

Program Manager Meeting

Children, Youth and Families | Behavioral Health Services
September 5, 2019 | Scottish Rite Center | Claude Morrison Room
1895 Camino del Rio S., San Diego 92108
9:30 – 11:30 a.m.

Agenda - Notes

- **Welcome** – Fran Cooper
- **QM Updates (MH)** – Claire Riley, (SUD) – Helen Kobold 10 minutes
 - *MH - Reporting Client Deaths*
 - *When a program has a client that expires, they will report the death the to MEDS Coordinator for the County of San Diego.*
 - *Program will send an email to 37Crdnt.HHSA@sdcounty.ca.gov to include the Name, Social Security Number, Date of Birth and Date of Death of the beneficiary.*
 - *Program should either save the emails or print and save a copy of the email as proof of notification. This requirement will be monitored by QM.*
 - *Authorization for Specialty Mental health services are in effect 8/1/19 for TBS, Day treatment Intensive, Day Rehabilitation, Therapeutic Foster Care and Intensive Home-Based Services.*
 - *Registration for trainings – please notify if unable to attend as classes usually have a wait list.*
 - *The Demographic form has been updated to reduce CSI data errors. “Place of Birth: Country” has been moved adjacent to the question “born in the US.”*
 - *SUD - Reviewed August UTTM items. Upcoming trainings will be sent out via email.*
 - *UTTM SUD/MH September 2019 included in Agenda-Notes packet*
- **Pathways to Well-Being (PWB) (MH) (handout)** – Mandy Kaufman 5 minutes
 - *IHBS Prior Authorization*
 - *As of September 1, 2019, providers must complete the IHBS Prior Authorization Request Form for any clients open on or after September 1, 2019, that will be receiving IHBS in their program. Form must be submitted and approved by Optum prior to the provision of IHBS. Turnaround timeline from Optum may take up to 5 business days.*
 - *For clients that began receiving IHBS prior to September 1, 2019, and are continuing to receive IHBS, current provider will complete the IHBS Prior Authorization Request Form at upcoming UM cycle, regardless of whether internal or COR level UM.*
 - *All authorizations are valid for 12 months from the date of approval.*
 - *Providers can add IHBS SC 83 to client plan prior to authorization but cannot provide IHBS until authorization is received from Optum.*
 - *New procedure applies to all clients receiving IHBS regardless of Medi-Cal or Pathways to Well-Being status.*
 - *Focus Groups*

- Documenting CFT Meetings that are non-billable
 - *Reminder: When utilizing the non-billable ICC SC 882 for a CFT Meeting held during Day Treatment Intensive or Day Rehabilitative hours, the CFT Meeting must be documented on the CFT Meeting Note template regardless of whether the billable ICC Service Code 82 or non-billable ICC SC 882 is being utilized.*
- PWB Information Sharing
<https://theacademy.sdsu.edu/programs/RIHS/pathways/>
- **Telehealth Reporting (MH)** (handout) – Derek Kemble 5 minutes
 - *Side by slide review how to run Telehealth Services Report in CCBH*
- **5-2-1-0 (MH/SUD)** (handout) – Megan Gietzen, SD Community Health Improvement Partners 10 minutes
 - *Childhood Obesity for children in San Diego County reviewed*
 - *San Diego County Childhood Obesity Initiative resource*
<https://sdcoi.org/resources/5210-everyday/>
- **Outdoor Outreach (MH/SUD)** (handout)– Lesford Duncan, Sr. Director, Matthew Smith, Sr. Youth Programs Manager 20 minutes
 - *Outdoor programs primarily for youth ages 11-25 who may not otherwise have outdoor opportunities to connect to their parks, beaches and open space areas. Through the outdoors, Outdoor Outreach provides youth with opportunities to build resilience in the face of challenges and confidence in their power to make a difference.*
- **QSR Outcomes Reporting (MH)** (handout) – Eileen Quinn-O'Malley, Emily Trask 15 minutes
 - *CYF mHOMS FY19/20 QSR reports are tracking data to inform the system for next FY.*
 - *PSC data will track amount of improvement, reliable improvement and clinically significant improvement.*
 - *CANS data will track progress on actionable needs.*
 - *QSR outcomes will have threshold only for completion rate.*
 - *Additional QSR CANS and PSC outcomes will require an explanation for discrepancies in the following data:*
 - *Cerner discharges vs. CYF mHOMS discharges*
 - *Impairment reflected at intake for CANS and PSC; explanation required for lack of impairment*
 - *QSR reports are accessed on the CYF mHOMS database.*
- **Revised UM Request Form (MH)** (handout) – Eileen Quinn-O'Malley 5 minutes
 - *UM request form has been updated to incorporate the PSC subscale scores.*
 - *The inclusion of the subscale scores provide additional information to justify the need for continued mental health services.*
- **County of San Diego Website (MH/SUD)** (handout) – Kim Pauly 15 minutes
 - *BHS Website has been updated and improved*
<https://www.sandiegocounty.gov/hhsa/programs/bhs/>



➤ **SAMHSA Tips for Teens (MH/SUD)** (handout) – Shannon Jackson

5 minutes

- *Printable brochures available at:*
<https://store.samhsa.gov/series/tips-teens>

➤ **Announcements**

- SchoolLink District Threshold Letter (MH) (handout)
- Center for Disease Control (MH/SUD) (handout)
 - Vaping – Pulmonary Illness
- Internet access – reduced fees for qualifying client (MH/SUD) (handout)
- Request for Information (RFI) 9780 – Industry Day, September 11 (SUD) (handout)
 - DMC-ODS Adolescent Outpatient Treatment Program (TRC)
- Parents & Caregivers for Wellness presents (MH) (handout)– Empowering Professionals, September 13 and Supporting Parents/Caregivers, September 14, 5296 University Ave., Ste. A, SD 92105

➤ **Next Meeting: November 14, 2019**

Scottish Rite Center

Claude Morrison Room

1895 Camino del Rio So., San Diego, 92108

9:30 a.m. -11:30 a.m.



Mental Health Services



Knowledge Sharing

Reporting of All Beneficiary Deaths

- When a program has a client that expires, they will report the death to the MEDS Coordinator for the County of San Diego.
- Program will send an email to 37Crdnt.HHSA@sdcounty.ca.gov to include the Name, Social Security Number, Date of Birth and Date of Death of the beneficiary.
- Program shall save a printed copy of the email as proof of notification.
- QM will monitor this as part of the Medi-Cal recertification process.

Closed Captioning for ASJ Video Tutorial

- The Access to Services Journal video tutorial now offers closed captioning.
- The video tutorial can be found on the Optum website at:
<https://www.optumsandiego.com/content/sandiego/en/asj.html>

New MIS-19 Report

- New progress note report that will track non-final approved notes without service attached, therefore no encounter on the notes.
- Programs will only receive this report if they have notes that fall in this category, otherwise this will not be a part of the package.
- If your program receives the report, the expectation is to correct the errors.

Diagnosis Form Reminder

- When creating or updating a diagnosis form, remember not to change the begin date of a pre-existing diagnosis.
- This will cause all billing attached to that diagnosis to go into suspense and create errors within the system of care.

OPOH Updates

- **Section A:** This section was updated to include information on the HOW Service model.
- **Section M:** This section has been updated to include the Credentialing and Recredentialing process.

Optum Website Updates MHP Provider Documents

Communications Tab

- CYF Memo – IHBS Prior Authorization
- CYF Memo – STRTP Release of Forms
- CYF Memo – Revised UM Request Form

Forms Tab

- IHBS Prior Authorization Request
- IHBS Prior Authorization Request - Explanation

Manuals Tab

- 5150 Training Manual

OPOH Tab

- Section A – HOW Service Model
- Section M – Credentialing and Recredentialing Process

UCRM Tab

- UM Request Form
- UM Request Explanation

UTTM Tab

- FY 18-19 UTTM

Management Information Systems (MIS)

ARF Update

- The new versions of the of the 4 ARFs are on the Regpacks site
- Please download these and set-up your digital signatures.
- A “Submit” button has been added to enable electronic submission.
- The Tip Sheet used in the recent ARF Trainings is on the Regpacks site
- Problems with the signatures or with Adobe? Please call the **Optum Support Desk**.

Cerner Reminder

- For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or SDHelpdesk@optum.com. **Please do not call Cerner directly!**

Training and Events

Documentation Training

- **Support Partners Training:** Monday September 30, 2019, from 09:00 AM to 12:00 PM.
 - Trainings will be held at the County Operations Center, 5560 Overland Avenue, San Diego, CA 92123 – Room 171.
- **Documentation Practicum:** Thursday September 19, 2019 from 2:00 PM to 4:00 PM. Focus is on all staff that need assistance with notes. Practicum will be held at the Annex, 3160 Camino del Rio South, San Diego, CA 92108 – Ramona Room.
- **QI Practicum:** Friday October 4, 2019, from 9:00 AM to 11:00 AM. Focus of this is for program level QI staff and PMs. Practicum will be held at the Annex, 3160 Camino del Rio South, San Diego, CA 92108 – Suite 100.
- Notices will be sent 30 days before event dates.
- Coming Soon: in the near future registration for trainings will be done through Event Bright.
- Cancel registration at BHS-QITraining.HHSA@sdcounty.ca.gov to allow those waitlisted to attend.

Quality Improvement Partners (QIP) Meeting

- Next QIP meeting will be held on **September 24th**, at National University, 9388 Lightwave Avenue, San Diego, 92123.



Is this information disseminated to your clinical and administrative staff?

Please share UTTM with your staff and keep them *Up to the Minute!*

Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov



Documentation Skill Building Workshops on ASAM Assessments

Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and will focus on ASAM Assessments in September.

Each session is limited to 30 participants, register by clicking on one of the following dates:

- ❖ North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave., Escondido, CA 92025)
 - Monday, [September 16, 2019](#) at 9:30 a.m. to 11:30 a.m.
- ❖ County Operations Center (Training Room #171, 5560 Overland Ave., San Diego, CA 92123)
 - Wednesday, [September 18, 2019](#) at 9:30 a.m. to 11:30 a.m.

ASAM Criteria-(C) Training presented by Ca. Institute for Behavioral Health Solutions (CIBHS)

This free interactive training will provide an overview of the ASAM Criteria, Levels of Withdrawal Management and ASAM Levels of Care. The training course meets qualifications for the provision of six continuing education credits (CEs). Click [HERE](#) to register!

Date: Wednesday, **September 18, 2019**

Time: 9:30 a.m. to 4:00 p.m.

Where: Marina Village Conference Center (Terrace Room) 1936 Quivira Way, San Diego, CA 92109

Root Cause Analysis (RCA) Training recommended for PM and QI Staff

An interactive training to introduce Root Cause Analysis (RCA), a structured process to get to the “whys and hows” of an incident, without blame; and learn effective techniques for a successful RCA, along with Serious Incident Reporting requirements.

- Date: Friday, **September 20, 2019**
- Time: 9:00 a.m. to 12:00 p.m.
- Where: County Operations Center (COC) 5560 Overland Ave., Room 172 San Diego, CA 92123)

To register, provide the following information to BHS-QITraining.HHSA@sdcounty.ca.gov

- ✓ Name of Person(s) attending with e-mail address for each individual
- ✓ Program Name and Program Manager with e-mail address

DMC-ODS Residential Documentation Training in September

A review of DMC-ODS Residential Services. Details of required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Monday, **September 23, 2019**

Time: 9:00 a.m. to 1:00 p.m.

Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, [please click here](#), or contact QIMatters.HHSA@sdcounty.ca.gov for questions.

DMC-ODS Residential Documentation Training in October

A review of DMC-ODS Residential Services. Details of required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Monday, **October 14, 2019**

Time: 9:00 a.m. to 1:00 p.m.

Where: County Operations Center (COC) 5500 Overland Ave., Room 120 San Diego, CA 92123)

- To register, [please click here](#), or contact QIMatters.HHSA@sdcounty.ca.gov for questions.

DMC-ODS Outpatient Documentation Training in October

A review of DMC-ODS Outpatient Services. Details of required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.

Date: Thursday, **October 10, 2019**

Time: 9:00 a.m.-1:00 p.m.

Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- To register, [please click here](#), or contact QIMatters.HHSA@sdcounty.ca.gov for questions.



BHS SUD Treatment Provider Meeting

This Month's SUD Treatment Providers Meeting on 9/17 is cancelled.

Meetings are typically held on the 3rd Tuesday of every month, 10:00 a.m.-11:30 a.m.

- **Next meeting:** Tuesday, **October 15, 2019**, at 10:00 a.m. to 11:30 a.m.
- Location: Scottish Rite Center (Claude Morrison Room) 1895 Camino del Rio So. S.D. CA 92108

SUD Provider Quality Improvement Partners (SUD QIP) Meeting

Date: Thursday, **September 26, 2019**

Time: 10:00 A.M. to 11:30 A.M.

Where: 2-1-1 San Diego (Haimsohn Community Rm., 3860 Calle Fortunada, #101, San Diego, CA 92123)

- The intent of the meeting is to have a regular place for County QI and program Quality Assurance staff to discuss processes and practices related to continuous quality improvement within the DMC-ODS.
- Intended audience is QI/QA staff and program management. Space is limited to 50 attendees, please plan accordingly for who will attend from your program.
- Participation via WebEx is an option for those unable to travel. Further information will be sent by email prior to the meeting.



Recovery Happens 2019

We are very excited to invite you to a redesigned Recovery Happens event at the Waterfront Park. In addition to food and some new stage elements, the free event will have an enhanced resource fair with information and services geared not only for those in recovery, but the people who support them, their families, friends and the general community.

- Date: Saturday, **September 14, 2019**
- Time: 10:00 a.m. to 1:00 p.m.
- Where: Waterfront Park, 1600 Pacific Highway, San Diego, CA 92101

Reminder: Dependent vs Independent Living

- Per CalOMS, information about a client's living status at admission and discharge is required. It is important to understand and explain each definition to the client while obtaining CalOMS information.
- Dependent Living: Clients living in a supervised setting such as, residential institutions, prison, jail, halfway houses or group homes and children (under age 18) living with parents, relatives, guardians or in foster care.
- Independent Living: This includes individuals who own their home, rent/live alone, live with roommates and do not require supervision. These people pay rent or otherwise contribute financially to the cost of the home/apartment. This also includes adult children (age 18 or over) living with parents.
- Refer to the [CalOMS Tx Collection Guide](#) for additional information.

