
7. Notify providers within 24-hours on any significant client change (when a probationer goes to jail, is at warrant status, is missing, has completed probation, etc.).
8. Visit the program as needed; a space will be provided to meet with the client.
9. Limited transportation will be provided by Probation.
10. Probation staff are encouraged to attend graduations and celebrations at programs.

**References:**

- SUDPOH: Clients Involved in Justice System; Justice Involved SU Services; Care Coordination
- OPOH: Coordination of Care; Mental Health Services for Parolees

**For More Information:**

- Contact your Contracting Officer’s Representative (COR) or
- Stacey Kneeshaw, Assistant Medical Services Administrator, [Stacey.kneeshaw@sdcounty.ca.gov](mailto:Stacey.kneeshaw@sdcounty.ca.gov)

# Download Your LMS Information Today: Responsive Integrated Health Solutions (RIHS) Program is Closing on March 31, 2023

Dear Training Participant,

You are receiving this email as a reminder that the RIHS program will be ending on March 31, 2023. Our Cultural Competency Academy (CCA) contract ends on June 30, 2023. We encourage you to log into your account in our Learning Management System ([LMS](#)) and download your training transcripts or continuing education certificates before that time. [Click here for instructions on how to save a copy of your RIHS training transcript.](#)

Ongoing training and development are critical to support a skilled and engaged workforce. The County of San Diego Behavioral Health Services (BHS) is gathering information to support providers in meeting short-term needs for required trainings as the department develops a comprehensive training strategy to meet future needs. If you have training questions or needs, please reach out to your COR or the BHS workforce team at [BHSworkforce.hhsa@sdcounty.ca.gov](mailto:BHSworkforce.hhsa@sdcounty.ca.gov)

Children, Youth and TAY providers needing to obtain their CANS certification or annual recertification can navigate to a webform on the BHS website and complete a request for a CANS coupon [HERE](#).

Click [here to access our FAQ page](#).

It has been an honor serving you these past 15 years.

Sincerely,  
RIHS Staff

Responsive Integrated Health Solutions (RIHS) Help Desk

[rihs@sdsu.edu](mailto:rihs@sdsu.edu) 619.594.0923



To find valuable COVID-19 resources that can offer support to our Health & Human Services community, visit: [theacademy.sdsu.edu/covid-19-resources](http://theacademy.sdsu.edu/covid-19-resources)

# Human Trafficking Overview Webinar (RIHS-E0141)



This one hour webinar provides an overview of Human Trafficking (HT) and Commercial Sexual Exploitation of Children (CSEC) and the prevalence of these crimes in San Diego County. The training will discuss risk factors, warning signs, reporting responsibilities, and provide examples of engagement strategies when serving individuals who are survivors of HT/CSEC.

**Please see Page 3 for Outline.**

## Learning Objectives

- Define Human Trafficking (HT) and CSEC.
- Identify at least three warning signs of Human Trafficking and CSEC.
- Apply an engagement strategy found to be effective in serving survivors of HT and CSEC.

## Registration Information

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](mailto:RIHS@sdsu.edu) if you have any questions.

This training is FREE of charge to BHS County employees and contractors.



## VIRTUAL EVENT

**Date: March 14, 2023**

**Time: 10:00 – 11:00 a.m.**

This course will be conducted remotely through **Zoom**. A link will be sent to participants a week before training.



## REGISTRATION

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



## AUDIENCE

All BHS counselors, case managers, therapists, supervisors, and other direct services providers.



## THE TRAINERS

Lillian Agbeyegbe, DrPH, CHES, CPH

Thank you for your continued understanding about our need to put the safety of our staff, facilitators, and customers first.

Please review the COVID protocol for in-person trainings.  
<https://theacademy.sdsu.edu/a-message-to-our-stakeholders-and-friends/>

**COVID Message and  
In-person Training Protocol**

## ADA

Please submit all requests for accommodations two weeks prior to the start of the training. The Academy for Professional Excellence is committed to creating an inclusive and welcoming environment that appreciates and builds on diversity. In accordance with the Americans with Disabilities Act (ADA) of 1990, and California Administrative Code Title 24, The Academy for Professional Excellence prohibits discrimination on the basis of a disability in employment, public services, transportation, public accommodations, and telecommunication services.

## Continuing Education

This course meets the qualifications for **1** hour of continuing education credit for LMFTs, LCSWs, LPPCs and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP10014; CCAPP-EI, Provider # 1S-98-398-0822, and CAADE Provider # CP40 906 CH 0323 for **1** contact hour/CEH. The Academy for Professional Excellence maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to [obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).

*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](https://theacademy.sdsu.edu).



