LIVE WELL SAN DIEGO

Program Manager Meeting

Children, Youth and Families | Behavioral Health Services

July 12, 2018| Scottish Rite Center | Claude Morrison Room

1895 Camino del Rio S., San Diego 92108

9:30 – 11:30 a.m.

Breakout Session – 11:30 a.m. - 12:30 pm.

Agenda - Notes

- **Welcome** – Kim Pauly

- **QM Updates** *(MH)* (handout) - Michael Blanchard *(SUD)* (handout) - Carrie Binam
  - Billing for Co-practitioners – Interim Process
  - HHSA Transition to Privacy Incident Report (PIR) Online
  - Travel Time Guidelines – County of San Diego Drug Medi-Cal Organized Delivery System

- **Access to Service Journal Log** *(SOC)* (handout) - Kris Summit
  - QI Memos were sent out to All providers on 6/8/2018 and 6/28/2018 for the July 1st transition date.
  - If you have not received either of these memos, please contact QI Matters at QIMatters.HHSA@sdcounty.ca.gov
  - Complete resources for ALL "Access to Service Journal" related material can be found on the Optum Public Sector Website at https://www.optumsandiego.com/
  - For questions on accessing these materials please email the helpdesk at sdhelpdesk@optum.com.

- **Pathways to Well-Being** *(MH)* (handout) - Amanda "Mandy" Kaufman, Leonor Chairez
  - The California Integrated Core Practice Model for Children, Youth and Families - The Department of Health Care Services (DHCS) issued The California Integrated Core Practice Model for Children, Youth and Families (ICPM) on May 18, 2018 (MHSUDS NO. 18-022). The ICPM replaces the existing Core Practice Model (CPM) and provides practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and their partners in delivery of timely, effective, and collaborative services.
  - New Progress Note templates update –
    - CFT Meeting Note template - Focuses on the elements associated with CFT meetings and is utilized for documenting all CFT Meetings, including Wraparound CFT meetings.
    - Intensive Care Coordinator Note template - Utilized for all ICC services that occurs outside of the Child and Family Team (CFT) Meeting.
  - Pathways to Well-Being Outreach - Pathways to Well-Being (PWB) Liaisons will continue to reach out to programs to offer technical assistance and request invitations to attend provider Child and Family Team meetings.

3255 Camino Del Rio South
San Diego, CA 92108 | MS P531-C

TEL: 619 584-3016
EMAIL: Yvonne.Gage@sdcounty.ca.gov

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

- Information Reminder - As a reminder, please remember to disseminate emailed PWB announcements, bulletins, forms, and training schedules to your clinical and quality improvement/assurance staff. Copies of PWB related bulletins, forms, explanation sheets, training material, and announcements along with contact information for PWB Liaisons can be found at the BHETA website: https://theacademy.sdsu.edu/programs/BHETA/pathways/

- **New FY18/19 Programs**
  - Fred Finch CFT Meeting Facilitation Program *(SOC)* (handout) - Laura McClarin 5 minutes
    - Partnered with BHS and CWS beginning September 1, 2018
  - Center for Child and Youth Psychiatry (CCYP) *(SOC)* (handout) - Betsy Pierce 5 minutes
    - Provides tele-psychiatry and face-to-face medication evaluations and follow-up services

- **Program Highlights**
  - Nueva Vista Youth and Family Services – CRF *(SOC)* (handout) - Bill Simpson 15 minutes
  - North County Serenity House - HR360 *(SOC)* (handout) - Terri Hagman 15 minutes
    - CYF Program presentations – facility and services overview

- **Serving Children and Youth with Mild, Moderate and Significant Mental Health Impairment** *(MH)*(handout) - Eileen Quinn-O'Malley
  - Memo dated 7/2/18 regarding impairment criteria component of Specialty Mental Health Services (SMHS) summarizes the revised criteria for children and youth to receive SMHS under the MHP

- **QSR objectives for new Outcomes** *(MH)* (handout) - Eileen Quinn-O'Malley, Emily Trask 20 minutes
  - Acknowledgment and appreciation to all mental health providers for their commitment and achievements with the CANS certification process
  - QSR objectives measure completion rates, impairment and improvement
  - Focus for data collection during first year is to establish a base line
  - Focus for utilization during the first year is implementation, learning how to use CYF mHOMS and clinical utility of the measures
  - Instructions for running reports and PPT for Clinical Utility of the Pediatric Symptom Checklist is available on CASRC website: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx

- **Announcements** *(SOC)*
  - Revised CYF Program Manager Meeting Schedule FY18/19 (handout)
  - Inventory, Subcontracts and Signature Authorizations due July 31, 2018
  - HHSA Transition to Privacy Incident Report (PIR) Online (handout)
  - CCISC Annual Reports due - July 16, 2018
  - Annual School Summit (handout) - October 12, 2018 at the Marina Village Conference Center, 1936 Quivira Way, SD from 8 a.m. to 2 p.m., Resource Fair is 9-10 a.m
  - 9th Annual Early Childhood Mental Health Conference (ECMH) – We Can't Wait Conference. September 13-15, 2018 at the Crowne Plaza Hotel, San Diego

Next Meeting: September 20, 2018 (rescheduled)

Scottish Rite Center
Claude Morrison Room
1895 Camino del Rio So., San Diego, 92108
9:30 a.m. -11:30 a.m.

3255 Camino Del Rio South
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QI Provider Updates

July 2018

QUALITY MANAGEMENT TEAM UPDATES:

Upcoming Documentation Trainings for August:

Root Cause Analysis Training: August 20, 9 am to 12 noon
Support Partner Documentation Training: August 30, 9 am to 12 noon

Registration:
Look for flyers in July for all the details. Registration will open 30 days prior to each training.

A/OA Outpatient Utilization Management (Memo 6/29/18)
Effective July 1, 2018, a new UM form has been created. It will be used by A/OA outpatient programs to document the URC process, justify ongoing services or recommendations for transition to a lower level of care. This single UM form will serve as the replacement for the Previous URC, Justification of Ongoing Services (JOS), and Recommendation forms. Contact QIMatters.HHSA@sdcounty.ca.gov for the form. In the near future the form will be uploaded to Optum website, Org Provider Docs, UCRM tab and is **required as of 7/1/18**. See the attached memo for details.

Billing for Co-practitioners-Interim Process (Memo 7/2/18)
The Department of Health Care Services (DHCS) has changed the billing method for Co-practitioners. Co-practitioners can no longer be included on progress notes or for billing. The Co-practitioner will need to document on a separate progress note. See the attached memo for details.

Privacy Incident Report (PIR) Updates

- As of July 1, 2018, Privacy Incidents will no longer be reported to QM through a Serious Incident Report (SIR). This information will be documented in a PIR and sent only to the County Compliance Officer. All suspected and actual privacy incident reports must be submitted via the online web portal effective 8/1/2018. As of 8/1/2018, the PIR Word document will no longer be accepted. Go to www.cosdcompliance.org for the latest version of the form.
- Any questions or technical issues with the web form, contact Frank.Larios@sdcounty.ca.gov 619.338.2231.

A/OA Patient Medication Agreement
This is not a required form. Use of this form will not be monitored as a part of the Medical Record Review. The form is intended to be used as a tool to support good clinical practice when prescribing controlled substances. When it is used, the “Patient Medication Agreement” form should be filed with the Informed Consent for Psychotropic Medication form. It will be available as a part of the Uniform Clinical Record Manual (UCRM) on the Optum website under the UCRM tab.

Informed Consent for Psych Meds
The Informed Consent for Psych Meds has been updated as of July 1 to include client-centered language. This updated version is available on the Optum website, Org Provider Docs, UCRM tab and required as of 7/1/18.

QI Provider Updates

July 2018

Quality Improvement Partners (QIP) Meeting is dark for July. Next meeting is August 28th, 2:30 to 4:30 pm.

Annual QI Knowledge Forum

- Annual meeting will be on July 25 from 9 am to 1 pm.
- Topics covered will be system wide performance, operational process changes, DHCS updates, medical record results, documentation and billing standards, QM goals for FY18-19, compliance and other issues related to quality management, managing information, and data reporting
- Scottish Rite Event Center, Claude Morrison Room, 1895 Camino Del Rio South, 92108
- No RSVP required

CCBH Users Group Meeting

The meeting is July 17, from 1 to 3 pm. Location: 3851 Rosecrans, Coronado Room, San Diego, 92110.

MANAGEMENT INFORMATION SYSTEM (MIS) UPDATES:

Access to Service Journal

- For resources related to entry of the Access to Service Journal, please contact the Optum Support desk at sdhelpdesk@optum.com, or refer to the Optum Public Sector website for a related webinar and or data entry guidelines.
- For reporting and compliance questions regarding Access to Service Journal, please contact Tesra Widmayer at Tesra.Widmayer@sdcounty.ca.gov.
- For system enhancement inquires related to Access to Service Journal, please contact Kris Summit at Kristopher.Summit@sdcounty.ca.gov.

PERFORMANCE IMPROVEMENT TEAM (PIT) UPDATES:

No updates.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

QUALITY MANAGEMENT MEMO

To: Mental Health System of Care Providers **Date**: 7/2/18
From: Steve Jones, LCSW, QM Program Manager

Re: Billing for Co-practitioners – Interim Process

Effective: July 2, 2018

The Department of Health Care Services has recently published Informational Notice 18-002 which has changed the billing method for Co-practitioners. Counties (MHPs) are now required to submit a separate claim for each provider, including the unique NPI number for each provider.

Unfortunately, at this time, Cerner is unable to accommodate this requirement, and therefore QM has had to develop an interim process to allow the non-claiming providers to be able to account for their productivity time for the work they are providing while following the State requirements.

Therefore, co-practitioners can no longer be included on progress notes or for billing. The co-practitioner will need to document on a separate progress note.

Interim Claiming Process for Co-Practitioner

Group Notes: The Lead server will bill for the entire group and document accordingly, not attaching the co-practitioner to the service encounter. The co-practitioner will open a separate group progress note, and shall use the SC 815, documenting their unique contribution to the group service.

- All Medi-Cal documentation and billing standards are in effect for the billable and non-billable interim group process. The non-billable group shall include the required documentation as if the collateral server were to be claimed for payment.

Individual Services: The Lead server will document and bill the specialty mental health service per current standards. The co-practitioner will separately document and bill time for their unique contribution for the specialty mental health service.

Please direct any questions and/or comments to the QI Matters mailbox: **QIMatters.HHSA@sdcounty.ca.gov**

QI Provider Updates

July 2018

Substance Use Disorder (SUD) Program Updates

ASAM C Trainings Available

- ASAM C Training is scheduled for 7/18/18, 7/19/18, and 8/8/18
- Details on location and registration were emailed to all programs on 6/25/18 and 7/2/18
- Contact QIMatters.HHSA@sdcounty.ca.gov, if you did not receive those emails
- If you register and cannot attend, please cancel your registration to make room for other providers who may be on a wait list to attend.