Naloxone Training Webinar

Naloxone prevents overdose deaths by temporarily blocking opioid receptors in someone who has signs and symptoms of opioid overdose.

- Promote the availability and access to Naloxone for clients with opioid use disorder and their family members or other supports.
- Ensure training for the effective use of Naloxone by following the link to the webinar at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/dmc_ods/dmc_ods_provider/dmc_ods_additional.html

Reminder: “Termination” Notice of Adverse Benefit Determination (NOABD)

- When discharging any client for anything other than a successful discharge, there must be a NOABD because you are terminating a service.
- The NOABD is required when a client is administratively discharged and is mailed, or hand delivered 10 days prior to the decision to discharge.
- The following three forms must be sent out with this (and all) NOABD forms:
 - ✓ The NOABD “Your Rights” Notice
 - ✓ The NOABD “Language Assistance” Notice
 - ✓ The Beneficiary Non-Discrimination Notice
- All forms are located on the “NOABD” tab of the DMC-ODS page on the Optum website.

Reminder: Coordination of Care Consent Form (F208)

- The Coordination of Care Consent form (F208) has been discontinued and has been removed from the SUDURM tab on the Optum website.
- This change was effective as of April 2019 – please stop use of this form and discard any saved copies you may have at your program.
- While the form has been discontinued, the requirement for coordination of care with a client’s primary care physician and other treatment providers (e.g., Mental Health programs) is still required and should be started within 30 days of admit.
- For coordination of care, the client needs to sign a 42 CFR compliant Release of Information for each treatment provider.
- Then document in progress notes after program contact with each treatment provider the care coordination activities performed. Care Coordination is billable as case management.

Reminder: Outpatient Initial Treatment Plan Timeline Calculation

- It is due, with counselor/client signature, “within 30 calendar days of admission to treatment date.”
 - This is date of admission + 29 days.
 - Example-date of admission is August 1 + 29 days would be August 30.
 - ❖ Therefore, to be in compliance, initial treatment plan is due with client/counselor signatures by August 30.
 - ❖ If it is done/signed August 31 (admit +30 days) it is out of compliance but there is no disallowance.
 - ❖ If it was not done/signed until September 1 (admit +31 days), it is out of compliance and there is a disallowance for August 31 (service provided outside of the first 30 days with no valid treatment plan on that day).
 - ❖ There would continue to be disallowances for each day after this until the treatment plan was done/signed by counselor/client.

Note: DDN for outpatient programs would follow this same timeline calculation.



Compliance Reminders

- Programs are to review [42 CFR, Part 2 - Confidentiality of Substance Use Disorder Patient Records](#) and follow all requirements as stated.
 - Per 42 CFR, Part 2, if the release of information (ROI) is with an entity without a treating provider relationship, then it must include the name of the individual(s) to whom the disclosure is made (2.31(a)(4)).
- To assist with coordination of care efforts upon a client's discharge, programs are recommended to not have ROIs expire upon the client's discharge date.
- A program's Notice of Privacy Practices (NPP), a HIPPA requirement, must be posted in a clear and prominent location where it is reasonable to expect individuals seeking services from the provider to be able to read the notice, as well as clients being provided a copy no later than the date of the first service delivery (with some exception for emergency).
 - It must include a statement that the entity is required by law to notify affected individuals following a breach of unsecured PHI (164.520(b)(1)(v)(a)).
- The **BHS Provider Compliance Workgroup** is available to discuss any of these topics in more detail. The next meeting is on **Tuesday, November 12, 2019 at 1 pm**. Please have your program's *compliance, privacy, or security officers* reach out to Angie DeVoss (Privacy & Deputy Compliance Officer of COSD-HHSA) by emailing her at Angie.DeVoss@sdcounty.ca.gov, if they would like to attend the meeting.

Reminder: OTP (Opioid Treatment Providers)-QI Medication Monitoring Report

- The Quarter 1 Medication Monitoring Report is due **October 15, 2019**.
- You must enter the contract number and DMC provider number. Contact your COR if you do not have this information.
- Ensure that you include the name of the Committee Member and their discipline.
- Also, for the total number of charts, you must enter a number.
- Refer to the Instructions found on the DMC-ODS page of the [Optum website](#), under the "Toolbox" tab for assistance completing the report.

Reminder: Client Name/Signatures

- On Treatment Plan
 - Client Printed Name must include first and last name
 - It must be legible
 - Signature-unique to client and adjacent to printed name
- On Group Sign-In Sheet
 - Client Printed Name must include first and last name
 - It must be legible
 - Signature-unique to client and adjacent to printed name
- If client refuses to sign the treatment plan
 - The provider shall document the reason for refusal and the provider's strategy to engage the client to participate in treatment.

Care Coordination Reminder

- Clients transitioning from non-OTP withdrawal management and residential services should begin services at the next indicated level of care within 10 business days of discharge from WM or residential services.
- For coordination up or down the continuum of care, the handoff is considered complete after there is confirmation that the client has engaged, and initial appointment has occurred.
- Refer to "Section D – Service Delivery" of the SUDPOH for more information regarding Care Coordination.

Reminders from Recent DHCS Audits

- The Provider Compliance Unit (PCU) of the DHCS Audit and Investigations Medical Review Branch have recently conducted technical assistance reviews at a few DMC certified Residential programs in the County of San Diego.
- These technical assistance reviews have recently been renamed as “Post-Service **Pre-payment**” reviews and do not review for financial recovery.
- These types of reviews should not be confused with “Post-Service **Post-Payment**” reviews that do review for financial recovery of services.
- From these recent reviews, we have identified some reminders as follows:
 - LPHAs and MDs must receive a minimum of 5 continuing education hours each year related to addiction medicine.
 - The program’s code of conduct must be in the employee files and have all the required elements as documented in the [Intergovernmental Agreement](#) on page 123-124.
 - TB Test results must be completed every year and in the employee files.
 - The diagnosis on the treatment plan should match what is documented on the DDN (Diagnosis Determination Note).
 - If the client’s physical exam results are not in the chart and have not been reviewed by the MD, then it must stay on the treatment plan as a goal.
 - Group sign-in sheets must contain all required elements (see sample [group sign-in sheet](#) with these elements, from Appendix D.4 of the SUDPOH)
 - For planned discharges, the client must be given a copy of the Discharge Plan and it must be documented the client was provided a copy.
- Reminder, if a program is contacted by DHCS for any type of review or audit (be it scheduled or unannounced visit), it is expected that the program will immediately notify the program COR and the BHS SUD QM unit. QM can be notified via email at QIMatters.HHSA@sdcounty.ca.gov
- If a Corrective Action Plan (CAP) is required for any type of DMC review, programs are to submit drafts directly to the BHS SUD QM unit for review and technical assistance within 30 days of receiving the final report (SUDPOH page G.12-13).

For Residential Providers Only:

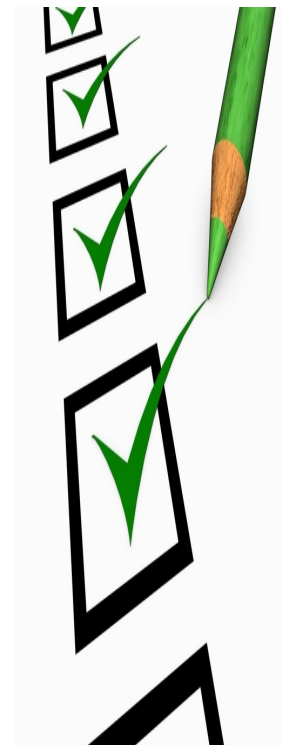
- When changing the level of care on a client record, please ensure that you also create a new program enrollment to match the level of care on your new authorization.
- If a new program enrollment is not created, your encounters will have the incorrect program name. This is especially important at the time of discharge.
- Once the client has been discharged, the system will not allow you to make any correction and you will not be able to bill for the new level of care.

For Outpatient Providers Only:

- If your client has a change of level of care from OS to IOS or vice versa, the client must be discharged from the current episode and a new episode will need to be created under the new level of care as a Transfer of Change in Service in the admission.

For OTPs Only:

- Courtesy dosing is only for clients with Out of County Medi-Cal for clients who reside in the State of California.



For ALL Programs:

- When a discharged client comes back to your facility, a new episode will need to be created. Do not reuse an existing episode.
- Cash clients will also need to be entered in SanWITS for CalOMS purposes but will need to be identified as non-BHS contract under special population and a Program Enrollment must be created using Non-BHS Contracted Client as the Program Name.
- A discharge record will need to be completed within the Data Entry Standards. If client is still at the facility by the 10th month from the admission date, an Annual Update will need to be processed.

For Providers who are providing Recovery Services (Outpatient and Residential)

- If the client completes treatment and will be receiving Recovery Services, a discharge will need to be processed.
- Once the discharge is processed, the episode will need to remain open and a new Program Enrollment will need to be created for Recovery Services under the same episode as the Treatment Episode.
- **Do not** create a brand-new episode for recovery services. Once the client completes the Recovery Services, the Program Enrollment can be end-dated, and the episode will need to be closed from the Intake screen.

See SanWITS tip sheets under the “SanWITS” tab of the DMC-ODS page on the [Optum website](#)



SanWITS Billing Classes

- Register with BHS Billing Unit ADSBillingUnit.HHSA@sdcounty.ca.gov
- Prerequisite required: SanWITS Basic training.

SanWITS Quarterly Users Group Meeting for OTP Providers – September 2019

- Next meeting: Monday, **Sep 16, 2019 at 9 a.m.** (OTP Providers Only)
- Location: 211 Connections Center at 3860 Calle Fortunada, Suite 101, San Diego, CA 92123
- RSVP will be required to ensure we are able to accommodate participants due to room requirements.
- At least one representative from each facility is highly recommended.
 - ❖ Note: Meetings are held monthly, on the 3rd Monday, and are specific to modality (e.g., Outpatient, Residential, OTP)
 - Outpatient programs will meet – Apr, Jul, Oct, Jan
 - Residential programs will meet – May, Aug, Nov, Feb
 - OTP programs will meet - Jun, Sep, Dec, Mar

SanWITS User Forms

Please use the newest SanWITS User Forms available on www.regpacks.com/dmc-ods and www.optumsandiego.com. Older versions of the SanWITS User forms submitted to MIS will be returned effective August 1st, 2019.

- The **SanWITS New User Form** includes the Summary of Policies and SUD Electronic Signature Agreement for new employees.
- The **SanWITS User Modification or Termination Form** is available for changes to existing accounts.
- All forms must be typed and completed electronically.
- New User forms must be submitted to SUD_MIS_Support.HHSA@sdcounty.ca.gov 14 days prior to your employees SanWITS Training date.

SanWITS and SSRS Trainings

- Register online with RegPacks at: www.regpacks.com/dmc-ods
- Registration will close 14 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Types of Training Classes:
 - SanWITS Basic-Fundamental SanWITS functions that are applicable to ALL program types
 - Residential Facilities-Bed Management & Encounter Training
 - Outpatient/OTP Facilities-Group Module & Encounters Training
- All required forms are located on the “Downloadable Forms” tab and must be completed and returned to SUD Support at SUD_MIS_Support.HHSA@sdcounty.ca.gov at least 14 days prior to scheduled training. If the 3 forms are not submitted, you will not be able to attend training regardless of receiving training confirmation.
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, another training will be required before access is given.
- If you are unable to attend class, please cancel the registration as soon as possible so that staff on the waitlist can attend.

Communication

- Billing questions? Contact: ADSBillingUnit.HHSA@sdcounty.ca.gov
- SanWITS questions? Contact: SUD_MIS_Support.HHSA@sdcounty.ca.gov
- DMC-ODS Standards/SUDPOH/SUDURM questions? Contact: QIMatters.hhsa@sdcounty.ca.gov



Is this information filtering down to your counselors, LPHAs, and administrative staff?
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!*
Send all personnel contact updates to QIMatters.hhsa@sdcounty.ca.gov

Date: August 16, 2019

CYF Memo: # 08 - 19/20

To: CYF Mental Health Treatment Organizational Providers

From: Yael Koenig, CYF Deputy Director

Re: **Intensive Home-Based Services (IHBS) Prior Authorization Request Process Effective 9/1/19**

On May 31, 2019, the Department of Health Care Services (DHCS) issued Information Notice 19-026 outlining specific mental health services requiring prior authorization. IHBS is identified as one of the services requiring prior authorization. IHBS are mental health rehabilitative services that are aimed at helping the child/youth build skills for successful functioning in the home and community, as well as improving the family's ability to help the child/youth successfully function in the home and in the community.

The County of San Diego Behavioral Health Services (BHS) worked in partnership with Optum Health to create a process for prior authorization with the least disruption to current workflow and continued provision of service. The newly established IHBS Prior Authorization Request Form meets the required elements outlined by the State.

As of **September 1, 2019**, the attached form must be completed and approved by Optum prior to the provision of IHBS and resubmitted prior to the expiration of the previous authorization, which is generally 12 months, if requesting continuing services.

The new IHBS Prior Authorization Request Form requires a notation on:

- **IHBS Scope of Service** – entails the definition of IHBS
- **Intensive Care Coordination (ICC)** – to receive IHBS, ICC must be provided and documented in the Client Plan
- **Medical Necessity Criteria** – as documented in the current Behavioral Health Assessment
- **Amount requested**
 - Up to 15 hours of IHBS intervention per week
 - 16-25 hours of IHBS intervention per week; requires written Contracting Officer Representative (COR) support and documented rationale for not referring to Therapeutic Behavioral Services (TBS)
- **Duration requested**
 - Up to 12 months of IHBS intervention; with ability to request additional cycles of IHBS as needed

The new IHBS Prior Authorization Request form process is the following:

- CYF Mental Health Organizational Treatment Provider submits the IHBS Prior Authorization Request form to Optum via FAX (866) 220-4495
- Optum reviews and provides authorization determination within 5 business days of receipt
- Authorization will be forwarded to the requesting provider to be filed in the client's hybrid medical record
- Optum will issue an NOABD to provider and MediCal beneficiary if IHBS request is denied, modified, reduced, terminated, or suspended.