# Human Trafficking Overview Webinar

Course Code: RIHS-E0141

Lillian Agbeyegbe, DrPH, CHES, CPH

## Educational Goal:

*To gain a deeper understanding of Human Trafficking (HT) and Commercial Sexual Exploitation of Children (CSEC) and the prevalence of these crimes in San Diego County, risk factors, warning signs, and reporting responsibilities.*

| Time             | Activity   |
|------------------|--|
| 11:00 – 11:05 am | Welcome, Introduction, Objectives  |
| 11:05 – 11:15 am | Defining Human Trafficking (HT) and Commercial Sexual Exploitation of Children (CSEC). |
| 11:15 – 11:25 am | Prevalence of these crimes in San Diego County   |
| 11:25 – 11:40 am | Risk factors, warning signs  |
| 11:40 – 12:00 pm | Engagement strategies when serving individuals who are survivors of HT/CSEC.           |

**\*Please note: In order to receive completion and credit/CEs, you must have your video camera on for the duration of training.**



# Therapeutic Behavioral Services

For Children, Youth,  
and Young Adults with  
Full Scope Medi-Cal

2/14/2023

**TBS** provides intensive, in-home, behavioral coaching services for youth up to age 21. TBS uses a strength-based, individualized approach to help youth and their families achieve goals, reduce risk, and thrive. TBS strives to help stabilize youth to prevent psychiatric hospitalization and/or needing a higher level of care. TBS can also help a youth maintain their placement in a lower level of care.

## What We Do

- Short-term intensive behavioral coaching
- Collaboration with youth, families, and treatment team
- Strength-based, trauma-informed treatment
- Assist youth and families to utilize safe ways to cope with stressors
- Help caregivers understand and manage child's needs and behaviors
- Daytime, evening, and weekend hours available
- Services offered in home, community, and residential care settings
- In addition to Coaching, Parent Partner services also available

## How We Help

- Improved behaviors and attitudes
- Increased safety and prevent mental health crisis
- Increase use of coping skills to handle life's challenges
- Empowerment of youth and family
- Better social skills
- Stronger family connections and communication


## Who We Help

### Eligibility Requirements

- Children, youth and young adults up to age 21
- Full-scope Medi-Cal insurance required
- Youth must be receiving mental health treatment from a Medi-Cal provider
- Child is at-risk of psychiatric hospitalization or higher level of care, or is transitioning to lower level of care

## Get Started

For questions about TBS services please contact our Referral Specialist

 858-256-2180

 [tbsinfo@newalternatives.org](mailto:tbsinfo@newalternatives.org)

AUTHORIZATION REQUEST & REFERRAL FORM  
<https://www.optumsandiego.com/>

FAX TO OPTUM  
866-220-4495

TBS is a contracted program through the County of San Diego  
<https://www.sandiegocounty.gov/hhsa/programs/bhs>

New Alternatives, Inc.  
Therapeutic Behavioral Services  
8755 Aero Drive, Suite 230  
San Diego, CA 92123

Phone: 858-256-2180  
Fax: 858-256-2186

San Diego  
Access & Crisis Line  
888-724-7240







# Therapeutic Behavioral Services

Servicios de comportamiento terapéutico para niños, adolescentes y jóvenes con cobertura completa de Medi-Cal

2/14/2023

**TBS** ofrece servicios intensivos en el hogar con un entrenador de comportamiento para jóvenes hasta los 21 años. TBS utiliza un enfoque basado en las fortalezas individuales para ayudar a los jóvenes y sus familias a alcanzar metas, reducir riesgos y prosperar. TBS se esfuerza por ayudar a estabilizar a los jóvenes para evitar la hospitalización psiquiátrica y / o la necesidad de un nivel más alto de cuidado. TBS también puede ayudar a un joven a mantener su estancia en un nivel más bajo de cuidado.

## Qué hacemos

- Entrenamiento conductual intensivo a corto plazo
- Colaboración con jóvenes, familias y equipo de tratamiento
- Tratamiento basado en la fortaleza y cuidado informado de trauma
- Ayudar a los jóvenes y las familias a utilizar formas seguras para hacer frente a los factores estresantes
- Ayudar a los cuidadores a entender y manejar las necesidades y comportamientos del niño
- Horario disponible durante el día, tarde, noche y de fin de semana
- Servicios ofrecidos en el hogar, la comunidad y los entornos de cuidado residencial
- Los servicios de entrenador de padres también están disponibles

## Como ayudamos

- Mejora de comportamientos y actitudes
- Mayor seguridad y prevención de crisis de salud mental
- Aumento del uso de habilidades de afrontamiento para manejar los desafíos de la vida
- Empoderamiento de la juventud y la familia
- Mejores habilidades sociales
- Conexiones y comunicación de la familia más fuerte


## A quienes ayudamos

### Requisitos de elegibilidad

- Niños, adolescentes y jóvenes hasta los 21 años
- Se requiere un seguro de cobertura completa de Medi-Cal
- Los jóvenes deben estar recibiendo tratamiento de salud mental de un proveedor de Medi-Cal
- El niño corre el riesgo de hospitalización psiquiátrica y / o la necesidad de un nivel más alto de cuidado

## Para empezar

Si tiene preguntas sobre los servicios de TBS, póngase en contacto con nuestro especialista de referencias

 **858-256-2180**

 **tbsinfo@newalternatives.org**

AUTHORIZATION REQUEST & REFERRAL FORM

<https://www.optumsandiego.com/>

FAX TO OPTUM

**866-220-4495**

TBS es un programa contratado por medio del Condado de San Diego

<https://www.sandiegocounty.gov/hhsa/programs/bhs>

New Alternatives, Inc.  
Therapeutic Behavioral Services  
8755 Aero Drive, Suite 230  
San Diego, CA 92123

Principal: 858-256-2180  
Fax: 858-256-2186

Línea de  
acceso y crisis de San Diego  
888-724-7240