ASAM Discussion Groups in July

- As a reminder, these are not trainings, but an opportunity to share with others about program successes, challenges, case presentations, and questions regarding ASAM Implementation.
- Groups will be limited to 25 participants and reservations are required by emailing QIMatters.HHSA@sdcounty.ca.gov
- We now have a meeting in North County at the North Inland Live Well Center
- July dates/times are: 7/12/18 at 10am, 7/20/18 at 2pm (North County location), and 7/26/18 at 2pm.
- If you register and cannot attend, please cancel your registration to make room for other providers who may be on a wait list to attend."

New SUDPOH and BHS DMC Billing Manuals Posted on Optum

- The SUDPOH and BHS DMC Billing Manuals have been updated and revised to accommodate new information regarding implementation of the DMC-ODS
- The new SUDPOH and the updated appendix forms have been posted on the SUDPOH tab of the DMC-ODS page on the Optum Website (https://www.optumsandiego.com/)
- The new BHS DMC Billing Manual is posted on the Manuals tab of the DMC-ODS page on the Optum Website (https://www.optumsandiego.com/)

Updated and New Client File Forms, Beneficiary Materials, and Guides were Posted on Optum

- New forms are posted on the Optum website (https://www.optumsandiego.com/) on the DMC-ODS page
- The current client file forms and instructions are located on the SUDURM Tab.
- The beneficiary materials, including the grievance and appeal forms, are located on the Beneficiary Tab
- A One-Pager on the Medical Director in DMC-ODS and various quick guides (e.g., DSM 5/ICD 10 Guide, Minimum Quality Drug Treatment Standards, and Same Day Billing Matrix) were added to the Toolbox Tab
- If you have any questions about these new forms and resources on Optum, please contact QIMatters.HHSA@sdcounty.ca.gov

NAADAC Offers Free Upcoming Webinars

- NAADAC is offering several free, upcoming webinars. CE's available.
- Topics include Early Recovery Nutrition Education, Authentic Self-Care for Addiction Professionals, Cognitive Behavioral Therapy for Substance Use Disorders, and other topics.
- To register, go to https://www.naadac.org/webinars and select the July – September 2018 or October – December 2018 options.

Handling the Transition from Treatment to Recovery Services in SanWITS

- When a client is ending treatment, the program enrollment must be end dated and a CalOMS Discharge completed and submitted to the state. If the same provider is going to engage the client for recovery services, the SanWITS episode/case can remain open. The client will need to have a Recovery Services program enrollment opened and recovery services can begin (no CalOMS is required for recovery services). If the client does not begin recovery services immediately, the client

should still be opened to the Recovery Services program enrollment so that provider can claim direct contact with the client while following the guidelines for engaging clients in recovery services (see SUDPOH section D, pages D.20 and D.21 for guidelines on the process for engaging clients in recovery services and how to document). Please note: leaving voice mail messages for clients is not considered a "direct contact" and is never billable. Only actual discussion with the client are billable as recovery services when reaching out to clients to engage them in this "after care."

- If the client is not engaged in recovery services per the timeframe guidelines in SUDPOH section D, (i.e. not heard from or made contact with the client for 30 calendar days after the last attempted contact) the Recovery Services program enrollment should be end dated and the SanWITS episode/case closed and no additional efforts to engage the client are required.
- Clients who reconnect more than three months after treatment discharge requesting recovery services must be screened to determine if this level of care continues to be appropriate for the client's needs at that time. If the SanWITS episode/case is closed, the case would need to be reopened then Recovery Service program enrollment opened.

Privacy Incident Report (PIR) Updates

- As of July 1, 2018, Privacy Incidents will no longer be reported to QM through a Serious Incident Report (SIR). This information will be documented in a PIR and sent only to the County Compliance Officer. All suspected and actual privacy incident reports must be submitted via the online web portal effective August 1, 2018. As of 8/1/2018, the PIR Word document will no longer be accepted. Go to www.cosdcompliance.org for the latest version of the form.
- Any questions or technical issues with the web form, contact Frank.Larios@sdcounty.ca.gov 619.338.2231.
- See the attached PIR process flowchart

Travel Time Guidelines (Memo 7/5/18)

As part of the Drug Medi-Cal Organized Delivery System, some services may be provided in appropriate settings in the community (i.e. where client confidentiality can be maintained). When this occurs, travel time to direct services can be claimed when meeting the standards described in the attached memo that went out on July 5th.

In addition to the documentation standards for claiming travel time as described in the memo, please note that documentation of services provided in the community must identify the location and how the provided ensured the client's confidentiality was safeguarded. Please refer to the current version of the SUDPOH for specific services that may be appropriately provided in the community. The memo is posted on the Optum website, Drug Medi-Cal Organized Delivery System, Communications tab. If you have any questions, please contact QIMatters.HHSA@sdcounty.ca.gov

QUALITY MANAGEMENT MEMO

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

To: Substance Use Disorders Service Providers **Date:** July 5, 2018

From: Tim Tormey, Behavioral Health Program Coordinator

Re: **Travel Time Guidelines – County of San Diego Drug Medi-Cal Organized Delivery System**

The County of San Diego Drug Medi-Cal Organized Delivery System (DMC-ODS) permits claiming for travel time when it is linked to the delivery of a direct DMC-ODS substance use disorder service (i.e. staff time to travel to/from providing a direct service to a client). However, travel time between provider sites or from a staff member's residence to a provider site may not be claimed. When claiming for travel time, programs shall document in the appropriate fields of the progress note the **"travel to location"** start and end time, the **"travel from location"** start and end time, and the "**total travel time"** for the delivery of the service. These are required elements for documentation to increase accuracy in travel time claimed and reduce audit risk. In the body of the progress note, a narrative documentation of the "to" and "from" locations should be descriptive to reasonably account for the travel time claimed, but exact addresses are not required. For example: "Staff traveled roundtrip from the office in North Park to the client's home in Santee."

Additionally, extended travel time may be claimed to account for the "normal flow" of traffic. Normal flow of traffic is defined as consistent and repetitive peak usage periods that occur regularly and can be predicted with reliability (i.e. rush hour). Documentation should substantiate extended travel time claimed in order to reduce audit risk. For example: "Staff traveled from office in Mission Valley to client's recovery residence in Chula Vista at 5:30pm. Travel time accounts for rush hour traffic." Travel time may not be claimed for unpredictable incidents such as accidents, breakdowns, or debris in travel lanes which cause congestion on the roadway and significantly extends travel time.

Documentation and claiming examples are below:

Traveling to Multiple Off-Site Locations

It is permissible to claim for travel between different off-site locations when providing services to more than one client. In order to claim for travel time, the following shall be done:

Document the starting and ending point in a progress note, with documentation of the **"travel to location"** start and end time, the **"travel from location"** start and end time, and the "**total travel time"** in the corresponding prompts on the progress note. It is not permissible to claim the entire travel time for both clients to just one client.

Counselor travels from office to Client A's home. Claim for travel time from office to Client A's home.

Counselor then travels from Client A's home to Client B's home. Claim for travel time from Client A's home to Client B's home.

If Counselor travels back to the office, travel time can be claimed from Client B's home to the office.

Documentation Example: Client A: "Counselor traveled from office in Mission Valley to client's home in Escondido." Client B: "Counselor traveled from Escondido to client's home in Carlsbad and back to the office in Mission Valley."

Travel Time when Starting or Ending at Home

Travel time may be claimed when starting or ending the workday at home. In order to claim, the time must be the same or less than normal travel time from office to client's location.

Counselor claims travel time from their home in Mira Mesa to client's home in Escondido, then claims travel time to the office in Mission Valley after the service. (This is acceptable because the client's home in Escondido is closer to Mira Mesa than it is to the office in Mission Valley).

Counselor travels from home in Chula Vista to client's location in Fallbrook to start the day. Office is in Mission Valley. When traveling from counselor's home to client's location, if the distance is **farther** than the office to the client's location, counselor may only claim the standard travel time from the office to client's location. For example: counselor home to client location is 50 minutes, but office to client's location is 30 minutes, then counselor can only claim 30 minutes travel time.

Documentation Example: "Counselor traveled from home in Chula Vista to client's location in Fallbrook, but travel time only includes standard travel time from office in Mission Valley to client's location."

Travel Time for Multiple Clients and Same Location

Travel time can be claimed when traveling to one location to visit multiple clients. Travel time must be divided equally among the clients. It is not permissible to claim the entire travel time to just one client.

A staff travels one hour to one location to see two clients. When claiming for the travel time, it must be divided and 30 minutes would be documented for each client and this calculation should be explained in both clients' progress notes.

Travel Time between Provider Sites

Is it permissible to claim for travel between provider sites when providing DMC-ODS substance use disorder services?

Travel time between provider sites or from a staff member's residence to a provider site may not be claimed. A provider site is defined as a site with a provider number. This includes affiliated satellite sites and school sites.

A staff member travels from office in Mission Valley to attend a meeting at another DMC-ODS provider's office. Program may not claim for this travel time when delivering DMC-ODS substance use disorder services as the provider's office is (or will be) Drug Medi-Cal certified with a Provider number.

A staff member travels from main office in Mission Valley to affiliated office in North County. Program may not claim for travel time when delivering DMC-ODS substance use disorder services as the affiliated office has (or will have) its own individual Drug Medi-Cal certification and Provider number.

A staff member travels from program office to client's residence, picks up client and drives client to another DMC-ODS provider (with a provider number). Program may not claim for travel time. This would be considered traveling from provider site to provider site, even though the travel was interrupted by stopping at client's home.

When a staff member travels from the program office and provides a DMC-ODS substance use disorder service at an offsite location (home, recovery residence, community location) and then goes from the offsite location to another provider site, the travel time to the offsite location and return trip may be claimed if it is a component of a reimbursable DMC-ODS substance use disorder service.

For questions regarding this memo, please contact QIMatters.HHSA@sdcounty.ca.gov

County of San Diego—HHSA

Privacy Incident Reporting Process for Programs

Step 1:

1. Staff becomes aware of **suspected or actual** privacy incident.
2. Staff notifies manager **immediately.**
3. If County contractor was involved, notify Contracting Officer's Representative (COR).

Examples of *potential* privacy incidents include:

- Giving Client A's paperwork to Client B
- Sending email with client information to wrong staff
- Sending unencrypted email with client information outside of the County
- Misplacing a client's chart
- Losing County-issued phone or laptop

Step 2:

If <u>County</u> incident, Program Manager will:

1. If suspected or actual privacy incident involves **500 or more individuals**, notify Agency Privacy Officer (APO) **immediately** by emailing: angie.devoss@sdcounty.ca.gov and frank.larios@sdcounty.ca.gov
   For all other suspected or actual privacy incidents follow steps below.
2. **S**ubmit an **Initial** *HHSA Privacy Incident Report (PIR)* **online** via the web portal: https://www.sandiegocounty.gov/content/sdc/hhsa/hhsa-privdb-landing.html.
   Complete initial *PIR web-form* to the best of your ability and submit **within 1 business day**. The PIR web-form landing page link is also available on the Agency Compliance Office's website: www.cosdcompliance.org.
3. Submitter will receive an email with the PIR Tracking # and an Access Code. Use this information to access your PIR via the same web link above.
4. **Continue to investigate and Update** the PIR online **within 72 hours**, including required information missing from initial report and any additional information requested by APO.
5. Provide any pending or additional information needed to submit **Final** completed PIR **within 7 business days of initial discovery.**

If <u>Contractor</u> incident, COR will:

1. Direct Contractor to complete HHSA Privacy Incident Report Web-Form **online** and updates, as outlined above.
2. Direct Contractor to complete any other steps as directed by APO, including, but not limited to notifications or external reporting.