Please review the attached IHBS Prior Authorization Request Form and the Explanation Sheet which includes detailed instructions on how to complete the form. Please contact your COR if you have any questions.

Attachments: Intensive Home-Based Services (IHBS) Prior Authorization Request Form
Intensive Home-Based Services (IHBS) Prior Authorization Request Form Explanation Sheet

CC: Optum San Diego
County of San Diego BHS Quality Management

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

2019

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

Note: Child/Youth must be receiving Intensive Care Coordination (ICC) in order to be eligible for IHBS

COMPLETION REQUIREMENTS:

1. IHBS Prior Authorization Request form is completed and submitted to Optum via FAX (866) 220-4495 for all clients that will be receiving IHBS prior to initial provision of IHBS
2. Continuing request is completed by IHBS provider and resubmitted within 12 months before previous authorization expires
3. Prior authorization must be obtained before IHBS are initiated

DOCUMENTATION STANDARDS:

The following elements of the IHBS Prior Authorization Request form must be addressed

1. Client Information
 - Must include name, DOB and Client ID
2. Program Information
 - Must include Legal Entity, Program Name, Phone, Fax, Unit #, Subunit # and Program Manager Name
3. Medical Necessity (All items required for authorization of IHBS)
 - Must indicate client is under the age of 21 (service only available to youth under age 21)
 - Must indicate ICC is a documented intervention on the client plan and include date of client plan (Not eligible for IHBS unless receiving ICC)
 - Must indicate medical necessity criteria is documented in the Behavioral Health Assessment (BHA). Include date of BHA and Title 9 included diagnosis
 - Amount requested: Must select only one
 - Up to 15 hours per week
 - 16-25 hours per week
 - If 16-25 hours of IHBS per week is selected, provider must attach written Contracting Officer Representative (COR) support and documented rationale for not referring to TBS
 - Duration requested: IHBS will be requested for up to 12 months
4. Authorization Determination:
 - Optum will make a determination to approve the request when the 5 IHBS criteria are met and provides authorization determination within 5 business days of receipt
 - Optum will send the approved authorization to requesting provider which will include start and end date for IHBS (scope, amount and duration) to be filed in hybrid chart
OR
 - Optum will deny, modify, reduce, terminate or suspend IHBS request and an NOABD will be sent to Medi-Cal beneficiary and requesting provider

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

☐ Prior Authorization Request

(Prior to provision of IHBS)

☐ Continuing Request

(After initial authorization of up to 12 months)

Client Information

Client Name: _____	Date of Birth: _____	Client ID: _____
--------------------	----------------------	------------------

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.

MEDICAL NECESSITY: (All 5 items are required for authorization of IHBS)

- ☐ Client is under the age of 21
- ☐ Intensive Care Coordination (ICC) is a documented intervention on the Client Plan dated: _____
(Not eligible for IHBS unless receiving ICC)
- ☐ Client meets medical necessity criteria for Specialty Mental Health Services as documented in the Behavioral Health Assessment (BHA) dated: _____
Title 9 included diagnosis: _____
- Amount Requested:** (Select one)
☐ Up to 15 hours of IHBS intervention per week;
☐ 16-25 hours of IHBS intervention per week; must provide rationale for not referring to TBS and attach written COR support: _____
- Duration Requested:** (Select one)
☐ Up to 12 months of IHBS intervention

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

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

Reason: _____

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

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

Optum Clinician Signature/Date/Licensure:

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

08/16/19

To: Contracted Providers Offering Telepsychiatry Services

Date: May 10, 2019

From: AnnLouise Conlow, BHS Senior MIS Manager

Re: Videoconferencing Guidelines for Contracted Telepsychiatry Providers Connecting to their own Network – Updated for clarity

Telepsychiatry providers now have the option to provide and manage their own videoconferencing equipment and applications. Contracted providers should select videoconferencing applications that have the appropriate verification, confidentiality, and security parameters necessary to be properly used for this purpose and comply with Article 14 of their contracts. Please see additional information below related to videoconferencing guidelines and recommendations for your reference.

Use a secure, trusted platform for videoconferencing.

Choose a software solution that is HIPAA-compliant, as many popular, free products are not. Compliance with HIPAA (Health Insurance Portability and Accountability Act of 1996) is essential. HIPAA sets a minimum federal standard for the security of health information.

It is recommended to use a broadband internet connection that, at minimum, has a transmission speed of at least 5 MB upload/download to avoid pixilation, frequent buffering, and other video and audio difficulties associated with slow and insufficient transmission. Higher speeds might be required for newer technologies that use HD capabilities.

When reviewing software options, you will notice that many vendors require a “business associate agreement,” or a BAA, to ensure HIPAA compliance. Contact the vendor and confirm what such an agreement entails.

Telepsychiatry providers will submit an annual attestation statement to their Contracting Officer Representatives (CORs) that shall include compliance with the following:

Verify your devices and software use the latest security patches and updates. Install the latest antivirus, anti-malware, and firewall software to your devices. The underlying network must provide security.

Verify your device uses security features such as passphrases and two-factor authentication. Your device preferably will not store any patient data locally, but if it must, it should be encrypted.

Verify your audio and video transmission is encrypted. The Federal Information Processing Standard (FIPS) 140-2 is used by the United States government to accredit encryption standards. Encryption strengths and types can change. When partnering with 3rd party telepsychiatry vendors, verify if their encryption meets the FIPS 140-2

Behavioral Health Services
QUALITY IMPROVEMENT – MIS MEMO

certified 128 bit standard as required by Article 14 within County of San Diego contracts (256 bit standard is recommended by the American Psychiatric Association – APA, but your COR will check for at least 128 bit).

Verify that any peer-to-peer videoconferencing (streamed endpoint-to-endpoint) is not stored or intercepted by the company in any way; and that any recorded videoconferences or—if available—text-based chat sessions near the chat window are stored locally, on your own HIPAA-compliant device or electronic record keeping system, in order to safeguard any electronic protected health information or PHI.

Kindest regards,

AnnLouise Conlow

Annlouise.conlow@sdcounty.ca.gov

Open the Client Services Listing Report in Cerner

Click Load and select the Telehealth Services Report template

The screenshot shows the 'Client Services Listing (Administrative Access)' window. A modal dialog box titled 'Load Template for Client Services Listing' is open, displaying a table of templates. The 'Telehealth Services Report' template is highlighted in blue. Below the table are buttons for 'Delete', 'Find', 'Load', and 'Cancel'. The main window has tabs for 'Selections1' through 'Selections5', 'Print Columns', and 'Sqrt/Subtotal/Title'. At the bottom of the main window are buttons for 'Clear', 'Load', 'Save', 'Batch', 'Print', and 'Exit'.

Description	Created On	Created By	Last Used
QI Focus Review Template 2019	05/02/2019	16001	07/23/2019
QM Chart Report	02/12/2018	10633	07/22/2019
SMT review	12/17/2015	2273	09/22/2017
Service Data Entry Audit Report By Client	07/01/2009	35	07/25/2019
Service Data Entry Audit by Service Date	06/04/2009	33	07/25/2019
Services Listing For Bed Day Programs	07/01/2009	35	06/06/2019
Telehealth Services Report	07/25/2019	12882	07/25/2019
Units of Service	03/05/2009	3802	07/18/2019
ZZZ PROMO TEST	01/19/2017	13658	07/10/2019

Selections_1

Enter Unit/Subunit

The screenshot shows the 'Client Services Listing (Administrative Access)' window with the 'Selections_1' tab selected. The tab contains a list of selection criteria, each with a text input field, a search icon, and a dropdown menu. The 'Units' field is set to 'TRAINING UNIT' and the 'SubUnits' field is set to 'TRAINING SUBUNIT'. The 'Units' field has a value of '9900' and the 'SubUnits' field has a value of '9901'. The bottom of the window has buttons for 'Clear', 'Load', 'Save', 'Batch', 'Print', and 'Exit'.

Selections1	Selections2	Selections3	Selections4	Selections5	Print Columns	Sqrt/Subtotal/Title
Clients	All					
Portal Client	All					
Units	TRAINING UNIT					9900
SubUnits	TRAINING SUBUNIT					9901
Program Category Headings	All					
Program Categories	All					
Unit Types	All					
Administrative Groups	All					
Assignment Types	All					
Pay Source Type	All					
Benefit Plan Types	All					
Pay Sources	All					
Benefit Plans	All					
Service Types	All					

Selections_2

No action required

The screenshot shows the 'Client Services Listing (Administrative Access)' window with the 'Selections_2' tab selected. The window contains a list of selection criteria, each with a text input field, a search icon, and a dropdown menu. The criteria are: Client ZIP, Counties of Residence, Address Counties, Referral Source, Races, Client Category, Priority Pop Types, SMI/SED Status, Diagnostic Category, Credentials, Servers, Service Codes, and Excluded Services. The 'Excluded Services' dropdown is set to 'None'. At the bottom, there is a toolbar with buttons for Clear, Load, Save, Batch, Print, and Exit.

Selections1	Selections2	Selections3	Selections4	Selections5	Print Columns	Sort/Subtotal/Title
Client ZIP	All					
Counties of Residence	All					
Address Counties	All					
Referral Source	All					
Races	All					
Client Category	All					
Priority Pop Types	All					
SMI/SED Status	All					
Diagnostic Category	All					
Credentials	All					
Servers	All					
Service Codes	All					
Excluded Services	None					

Clear Load Save Batch Print Exit

Selections_3

Enter service dates

The screenshot shows the 'Client Services Listing (Administrative Access)' window with the 'Selections_3' tab selected. The window contains a list of selection criteria, each with a text input field, a search icon, and a dropdown menu. The criteria are: Service Category A, Service Category B, Units of Measure, Persons Contacted, Places of Service, Outside Facility, Contact Types, Appointment Types, Billing Types, Service Intensities, Entry Screen Types, and Data Entered By. The 'Contact Types' dropdown is set to 'Telehealth', and the 'Appointment Types' dropdown is set to '1,2'. At the bottom, there is a toolbar with buttons for Clear, Load, Save, Batch, Print, and Exit. Additionally, there are date selection fields for 'Service Dates' and 'Date Entered', both set to '07/01/2019'.

Selections1	Selections2	Selections3	Selections4	Selections5	Print Columns	Sort/Subtotal/Title
Service Category A	All					
Service Category B	All					
Units of Measure	All					
Persons Contacted	All					
Places of Service	All					
Outside Facility	All					
Contact Types	Telehealth					E
Appointment Types	1,2					NON-CONTIG
Billing Types	All					
Service Intensities	All					
Entry Screen Types	All					
Data Entered By	All					

Service Dates 07/01/2019 thru 07/01/2019
Date Entered / / thru / /

Clear Load Save Batch Print Exit

Selections_4

No action required

Client Services Listing (Administrative Access)

Selections1 | Selections2 | Selections3 | **Selections4** | Selections5 | Print Columns | Sgrt/Subtotal/Title

☐ Include Only 'New' Clients
☐ Include only Clients with Consecutive Days of Services?

Number of Consecutive Days of Services:

Assignments with or without a Home Provider: ☒ All ☐ With ☐ WithOut

Home Provider	All		
Home Provider Type	All		
Modes of Service	All		
Service Functions	All		
Assignment Categories	All		
Primary Servers	All		
Treatment Teams	All		
Treatment Team Leaders	All		

☐ Only Print Zero-Priced Services

Clear Load Save Batch Print Exit

Selections_5

No action required

Client Services Listing (Administrative Access)

Selections1 | Selections2 | Selections3 | Selections4 | **Selections5** | Print Columns | Sgrt/Subtotal/Title

Assignments with Date Opened from: thru:
Assignments with Date Closed from: thru:

EBP/SS's	All		
CalOMS Referral Source	All		
COPS Orig Svc Pay Sources	All		
COPS Orig Svc Benefit Plans	All		
Unplanned	All		

Clear Load Save Batch Print Exit

Print Columns

No action required

Client Services Listing (Administrative Access)

Selections1 | Selections2 | Selections3 | Selections4 | Selections5 | **Print Columns** | Sort/Subtotal/Title

Column	Width	Sub	Column	Width	Start	End
Case Number	10	<input type="checkbox"/>	SubUnit	6	30	36
Client Name	12	<input type="checkbox"/>	Server Name	12	37	49
Form Number	10	<input type="checkbox"/>	Service Code	4	50	54
Unit	4	<input type="checkbox"/>	Begin Date	8	55	63
SubUnit	6	<input type="checkbox"/>	End Date	8	64	72
Server Name	12	<input type="checkbox"/>	Units of Service	8	73	81
Service Code	4	<input type="checkbox"/>	Appointment Type	2	82	84
Service Desc	12	<input type="checkbox"/>	Contact Type	1	85	86
Procedure Code	19	<input type="checkbox"/>	Person Contacted	1	87	88
Entry Screen	4	<input type="checkbox"/>	Place of Service	1	89	90
Begin Date	8	<input type="checkbox"/>	Direct/Indirect	1	91	92
End Date	8	<input type="checkbox"/>	Billed Flag	1	93	94
Begin Time	4	<input type="checkbox"/>	Service Intensity	1	95	96
End Time	4	<input type="checkbox"/>	Billing Type	1	97	98
Units of Service	8	<input checked="" type="checkbox"/>	Current Pay Source	4	99	103
Appointment Typ	2	<input type="checkbox"/>	Current Benefit Plan	4	104	108
Contact Type	1	<input type="checkbox"/>	Extended Price	12	109	121

Clear Load Save Batch Print Exit

Sort/Subtotal/Title

Click print then click ok

Client Services Listing (Administrative Access)

Selections1 | Selections2 | Selections3 | Selections4 | Selections5 | Print Columns | **Sort/Subtotal/Title**

Segments

- Client Name(2)
- Program Category Head
- Program Category
- Unit ID
- SubUnit ID
- Unit Type
- Assignment Type
- Administrative Group
- Server ID
- Ext. P/P
- Pay Source Type
- Benefit Plan Type
- Current Pay Source
- Current Benefit Plan
- Service Code
- Appointment Type
- Service Date

Print Destination

☒ Default (Printer/Screen)
☐ VPE File (.VPE)
☐ Text File
☐ CSV File

File Name:

OK Cancel

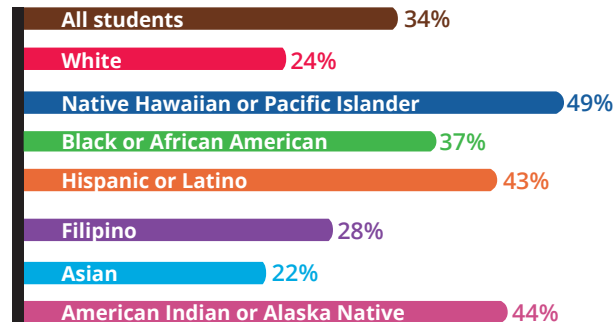
Report Title: Telehealth Services Report

Clear Load Save Batch Print Exit

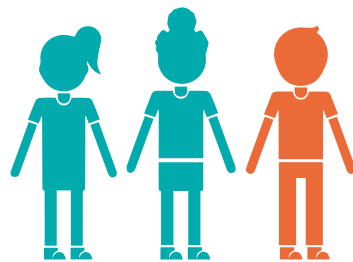
Childhood Obesity in San Diego County



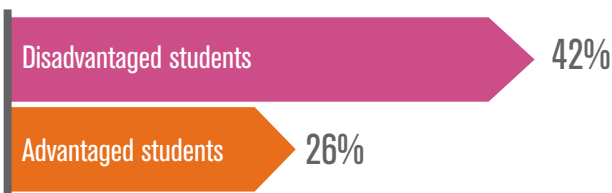
Disparities in childhood overweight and obesity persist by race/ethnicity



More than
1 out of every 3
children in San Diego County
is Overweight/Obese (34.1%)



Disparities exist in overweight/obesity rates between economically disadvantaged vs non-economically disadvantaged students



Where we live affects our health



Neighborhood inequities contribute to obesity rates and disparities.

