

Program Manager Meeting

Children, Youth and Families | Behavioral Health Services

March 12, 2020 | Webex meeting

9:30 – 11:30 a.m.

Breakout Sessions: SchoolLink and CANS Super Users

11:30 a.m. – 12:30 p.m.

Agenda - Notes

➤ **Welcome** – Fran Cooper

➤ **QM Updates (MH)** (handout) – Monica Huezco 10 minutes

- Youth Transition Self-Evaluation (YTSE) Form
 - *Currently the YTSE form completion has been a “Survey Only Question” on the Medical Record Review Tool, however beginning FY 20-21 completion of the YTSE form will be a requirement for compliance.*
- Documenting of the Cultural Formulation on the BHA
 - *The Cultural Formulation in the BHA should provide information to indicate an assessment was conducted to determine any potential cultural/subcultural influences on the client which may or may not be impacting the client's current presentation.*
 - *Cultural aspects possibly impacting a client are the customary beliefs, own beliefs, values, the set of shared attitudes, goals, language, the behaviors and practices, and/or a way of life of a group of people.*
 - *These are the areas that are to be assessed to determine possible impact or influence of culture on how the Client responds to or presents in the world. These areas do not necessarily impact the Client's Mental Health, though may and are to be documented if so or if not.*
- Reminder to Document Accurately
 - *QM staff have seen an increase of services with documentation that is worded exactly like or quite similar to previous entries, otherwise known as “cloning”. Cloned documentation is a misrepresentation of medical necessity and will result in recoupment.*
- For Support in Documentation
 - *A Progress Note Checklist is available on the Optum Website in the MHP Section, References tab. (As featured in our Provider Practicum Trainings)*
- Beneficiary Materials Orders
 - *Provide accurate contact information when completing your request forms and be sure to check your email's SPAM folder for order replies/notifications. Three contact attempts will be made when order is ready to be picked up. If not picked up, the order will be closed out. (Pick up location: Front Desk at the BHS Offices at 3255 Camino Del Rio South, San Diego CA 92108)*
- OPOH Updates
 - *Sections: D, I, K, L, N, and J*

- Support Contacts
 - *MIS Questions?*
MIS has an email for you to send all questions regarding your CCBH accounts. MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is:
MISHelpDesk.HHSA@sdcounty.ca.gov
 - *CCBH Trainings: If you are unsure what training track for your staff, please contact us at*
MISHelpDesk.HHSA@sdcounty.ca.gov. *We will try to help you through the maze of deciding.*
 - *Cerner Reminder*
 - *Questions regarding Cerner products or functions: Please call or email the Optum Support Desk at 800-834-3792 or email* SDHelpdesk@optum.com. *Please do not call Cerner directly!*
- **Pathways to Well-Being (PWB) (MH) (handouts) – Mandy Kaufman** 10 minutes
 - New tracking for tracking CFT meetings
 - *Effective 2/14/20, programs will no longer use the EBP for tracking Child and Family Team (CFT) meetings. When completing CFT meeting notes in CCBH, programs will use the indicator of T – CFT Meeting located in the billing section under the “Provided To” field.*
 - IHBS: UM Cycle, Prior Authorization
 - *IHBS will count toward the UM cycle when the service is provided by the therapist/clinician. It will not count toward the UM when IHBS is provided by anyone other than the therapist including parent/youth partner, rehab staff or case manager, if the case manager is not the therapist/clinician*
- **Interagency Placement Committee (MH/SUD) (handout) - Seth Williams, Continuum of Care Reform, Mike Green, Steven Wells, Child Welfare Services, Jorge Aguilar, Juvenile Probation** 20 minutes
- **Family First Prevention Services Act (FFPSA) (MH/SUD) (handout) – Kimberly Giardina, Director, Child Welfare Services** 30 minutes
- **San Diego Regional Center (MH) – Peggie Webb, Symone Pompey START Director**
 - START 15 minutes
- **MEET (Motivational Enhancement for Engagement in Therapy) (MH/SUD) – Brent Crandal, Rady Children’s Hospital, Aisha Pope, San Diego Center for Children**
 - Family Engagement 30 minutes
- **Announcements**
 - Youth Substance Use: Risk, Resilience, Reconnection. May 28, 2020, Crowne Plaza Mission Valley, 2270 Hotel Circle N. SD 92108
 - California Department of Public Health, February 28, 2020. Infection Control Recommendations for Facilities with Suspect Coronavirus 2019 (COVID-19) Patients



LIVE WELL
SAN DIEGO

- County website link for COVID-19 updates
<http://www.coronavirus-sd.com/>

➤ **Next Meeting: May 7, 2020**

Scottish Rite Center

Claude Morrison Room

1895 Camino del Rio So., San Diego, 92108

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

Or may be held as a Webex depending on the current COVID-19 environment

MENTAL HEALTH SERVICES

Knowledge Sharing

Youth Transition Self-Evaluation (YTSE) Form:

Currently the YTSE form completion has been a "Survey Only Question" on the Medical Record Review Tool, however beginning FY 20-21 completion of the YTSE form will be a requirement for compliance.

The YTSE form is to be completed for CYF clients 16 yr or older within 30 days of assignment, updated at age 17, 17 ½, 18 and annually thereafter.

Documenting of the Cultural Formulation on the BHA

In order to meet documentation standards and requirements, the Cultural Formulation in the BHA should provide information to indicate an assessment was conducted to determine any potential cultural/subcultural influences on the client which may or may not be impacting the client's current presentation.

Cultural aspects possibly impacting a client are the customary beliefs, own beliefs, values, the set of shared attitudes, goals, language, the behaviors and practices, and/or a way of life of a group of people. All or some of these which one accepts and lives out generally without thinking about them. These are the areas that are to be assessed to determine possible impact or influence of culture on how the Client responds to or presents in the world. These areas do not necessarily impact the Client's Mental Health, though may and are to be documented if so or if not.

Reminder to Document Accurately

Each client has an individual presentation and needs that are unique to each client encounter and should be supported by unique documentation. QM staff have seen an increase of services with documentation that is worded exactly like or quite similar to previous entries, otherwise known as "cloning". Cloned documentation is a misrepresentation of medical necessity and will result in recoupment.

For Support in Documentation:

As featured in our Provider Practicum Trainings, a Progress Note Checklist is available on the Optum Website in the MHP Section, References tab.

Reminder! Beneficiary Materials Orders

Please be sure to provide accurate contact information when completing your request forms and be sure to check your email's SPAM folder for order replies/notifications. Three contact attempts will be made to notify you when your Beneficiary Materials order has been fulfilled and is ready to be picked up. If not picked up, the order will be closed out.

UTTM March 2020

Optum Website Updates MHP Provider Documents

OPOH Tab

Section D:

- Timelines to contact a client post discharge updated.
- Reference to Appendix location on Optum Website updated

Section I:

- Updated hyperlinks

Section J:

- Inventory Guidelines for County Contracts were updated.
- Updated information re: disposal of county property
- Reference to Appendix location on Optum Website updated

Section K:

- Reference to Appendix location on Optum Website updated

Section L:

- Reference to Appendix location on Optum Website updated

Section N:

- Reference to Appendix location on Optum website updated

QM ... UP TO THE MINUTE

March 2020

Beneficiary Material orders are to be picked up at the Front Desk at the BHS Offices at 3255 Camino Del Rio South, San Diego CA 92108.

OPOH Updates

Section D:

- Post Discharge Coordination of Care timeline updated.
 - *Clients discharged from a 24-hour facility (acute psychiatric hospital or crisis house) shall be assessed by program within 72 hours. If after assessment, the client is deemed urgent, client shall be seen within 48 hours of contact with program.*
- Reference to Optum Website for Appendix.

Sections I, K, L, N:

- Reference to Optum Website for Appendix.

Section J:

- Inventory Guidelines for County Contracts were updated.
- Reference to Optum Website for Appendix.
- Updated information re: the disposal of county property

Meet the New QM Specialists!

The QM Mental Health Team would like to welcome **Besan Hanna, LMFT**, **Elaine Mills, LMFT** and **Michelle Vidana, LPCC** to our team!

