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CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING AGENDA
March 14, 2016 – 9:00-10:30 A.M
3255 Camino Del Rio South- La Jolla Room

I. **Welcome and Introductions** (Delrena Swaggerty) **2 minutes**

II. **Approval of Minutes** (Barry Fox) **2 minutes**
- February 8, 2016

III. **Director's Report** (Holly Salazar) **5 minutes**

IV. **Mental Health Services Act (MHSA)- Update** (Gary Ulmer-Goodrich) **5 minutes**
- MHSA Executive Summary (Handout)

V. **Business Items** **10 minutes**
- Student Mental Health Services Report 2015-112 (Yael Koenig)
  - ✓ Link: http://www.bsa.ca.gov/pdfs/reports/2015-112.pdf
- Provision of ICC and IHBS as Medically Necessary Through EPSDT (Yael Koenig)- Handout
- Brief contact Workgroup Update (Fran Cooper/Julie McPherson)
- Children's Mental Well-Being Celebration 2016- Wednesday, May 4, 2016 (Edith Mohler)
- Autism Services (Handout)- Dan Clark
- Medi-Cal Expansion for Undocumented Children (Yael Koenig)- Booklet
- Bi-Annual Joint Meeting Focus (Yael Koenig)

VI. **Sectors "Hot Topics" from Council Representatives** **40 minutes**
Public Input/Discussion to follow (Delrena Swaggerty) - Handout
- Warm Handoff (Delrena Swaggerty)- Handout
- February Public Input- Limited Psychiatrist- Hot Topic in May 2016

VII. **Committee Update Reports (If time permits)** **20 minutes**
A. Outcomes (Angela Chen)- Handout
B. Early Childhood (Ali Freedman)
C. Education Advisory (Mara Madrigal-Weiss)
D. QI-Performance Improvement Team (Liz Miles)- Handout

X. **Announcements** **1 minute**
- Joint Meeting next month April 11 from 9-10:30 A.M. at County Operations Center- 5520 Overland Ave, San Diego, CA 92123 in the Hearing Room
- March of Dimes March for Babies - April 23rd at Balboa Park (Flier)

CYFBHSOCC EXEC. COMMITTEE
Date & Time TBD
(Conference Call)

NEXT MEETING- TAY JOINT COUNCIL
Monday, April 11, 2016
9:00-10:30 A.M. at COC- Hearing Room

Committees/Sectors/Workgroups Meetings Information:
Outcomes Committee: Meets the first Tuesday of the month-La Vista Room-11:30 A.M. to 1:00 P.M.
Early Childhood Committee: Meets after this meeting-La Jolla Room-10:30 A.M. to Noon.
Education Advisory Committee: Meets quarterly the 4th Tuesday of the month-La Jolla Room-11:30 A.M. to 1:00 P.M.
TAY Workgroup: Meets quarterly the fourth Wednesday of the month-La Vista Room-11:30 A.M. to 1:00 P.M.
CYF CADRE Sub-Committee: Meets quarterly-2nd Thursday of the month-Del Mar Room.-1:30-3 P.M.
CCRT: Meets the first Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.
Family and Youth Sector: Meets the 3rd Tuesday of the month-5:00-6:30 P.M. Information at 619-546-5852
Private Sector: Meets the 2nd Monday of the month- Bonita Room- 8:15 to 9:00 A.M.

CHILDREN'S SYSTEM OF CARE PRINCIPLES

CSOC Council Vision: *San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.*

Mission: *The purpose of the System of Care Council is to ensure that all agencies serving San Diego county youth from age 0 through age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles.*

1. **Collaboration of four sectors:** The cornerstone of the CSOC is a strong four sectors partnership between youth/families, public agencies, private organizations and education that ensure accountability to achieve System of Care (SOC) goals and quality outcomes consistent with SOC philosophy.

2. **Integrated:** Among the four sector partners services are comprehensive, accessible coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports,

3. **Youth guided, family driven:** Youth and families actively participate in service delivery, planning, and program and policy development.

4. **Individualized:** Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.

5. **Strength-based:** Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.

6. **Community-based**: Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources..

7. **Outcome driven**: Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.

8. **Culturally Competent:** Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.

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LIVE WELL

CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING MINUTES
February 8, 2016 – 9:00-10:30 A.M
3255 Camino Del Rio South- La Jolla Room