Root causes/social determinants impact neighborhoods and affect health



Food insecure children are more vulnerable to poor nutrition and obesity, due to:



Call to Action

Reversing the childhood obesity epidemic takes time – we need long-term investments to improve access to healthy foods and opportunities for healthy living, and focus on upstream root causes of poor health to eliminate health inequities such as obesity among children.



Core funding provided by:





**OUTDOOR
OUTREACH**

A group of diverse youth, including young men and women, are shown in profile, looking through binoculars. They are outdoors in a grassy area with trees in the background. The image is used as a background for the top half of the slide.

Who We Are



**OUTDOOR
OUTREACH**

Our Mission: To connect youth to the transformative power of the outdoors.

Outdoor Outreach is a San Diego-based 501(c)(3) nonprofit that runs programs primarily for youth ages 11-25 who may not otherwise have the opportunities to connect to their parks, beaches and open space areas. Through the outdoors, Outdoor Outreach provides youth with opportunities to build resilience in the face of challenges and confidence in their power to make a difference.

OUR ACTIVITIES



MOUNTAIN BIKING



SURFING



ROCK CLIMBING



KAYAKING



SNORKELING



ENVIRONMENTAL
STEWARDSHIP



SNOWBOARDING



HIKING



GEAR FITTING
AND BASECAMP



STAND UP
PADDLEBOARD



CIVIC ENGAGEMENT
AND ADVOCACY



YOGA





OUR VALUES



Positivity

We believe in building on the inherent strengths that youth already possess.



Choice

We ensure that participation is always by choice and presented in a fun, safe and respectful environment.



Respect

We honor ourselves, other people and the environment in our words and our actions.



Authenticity

We believe in caring for youth without agenda.



Possibility

We believe in seeing the potential in people and situations, and in the power of new outdoor experiences.



Excellence

We set the highest standards for quality and safety in everything we do.



Passion

We believe in sharing what we love!



OUR IMPACT

IMPACT

I am resilient in the face of challenges, and confident in my power to make a difference

EMOTIONAL BENEFITS

- Confidence in myself and my abilities
- Sense of belonging
- New narrative of what I can do and be
- Positive sense of identity based on strengths
- Discovering purpose and making the world better
- Sense of control and optimism for the future

FUNCTIONAL BENEFITS

- Positive, supportive relationships
- Learning beyond the classroom
- Safe space to go during out-of-school time
- Environmental consciousness
- Civic engagement
- Healthy lifestyle
- New understanding of the world and what's possible
- Nature-based job training and employment

WHAT WE PROVIDE

- Opportunities to **ACCESS** the outdoors (transportation, equipment, snacks/meals and instruction)
- Opportunities for youth to **CHALLENGE** themselves and recover if they fall
- Opportunities to **CONNECT** with supportive mentors and positive peer groups
- Opportunities to **LEAD** and inspire others

OUR IMPACT

CHALLENGE

I have opportunities to find, appreciate, and care for nature

I have opportunities to challenge myself and get back up if I fall

I have opportunities to connect with supportive peers and mentors

I have opportunities to feel safe and welcome in the outdoors

GROW

(Attitude/Behavior Change)

I believe these places and activities are for people like me

I am confident in myself and my abilities

I feel like I belong here

I can use my voice and talents to help other youth discover the outdoors

I am in control of my life and my future

I am encouraged to try new things that might be good for me

I know how to deal with things that are hard in my life

I make positive choices, and say no to things that are dangerous or unhealthy

I build friendships with other people

I tell other people what I believe in

LEAD

(Making a Difference)

I feel good about my future

I am a role model for other youth

I have an important role and responsibilities

I am making a difference in my community

Rady Children's Hospital Program

In March 2019, Outdoor Outreach partnered with Rady Children's Hospital to develop programming that would enhance mental health services and achieve therapeutic goals through outdoor engagement.

- 2 cohorts: Mental Health and Medical
- 12 students per cohort + 1 social worker
- 8 weeks each
- Youth ages 12-17 that are in medically stable condition with no severe behavioral health issues that would impede participation



Rady Children's Hospital Program

- There are several tools that we'll use to evaluate our program impact. For Rady's, we are piloting 5 tools:
 - Patient Symptom Checklist (PSC-17) for each the youth and their parent/caregiver
 - Self-Esteem
 - Children's Hope Scale
 - 14-Item Resilience Scale



Rady Children's Hospital Program

What we've seen:

- Participants' caregivers reported significant reductions in symptoms of mental illness (PSC-17)
- Mental Health Cohort experienced modest increases in Hope (Children's Hope Scale)
- Medical Cohort saw modest increases in both Hope and Self Esteem
- Supportive anecdotes from participants and other qualitative data also indicated



**OUTDOOR
OUTREACH**

Rady Children's Hospital Program

"It (rock climbing) was scary but I kept going and I made it to the top. I can take that experience and apply it to life by thinking things through and going slowly and eventually you'll make it."
-Danielle



What We Provide

- All related activity and safety equipment
- Associated permits, tickets, and park admission fees
- Transportation via 15 Passenger Van or 8 Passenger Vans-
All of our drivers have current Commercial Drivers Licenses
- Pick-up and drop off at school/program site
- Healthy snacks and water (Lunch provided on full day programs, and all meals provided on overnight programs)
- Professional instruction and guided exploration



OUTDOOR
OUTREACH



Our Staff

Certifications on our Team:

- First Aid and CPR (All staff)
- Wilderness First Responder
- Wilderness First Aid
- A.C.A. Kayak and S.U.P. Instructor
- Certifications
- Mental Health First Aid
- Lifeguard
- Leave No Trace Master Educator
- Leave No Trace Trainer
- A.M.G.A. Single Pitch Rock Climbing Instructor
- California and San Diego County Food Handlers Certification

*All Outdoor Outreach Staff are fingerprinted and background check upon hire

Leadership Program

The Leadership Program provides opportunities for young adults ages 16 - 20 to explore the world around them, challenge themselves, gain work experience, and develop leadership skills.

Participants are eligible for up to a \$1,000 job training stipend, and for potential job opportunities at Outdoor Outreach after completing the program.



Youth-serving Partner Organizations

- Barrio Logan College Institute
- Blue Heart Foundation
- Boys and Girls Club of Imperial County
- California Community Foundation- Warren Christopher Scholars
- Casa de Amistad
- Community Housing Works
- County of San Diego Department of Parks and Recreation- Lakeside Teen Center and Spring Valley Teen Center
- Encuentros Leadership
- Fancy Teen Girls
- Girls Rising
- Good Neighbor Project
- Jerusalem Foundation Youth Exchange
- Just In Time For Foster Youth
- Mesa Rim Youth Climbing Team
- National Conflict Resolution Center
- North County Lifeline – Crown Heights
- Rady's Children Hospital
- San Diego Show Allstars
- San Elijo Lagoon Conservancy - Ecology Club (*San Pasqual High School)
- SAY San Diego- O'Farrell Family Services
- South Bay Community Services - Granger MS, Hilltop MS, EXCEL
- Simon Fraser University and UCSD School of Medicine
- San Diego County District Attorney - CARE Community Center
- San Diego County Probation Department - Urban Camp/Girls Rehabilitation Facility

School Partners

- Chaparral High School
- Crawford High School
- Creative Performing Media Arts Charter School
- El Cajon Valley High School
- Escondido High School
- Gompers Preparatory Academy
- High Tech Elementary Point Loma
- Juvenile Court Community Schools
- Keiller Leadership Academy
- King Chavez Community High School
- Lincoln High School
- Monarch School
- Morse High School
- Mount Miguel High School
- O'Farrell Charter School
- Palomar High School
- San Pasqual Academy
- Ingenuity Charter School
- High Tech High
- e3 Civic High School





How might we partner with you?

Contact us

Lesford Duncan, MPH

Senior Director of Programs

lesford.duncan@outdooroutreach.org

Matthew Smith

Senior Youth Programs Manager

matt.smith@outdooroutreach.org



UNDERSTANDING YOUR QSRs

Eileen Quinn-O'Malley, LMFT

Emily Trask, Ph.D.

9-05-19





- PSC-Caregiver
- PSC-Youth
- CANS
- CANS-EC



- **Discharge Measure** = Discharge measure or follow-up measure 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, those client assessments won't be used in QSR outcome calculations



- Published literature, statistical analysis, and developer guidelines were used to establish tracking outcomes
 - Compliance for both measures
 - Tracking outcomes to establish objectives for next FY
 - **PSC**
 - Amount of improvement
 - Reliable improvement
 - Clinically significant improvement
 - **CANS –**
 - Progress on actionable needs

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 7/1/2018 and 3/22/2019

9999 - CASRC Test Site

Total CYF mHOMS Discharges N¹ = 52

← All clients w/ a CCBH discharge date entered into CYF mHOMS

Subunits Specified: 9999

Quarterly Status Report Objectives

Program YTD Results

% X of Y

Completion Rate for all clients

1. 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 assessments² demonstrating **completion rate**.

60.5 % 23 of 38

← **Completion Y:**
Clients w/ a CCBH discharge date and open 60 days +

Improvement for all clients

2. Programs shall identify the number of discharged clients ages 11-18 whose episode lasted 60 days or longer, who had the following levels of **treatment improvement**, defined as reductions from initial to discharge on the Youth PSC total scale score.

2a. Percent of clients who reported **no** improvement (0 or 1-point reduction).

4.3 % 1 of 23

2b. Percent of clients who reported a **small** improvement (2-4 point reduction).

17.4 % 4 of 23

2c. Percent of clients who reported a **medium** improvement (5-8 point reduction).

13.0 % 3 of 23

2d. Percent of clients who reported a **large** improvement (9+ point reduction).

39.1 % 9 of 23

2e. Percent of clients who reported an **increase in impairment** (1+ point increase).

26.1 % 6 of 23

← **Improvement Y:**
Clients w/ a CCBH discharge date, open 60 days +, and have initial & discharge data

Reliable Improvement for all clients

3. Programs shall identify the number of discharged clients ages 11-18 whose episode lasted 60 days or longer who had at least a 6-point reduction on the Youth PSC total scale score, **demonstrating reliable improvement**.

47.8 % 11 of 23

Impairment Reflected at Intake

4. Number of discharged clients at or above the clinical cutoff score (**indicating impairment at intake**) on any of the three Youth PSC subscales or total scale score at initial assessment.³

42.0 % 21 of 50

Completion Rate for clients impaired at intake

5. Number of discharged clients ages 11-18 whose episode lasted 60 days or longer, who scored above the clinical cutoff on any Youth PSC subscale or total scale score at initial assessment AND had discharge data available, **demonstrating completion rate**.

88.2 % 15 of 17

Clinically Significant Improvement for clients impaired at intake

5a. Number of discharged clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Youth PSC total scale score demonstrating **clinically significant** improvement.

40.0 % 6 of 15



Impairment Y =
Clients w/ a CCBH
discharge date and
initial score



Improvement Y
Clients w/ a CCBH
discharge date,
open 60 days +,
with initial &
discharge data
whose initial scores
were above the
clinical cutoff

1. Clients with a CCBH discharge date in CYF mHOMS.

2. Discharge PSC score = discharge PSC or follow-up PSC score (if the measure was completed within 60 days prior to the client discharge date).

3. Clients ages 11-18 who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 5 or higher, or externalizing subscale score of 7 or higher.

Selection Criteria: Clients with CCBH Discharge Date between 7/1/2018 and 3/22/2019.

For Internal Use Only

Discharged Clients - Initial to Discharge Assessment Youth PSC Summary

Page 5 of 5

Report Generated from mHOMS 3/28/2019 2:08:07 PM

SYSTEM OF CARE EVALUATION

Discharged Clients - Initial to Discharge Assessment CANS Summary

CCBH Discharge Date between 7/1/2018 and 3/22/2019

9999 - CASRC Test Site

Total CYF mHOMS Discharges N¹ = 1867

Subunits Specified: 9999

Program YTD Results

Quarterly Status Report Objectives

% X of Y

Impairment Reflected at intake

1. For discharged clients (ages 6-21), what number of actionable needs (2 or 3) did they have across the Child Behavioral and Emotional Needs, Risk Behaviors and Life Functioning domains at intake?