Besan comes to us from Optum where she was the Inpatient Supervisor in Utilization Management, managed and trained 10 clinicians on Title 9 Medical Necessity Criteria and reviewing for the contracted Fee For Service hospitals in San Diego County. She has an extensive background working with trauma survivors in different non-profit organizations including Fred Finch Wrap Around, Center for Community Solutions and San Diego Youth Services and spent several years providing individual and family therapy in Arabic for war survivors among the Iraqi refugee population in East County. Besan very much enjoys providing Middle Eastern cultural trainings to various non-profits and business organizations in order to bridge the gap and clear up assumptions/misperceptions surrounding the Arab culture. She is excited to be on this new adventure with San Diego County and very much looks forward to expanding her knowledge in different ways to support our community.

Elaine received her MA in Counseling Psychology and has worked as a clinician for New Alternatives in their Intensive Respite Program and most recently as a clinical counselor for the military working at the Fleet and Family Support Center at Navy Base Coronado. She is looking forward to taking on new challenges as a part of HHSA with the QI Team! Elaine enjoys being a mom to her three children, a daughter Emma, who is married and owns and runs a restaurant in Portland, OR. with her husband Spencer, a son Noah, in his junior year at University of Denver where he can climb mountains and send her terrifying photos, and a daughter, Hannah who is a junior in high school and is her “mini me” and her dog, Belle, who is the K9 version of Hannah. Elaine is a huge fan of football and hockey.

Michelle was born in Oklahoma but considers herself a native San Diegan, moving to San Diego at age 1. She spent most of her childhood in City Heights and Southeast San Diego and is Bi-lingual in Vietnamese. Michelle enjoys yoga (certified to teach children’s yoga), cycling and other outdoor sports, exploring new flavors from diverse communities/restaurants around town, and spending time with family. Michelle is an LPCC and previously worked as a PERT (Psychiatric

QM ... UP TO THE MINUTE

March 2020

Emergency Response Team) clinician with National City Police Department and San Diego Fire and Rescue, Resource Access Program. Michelle's clinical focus has been on crisis intervention and working with severe mental illness where she has also held clinical roles as a mental health clinician for higher level of care residential facilities, crisis house, and community outpatient clinics servicing individuals with severe mental illness, co-occurring disorders and psychosis.

Management Information Systems (MIS)

MIS Questions?

MIS has an email for you to send all questions regarding your CCBH accounts.

MIS manages all things related to the system, including authorizations for all trainings/skills assessments/reactivations, account management. Our email is: MISHelpDesk.HHSA@sdcounty.ca.gov

CCBH Trainings: If you are unsure what training track for your staff, please contact us at MISHelpDesk.HHSA@sdcounty.ca.gov. We will try to help you through the maze of deciding.

Cerner Reminder

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

Training and Events

Documentation Training

Root Cause Analysis (RCA): Friday March 27, 2020 from 9:00AM to 12:00PM, County Operations Center, 5530 Overland Drive, Room 124, San Diego CA 92123

Support Partner Training: Tuesday March 31, 2020 from 9:00AM to 12:00PM, County Operations Center, 5530 Overland Drive, Room 171, San Diego CA 92123

Registrations will be accepted via the QI Training Inbox (BHS-QITraining.HHSA@sdcounty.ca.gov).

Quality Improvement Partners (QIP) Meeting: Tuesday 3/24/20 from **2:00PM – 4:00PM**, National University Rm 118, 9388 Lightwave Ave, San Diego CA 92123. **Please note we have adjusted the start/end time for the QIP Meetings.**

Meetings will occur the fourth Tuesday of every month from 2:00 PM to 4:00 PM

Other important information regarding training registrations

- Registrations for trainings will be done via Eventbrite, cancellations will also be done via your Eventbrite account. Please be aware when registering, there may be a waitlist. Please include the name of your program manager. Please be sure to cancel within 24 hours of the training if you are unable to attend. This allows those on the waitlist the opportunity to attend. Program Managers will be informed of no shows to the trainings.
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.

Is this information filtering down 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



BHS PROVIDER UPDATES

2020-12

UPDATE: Change to Tracking of CFT Meetings in CCBH

Effective 2/14/20, programs will no longer use the EBP for tracking Child and Family Team (CFT) meetings. When completing CFT meeting notes in CCBH, programs will use the indicator of **T – CFT Meeting** located in the billing section under the “**Provided To**” field.

Following are the instructions to enter the Child Family Team Meeting Service Indicator in CCBH:

- Complete the CFT Meeting Note template
- Locate the “**Provided To**” field in the billing section found at the top of the CFT Meeting Note template
- Select **T – CFT Meeting** from the drop-down menu

The T-CFT Meeting service indicator will replace the EBP for tracking all CFT Meetings. Former bulletins pertaining to the tracking of CFT Meetings are now retired and located at: <https://theacademy.sdsu.edu/programs/rihs/pathways/>

If you have questions about this process please contact your COR or the BHS PWB Program Manager Amanda (Mandy) Kaufman at Amanda.Kaufman@sdcounty.ca.gov

Progress Note Encounters

Encounter Server Information

Server/Service
Date/Time

☒ Lead Server
 Date

	Start	Duration	Stop
Staff <input type="text"/>	<input type="text"/>	<input type="text" value="0:30"/>	<input type="text"/>
Service <input type="text" value="INTENSIVE CARE COORD ICC 82"/>	<input type="text"/>	<input style="background-color: orange; color: black; text-align: center;" type="text"/> 1	<input type="text"/>
Supervisor <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Environment: Live

Billing

Lab	<input type="text"/>	<input type="text"/>
Provided To	<input type="text" value="CFT Meeting"/>	<input type="text" value="T"/>
Provided At	<input style="background-color: orange; color: black; text-align: center;" type="text"/> 1	<input type="text"/>
Outside Facility	<input type="text"/>	<input type="text"/>
Contact Type	<input type="text" value="Face to Face"/>	<input type="text" value="F"/>
Appointment Type	<input type="text"/>	<input type="text"/>
Billing Type	<input type="text"/>	<input type="text"/>
Intensity Type	<input type="text"/>	<input type="text"/>

Participants
 Days
 Quantity
 Fee

**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: _____
- Optum Clinician Signature/Date/Licensure: _____

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



BHS PROVIDER UPDATES

2020-13

Pathways to Well-Being Monthly Update Bulletin: February 2020

Pathways to Well-Being (PWB) is delivering monthly bulletins designed to answer program questions and provide the latest information related to PWB.

Q & A from Providers:

- 1. Question:** Does IHBS count toward the UM cycle?

Answer: IHBS will count toward the UM cycle when the service is provided by the therapist/clinician. It will not count toward the UM when IHBS is provided by anyone other than the therapist including parent/youth partner, rehab staff or case manager, if the case manager is not the therapist/clinician.
- 2. Question:** If a Case Manager rather than a therapist provides IHBS, does the Case Manager still need to get prior authorization from Optum?

Answer: Yes, prior authorization is required for the provision of IHBS regardless of the person's role in the program. Please see [CYF Memo #08-19/20 IHBS Prior Authorization Request Process](#) effective 9/11/19 for further information.
- 3. Question:** Who is responsible for making sure that CFT meetings occur within the required timelines once the CFT Meeting Referral Form has been submitted to the CFT Meeting Facilitation Program?

Answer: For youth that are designated as eligible for PWB Enhanced Services (Subclass), it is the responsibility of the BHS provider to ensure compliance with CFT Meeting mandated timelines and PWB required documentation.
- 4. Question:** On the Progress Report To CWS form, what is meant by "Current Client Assignment History from CCBH"? Does the provider only send their program current assignment or the entire history of assignments?

Answer: The provider sends the entire history of assignments to CWS. The reason for this is to inform the PSW about all prior and current behavioral health services to assist in collaboration between the PSW and providers as well as making treatment recommendations.

What Is New?

- Latest Bulletin 2020-12 sent to providers on 2.11.20 addresses programs no longer using the EBP for tracking CFT meetings. Please see <https://theacademy.sdsu.edu/wp-content/uploads/2020/02/2020-12-Tracking-CFT-Meetings-Update-2.11.20.pdf> for more information.

If you have any PWB related questions, please contact your BHS PWB Liaison or the BHS PWB Program Manager at Amanda.Kaufman@sdcounty.ca.gov

February 21, 2020

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





INTERAGENCY PLACEMENT COMMITTEE


Seth Williams - Behavioral Health Services, Program Manager
Mike Green – Child Welfare Services, Protective Services Program Manager
Steven Wells – Child Welfare Services, Protective Services Program Manager
Jorge Aguilar – Juvenile Probation, Senior Probation Officer

 **LIVE WELL**
SAN DIEGO

1

WHY ARE WE HERE?