Step 3:

APO will:

1. Determine whether privacy incident occurred.
2. Recommend level of external reporting to County Counsel and Chief Operating Officer.
3. Assess whether client notifications are needed.

If notifications are required:

1. **County Program Manager** will draft client notifications using template provided by APO & provide draft to APO within **3 business days**.
2. **Contractors** will submit draft notification to APO compliant with CA Civil Code §1798.29
3. Mail approved notifications to client **within 5 business days** of receiving APO approval**.**
4. Provide copy of all notifications as well as date sent to APO.

Access to Service Journal

PREFACE

- The “Access to Service Journal” is the same as “Access Times Log.”
- Programs that have historically entered “Access Times,” will continue to do so.
- If you have not reported Access Times in the past, you will NOT report now.
- The “Access to Service Journal” in general, reports the same metrics and values as the excel log that you are used to.
- QI Memos were sent out to All providers on 6/8/2018 and 6/28/2018 for the July 1st transition date.
- If you have not received either of these memos, please contact QI Matters at QIMatters.HHSA@sdcounty.ca.gov

- Complete resources for ALL “Access to Service Journal” related material can be found on the Optum Public Sector Website at https://www.optumsandiego.com/

- For questions on accessing these materials please email the helpdesk at sdhelpdesk@optum.com.

BHS PROVIDER UPDATES

2018-3

Announcing: The California Integrated Core Practice Model for Children, Youth, and Families

The Department of Health Care Services (DHCS) issued The California Integrated Core Practice Model for Children, Youth and Families (ICPM) on May 18, 2018 (MHSUDS NO. 18-022). The ICPM replaces the existing Core Practice Model (CPM) and provides practical guidance and direction to support county child welfare, juvenile probation, behavioral health agencies, and their partners in delivery of timely, effective, and collaborative services. Important updates in the ICPM include:

- Integration of Probation, Continuum of Care Reform fundamental principles and specific practice behaviors across systems
- Identification of the Child and Adolescent Needs and Strengths (CANS) as the selected measure for DHCS and CDSS to provide a platform for the CFT to guide conversations and support the teaming process
- Guidance for Child Welfare Services (CWS) on Core Practices and behaviors, including Engagement, Assessment, Teaming, Service Planning/Delivery, and Transition
- Components of ICPM implementation and a developmental framework for implementation
- Illustration outlining the referral process in the CWS system (Appendix A)
- Information on accessing mental health services through the Mental Health Plan or Medi-Cal Managed Care Plans (Appendix B)
- Illustration outlining the Juvenile Offender Court Process (Appendix C)

Please share this information with your clinical staff and Care Coordinators. All previous Pathways to Well-Being (PWB) mandates for youth identified as Enhanced/Subclass remain in place.

The ICPM manual and current PWB information can be found on the BHETA PWB website https://theacademy.sdsu.edu/programs/BHETA/pathways/.

If you have questions, please contact your BHS PWB Liaison or the BHS PWB Program Manager Amanda (Mandy) Kaufman at Amanda.Kaufman@sdcounty.ca.gov or (619) 563-2723

BHS PROVIDER UPDATES

2018-4

Progress Note Template Update:
CFT Meeting Note and ICC Note

Please find attached the following progress note template updates:

- **CFT Meeting Note template:** focuses on the elements associated with CFT meetings and is utilized for documenting all CFT Meetings, including Wraparound CFT meetings.

- **Intensive Care Coordinator (ICC) Note template:** utilized for all ICC services that occur outside of the Child and Family Team (CFT) Meeting.

Providers will complete the CFT Meeting Note and the ICC Note electronically in CCBH. All programs should use the new templates effective **July 1, 2018**. Please communicate with your COR if there are challenges with this timeline.

Please share this information with all program staff that are documenting and billing Service Code 82: Intensive Care Coordination.

The updated forms, explanation sheets and current PWB information can be found on the BHETA PWB website https://theacademy.sdsu.edu/programs/BHETA/pathways/.

If you have questions, please contact your BHS PWB Liaison or the BHS PWB Program Manager Amanda (Mandy) Kaufman at Amanda.Kaufman@sdcounty.ca.gov or (619) 563-2723.

Pathways to Well-Being
CHILD AND FAMILY TEAM MEETING NOTE

WHEN: The Child and Family Team (CFT) Note is used when documenting a CFT Meeting.

ON WHOM: Client who is the focus of CFT meeting.

COMPLETED BY: Staff delivering services within scope of practice. Co-signatures must be completed within timelines.

Note: When more than one staff member attends the CFT meeting, each staff member is required to complete a CFT Meeting Note.

MODE OF COMPLETION: Data must be entered into the Electronic Health Record (EHR), Cerner Community Behavioral Health (CCBH). Day programs will document in the paper chart.

REQUIRED ELEMENTS: The following elements of the CFT Meeting Note must be addressed, including:

- **Service Indicators**: Complete All Fields
- **Travel To/From:** Enter applicable location origin and applicable location destination.
- **Participants**: Identify role of each participant and title if applicable. If all identified team members were not present, document reason.
- **Meeting Focus**: Address purpose of CFT meeting, could include permanency, stabilization of client in home, mental health concerns, education concerns, transition, etc., *may be more than one*
- **Meeting Summary**: Outline content of what occurred during meeting; new team members/supports identified, group agreements established, client/family goals and strengths identified, what is working well, what supports are in place, actions taken since last meeting, what are the needs of client/family
- **Intervention**: Must include identified intervention and may include active listening
- **Response/Observed Behavior(s)**: Client's current high risk behaviors that meet medical necessity; client's response to interventions; client's observed mood/behavior during meeting
- **Progress**: Include progress or barriers to progress toward meeting client plan goal
- **Action Plan**: What are the identified action steps agreed to in this meeting, CFT member responsible for completing action step
- **If Wraparound CFT Meeting**, Phase of Wraparound: Choose Engagement, Planning, Implementation, or Transition
- **Overall Risk**: Enter information pertaining to client only. If client is deemed to be at elevated risk, must document interventions including safety planning
- **Additional Information** (when applicable)
- **CFT Summary and Action Plan Offered** to Youth, Caregiver, Protective Services Worker, and/or Probation Officer (as applicable), and other team members on: (Enter date) All members will receive copy of CFT Summary and Action Plan. Programs utilizing the CFT Meeting Facilitation Program are not responsible for distributing the CFT Summary and Action Plan

BILLING:

- After rendering this service, note is to be completed and final approved
- Multiple members participating in the CFT Meeting may bill for their role in the meeting including active listening
- Each participating provider may bill for the total minutes during which their client is discussed
- Select ID 92 under Evidence Based Practice (EBP) button (Homework/CFT) for documenting the Child Family Team Meeting

Client:	Case #:	Program:
Date of Service:	Unit:	SubUnit:

Server ID:	Service Time:	Travel Time:	Documentation Time:

Person Contacted:	Place:	Outside Facility:	Contact Type:	Appointment Type:

Billing Type (Language Provided In):	Intensity Type (Interpreter Utilized):	EBP (CFT Meeting):

Focus of session Diagnosis ICD-10 Code(s):	Service:

Collateral Server ID:	Service Time:	Travel Time:	Documentation Time:

CHILD AND FAMILY TEAM MEETING/CFT MEETING NOTE

Traveled To/From (when applicable):

Participants (List all participants and role; if all team members were not present, explain reason):

Meeting Focus (Permanency, stabilization of client in home, address mental health concerns, education concerns, transition, etc., *may be more than one*):

Meeting Summary (Team members identified, group agreements established, client/family goals and strengths identified, what is working well, what supports are in place, actions taken since last meeting, what are the needs of client/family):

Intervention (Writer's unique role and contribution in meeting):

Response/Observed Behavior(s) (Current high risk behaviors that meet medical necessity; client's response to interventions; observed mood/behavior during meeting):

Progress (include progress or barriers to progress toward meeting client plan goal):

Action Plan (What are the identified action steps agreed to in this meeting):

If Wraparound CFT Meeting, Phase of Wraparound (Engagement, Planning, Implementation, Transition):

Overall Risk (Based on current service, including mitigating factors, evaluate and determine if the client is at an elevated risk for):

Danger to Self:

Danger to Others:

Additional Information (when applicable):

<u>If CFT Meeting Facilitation Program was not utilized:</u> CFT Summary and Action Plan Offered to Youth, Caregiver, PSW and/or Probation Officer (as applicable), and other team members on:

Signature/Credential	Date	Printed Name/Credential/Server ID#
Signature/Credential	Date	Printed Name/Credential/Server ID#

Pathways to Well-Being
INTENSIVE CARE COORDINATION NOTE

WHEN: The ICC Intensive Care Coordination (ICC)/ICC note can be used to document any ICC service conducted outside of the Child and Family Team (CFT) Meeting.

ON WHOM: All youth receiving ICC.

COMPLETED BY: Staff delivering the service within scope of practice. Co-signatures must be completed within timelines.

Note: When more than one staff member provides ICC services, each staff member is required to complete an ICC Note. Note must include identification of the staff member's unique role/function/contribution, demonstrate medical necessity of the service, and time billed is clearly substantiated.

MODE OF COMPLETION: Data must be entered into the Electronic Health Record (EHR), Cerner Community Behavioral Health (CCBH). Day programs will document in the paper chart.

REQUIRED ELEMENTS: The following elements of the ICC Note must be addressed, including:

- **Service Indicators:** Complete All Fields
- **Travel To/From:** Enter applicable location origin and applicable location destination.
- **Does this service include working toward identifying the Child and Family Team (CFT) or has the CFT been identified**. Answer yes or no. According to the definition of ICC, a CFT must be identified in order to provide ICC. ICC requires collaborative participation by the provider and at least one member of the CFT. If a team is not currently, or in the process of being identified, the service does not meet the criteria for ICC Service Code 82; choose the service code that best matches the service being provided.
- **Must complete at least 1 of the 3 sections below:**
  - Planning/assessment/reassessment of strengths and need: Includes gathering information to determine needs, ensuring plans are integrated with system partners, identifying goals and objectives
  - Referral, monitoring, and follow up activities: Includes evaluation of plan effectiveness, reworking plan as needed, referrals/recommendations to meet youths needs
  - Transition to promote long-term stability: Demonstration of client plan goal achievement, plan for transitioning youth/family from formal to informal natural/community supports
- **Functional Impairment:** Client's current impairment, symptoms/behaviors affecting functioning that is the focus of the service
- **If Client Present, Response to Intervention/ Observed Behaviors:** Client's response to interventions; client's observed mood/behavior
- **Plan:** Next steps including any change in client plan, referrals given, CFT meetings scheduled, updating or collaborating with other team members
- **Overall Risk:** Enter information pertaining to client only. If client is deemed to be at elevated risk, must document interventions including safety planning
- **Additional Information:** When applicable

BILLING:

- After rendering this service, note is to be completed and final approved.