1a. Percent of clients who had no actionable needs on their intial assessment	9.6%	180	of	1867
1b. Percent of clients who had 1-5 actionable needs on their initial assessment	48.8%	912	of	1867
1c. Percent of clients who had 6+ actionable needs on their initial assessment	41.5%	775	of	1867

← All clients with a CCBH discharge date entered into CYF mHOMS

← **Impairment Reflected Y:** Clients w/ a CCBH discharge date and initial score

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.²

92.9% 1044 of 1867

← **Completion Y:**
Clients w/ a CCBH
discharge date and
open 60 days +

3. Actionable Needs at Intake					4. Progress at Discharge				
Number of clients who entered services with an actionable need ('2' or '3') in the following areas:					Number of clients who moved from a '2' or '3' to a '0' or '1' in the following areas:				
	%	X	of	Y		%	X	of	Y
3a. Life Functioning	73.3%	765	of	1044	4a. Life Functioning	72.5%	555	of	765
3b. Risk Behaviors	66.9%	698	of	1044	4b. Risk Behaviors	67.2%	469	of	698
3c. Child Behavioral and Emotional Needs	78.8%	823	of	1044	4c. Child Behavioral and Emotional Needs	42.2%	347	of	823

← **4. Improvement Rate Y**
Clients w/ a CCBH
discharge date, open
60 days +, had initial
& discharge data who
also had an
'actionable' need
(score of 2/3) at
intake on one of the
listed domains

1. Clients with a CCBH discharge date in CYF mHOMS.

2. Discharge CANS completed at discharge or follow-up (if the measure was completed within 60 days prior to the client discharge date).

Selection Criteria: Clients with CCBH Discharge Date between 7/1/2018 and 3/22/2019.

For Internal Use Only

Discharged Clients - Initial to Discharge Assessment CANS Summary

Report Generated from mHOMS 3/28/2019 2:08:07 PM

Page 5 of 5

QSR OUTCOMES – YTD DISCHARGES



2. OUTCOMES DATA: Attach copies of YTD CYF mHOMS CANS and PSC QSR Reports (Total of 4 reports - CANS; CANS-EC; PSC Parent; PSC Youth)			
			Total
A	YTD Discharges - ADC Report		0
B	YTD Discharges - CYF mHOMS CANS Report (Ages 0-5)		0
C	YTD Discharges - CYF mHOMS CANS-EC Report (Ages 6-21)		
D	YTD Discharges - CYF mHOMS PSC Report (Ages 3-18)		
E	YTD Discharges - CYF mHOMS PSC-Youth Report (Ages 11-18)		
Provide explanation if there is a discrepancy between discharges reported in CCBH Report and CYF mHOMS QSR Reports (For example: medication only, out-of-age range, still completing CAMS/CFARS or other reason).			
CANS Discrepancy Explanation (B + C does not equal A)		PSC Discrepancy Explanation (D does not equal A)	

QSR OUTCOMES – CANS AND CANS-EC



Number	OUTCOME OBJECTIVES	YTD Results		
		%	X of Y	
		Green = Meets Expectation Red = Provide Mitigation Plan		
1	CANS Completion Rate			
a)	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%		
b)	At Discharge, 95% of clients ages 0-5 whose episode lasted 60 days or longer have CANS-EC data available for both initial and discharge assessments.	0%		
c)	Please provide explanation below if completion rate is below 95%:			
2	IMPAIRMENT REFLECTED AT INTAKE (Item 1a in CYF mHOMS CANS Report)			
a)	Percent of clients who had no actionable needs on their initial assessment (CANS; ages 6-21)	0%		
b)	Percent of clients who had no actionable needs on their initial assessment (CANS-EC; ages 0-5)	0%		
c)	How does program address clients reporting no actionable needs on the Life Functioning, Risk Behaviors and Behavioral Emotional Needs domains at the initial assessment? Please provide explanation below.			

QSR OUTCOMES – PSC



LIVE WELL
SAN DIEGO

3	PSC Completion Rate (Parent and Youth)			
a)	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%		
b)	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 demonstrating completion rate.	0%		
c)	Please provide explanation below if completion rate is below 75% :			
4	IMPAIRMENT REFLECTED AT INTAKE (Item 4 in the CYF mHOMS PSC report)			
a)	Number of discharged clients at or above the clinical cutoff score (indicating impairment at intake) on any of the three Parent PSC subscales or total scale score at initial assessment.	0%		
b)	Number of discharged clients at or above the clinical cutoff score (indicating impairment at intake) on any of the three Youth PSC subscales or total scale score at initial assessment.	0%		
c)	How does program address clients who did not meet the clinical threshold on any of the three subscales or total scale scores at intake? (For example, do subsequent measures for those same clients reflect impairment?) Please provide explanation below.			



CASRC
Child and Adolescent Services Research Center

HOW TO ACCESS REPORTS TO COMPLETE YOUR QSRs



- Staff who have 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

Date: September 3, 2019

CYF Memo: # 10 - 19/20

To: CYF Mental Health Treatment Providers

From: Yael Koenig, CYF Deputy Director

Re: **Utilization Management (UM) Request Form Revision**
Pediatric Symptom Checklist (PSC) – Adding Subscale Score

The UM Request Form has been updated from exclusively reporting the total PSC impairment score to now incorporating the three PSC subscale scores. This revision allows programs to highlight impairment at the subscale levels even when the total score does not reflect impairment. The subscale scores provide additional information to highlight client's impairment and the need for ongoing services which assists with UM justification. Subscales and total scale scores are entered for the Parent PSC and Youth PSC in the designated space on the revised UM Request Form (Section F).

The subscale scores can be found on the PSC Assessment Summary Report which is generated after the data is entered in CYF mHOMS. The subscale scores consist of the following:

- Attention Problems Subscale (*At-Risk if score is 7 or higher*)
- Internalizing Problems Subscale (*At-Risk if score is 5 or higher*)
- Externalizing Problems Subscale (*At-Risk if score is 7 or higher*)

Please discard the UM Request Form dated 4/19/19 and replace with the 9/1/19 version. The form can be found at the Optum website: <https://www.optumsandiego.com/>

Please contact your Contracting Officer Representative (COR) with any questions.

Attachments: UM Request Form dated 9/1/19
UM Request Explanation Sheet dated 9/1/19

CC: Optum Health
Child and Adolescent Services Research Center (CASRC)
Health Services Research Center (HSRC)
County of San Diego Performance Improvement Team (PIT)
County of San Diego Quality Management (QM)

UTILIZATION MANAGEMENT (UM) REQUEST CYF - Outpatient Treatment																									
FOR COR SUBMISSION THE CLIENT NAME AND NUMBER MUST BE REDACTED (utilize initials vs. full client name)																									
A. Program UM Cycle: <input type="checkbox"/> Program follows a STANDARD session based UM Cycle (13 or 18 initial treatment session, followed by Program UM for up to an additional 13 or 18 treatment session, and requiring COR UM review and approval for any additional treatment sessions). <input type="checkbox"/> Program follows a MODIFIED UM Cycle (time based or extended sessions) approved by COR (<i>written exception on file</i>). The UM time based cycle is _____ months. The UM is a _____ session cycle.																									
B. UM Level Request: <input type="checkbox"/> This is a Program Level UM request <input type="checkbox"/> This is a COR Level UM request - number of treatment sessions received to date: <input type="checkbox"/> Initial COR Level UM request <input type="checkbox"/> Prior COR Level UM requests – attach prior correspondence and approval																									
C. CURRENT SERVICES: <input type="checkbox"/> Therapy <input type="checkbox"/> CM/ICC <input type="checkbox"/> Rehab/IHBS <input type="checkbox"/> Meds Youth/family requesting additional services? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Other Explain: _____	ADMISSION DATE: _____ DIAGNOSIS: <input type="checkbox"/> Pathway Enhanced (Subclass) DESCRIPTION OF SYMPTOMS: _____																								
D. Psychiatric Hospitalizations: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Provide most recent dates of hospitalization and relevant history when applicable:</i> Other Behavioral Health Services Client is Receiving when applicable: _____																									
E. Child and Adolescent Needs and Strengths (CANS) Date of most current CANS (<i>Required at UM Cycle</i>): _____ Number of CANS ‘High Need’ (items rated a ‘3’) (<i>from current Assessment Summary</i>): _____ Number of CANS ‘Help is Needed’ (items rated a ‘2’) (<i>from current Assessment Summary</i>): _____ List the CANS ‘Strengths to Leverage’ items (<i>from current Assessment Summary</i>): _____ <input type="checkbox"/> CANS Assessment Summary is available for UM reviewer																									
F. Pediatric Symptom Checklist (PSC): (<i>Required at UM Cycle</i>) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Date of most current Parent PSC: <input type="checkbox"/> Parent did not complete </td> <td style="width: 50%; vertical-align: top;"> Date of most current Youth PSC: <input type="checkbox"/> Not applicable, child is 10 years old or younger <input type="checkbox"/> Youth did not complete </td> </tr> </table> <table style="width: 100%; border: none;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Parent PSC Score</u></th> <th style="width: 15%; text-align: center;"><u>Youth PSC Score</u></th> <th style="width: 30%; text-align: center;"><u>Clinical Cutoff Score</u></th> </tr> </thead> <tbody> <tr> <td>Attention Problems Subscale (0-10)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>At-Risk if score is 7 or higher</td> </tr> <tr> <td>Internalizing Problems Subscale (0-10)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>At-Risk if score is 5 or higher</td> </tr> <tr> <td>Externalizing Problems Subscale (0-14)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>At-Risk if score is 7 or higher</td> </tr> <tr> <td>*Total Scale Score</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> </tbody> </table> <p>*Parent: Total score of 28 or higher for ages 6-18 or scale score of 24 or higher for ages 3-5 indicates impairment *Youth: Score of 30 or higher for ages 11-18 indicates impairment</p> <input type="checkbox"/> PSC Assessment Summary is available for UM reviewer				Date of most current Parent PSC: <input type="checkbox"/> Parent did not complete	Date of most current Youth PSC: <input type="checkbox"/> Not applicable, child is 10 years old or younger <input type="checkbox"/> Youth did not complete		<u>Parent PSC Score</u>	<u>Youth PSC Score</u>	<u>Clinical Cutoff Score</u>	Attention Problems Subscale (0-10)	_____	_____	At-Risk if score is 7 or higher	Internalizing Problems Subscale (0-10)	_____	_____	At-Risk if score is 5 or higher	Externalizing Problems Subscale (0-14)	_____	_____	At-Risk if score is 7 or higher	*Total Scale Score	_____	_____	
Date of most current Parent PSC: <input type="checkbox"/> Parent did not complete	Date of most current Youth PSC: <input type="checkbox"/> Not applicable, child is 10 years old or younger <input type="checkbox"/> Youth did not complete																								
	<u>Parent PSC Score</u>	<u>Youth PSC Score</u>	<u>Clinical Cutoff Score</u>																						
Attention Problems Subscale (0-10)	_____	_____	At-Risk if score is 7 or higher																						
Internalizing Problems Subscale (0-10)	_____	_____	At-Risk if score is 5 or higher																						
Externalizing Problems Subscale (0-14)	_____	_____	At-Risk if score is 7 or higher																						
*Total Scale Score	_____	_____																							
G. <input type="checkbox"/> Updated Client Plan completed prior to UM request (reviewed by Program UM Committee)																									

H. RATIONALE FOR ADDITIONAL SERVICES:

I. PRIMARY ELIGIBILITY CRITERIA:

- ☐ Client continues to meet **Medical Necessity** and demonstrates benefit from services
- ☐ CANS indicate at least one actionable need (rated 2 or 3) on the 'Child Behavioral and Emotional Needs', 'Risk Behaviors' OR 'Life Functioning'
- ☐ Client meets the criteria for **Serious Emotional Disturbance** based upon the following:
As a result of a mental disorder the child has substantial and persistent impairment in at least two of the following areas:
- ☐ Self-care and self-regulation
 - ☐ Family relationships
 - ☐ Ability to function in the community
 - ☐ School functioning
- AND One of the following occurs:**
- ☐ Child at risk for removal from home due to a mental disorder
 - ☐ Child has been removed from home due to a mental disorder
 - ☐ Mental disorder/impairment is severe and has been present for six months, or is highly likely to continue for more than one year without treatment.
- OR The child displays:**
- ☐ acute psychotic features (within the last month)
 - ☐ imminent or recent high risk for suicide (within the last month)
 - ☐ imminent or recent high risk of violence to others due to a mental disorder (within the last month)

J. SECONDARY ELIGIBILITY CRITERIA – Required for COR Level Approval:

- ☐ Client has met the above criteria as indicated AND meets a minimum of one of the following **Current Risk Factor related to child's primary diagnosis:**
- ☐ Child has been a danger to self or other in the last month
 - ☐ Child experienced severe physical or sexual abuse or has been exposed to extreme violence in the last month
 - ☐ Child's behaviors are so substantial and persistent that current living situation is in jeopardy
 - ☐ Child exhibited bizarre behaviors in the last month
 - ☐ Child has experienced traumatic event within the last month
 - ☐ Current PSC Youth or Parent indicates overall impairment (28 or higher for parent / 30 or higher for youth)
 - ☐ Other

K. Proposed Treatment Modalities:

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

L. Expected Outcome and Prognosis:

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

M. REQUESTED NUMBER OF SESSIONS:

REQUESTED NUMBER OF MONTHS:

(for programs under written COR approval)

N. Requestor's Name, Credential: _____ Date: _____

O. UM DETERMINATION / APPROVAL

Program UM Committee (always required)

☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved **Sessions/Time Approved:** _____ **OR**

☐ Supports COR Level UM Request ☐ Does not supports COR Level UM Request ☐ Other:

Approver's Name, Credential: _____ Date: _____

Comments:

COR Level (when applicable) ☐ Applicable ☐ Not Applicable

☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved ☐ Retro UM Approval

Sessions/Time Approved: _____ **Date:** _____

Program transcribes COR determination onto form and attaches COR determination correspondence

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

2019

REQUEST COMPLETED BY:

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

APPROVAL COMPLETED BY:

- Program Manager/Program UM Committee
- COR level request must first be reviewed and approved at program level UM Committee
- COR or Designee

COMPLIANCE REQUIREMENTS:

- Clinicians are expected to clearly explain the short term treatment model and UM process for additional services based on need to client/families upon intake.
- Prior to expiration of the current UM Cycle, programs are expected to complete a UM Request to receive approval for providing additional outpatient and case management services to clients.
- COR level UM requests will be submitted as an email attachment through secure email (Transport Layer Security [TLS] or encrypted) removing identifiable information (Client initials only).
- UM Request Form must have all required elements (listed below) completed within the form.
- In addition to completing the UM form, the following tasks are required prior to submitting the request:
 - Updated CANS is entered in CYF mHOMS
 - Updated PSC and Y-PSC (when applicable) are entered in CYF mHOMS
 - Client Plan must be reviewed and new client signatures need to be obtained

DOCUMENTATION STANDARDS:

- A. Program UM Cycle:** Identify if program follows a session based (13 or 18 session model) or modified UM Cycle (time based or extended session model).
- B. UM Level Request:** Identify if request is Program or COR level request.
- C. Current Services:** Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.
- D. Psychiatric Hospitalizations:** Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.
- E. Child and Adolescent Needs and Strengths:** Provide completion date of CANS for current UM request. Utilize information from CYF-mHOMS CANS Assessment Summary to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology.
- F. Pediatric Symptom Checklist:** Provide completion date of PSC and PSC-Y (when applicable) for current UM request. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the subscale scores and total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form.
- G. Updated Client Plan:** Must update the client plan in CCBH prior to initiating the UM request. The updated client plan must be reviewed by Program UM Committee and presented to the youth/family for input and signatures.