  **LIVE WELL**
SAN DIEGO



2

TODAY'S OVERVIEW

Ensuring Normalcy in Development

- CCR and Congregate Care
- Group Homes to STRTPs
- IPC Members and Responsibilities
- Criteria for Placement in Congregate Care
- Approvals and Disapprovals
- Emergency Placement
- Second Level Reviews

3

CCR LEGISLATIONS

TRANSFORMATION OF GROUP HOMES AND IPC

AB 403
(2015)

➔

AB 1997
(2016)

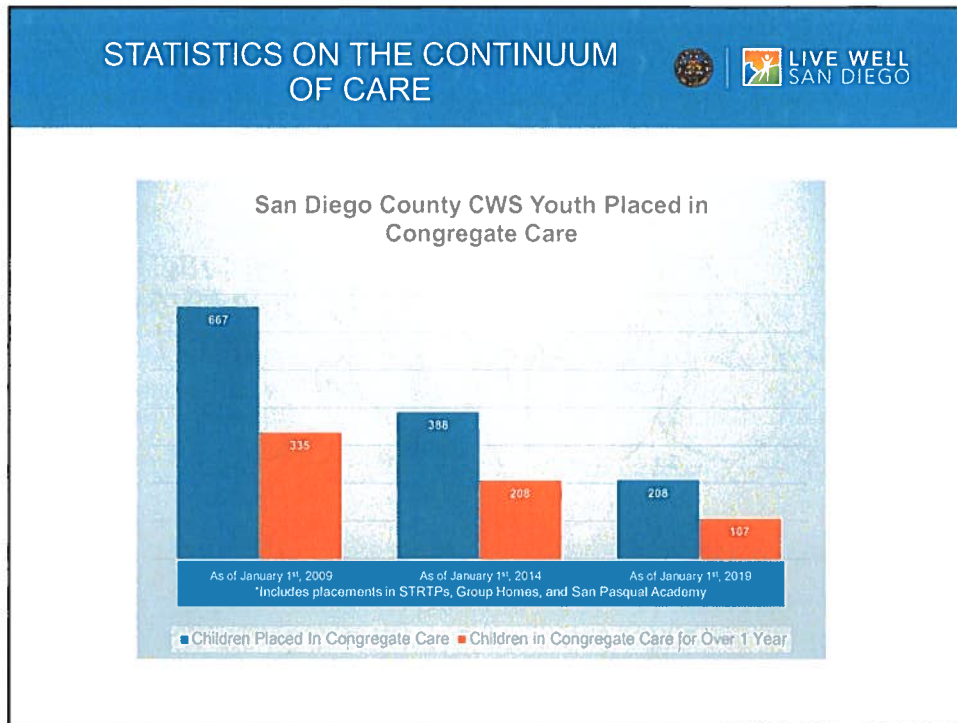
➔

AB 404
(2017)

HIGHLIGHTS:


- ☐ Group Homes to transition to new licensing category, STRTP
- ☐ Intensive short-term treatment for six months
- ☐ IPC roles and responsibilities expanded and defined
- ☐ Requirement for second level reviews

4



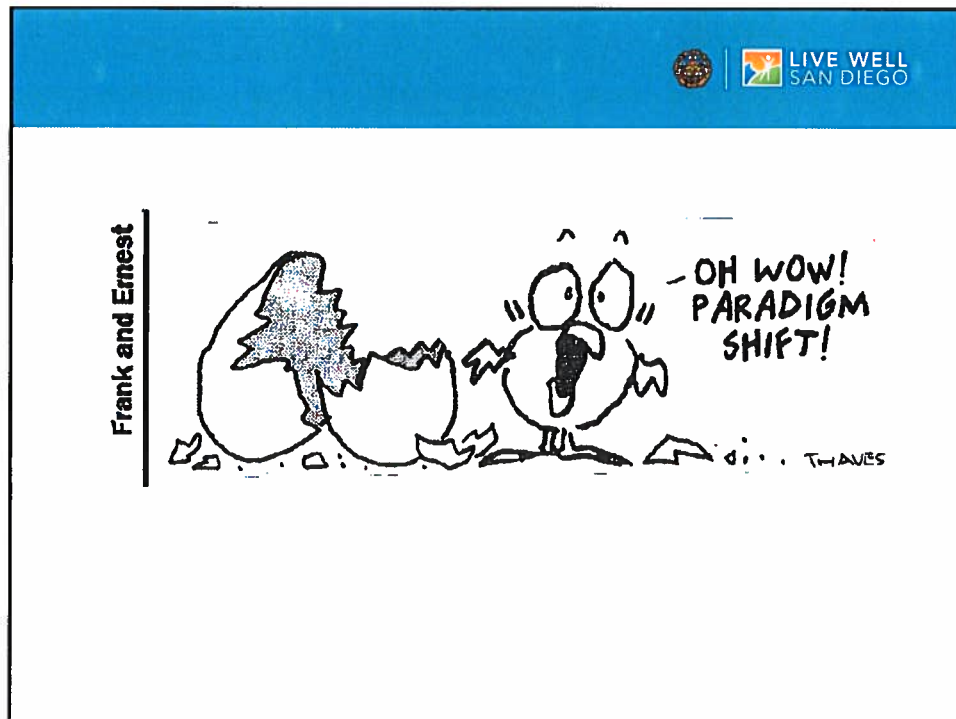
5

TRANSFORMATION



Group Homes	STRTPs
<ul style="list-style-type: none"> ▪ Provision of board and care only ▪ Specialty Mental Health Services only required for RCL 14's ▪ Long-term placement setting 	<ul style="list-style-type: none"> ▪ Provision of care and supervision ▪ Intensive services milieu *All STRTPs must provide Medi-Cal Specialty Mental Health Services ▪ Short-term treatment modality ▪ Core Services required ▪ Must be accredited

6





7



8

IPC RESPONSIBILITIES






- Reviewing and approving INITIAL and CONTINUED placement requests by CWS and/or Probation for treatment intervention in a GH/STRTP
- Reviewing and approving initial and continued placement requests by CWS and/or Probation for OUT-OF-STATE GH/STRTP placement
- Serving as a multi-disciplinary committee
- Ensuring “commonality of need”

NOTE: The IPC considers the recommendation of the CFT when reviewing and approving STRTP placements.

9

CRITERIA FOR CONGREGATE CARE

YOUTH MAY BE ACCEPTED FOR GH/STRTP PLACEMENT

IF
OR
OR

medical necessity criteria met,
 assessed as Seriously Emotionally Disturbed,
 behavioral and treatment needs can only be met by a STRTP



AND

AND
AND
AND

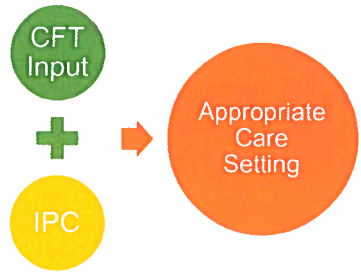
youth is experiencing emotional and behavioral problems in the home, community, and/or treatment setting
 youth is not sufficiently emotionally or behaviorally stable to be treated outside of a structured 24-hour therapeutic environment
 least restrictive or intensive levels of treatment have been tried or unsuccessful OR are not appropriate to meet youth's needs

10

THE PROCESS AND PATHWAY

- **Child and Family Team** – The CFT discusses the youth's unique needs, services to address the needs, appropriate placement and supports.
- **Interagency Placement Committee** – The assigned SW or Probation Officer presents the youth's case to the committee in a trauma informed and strengths-based approach.
- **Appropriate Care Setting along the Continuum of Care Spectrum** – Recommendations for appropriate level of care provided.





```

graph LR
    CFT((CFT Input))
    IPC((IPC))
    CFT -- "+" --> ACS((Appropriate Care Setting))
    IPC -- "+" --> ACS
  
```

11

BHS PROVIDERS IN IPC

- Effective Fiscal Year 19-20, BHS treating providers are being invited to attend IPC
- BHS treating providers are essential in contributing information to inform the IPC decision making process when a youth they are serving is being considered for placement in a STRTP
- BHS providers attend a portion of the IPC meeting by conference call or in person
- ❖ Since August 1st, 2019, **109** IPC screenings have included a BHS provider

12

BHS PROVIDERS IN IPC



BHS PROVIDERS INVITATION PROCESS

- When the IPC schedule is developed by Probation or CWS, a BHS CCR Liaison looks up the youth in CCBH to determine if there is a current BHS treating provider
- The BHS treating provider is contacted via the listed phone number in CCBH
- A follow up email is sent to the BHS provider outlining the date and time of IPC meeting
- The treating provider's Program Manager is CC'd on all follow up emails



13

BHS PROVIDERS: HOW TO PREPARE?

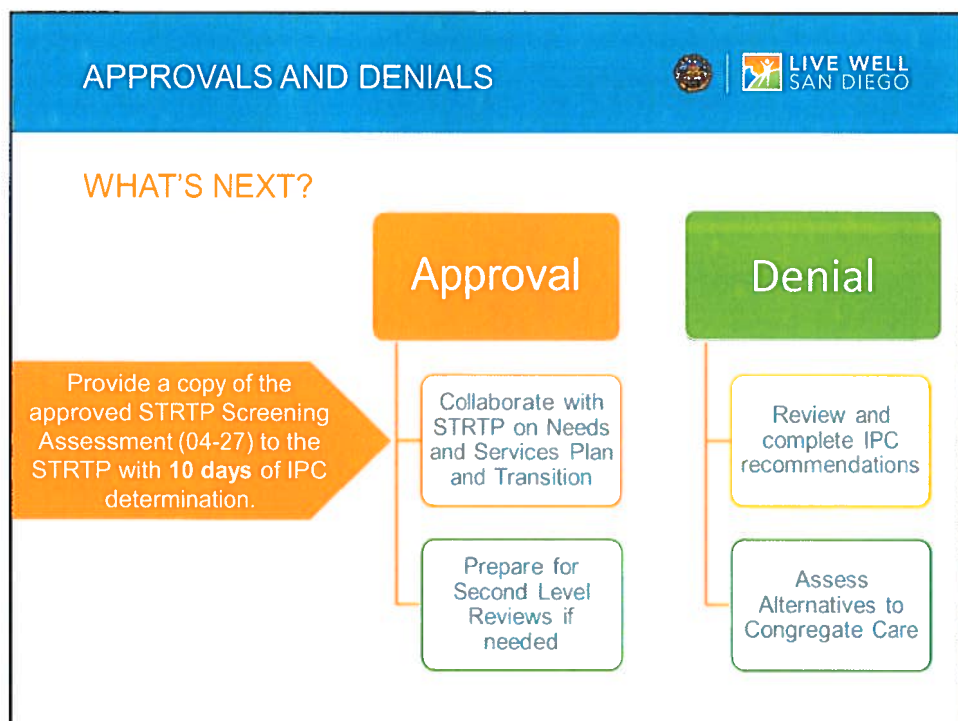


- In IPC BHS providers may be asked about the following information:
 - Current working diagnosis
 - Mental health services being provided
 - Impact of services being provided
 - Current treatment plan
 - Progress towards goals of transitioning to family like setting
 - Additional Ideas or strategies to meet youth's mental health needs

14

CURRENT IPC MEETING SCHEDULE  	
Juvenile Probation	Tuesday's 9am-12pm
CWS (Second Level Reviews)	Wednesday's 10am-12pm
CWS (Initial Reviews and Second Level Reviews)	Thursday's 1pm-4pm
❖ Child/youth screenings typically last 15-30 minutes	

15



16

EMERGENCY PLACEMENT



A youth may be placed in a STRTP prior to IPC approval **IF...**

- a licensed mental health professional provides a written determination **prior** to or **within** 72 hours of placement indicating the youth requires the level of services and supervision provided by an STRTP.

THEN...

- SW or Probation Officer must present the youth's case at the next scheduled IPC meeting to determine the appropriateness of the STRTP placement.

17

SECOND LEVEL REVIEWS



The review and approval for continued placement in an STRTP past the initial six months is called **Second Level Review**. Below are the age-based timeframes for the review.

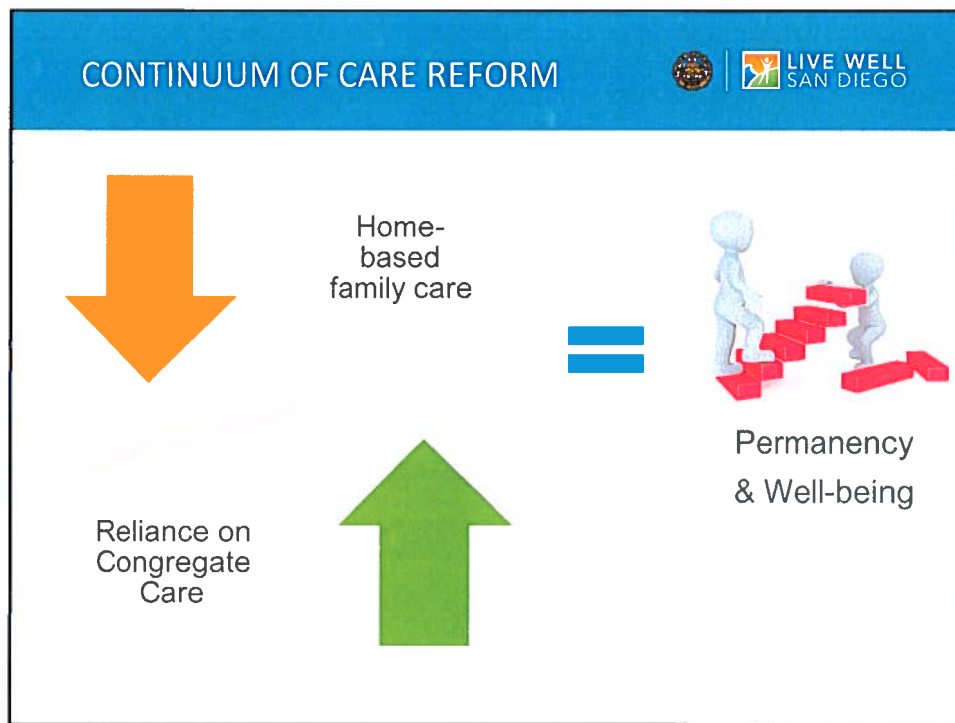
6-12 years

Upon the first **6** months
Every **2** months after

13 and up



- Upon the first **6** months
- Every **6** months after


18



19

QUESTIONS?








For questions contact:

Seth Williams - Seth.Williams@sdcounty.ca.gov
 Mike Green - Mike.Green@sdcounty.ca.gov
 Steven Wells - Steven.Wells@sdcounty.ca.gov
 Jorge Aguilar - Jorge.Aguilar@sdcounty.ca.gov

20





OVERVIEW

FAMILY FIRST PREVENTION SERVICES ACT

1

OVERVIEW



- **Part I** **Prevention Activities**
- Part II Enhanced Support Under Title IV-B
- Part III Licensing Standards for Relative Foster Family Homes
- **Part IV** **Ensuring Necessity of Non-Foster Family Home Placement**
- Part V Continuing Support for Child & Family Services
- Part VI Incentives for Promoting Adoption & Legal Guardianship
- Part VII Developmental Needs of All Vulnerable Children Under Age 5
- Part VIII Delays the Phase-Out of the De-Link of Aid to Families

2

PART I: PREVENTION SERVICES



Optional, once States meet the requirements for Part IV



Title IV-E funding for mental health, substance abuse, and in-home parent skill-based programs



Up to 12 months



Directly related to safety, permanency or well-being of the child or preventing the child from entering (re-entering) foster care



Eligibility

Child is a candidate for foster care
Child is in foster care who is pregnant or parenting
A parent or kin caregiver of the child

3

CANDIDACY DEFINITION






CHILD WELFARE PROPOSAL

- Children (ages 0-17) receiving court-ordered, in-home family maintenance services; or
- Probation youth who have been identified as likely to enter a IV-E placement without effective substance abuse, mental health, and/or parenting services; or
- Children whose adoption or guardianship is at risk of disruption; or
- Children (ages 0-17) whose state-approved risk assessment score is High or Very High and whose in-person assessment indicates that substance abuse, mental health, and/or parenting services are likely to prevent the need for foster care; or
- Children (ages 0-17) whose state-approved safety assessment indicates the presence of at least one threat to child safety and whose in-person assessment indicates that substance abuse, mental health, and/or parenting services are likely to prevent the need for foster care.


4

REQUIREMENTS FOR SERVICES








Trauma-informed




Provided in accordance with a number of general practice requirements



Practices are “promising, supported, or well-supported” – 50% must be well-supported





Specifically listed and described in detail in a new prevention programs component of the state plan



Individually subjected to a “well-designed & rigorous” evaluation as part of the state plan, unless the requirement is waived by the Secretary

5

EVIDENCE-BASED PRACTICES : PROMISING, SUPPORTED, WELL-SUPPORTED






Promising	Supported	Well-Supported
<ul style="list-style-type: none"> At least one study that achieves a rating of “moderate” or “high” & demonstrates a favorable effect on at least one target outcome 	<ul style="list-style-type: none"> At least one study carried out in a usual care/practice setting that achieves a rating of “moderate” or “high” & demonstrates a sustained favorable effect for at least 6 months beyond the end of treatment on at least one target outcome 	<ul style="list-style-type: none"> At least two studies carried out in a usual care/practice setting that achieves a rating of “moderate” or “high” & demonstrates a sustained favorable effect for at least 12 months beyond the end of treatment on at least one target outcome

6



PROGRAMS APPROVED		
		
WELL-SUPPORTED	SUPPORTED	PROMISING
<ul style="list-style-type: none"> ▪ Functional Family Therapy ▪ Health Families America ▪ Motivational Interviewing ▪ Multisystemic Therapy ▪ Nurse Family Partnership ▪ Parent-Child Interaction Therapy ▪ Parents as Teachers 	<ul style="list-style-type: none"> ▪ Families Facing the Future 	<ul style="list-style-type: none"> ▪ Methadone Maintenance Therapy ▪ Trauma Focused Cognitive Behavioral Therapy

7

PROGRAMS BEING REVIEWED	
	
	
MENTAL HEALTH	SUBSTANCE ABUSE
<ul style="list-style-type: none"> ▪ Attachment and Biobehavioral Catch-Up ▪ Brief Strategic Family Therapy ▪ Child Parent Psychotherapy ▪ Incredible Years ▪ Interpersonal Psychotherapy ▪ Multidimensional Family Therapy ▪ Triple P – Positive Parenting Program 	<ul style="list-style-type: none"> ▪ Brief Strategic Family Therapy ▪ Family Behavior Therapy ▪ Multidimensional Family Therapy ▪ Seeking Safety ▪ The Seven Challenges

8

PROGRAMS BEING REVIEWED

PARENTING



- Attachment and Biobehavioral Catch-Up
- Brief Strategic Family Therapy
- Homebuilders
- Multidimensional Family Therapy
- Nurturing Parenting
- SafeCare
- Solution Based Casework


KINSHIP NAVIGATOR

- Ohio's Kinship Supports Intervention/ProtectOHIO
- YMCA Kinship Support Services, YMCA Youth and Family Services of San Diego County


9

PART IV: NON-FOSTER FAMILY HOME PLACEMENT








Changes the list of valid placement types for federal payment "beginning with the third week for which foster care maintenance payments are made on behalf of a child."




Creates a new placement type called a Qualified Residential Treatment Program (Q RTP)



Defines who Q RTPs may serve and the types of services that they must offer to children and youth in care



Places numerous requirements on the use of Q RTPs for purposes of federal reimbursement



Sets forth requirements on when and how children are to be assessed for placement in Q RTPs, and who may do it

10

DETERMINING QRTP PLACEMENT



LIVE WELL
SAN DIEGO

An assessment by a “qualified individual” must be completed within 30 days after placement is made, or federal funding will be cut off

If an assessment finds that the placement is not appropriate, the court disapproves the placement, or a child is going to return home or move to a subsequent placement, federal funding will cut off 30 days after such finding, order or decision to move the child is made

11

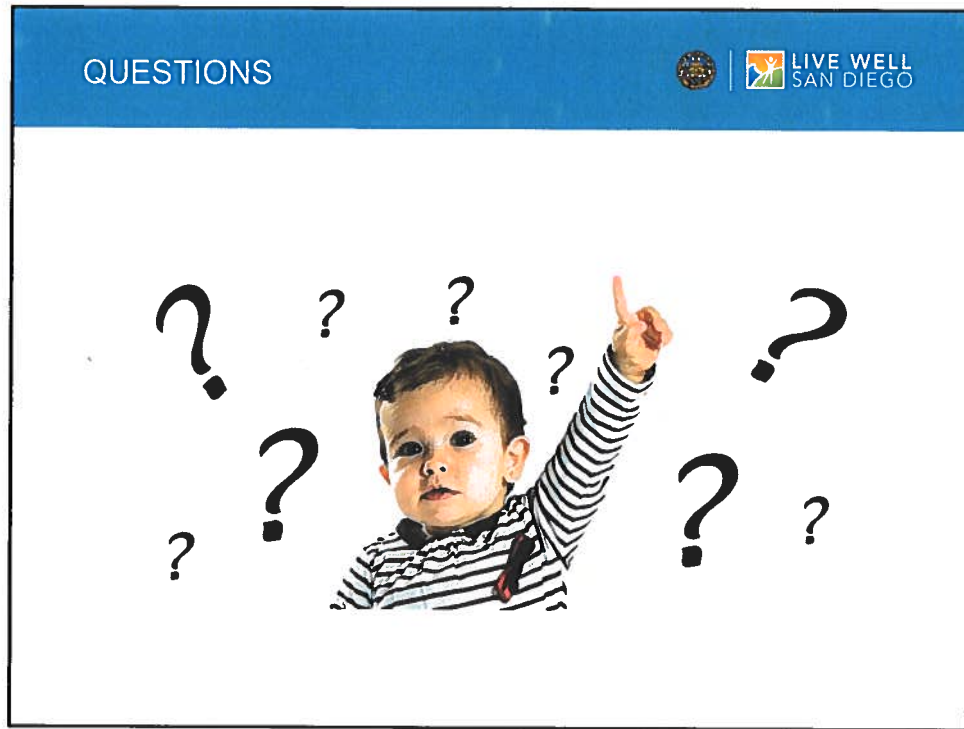
FAMILY FIRST TRANSITION ACT



LIVE WELL
SAN DIEGO

- Delayed the requirement for 50% of services to be in “well-supported” category for two years .This allows states to receive reimbursement for a wider range of evidence-based foster care prevention programs while HHS builds up the clearinghouse
- Provides states with a total of \$500 million in one-time, flexible funding to support their implementation of FFPSA and reduce any adverse fiscal effects due to startup costs, waiver transition, and improving foster care safety and quality.
- Provides temporary grants to states or jurisdictions with expiring Title IV-E waivers if they face a significant loss of funds as they transition away from child welfare waivers. Specifically, any state or jurisdiction with a waiver ending would be guaranteed to receive the following:
 - In FY 2020, not less than 90 percent of the amount they negotiated to receive under their waiver for FY 2019; and
 - In FY 2021, not less than 75 percent of the amount they negotiated to receive under their waiver for FY 2019

12



13

CONTACT US

550 West Vista Way, Suite 301
Vista, CA 92083
Phone: (760) 305-4850
Fax: (760) 305-4639

SanDiegoSTART@exodusrecovery.com

www.exodusrecovery.com

The START model pilot project is being implemented in North County (north of CA-52), in collaboration with San Diego Regional Center, Exodus Recovery, and California Department of Developmental Services, to provide community-based crisis intervention and prevention services to individuals with developmental disabilities and behavioral health needs.

**Crisis Prevention and Response for
People with Intellectual and
Developmental Disabilities and the
People who Support Them**



A collaborative initiative of the San Diego
Regional Center and Exodus Recovery



*"...the pathway to
freedom begins
with you."*

SAN DIEGO START

San Diego START emphasizes the development of cross systems relationships, training and education, as well as crisis prevention and response supports.

The START team works with the existing system to capitalize and build on their capacity while promoting improved collaboration, communication, and expertise between service systems, schools, families, and other involved supports.

The goal of the START program is to build relationships and supports across service systems to help individuals remain in their homes and communities while decreasing the involvement of police and emergency response systems. START works within the community of the individuals served to enhance support and build communication between people and their communities.



SERVICES

Consultation and Training

START provides consultation, training and technical assistance to community partners and organizations to create a well-trained network at the community level that can better support individuals in their home.

Community Partnerships

START facilitates communication and partnerships across developmental disability, mental health, community and family networks to improve outpatient supports and community connections, improve treatment outcomes, and decrease the need for hospitalization and loss of community placement.

Crisis Plan Development

START coordinators work with individuals, families, and service providers to develop a crisis plan for the person and their systems of supports. The planning process includes reviewing current systems of care, recommending potential preventative and coping strategies for the person and caregivers, and agreeing on a process to access supports.

Crisis Prevention and Intervention

The START clinical team is available during extended business hours (8:00 am - 7:00 pm) to help assess emergencies and provide support within two hours. For emergencies outside of those extended business hours START partners with local and county funded crisis services to ensure continuity of care.

Therapeutic Coaching

START provides short-term therapeutic in-home support for people age 6 and over for whom START deems it necessary and appropriate.

ELIGIBILITY

- Persons aged 6 and up
- Persons with I/DD diagnosis and behavioral health and or mental health needs
- Persons with a history of hospitalization
- Persons at risk of losing placement/school services
- Persons with a history of multiple 911 calls and involvement with the police, or ER visits
- Persons with complex health needs that contribute to mental health instability
- Persons who has a system with whom to link
- Persons served by San Diego Regional Center



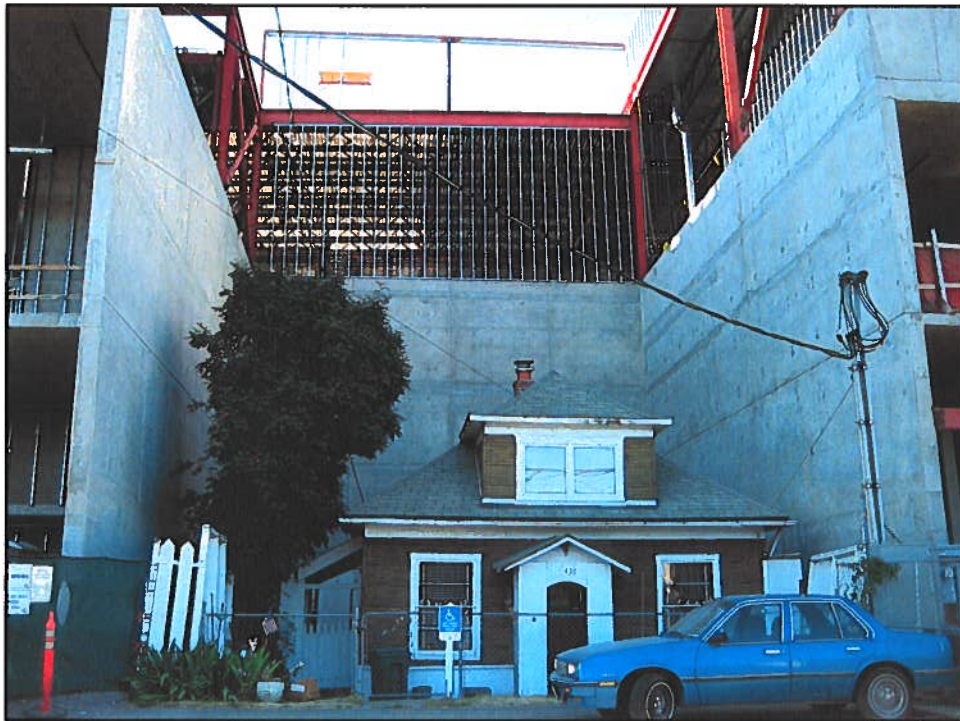
The San Diego START team accepts referrals from the San Diego Regional Center. Please contact your SDRC Service Coordinator for more information.



1



2



3



4



5

Engagement in CYF BH Services

- High intake no show rates (48-62%)
- High rates of treatment dropout (40-60%)
- Often seek treatment in times of high stress/crisis
- Family stress increases risk of dropout
- Rates of services lowest among low-income
 - Triple Threat: poverty, single parent, stress



Godalan, Goldstein, Klingenstein, Siche, Blake, & McKay (2010); McKay, Harrison, Gonzales, Kim, & Quintana, 2003; Kithia, 2001; Rock & Farrier, 2003; Rock & Kazdin, 2005; McKay, McLeod, & Gonzales, 1996; Acsela, 1930; Aponte et al., 1991; Boyd-Franklin, 1993; Florsrud, 1936; Hester, Fadila, & Curok, 1979; Lin, 1933; Muecke, 1933; Sue et al., 1994; Sue & Norishima, 1933; Wallen, 1997

6

Caregiver Buy-In Is Essential

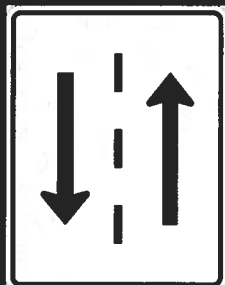
- CGs participation → improved outcomes
 - Dowell & Ogles (2010); Karver, Handelsman, Fields, et al. (2006)
- EBP and CGs
- 1 to 168 Rule (0.6%)
- Family setting is the soil in which interventions can take root and grow or fly into the wind



7



8



“Resistance is not a client
problem. It is a therapist skill.”
–Bill Miller

*...or parent youth partner, care coordinator,
supervisor, front desk staff, etc.*

Miller, W. R., Moyers, T., Rollnick, S. (2010). Motivational Interviewing: A Beginning Workshop. Training conducted from Albuquerque, NM.

9



10



Intro & Orient

Tell Their Story

Explore Goals

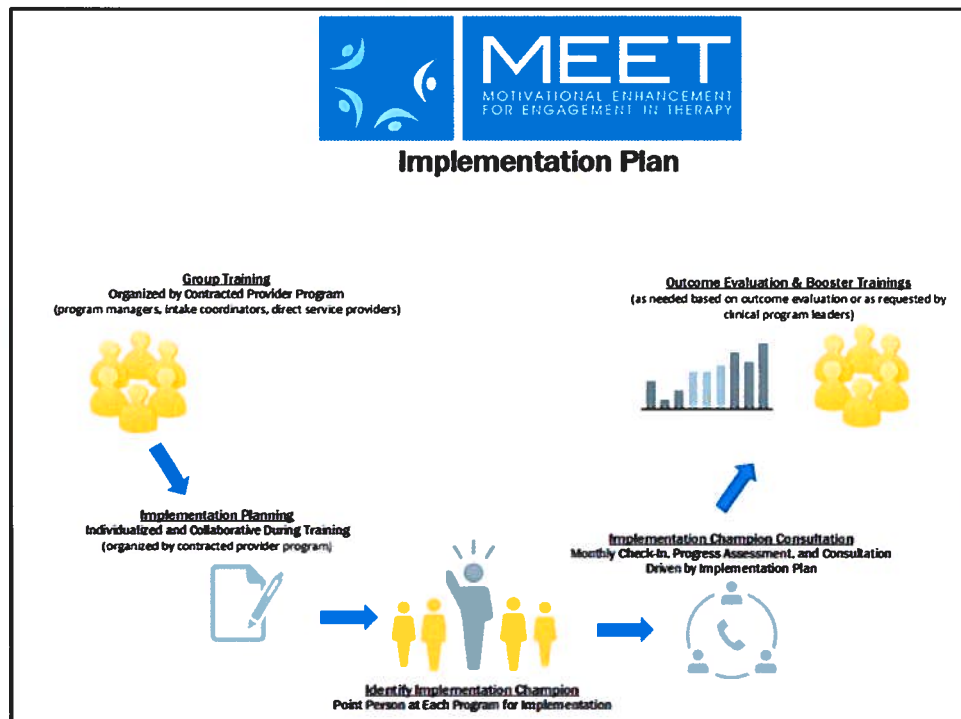
Feedback & Roles

Discuss Alignment

Problem Solve Barriers

Summarize & Affirm

11

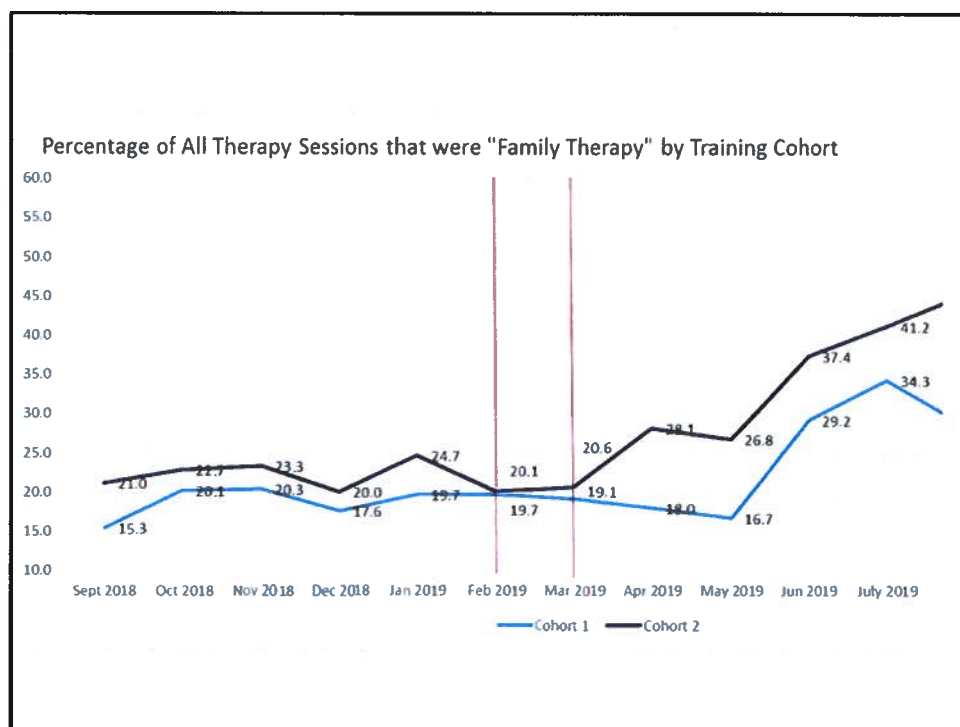


12

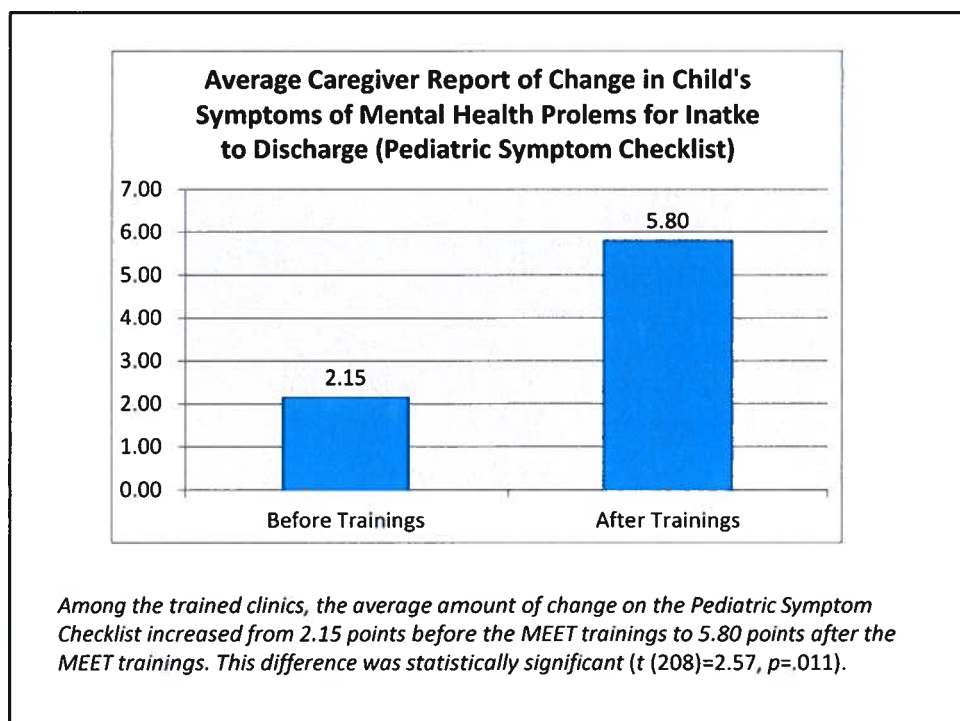
Implementation Strategies

- Train staff to utilize MEET for initial phone screens
- Track no shows, cancellations, family session counts
- Discuss engagement at team meetings
- Role play MEET, difficult conversations
- Introduce Family Therapy Model Early
- Integrate family therapy into clinical training
- Educate School Liaison
- Update intake/referral processes

13

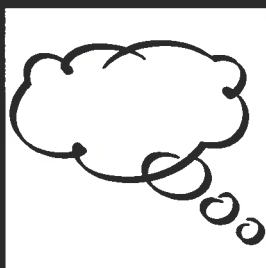


14



15



Questions, Insights, Comments...



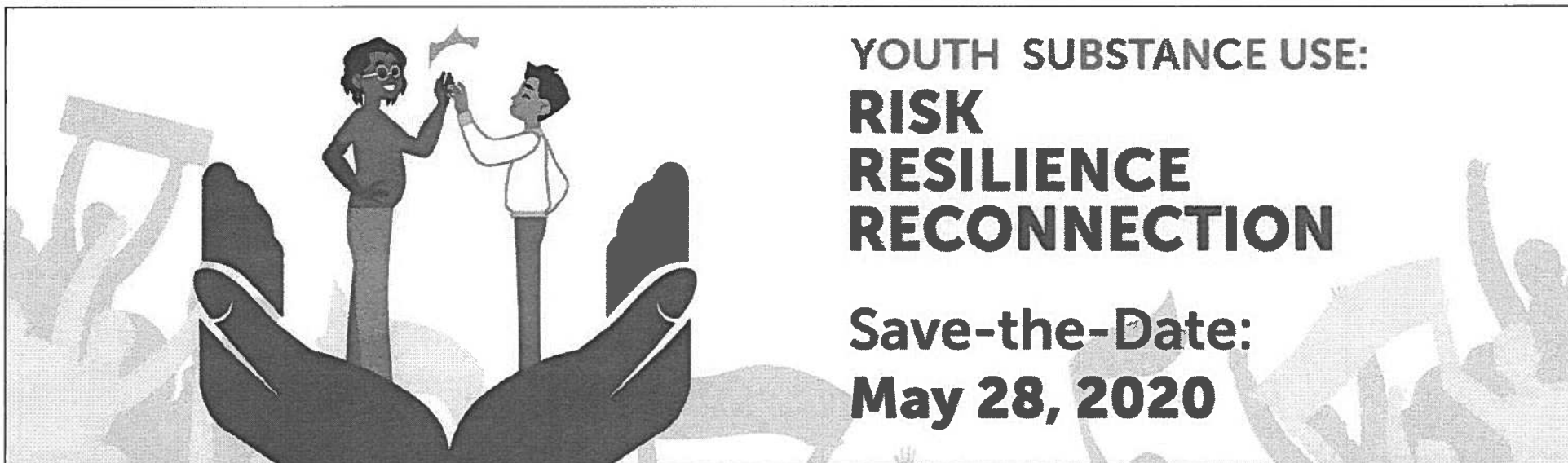
16

Thank you!

Brent Crandal, PhD

 bcrandal@rchsd.org
 [@drcrandal](https://twitter.com/drcrandal)





YOUTH SUBSTANCE USE: **RISK RESILIENCE RECONNECTION**

**Save-the-Date:
May 28, 2020**

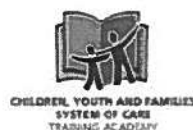
Join us as we explore trends, tools, and resources to encourage healthy development, build resiliency, and enhance youth and family engagement.

Registration opens in Mid-March, 2020.

**Location: Crowne Plaza Mission Valley,
2270 Hotel Circle N. San Diego, CA 92108**



Questions?
Contact rihs@sdsu.edu





SONIA Y. ANGELL, MD, MPH
State Public Health Officer & Director

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



GAVIN NEWSOM
Governor

February 28, 2020

AFL 20-15

TO: All Facilities

SUBJECT: Infection Control Recommendations for Facilities with Suspect
Coronavirus 2019 (COVID-19) Patients

All Facilities Letter (AFL) Summary

This AFL notifies healthcare facilities of the California Department of Public Health's (CDPH's) infection control recommendations for outpatient healthcare facilities with suspect COVID-19 patients.

CDPH is closely working with the Centers for Disease Control and Prevention (CDC), local governments, and health care providers across the state to respond to the outbreak of COVID-19. To prevent infections from spreading during healthcare delivery, CDPH has developed infection control recommendations for outpatient healthcare facilities with suspect COVID-19 patients.

Suspect COVID-19 patients are those with fever or signs/symptoms of respiratory illness **and** a history in the prior 14 days of contact with a laboratory-confirmed COVID-19 case or travel to an affected country or area as per the latest CDC recommendations. If your facility suspects COVID-19 infection, please refer to the [CDPH Outpatient Healthcare Facility Infection Control Recommendations for Suspect COVID-19 Patients](#) (PDF).

For healthcare personnel with potential exposure to COVID-19, refer to the CDC's [Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#). This interim guidance is intended to assist with assessment of risk, monitoring, and work restriction decisions for healthcare personnel with potential exposure to COVID-19.



If you have any questions regarding the infection prevention and control of COVID-19, please contact the CDPH Healthcare-Associated Infections (HAI) Program at novelvirus@cdph.ca.gov.

Sincerely,

Original signed by Heidi W. Steinecker

Heidi W. Steinecker
Deputy Director

Resources

- [CDPH Outpatient Healthcare Facility Infection Control Recommendations for Suspect COVID-19 Patients \(PDF\)](#)
- [CDC Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#)
- [CDC Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDPH Novel Coronavirus \(COVID-19\) webpage](#)
- [CDC Coronavirus Disease 2019 \(COVID-19\) webpage](#)

CANS Super User Meeting Agenda

Date: 3/12/2020
Time: 1130 AM – 1230 PM
Location: Scottish Rite Center

1. **Welcome**
2. **Monthly Calls and Meetings**
 - a. **CANS 19-20 Schedule***
 - i. Teleconference Dates:
 1. 2/25/20 Recap
 2. 4/28/20
 3. 5/26/20
 4. 6/30/20
 - ii. Super User Breakout Session Meetings:
 1. 5/7/20 Anecdote Circle
3. **CANS Certification and Re-Certification Updates**
 - a. <https://theacademy.sdsu.edu/programs/rihs/cyf-outcomes/>
 - b. Code Issues please email rihs@sdsu.edu
4. **Anecdote Circle Update**
5. **CANS In-Person 1 Day Trainings**
 - a. We will have 2 more Classes this fiscal year 19-20
 - i. 4/30/20
 - ii. TGD Advanced Course
 1. Feedback
6. **Super User Information Sharing**
 - a. What is going well?
 - b. Are their sources of confusion or anxiety?
 - c. What would help?
 - d. General Feedback

*Subject to Change



SCHOOLINK THRESHOLDS

BHS CYF PROGRAM MANAGER MEETING

March 12, 2020



SCHOOL THRESHOLD GUIDELINES



- Clinicians are deployed to each designated school at least weekly
- Clinicians are on campus for a minimum of four hours per visit
- Clinicians have the capacity to serve 5 clients per visit
- On average, each client receives 10+ services on the school campus
- On average, each client receives 10+ weeks of services
- **Serve a minimum of 10 clients annually per designated school**
- Providers review the threshold data quarterly for each designated school and communicate progress with their school partners

**The goal is to maximize services
on designated SchoolLink campuses.**

SchoolLink Clients Served on School Site FY 19-20 Q1 & Q2



LIVE WELL
SAN DIEGO

DESIGNATED SCHOOLS	MH	SUD
Total No. of Designated Schools	402	13

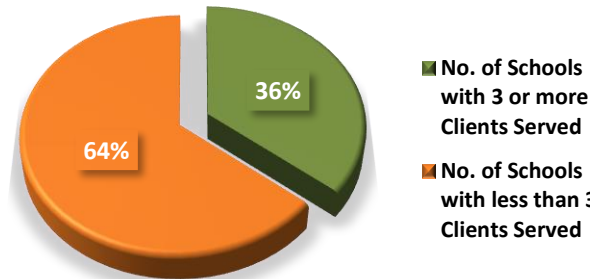
NO. OF CLIENTS SERVED (MH & SUD)	MH		SUD
	Q1	Q2	
No. of Schools with 0 Clients Served	114	31	0
No. of Schools with 1 to 4 Clients Served	176	165	1
No. of Schools with 5 to 9 Clients Served	71	114	1
No. of Schools with 10 or more Clients Served	41	92	11

Q1 Clients Served (MH)	No.	%
No. of Schools with 3 or more Clients Served	144	36%
No. of Schools with less than 3 Clients Served	258	64%

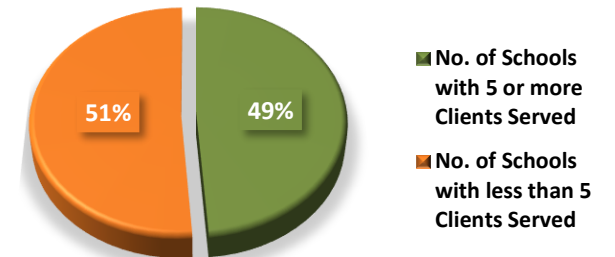
Q2 Clients Served (MH)	No.	%
No. of Schools with 5 or more Clients Served	196	49%
No. of Schools with less than 5 Clients Served	206	51%

SUD Clients Served - YTD	No.	%
No. of Schools Meeting Threshold	11	85%
No. of Schools not Meeting Threshold	2	15%

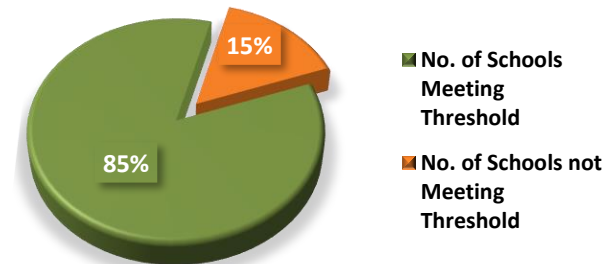
Q1 - NO. OF CLIENTS SERVED (MH)



Q2 YTD - NO. OF CLIENTS SERVED (MH)



NO. OF CLIENTS SERVED YTD (SUD)



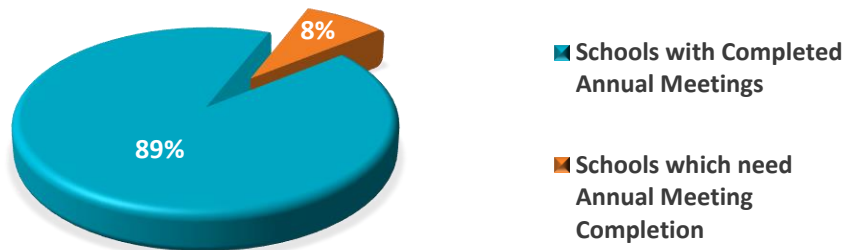
Annual SchoolLink Meetings FY 19-20 Q1 & Q2



LIVE WELL
SAN DIEGO

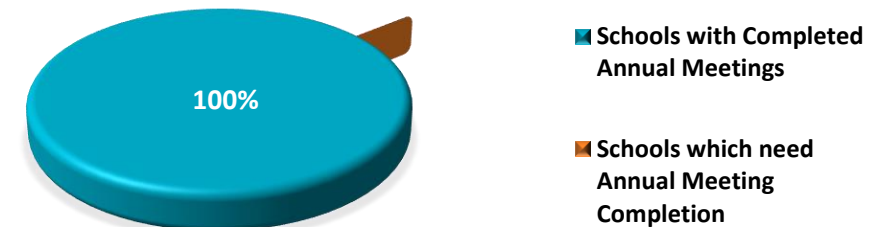
ANNUAL SCHOOLINK MEETINGS - MH	MH	%
Schools with Completed Annual Meetings	357	89%
Schools which need Annual Meeting Completion	32	8%

ANNUAL SCHOOLINK MEETINGS - MH



ANNUAL SCHOOLINK MEETINGS - SUD	No.	%
Schools with Completed Annual Meetings	13	100%
Schools which need Annual Meeting Completion	0	0%

ANNUAL SCHOOLINK MEETINGS - SUD



QUESTIONS?



LIVE WELL
SAN DIEGO



THANK YOU!



LIVE WELL
SAN DIEGO