+ =Member in Attendance **O =Absent** **E =Excused**

	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
	PUBLIC SECTOR				
1	Mental Health Board	Rebecca Hernandez	O	*VACANT*	
2	Behavioral Health Services	Laura Vleugels, M.D.	+	Jean Avila	+
3	Probation	Timothy Hancock	+	Margie Deleon	O
4	Child Welfare Services	Debra Zanders-Willis	O	Barry Fox	+
5	HHSA Regional Representative	Dori Gilbert	+	Judy Benson	O
6	Public Health	Dr. Dean Sidelinger	O	Rhonda Freeman	+
7	Juvenile Court	H. Judge Carolyn Caietti	O	Michelle Johnson	O
8	First 5 Commission	Kim Gallo	O	Jennifer Wheeler	+
	EDUCATION SECTOR				
9	SELPA	Angela McNeece	O	Carolyn Nunes	O
10	Regular Education Pupil Personnel Services	Mara Madrigal-Weiss	+	Don Buchheit	O
11	School Board	Barbara Ryan	E	Carol Skiljan	O
12	Special Education	*VACANT*		Aidee Angulo	O
	PRIVATE SECTOR				
13	San Diego Regional Center for Developmentally Disabled	Carlos Flores	O	Dan Clark	E
14	Alcohol and Drug Contractors Association	Elizabeth Urquhart	O	Angela Rowe	+
15	Mental Health Contractors Association	Steve Jella	+	Delrena Swaggerty	O
16	Mental Health Contractors Association	Barent Mynderse	+	Dixie Galapon	+
17	SANDAN	Margaret Iwanaga-Penrose	+	Rosa Ana Lozada	+
18	Fee for Service Provider	Mary Clark, Ph.D.	+	*VACANT*	
19	Wraparound Constituency	Delrena Swaggerty	+	Carrie Kintz	+
20	Healthcare Provider	Dr. Pradeep Gidwani	+		
	FAMILY AND YOUTH SECTOR				
21	Family and Youth Roundtable (FYRT)	Donna Ewing Marto	+	Melinda Furfuro	O
22	Youth Special Education/Mental Health	*VACANT*		*VACANT*	
23	Family Receiving Services	Debbie Stolz	O	Pam Toohey	O

24	Youth-Representing Residential and/or Juvenile Justice	Sarah Pauter	E	Stacey Stevens	O
COMMITTEES (Non-voting members unless a member of the Council)					
-	Outcomes Committee	Angela Chen Chair	+		
-	Executive Committee	Barry Fox Chair			
-	Early Childhood Committee	Ali Freedman Chair	+		
-	Education Committee	Mara Madrigal-Weiss Chair			

Staffing Support: Yael Koenig, Edith Mohler, Grisel Ortega

I. **Welcome and Introductions** (Barry Fox)

II. **Approval of Minutes- January 11, 2016** (Delrena Swaggerty)- Handout
- Approved.

III. **Director's Report** (Alfredo Aguirre)
- **Continuum of Care Reform Implementation- Foster Care**
  - ✓This reform is consistent with the Children's System of Care principles and values.
  - ✓Child Welfare Services (CWS) and Behavioral Health Services (BHS) are involved in the State/County Implementation Team.
  - ✓There are a number of state workgroups which Alfredo and Yael will represent BHS.

- **Retirements at BHS**
  - ✓Anne Fitzgerald, former Program Manager at Southeast Mental Health Clinic and most recently Workforce, Education and Development Program Manager recently retired from County service. She was recognized for her work in reducing disparities and commitment to children and youth.
  - ✓Laura Colligan, former Chief at the Special Education Unit, Program Manager at Juvenile Forensics and most recently, Pathways to Well-Being Program Manager also retired. She was recognized for addressing sub-populations that BHS strives to impact.

IV. **Mental Health Services Act (MHSA)- Update** (Adrienne Collins-Yancey)
- The MHSA team is completing analysis of the community forums.
- There were over 300 participants and 3,000 comments submitted.
- The comments/feedback data was divided into two tiers:
  - ✓ Tier: Data identified as the top priorities.
  - ✓ Tier 2-Rest of the comments. Looked at similarities of questions and combined them.
- The Mental Health Services Oversight Accountability Commission (MHSOAC) approved new Prevention and Early Intervention regulations/reporting requirements. Programs will continue to receive information about the changes.
- There have been some concerns about the new reporting requirements. Community forums will be scheduled throughouth the State to address these concerns. Adrienne Collins-Yancey will attend the first forum session in Sacramento. Comments can be shared by sending them to: Adrienne.Yancey@sdcounty.ca.gov.

V. **Business Items**

A. Emergency Screening Unit (Dr. Laura Vleugels and Yael Koenig)
- In response to the changing needs in the community the County is working to expand and centralize crisis stabilization services.
- A first step in the process is to shift Emergency Screening Unit day to day operations to New Alternatives effective July 1, 2016. New Alternatives is a contractor providing overnight and holiday coverage at ESU.
- This will be a seamless transition to the community with no disruption in services.

- The County recognizes that a more centralized location is held for ESU and is exploring options.
- Additionally, the County is seeking funding from the California Health Facilities Financing Authority (CHFFA) to support renovating a centralized facility for ESU.

B. Continuum of Care Reform (AB 403) State/County Implementation (Barry Fox)- Handouts
- The Continuum of Care Reform (CCR) draws together a series of existing and new reforms to the children welfare services programs. It was designed based on the understanding that children who must live apart from their biological parents do better when they are cared for in committed nurturing family homes.
- The availability of broad array of mental health services is essential to the proper support of children and youth places in foster care as a result of abuse or neglect.
- This reform impacts both CWS and BHS.
- It will impact how CWS approves families, providers, foster homes, relatives homes
- Behavioral Health Services is waiting for instructions from the State about Therapeutic Foster Care Services.

C. Two Presentations a Year in Lieu of "Hot Topics" (Delrena Swaggerty)
- At last year's Strategic Planning Meeting it was agreed by the Council to hold two presentations a year to accommodate Sector Hot Topics in the agenda.
- The Council has agreed to not hold any presentations for the remaining of the current fiscal year and will re-visit this topic next fiscal year.