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

2019

- H. Rationale for Additional Services:** Describe the symptomology that aligns with medical necessity for additional services. The rationale should support the eligibility criteria identified in Section I or J.
- I. Primary Eligibility Criteria:** First three items (Medical necessity, CANS and SED criteria) must be completed. An additional risk factor must be identified for 1) having the potential to occur due to a mental disorder **or** 2) has been displayed in past month by the client.
- J. Secondary Eligibility Criteria (COR level approval):** COR level request must have primary eligibility fulfilled and one current risk factor related to the youth's primary diagnosis to support the request for additional services.
- K. Proposed Treatment Modalities:** Select the proposed treatment modalities to mitigate current risk factors.
- L. Expected Outcome and Prognosis:** Select the projected functioning level from providing the additional services.
- M. Requested Number of Sessions or Months:** Identify the amount of sessions or time needed to achieve expected outcome.
- N. Requestor Name and Credential:** Type in requestor's name and date.
- O. UM Determination/Approval:** Program UM Committee selects the approval status, indicates amount of sessions/time approved, approver's name and date **or** COR Level; program will fill in approval status based on COR determination, amount of sessions/time approved, COR Name and date approved.

NOTES:

- All retroactive approvals must be established through the COR. This is applicable for both program and COR level retroactive UM requests. In other words, the program must contact the COR for all retroactive UM requests.
- Utilization Management is a non-billable activity. Therefore, there is no billing for preparation of the UM form or for the UM review time spent on the case. UM is an administrative function.

Tips for Teens

 store.samhsa.gov/series/tips-teens

Tips for Teens: E-Cigarettes

PEP19-12

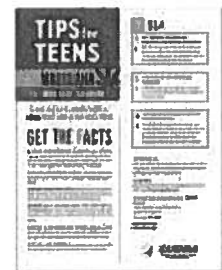
05/2019



Tips for Teens: Marijuana

PEP19-05

05/2019



Tips for Teens: Opioids

PEP19-08

05/2019



Tips for Teens: Steroids

PEP19-06

05/2019



Tips for Teens: Tobacco

PEP19-07

05/2019



Tips for Teens: The Truth About Cocaine

PEP18-01

04/2018

Tips for Teens: The Truth About Heroin

PEP18-02

04/2018

Tips for Teens: The Truth About Methamphetamine

PEP18-03

04/2018

Tips for Teens: The Truth About Inhalants

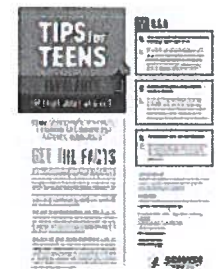
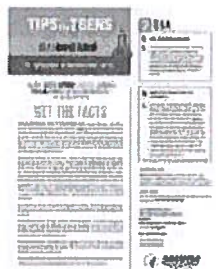
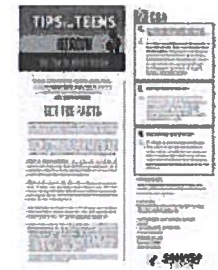
PEP18-04

04/2018

Underage Drinking: Myths vs. Facts

SMA18-4299

04/2018





INTRO TO BHS WEBSITE

*Behavioral Health Services
Children, Youth & Families*

Program Manager Meeting

9-5-2019

Kimberly Pauly, LPCC, Behavioral Health Program Coordinator





Connection to
Services

Information
Repository

Directory of
Services

Transparency
of Data

Technical
Resource

Information
on
Contracting

Recognizing the value and importance of our public website, an enthusiastic team of BHS “Website Champions” embarked on a year long journey of continuous improvement to benefit the experience for BHS Website users...

STEP 1: MEETING THE WEBSITE WHERE IT'S AT...



LIVE WELL
SAN DIEGO

San Diego County Home

Health & Human Services Agency

Home | Programs | About Us | Contact Us | News & Events | Community Resources

Behavioral Health Services (BHS)



If you have a Behavioral Health emergency, please call 9-1-1.
For Access to Services or the Crisis Line, call: 1-800-724-7240.

Behavioral Health Services (BHS) Division provides mental health and alcohol or other drug services for children, youth, families, adults, and older adults.

BHS promotes recovery and well-being through prevention, treatment, and intervention, as well as integrated services for clients experiencing both mental illness and alcohol or other drug issues. Services are offered through contracted providers and County-operated facilities.

BHS Division emphasizes *Live Well San Diego*, the County's overarching initiative to promote healthy, safe and strong communities throughout the County of San Diego.

Scroll down for more information about Behavioral Health Services.

Substance Use Disorder Services

- SUD Forms and Contract Requirements
- Care Documents
- Strategic Prevention Plan

Adult and Older Adult Services

Children, Youth and Families Services

Quality Improvement Unit

Edgemoor Distinct Part Skilled Nursing Facility

Edgemoor provides 24-hour long-term skilled nursing care for individuals with complex medical needs who require specialized interventions from highly trained staff.

For-Service Provider Listing - English

For-Service Provider Listing - Spanish

For information on all San Diego County providers of Alcohol or other Drug Services and Mental Health Services, the listing includes license type, primary region, Medi-Cal availability, provider name, phone number, address, languages spoken, and populations served.

Mental Health Services Act

The Board of Supervisors approved the MHSAs Three Year Program and Expenditure Plan Fiscal Years 2017-18 through 2019-20 on October 10, 2017. It will be forwarded to the Mental Health Services Oversight and Accountability Commission by November 10, 2017.

ISA Three-Year Program and Expenditure Plan: FYs 2017-18 through 2019-20 (10/10/2017)

ISA Fiscal Year 2016-17 Annual Update (1/19/2016)



Pathways to Well Being

Pathways to Well Being is a collaborative effort between Behavioral Health Services and Child Welfare Services to address the mental health needs of children/youth and caregivers in the child welfare system.

See also <http://theacademy.sdsu.edu/programs/BHETA/pathways.html>



San Diego County Psychiatric Hospital

Hospital services are available for mental health emergencies and situations that require intensive supervision and the medical necessity of a hospital setting.



Stigma Reduction Campaigns:

- It's Up to Us Suicide Prevention
- A Guide to Using Facebook: It's Up to Us
- Housing Matters
- Fotonovela Campaign: Moving Forward / Salir Adelante



Technical Resource Library

- Systemwide Information on Behavioral Health Programs
- CYF and AOA Systems of Care Reports
- Cultural Competence
- MHSAs Information
- Quality Improvement Reports on Clients Served by BHS Programs



Are you in compliance with NVRA? Read the information below to learn more.

National Voter Registration Act of 1993

The National Voter Registration Act (NVRA) of 1993 requires that behavioral health provider agencies make voter registration opportunities available to under-represented populations at the time that clients are enrolling for services. Additionally, provider staff are required to have training every two years. The NVRA training presented on this website can fulfill such requirement and document legal requirements and State/County expectations under this Act. The training materials listed below are also available directly from the California Secretary of State website by [clicking here](#). If you have questions about this requirement, please contact your Contracting Officer Representative (COR).

Required Training

Review the four links below to easily understand NVRA compliance requirements.

1. NVRA/5035 Sideshow (PPT) (PDF)
2. NVRA Agency Video: Open Captioned | Open Captioned Audio Described
3. NVRA Basics - Quick Reference Sheet
4. Training Frequently Asked Questions

Additional Resources

- California's NVRA Manual (2013)
- Voters with Disabilities
- Voting Rights for Californians with Criminal Convictions or Detained in Jail or Prison
- ACLU Toolkit: How to Comply with the National Voter Registration Act
- Disability Rights California - Voting Publications
- Disability Etiquette

"OLD" WEBSITE

One page with multiple categories of content including:

- Services
- Facilities
- Technical Resource Library
- Pathways to Well Being
- San Diego Psych Hospital
 - NVRA Regulations
 - MHSA Plan
- Inconsistencies related to organization of information
- Navigation was not intuitive
- Information outdated/ no longer relevant

WHERE DO WE WANT TO GO?



DESIRED FEATURES

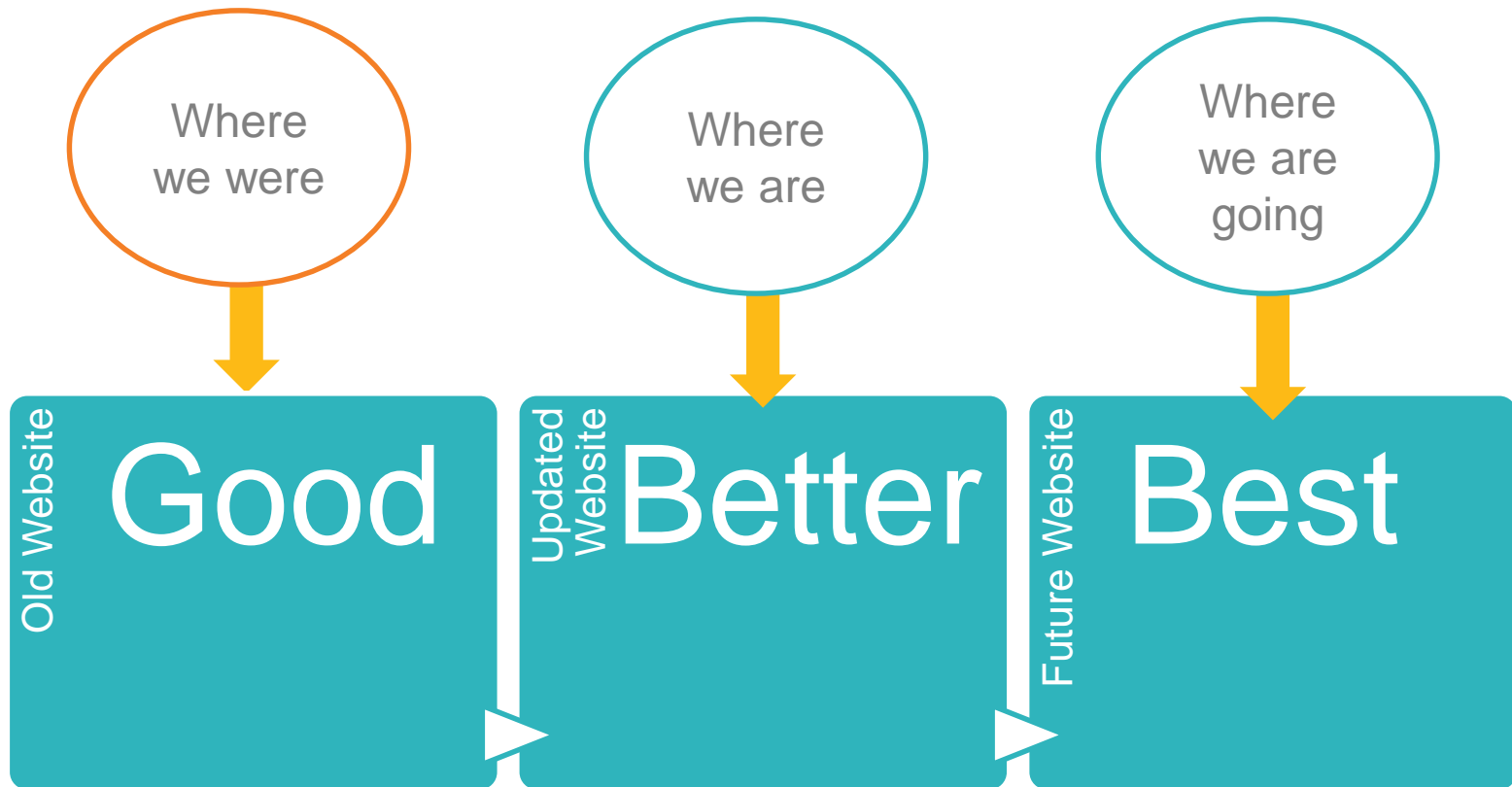
- Intuitive organization of information
- Crisp icons
- Mobile friendly
- User-centric

HOW DO WE GET THERE?



LIVE WELL
SAN DIEGO

BHS WEBSITE IMPROVEMENT MODEL



WHERE ARE WE NOW?



SanDiegoCounty.gov Home


Behavioral Health Services

Google Custom Search


I WANT TO FIND ADULT SERVICES CHILDREN'S SERVICES PROVIDERS CONTACT

If you are experiencing an emergency, please call 9-1-1.


Looking for mental health or substance use services for you or a loved one?




CALL ACL*
1-888-724-7240
Available 24/7




LIVE CHAT
Available Mon-Fri
(4pm-10pm)



Dial 7-1-1 (TTY)



PROVIDER PORTAL
Click here if you are a provider




SERVICES
Click here for info on Behavioral Health Services

*Confidential and free of charge, the San Diego Access & Crisis Line (ACL) offers immediate support and resources from an experienced counselor 24 hours a day, 7 days a week on all behavioral health topics including: suicide prevention, crisis intervention, community resources, mental health referrals, alcohol and drug support services and more. Language interpreter services enable the ACL to assist in 150 languages within seconds.

For administrative information or to provide feedback about this page, [send us an email](#).




