PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

September 14, 2023 | Zoom

9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Eileen Quinn-O'Malley	
2. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR) *(MH)* (handout) – Shaun Goff	The Pathways to Well-Being and Continuum of Care Reform (San Diego) eLearning can now be found on the Pathways webpage, in the Trainings section. To access the training, log into SDSU Research Foundation APEX LMS, search keyword "Pathways" and select Pathways to Well-Being and Continuum of Care Reform (San Diego) eLearning Pathways (sandiegocounty.gov)
3. QA Updates *(SOC)* - Elaine Mills, Diana Daitch ○ BHIN 23-018 Updated Telehealth Guidance for Specialty Mental Health Services and Substance Use Disorder Treatment Services in Medi-Cal (handout) – Emily Duval	Updates for providers and handout on BHIN 23-018. For more information refer to handout or go to DHS Website: DHS Telehealth Resources Website If further questions, contact: QIMatters.HHSA@sdcounty.ca.gov
4. IHBS Authorization Web Based Electronic Form Submission *(MH)* (handout) – Gwen Jajou	As an alternative to faxing requests to (866) 220-4495, Optum is now also accepting IHBS Prior Authorization Requests by web based electronic form submission. Gwen Jajou demonstrated how to complete form online. Access the IHBS Prior Authorization Request web based electronic form here: IHBS Prior Authorization Request-Web Based
5. TB Presentation (PH) (handout) – Marti Brentnall	Educational presentation from County Public Health about Tuberculosis (TB) including statistics, risks, and TB cases in San Diego County. TB Education and Outreach Services are available for your agency staff and/or clients. Contact: Marti Brentnall 619-845-9438 Marti.Brentnall@sdcounty.ca.gov *or* Alejandra Pena Velazquez 619-692-5565 AlejandraPena.Velazquez@sdcounty.ca.gov *Website:* Tuberculosis Control and Refugee Health Program (sandiegocounty.gov)

6. S2C Presentation *(SOC)* (handout) – Shea Prophet	Educational presentation about Screening to Care Program by Shea Prophet, Program Director, Screening to Care. **SBCS|Strengthening Communities**.
	o American Rescue Plan Act (ARPA) of 2021 signed into federal law on March 11, 2021, establishing a relief package for states, counties, cities and towns across the nation.
	o San Diego was allocated funds for a wide range of priorities organized in the county's ARPA Framework.
	o Youth Behavioral Health represents one of the County's adopted priorities, which includes financial support for universal screening and school-based interventions for children and youth throughout the county.
	o Screening to Care-South , currently provides support services to all schools within the San Ysidro School District.
	o SBCS will assist the San Ysidro SD to screen all students in 2nd-8th grade to determine social-emotional need and provide prevention and early intervention supports utilizing the Multi-Tiered System of Supports (MTSS) Framework
	For more information, please refer to handout or contact: Shea Prophet, LMFT sprophet@csbcs.org *Website*: Serving San Diego County Children, Youth & Families - SBCS (sbcssandiego.org)
7. CANS Update (SOC) (handout) – Eileen Quinn-O'Malley	Outlined CANS Explanation Revision 9.11.23
	o MHRS authorized to complete effective 9.15.23.
	o Clinical Staff administering the SD-CANS must be trained and certified.
	o Certified clinical staff will complete SD-CANS measure for clients 6-20 years of age receiving services from a mental health provider. Youth who are within 6 months of turning 21 at intake are excluded from CANS assessment requirements.
	o CANS is not billable as a stand-alone
	o Clinicians and MHRS staff must receive annual certification to administer the tool by completing and on-line training course and passing a post test. Training can be accessed here: CANS Coupon Request Form (smartsheet.com)
	For questions about data entry contact Health Services Research Center mhoms@ucsd.edu or 858-622-1771 ext. 7002

8. SchoolLink (SOC) – Wendy Maramba	It is time to begin scheduling Annual School-Based Meetings. Reminder to check with your Rep and start scheduling
9. CYF Website Review (SOC) – Amanda Lance-Sexton	A new section has been added to the CYF Services Directory with links to resources and providers of Early Childhood services in San Diego County! Early Childhood Resources Webpage: Early Childhood Resources (sandiegocounty.gov)
10. Announcements - Reorganization and announcing new PM meeting invite 14th Annual Early Childhood Mental Health Conference – We Can't Wait! September 28-30, 2023 *(handout)* - Prioritization of high acuity youth upon recommendation by the County – Dr. Vleugels. - Graduate Student Billing: https://www.dhcs.ca.gov/Documents/CalAIM-Payment-Reform-Frequently-Asked-Questions.pdf *(handout)* - Payment Reform - Cerner Millenium Town Halls - CAPS Academy / Peer Support Specialist Certification *(handouts)* - Grief Sensitivity Virtual Learning Institute: Nov 1-2, 2023 General Mental Health and School Mental Health Workforce Sessions. *(handout)* - BBS-NEW Licensee Requirement- Telehealth 3 hours – Required for all licensees who renew after 7.1.23	- Yvonne Gage has retired. Future invites to be sent out by Rhonda Crowder Rhonda.Crowder@sdcounty.ca.gov - Dr. Vleugels will often reach out to providers for requests, these requests require high priority response - Licensed clinician will need to sign off on notes. Practicum student doing therapy needs to be under licensed supervision - Memo was sent on 9.1.23 regarding how county will roll out in 6 phases. There will be a change in how your program will be reimbursed. For questions, contact your COR - Town Halls Monthly – replacing Cerner updates. Training will be available in December. Will roll out 4.4.24. Info to come from Christian Soriano - Great information in handouts, if barriers to get certified in 90 days, contact your COR - Register: 2023 MHTTC Grief Sensitivity Virtual Learning Institute	Mental Health Technology Transfer Center (MHTTC) Network (mhttcnetwork.org) - Requirement chart: https://bbs.ca.gov/pdf/forms/cechart.pdf
11. Breakout Rooms – Networking with Colleagues	
Next Meeting: November 9, 2023	9:30 a.m. – 11:30 a.m.	

Pathways to Well-Being and Continuum of Care Reform

Accessing the Pathways to Well-Being and Continuum of Care Reform (San Diego) eLEarning

The **Pathways to Well-Being and Continuum of Care Reform (San Diego) eLearning** can now be found on the Pathways webpage, in the **Trainings** section. To access the training, log into the SDSU Research Foundation APEX LMS or create an account. After signing in to the SDSU Research Foundation APEX LMS, search keyword "Pathways" and select **Pathways to Well-Being and Continuum of Care Reform (San Diego) eLearning**

Pathways (sandiegocounty.gov)

DATE: April 25, 2023

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

SUBJECT: Updated Telehealth Guidance for Specialty Mental Health Services and
               Substance Use Disorder Treatment Services in Medi-Cal

PURPOSE: Provide updated guidance on the Medi-Cal behavioral health delivery
               systems telehealth policy

REFERENCE: DHCS Telehealth Webpage

BACKGROUND:
Telehealth is not a distinct service, but an allowable mechanism to provide clinical
services. The Department of Health Care Services' (DHCS') coverage and
reimbursement policies for services provided via telehealth modalities align with the
California Telehealth Advancement Act of 2011 and federal regulations. State law
defines telehealth as "the mode of delivering health care services and public health via
information and communication technologies to facilitate the diagnosis, consultation,
treatment, education, care management, and self-management of a patient's health
care. Telehealth facilitates patient self-management and caregiver support for patients
and includes synchronous interactions and asynchronous store and forward transfers."
(Bus. & Prof. Code, § 2290.5, subd. (a)(6).)

California Department of Health Care Services
Deputy Director's Office, Behavioral Health
P.O. Box 997413 | Sacramento, CA | 95899-7413
MS Code 2710 | Phone (916) 440-7800 |
www.dhcs.ca.gov

State of California
Gavin Newsom, Governor

California Health and Human Services Agency

For purposes of this Behavioral Health Information Notice (BHIN), the term telehealth is used to describe both synchronous audio-only and synchronous video interactions but does not include asynchronous store and forward communications or remote patient monitoring. The standard of care is the same whether a beneficiary is seen in-person, or via telehealth, and the use of telehealth must be clinically appropriate and safe for the beneficiary.

DHCS recently issued a Telehealth Policy Paper and corresponding guidance for Medi-Cal payers and providers. The updates to DHCS' telehealth policy contained in DHCS' Telehealth Policy Paper and this BHIN were informed by a stakeholder advisory group,[1] and implement 2022 changes to DHCS' statutory authority for coverage of telehealth.[2]

POLICY:
Medi-Cal covered services delivered via telehealth (synchronous audio-only and synchronous video interactions) are reimbursable in Medi-Cal Specialty Mental Health Services (SMHS), the Drug Medi-Cal Organized Delivery System (DMC-ODS), and the Drug Medi-Cal (DMC) programs (including initial assessments, only as set forth in this BHIN). Patient choice must be preserved; therefore, patients have the right to request and receive in-person services.

All covered SMHS, DMC, and DMC-ODS services delivered via telehealth shall be provided in compliance with the privacy and security requirements contained in the federal Health Insurance Portability and Accountability Act (HIPAA) of 1996 found in Parts 160 and 164 of Title 45 of the Code of Federal Regulations, Part 2 of Title 42 of the Code of Federal Regulations, the Medicaid State Plan, and any other applicable state and federal statutes and regulations. Specific guidance for providers regarding HIPAA and telehealth is available from the external resources listed on DHCS' Telehealth Resources page.

More information on telehealth can be found on the DHCS Medi-Cal & Telehealth page and the DHCS Telehealth Resources page.

Provider Requirements

Providers that offer telehealth services to Medi-Cal beneficiaries must meet all applicable Medi-Cal licensure and program enrollment requirements. If the provider is not located in California, they must be licensed in California, enrolled as a Medi-Cal

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[1] See requirements for stakeholder engagement included in Assembly Bill (AB) 133 (Committee on Budget), Chapter 143, Statutes of 2021.

[2] See SB 184 (Chapter 47, Statutes of 2022) and AB 32 (Chapter 515, Statutes of 2022).

rendering provider, and affiliated with a Medi-Cal enrolled provider group in California or a border community, as outlined in DHCS' Telehealth Policy Paper and the Medi-Cal Provider Manual.[3]

As a general rule, DHCS requires that every provider offering covered services to a beneficiary via telehealth must also meet the requirements of Business and Professions Code Section 2290.5(a)(3), or otherwise be designated by DHCS as able to render Medi-Cal services via telehealth. All providers that are listed in the California Medicaid State Plan as qualified providers of SMHS, DMC, or DMC-ODS services are designated by DHCS as able to render covered services, within their scopes of practice, via telehealth.[4]

Effective no sooner than January 1, 2024, all providers furnishing applicable covered services via synchronous audio-only interaction must also offer those same services via synchronous video interaction to preserve beneficiary choice. Also, effective no sooner than January 1, 2024, to preserve a beneficiary's right to access covered services in person, a provider furnishing services through telehealth must do one of the following:

1. Offer those same services via in-person, face-to-face contact; or
2. Arrange for a referral to, and a facilitation of, in-person care that does not require a beneficiary to independently contact a different provider to arrange for that care.

Beneficiary Consent

Prior to initial delivery of covered services via telehealth, providers are required to obtain verbal or written consent for the use of telehealth as an acceptable mode of delivering services, and must explain the following to beneficiaries:

- The beneficiary has a right to access covered services in person.
- Use of telehealth is voluntary and consent for the use of telehealth can be withdrawn at any time without affecting the beneficiary's ability to access Medi-Cal covered services in the future.