D. Brief Contact Workgroup Update (Rebecca Raymond)
- Group commenced on January 7, 2016. There was a wide range of CYF program representation and initial group discussions went well.
- There was discussion related to identifying the target "high risk" population, increased Utilization Management training for clinicians, and questions with regard to proper/eligible use of service codes.
- The initial workgroup feedback/data is currently being reviewed.
- Next meeting scheduled for February 25, 2016. The Quality Improvement unit will provide a presentation on service codes billing items.

E. CYFBHS Mental Well-Being Celebration 2016 Ad Hoc Committee Update (Edith Mohler)- Handout
- The committee has representation from all sectors.
- SAMHSA Theme: Finding Help, Finding Hope; Explores strategies for improving access to behavioral health services and support for children and youth and young adults with mental and substance abuse disorders and their families.
- Currently working on determining a local theme and obtaining funding for the celebration.
- Celebration will include an art project based on the selected theme. This project intends to engage children in the system of care by having make a drawing based on this year's theme.
- Celebration will be scheduled the first week of May.

F. Health Plan Seat
- Hot topics conversations elicit that Health Plan member representation at the Council would strengthen the Council and the discussions.
- According to the current Council bylaws, there are no more available member seats. It was decided to revisit this topic at the July 2016 Annual Strategic Planning Meeting and review the Wraparound Constituency.

VI. Sectors "Hot Topics" from Council Representatives

Public Input/Discussion to follow (Delrena Swaggerty/Barry Fox) – Handout

A. Please see Sector "Hot Topics" handout attached: Postpartum Depression
B. Written Public Input- Limited Psychiatrist.

VII. Committee Update Reports (If Time Permits)

C. CADRE (Bethany Hansell)- None.
D. CCRT (Edith Mohler)- None.
E. TIS (Jean Avila/Lauren Chin)- None.

VIII. Announcements

- Family and Youth As Partners Subcommittee (Donna Ewing-Marto)- Handout.
  - ✓ February 24, 2016 from 10:00-11:30am at 5005 Texas St, Suite 104, San Diego, CA 92108.

- Family and Youth Rountable- Sector Report February 2016 (Handout).
- Medi-Cal Behavioral Health Quick Guide (Handout).

IX. Action Items

Action Items	Action By	Action Due
PEI changes and Handout will go out to the Council	Adrienne Yancey	Complete
Link to Final Report for Innovations programs	Adrienne Yancey	Complete
2 presentations a year discussion	Council	FY16-17
Health Plan Seat- Council to review seats in bylaws.	Council	July 2016- Strategic Planning
Screening Tool	George Scolari	Pending

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Fall 2015 Community Engagement Forums
Executive Summary

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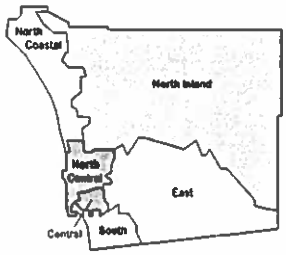
ANALYSIS OF TIER I AND TIER II DATA



The County of San Diego is divided into six Health and Human Services regions.

The County of San Diego is divided into six Health and Human Services regions as shown in the colored sectioned map to the right. Data was derived from 13 Behavioral Health Services (BHS) Community Engagement Forums held during October and November 2015.

Almost 900 participants attended the forums, including persons with lived experience having a mental illness and substance use issues, family members, providers, schools, faith communities, judicial/law enforcement, healthcare and community organizations.
Participants were seated at tables of 8 to 10 individuals and lead in three 25 minute discussion sessions of various categories by a County staff person who served as the group facilitator.
The facilitator or a note taker wrote down all suggested priorities on flipcharts. At the end of each discussion session, each group was asked to rank their group's top three priorities for that category. Over 3,000 comments were collected from all of the forums.

The top three priorities identified by the forum participants were grouped by similarities; the number of grouped priorities were tallied, and then ranked from highest to lowest. This process was done for each of the categories and was labeled Tier I data. Tier I data was utilized in the determination of mid-year enhancements to MHSA funded programs. The same ranking process was utilized to prioritize all of the remaining comments and this data was termed Tier II. Tier I and Tier II data were considered when determining MHSA programming for Fiscal Year 16-17.

Mental Health Prevention

Tier I Priorities	Tier II Priorities
1. **Increase school based Prevention and Early Intervention services (during and after school, teacher training).**	1. Access to services for mild to moderate treatment.
2. **Increasing community education on mental health-It's Up 2 Us, Mental Health First Aid, etc.**	2. **Increase school based Prevention and Early Intervention services (during and after school, teacher training).**
3. Increase provider/consumer education on how to navigate the system and availability of services.	3. **Increase family support services.**
4. Increase services for the Deaf/Hard of Hearing community.	4. **Increasing community education on mental health-It's Up 2 Us, Mental Health First Aid, etc.**
5. **Increase family support services.**	5. Stigma elimination in families through community support/meetings.

Alcohol and Other Drug Prevention

Tier I Priorities	Tier II Priorities
1. Increase education on heroin.	1. **Alcohol and other drug education in school with an emphasis on middle school education.**
2. Targeted campaign to Transition Aged Youth specific to marijuana.	2. Diversion programs for youth focusing on high risk behavioral/clean and sober activities.
3. **Alcohol and other drug education in school with an emphasis on middle school education.**	3. E-Cigarettes, Tobacco and Vaping.
4. **Increase funding for alcohol and other drug prevention.**	4. **Increase funding for alcohol and other drug prevention.**
5. Education campaign to providers on prescription medicine abuse.	5. Policy changes (local control-licensing for liquor and smoke shops/marijuana).

*Text in bold represents priorities that appear in both Tier I and Tier II Data

Acute and Long Term Care

Tier I Priorities

1. **Increase access to acute crisis stabilization beds including American Sign Language for the Deaf/Hard of Hearing community.**
2. **Increase long term care residential facilities and skilled nursing facilities that includes medical and psychiatric services particularly for the gravely disabled and Deaf/Hard of Hearing community.**
3. Improve discharge plans and transitioning process.
4. Increase funding for psychiatric hospital beds particularly for geriatric and pediatric patients.
5. Increase Board and Cares that are therapeutic, have appropriate guidelines, and better trained staff.

Tier II Priorities

1. **Increase long term care residential facilities and skilled nursing facilities that includes medical and psychiatric services particularly for the gravely disabled and Deaf/Hard of Hearing community.**
2. **Increase access to acute crisis stabilization beds including American Sign Language for the Deaf/Hard of Hearing community.**
3. Intensive case management to link consumers to appropriate level of higher and lower care and that includes services to D/HH.
4. Increase transitional/supportive housing and crisis housing for all ages.
5. Continuum of care: expand services and better integration.

Workforce Development

Tier I Priorities

1. **Increase Training and Technical Assistance.**
2. Increase funding to retain qualified behavioral health staff with competitive salaries.
3. **Provide Behavioral Health Career Pathways.**
4. Develop cultural competency training and programs for the Deaf/Hard of Hearing community.
5. **Provide Financial Incentive Programs.**

Tier II Priorities

1. **Increasing Training and Technical Assistance.**
2. **Provide Behavioral Health Career Pathways.**
3. **Provide Financial Incentives Programs.**
4. Increase staffing levels to reduce workload and decrease burnout.
5. Provide outreach/education to employers to increase hiring of persons with SMI.

Community-Based Mental Health Treatment

Tier I Priorities

1. **Increase housing supports.**
2. Increase funding to retain qualified behavioral health staff with competitive salaries.
3. **Increase capacity for inpatient and outpatient services with an emphasis on North County.**
4. Better coordination of care when client is discharging or transitioning.
5. Integrates one-stop shop service for adults and youths addressing mental health and alcohol and other drug issues.

Tier II Priorities

1. **Increase housing supports.**
2. **Increase capacity for inpatient and outpatient services with an emphasis on North County.**
3. Increase staffing/decrease workload.
4. Family (children and parent) support services that encompass confidential mental health and AOD for the entire family and family coaches.
5. Complete range of services needed for the Deaf/Hard of Hearing community.

Community-Based Alcohol and Other Drug Treatment

Tier I Priorities

1. **Increase long term residential treatment facilities, outpatient/inpatient treatment, and recovery programs particularly for teens and men.**
2. **Increase blended funding, such as EPSDT and Drug Medi-Cal services, and coordination of treatment between alcohol and other drug providers, for all ages and for all persons with co-occurring disorders.**
3. Increase funding for a variety of sober living housing (e.g. single fathers with children) that includes regulation, oversight and testing.
4. **Increase medical detox facilities that are affordable and voluntary detox centers particularly in the North County regions and detox for children.**
5. Increase transportation support to provide better access to treatment programs, such as daily or discounted bus pass.

Tier II Priorities

1. **Increase blended funding, such as EPSDT and Drug Medi-Cal services, and coordination of treatment between and alcohol and other drug providers, for all ages and for all persons with co-occurring disorders.**
2. **Increase long term residential treatment facilities, outpatient/inpatient treatment, and recovery programs particularly for teens and men.**
3. **Increase medical detox facilities that are more affordable and voluntary detox centers particularly in the North County regions and detox for children.**
4. Increase culturally competent interpreters particularly for the Deaf/Hard of Hearing (D/HH) in treatment services.
5. Improve the knowledge and dissemination of information for services (what is out there, where, what they cover such as Medi-Cal via social media, public TV, radio and multimedia or community fairs.

State Auditor

Elaine M. Howle State Auditor
Doug Cordiner Chief Deputy

January 19, 2016 2015-112

The Governor of California
President pro Tempore of the Senate
Speaker of the Assembly
State Capitol
Sacramento, California 95814

Dear Governor and Legislative Leaders:

As requested by the Joint Legislative Audit Committee, the California State Auditor presents this audit report concerning special education mental health services provided to students through individualized education programs (IEPs). Provisions of Assembly Bill 114 (AB 114)—which took effect in July 2011—transferred the responsibility for providing these services from county mental health departments to local educational agencies (LEAs).

This report concludes that in some cases LEAs removed mental health services from student IEPs because of AB 114 and that the California Department of Education (Education) and LEAs have not analyzed whether the mental health services provided since AB 114 took effect have benefited students. Education administers the State's special education program through special education local plan areas (SELPAs), which are regional entities comprised of one or more LEAs. We reviewed student records across four SELPAs and found that LEAs removed mental health services from some students IEPs because of AB 114, and for other students we found that LEAs could not explain why services were removed from IEPs. Education has not conducted an analysis of the educational outcomes of the students who receive mental health services to determine whether the services are assisting students in accessing their education. This type of analysis is critical to determining whether the closer connection between these services and educational outcomes that some expected would occur has actually resulted in improved outcomes for students receiving these mental health services.

Another expectation at the time the Legislature approved AB 114 was that the transfer in responsibility for mental health services would result in a cost savings for providing those services. However, Education has not required LEAs to track their costs to provide the mental health services in student IEPs and, as a result, none of the LEAs we visited could report the total amount they spent to provide these services. We also found that, if county mental health departments use LEAs as contracted providers, the LEAs could access additional funding for mental health services through the California Medical Assistance Program. As a result, we recommend that the Legislature amend state law to require all county mental health departments to contract with LEAs in their county so that the State can maximize the funding for LEAs to provide mental health services.

Respectfully submitted,

Elaine M. Howle

ELAINE M. HOWLE, CPA
State Auditor

621 Capitol Mall, Suite 1200 Sacramento, CA 95814 916.445.0255 916.327.0019 fax www.auditor.ca.gov

Pathways to Well-Being

BHS-CYF Information Alert
2-16-16

DHCS MHSUDS INFORMATION NOTICE NO.: 16-004
PROVISION OF ICC AND IHBS AS MEDICALLY NECESSARY THROUGH EPSDT

On February 5, 2016 the Department of Health Care Services issued an Information Notice regarding the Provision of Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) as Medically Necessary Through EPSDT. The notice outlines that Mental Health Plans (MHPs) "are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services. Neither membership in the Katie A. class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to be considered for receipt of these services."

Counties are working together through the County Behavioral Health Directors Association of California (CBHDA) to obtain clarifications for the DHCS regarding the Information Notice.

The County of San Diego Behavioral Health Services (BHS) – Children, Youth and Families (CYF) Team is evaluating the system impact and how to implement this direction from the DHCS.

Providers are to continue following existing protocol until further written direction/training is provided by BHS-CYF.

Please direct any input and questions to your program COR and/or Amanda Lance-Sexton, the Interim County Pathways to Well-Being Program Manager at Amanda.Lance-Sexton@sdcounty.ca.gov

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DHCS
JENNIFER KENT
DIRECTOR

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

EDMUND G. BROWN JR.
GOVERNOR

DATE: February 5, 2016

MHSUDS INFORMATION NOTICE NO.: 16-004

TO: COUNTY BEHAVIORAL HEALTH PROGRAM DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS

SUBJECT: PROVISION OF ICC AND IHBS AS MEDICALLY NECESSARY THROUGH EPSDT

REFERENCE: MHSD INFORMATION NOTICE 13-10
MHSD INFORMATION NOTICE 13-11
MHSD INFORMATION NOTICE 13-19
MHSUDS INFORMATION NOTICE 14-010
MHSUDS INFORMATION NOTICE 14-36

The purpose of this Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice is to remind county Mental Health Plans (MHPs) that they are obligated to provide Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) services to beneficiaries under age 21 who are eligible for the full scope of Medi-Cal services and meet the medical necessity criteria for Specialty Mental Health Services. This notice clarifies that neither membership in the *Katie A.*[1] class or subclass is a prerequisite to receiving medically necessary ICC and IHBS services, and therefore a child need not have an open child welfare services case to be considered for receipt of these services.

BACKGROUND

EPSDT Services
Federal Medicaid law requires states to provide EPSDT services to beneficiaries under the age of 21 who are eligible for the full scope of Medicaid services, as medically necessary, to correct or ameliorate defects and physical and mental illnesses or

[1] *Katie A. etc., et al. v Bonta etc. et al.*, Class Action Settlement Agreement (Case No. CV-02-056662 JAK [SHx])

conditions. This requirement obligates states to provide Medicaid-covered services whether included in a State's Medicaid State Plan or not.[2] In California, Medicaid specialty mental health services are provided by MHPs through a waiver and MHPs are responsible for providing, or arranging for the provision of, those services for eligible beneficiaries. ICC and IHBS are allowable services under the Medicaid Act as an EPSDT benefit, when medically necessary.

Katie A.
The class action lawsuit *Katie A. v. Bonta* was filed on July 18, 2002, and in 2011 a settlement agreement was reached in the case. The settlement agreement transformed the way that California's child welfare and mental health systems work together to facilitate the provision of an array of services (including ICC and IHBS) that are coordinated, comprehensive, and community-based. It also identified a subclass of children and youth with more intensive needs and called for these beneficiaries to receive ICC and IHBS in their own home or in the most homelike setting appropriate to their needs in order to facilitate reunification and to meet their needs for safety, permanency, and well-being. Court jurisdiction over the settlement agreement ended in December 2014.

MHP OBLIGATION TO PROVIDE ICC AND IHBS

MHPs are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services. Neither membership in the *Katie A.* class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to be considered for receipt of these services. This Information Notice supersedes any prior guidance to the extent it conflicts with this Information Notice regarding ICC and IHBS services.

DHCS will update the existing "Medi-Cal Manual for ICC, IHBS, and TFC for *Katie A.* Subclass Members" as well as other resources to provide further clarification. All components of ICC and IHBS, including the establishment of a Child and Family Team and the provision of services through the principles of the Core Practice Model, remain in effect.

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[2] Mental Health Services Division (MHSD) Information Notice No. 13-01 and 42 U.S.C. § 1396a(a)(43) and 42 U.S.C. § 1396d(r).

Questions regarding this Information Notice may be directed to Dina Kokkos-Gonzales, Chief, Mental Health Services Division at (916) 654-2147.

Sincerely,

Original signed by

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health & Substance Use Disorder Services

cc: Dina Kokkos-Gonzales, Chief
Mental Health Services Division
Department of Health Care Services
1501 Capitol Avenue, MS 2702
P.O. Box 997413
Sacramento, CA 95899-7413

What's the Timeline?

The transition to Medi-Cal Managed Care funding of autism services will take place over a six month period beginning in February 2016. SDRC will assist with the transition by providing copies of existing diagnostic evaluations and records to your managed care plan with signed consent.

You will be receiving a notice from your Managed Care Plan 60 days before the transition begins and another notice will be sent 30 days before the final transition. SDRC is working with the managed care plans, providers and families to keep you informed of the process.

Change in Federal Law

We want to let you know about the change in the way you receive Behavioral Services (also known as Behavioral Health Treatment or BHT). BHT services may include, but are not limited to: Applied Behavior Analysis (ABA), behavioral interventions or parent training. As you may know, the Federal law changed and now Medi-Cal is required to make this treatment a covered benefit for individuals under age 21 with a diagnosis of autism. You may have already received a notice that this benefit is now available through your Medi-Cal Managed Care plan.

It is important that you know what this change means:

- SDRC will no longer fund your behavior intervention services.
- Other services you receive which are funded by SDRC will continue.
- You may make a request to your Managed Care Plan to keep your current behavior intervention provider.
- During this transition period your current level of behavior intervention services will stay the same (unless your treatment plan changes).
- The transition will occur beginning February 2016 through July 2016 based on your child's birth month.

SAN DIEGO REGIONAL CENTER

Each Medi-Cal Managed Care Plan has staff available to answer questions and provide assistance. The contact numbers are below. As always, your SDRC Service Coordinator is also available to provide support and assistance.

San Diego County

Care 1st Partner Plan
800-605-2556
Community Health Group Partnership Plan
800-404-3332
Health Net Community Solutions
800-675-6110
Kaiser Permanente
800-464-4000
Molina Healthcare of California Partner Plan
888-665-4621

Imperial County

California Health and Wellness
877-658-0305
Molina Healthcare of California Partner Plan
888-665-4621

2/16/2016

CHANGES IN THE WAY YOU RECEIVE BEHAVIORAL SERVICES

CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

SECTOR "HOT TOPICS"

Sector Hot Topics: Trends and concerns; items pertaining/affecting your Sector that the Council can provide input/feedback on or the Council should be aware of. Hot Topics are distinct and separate from informational only or announcements.

	SECTOR	CONSTITUENCY	HOT TOPIC	DATE	ADVANCEMENT/ PROGRESS
1	Education	Education	Information sharing across system (GOALS MOU)	9/14/2015	Tabled
2	Education	Education	Trauma Informed Systems	9/14/2015	Tabled
3	Private	Private	Information sharing	9/14/2015	Tabled
4	Private	Private	Increase placement opportunity for disabled adolescent	9/14/2015	Tabled
5	Private	AOD	1115 DMC Waiver	9/14/2015	Stakeholder input w/BHS evaluation on impact
6	Private	Health Provider	Home visiting and parental mental health	9/14/2015	Presentation tabled
7	Private	Private	Increase in Juvenile Justice in youth with disabilities	9/14/2015	Tabled
8	Private	Private	Warm Handoffs; what do they currently look like in general practice and how would we like them to look like in order to strengthen integrated care	12/14/2015	Discussion will be taken back to the Private Sector and report back to the Council. Subcommittee will develop a fact sheet with definition of warm handoff and the goal as well as best practices to achieve successful warm handoff.
9	Public	CWS	Services for non-minor dependents- Access	9/14/2015	Tabled
10	Public	CWS	Continuum of Care Reform	9/14/2015	Tabled
11	Public	CWS	Quality parenting initiative	9/14/2015	Tabled
12	Public	CWS	Best practices for transitioning 0-5	9/14/2015	Tabled
14	Private	SDNA	Review Final Report for Innovations Programs	2/8/2016	Tabled

CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEATLH SYSTEM OF CARE COUNCIL
SECTOR "HOT TOPICS"- DISCUSSED

Sector Hot Topics: Trends and concerns; items pertaining/affecting your Sector that the Council can provide input/feedback on or the Council should be aware of. Hot Topics are distinct and separate from informational only or announcements.

	SECTOR	CONSTITUENCY	HOT TOPIC	DATE	ADVANCEMENT/ PROGRESS
1	Family/Youth	Family/Youth	Family Youth Advisory Council- minors requesting supportive services without parental consent (ex: food, housing, parenting support)	9/14/2015	Moving to newly found formed Family & Youth As Partners Subcommittee to be
2	Family/Youth	Family/Youth	Employed Partners- Progress Notes Training	9/14/2015	
3	Public	BHS	Commercial Sexual Exploitation of Children (CSEC)	9/14/2015	Discussed at Council. 11/3/15- All PM Mtg presentation on CSEC. Forming a CSEC program w/in the institution Inter-agency protocol established.
4	Public	Public Health	Address mood/anxiety disorders in pregnant and postpartum women. Collaborate with community organizations to identify strategies/programs that address mood/anxiety disorders in pregnant and postpartum women and assess how screening and resources can be integrated into existing program and community organization processes. Example: Postpartum assessment within pediatric settings.	12/14/2015	1/11/16- A matrix of current resources was asked to be created to better see the gaps in services. The council will create matrix toll and send to council representatives and key contacts to gather resources. Dr. Sidelinger to prioritize needs and bring to next Council meeting. On 1/26/16 matrix tool was sent out for input. Responses are pending. 2/8/16 The grid was updated with the Postpartum Health Aliance information. Public Health will be reviewing informaton gathered and add it to the grid for dissemination.

Warm Handoff

"Helping to the door and walking through together"

Definition

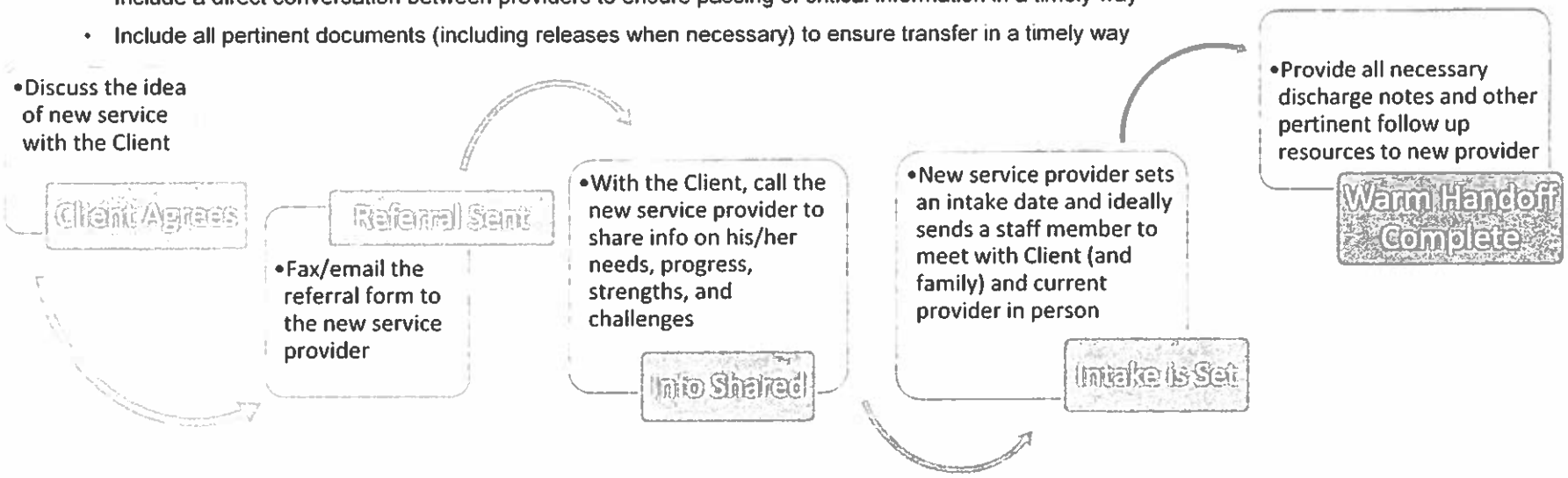
A Warm Handoff is the carefully coordinated transfer or linkage of a client, to another provider, entity, agency, or organization who will be continuing, adding, or enhancing services.

Purpose

An ideal warm handoff from another agency would involve: 1) clear communication, 2) a joint session with past and current provider, 3) a final session from the past provider, and 4) information from the past provider about what works well or doesn't work well when working with the youth. This collaborative process is extremely successful for clients because it allows the entire team to come together, discuss specific tasks, and figure out who will be responsible for completing the tasks moving forward.

This Warm Hand-Off Will:

- Occur prior to the case closing to the current program (case closure dependent on Program protocol)
- Sometime occur with concurrent services
- Be conducted by the provider who has worked with the client
- Include the family, client or youth in the process whenever possible
- Include feedback to the new service provider regarding the success of the Warm Hand Off in a timely manner
- Include a direct conversation between providers to ensure passing of critical information in a timely way
- Include all pertinent documents (including releases when necessary) to ensure transfer in a timely way



* Allowed to share information about a client in order to coordinate care

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Healthy San Diego

Medi-Cal Behavioral Health Transition of Care Form

For Use Between Medi-Cal Managed Care & County Behavioral Health Providers

SECTION A. CLIENT INFORMATION

Name Last	First	Middle Initial	Date of Birth	☐ Male ☐ Female
Street Address			City State Zip	
Telephone #			Alternate Telephone #	
Emergency Contact/Legal Guardian			Relationship	Telephone #

SECTION B. PRACTITIONER INFORMATION

Name

Organization OR Medical Group

Street Address	City State Zip
Telephone #	Fax #

Date of Initial Assessment	Behavioral Health Diagnosis	Medical Diagnosis

Current Medications

Discharge/Transition Plan

Recommended Treatment

- ☐ Client can be safely managed by primary care physician
- ☐ Client can be safely managed by Health Plan Behavioral Health provider (Client has a mild to moderate mental health condition)
- ☐ Client requires treatment with a County Mental Health Plan provider (Client has a serious mental health condition)

Summary of Treatment

TO REACH A PLAN REPRESENTATIVE

Care1st Health Plan	Community Health Group	Health Net (MHN)	Kaiser Permanente	Molina Healthcare	OptumHealth
(855) 321-2211	(800) 404-3332	(888) 426-0030	(877) 496-0450	(888) 665-4621	1-888-724-7240
Care1st.com	Chgsd.com	Healthnet.com	Kp.org	Molinahealthcare.com	OptumHealthSanDiego.com

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Healthy San Diego
Medi-Cal Behavioral Health Transition of Care
Process Guide

Medi-Cal Managed Care Plan Behavioral Health Provider to County Behavioral Health Provider

- When a Medi-Cal Managed Care Plan Behavioral Health Provider determines a member has a Serious Mental Health condition and would be better served by a County behavioral health provider the Transition of Care Form is completed.
- The Health Plan behavioral health provider calls the San Diego County Access & Crisis Line at 888-724-7240 to briefly review the case, the completed form and to discuss reasons for the transition.
- The Access & Crisis Line staff identifies County behavioral health provider(s) who may be able to meet the behavioral health needs of the member and provides the health plan provider their fax, phone number(s) and address(es).
- The Health Plan behavioral health provider contacts the County provider to determine if County criteria are met.
    - If it is determined that the member does not meet criteria for County Behavioral Health Services, the Health Plan behavioral health provider continues to treat member for medically necessary services.
- If County criteria are met, the providers shall work to develop an appropriate transition plan.
- As part of the agreed upon transition, the Health Plan behavioral health provider faxes the County behavioral health Provider the Transition of Care Form. (recommended that if a psychiatrist has treated the member, they speak directly to the next medical provider to ensure proper medication and refills during the transition).
  The Health Plan behavioral health provider informs the member/guardian of the transition plan and provides the County behavioral health provider information.
- The Health Plan behavioral health provider confirms connection and beginning of services to referred member.
- The Health Plan behavioral health provider continues providing medically necessary services until member is transitioned to the County behavioral health provider.

Comment [SJ1]: Secure Email? We also recomend a direct contact from the providers

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COUNTY OF SAN DIEGO

HHSA

HEALTH AND HUMAN SERVICES AGENCY

Care1st Health Plan	Community Health Group	Health Net (MHN)	Kaiser Permanente	Molina Healthcare	OptumHealth
(855) 321 2211	(800) 404-3332	(888) 426-0030	(877) 496-0450	(888) 665-4621	1-888-724-7240
Care1st.com	Chsd.com	Healthnet.com	Kp.org	Molinahealthcare.com	OptumHealthSanDiego.com
1ST	Community	Health Net	KAISER PERMANENTE	MOLINA HEALTHCARE	OPTUMHealth

Outcomes Committee March 2016 Report to CYFBHSOC

Outcomes Committee continues to review and discuss updates from the State in regards to DHCS's implementation of a Performance Outcomes System (POS). Some outcome tools are being reviewed however not finalized.

The proposal to implement the ECBI as an outcome measure for all programs that serve children 2-5 years old has been presented at CYFBHSOC, regional Program Managers meetings, and emailed to stakeholders and received positive feedback. The ECBI will be used as an outcome measure starting July 1, 2016 and the training for data entry staff will be provided by CASRC in June.

CADRE Subcommittee completed and presented the Tip Sheet on documentation of Dual Diagnosis concerns in the BHA to CYFBHSOC and the Regional Program Managers meetings. The next CADRE Subcommittee on April 14th will convene the 8 County Contracted programs to review the program performance outcomes.

The 2 questions in the BHA: "Have you ever experimented (only 1-3 times) with any substances?" AND "Client has a parent or caregiver with a substance abuse problem" has been reinstated in the Children's BHA effective December 31, 2015. The Committee will review the outcomes gathered from these two questions after FY 1617.

Outcomes Committee continue to review how our system of care is addressing trauma: what's the prevalence and tracking of trauma, interventions used, how trauma is measured, and if outcomes of trauma informed care can be measured.

New item on the agenda is to review the common diagnoses provided in the Children's System of Care.

Please see the following PIT updates:

Notification of 2016 CC-PAS Administration

This is a notification that the Culturally Competent Program Annual Self-Evaluation (CC-PAS) will be administered on April 4 to all clinical and non-clinical BHS program managers. The program managers will have two weeks (until April 15) to complete the 20-item questionnaire. The tool is an annual requirement, and the feedback is integral in the SDCBHS's continuous effort to develop and enhance strategies to reduce racial, ethnic, cultural, and linguistic disparities in our system.

FY 2014-15 Unit-Level Databooks

The FY 14-15 Unit-Level Databooks are now available and have been distributed to the CORs. The CORs will be sending to their programs.

mHOMS Transition Trainings

The Health Outcomes Management System (HOMS) that many of BHS programs use, has been enhanced with new features, data analysis tools, and additional items that align with the State-required PEI regulations. The plan is to transition to the new system, mHOMS, on July 1, 2016. A series of trainings will be held in May and June to help programs transition to mHOMS. If you use HOMS, stay tuned for emails inviting you and your staff to attend.