HHSA
HEALTH AND HUMAN SERVICES AGENCY




Popular Services

- About Behavioral Health Services (BHS)
- Our Services
- BHS Councils & Behavioral Health Advisory Board
- Mental Health Services Act (MHSA)
- Contact
- Your Rights


COUNTYNEWSCENTER



VIDEO: County Connection September 2019



Ticks Test Positive for Tularemia, County Urges Hikers to Protect



VIDEO: CAL FIRE Prepares To Add New Aerial Attack Plane

[More Stories](#)

Homepage upgrades

- ✓ Crisp Clean Icons
- ✓ Strong Focus on ACL
 - Real time referrals
 - Help with eligibility
- ✓ Intuitive Organization of Information
- ✓ BHS Boilerplate to refer people back
- ✓ New navigation bar
 - Represents the cataloguing and grouping of existing information

ACCESS AND CRISIS LINE





Login | Register | Site Map

Search:

Home BHS Provider Resources Access & Crisis Line Community Resources About Us Consumers & Families

Home > Access & Crisis Line


Access & Crisis Line



CRISIS LINE
(888) 724-7240
7 Days a Week 24 Hours a Day



LIVE CHAT
Available Mon-Fri (4pm -10pm)



Monday-Friday
4:00pm - 10:00pm


Contact Us

Access & Crisis Line
(888) 724-7240
TDD/TTY Dial 711
7 days a week/24 hrs a day

Provider Line
(800) 799-2254

Support Desk
(800) 834-3792

TERM Line
(877) 824-8376



The San Diego Access and Crisis Line (ACL) has been serving the people of San Diego County since 1997. It receives thousands of calls per month related to suicide prevention, crisis intervention, community resources, mental health referrals, and alcohol and drug support services. Confidential and free of charge, the line is immediately answered 7 days a week, 24 hours a day by Master's-level and Licensed Clinicians. The counselors average 16 years of clinical experience in a variety of backgrounds, including: emotionally disturbed youth, geriatric social services, nursing, in-home domestic violence intervention, case management, and drug and alcohol abuse. Language interpreter services enable the ACL to assist in 150 languages within seconds.

Materials Ordering Information

Brochures

San Diego Access and Crisis Line - English ☒ San Diego Access and Crisis Line - Spanish ☒
San Diego Access and Crisis Line - Tagalog ☒ San Diego Access and Crisis Line - Vietnamese ☒
San Diego Access and Crisis Line - Arabic ☒ San Diego Access and Crisis Line - Farsi ☒

Flyer

San Diego Access and Crisis Line Chat Flyer ☒

Poster

San Diego Access and Crisis Line English ☒

To order hard copies of the above materials please use our [Outreach Request Form](#). If you need additional assistance or have questions regarding obtaining materials, please email the outreach team directly at sdoutreach@optum.com

FAMILIARIZE YOURSELF WITH OPTUM

- ACL
- OPOH
- SUDPOH
- UCRM
- UTTM
- BHS Communications

****TIP: If you're not familiar with the Optum Website, ask your COR team for a walk-through during your Site Visit****

7



BHS PROVIDER PORTAL



Mental Health Plan

- [Manuals and Forms](#)
- [Medi-Cal Guidelines](#)
- [Provider Documents](#)

Children, Youth & Families Providers

- [Annual Report](#)
- [CADRE San Diego](#)
- [Databooks](#)
- [Memos to Providers](#)
- [Outcomes](#)
- [Pathways to Well-Being](#)
- [Presumptive Transfer of Medi-Cal for Foster Youth \(AB 1299\)](#)
- [Program Managers Meetings](#)
- [School-Based Services/SchoolLink](#)
- [Training](#)
- [Treatment and Evaluation Resource Management \(TERM\)](#)
- [TERM Providers](#)

Contracting with Behavioral Health Services

Interested in becoming a contracted provider of behavioral health services? Visit [BuyNet](#), an interactive web site for suppliers interested in doing business with the County of San Diego. BuyNet allows you to register, view solicitations, receive notifications of new solicitations that may be of interest to you, download solicitation attachments, respond to Request for Quotation (RFQ) solicitations, and view award notices.

For administrative information or to provide feedback about this page, [send us an email](#).

Drug Medi-Cal Organized Delivery System (DMC-ODS)

- [DMC-ODS Provider Website](#)

Technical Resource Library (TRL)

- [Organization Providers Operation Handbook \(OPOH\)](#)
- [Reports, Data, and Cultural Competency Plans](#)
- [Substance Use Disorder Provider Operations Handbook \(SUDPOH\)](#)

Templates/Forms:

- [BHS Budget Template - Cost Reimbursement FY 19-20](#)
- [BHS Budget Template - Cost Reimbursement FY 18-19](#)

More resources can be found on the [TRL Homepage](#)

National Voter Registration Act of 1993 (NVRA)

Providers - are you in compliance with the National Voter Registration Act (NVRA)? Read more about it [here](#).

- Mental Health Plan
- DMC-ODS Provider Page
- Children, Youth & Families
- TRC
- Templates/Forms
- Information re: Buy Net



Children, Youth & Families Providers

- [Annual Report](#)
- [CADRE San Diego](#)
- [Databooks](#)
- [Memos to Providers](#)
- [Outcomes](#)
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- [Presumptive Transfer of Medi-Cal for Foster Youth \(AB 1299\)](#)
- [Program Managers Meetings](#)
- [School-Based Services/SchoolLink](#)
- [Training](#)
- [Treatment and Evaluation Resource Management \(TERM\)](#)
- [TERM Providers](#)

CHILDREN, YOUTH & FAMILIES SERVICES



SERVICES



[Click Here for the All Provider Directory](#)

Adult Services



- About Adult & Older Adult System of Care
- Brochure on Adult and Older Adult (AOA) (SUD)
- Emergency/Crisis Services for Adults
- Case Management
- Clubhouses
- Edgemoor Distinct Part Skilled Nursing Facility
- Forensic Services
- County Operated Outpatient Clinics
- Pharmacy
- Regional Clinics
- San Diego County Psychiatric Hospital

Children, Youth & Families Services



- About Children, Youth & Families System of Care
- Brochure on Adolescent and Youth (SUD)
- Brochure on Pregnant and Parenting Women (SUD)
- Children, Youth & Families Outpatient Clinics
- Emergency Screening Unit for Children
- Juvenile Forensic Services
- Organizational Provider Directory
- Provider Resource Manual
- School-based Services/SchoolLink
- Therapeutic Behavioral Services (TBS)

Contact



Emergency/Crisis

- Access and Crisis Line (ACL)
- San Diego County Psychiatric Hospital
- Emergency Screening Unit for Children

Suicide Prevention/Stigma Reduction

- It's Up to Us Campaign

Other Services

- Medical Records
- Pharmacy

[About Children, Youth & Families System of Care](#)

[Brochure on Adolescent and Youth \(SUD\)](#)

[Brochure on Pregnant and Parenting Women \(SUD\)](#)

[Children, Youth & Families Outpatient Clinics](#)

[Emergency Screening Unit for Children](#)

[Juvenile Forensic Services](#)

[Organizational Provider Directory](#)

[Provider Resource Manual](#)

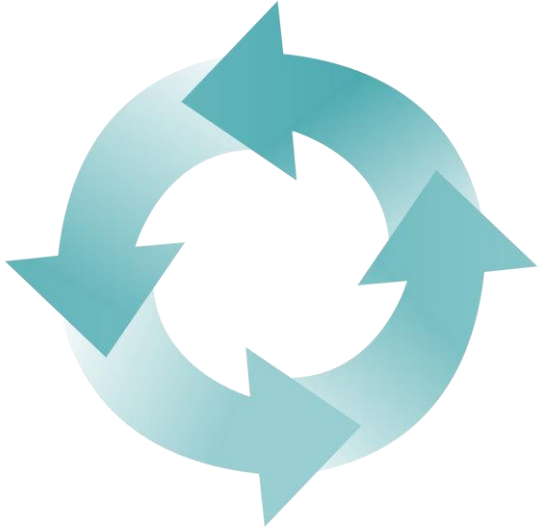
[School-based Services/SchoolLink](#)

[Therapeutic Behavioral Services \(TBS\)](#)

ARE WE THERE YET?



LIVE WELL
SAN DIEGO



Future Improvements:

- Creation of Missing Pages
- TRL Reorganization
- May be a “go-to” for one-pagers

If you have suggestions for improvement, please send an email to your COR with the subject line “Website Suggestions” and cc’me at Kimberly.Pauly@sdcounty.ca.gov



QUESTIONS & DISCUSSIONS

Thank-you





County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY
BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531
SAN DIEGO, CA 92108-3806
(619) 563-2700 • FAX (619) 563-2705

LUKE BERGMANN, Ph.D.
DIRECTOR, BEHAVIORAL HEALTH SERVICES

August 1, 2019

Dear School Administrator,

SchoolLink formerly known as Medi-Cal services is the longstanding partnership between the County of San Diego and local School Districts to provide County funded behavioral health services at schools. This partnership dates back to late 1990's, where the Health and Human Services Agency - Behavioral Health Services (County) partnered with School Districts and Community-Based Organizations (CBO) to offer outpatient Specialty Mental Health and later Substance Use Disorder (SUD) treatment on designated school campuses to serve Medi-Cal and unfunded students. In 2018 SchoolLink was launched to implement standardized practices and increase collaboration between schools and treatment providers. SchoolLink standardizes practices and gets us all speaking the same language!

Over the past year, the County has been reviewing SchoolLink data which reveals that although over 400 schools are designated SchoolLink sites, the majority had 3 or less students receiving SchoolLink services. This data, combined with school and provider input, informed the need to re-evaluate our practices and prioritize services where they are needed. To start, we have set minimum client thresholds to warrant the deployment of therapists through SchoolLink. The implementation of thresholds is intended to be a collaborative process between schools, districts, SchoolLink providers and the County. Ultimately, the goal is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner.

As we work collectively to optimize SchoolLink services, initial transition year thresholds have been identified for the 2019/2020 school year. Achieving the thresholds will require commitment and collaboration between schools and SchoolLink providers. We understand that not all schools will be meeting the thresholds initially, however having a goal will lead to important conversations and process improvements.

Minimum SchoolLink Thresholds:

SchoolLink providers are committed to deploy a therapist to each designated school at least weekly and be on campus for a minimum of four hours per visit.

Schools are asked to commit to the following:

- Identify a consistent designated place for therapist(s) on each of their assigned day(s) and time(s)
- Make sufficient referrals that lead to a minimum of 5 active clients served by SchoolLink provider
- Make sufficient referrals that lead to a minimum of 10 annual clients served by SchoolLink provider

Medi-Cal enrolled and unfunded students who have mental health and/or SUD treatment needs who attend a school that does not offer SchoolLink services may continue to access services throughout the

community-based County funded programs. The Access and Crisis Line number (888-724-7240) can provide referrals to applicable resources.

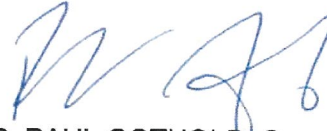
Thank you for your dedication and collaboration over the years. For additional information please contact Yael Koenig, Deputy Director with BHS at (619) 563-2773 or Yael.Koenig@sdcounty.ca.gov. We look forward to our continued partnership.

SchoolLink can be located at: <https://theacademy.sdsu.edu/bheta-schoolink>.

Please distribute this information throughout your district.

A handwritten signature in blue ink, appearing to be 'LUKE BERGMANN', with a large loop at the start and a wavy line at the end.

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services

A handwritten signature in blue ink, appearing to be 'PAUL GOTHOLD', with a stylized 'P' and 'G'.

DR. PAUL GOTHOLD, Superintendent
San Diego County Office of Education

YK:bm



To: CAHAN San Diego Participants
Date: August 28, 2019
From: Epidemiology Program, Public Health Services

CAHAN Health Alert: Vaping-associated Pulmonary Injury

The California Department of Public Health (CDPH) issued the attached health alert on August 27, 2019 regarding vaping-associated pulmonary injury (VAPI) cases reported, since June 2019. Over 200 cases have been reported in at least 24 states, with 36 cases in California that include eight from San Diego County.

No infectious etiology has been determined for these VAPI cases. Most cases reported vaping cannabis or cannabidiol (CBD) oils, though no specific, common vaping products have been identified. One pattern observed during investigations to date in California is the purchase of vape cartridges from “pop-up shops.” These temporary, unlicensed shops open for an undetermined amount of time, advertise by word of mouth, and move locations frequently. San Diego County cases have reported vaping cannabis products and/or CBD oils obtained from these and other unlicensed retailers and via the internet.

The CDPH alert contains details on the California cases, background information on vaping, and a case definition. CDPH asks that clinicians be alert for potential cases among persons presenting with severe acute pulmonary symptoms and ask these patients about a history of recent vaping, with or without cannabis or CBD oil.

Suspected cases should be reported to the County Epidemiology Program at 619-692-8499 during business hours, or by faxing a [Confidential Morbidity Report](#) to 858-715-6458, during all hours. Record “vaping-associated pulmonary illness” as the disease being reported.

In addition to the actions listed in the CDPH alert, providers are asked to educate their patients that:

- If any breathing problems develop after vaping, individuals should tell their provider about their use of vaping products.
- The long-term health consequences of vaping are unknown. Existing studies have found that vaping devices can generate hazardous compounds such as formaldehyde, acetaldehyde, and acrolein during use.
- Although cannabis or CBD oil use is legal in California for adults, individuals who vape cannabis or CBD oil or a combination of both, should be aware of potential health risks and only purchase from a licensed retailer.

- Any individual who is using vaping products and wishes to stop can get assistance through the following resources:
 - [California Smokers' Helpline](#), 1-800-NO-BUTTS, offers free telephone counseling, self-help materials, and online help in six languages.
 - [CDC Quit Smoking Website](#), 1-800-QUIT-NOW (1-800-784-8669) for support in quitting, including free quit coaching, a free quit plan, free educational materials, and referrals to local resources.
- For individuals who would benefit from substance use disorder treatment, the [Access and Crisis Line](#) (888) 724-7240 has more information about what resources are available.

Thank you for your participation.