Client:	Case #:		Program:	
Date of Service:	Unit:		SubUnit:	
Server ID:	Service Time:	Travel Time		Documentation Time:
Person Contacted:	Place:	Outside Facility:	Contact Type:	Appointment Type:
Billing Type (Language Service Provided In):		Intensity Type (Interpreter Utilized):		
Focus of session Diagnosis ICD-10 Code(s):		Service:		

INTENSIVE CARE COORDINATION/ICC NOTE

Traveled To/From (when applicable):

Does this service include working toward identifying the Child and Family Team or has the Child and Family Team been identified? ☐ Yes ☐ No (If No, does not meet criteria for ICC Service Code 82 and appropriate code should be identified)

Intensive Care Coordination Intervention (Describe purpose and content of contact as related to teaming, supporting client's stabilization and mental health needs).

Focus on the following ICC components (a minimum of one must be addressed/ may be more than one):

- Planning/assessment/reassessment of strengths and need:
- Referral, monitoring, and follow up activities:
- Transition to promote long-term stability:

Functional Impairment (Client Current Impairment, Symptoms/behaviors affecting functioning that is the focus of service):

If Client Present, Response to Intervention/ Observed Behaviors:

Plan (next steps i.e. change in client plan, referrals given, child and family team meeting scheduled, updating or collaborating with other team members):

Overall Risk (Based on current service, including mitigating factors, evaluate and determine if the client is at an elevated risk for):

Danger to Self:

Danger to Others:

Additional Information (when applicable):

Signature/Credential	Date	Printed Name/Credential/Server ID#
Co-Signature/Credential	Date	Printed Name/Credential/Server ID#

CFT Meeting Facilitation Program

Fred Finch Youth Center (FFYC), in partnership with Child Welfare Services (CWS), Behavioral Health Services (BHS), and Probation, is pleased to announce the start of the Child and Family Team (CFT) Meeting Facilitation Program. The CFT Meeting Facilitation Program will be scheduling, organizing, and facilitating CFT meetings while closely collaborating and coordinating with all pertinent people in the youth and family's life: CWS Worker, Probation Officer, BHS providers (e.g., TBS worker, therapist, Wraparound staff, or psychiatrist), identified educational supports, and natural supports (e.g., a neighbor, coach, or church leader who is particularly involved).

The CFT Meeting Facilitation Program will create a culturally relevant and individualized plan for the youth and family to help them meet their behavioral health, CWS, and/or Probation goals. The CFT Program will support the goals of timely reunification, permanency, placement stability, reduced use of congregate care, increased permanent connections, reduced recidivism, and the identified mental health and well-being goals of the youth and family.

The CFT Meeting Facilitation Program will have staff co-located at CWS offices throughout the County, at the main Probation office as well as at FFYC satellite offices across the County to ensure that the needs of youth and family are served in a timely manner with meetings in the family's community.

The CFT Meeting Facilitation Program will serve CWS children/youth eligible for Enhanced Services, CWS children/youth 0-21 years of age in voluntary or court involved cases, Probation children/youth up to 21 years of age, as well as children/youth within the BHS Children, Youth and Families (CYF) system of care who receive intensive care coordination (ICC) services who are not necessarily involved with CWS/Probation.

Fred Finch Youth Center's mission is to provide innovative, effective services supporting children, youth, young adults, and families to heal from trauma and lead healthier, productive lives

respect * family * compassion * persistence * safety * hope

7/9/18

CFT Meeting Facilitation Program

When:

- *September 1st, 2018*

For Whom:

- *All new clients in all mental health treatment programs (assignment opened after 9/1/2018)*
- *All clients, regardless of opening date, receiving services from the following programs:*
  - *o CASS*
  - *o Polinsky Outpatient Program*
  - *o Fred Finch Residential*
  - *o SDCC Residential*
  - *o Casa de Amparo Residential*
  - *o NA South Campus Residential*
  - *o San Pasqual Academy*

Questions:	Program Manager Laura McClarin, LMFT lauramcclarin@fredfinch.org Your assigned COR
Referrals:	CFTReferrals@fredfinch.org Fax: (858)335-3949

LIVE WELL SAN DIEGO

Fred Finch Youth Center's mission is to provide innovative, effective services supporting children, youth, young adults, and families to heal from trauma and lead healthier, productive lives

respect * family * compassion * persistence * safety * hope

Center for Child & Youth Psychiatry

A PROGRAM MANAGED BY NEW ALTERNATIVES

Center For Child And Youth Psychiatry (CCYP)

- Provides tele-psychiatry and face-to-face medication evaluations and follow-up services at multiple locations throughout the County.
- Monthly community resources fairs will feature relevant healthcare topics and education. Videos, books and community resources will also be offered.
- Long-acting injectable psychotropic medication, when indicated and necessary, for youth's stability, will be available at multiple sites throughout the County.

CCYP serves

- Medi-Cal and unfunded children and youth up to 21 years of age.
- Children and youth who have successfully completed outpatient therapy services and still require medication monitoring that are too complex for their PCP to manage.
- Medically fragile children and youth at Rady Children's Hospital, Special Needs Clinic.

CCYP Provides

- Ongoing medication evaluation and monitoring
- Limited case management and crisis intervention by nursing staff, licensed clinicians and a parent partner.
- Services in convenient locations and limited services in the home.

CCYP Locations throughout the County include:

Central Region

2535 Kettner Blvd, Ste. 1A4, SD, CA 92101
5275 Market Street, Suite F, SD, CA 92114

North Central Region

3517 Camino del Rio South, SD, CA 92108
3944 Murphy Canyon Road, C205, SD, CA 92123

North Inland Region

17701 San Pasqual Valley Rd, Escondido, CA 92025
225 West Valley Parkway #100, Escondido, CA92025

North Coastal Region

1020 S. Santa Fe Avenue, Suite B-1, Vista, CA
1237 Green Oak Road, Vista, CA 92081

South Region

730 Medical Center Court, Chula Vista, CA 91911
847 Encina Ave, Imperial Beach, CA 91932

East Region

3602 Kenora Drive, Spring Valley, CA 91977
7739 Pacific Avenue, Lemon Grove, CA 91945

Referrals

CCYPreferrals@newalternatives.org

Provider referrals accepted to ensure warm hand-offs at time of client's successful completion of outpatient treatment

Hours

Tuesday

9 AM to 8 PM

Monday, Wednesday, Thursday and Friday

9 AM to 5 PM

Main Location

8755 Aero Dr. Suite 306,

San Diego, CA 92123

Contact

Betsy J. Pierce, LMFT

Phone: 858-634-1100

Fax: 858-634-1101

Website: CCYPsd.org

(under construction)

Center for Child & Youth Psychiatry

A PROGRAM MANAGED BY NEW ALTERNATIVES

CCYPsd.org

The Center for Child and Youth Psychiatry (CCYP) utilizes **telepsychiatry/telehealth** and **face-to-face** practices at multiple locations throughout San Diego County to provide outpatient psychiatric evaluation and medication support services.

- Services are available to children and youth who have successfully discharged from their outpatient mental health provider, yet have psychotropic medication needs that are too complex for their primary care physician and/or a Federally Qualified Health Center (FQHC) to manage.
- The Center provides linkage and facilitates access to psychotropic medication, including the administration of **long-acting injectable psychotropic medication**, when indicated and necessary for the youth's stability.
- In partnership with Rady Children's Hospital's **child specialty medical clinic,** CCYP provides integrated, coordinated, and co-located psychiatric care and consultation services for children and youth who are medically fragile with complex health care needs.

Licensed Clinicians will provide case management and crisis stabilization services as needed. Nursing staff will be available to provide education, medication support and gather necessary medical information.

Community Resource Fairs

Monthly fairs will feature relevant mental healthcare topics and education. Families can obtain videos, books, pamphlets, and web-site access to information and resources. You can go to the website to access current schedule of events: CCYPsd.org

Licensed Clinicians, Nurses and Parent Partners are available to connect with families, caregivers and their youth.

Community Providers are invited to join us on a quarterly basis to keep up-to-date on the resources available to their clients.

Child Care and refreshments will be available.

Hours

Weekends and evening services are scheduled as needed.

Monday, Wednesday, Thursday
and Friday- 9 AM to 5 PM
Tuesday- 9 AM to 8 PM

Locations

With multiple offices throughout San Diego County, CCYP offers easy and convenient locations for children and families to access services in their communities.*

Main Office
8755 Aero Dr. Suite 306, San Diego, CA 92123

Central Region
2535 Kettner Blvd, Ste. 1A4, SD, CA 92101
5275 Market Street, Suite F, SD, CA 92114

North Central Region
3517 Camino del Rio South, SD, CA 92108
3944 Murphy Canyon Road, C205, SD, CA 92123

North Inland Region
17701 San Pasqual Valley Rd, Escondido, CA 92025
225 West Valley Parkway #100, Escondido, CA92025

North Coastal Region
1020 S. Santa Fe Avenue, Suite B-1, Vista, CA 92084 1237 Green Oak Road, Vista, CA 92081

South Region
730 Medical Center Court, Chula Vista, CA 91911
847 Encina Ave, Imperial Beach, CA 91932

East Region
3602 Kenora Drive, Spring Valley, CA 91977
7739 Pacific Avenue, Lemon Grove, CA 91945

*Limited community and/or home based services are also available to meet client and family needs.

All appointments for psychiatry services can be made by calling the main line:

Phone: (858) 634-1100
Fax: (858) 634-1101
CCYPsd.org

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

Nueva Vista Family Services

A Community Research Foundation (CRF) program funded by

The County of San Diego, Children, Youth and Families Behavioral Health Service

Located in Chula Vista

Today

Play Room

The purpose of the play room is to facilitate sessions utilizing a non-directive play therapy model where the client is able to play out and process their emotional experiences through the use of themed toys as a form of language and self-expression.

Assessment Room

Beginning therapy can be a nerve-wracking experience. The assessment room provides a spacious environment for families to begin the therapeutic process. This room is equipped with space to process, space to play as well as space to create as we learn more about each client and family.

Sensory Room

The purpose of the sensory room is to create space for a child to explore and make sense of their world through the use of their sight, taste, touch, smell and hearing. This room is purposed to allow children to explore their emotional, behavioral and relational challenges while integrating their senses in therapy.

Nature Room

This space is centered on creating a peaceful place where clients can experience a sense of calm in an often chaotic world. By creating a serene environment, our hope is to create a safe place to process, explore and engage emotions through connecting to places of peace and learning to identify calming supports in the midst of the treatment process.

Cinema Room

In a media-driven world, we believe that supplementing therapy with the use of media and videos can greatly enhance the ways in which one can come to better understand, heal and learn in the therapeutic setting. This room provides opportunity to access supportive resources to enhance your therapy experience.

Lego Room

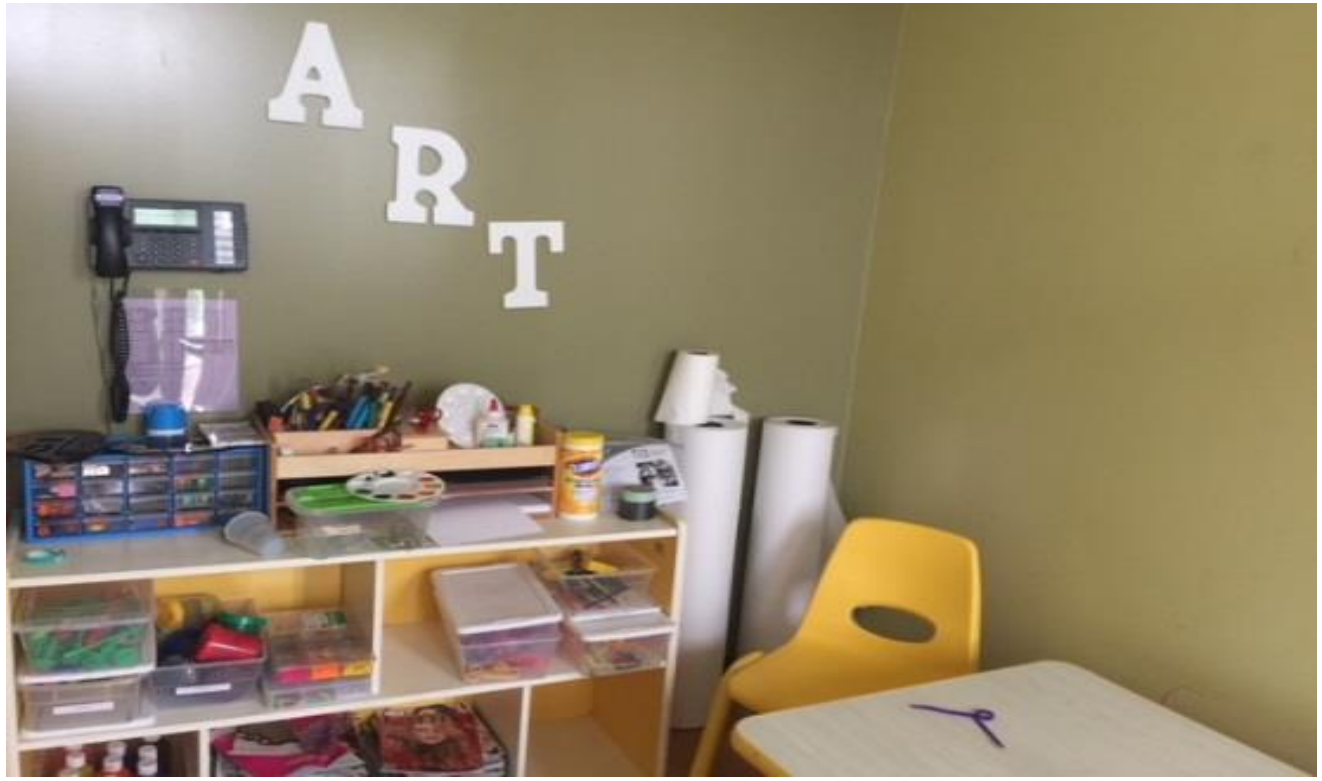
When teaching children the value of building a life to be proud of and building healthy skills and relationships, we often find powerful connections to the art of creating with our hands and integrating our imaginations. This space is a designed as a place of opportunity, to learn to build strong foundations and to integrate learning and play in a space that is both fun and meaningful.

Observation Room

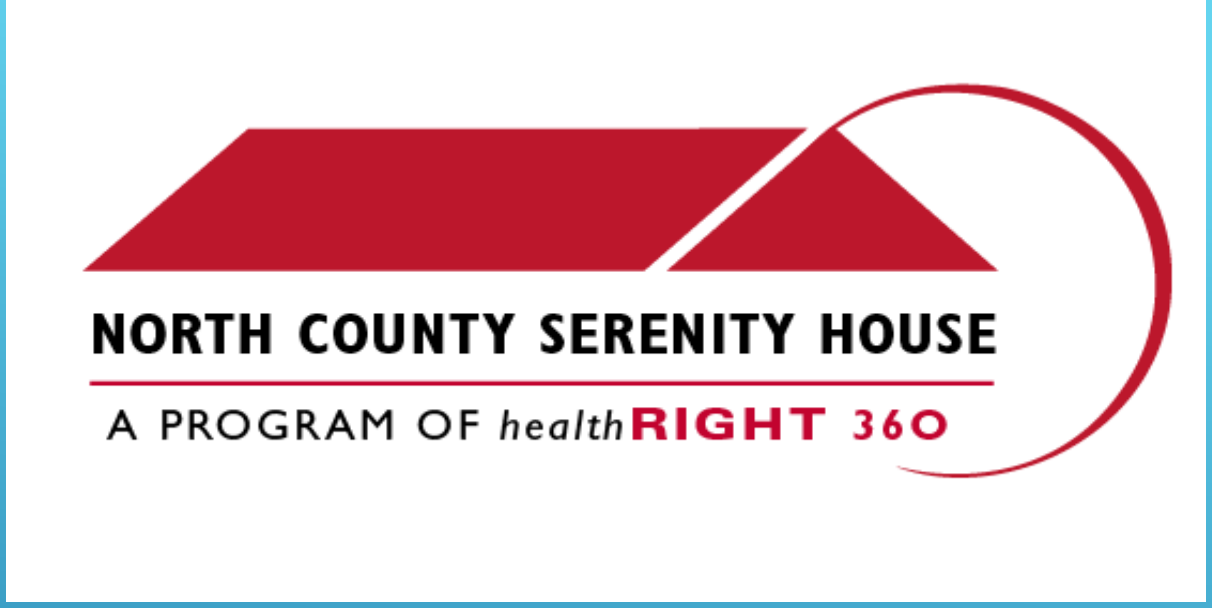
Through the use of a single-sided mirror, parents and caregivers are able to learn from the therapist and observe their children in action while maintaining a calm and centered environment for the child to play.

Art Room

This space allows children to express their emotions through Art. It may be using colors to identify emotions or creating a collage that focuses on their strengths, or on what makes them happy. Making a bracelet with empowering words can be daily reminders of their goals.



Community – Creating space to transform lives



Terri Hagmann, CADC II – CA , CSC

Divisional Director

July 12, 2018

History

- Founded in 1966 – Poway
- Moved to Escondido 1972

RESIDENTIAL

- 120 adult beds and 20 children's beds

GET BETTER. DO BETTER. BE BETTER

Our Mission

HealthRIGHT 360 gives hope, builds health, and changes lives for people in need. We do this by providing compassionate, integrated care that includes primary medical, mental health, and substance use disorder treatment.

SERENITY CENTER CHILD CARE

Transitional Housing
"The Village"

SERENITY VILLAGE TRANSITIONAL HOUSING

- Opened in 2007 for women and women with children.
- Offers 8 houses - each has three bedrooms and three baths with a community kitchen, dining, and living areas.
- Residents may stay up to 24 months while they establish the resources and supports they need in the community to thrive in their recovery.

OUTPATIENT OCEANSIDE

Opened September 2017 for women and women with children and pregnant or parenting teen mothers.

CHILD CARE

Discovery Child Development Center

- Opened in 2001
- Open to the public, serving a deverse range of children from ages birth to 5 years old.

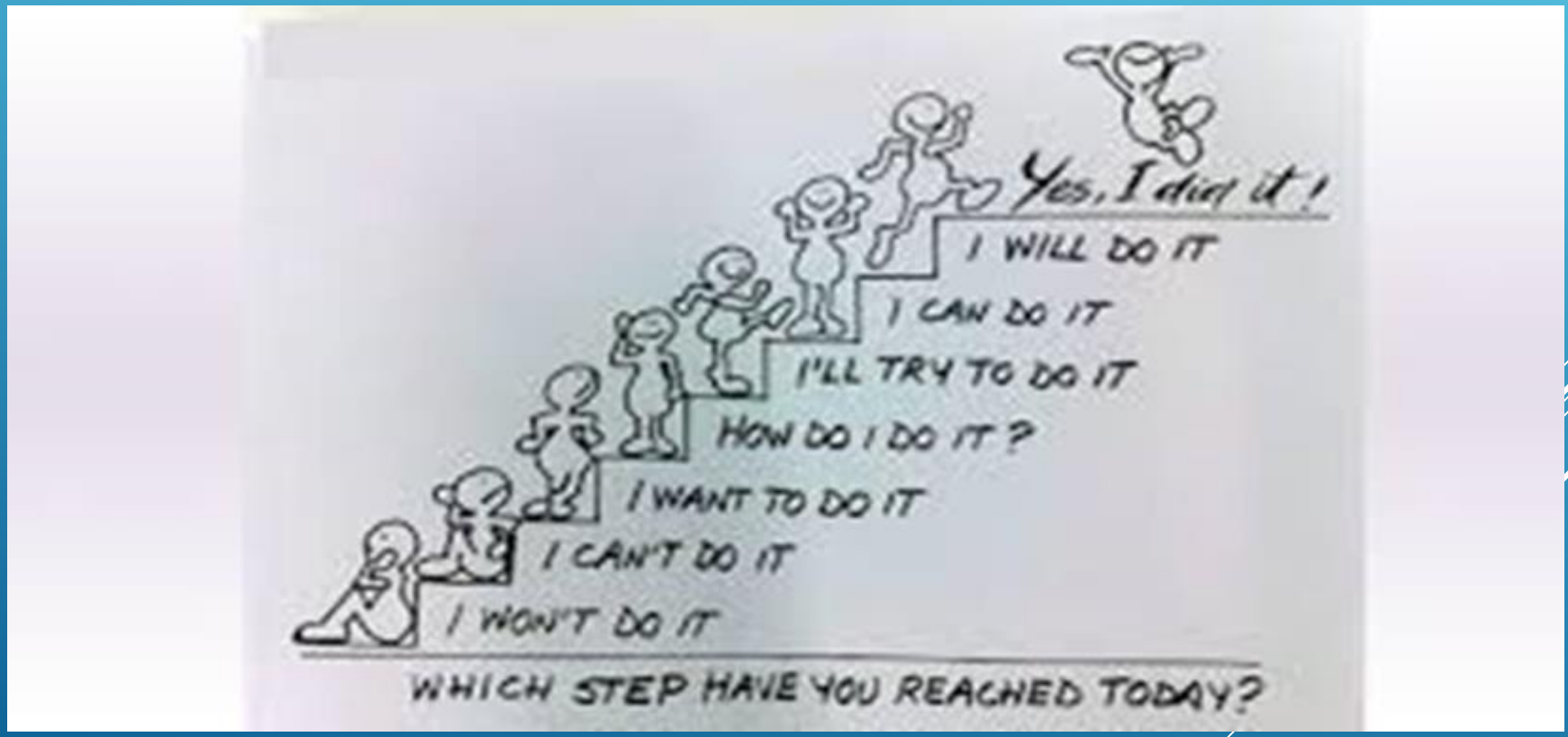
- Our multidisciplinary team partners with participants and their families for a holistic, comprehensive approach to individual needs.

- Using evidence-based and best practices that recognize and account for the role that trauma frequently plays in the addictive and criminal histories of women.

OUR ROLE

- Is to provide a well rounded variety of services that will help stabilize and improve the quality of life of our participants.

To welcome and honor all women wishing to enter treatment



CULTURAL SHIFT

- Changed our approach
  - Language
  - Interventions vs. Consequences
    - Empowering vs. punitive
    - Growth Opportunities
    - Warm hand off to other programs vs. discharging back to the street

R.I.C.H. RELATIONSHIPS

- R – Respect
- I- Information
- Connection
- Hope

NORTH COUNTY SERENITY HOUSE PROVIDES SPECIALIZED SERVICES THAT ADDRESS:

- Co-occurring mental health disorders
  - Child therapy (indiv, coaching, reading grps)
  - Family/couples therapy
- Recovery from trauma and abuse
- Emotion regulation/management
- Life management

- Relapse prevention
- Increasing self-esteem and self-efficacy
- Health and wellness
  - Nutrition education and menus
  - Smoke free environment – First in SD
  - Smoking Cessation classes

- Healthy relationships
  - Starting with the role modeling of R.I.C.H relationship with the participant


Don't be afraid to start over. It's a new chance to rebuild what you want


" If opportunity doesn't knock, build a door."
Milton Berle


Don't wait.
The time will never be just right.
NAPOLEON HILL
GH

Contact information:

thagmann@healthright360.org

760-685-1482

- www.healthright360.org

NCSH Residential

1341 Escondido Blvd., Escondido, CA 92026

(760) 317-9117

Outpatient Program

3355 Mission Ave. Ste. 239, Oceanside, CA 92058

(442) 888-5827 or (442) 888-5812

Date: July 2, 2018

CYF Memo: #01 – 18/19

To: CYF Mental Health System of Care Providers

From: Yael Koenig, CYF Deputy Director

Re: Serving Children and Youth with Mild, Moderate and Significant Mental Health Impairment

With the Healthy Families (HF) transition in 2013 and the implementation of the Affordable Care Act (ACA) in 2014, the Medi-Cal Managed Care Plans (MCP's) obtained responsibility for the delivery of certain mental health services to Medi-Cal beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning.

- APL 13-018 (PDF) All Plan Letter 13-018
- 14-020 MHSUDS Information Notice No.: 14-020
- APL 13-021 (PDF) All Plan Letter 13-021
- APL 14-017 (PDF) All Plan Letter 14-017

The County as the Mental Health Plan (MHP) issued direction and various tools to the CYF Organizational Provider System to delineate when the MHP vs. the MCP would serve a youth presenting with mental health needs. However, with subsequent direction from the Department of Health Care Services (DHCS) it was clarified that for children and youth, under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), the 'impairment' criteria component of Specialty Mental Health Services (SMHS) medical necessity is less stringent than it is for adults, therefore children with low level of impairment may meet medical necessity for SMHS, whereas adults must have significant level of impairment. Therefore tools such as the San Diego County Children & Youth Medi-Cal Mental Health Severity Analysis are retired and no longer utilized to delineate if a child/youth is to be served by the MHP or MCP. In other words, Medi-Cal beneficiaries (as well as unfunded youth) under the age of 21 who meet medical necessity for SMHS, are eligible for services through the MHP and therefore via Organizational Providers and the Fee for Service Network managed by Optum regardless of mild, moderate or significant impairment in functioning.

- 16-061 MHSUDS Information Notice No.: 16-061
- APL 17-018 (PDF) All Plan Letter 17-018

The MCP and the Primary Care Providers (PCP) continue to have a role in serving children and youth with mental health needs and coordination of care is expected to continue, involving families and youth in the process.

CC: Healthy San Diego Behavioral Health Workgroup
Optum Health

UNDERSTANDING YOUR QSRS

Eileen Quinn-O'Malley, LMFT

Emily Trask, Ph.D.

7-12-18

LIVE WELL SAN DIEGO

CASRC
child and adolescent services research center

NEW QSR DATA

- PSC- Caregiver
- PSC – Youth
- CANS

QSR OUTCOMES - PSC

	PSC Outcome Summary			
1	At Discharge, **75%** of clients ages 3-18 whose episode lasted 60 days or longer have Parent PSC data available for both Initial and Discharge assessments demonstrating completion rate.	0%	0	0
2	For **80%** of discharged clients ages 3-18 whose episode lasted 60 days or longer, the Parent PSC total score shall show a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments (based on completed measures).	0%	0	0
3	Number of clients ages 3-18 who scored at or above the clinical cutoff on the initial PSC assessment	0%	0	0
4	**80%** of discharged clients whose episode lasted 60 days or longer, shall show improvement by either falling below the clinical cutoff or having a 3-point reduction in symptoms.	0%	0	0
4a	Number of discharged clients ages 3-18 whose episode lasted 60 days or longer, whose Initial Parent PSC total score was above the clinical cutoff, that have a total score below the clinical cutoff at discharge demonstrating improvement.	0%	0	0
4b	Number of clients ages 3-18 whose episode lasted 60 days or longer, with a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments, demonstrating improvement.	0%	0	0

*** Please note: QSR Objectives will include PSC-Y outcomes which replicate objectives 1-4b referencing ages 11-18 .**

QSR OUTCOMES - CANS

	CANS Outcome Summary			
1	At Discharge, **100%** of clients ages 6-21 initial CANS shall have at least one actionable need (2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors OR Life Functioning domains.	**0%**	0	0
2	At Discharge, **95%** of clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments.	**0%**	0	0
3	For **80%** of discharged clients ages 6-21 whose episode lasted 60 days or longer, with an actionable need (rating of 2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors OR Life Functioning domains, their number of needs shall go down by at least 3 from initial to discharge assessment indicating improvement.	**0%**	0	0
4	For **80%** of discharged clients ages 6-21 whose episode lasted 60 days or longer, with an actionable need (rating of 2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors OR Life Functioning domains, their number of strengths shall increase by at least 1 from initial to discharge assessment indicating development of a strength.	**0%**	0	0

GENERAL NOTES FOR REPORT INTERPRETATION

- Discharge Measure = Discharge measure or follow-up measure if one was completed within 60 days prior to a client's discharge date
- Outcomes are examined for clients open at least 60 days (CCBH intake to discharge dates are 60+ days and are entered into CYF mHOMS)
- All QSRs examine outcomes for clients who have a discharge entered into CYF mHOMS in the specified quarter
- If five or more CANS items, or four or more PSC items are missing, clients' data won't be used in QSR outcome calculations

GENERAL NOTES: TRY NOT TO STRESS!

- Published literature and other county standards guided development of objective thresholds for improvement. However, the Outcomes Committee will be reviewing the data to confirm these thresholds are appropriate for San Diego CYF BHS
- Focus for the first year is on implementing the new measures, learning how to use CYF mHOMS, and understanding how to use the measures clinically

SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Assessment Youth PSC Summary

(Administered to youth ages 11 to 18 only)

CCBH Discharge Date between 7/1/2017 and 12/31/2017

Total mHOMS N = 70

All clients who had a CCBH discharge date entered into CYF mHOMS

Quarterly Status Report Objectives	Program YTD Results %	X	of	Y
Completion Rate At Discharge, 75% of clients ages 11-18 whose episode lasted 60 days or longer have Youth PSC data available for both Initial and Discharge assessments [2] demonstrating completion rate.	80.0%	36	of	45
Improvement For 80% of discharged clients ages 11-18 whose episode lasted 60 days or longer, the Youth PSC total score shall show a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments [2] (based on completed measures).	52.8%	19	of	36

Completion Y: Only includes clients open for 60 days or more

Improvement Y: All clients with initial and discharge data

Clients at or above clinical cutoff score (indicating impairment) at initial assessment:[3]

Impairment reflected Number of clients ages 11-18 who scored at or above the clinical cutoff [3] on the initial PSC assessment.	20.1%	14	of	68
Improvement				
1. 80% of discharged clients whose episode lasted 60 days or longer, shall show improvement by either falling below the clinical cutoff or having a 3-point reduction in symptoms.	90.0%	9	of	10
1a. Number of discharged clients ages 11-18 whose episode lasted 60 days or longer, whose Initial Youth PSC total score was above the clinical cutoff, that have a total score below the clinical cutoff at discharge. [2] demonstrating improvement.	60.0%	6	of	10
1b. Number of clients ages 11-18 whose episode lasted 60 days or longer, with a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments, demonstrating improvement.	80.0%	8	of	10

Impairment Y = Clients with an initial assessment score (regardless of discharge score or length of time in treatment)

Improvement Y (1, 1a, & 1b) = Out of all clients with initial & discharge data *whose* initial scores were above the clinical cutoff

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Assessment Parent PSC Summary
(Administered to youth ages 3 to 18 only)

CCBH Discharge Date between 7/1/2017 and 12/31/2017

LIVE WELL SAN DIEGO

Total mHOMS N = 70

All clients who had a CCBH discharge date entered into CYF mHOMS

Quarterly Status Report Objectives	Program YTD Results %	X	of	Y
Completion Rate At Discharge, 75% of clients ages 3-18 whose episode lasted 60 days or longer have Parent PSC data available for both Initial and Discharge assessments [2] demonstrating completion rate.	80.0%	36	of	45
Improvement For 80% of discharged clients ages 3-18 whose episode lasted 60 days or longer, the Parent PSC total score shall show a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments [2] (based on completed measures).	52.8%	19	of	36

Completion Y: Only includes clients open for 60 days or more

Improvement Y: All clients with initial and discharge data

Clients at or above clinical cutoff score (indicating impairment) at initial assessment: [3]

Impairment reflected Number of clients ages 3-18 who scored at or above the clinical cutoff [3] on the initial PSC assessment.	20.1%	14	of	68
Improvement				
1. 80% of discharged clients whose episode lasted 60 days or longer, shall show improvement by either falling below the clinical cutoff or having a 3-point reduction in symptoms.	90.0%	9	of	10
1a. Number of discharged clients ages 3-18 whose episode lasted 60 days or longer, whose Initial Parent PSC total score was above the clinical cutoff, that have a total score below the clinical cutoff at discharge. [2] demonstrating improvement.	60.0%	6	of	10
1b. Number of clients ages 3-18 whose episode lasted 60 days or longer, with a 3-point improvement (reduction in symptoms) between Initial and Discharge assessments, demonstrating improvement.	80.0%	8	of	10

Impairment Y = Clients with an initial assessment score (regardless of discharge score or length of time in treatment)

Improvement Y (1, 1a, & 1b) = Out of all clients with initial & discharge data *whose* initial scores were above the clinical cutoff

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Assessment CANS Summary

CCBH Discharge Date between 7/1/2017 and 12/31/2017

Total mHOMS N = 70 [1]

Quarterly Status Report Objectives	%	Program YTD Results X	of	Y
Impairment Reflected				
1. At Discharge, 100% of clients' (ages 6-21) intial CANS shall have at least one actionable need (2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors OR Life Functioning domains.	94.1%	64	of	68
Completion Rate				
2. At Discharge, 95% of clients ages 6-21 whose episode lasted 60 days or longer have **CANS data available** for both initial and discharge assessments.	80.0%	36	of	45
Improvement Rate				
3. For 80% of clients ages 6-21 whose episode lasted 60 days or longer, with an actionable need (rating of 2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors or Life Functioning domains, their number of needs shall go down by at least 3 from initial to discharge [2] assessment indicating improvement	45.7%	16	of	35
4. For 80% of clients ages 6-21 whose episode lasted 60 days or longer, with an actionable need (rating of 2 or 3) on the Child Behavioral and Emotional Needs, Risk Behaviors or Life Functioning domains, their number of strengths [3] shall increase by at least 1 from initial to discharge [2] assessment, indicating development of a strength.	40.0%	14	of	35

All clients who had a CCBH discharge date entered into CYF mHOMS

Impairment Reflected Y: Clients with an initial assessment score (regardless of discharge score or length of time in treatment)

Completion Y: Only includes clients open for 60 days or more

Improvement Rate Y for Items 3 & 4: Clients with initial and discharge assessment data AND an 'actionable' need (score of 2/3) at intake on one of the listed domains

HOW TO ACCESS REPORTS TO COMPLETE YOUR QSRS

- Whoever has been trained on CYF mHOMS (data entry staff or program managers:

1. Log into CYF mHOMS:
2. Click on Reports – Go to **County QSR Reports**
3. Click on the specific '**Discharged Client Report**' you need (e.g., PSC or CANS)
4. Enter the **Unit** and **Subunit** for your program, as well as the dates for the specific quarter you are reporting on
5. Click **Run Report**
6. Click **Print**

CYF mHOMS training (under Training Forms header), can be accessed here: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx

QUESTIONS?

- Please contact Antonia Nuñez for questions about understanding your CYF mHOMS QSR report data: **Antonia@ucsd.edu**
- Please contact your COR for other QSR-related questions

CLINICAL UTILITY OF THE PEDIATRIC SYMPTOM CHECKLIST*

Emily Trask Ph.D
Child and Adolescent Services Research Center
July 5th, 2018

LIVE WELL SAN DIEGO

CASRC child and adolescent services research center

OVERVIEW

- Rationale for Using Outcomes Clinically
- PSC Overview
- Clinical Utility of PSC
  - Evaluate treatment progress
    - Discussing progress with families
  - Identifying treatment goals
  - Choosing appropriate interventions
- Reading the PSC Graphs

Two Versions

- **PSC:** Parent/Caregiver report on youth who are ages 3-18
- **PSC-Y:** Youth Self-Report for ages 11-18

ELEMENTS OF THE PSC

- Individual items – 35 items rated as:

Never (0)	Sometimes (1)	Often (2)

- Subscale scores:

Externalizing	"Does not listen to rules"
Internalizing	"Feels sad, unhappy"
Attention Problems	"Has trouble concentrating"

- Total Scale Score

PSC SUBSCALES AND CLINICAL CUTOFF SCORES

- Externalizing:
  - Scores of 7 or higher may reflect significant problems with conduct
- Internalizing:
  - Scores of 5 or higher are suggestive of significant impairments with anxiety and/or depression
- Attention Problems:
  - Scores of 7 or higher are indicative of impairments in attention

PSC TOTAL SCALE SCORE

- PSC Total Scale Score: Range = 0-70
  - If four or more items left blank = INVALID

PSC (Parent/Caregiver Completed)	
Ages 6-18	Ages 3-5
• Score of 28 or above = indicates psychosocial impairment	• Score of 24 or above = indicates psychosocial impairment ➢ IGNORE ITEMS 5, 6, 17, AND 18 FOR THIS AGE GROUP

PSC-Y (Youth Self-Report)
• Score of 30 or above* = indicates psychosocial impairment

WHY REVIEW THE PSC GRAPH WITH A CLIENT?

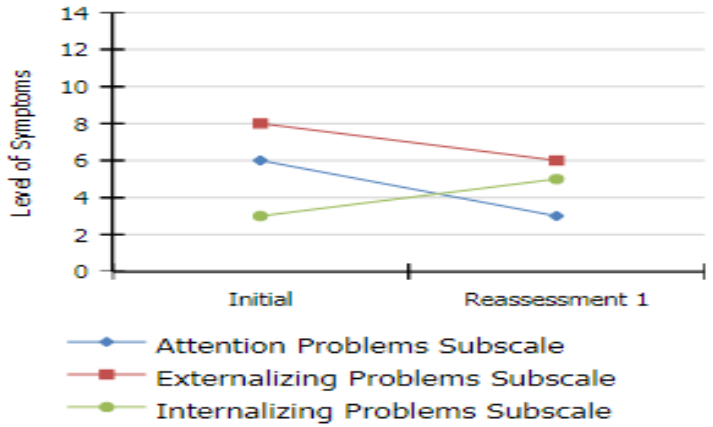
- Track treatment progress
- Engage families in treatment
- Jointly identify treatment goals
- Identify clients' strengths and weaknesses

PSC Parent

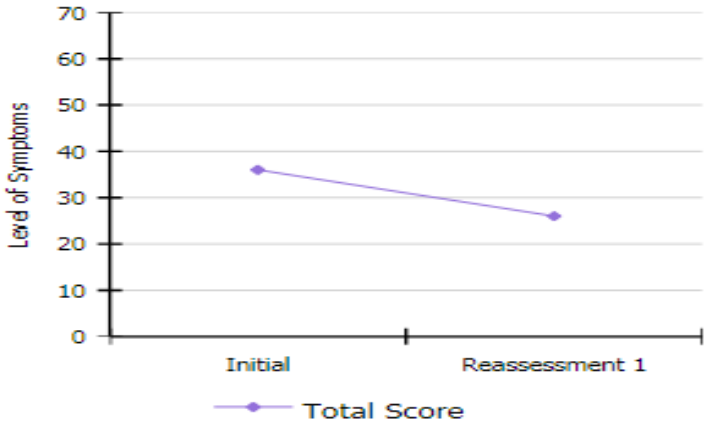
Client ID: 900000001
Client Name: Client1, Test

Unit: 9000
CCBH Intake Date: 9/18/2017

PSC Parent Subscales



PSC Parent Total Scale



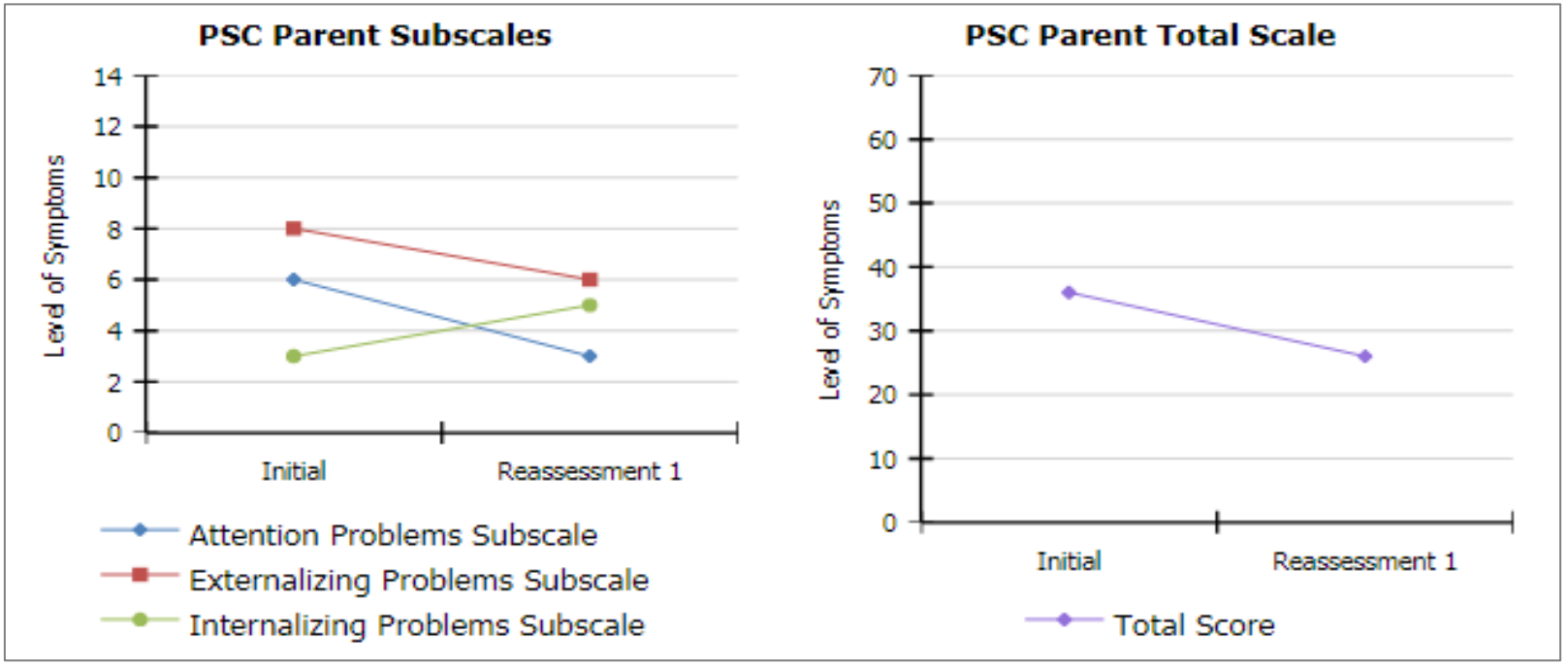
	Initial	Reassessment	Discharge
Attention Problems Subscale (0-10)[a]	6	3	
Internalizing Problems Subscale (0-10)[b]	3	5 (AT-RISK)	
Externalizing Problems Subscale (0-14)[c]	8 (AT-RISK)	6	
Total Score (0-70)[d]	36 (IMPAIRED)	26	

a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
d. IMPAIRED - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.

EVALUATING TREATMENT PROGRESS

- Examine the graph

Do the lines go up? ↗	Indicates an increase in symptoms
Do the lines go down? ↘	Suggests a reduction in symptoms
Are the lines flat? →	Indicates no change



EVALUATING TREATMENT PROGRESS CONT.

- Have the at-risk/impairment categories changed?
- Does the client now fall in the not 'at-risk' or not 'impaired' range at follow-up?

	Initial	Reassessment	Discharge
Attention Problems Subscale (0-10)[a]	6	3	
Internalizing Problems Subscale (0-10)[b]	3	5 (AT-RISK)	
Externalizing Problems Subscale (0-14)[c]	8 (AT-RISK)	6	
Total Score (0-70)[d]	36 (IMPAIRED)	26	

BENEFITS OF DISCUSSING TREATMENT PROGRESS

- To celebrate successes!
- Increase self-efficacy
- Can help move a client toward change
- Can improve communication

DISCUSSING TREATMENT PROGRESS

- Using the graph

  - Why do you think the blue line, which measures how well you listen and get along with others, is going down? It tells me your mom thinks you are listening more.

  - This graph indicates you think you are improving but your mom's graph suggests things are staying the same. What do you think about that? Why might that be?

DISCUSSING TREATMENT PROGRESS CONT.

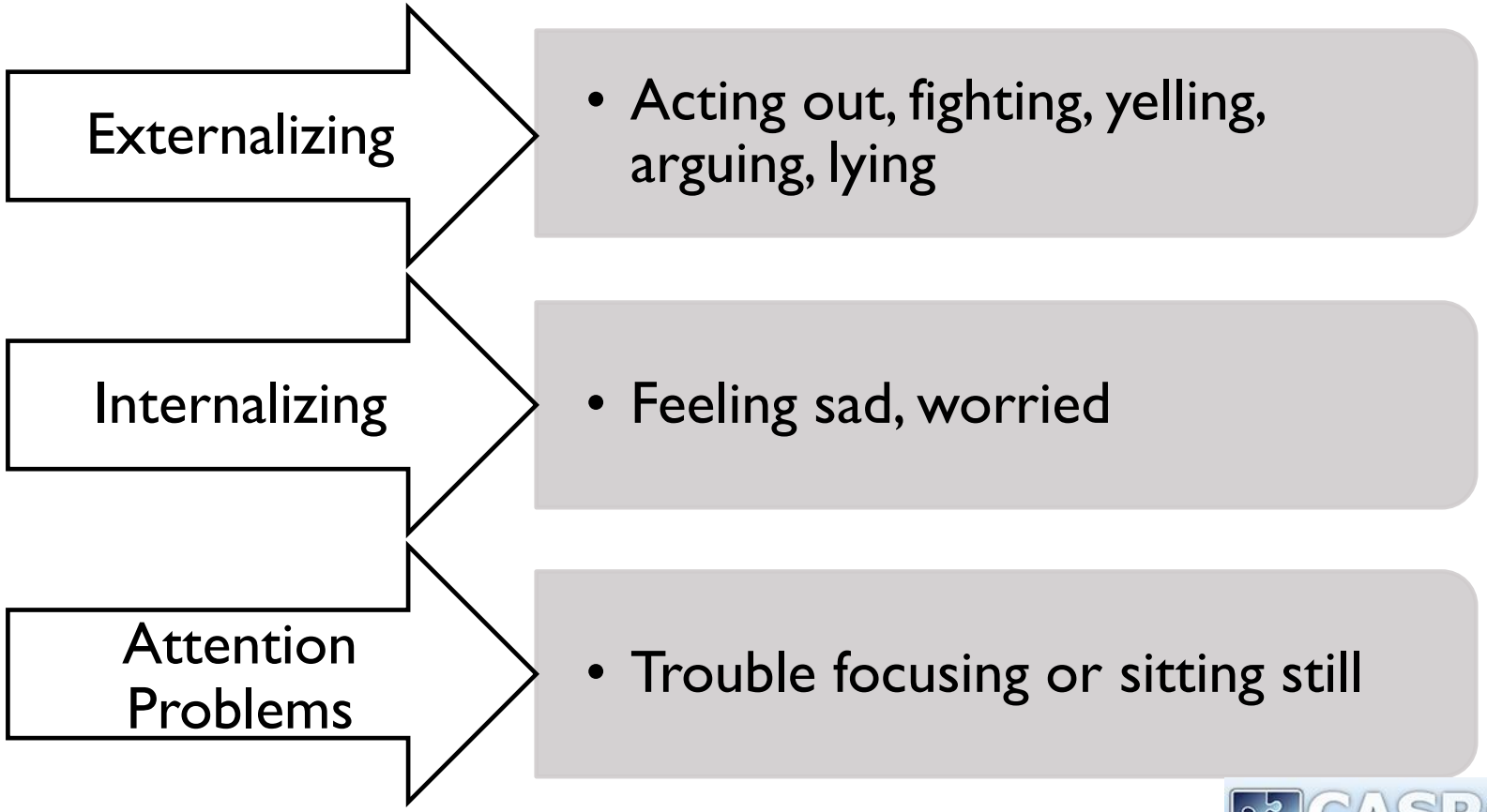
- Using individual symptoms

  - At the start of treatment you said you *sometimes* felt "unhappy or sad," now you say that you *often* feel "unhappy or sad."

    - What does this mean?
    - What do you think caused this change?

DISCUSSING TREATMENT PROGRESS CONT.

- Use straightforward language:



IDENTIFYING BROAD TREATMENT GOALS

- Examine scale scores
  - Is the client above the clinical cut-off on the total scale score and or subscale scores?
  - If any of the subscales are in the '*at-risk*' range, this can be formulated as a treatment goal: Increase attention
    - Measured by a decrease on the PSC Attention Problems subscale
    - Measured by client falling below the clinical cutoff on the Attention Problems subscale at discharge

IDENTIFYING SPECIFIC TREATMENT GOALS

- Which individual items were endorsed "often"?
  - For example, a child in the *Impaired* range on the Externalizing subscale may score 'Often' on the items "Does not listen to rules" and "Fights with others"
  - Increasing compliance and decreasing fighting may be identified as treatment goals

IDENTIFYING APPROPRIATE INTERVENTIONS

- With clear treatment goals it is easier to identify and select appropriate interventions

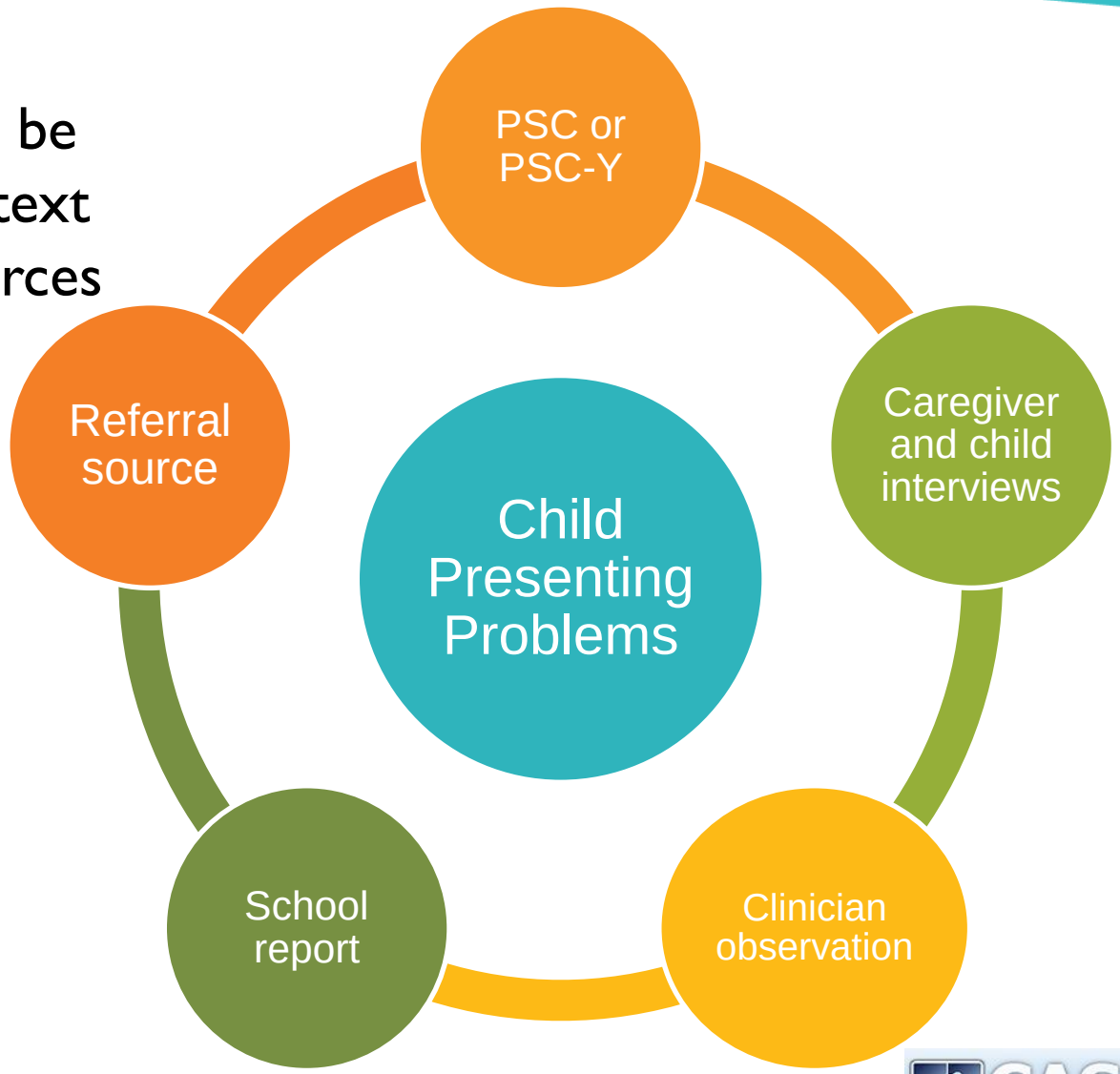
Example

- Caregiver rated the child in the *Impaired* range on the Externalizing subscale (but not the other subscales)

- What type of intervention(s) are indicated?
  - Parent Management Training
  - Behavior therapy

CONTEXT

- All data should be taken into context with other sources of information



HOW TO ACCESS PSC GRAPHS

1. Data entry staff will access and print the PSC graphs when a second (follow-up) PSC is entered into CYF mHOMS.

2. If a clinician is registered in CYF mHOMS, they can also follow the instructions in the CYF mHOMS training document to access and print the PSC graphs.

CYF mHOMS training (under Training Forms header), can be accessed here:
https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx

QUESTIONS / COMMENTS?

- More information can be found on the developers website:
  - https://www.massgeneral.org/psychiatry/services/psc_home.aspx
- PSC Forms, Assessment Cover sheet (Client Information Form), and CYF mHOMS data entry information can be found here:
  - https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx

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