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[3] CA Department of Health Care Services, Post-COVID-19 Public Health Emergency Final Telehealth Policy Proposal, December 2022, and Medi-Cal Provider Manual, January 2023.
[4] The California Medicaid State Plan includes qualified provider lists in Supplement 3 to Attachment 3.1-B, Limitation on Services 13.d.5, Substance Use Disorder Services, Provider Qualifications (Drug Medi-Cal); Supplement 3 to Attachment 3.1-B, Limitation on Services 13.d.6, Expanded Substance Use Disorder Treatment Services, Practitioner Qualifications (Drug Medi-Cal Organized Delivery System); and Supplement 1 to Attachment 3.1-A, Qualification of Providers; Supplement 2 to Attachment 3.1-B, Provider Qualifications; and Supplement 3 to Attachment 3.1-A, Provider Qualifications (Specialty Mental Health).

- Non-medical transportation benefits are available for in-person visits.
- Any potential limitations or risks related to receiving covered services through telehealth as compared to an in-person visit, if applicable.

Providers must also document the beneficiary's verbal or written consent to receive covered services via telehealth prior to the initial delivery of the services. The beneficiary's consent must be documented in their medical record and made available to DHCS upon request. A provider may utilize a general consent agreement to meet this documentation requirement if that general consent agreement: 1) specifically mentions the use of telehealth delivery of covered services; 2) includes the information described above; 3) is completed prior to initial delivery of services; and 4) is included in the beneficiary record.

DHCS has created model verbal and written consent language, which can be found on the DHCS website.[5]

Requirements for Establishing New Patient Relationships

As a general rule, State law prohibits the use of asynchronous store and forward, synchronous audio-only interaction, or remote patient monitoring when providers establish new patient relationships with Medi-Cal beneficiaries.[6] For the SMHS, DMC, and DMC-ODS delivery systems, DHCS defines the establishment of new patient relationships as follows:[7]

- For SMHS, the establishment of care for a new patient refers to the mental health assessment done by a licensed clinician.
- For substance use treatment in DMC and DMC-ODS, the establishment of care for a new patient refers to the American Society of Addiction Medicine Criteria assessment.

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[5] The Model Telehealth Patient Consent Language is available at:
https://www.dhcs.ca.gov/provgovpart/Pages/Patient-Consent.aspx.

[6] CA Welfare and Institutions Code (W&I) § 14132.725(c)(5) states that "A health care provider shall not establish a new patient relationship with a Medi-Cal beneficiary via . . . telephonic (audio-only) synchronous interaction" and applies to SMHS and DMC-ODS counties. CA W&I § 14132.731(b) applies the same standard to the DMC program. Both code sections permit DHCS to establish "specific exceptions" to these rules.

[7] CA Department of Health Care Services, Post-COVID-19 Public Health Emergency Final Telehealth Policy Proposal, December 2022.

However, SMHS, DMC, and DMC-ODS providers may establish a relationship with new patients via synchronous audio-only interaction in the following instances:[8]

- When the visit is related to sensitive services as defined in subsection (n) of Section 56.06 of the Civil Code.[9] This includes all covered SMHS, DMC, and DMC-ODS services.
- When the patient requests that the provider utilizes synchronous audio-only interactions or attests they do not have access to video.
- When the visit is designated by DHCS to meet another exception developed in consultation with stakeholders.

SMHS, DMC, and DMC-ODS providers shall comply with all applicable federal and state laws, regulations, bulletins/information notices, and guidance when establishing a new patient relationship via telehealth.

Program Specific Requirements

Services provided by telehealth may be provided and reimbursed by each of the following programs as described below.

Drug Medi-Cal Organized Delivery System:

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction.
- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care shall only be delivered through synchronous audio-only interaction in the situations identified above in this BHIN.
- Licensed providers and non-licensed staff may deliver services through telehealth, as long as the service is within their scope of practice.
- Covered DMC-ODS services may be delivered through telehealth when those services meet the standard of care. The group size limit still applies for group

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[8] This policy applies to all Medi-Cal delivery systems and will be included in Medi-Cal provider manuals.
[9] "Sensitive services" means all health care services related to mental or behavioral health, sexual and reproductive health, sexually transmitted infections, substance use disorder, gender affirming care, and intimate partner violence, and includes services described in Sections 6924, 6925, 6926, 6927, 6928, 6929, and 6930 of the Family Code, and Sections 121020 and 124260 of the Health and Safety Code, obtained by a patient at or above the minimum age specified for consenting to the service specified in the section.

counseling provided via telehealth.[10]

- Certain services, such as residential services, require a clearly established site for services and in-person contact with a beneficiary in order to be claimed. However, California's State Plan does not require that all components of these services be provided in-person. (For example, services can be provided via telehealth for a patient quarantined in their room in a residential facility due to illness.)

Drug Medi-Cal:

- DMC services, as defined in W&I section 14124.24, provided by a licensed practitioner of the healing arts, or a registered or certified alcohol or other drug counselor or another individual authorized by DHCS to provide DMC services when those services meet the standard of care and the requirements of the service code being billed, may be delivered through telehealth.[11] The group size limit still applies for group counseling provided via telehealth.[12]
- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care may be delivered through synchronous video interaction.
- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis, medical necessity, and/or level of care shall only be delivered through synchronous audio-only interaction in the situations identified above in this BHIN.
- Certain services, such as perinatal residential services, require a clearly established site for services and in-person contact with a beneficiary in order to be claimed. However, California's State Plan does not require that all components of these services be provided in-person. (For example, services can be provided via telehealth for a patient quarantined in their room in a residential facility due to illness).

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[10] Group counseling sessions may be conducted via telehealth if the provider obtains consent from all the participants and takes the necessary security precautions, in compliance with HIPAA and 42CFR Part 2.

[11] The telehealth policy in this BHIN supersedes the prohibition on "telephone contacts" in Cal. Code Regs. Tit. 22, § 51341.1(b)(10). All DMC services defined in the California Medicaid State Plan and in Cal. Code Regs. Tit. 22, § 51341.1(b) may be delivered via telehealth (synchronous audio-only interaction and synchronous video interaction) as outlined in this BHIN.

[12] Group counseling sessions may be conducted via telehealth if the provider obtains consent from all participants and takes the necessary security precautions, in compliance with HIPAA and 42 CFR Part 2.

Specialty Mental Health Services:

- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis and/or medical necessity, may be delivered through synchronous video interaction.
- The initial clinical assessment and establishment of a new patient relationship, including any determination of diagnosis and/or medical necessity, shall only be delivered through synchronous audio-only interaction only in the situations identified above in this BHIN.
- Covered SMHS may be delivered through telehealth when those services meet the standard of care.
- Licensed providers and non-licensed staff may provide services via telehealth, as long as the service is within their scope of practice.
- Certain services, such as crisis stabilization, day rehabilitation, day treatment intensive, psychiatric health facility services, inpatient psychiatric hospital services, crisis residential treatment services, and adult residential treatment services, require a clearly established site for services and require some in-person contact between facility staff and a beneficiary to be claimed. However, California's State Plan does not require that all components of these services be provided in-person (For example, services can be provided via telehealth for a patient quarantined in their room due to illness).

5150 Evaluations and 5151 Assessments

W&I 5150 evaluations and 5151 assessments may be performed by authorized providers face-to-face via synchronous video interaction as per W&I 5008(a) and W&I 5151(b). This may include releases from involuntary holds for evaluation and treatment, as appropriate. These services are Medi-Cal reimbursable regardless of whether they are provided in person or through synchronous video interaction as long as the individual is Medi-Cal eligible, the service is Medi-Cal covered, and all Medi-Cal requirements are met. This assessment shall be made face-to-face either in person or by synchronous interaction through a mode of telehealth that utilizes both audio and visual components.

Mental Health Services Act (MHSA)

Counties may use MHSA funding to pay for services provided via telehealth as long as the services provided are consistent with MHSA requirements and cannot be covered by any other source of funding. Counties that use MHSA funds to pay for SMHS (and

submit claims to DHCS for Federal Financial Participation for the services) must follow the Medi-Cal guidance for telehealth services in this information notice and meet all applicable Medicaid and MHSA requirements.

Claiming and Reimbursement for Services Delivered via Telehealth

Providers that meet the applicable provider requirements in this BHIN may deliver services via telehealth from anywhere in the community, including outside a clinic or other provider site, and beneficiaries may receive services via telehealth in their home or in other locations.

Providers are required to complete service documentation in the patient record in the same manner as in-person visit. Beneficiary consent for telehealth services must be documented as described in this BHIN. The fact that a service was performed by telehealth must be clearly documented in the chart and must be reflected in the claim, using the appropriate billing code and modifier, as described below.

The use of telehealth modifiers on SMHS, DMC, and DMC-ODS claims is mandatory and necessary for accurate tracking of telehealth usage in behavioral health. Billing codes must be consistent with the level of care provided. The following codes shall be used in SMHS, DMC, and DMC-ODS:

- Synchronous video interaction service: GT
- Synchronous audio-only interaction service: SC
- Asynchronous store and forward (e-consult in DMC-ODS only): GQ

Effective July 1, 2023, additional modifiers will be required for Current Procedural Terminology (CPT) codes after DHCS implements a successor payment methodology and transitions from Healthcare Common Procedure Coding System (HCPCS) codes to a combination of HCPCS and CPT codes. See BHIN 22-046 for more information and the MEDCCC Library for the version of the billing manuals that will take effect in 2023. If a telehealth modifier is used for outpatient services on or after July 1, 2023, the place of service must be "02" or "10" unless the service is Mobile Crisis Services.

Telehealth Reimbursement:

Rendering services via telehealth does not change the payment methodologies or reimbursement rates to Medi-Cal behavioral health delivery systems.

Medi-Cal behavioral health delivery systems must reimburse providers for a covered service, as it is described in the service description included with the claim, at the same rate regardless of the means of delivery (in-person, telehealth, or telephone). For example, if a provider receives $100 for an in-person visit, the provider should also be reimbursed $100 for an equivalent visit rendered via telehealth (either through synchronous audio-only interaction or synchronous video interaction), provided the means of service delivery is medically appropriate.

For any questions regarding this BHIN, please contact CountySupport@dhcs.ca.gov.

Sincerely,

Original signed by

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health Policy Division

Optum

Intensive Home-Based Services (IHBS) Prior Authorization Request Web Based Electronic Form-Submission Instructions

As an alternative to faxing requests to (866) 220-4495, Optum is now also accepting IHBS Prior Authorization Requests by web based electronic form submission. Below is the link and instructions to utilize this option.

1. Access the IHBS Prior Authorization Request web based electronic form here:
   IHBS Prior Authorization Request-Web Based

2. Complete all required information, including:
   a. **Prior Authorization Request or Continuing Request check box**
   b. **Client Name, Date of Birth, and Client ID**
   c. **Program Information (ensure Unit and Subunit are correct)**
   d. **IHBS Criteria (items 1-5)**, check boxes and include date of Client Plan, BHA date, DSM/ICD Diagnosis

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

Start ▶

○ 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: * |

Program Information

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

SCOPE OF SERVICE
Intensive Home-Based Services (IHBS), billable as Service Code 83, are mental health rehabilitative services that are available to Katie A subclass members as well as beneficiaries under 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria and are receiving Intensive Care Coordination. A Child and Family Team must be identified in order to provide IHBS. IHBS are individualized, strength-based interventions that assist the client in building skills necessary for successful functioning in the home and community. IHBS is offered to clients with significant and complex functional impairment. These services are primarily delivered in the home, school or community and outside an office setting.

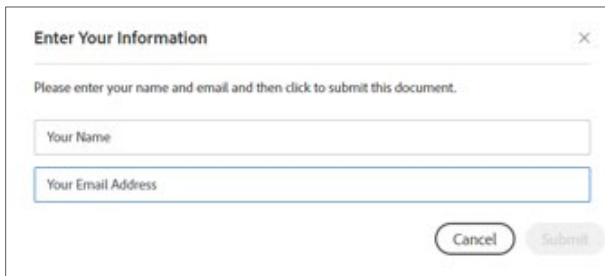**IHBS Criteria:** (All 5 items are required for authorization of IHBS)
1. ☐ Client is under the age of 21
2. ☐ Intensive Care Coordination (ICC) is a documented intervention on the Client Plan dated: *_____
   (Not eligible for IHBS unless receiving ICC)
3. ☐ Client meets medical necessity criteria for Specialty Mental Health Services as documented in the Behavioral Health Assessment (BHA) dated: *_____
   DSM/ICD Mental Health diagnosis: *_____
4. **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: _____
5. **Duration Requested:** (Select one)
   ☐ Up to 12 months of IHBS intervention

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3. Once complete, select "Submit" at the bottom of the screen. If applicable, the form may redirect back to areas that are incomplete or need format corrections.

By form filling, I agree to this agreement, the Consumer Disclosure and to do business electronically with Optum eSignature.

Submit

4. If prompted, enter a name and an email address associated with the authorization request. *Note*: If email confirmation of submission is received, this is not the final authorization determination. No emails will disclose any PHI, nor include a copy of your submission.

5. Next, you will see the below message. A copy of the submitted request may be downloaded at this time; we highly recommend you keep record of the submission.
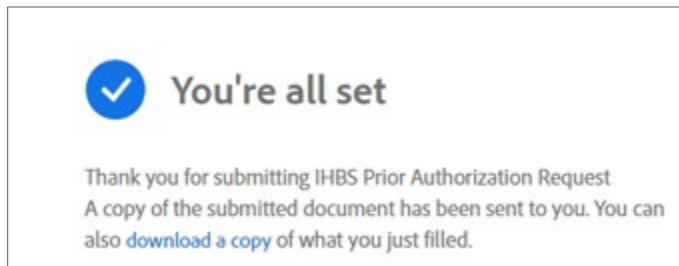
6. Authorization determination will be sent from Optum to provider via fax within **5 business days** of receipt of <u>complete</u> requests.
    a. If determination is not received within 5 business days of submission, please contact Optum via telephone Monday-Friday, 8am to 5pm, at (800) 798-2254, Option 3, then Option 4.
    b. If request is approved, you will receive confirmation via fax.
    c. If request is denied or modified, you will receive a phone call and a fax with determination and all applicable NOABD paperwork.

7. If the need for corrections should arise, Optum will contact the program via phone/fax. A new form will need to be submitted with applicable corrections.

8. Please contact Optum Public Sector San Diego via phone at (800) 798-2254, Option 3, then Option 4 Monday-Friday, 8am to 5pm, with any questions.

Objectives

Knowledge	Increase knowledge of tuberculosis.
Understand	Understand the difference between latent TB infection & active TB disease.
Describe	Educational opportunities for your clients and staff.

What is Tuberculosis (TB)?

- TB is a bacterial disease that often attacks the lungs.

- TB is transmitted through the air.

https://youtu.be/DeexunIpw7g

TB Infection vs Active TB Disease

| A person with LTBI:	A person with TB disease:
🙂 Has no symptoms	☹️ Has symptoms
Does not feel sick	Feels sick
Cannot spread germs to others	Can spread germs to others
Treatment can stop TB disease from occurring	Strict treatment can stop TB disease from being active

How Do You Get TB?

- Airborne: repeated exposure for a long time

- MOST exposed do NOT get TB

- TB is NOT spread by food, insects or objects

What Happens if You Become Infected?

- Most people never get sick. 10% will get sick over a lifetime.
- Increased risk if:
- Recent infection (first two years)
- Young age (5 years or younger)
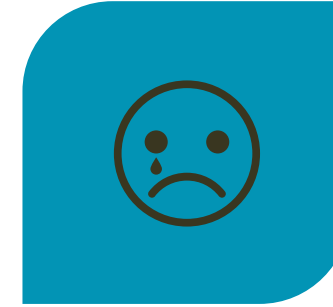- Weak immune system
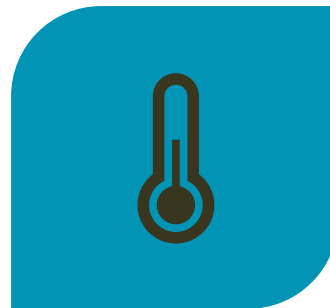
Symptoms of Active TB
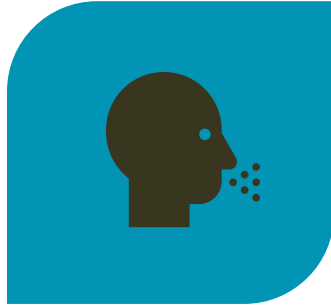
Cough

Coughing Up Sputum Or Blood

Weight Loss

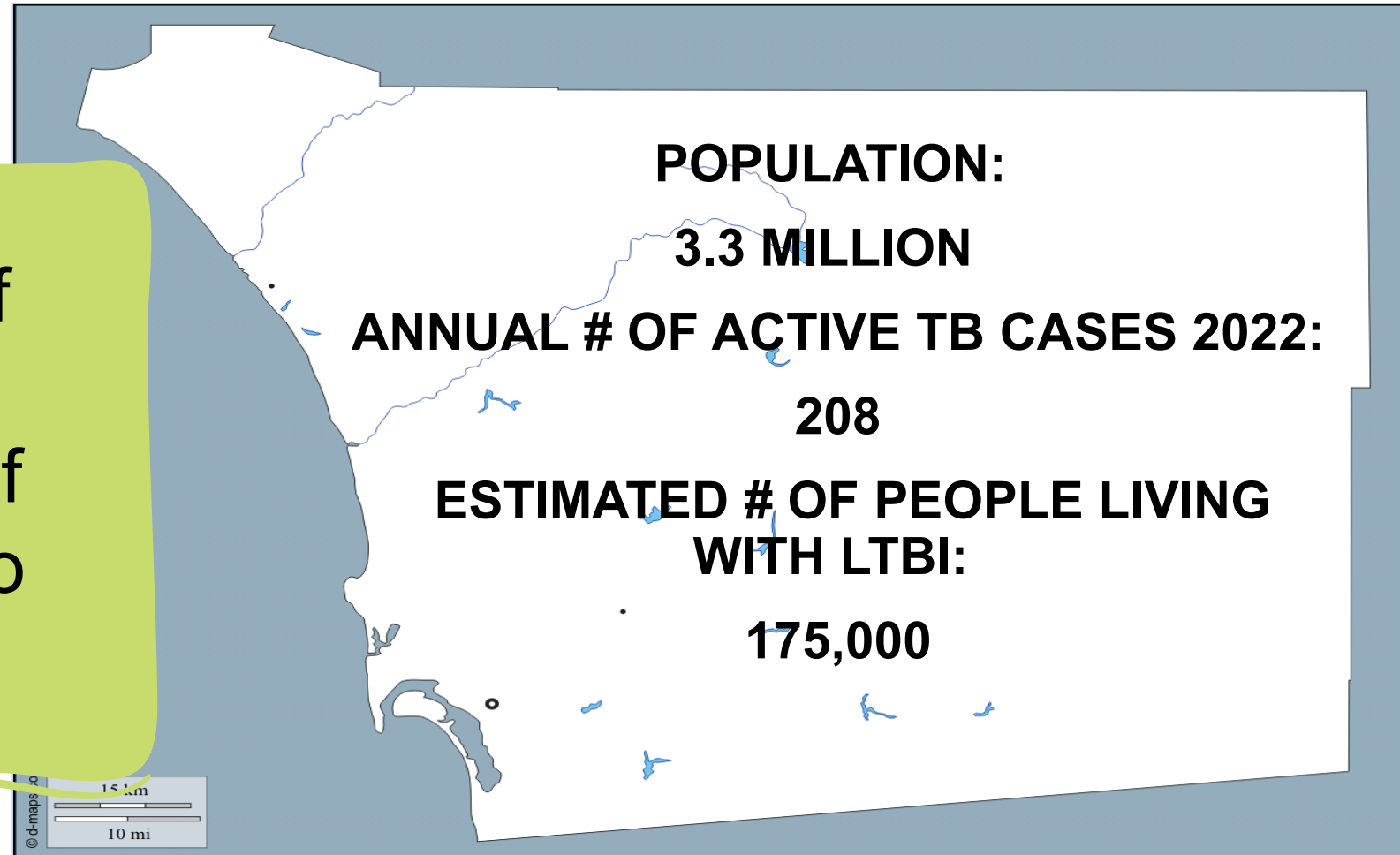**Feeling Weak Or Sick**

Fever

Night Sweats

Chest Pains

TB in San Diego County 2022

An estimated 85% of active TB cases are due to progression of long-standing LTBI to active TB.

POPULATION:

3.3 MILLION

ANNUAL # OF ACTIVE TB CASES 2022:

208

ESTIMATED # OF PEOPLE LIVING WITH LTBI:

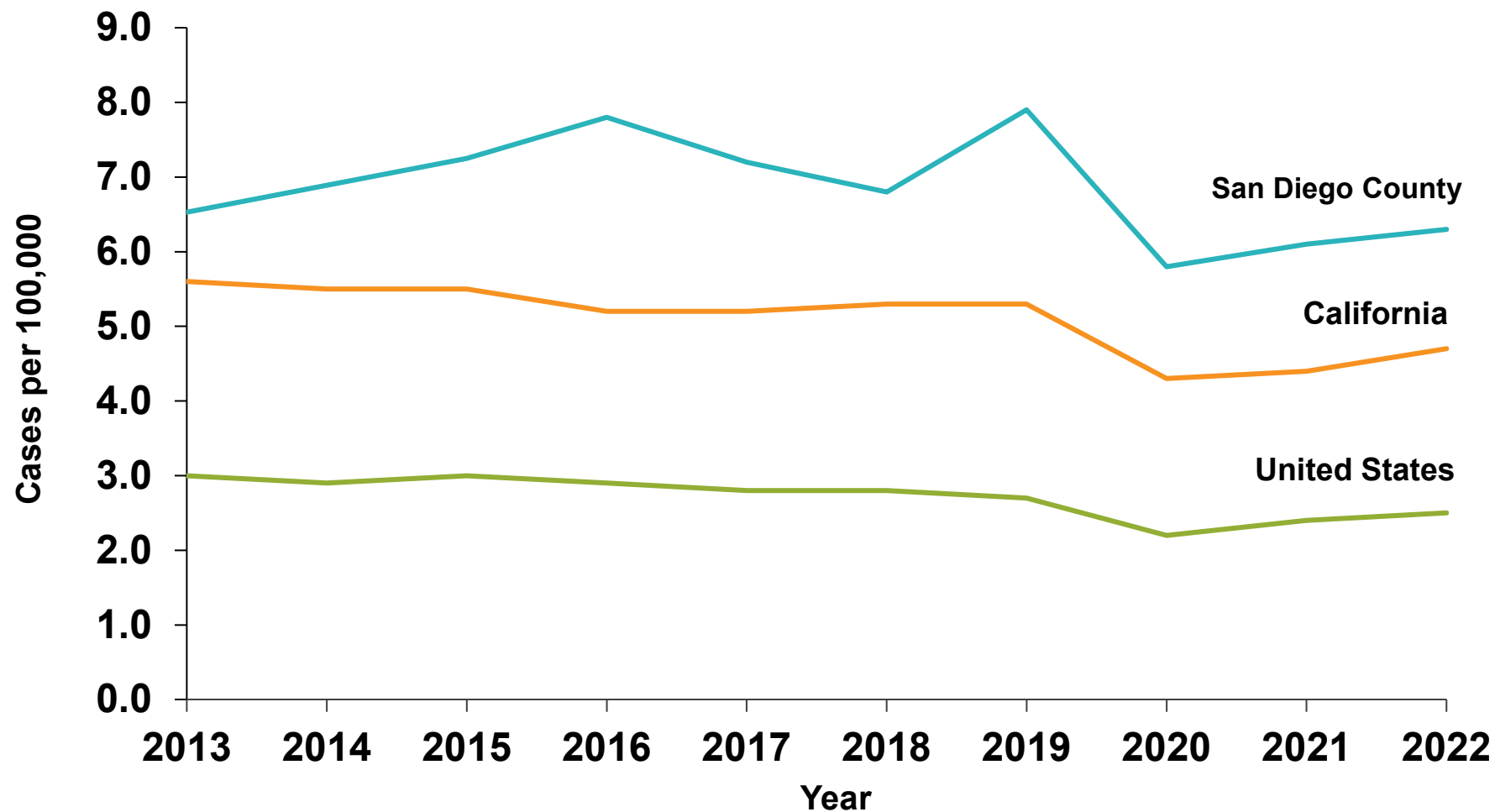175,000

LTBI Cascade of Care in San Diego County

Estimates of LTBI Prevalence, Awareness and Treatment, San Diego County 2019:
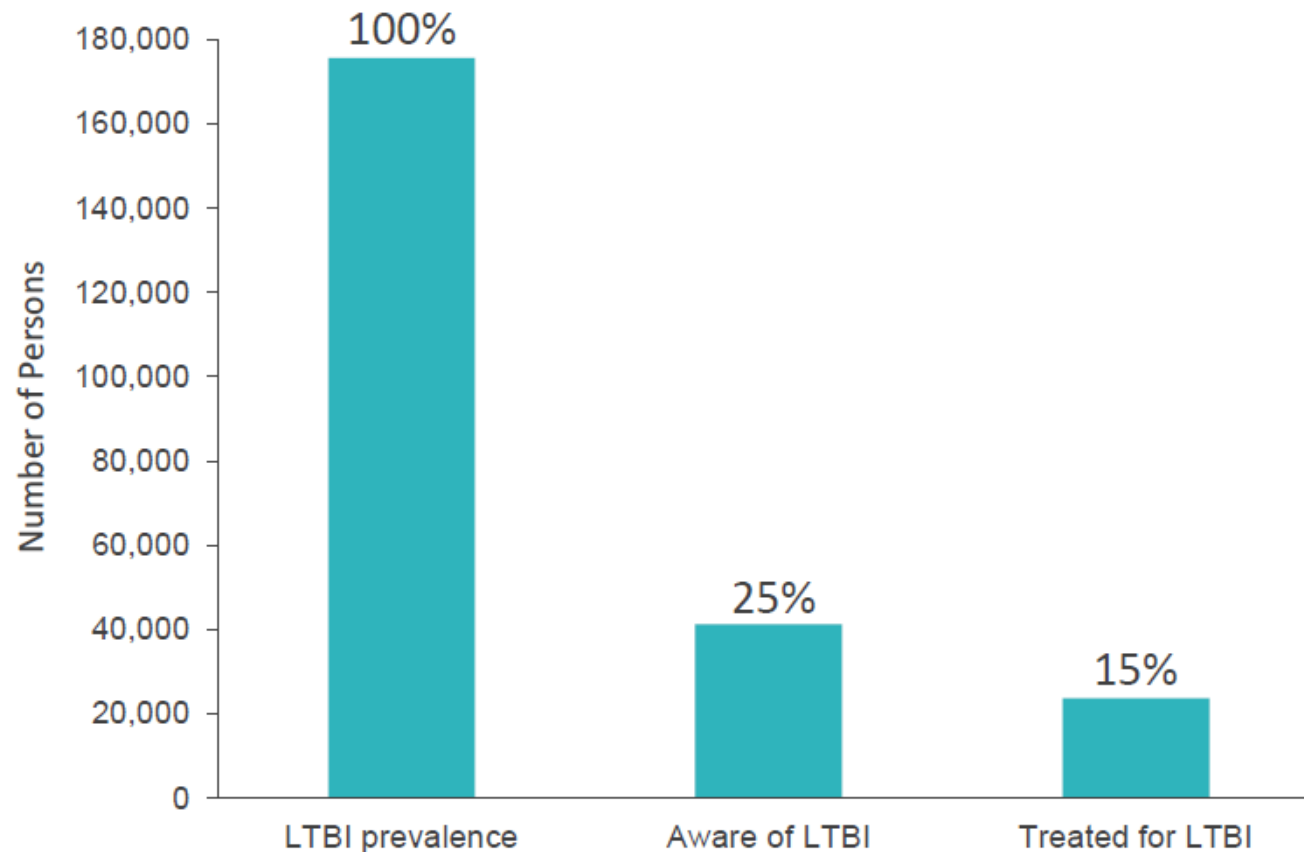
Approximately 175,000 San Diegans have LTBI, which can progress to active TB without treatment.

Estimated using methodology from the California TB Control Branch Report on Tuberculosis in California, 2019 and associated Data Tables, applying national level data from the National Health and Nutrition Examination Survey, 2011-2012, to the San Diego County population. Source: County of San Diego

National and Local TB Incidence Rates, 2013 - 2022

TB Incidence Rate by Zip Code, San Diego County 2017-2021

Legend

- ▭ Regions
- ▨ 1-4 cases in 5-yr Period (n=28)

Rate per 100,000 (5-yr average)

- 🟩 0 (n=35)
- 🟨 1.7-3.9 (n=17)
- 🟧 4.0-7.1 (n=16)
- 🟥 7.2-47.2 (n=17)
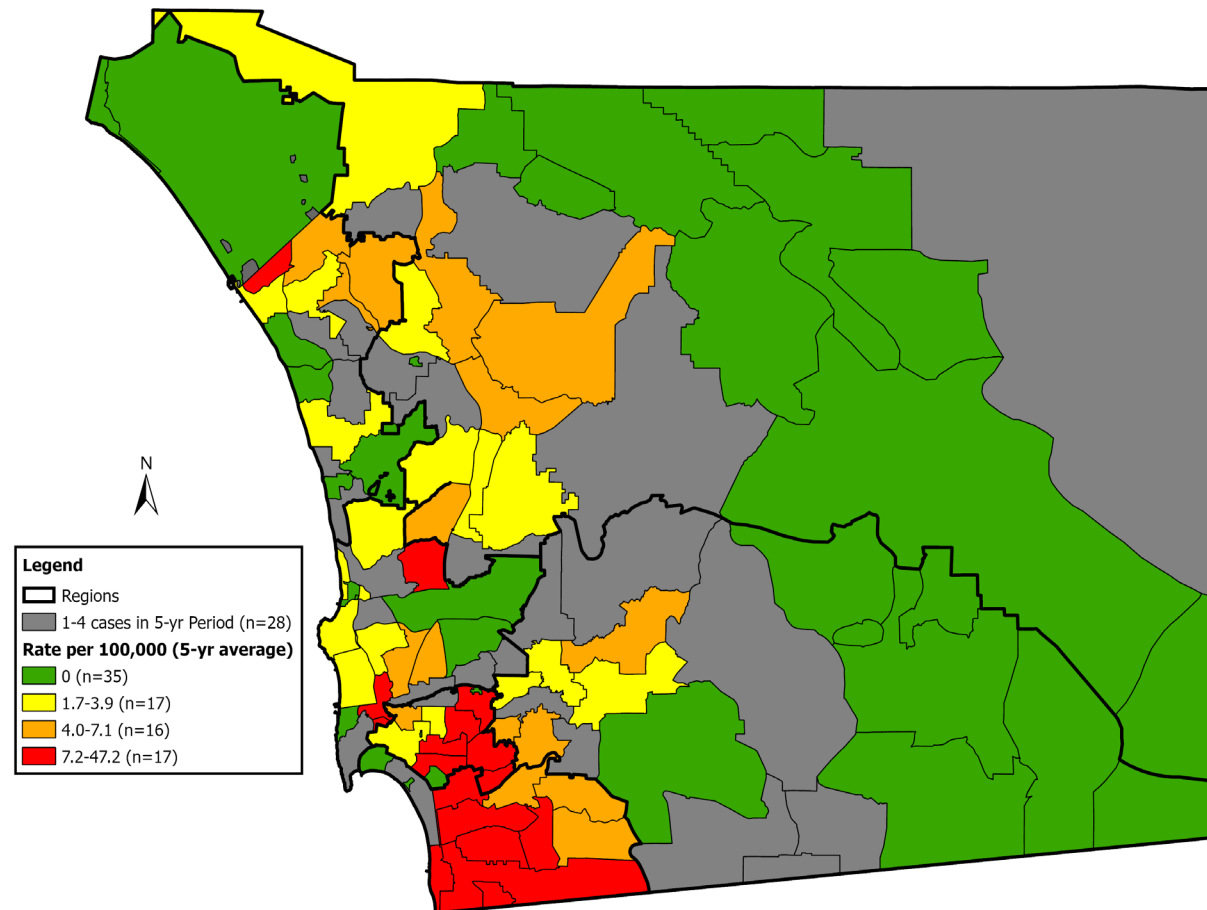
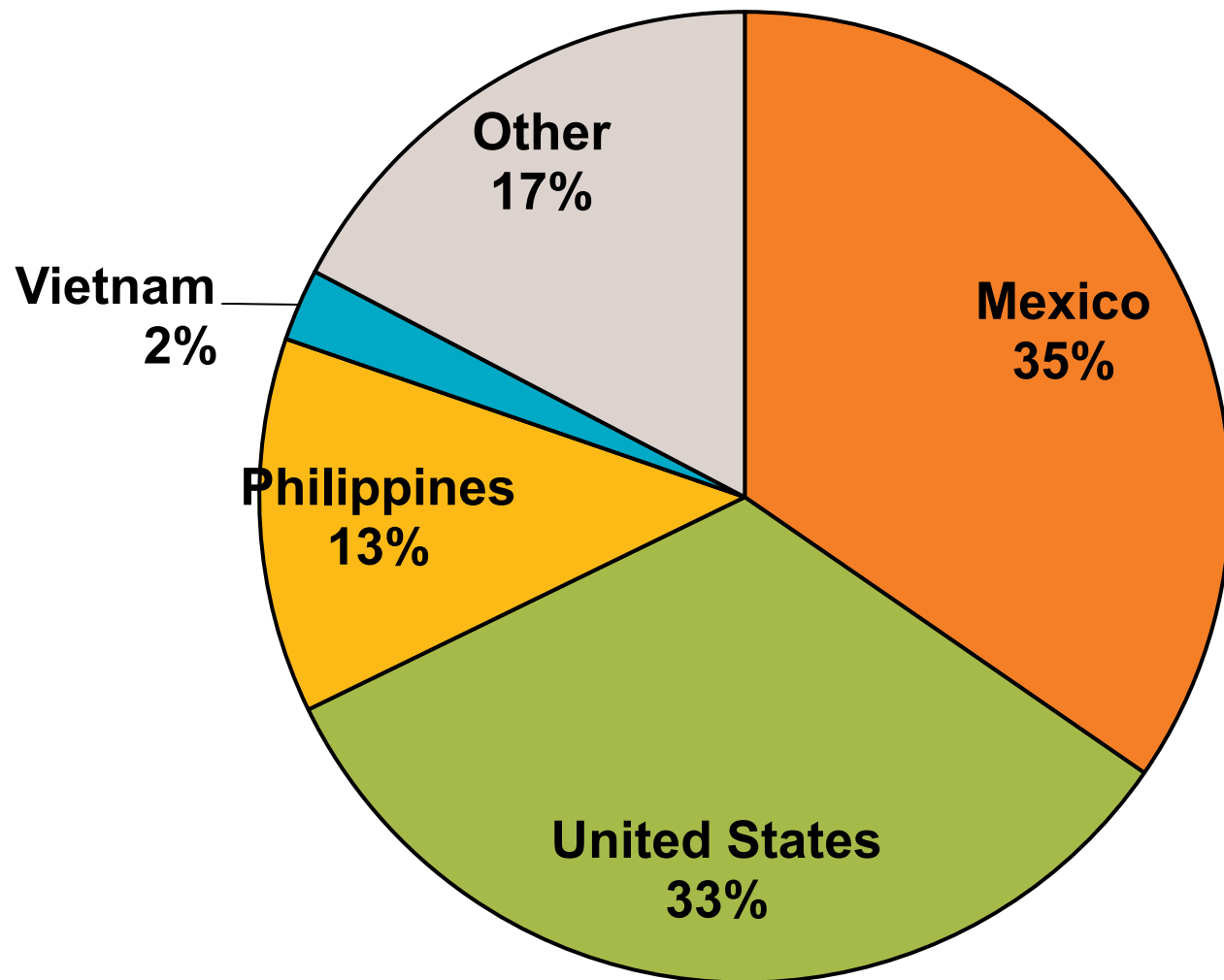Tuberculosis Rates by Zip Code, San Diego County, 2017-2021
Source: County of San Diego, Health and Human Services Agency, Tuberculosis Control, RVCT Database
Map Date: November 13, 2022

TB Cases by Age Group, San Diego County 2022
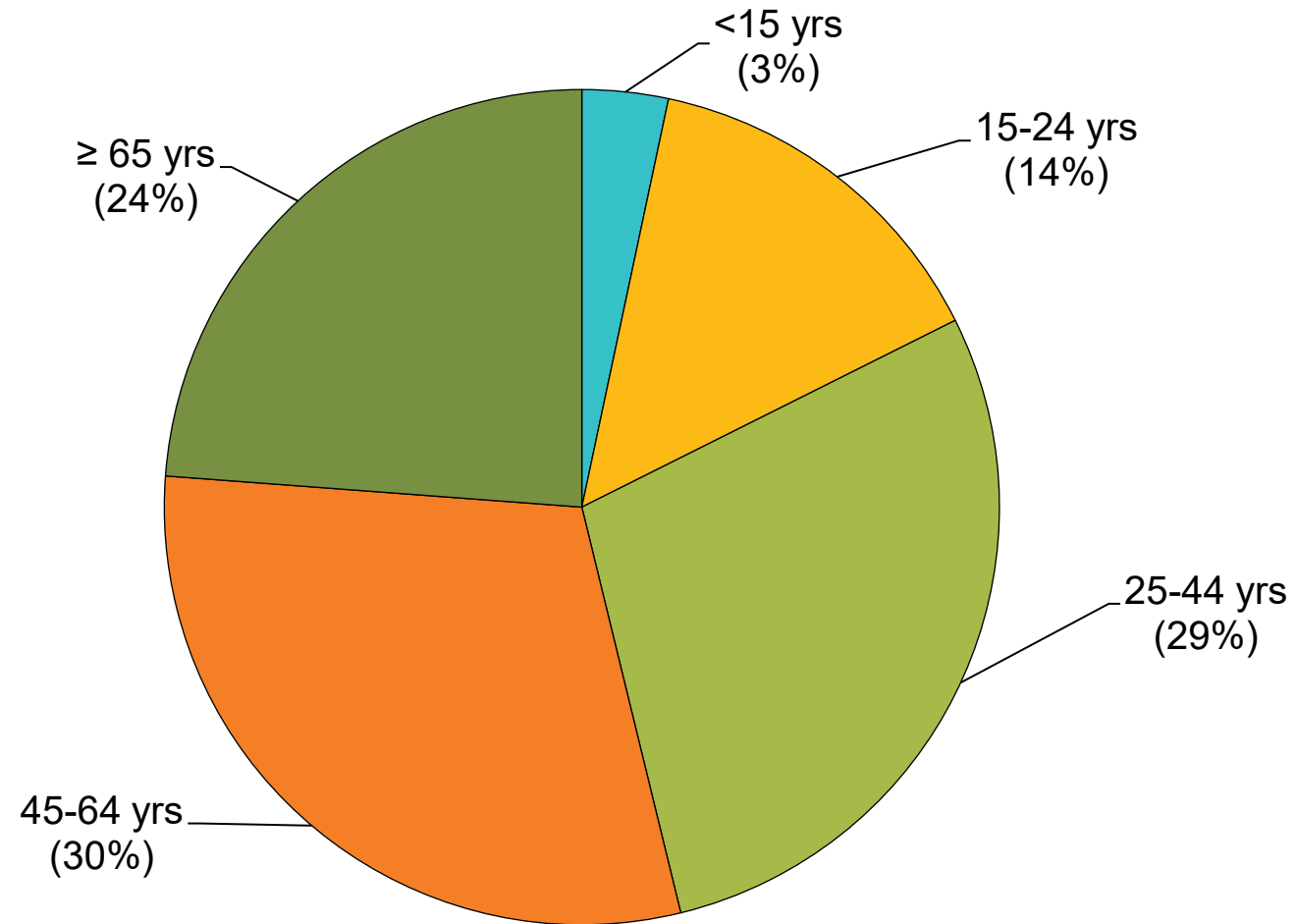
TB Cases by Birth Country, San Diego County 2022

TB Incidence Rate by Birth Country, San Diego County 2022
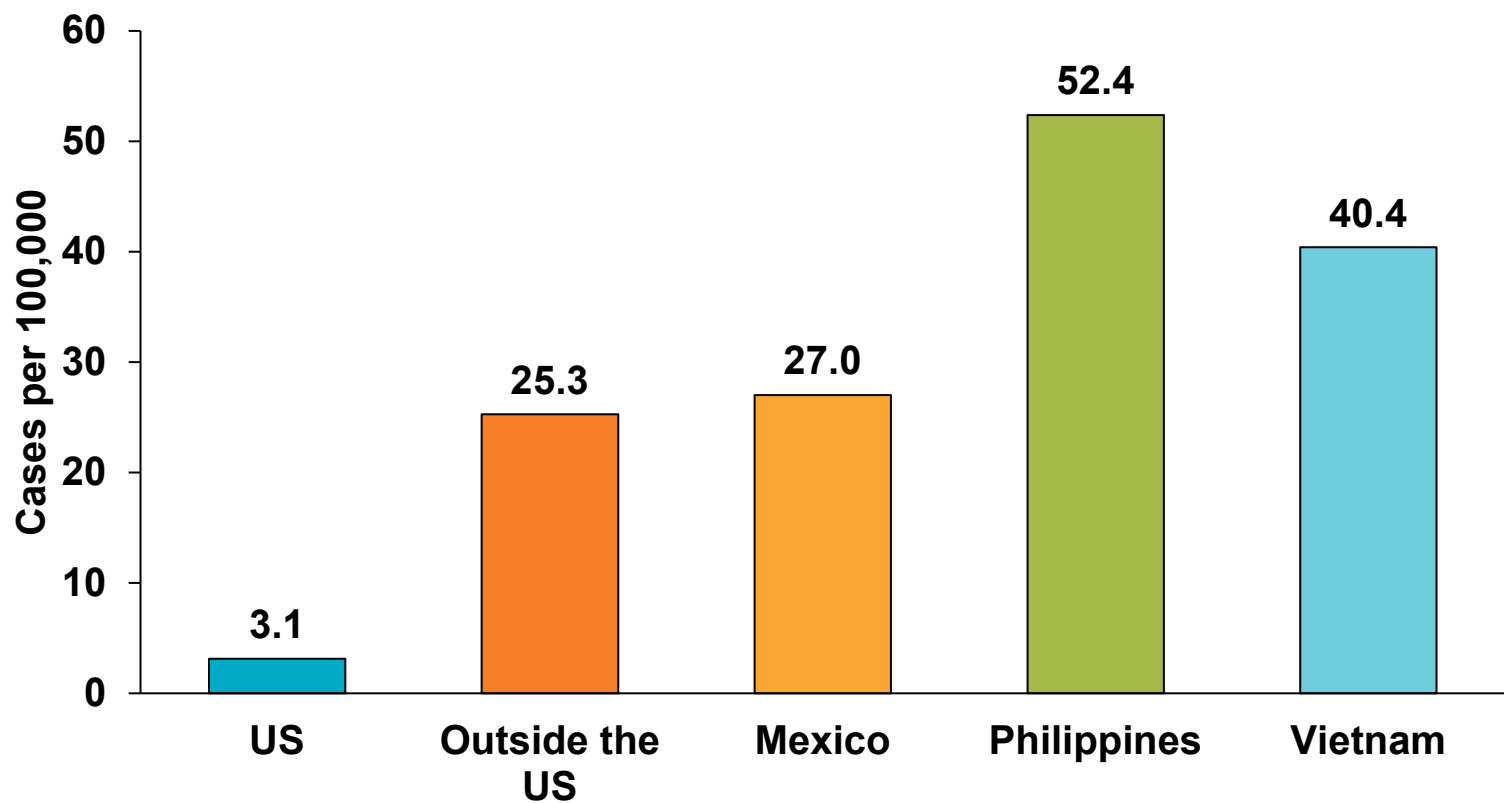
Rates calculated with 2018-2021 American Community Survey Population Data

Going From Infection to Disease- The Chance Of Breaking Down Into Active Disease in a Person's Lifetime.

Healthy Person

5 – 10 Percent Lifetime Risk

Comorbidity: Diabetes and TB

20 to 30 Percent Lifetime Risk

Comorbidity: Drug Use and TB

20 to 30 Percent Lifetime Risk

Comorbidity: HIV/AIDS and TB

5 – 10 Percent ANNUAL Risk
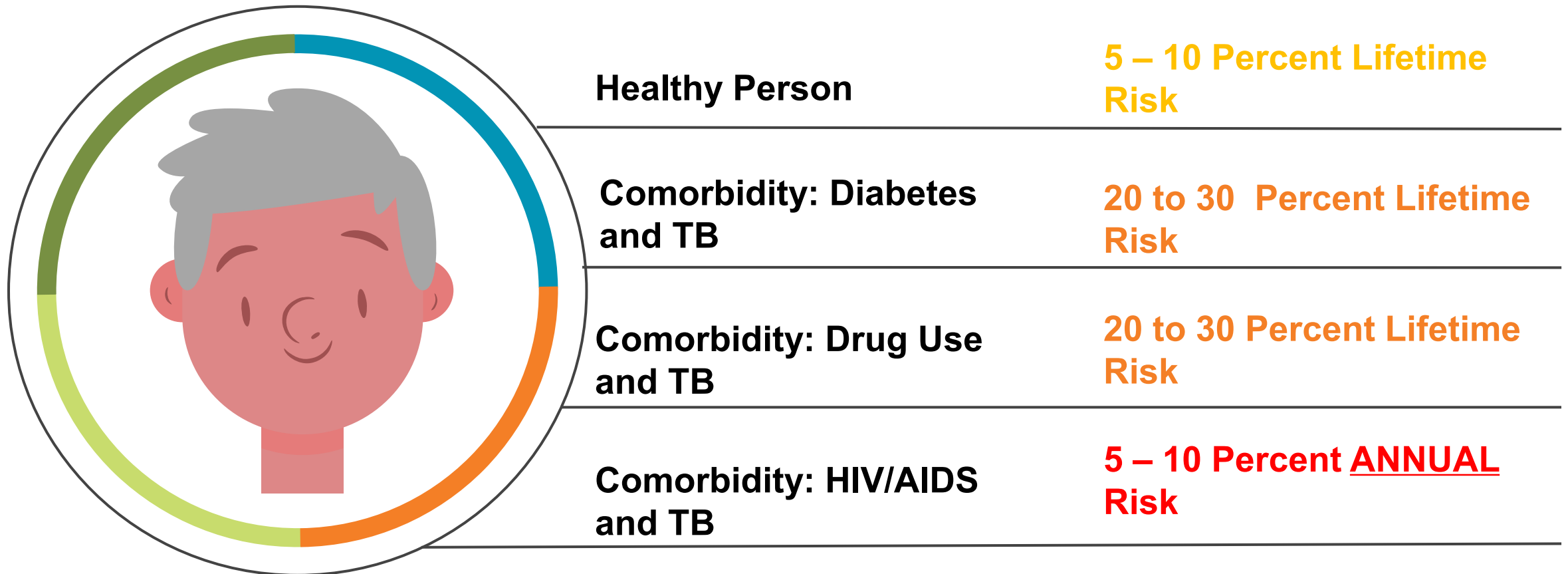
Making the Case for TB Elimination

Death
- 1 in 6 die within five years of diagnosis.
- 10% do not survive treatment.

Disability
- After treatment, impaired lung function and shorter life expectancy.
- >80% of children with TB Meningitis die or are permanently disabled.

Cost
- Catastrophic costs to patients and families.
- >$180 million in direct and societal costs in California in 2020.

Hospitalization
- TB disrupts lives.
- Half of those with TB are hospitalized.
- TB hospitalizations are 2x expensive and 4x longer than hospitalizations for other conditions.

Our Message

Know	Know Your TB status.
Test	If at risk, get tested.
Prevent	If positive, take medication to protect yourself and your loved ones.

TB Risk Assessment

- **A TB Test is Recommended if You Answer "Yes" to at Least One of These Questions.**
- **Have you been in close contact with someone with TB in your lifetime?**
- **Foreign-born Person from a Country with an Elevated TB Rate?**
- **US-born Person and**
- **Lives or Has Visited a Country with an Elevated TB Rate? or**
- **Crosses the U.S. – Mexico Border Frequently? Or**
- **Eats Queso Fresco or other unpasteurized milk products from Mexico?**
- **Immunosuppression – Current or Planned? HIV Infection**
- **History of homelessness, substance abuse, or incarceration (For Children: This includes close or frequent contact with individuals with these risk factors.)**

What Test is Best?
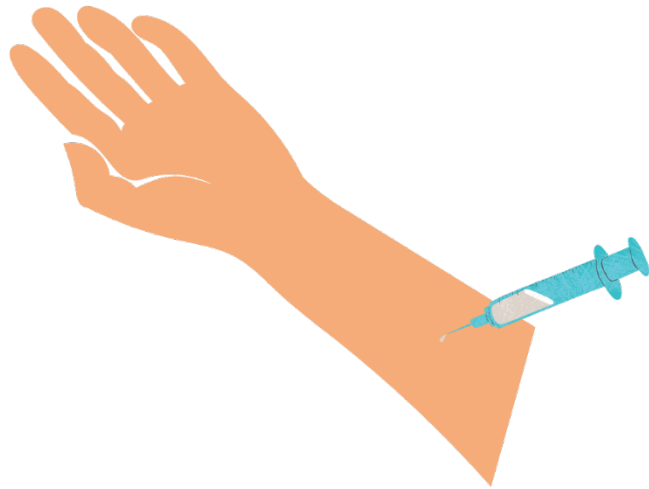
Skin Test
- U.S Born
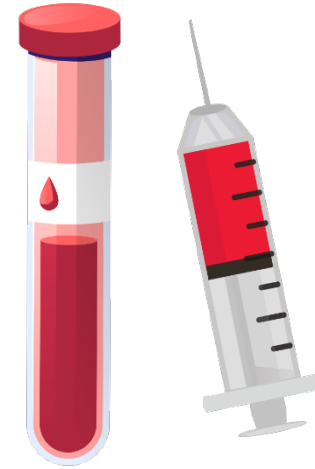
Blood Test
- Non-U.S. Born

BCG (TB) Vaccine

- Given to children to prevent serious types of TB.

- Does not prevent people from getting TB infection or disease.

- BCG loses effect over time.

- Inform your medical provider when you received the BCG vaccine.

What Does a TB Test Tell You?

Negative = TB germ is not present.
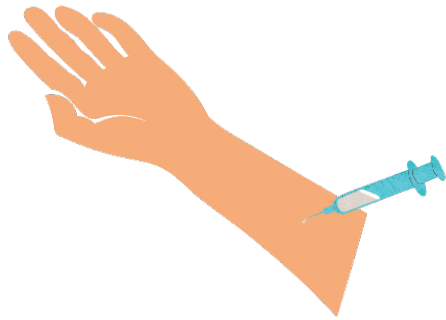
TB Skin Test

OR
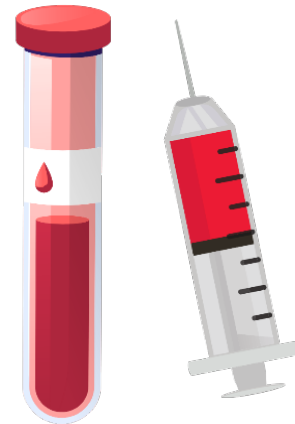
TB Blood Test

What Does a Positive Test Tell You?

Positive = Infected with the TB germ.

A follow-up is needed.
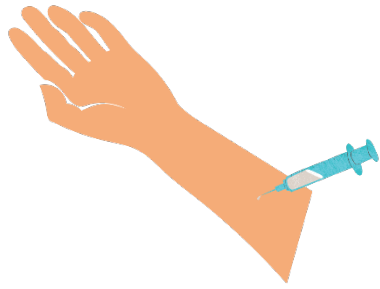
TB Skin Test

OR
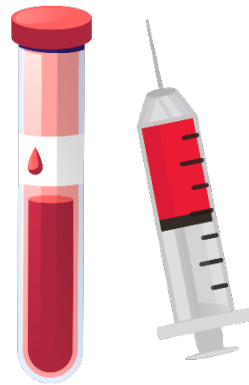
Blood Test

Chest X-ray and Doctor Exam

TB Education and Outreach Services

- TB 101 Presentation for Your Agency Staff and/or Clients
- For High School Juniors and Seniors: Project-based Learning Activities
  - TB and PH Peer Educator Projects
  - Public Health Advocate Camp

Marti Brentnall

(619) 845-9438

Marti.Brentnall@sdcounty.ca.gov

Alejandra Peña Velazquez

(619) 692-5565

AlejandraPena.Velazquez@sdcounty.ca.gov

www.sandiegocounty.gov/TB

Thank you!

On May 17, 2016, the County of San Diego Health and Human Services Agency Department of Public Health Services received accreditation from the Public Health Accreditation Board.

SBCS
Screening to Care- South

Presented By
Shea Prophet, LMFT
Program Director

SBCS Mission Statement

SBCS strengthens communities by supporting the well-being and prosperity of San Diego children, youth and families.

Overview of Today's Presentation

- History of the Screening to Care Program.

- Program Details (Region, target population, Staffing)

- MTSS model

- mySAEBRS, Data Collection, Tier 1, 2, & 3 Services

- Goals & Outcomes

- Second Step Curriculum

- Q&A

- American Rescue Plan Act (ARPA) of 2021 signed into federal law on March 11, 2021, establishing a relief package for states, counties, cities and towns across the nation.

- San Diego was allocated funds for a wide range of priorities organized in the county's ARPA framework.

- Youth Behavioral Health represents one of the County's adopted priorities, which includes financial support for universal screening and school-based interventions for children and youth throughout the county.

History of the Screening to Care (S2C) Program

Program Details

- Screening to Care- South, currently provides support services to all schools within the San Ysidro School district.

- Implementation of mySAEBRS screening tool a minimum of two times per year. The mySAEBRS is a simple 20 question self-administered screening tool aimed to assess students' Social-Emotional Skills. The mySAEBRS screens for skills in three domains: Social Behavior, Academic Behavior, and Emotional Behavior.

- SBCS will assist the San Ysidro SD to screen all student's in 2nd to 8th grade to determine social-emotional need and provide prevention and early intervention supports utilizing the Multi-Tiered System of Supports (MTSS) Framework.

- The SBCS Screening to Care team consists of 5 specialists and 2 Promotoras tasked with providing support services to Tier 2 & Tier 3 students and families within the San Ysidro School District.

Academic & Behavioral:

Tier III Interventions
(for individual students)
- Assessment-based
- High intensity

Tier II Interventions
(for some students)
- High efficiency
- Rapid response

Tier I Core Instruction
(for all students)
- Preventive
- Proactive

Tier III — 1-5%
Tier II — 5-10%
Tier I — 80-90%
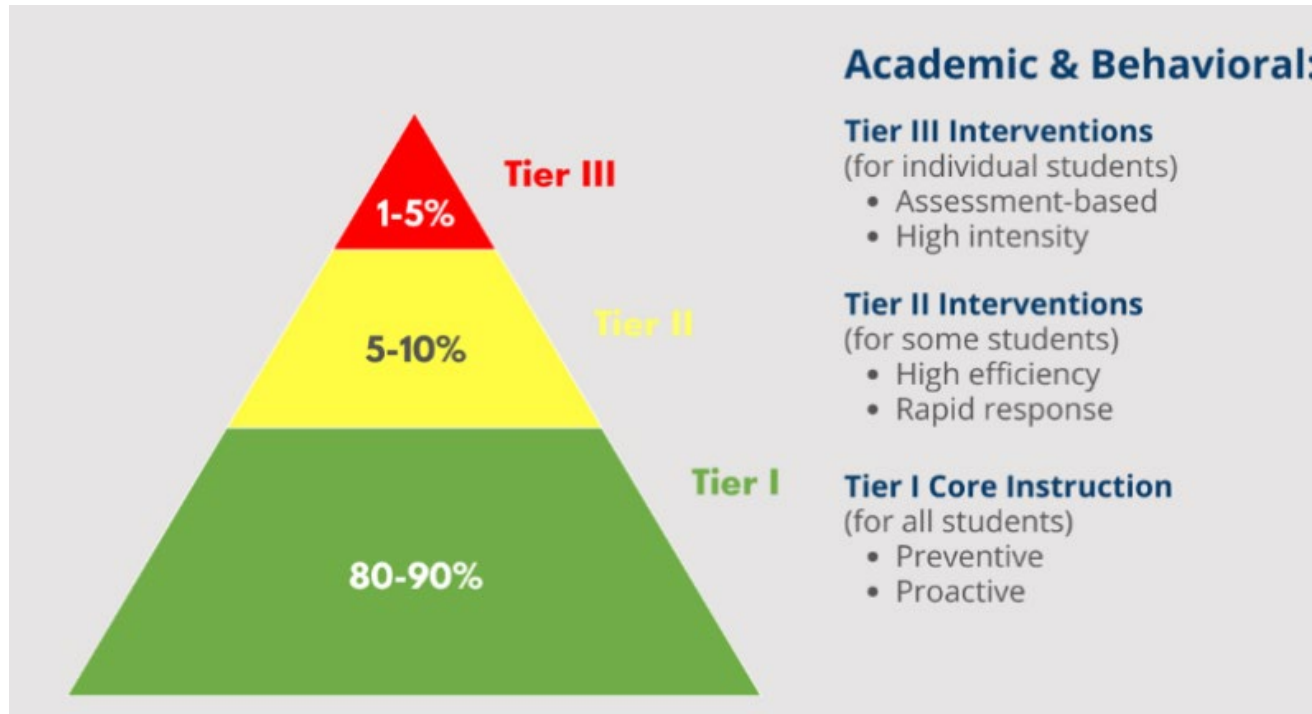
Multi-tiered System of Support (MTSS)

- 1-5% of students may need intensive support

- 5-10% may need targeted interventions provided within the general education class

- 80-90% of our students should respond to Tier 1 instruction
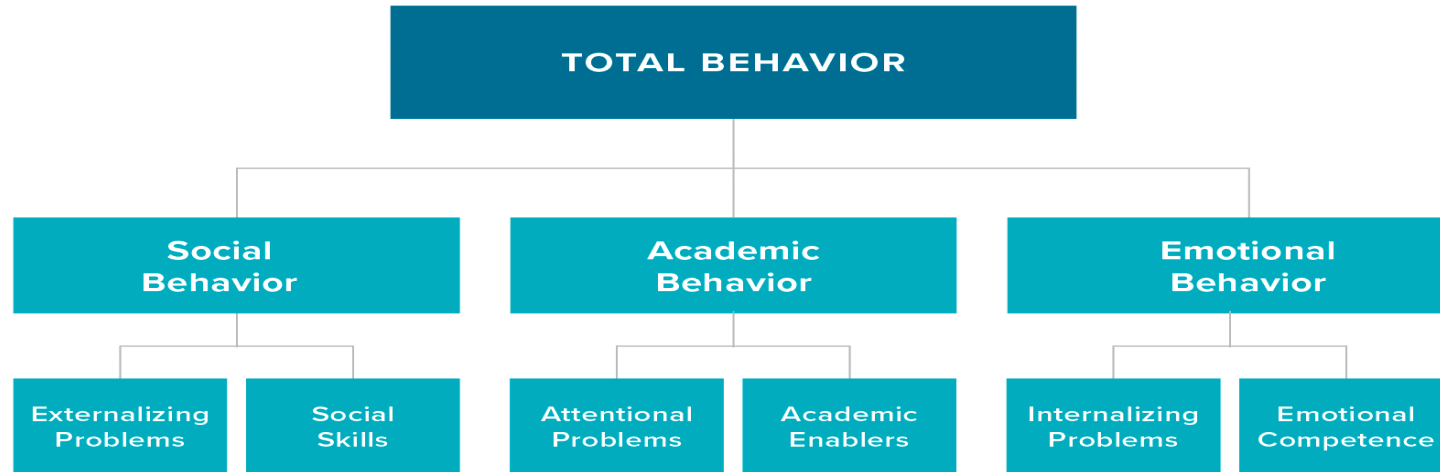
mySAEBRS

- My Social, Academic, and Emotional Behavior Risk Screener in English & Spanish
- Academic Questions:
  - I like school; It's hard to pay attention
- Social Questions:
  - I get along with my peers; I disrupt class
- Emotional Questions:
  - I am happy; I feel sad

Goals and Outcomes

Services are provided at three levels

- **Tier 1-** Universal (entire school) - Projected to reflect (75-90%) of the total school enrollment, or determined to be "low-risk"

- **Tier 2-** Secondary (small groups) - Projected to reflect a smaller group of students (10-25%), and assessed to have "some risk"

- **Tier 3**- Tertiary (individual referral to a higher support service in the community) - Projected to consist of a small subset of students (less than 10%), assessed to be at "high risk" for social-emotional difficulties

Tier 2 Curriculum

Each S2C provider chose the curriculum to be used for Tier 2 small group services. SBCS chose Second Step as the Tier 2 curriculum they will use. It is an evidence-based Social-Emotional Learning curriculum aimed at helping students develop the skills they need to thrive in school and in life. This is accomplished by building on their competence and confidence, learning how to overcome challenges, make good decisions, manage their emotions, and get along well with others.

Second Step covers topics such as;

- Emotion Management
- Managing Relationships
- Kindness and Empathy
- Problem Solving
- Recognizing Bullying and Harassment
- Growth Mindset & Goal Setting

Second Step curriculum also includes a parallel curriculum for Parents.

S2C Services

Services provided on school campus

- Facilitation of small group instruction for Tier 2 students focused on skill building, utilizing Second Step Curriculum.

- Provide Check-in/check-out interventions.

- Connection of Tier 3 students to behavioral health treatment/ support.

- Provision of Promotora services to parents/caregiver to enhance their connection to schools.

Thank you!
Questions?

SHEA PROPHET, LMFT
Program Director, Screening to Care
sprophet@csbcs.org

COMPLETED BY:
1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner
6. Mental Health Rehabilitation Staff (MHRS) *Effective 9.15.23*

COMPLIANCE REQUIREMENTS:
1. Clinical staff administering the SD-CANS must be trained and certified.
2. Certified clinical staff will complete the SD-CANS measure for clients 6-20 years of age receiving services from a mental health provider.
   a. Youth who are within 6 months of turning 21 at intake are excluded from CANS assessment requirements.
3. Completed at:
   a. Admission into the program (within 30 days of CCBH intake date).
   b. Every 6 months.
   c. Discharge (within 7 days from date of closing assignment).
      • If the CANS was completed within 60 days from discharge date, a discharge CANS does not need to be administered. The prior CANS will be accepted as the discharge measure.
4. Data must be entered into mHOMS database:
   a. Initial CANS must be entered within 30 days of CCBH intake date.
   b. 6 month CANS must be entered.
   c. Discharge CANS must be entered within 7 days from CCBH discharge date.

DOCUMENTATION STANDARDS:
1. For each Domain Item, a rating of 0-3 must be determined, along with the corresponding documentation in the BHA for ratings of a '2' or '3' on the initial or reassessments and documentation in the Discharge Summary for the discharge assessment. (not required for TAY programs)
1. Clinicians and MHRS staff must receive annual certification to administer the tool by completing an on-line training course and passing a post test. The training can be accessed here the [CANS Coupon Request Form (smartsheet.com)](smartsheet.com).
2. For questions about data entry contact Health Services Research Center:
   a. mhoms@ucsd.edu
   b. 858-622-1771 ext 7002
3. Medication only cases are exempt from completing the CANS.
4. Reports from mHOMS database should be reviewed by clinician with supervisor and shared as appropriate (CFT meetings, CFWB, Probation).
5. Use the SD-CANS to determine/identify eligibility criteria for additional services.

* As a reminder for Children and Youth involved with Child and Family Well-Being (CFWB), BHS providers are required to ensure that there is one current working CANS. CANS results obtained by BHS from (CFWB) should inform the completion or updates to the CANS completed by the BHS provider.

Children, Youth, and Families

SERVICES DIRECTORY

Table of Contents

Early Childhood Resources Webpage

Behavioral Health Services

I WANT TO FIND   ADULT SERVICES   CHILDREN'S SERVICES   PROVIDERS

Early Childhood Resources

The first 5 years of life are crucial to healthy growth and development. The County of San Diego Health and Human Services Agency and communities across San Diego work collaboratively to offer early childhood programming throughout the region.

The importance of early childhood programs lies in their ability to address critical developmental needs, provide high quality care and education, and offer comprehensive support for young children and families. These programs lay a solid foundation for children's success in school and life. Additionally, early childhood programs play a vital role in early detection of developmental delays or learning challenges, enabling timely interventions and support to maximize each child's potential.

Early Childhood Development Resources

- First 5 San Diego's Healthy Development Services
- Center on the Developing Child - Harvard University
- Maternal, Child and Family Health Services
- The Importance of Touch
- Child Development Basics (Centers for Disease Control and Prevention)
- Act Early (Centers for Disease Control and Prevention)

First 5 San Diego (F5) supports the health and well-being of young children ages 0-5 during their most critical years of development by providing parents and caregivers with programs to promote children's optimal development and school readiness.

The **Child and Family Well-Being Department** integrates the **First 5 Commission of San Diego** and **Child Welfare Services**, along with the childcare system and other essential resources for families, to reimagine prevention and protection services to create a partnership that shifts our traditional approach to child protection.

The **County of San Diego Maternal Child Health Program** is a public health home visiting program that begins during any stage of pregnancy or early parenting. Nurse home visitation services include support, health and parenting education, bonding issues, medical, and mental risks.

The **Children, Youth and Families System of Care Services Directory** describes services and resources for children, youth, and families that are currently funded by the County of San Diego, which include County-operated and contracted programs. Services and resources specific to pregnancy, early parenting, and early childhood can be accessed in the directory.

The annual **We Can't Wait Conference** weaves together a review of the most current scientific findings in early childhood mental health, highlights the latest progress in turning the research into interventions, and outlines what we can and must to do to collaborate and close the gaps in our educational and clinical services for children and families. Recommended attendees include those involved in providing assessment, treatment, education, support, and advocacy for children and families.

The **Postpartum Health Alliance** raises awareness about Perinatal Mood and Anxiety Disorders and provides resources, support, and treatment referrals to San Diego parents

The **YMCA Childcare Resource Service** offers free child care referrals and resources to families in San Diego County so parents and guardians can make informed decisions about child care.

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Join us at our **14th Annual Early Childhood Mental Health Conference – We Can't Wait.** Let's re-imagine prevention and early intervention and **shift the focus to the role of positive experiences in human development.**

Distinguished speakers will highlight community driven, evidence-based interventions that have been developed, researched, implemented, and are making a difference, including Zero to Thrive from Michigan and the HOPE programs from Chicago. These programs, some of which have been implemented here in San Diego, promote healthy child development (0-5) and emphasize strengths, positivity and hope, rather than deficits.

Get the full experience by attending in-person at the Town and Country Hotel in San Diego's Mission Valley or join us via Zoom! (Keynote sessions and selected breakout sessions will simultaneously be offered on Zoom for virtual attendees Thursday and Friday).

Registration Fees:
Live: In-Person at the Town and Country Hotel, San Diego CA
Thursday/Friday Early Bird Fee $175 per day (After July 31: $200 per day)
Includes parking, lunch, and refreshments
Saturday 1/2 Day: $75 per day
(After July 31: $100)
Includes parking, breakfast, and refreshments
Virtual Attendance via Zoom
Thurs/Fri Only: $75 per day.
CE/CME is Included at no extra fee, thanks to additional funding this year from **San Diego County Behavioral Health Services!**

If you are involved in providing assessment, treatment, education, or services for children & families, this conference is for you!

Register Now: Click Here
Visit: earlychildhoodmentalhealth-sandiego.com

14th Annual Early Childhood Mental Health Conference - We Can't Wait
Re-imagining Prevention and Early Intervention in Communities of Hope
September 28-30, 2023 - Hybrid Meeting - #wecantwait #ECMH

Keynote Speakers

Kate Rosenblum, PhD, ABPP is a clinical and developmental psychologist and holds dual appointments as a Professor in the Department of Psychiatry and Obstetrics and Gynecology at the University of Michigan. She co-directs the Women and Infants Mental Health Program, the Infant and Early Childhood Clinic, and Zero to Thrive, a program focused on promoting the health and resilience of families with young children facing adversity through research, training, and service. Visit: www.zerotothrive.org

Maria Muzik, MD, MSc Maria Musik, MD, MSc i**s** an Associate Professor of Psychiatry and Obstetrics & Gynecology and serves as the Medical Director of the Perinatal Psychiatry Program at Michigan Medicine, the Medical Director for MC3 Perinatal, a state-wide perinatal access program to primary care, public health nursing, community mental health and other health providers, and co-director of Zero to Thrive. Visit www.zerotothrive.org

Robert Sege, MD, PhD, FAAP is a pediatrician and director of the Center for Community-Engaged Medicine at Tufts Medical Center, and a Professor of Medicine and Pediatrics at Tufts University School of Medicine. Dr. Sege is nationally known for his research on effective health systems approaches that directly address the social determinants of health. He is a Senior Fellow at the Center for the Study of Social Policy in Washington and serves on the boards of the Massachusetts Children's Trust and Prevent Child Abuse America. Visit: www.positiveexperience.org

Aimee Zeitz, LMFT has over twenty years of experience in non-profit leadership, built on a foundation of strategic partnerships and authentic collaboration. In 2017, she joined the YMCA Childcare Resource Service, a social services branch of the YMCA of San Diego County. She currently serves as the Director of Strategic Advancement, supporting programs across the agency in providing comprehensive, family-centered services, building out the YMCA "Community Connection Hub" model and overseeing multiple early childhood mental health programs. She also serves as the Project Director for Partners in Prevention, a local collaborative effort to increase child and family wellbeing and prevent child abuse and neglect. Visit: www.ymcasd.org

Kimberly Giardina, DSW, MSW, is the director for the Child and Family Well-Being department with the San Diego County Health and Human Services Agency and has consulted on child welfare issues at the national, state, and local levels. Dr. Giardina is leading the transformation of the child welfare system in San Diego into a child and family well-being system with the vision of improving coordination, communication and partnership between family serving organizations in San Diego to help strengthen families and communities so that fewer children experience abuse and neglect. Her passion is to improve policy and practice issues within the child welfare system so that it works best for the children and families it serves. Visit: www. www.sandiegocounty.gov/hhsa/

Graduate/Student Billing

1. **How can counties claim for clinical services provided by master's degree students and non-licensed PhD students (students who are not yet able to register with BBS) working in a field practicum?**
   In California, master's degree students and non-licensed PhD students who are working in a field practicum may provide clinical services within their scope of practice under the supervision of a licensed behavioral health professional. DHCS will be submitting a State Plan Amendment (SPA) to the Centers for Medicare & Medicaid Services (CMS) to clarify the role of practicum students as SMHS and DMC/DMC-ODS providers. Once the SPA is approved, the effective date will be retroactive to July 1, 2023.

   DHCS will also deploy updates to the Short-Doyle Medi-Cal claiming system to allow master's degree students and non-licensed PhD students who are working in a field practicum to use appropriate Common Procedural Terminology (CPT) codes to claim for reimbursement and will assign county behavioral health fee schedule rates for students who are working in a field practicum. In the interim, counties have the option to hold claims for students or submit claims pursuant to the guidance below and then replace them after the SPA is approved and the claiming system is updated.

   Students providing clinical interventions within their scope of practice should use appropriate CPT codes with an HL modifier to claim for reimbursement and include their NPI and the taxonomy code of their supervising clinician.

Project Return Peer Support Network, Mental Health America of California and Mental Health America of San Francisco have joined together to form:
California Association of Peer Supporters Academy (CAPS).

The Medi-Cal Peer Support Specialist Certification Training is built on the foundation of one of the oldest and best Peer Trainings in California. Our training prepares those who identify as peers for roles in the public mental health system as employees or volunteers able to support individuals on their road to recovery through intentional and skillful use of lived experience.

CAPS IS A CALMHSA APPROVED MEDI-CAL PEER SUPPORT SPECIALIST TRAINING

WHO CAN PARTICIPATE?

Those who identify as a Peer in recovery who are age 18 or older and who have personal lived experience with a mental illness, addiction, justice involvement and/or a close family member with lived experience.

Training participants must commit to attending and actively participating in 80 hours of training.

Training participants must have the technical capability and make a commitment to participate on camera during Zoom virtual classroom sessions.

Training participants must have the Heart and Passion to assist others on their journey of recovery.

APPLICATION INFORMATION:

To apply online, please visit:
http://caps.academy/home-peer-supporters-academy.html

Contact: Georgie Sullivan, Training Assistant
gsullivan@prpsn.org

323-772-9732

PROGRAM DETAILS:

- 80 hours of engaging instruction via Zoom and self- paced Work
- Guest Subject Matter Experts with over 30 years' combined experience
- 1:1 support meeting with CAPS Instructors
- The option to have a Peer Partner
- Exam prep in the form of quizzes, teach backs and study groups
- Classroom and 1:1 instruction on how to register for the exam

To learn more about the CA Peer Certification process go to:
capeercertification.org

COURSE TOPICS :

- The Concepts of Hope, Recovery & Wellness
- Confidentiality
- Conflict Resolution
- Co-Occurring Disorders
- Crisis & Safety Planning
- Cultural & Structural Competence
- Digital Literacy
- Documentation
- Employment Prep
- Group Facilitation Skills
- Navigation of Services & Referrals
- Psychiatric Rehabilitation
- The Role of Advocacy
- The Role of Consumers & Family Members
- Self-Disclosure in the Workplace
- Self-Awareness and Self Care
- Trauma Informed Care
- Welcoming: The Great Equalizer
- Person Centered Language

Overview of California Medi-Cal
Peer Support Specialist Certification

What is Peer Support?

Peer Support is an essential part of an individual's recovery process. Peer Support often entails persons with lived experiences that have been through similar struggles and can offer support to others in their recovery. *"Peer support is the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people."* Mead, S. (2003); Solomon, P. (2004)

What is a Peer Support Specialist?

A peer support specialist is a professional who uses their own lived experience of recovery to provide support and guidance to clients with mental health or substance use challenges. By collaborating with other professionals and sharing resources to help aid clients cope and recover.

What is the Peer Support Specialist Certification?

Peers and family members who want to be recognized as state certified Peer Support Specialists must complete a recognized Peer Support Specialist Certification training program. Once someone receives their Peer Support Specialist certification from a program that is recognized by California Mental Health Services Authority_CalMHSA, they can serve in a peer or related role, and are recognized as Medi-Cal Peer Support Specialists in San Diego County (and by all counties who elect to participate in the Medi-Cal Peer Benefit under agreement with the Department of Health Care Services).

Who can Become a Peer Support Specialist?

Individuals who are 18 years of age or older, who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as the parent or family member of the consumer.

Is there a Cost to Become a Certified Peer Support Specialist?

CalMHSA is the entity that provides the official certification. Once you have completed the required training, you must apply for certification (for a fee, currently $100) and complete an exam (for an additional fee, currently $150). Some programs may provide assistance with these fees. Please contact the programs listed in this flyer for more information about the process and cost to become a Certified Peer Support Specialist.

> *Peers "get it" – I can tell them everything. They level with you. It's very important to hire people like that.*

San Diego Workforce Partnership

Work Well Initiative

HHSA

LIVE WELL SAN DIEGO

CSH

05-17-2023

California Medi-Cal *Peer Support Specialist Certification* Programs

Initial Peer Support Specialist Certification Process:

CalMHSA outlines the Initial Certification process for an applicant to become certified as a Medi-Cal Peer Support Specialist for the first time so long as they meet the eligibility criteria and successfully pass the state-approved exam. CalMHSA's website provides more detailed information which includes:

• Initial certification requirements   and   • Initial application process

After initial certification, it must be renewed every two (2) years.

San Diego Peer Support Specialist Training - NAMI San Diego

NAMI San Diego and Imperial Counties provides a free CalMHSA recognized Peer Training and Placement Program, which is designed for peers and family members seeking to become state certified and receive placement support that aligns with their career goals. To learn more about training dates, eligibility, and training topics- see Medi-Cal Peer Support Specialist Certification (PSSC) Training – NAMI San Diego

San Diego Workforce Partnership Peer Support Specialist Training

The San Diego Workforce Partnership will be launching a Peer Support Specialist (PSS) training program in 2023-2024. This innovative program will train people with lived experience to assist others in navigating the healthcare and behavioral health systems. Program participants will participate in a CalMHSA recognized PSS training and certification, job readiness and essential skills training, as well as paid on-the-job training. Sign up on the interest form here: https://forms.workforce.org/form-6266570/form

San Diego Peer Support Specialist Training - Crestwood Behavioral Health

Contact Peer Support Specialist - Crestwood Behavioral Health to learn more information and sign up for the orientation and workshop to receive CalMHSA recognized Peer Support Specialist Training.

Areas of Specialization

Want to deepen your Areas of Specialization? This includes working with the justice population, people who are unhoused, people in crisis, along with parent, caregiver and family members. Find up to date information here.

Scholarship Information

California Department of Healthcare Services has made limited funding available in the form of scholarships for Peers seeking the Certification for Medi-Cal Peer Support Specialist in California. The scholarships are on a first come basis. Click here for more information.

Online Free Supervision of Peer Workers Training

This CalMHSA online 1- hour training course for supervisors draws from best practices for the "Supervision of Peer Workers" and developed by Substance Abuse and Mental Health Services Administration (SAMHSA). Learn more and register for the Supervisors Training.

2023 MHTTC Grief Sensitivity Virtual Learning Institute

The theme for our 2023 GSVLI is

Working with grief in the context of violence: Strengthening our skills to strengthen ourselves

Links to register:

Day 1 – Wednesday, November 1, 2023: General Mental Health Workforce Sessions
Special focus on gender-based violence, institutional violence, community violence and grief

Day 2 – Thursday, November 2, 2023: School Mental Health Workforce Sessions
Special focus on school violence and grief

Mental Health Technology Transfer Center Network

LICENSEE CONTINUING EDUCATION (CE) REQUIREMENTS SUMMARY

For more information: See the [Continuing Education Brochure](#) and the [AB 1759 FAQ (Telehealth Requirement)](#)

LMFT	LCSW	LPCC	LEP	COURSES REQUIRED
				ONE-TIME Courses Required for Renewal
✓	✓	✓	✓	**Suicide Risk Assessment and Intervention (6 hours)** *Note: Can also be completed via supervised training and can be any age- see Business and Professions Code (BPC) sections 4980.396 (LMFT), 4989.23 (LEP), 4996.27 (LCSW) and 4999.66 (LPCC).* **Required for all licensees who renew after January 1, 2021***
✓	✓	✓	✓	**Telehealth (3 hours)** *Note: Can be any age and must include legal and ethical issues related to telehealth - see BPC sections 4980.395 (LMFT), 4989.23.1 (LEP), 4996.27.1 (LCSW) and 4999.67 (LPCC).* **Required for all licensees who renew after July 1, 2023***
				Required for a New Licensee's FIRST Renewal Only
✓	✓	✓		**HIV/AIDs (7 hours)** *per Title 16 California Code of Regulations (16CCR) section 1887.3 (c)*
			✓	**Child Abuse Assessment and Reporting* (7 hours. If renewing after July 1, 2023, must have been taken within the past 5 years)** *per 16CCR section 1807.2*
			✓	**Alcoholism and Other Chemical Substance Dependency* (15 hours)** *per 16CCR section 1810*
				Required for EVERY Renewal
✓	✓	✓	✓	**Law and Ethics (6 hours)** *per 16CCR section 1887.3 (d)*
✓	✓	✓	✓	**36 Hours** of CE** *(all of the above courses count toward your 36 hours if taken during your renewal period) BPC sections 4980.54 (LMFT), 4989.34 (LEP), 4996.22 (LCSW) and 4999.76 (LPCC)*

* if not already submitted with a licensure application

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**NEW licensees renewing BEFORE July 1, 2023 or whose license expires BEFORE July 1, 2023 are required to complete only 18 hours for their initial renewal.