CAHAN San Diego

County of San Diego Health & Human Services Agency

Epidemiology and Immunization Services Branch

Phone: (619) 692-8499

Fax: (858) 715-6458

Urgent Phone for pm/weekends/holidays: (858) 565-5255

E-mail: cahan@sdcounty.ca.gov

Secure Website: <http://cahan.ca.gov>

Public Website: <http://www.cahansandiego.com>



SUSAN FANELLI
Acting Director

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

Health Alert
Vaping-Associated Pulmonary Injury

August 27, 2019

Key Messages

- Since June, 36 cases of vaping-associated pulmonary injury requiring hospitalization have been reported to the California Department of Public Health (CDPH). Most patients report vaping the cannabis compounds THC and/or CBD, and some patients also report vaping nicotine products, although the exact cause of illness is not yet known.
- Clinicians who identify cases similar to those described in this health alert are asked to report the cases to their local health department.
- Local health departments should report new cases or direct any inquiries to the CDPH Duty Officer dutyofficer@cdph.ca.gov or (916) 328-3605. Please also contact the CDPH Duty Officer when any vaping devices or supplies have been collected from a patient and can be turned over to CDPH for testing.

Current Situation

Physicians in California and at least 23 other states have documented over 200 cases of acute pulmonary disease associated with vaping over the past three months. Most patients in California report vaping cannabis products such as THC or CBD, and some report vaping nicotine-containing liquids as well. Some patients have reported using vaping products that they purchased from unlicensed, unregulated entities.

Patients typically present to the hospital with cough, difficulty breathing, fever, and sometimes vomiting and diarrhea. In many cases, the initial diagnosis was presumed to be infectious, but no evidence of infection or other process to explain the pulmonary disease was found. All cases in California have been hospitalized, with most requiring respiratory support with supplemental oxygen, high-flow oxygen, or bi-level positive airway pressure (BiPAP). At least ten patients had respiratory failure requiring mechanical ventilation. No deaths have been reported to date in California.

Local health departments are collecting information on vaping habits and products used from patients who are suspected of having vaping-associated pulmonary injury (VAPI).

CDPH Director's Office, MS 0500 • P.O. Box 997377, Sacramento, CA 95899-7377
(916) 558-1700 • (916) 558-1762 FAX
[Department Website](http://www.cdph.ca.gov) (www.cdph.ca.gov)



The numbers in California as of 8/27/2019:

Total: 36 cases (24 men, 12 women)

Ages: 14-70 (median age 27)

Total counties: 13 counties across the state

Information for Physicians and Hospitals

The clinical presentation of VAPI can initially mimic common pulmonary diagnoses like pneumonia, but patients typically do not respond to antibiotic therapy. High clinical suspicion is necessary to make the diagnosis of VAPI. In some cases, patients sought care at outpatient clinics in the days prior to hospital presentation and received antibiotics for presumed pneumonia or bronchitis, which did not improve their symptoms.

Action Items for Physicians:

- 1) Ask patients presenting with respiratory complaints in both outpatient and inpatient settings about their use of vaping or “dabbing” devices, especially patients who had an initial diagnosis of pneumonia or bronchitis that did not respond to antibiotics. For patients who do vape, ask these follow-up questions:
 - **Type of vape used**
 - Do you vape nicotine-containing substances?
 - Do you vape substances that contain cannabis or cannabinoid compounds like THC and CBD?
 - **Amount of use**
 - When was the last time you vaped?
 - How often do you vape?
 - How long have you been vaping?
 - **Source**
 - Where do you purchase your vaping supplies?
 - What brands are your vaping devices, cartridges, and oils?
- 2) Report suspected cases to the local health department within one business day.
 - An official from your local health department may interview the patient or family members.
 - The local health department will contact the hospital lab to arrange the transfer of biospecimens remaining from the patient to the public health lab. You do not have to order any specific cultures or tests on blood or urine that you would not normally request for the care of the patient.
 - The local health department may collect vape devices and cartridges from the patient or family for testing.

Clinical Information on Vaping-Associated Pulmonary Injury

Clinical course

Patients typically present for care within a few days to weeks of symptom onset. At the time of hospital presentation, patients are often hypoxic and meet systemic inflammatory response syndrome (SIRS) criteria, including high fever. In some cases, patients had progressive respiratory failure following admission, leading to intubation.

Time to recovery for hospital discharge has been from days to weeks.

Symptoms

Commonly reported symptoms include:

- Shortness of breath, cough
- Fatigue, body aches
- Fever
- Vomiting, diarrhea

Laboratory findings

- Non-specific laboratory abnormalities have been reported, including elevation in white blood cell count, transaminases, procalcitonin, and inflammatory markers.
- Negative infectious disease testing (influenza, respiratory viral panel, cultures, etc.).

Imaging

Imaging abnormalities are typically bilateral and may be described as:

- Chest x-ray: pulmonary infiltrates or opacities
- Chest CT: ground-glass opacities

Diagnosis

VAPI is a clinical diagnosis of exclusion when infectious, rheumatologic, neoplastic, cardiac, or other processes cannot explain an acute pulmonary illness in a patient known to vape cannabinoids and/or nicotine. The diagnosis is commonly suspected when the patient does not respond to antibiotic therapy, and testing does not reveal an alternative diagnosis.

Common documented hospital diagnoses for these patients have included: acute respiratory distress syndrome (ARDS), sepsis, acute hypoxic respiratory failure, pneumonitis, and pneumonia.

Treatment

Guidelines for treatment of VAPI are not yet available.

- Most patients require supplemental oxygen via nasal cannula, high-flow oxygen, bi-level positive airway pressure (BiPAP), or mechanical ventilation.
- Anecdotally, treating physicians have trialed the use of steroids with some possible benefit. Information on dosing and duration of steroids is not available.

Information for Local Health Departments

Background

Vaping refers to the increasingly popular practice of inhaling vapor from an e-cigarette device, which works by heating a liquid that can contain nicotine, marijuana, or other drugs. The long-term health impacts of vaping are unknown. Some individuals also use a different type of device to heat and extract cannabinoids for inhalation in a process called “dabbing.” Both vaping and dabbing have been associated with VAPI.

Case Definition for Vaping-Associated Pulmonary Injury (VAPI)

A case of VAPI meets the following criteria:

- Respiratory illness requiring hospital admission;
- History of vaping or dabbing within 90 days of symptom onset;
- Pulmonary infiltrates or opacities on chest radiograph or chest CT
- Clinical presentation is not explained by infectious or other alternate etiology.

Please see the attached case definition document for California's full working case definition, including criteria for confirmed versus probable cases. A revised national case definition may be issued in the coming days, and any resulting updates to California's case definition will be distributed at that time.

Suspected Cases

- Local health departments (LHDs) may use the attached "VAPI case intake form" as a guide for the data to collect from reporting clinicians in order to determine if an individual meets the case definition, and also as a template for use in reporting cases to CDPH.
- LHDs are asked to report suspected cases and direct inquiries to the CDPH Duty Officer dutyofficer@cdph.ca.gov or (916) 328-3605 within one business day. After-hours reporting is not expected. Please do not send protected health information (PHI) to the Duty Officer e-mail account.
- Upon reporting a case to the CDPH Duty Officer, you will be contacted by a member of the CDPH staff, who will gather additional details from the case intake form and provide you with a link to a standardized patient interview. We ask that a member of the LHD staff complete the questionnaire with the patient or family member. If the LHD is unable to do so, CDPH staff can provide assistance.
- Please attempt to collect any vaping devices, cartridges, and liquids from affected patients and contact the CDPH Duty Officer dutyofficer@cdph.ca.gov or (916) 328-3605 so that the product can be collected for testing. Keep samples sealed, stored in a secure manner, and ideally under refrigeration. Ensure samples are labeled with documentation that allows for identification of the case patient from which they were obtained and in a way consistent with the patient interview data collected on the standardized questionnaire.

Vaping-Associated Pulmonary Injury. California case definition - August 26, 2019.

Confirmed

Respiratory illness requiring hospitalization

AND

Using an e-cigarette (“vaping”) or dabbing* in 90 days prior to symptom onset

AND

Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT

AND

Absence of pulmonary infection on initial work-up: Minimum criteria include negative respiratory viral panel and influenza PCR or rapid test. All other clinically indicated respiratory ID testing (e.g., urine strep pneumo/ legionella/ mycoplasma, sputum culture if productive cough, BAL culture if done, blood culture, HIV-related opportunistic respiratory infections if appropriate) must be negative

AND

No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Probable

Respiratory illness requiring hospitalization

AND

Using an e-cigarette (“vaping”) or dabbing* in 90 days prior to symptom onset.

AND

Pulmonary infiltrate, such as opacities on plain film chest radiograph or ground-glass opacities on chest CT

AND

Infection identified via culture or PCR, but clinical team** believes this is not the sole cause of the underlying respiratory disease process –**OR--** No evidence of pulmonary infection, but minimum criteria to rule out pulmonary infection not met (testing not performed)

AND

No evidence in medical record of alternative plausible diagnoses (e.g., cardiac, rheumatologic or neoplastic process).

Footnotes

* Includes using an electronic device (e.g., electronic nicotine delivery system (ENDS), electronic cigarette, e-cigarette, vaporizer, vape(s), vape pen, dab pen, or other) or dabbing to inhale substances (e.g., nicotine, marijuana, THC, THC concentrates, CBD, synthetic cannabinoids, flavorings, or other substances).

** Clinical team caring for the patient.



Do you Have a Disability – and Want Affordable, High-Quality Internet?

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- ✓ Learn about finances and enroll in online banking. Track your spending and save!

Work

- ✓ Find and apply for jobs quickly and easily.
- ✓ Make a successful home-based business.
- ✓ Reach organizations that can help you achieve your career goals.

Education

- ✓ Gain access to online resources you need to learn and do school work.
- ✓ Email teachers and counselors from home.
- ✓ Sign up for online job-training or adult education programs.

Disability Services

- ✓ Connect with agencies and organizations that can support your independence.
- ✓ Learn about government benefits, ways to earn and save, fun programs and more.

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MONTHLY



Build Your Success with Home Internet!

Call Toll-Free, Any Time: **844-841-INFO (4636)**

Program paid for by California Emerging Technology Fund, a Statewide non-profit.

REQUEST FOR INFORMATION (RFI) 9780

DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM ADOLESCENT OUTPATIENT TREATMENT PROGRAM (TEEN RECOVERY CENTERS)

INDUSTRY DAY

SEPTEMBER 11, 2019

9:30AM — 11:30AM

County Operations Center
Department of Purchasing and Contracting
Conference Room A-B, 2nd Floor
5560 Overland Avenue
San Diego, CA 92123

- This RFI will inform the County on adolescent outpatient treatment and capacity needs within the Drug Medi-Cal Organized Delivery System (DMC-ODS). Information and key components of DMC-ODS will be shared and feedback will be gathered from stakeholders.
- Attendance is open to all interested individuals. No advance registration is required. Please share this information with any contacts who may be interested in participating.
- This is a REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes—it does not constitute a request for proposal or a promise to issue a solicitation in the future. This request for information does not commit the County to contract for any supplier or service whatsoever. Further, the County is not at this time seeking proposals and will not accept unsolicited proposals. Respondees are advised that the County will not pay for any information or administrative costs incurred in response to this RFI; all cost associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future solicitations. It is the responsibility to potential Respondees to monitor this RFI through BuyNet for additional information pertaining to this requirement.
- Information submitted in response to this request will be used by the County to consider what services are commercially available to potentially meet its needs. The County reserves the right to use, without restriction, any information provided in response to this RFI. Please note that all information provided in response to this RFI may be subject to disclosure under the California Public Records Act.
- For questions regarding this event, please contact david.dominguez@sdcounty.ca.gov.

REQUEST FOR INFORMATION (RFI) 9780

DRUG MEDICAL ORGANIZED DELIVERY SYSTEM ADOLESCENT OUTPATIENT TREATMENT PROGRAM (TEEN RECOVERY CENTERS)

INDUSTRY DAY DISCUSSION QUESTIONS

1. What kind of outpatient services are needed for the adolescent or youth population?
2. What gaps in service need to be addressed for the adolescent or youth population?
3. What are the primary issues with providing services to the adolescent or youth population?
4. What Evidence Based Practices would you recommend for these services?
5. What Early Intervention services are needed for the adolescent or youth population?
6. What interventions are needed to address smoking and vaping for the adolescent or youth population?



Presents:

Empowering Professionals

For professionals who work with parents/caregivers who have children with mental health care needs

September 13, 2019

Uniting People Across Cultures (UPAC)

5296 University Ave., Suite A

San Diego, 92105

9:00 am - 3:00 pm

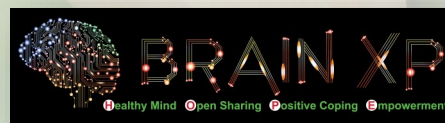
Topics include:

- **Changing the Language of Mental Health- ending the stigma toward those who suffer from mental health issues**
 - ♦ **Boundaries & Burnout– how to establish and maintain healthy client boundaries to prevent burnout**
 - ♦ **Complimentary Light Breakfast and Catered Lunch**

**RSVP at
805.384.1555 or**

[Eventbrite](#)

In collaboration with:



Funding provided by the Mental Health Services Oversight and Accountability Commission



PARENTS & CAREGIVERS
FOR WELLNESS

Presents:

Supporting Parents/Caregivers

For parents/caregivers of
children with mental health needs

September 14, 2019

Uniting People Across Cultures (UPAC)

5296 University Ave., Suite A

San Diego, 92105

9:00 am - 3:00 pm

Information on

- ♦ **Individualized Education Program (IEPs)**
- ♦ **Compassion Fatigue**
- ♦ **Local Mental Health Resources**

Complimentary Light Breakfast and Catered Lunch provided



RSVP at

805.384.1555 or

[PC4W Facebook](#) or
[Eventbrite](#)

In Collaboration with:



Funding provided by the Mental Health Services Oversight and Accountability Commission



PARENTS & CAREGIVERS
FOR WELLNESS

Presenta:

Apoyando a los padres de familia/cuidadores

Para padres de familia/ cuidadores de niños con necesidades de salud mental

14 de septiembre del 2019

Uniting People Across Cultures (UPAC)

5296 University Ave., Suite A,

San Diego, 92105

De 9:00 am a 3:00 pm

se dará información sobre

- **Programa de educación individualizada (IEP por sus siglas en inglés)**
 - **Fatiga compasiva**
- **Recursos locales de salud mental**

Como cortesía se ofrece desayuno ligero y almuerzo por catering



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805.384.1555 o

[PC4W Facebook](#) o

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En colaboración con:

