Program Manager Meeting

Children, Youth and Families | Behavioral Health Services
September 11, 2025| Zoom | 9:30 – 11:30 a.m.

__Agenda__

➢ **Welcome** – Eileen Quinn-O'Malley, LMFT

➢ **QA Updates** *(SOC)* – Elaine Mills, Diana Daitch
   MH updates   15 minutes
   - CHIP (Children's Health Insurance Program) – *UTTM August 2025*
     - CHIP Eligibility & Enrollment | Medicaid
     - Title XXI SPAs
   - PCIT Modifier in SmartCare
   SUD updates
   - BHIN 25-028 Enhanced Community Health Worker
   - BHIN 25-029 Implementation of new AOD Counselor Education requirements

➢ **System Collaboration Updates-** Shaun Goff, Cynthia Roman   10 minutes
   Transition of Care – Timely Connections

➢ **Timely Access and Warm Transfers**- Amanda Lance-Sexton   10 minutes

➢ **Presentation –** Juliana Gonzales, SBCS San Ysidro Children's Outpatient Clinic   15 minutes

➢ **SchooLink Modules Update** - Saskya Caicedo, SchooLink San Diego   15 minutes

➢ **Networking with colleagues**   15 minutes

➢ **Announcements** *(SOC)*
   - Behavioral Health Services Directories for Children, Youth, and Families
   - DHCS News Release: STATEMENT FROM THE DEPARTMENT OF HEALTH CARE SERVICES ON THE FEDERAL USE OF MEDI-CAL DATA AND MEMBER PRIVACY https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/2025/25-20-Statement-Federal-Use-Medi-Cal-Data-6-13-25.aspx
   - BHIN 25-019 - Transgender, gender diverse, intersex (TGI) Cultural Competency Training program required by Senate Bill (SB) 923 (Chapter 822; Statutes of 2022) for the purpose of providing trans-inclusive health care to Medi-Cal members - Cultural Responsiveness Academy (RCA) is developing and will implement first training in December 2025 with subsequent webinars in January 2026. More information to come as dates approach.
   - LWSD Areas of Influence: Sept 2024- March 2025
   - 2025 Suicide Prevention Month Activities I #SuicidedPrevention Week (Sept. 8-13)
   - Loan Repayment
     Medi-Cal Behavioral Health Student Loan Repayment Program - HCAI
     BH-Connect Medi-Cal Student Loan Repayment Program Flyer
   - We Can't Wait Conference - September 18 &19 https://ecmh.ce-go.com/ecmh2025
   - National Network for Youth
     I AM HERE: Vital Document Legal Hotline for Youth | 1-800-870-DOCS
     prod.cdn.everyaction.com/emails/van/EA/EA017/1/108206/9hsGRLvxhppd6qg_muEL0JP8cKEVJrPvVk0XfQJPhdN_archive?nvep=&hmac=&emci=36b8a295-4e66-f011-8dc9-6045bdfe8e9c&emdi=ea000000-0000-0000-0000-000000000001&ceid=

➢ **Next Meeting: November 13, 2025** | 9:30 - 11:30 a.m.

QA MH - UP TO THE MINUTE
August 2025

Mental Health Services - Up To The Minute

Children's Health Insurance Program (CHIP) Coverage

Effective July 1, 2025, each Medi-Cal behavioral health delivery system must include information in the Provider Directory referencing whether the provider is accepting new Children's Health Insurance Program (CHIP) members. In California, CHIP is fully integrated into Medi-Cal and provides coverage for children under 19 and qualifying pregnant individuals. CHIP populations receive specialty mental health services from their county's MHP, and substance use disorder services from their county's DMC or DMC-ODS plan. If your program accepts Medi-Cal and provides services to any of the identified qualifying members, you also accept CHIP. Additional guidance will be forthcoming regarding program status for Provider Directory information.

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Keeping America Healthy

Search Medicaid.gov 🔍 | FAQs

| Federal Policy Guidance | Resources for States ∨ | Medicaid ∨ | CHIP ∨ | Basic Health Program | State Overviews ∨ | About Us ∨ |

Home › Children's Health Insurance Program (CHIP) › CHIP Eligibility & Enrollment

CHIP Eligibility & Enrollment

- Waiting Periods
- Continuous Eligibility (CE)
- Enrollment Strategies
- Substitution Strategies

CHIP Eligibility & Enrollment

The Children's Health Insurance Program (CHIP) is a joint federal and state program that provides health coverage to uninsured children in families with incomes too high to qualify for Medicaid, but too low to afford private or group health plan coverage.

Learn more about Medicaid and CHIP eligibility levels, which vary by state and can range from as low as 170% up to 400% of the Federal poverty level (FPL).

- There are three different populations in CHIP: children, pregnant women, and targeted low-income children from-conception-to-end-of-pregnancy
- Eligibility for the populations is based on financial and non-financial information
- States have several options to expand eligibility within these populations
- There are also different enrollment strategies states can use, like **express lane eligibility**, **continuous eligibility**, and **presumptive eligibility**

The Children's Health Insurance Program (CHIP):

- Provides health coverage to eligible children through both Medicaid and separate CHIP programs
- Children eligible for CHIP are in families with incomes too high to qualify for Medicaid, but too low to afford private coverage.
- Is managed by states according to federal requirements
- Is funded by states and the federal government

PCIT Modifier in SmartCare Update

Update per the SmartCare User Group on 7.16.25

Clinical Updates

UPDATE: Mode of Delivery: PCIT (Parent-Child Interaction Therapy)

- CalMHSA has attached a modifier to this mode of delivery option in SmartCare
- As of July 15h, the rates were live in SmartCare
- Services that have been claimed with Mode of Delivery PCIT by providers who are not certified in PCIT for non-PCIT services must be corrected via the *My Reported Error* process

** No final BHIN has been released by DHCS at this time, additional guidance will be released by BHS QA when final

Prior SmartCare User Group on 6.26.25

Clinical Updates

Update:

- PCIT code (Parent-Child Interaction Therapy)
    - CalMHSA has attached a modifier to this mode of delivery option in SmartCare
    - Currently, there are no rates attached, however, in the near future, there will be and errors will need to be corrected if used incorrectly
        - Communication will be released when this feature is set to "go live"

DATE:

Behavioral Health Information Notice No: 25-0XX

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

SUBJECT: Medi-Cal Coverage of Parent-Child Interaction Therapy, Multisystemic
Therapy, and Functional Family Therapy for Children and Youth

PURPOSE: To provide standards for required coverage of Parent-Child Interaction
Therapy (PCIT), Multisystemic Therapy (MST), and Functional Family
Therapy (FFT) pursuant to the Early and Periodic Screening,
Diagnostic, and Treatment (EPSDT) mandate.

REFERENCE: California Welfare and Institutions (W&I) Code § 14184.102 (d) and
14184.400; W&I Code Sections 14059.5

PCIT Implementation
Description
Through PCIT, caregivers are taught therapeutic strategies to reduce challenging
behaviors by a PCIT therapist. PCIT focuses on decreasing child behavior challenges
(e.g., aggression, noncompliance, tantrums), increasing positive parent behaviors (e.g.,
therapeutic play, effective prompts), and improving the caregiver-child relationship
through structured interactions.

Criteria
PCIT is medically necessary when a child who meets the access criteria for SMHS
undergoes assessment in accordance with BHIN 23-068 and the service is
recommended as an appropriate treatment intervention by a Licensed Mental Health
Professional (LMHP) acting within their scope of practice.[3]

The following are indicators that PCIT may be medically necessary and appropriate:
- The child is aged 2 to 7 or of an appropriate developmental age to receive the
service; and
- The child is acting out, exhibits aggression, or exhibits defiance that may be
helped by PCIT; and
- The child resides with their primary caregiver and not within a residential facility.

Table 1. PCIT Claiming Details

Service	Rate Structure	CPT/HCPCS Code	Code Description
Therapy	Outpatient rate plus session add-on	90832 (Modifier 22)	Psychotherapy with patient, 30 minutes
Therapy	Outpatient rate plus session add-on	90833 (Modifier 22)	Add-on for psychotherapy with patient when performed with an evaluation and management service, 30 minutes
Therapy	Outpatient rate plus session add-on	90834 (Modifier 22)	Psychotherapy with patient, 45 minutes
Therapy	Outpatient rate plus	90836 (Modifier 22)	Add-on for psychotherapy with patient when performed with an evaluation and management service, 45 minutes
Therapy	Outpatient rate plus session add-on	90837 (Modifier 22)	Psychotherapy with patient, 60 minutes
Therapy	Outpatient rate plus session add-on	90838 (Modifier 22)	Add-on for psychotherapy with patient and/or family member when performed with an evaluation and management service, 60 minutes
Therapy	Outpatient rate plus session add-on	90846 (Modifier 22)	Family psychotherapy (without patient present), 50 minutes
Therapy	Outpatient rate plus session add-on	90847 (Modifier 22)	Family psychotherapy (with patient present), 50 minutes
Therapy	Outpatient rate plus session add-on	T2021 (Modifier 22)	Therapy substitute, 15 minutes

PCIT is intended to be a standalone service; it shall not be combined with other
therapeutic approaches unless determined to be appropriate by the treating LMHP.

Modifier 22 accounts for the additional expenses of administering PCIT, including the in-
person facility space (for parent and child play and therapist observation through a one-

PCIT International trained and certified staff providing PCIT shall utilize the PCIT modifier in SmartCare.

Interactive Complexity (IC) is not utilized due to PCIT service delivery. IC has a specific definition that needs to be adhered to and is not synonymous with PCIT delivery.

Modifier 22 accounts for the additional expenses of administering PCIT, including the in-person facility space (for parent and child play and therapist observation through a one-way mirror), sound system, and audio equipment used by the therapist to provide coaching to the caregiver.

References regarding Interactive Complexity:

CalMHSA Procedure Code Definition

Procedure Name Displayed in EHR	Procedure Definition (Developed by CalMHSA)
Interactive Complexity	Add-on code to document communication difficulties encountered during assessment/psychiatric evaluation, therapy and group therapy services. For example: *Managing maladaptive communications that complicate service delivery (high anxiety, confrontation/disagreement, reactivity, repeated questions, etc.). *Caregiver emotions or behavior that interferes with ability to support the treatment of the individual in care. *Evidence of disclosure of a sentinel event/mandated report. *Use of play equipment or other devices to overcome barriers to therapeutic interaction.

CMS Procedure Code Definition

Interactive Complexity (90785) is an add-on code specific for psychiatric services and refers to communication difficulties during the psychiatric procedure. Add-on codes may only be reported in conjunction with other codes, never alone.

The specific communication difficulties are present with patients who typically:

1. Have other individuals legally responsible for their care, such as minors or adults with guardians, or
2. Request others to be involved in their care during the visit, such as adults accompanied by one or more participating family members or interpreter or language translator, or
3. Require the involvement of other third parties, such as child welfare agencies, parole or probation officers, or schools.

Interactive complexity may be reported with psychiatric procedures when at least one of the following communication difficulties is present:

1. The need to manage maladaptive communication (related to, e.g., high anxiety, high reactivity, repeated questions, or disagreement) among participants that complicates delivery of care.
2. Caregiver emotions/behavior that interfere with implementation of the treatment plan.
3. Evidence/disclosure of a sentinel event and mandated report to a third party (e.g., abuse or neglect with report to state agency) with initiation of discussion of the sentinel event and/or report with patient and other visit participants.
4. Use of play equipment, physical devices, interpreter, or translator to overcome significant language barriers.

Do not report the CPT add-on code for Interactive Complexity code in conjunction with Psychotherapy for crisis codes or in conjunction with E/M services when no psychotherapy service is also reported.

Up To the Minute- February 2025

Interactive Complexity CPT Code 90785
What is CPT Code 90785 (Interactive Complexity)
- This code is used to indicate that a client's condition requires *additional time and expertise beyond what would be considered typical for a therapy session.*
How to Bill for Interactive Complexity

QA MH - UP TO THE MINUTE
February 2025

- Documentation should *clearly indicate the additional time and expertise required to address the patient's complexity during therapy sessions,* the type of interactive methods used and how the patient could not communicate through normal verbal means.
- Some examples:
  - i.e. Working with a client with ALS who has lost the capacity for expressive communication and requires assistive technological support devices to participate.
  - i.e. Working with a mute adolescent who needs to write all the answers to questions.
  - i.e. Medical emergencies or crises that require immediate decision-making and collaboration- A client attempts to harm themselves during session and requires emergency intervention and/or de-escalation.

Examples when NOT to use Interactive Complexity Code 90785:
- Seeing a client for simply a "longer than normal" session.
- Seeing a client who simply "isn't good at expressing emotions".
- Seeing a client with an interpreter with no other complications
- Seeing a client via telehealth with no other complications
- Seeing a client for therapy with multiple participants with no other complications
- When the treatment plan is explained and understood without significant interference by caretaker emotions or behaviors.

To:	**BHS Contracted Service Providers**
From:	**Behavioral Health Services**
Date:	**July 30, 2025**
Title:	**Enhanced Community Health Worker (E-CHW) Services – Overview and Implementation Guidance**

Background

Effective April 11, 2025, Behavioral Health Plans (BHPs), including Mental Health Plans and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans, along with Drug Medi-Cal (DMC) programs, can opt to cover Enhanced Community Health Worker (E-CHW) Services within Specialty Mental Health Services (SMHS), DMC, and/or DMC-ODS systems. These services are designed to support individuals with significant behavioral health needs, specifically those who meet the access criteria for SMHS and/or DMC/DMC-ODS services. The link to the BHIN 25-028 with additional information can be found here.

Who are E-CHWs?

E-CHWs provide tailored preventive support for individuals with significant behavioral health needs, including those eligible for specialty mental health or substance use disorder services. These services may include health education, care navigation, screening, and individual advocacy, and address a wide range of health issues such as chronic conditions, mental health, reproductive health, and violence prevention. The goal is to promote health, reduce barriers to care, and connect individuals to essential community resources.

E-CHW Scope of Services

E-CHWs provide a range of preventive services that support the physical, behavioral, and social well-being of Medi-Cal members. These services may include:
- Health education to increase understanding of health topics and encourage behavior change.
- Health system navigation, including assistance accessing care and connecting to community-based resources.
- Screening and assessments to identify unmet health or social needs and refer members to appropriate services.
- Individual advocacy and support to help prevent the development or worsening of health conditions or injuries.

E-CHWs may support members with managing chronic conditions, addressing behavioral health needs, accessing perinatal and reproductive health care, navigating oral and aging-related care, and responding to environmental or climate-related health risks. They also play a key role in violence prevention and recovery.

While E-CHW Services may be rendered in group settings, reimbursement is capped at a maximum of eight Medi-Cal members per session.

For More Information:
- Contact your Contracting Officer's Representative (COR), QI Matters at qimatters.hhsa@sdcounty.ca.gov or DHCS at CHWBenefit@dhcs.ca.gov.

To:	**BHS Contracted Service Providers**
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Certification or Work Experience Pathways

1. CHW Certificate*	2. Work Experience*
Any certificate issued by the State of California/State designee with **curriculum and training** in the following areas: • Communication • Interpersonal and relationship building • Service coordination and navigation • Capacity building • Advocacy • Education and facilitation • Individual and community assessment • Professional skills and conduct • Outreach • Evaluation and research • Basic knowledge of public health principles • Social determinants of health Certificate programs shall also include **field experience** as a requirement.	An individual who has **2,000 hours working as a CHW** in paid or volunteer positions within the previous three years. **Demonstrated skills and practical training** in the core competency areas as determined by the supervising provider may provide CHW Services without a certificate of completion for a maximum period of 18 months. A CHW who does not have a certificate of completion <u>must earn a certificate of completion within 18 months</u> of the first CHW visit provided to a Medi-Cal beneficiary.

*Additional training: minimum 6 hours annual training in core competencies or area of special focus

We are currently pending the final development and guidance for the State-approved certification program from the Department of Health Care Services (DHCS).

Documentation Requirements

Clinical documentation of E-CHW Services must meet all requirements in BHIN 23-068 or subsequent DHCS guidance, including:

- Standardized assessment requirements for specialty behavioral health services;
- Development and maintenance of a problem list that may include a member's symptoms, conditions, diagnoses, social drivers, and/or risk factors; and
- Progress notes for all E-CHW Services delivered in individual and group settings.

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A standalone written plan of care is *not* required for E-CHW Services.

E-CHWs **must** be supervised by a licensed provider. The supervisor National Provider Identifier (NPI) is required on the claim along with co-signature.

A standard curriculum may be developed and utilized for group and individual sessions at the discretion of the program. DHCS has not outlined specific curriculum requirements but any established curriculum should focus on topics as outlined by BHIN 25-028.

Billing and Reimbursement

E-CHW Services must be recommended by a physician or other licensed practitioner of the healing arts (LPHA) acting within their scope of practice under state law. The recommending provider must ensure that the member meets eligibility criteria for E-CHW Services. DHCS has issued a statewide standing recommendation that all Medi-Cal members who meet defined eligibility criteria for receiving E-CHW services would benefit from receiving up to 6 hours annually of Medi-Cal-covered CHW Services for optional use. E-CHW staff utilizing this standing recommendation for Medi-Cal members should ensure the standing recommendation and the member's eligibility criteria are documented in the client record. E-CHW Services are billed in 30-minute units, with a maximum of four units (two hours) per member per day. Additional services may be provided if prior authorization is granted based on medical necessity, and a written plan of care is recommended if there is an identified need for multiple or ongoing E-CHW Services which would also be documented within the client chart. A written plan of care is *required* by an LPHA for justification of continued CHW Services **after 12 units of care (6 hours)** per Medi-Cal member in a single year from the initial date of service, per the DHCS Standing Recommendation for CHW Services document linked here.

E-CHW Services are billed using the following CPT codes:
- **98960** Education and Training for Patient Self-Management: for face-to-face education with one patient,
- **98961** Education and Training for Patient Self-Management: for face-to-face education with two to four patients, and,
- **98962** Education and Training for Patient Self-Management: for face-to-face education with five to eight patients.

DHCS also recognizes HCPCS codes **G0019**- Community Health Integration Services (60 minutes per calendar month) and **G0022**- Community Health Integration Services (each additional 30 mins per calendar month) for E-CHW use. These codes are intended for individual E-CHW Services focused on addressing social determinants of health, such as housing, income, or education, and may be used in lieu of CPT 98960 where appropriate. For more information regarding HCPCS codes G0019 and G0022, please see the

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[CHW G Codes FAQ.](#) The referenced procedure codes are available on the DHCS fee schedule that can be accessed [here](#).

Currently, CHWs are not required to obtain a NPI. Should this change, DHCS will provide notice and technical assistance in advance of implementation. Please see the [E-CHW Billing FAQs](#) for additional information.

E-CHW and ECM Coordination

Because Enhanced Care Management (ECM) encompasses the full range of E-CHW Services, DHCS prohibits billing both ECM and standalone E-CHW Services for the same member during the same treatment period. Providers may not double bill under both benefits. However, E-CHWs may engage in outreach to members not currently enrolled in ECM and bill for this activity through the E-CHW benefit—provided the outreach is not already occurring under ECM and all other E-CHW billing requirements are met.

E-CHW Services may also be billed for members prior to ECM enrollment or following ECM graduation, refusal, or ineligibility.

BHS is currently developing a process to support coordination with MCPs to avoid duplication of E-CHW and ECM services. Guidance will be forthcoming for this workflow. In the interim, it is encouraged at the first member contact that E-CHWs ask clients directly if they are engaged with ECM or working with a CHW through their managed care plan to avoid duplication of services. This should be documented in their initial service note for continuity of care.

Program Implementation Considerations

Organizations implementing E-CHW Services should consult with CORs to determine if E-CHWs are suitable for their programs. Exhibit C will need to be amended to include the provider type prior to the provision of services.

Program will develop internal workflows to ensure proper documentation and billing compliance. Programs must establish a process for documenting a standing recommendation for E-CHW Services when exceeding 12 units of care per member/per year as outlined in the initial DHCS standing recommendation and updating the member's health record accordingly. The member's problem list should reflect relevant social determinants of health targeted by the E-CHW intervention, and diagnosis documentation should be updated when appropriate.

Programs must identify a **supervising provider** to oversee E-CHWs. The supervising provider is an enrolled Medi-Cal provider who submits claims for services provided by CHWs. They ensure a CHW meets the qualifications listed, and directly or indirectly oversees a CHW and their services delivered to Medi-Cal

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members. The supervising provider can be a licensed provider, a hospital, an outpatient clinic, or as defined in [Title 42 Code of Federal Regulations (CFR) section 440.90.](#)

E-CHW and Peer Support Specialist Services

E-CHWs and Peer Support Specialists offer distinct services that should not overlap. A comprehensive grid outlining distinct differences between these two classification types is available via Optum and linked [here.](#)

Contact Information

For questions or additional guidance regarding E-CHW Services, please contact QI Matters at qimatters.hhsa@sdcounty.ca.gov or DHCS at CHWBenefit@dhcs.ca.gov

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For More Information:
- Contact your Contracting Officer's Representative (COR), QI Matters at qimatters.hhsa@sdcounty.ca.gov or DHCS at CHWBenefit@dhcs.ca.gov.

DATE: July 31, 2025

Behavioral Health Information Notice No: 25-029

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

SUBJECT: Assembly Bill (AB) 2473 Alcohol or Other Drug (AOD) Counselor
Educational Requirements

PURPOSE: To notify substance use disorder providers, certifying organizations,
and alcohol or other drug (AOD) counselors of changes to the
education requirements for counselors due to the passage of AB 2473,
effective January 1, 2026.

REFERENCE: AB 2473, Chapter 594; Health & Safety Code section 11833

BACKGROUND:

DHCS has sole authority in state government to determine the qualifications, including
the appropriate skills, education, training, and experience, of personnel working within
alcohol or other drug recovery and treatment programs licensed, certified, or funded
under Part 2 of Division 10.5 of the Health and Safety Code. (Health & Saf. Code §
11833).

AB 2473 amended Health and Safety Code section 11833 to establish core competency
education requirements for registered and certified counselors and increase the number
of educational hours for registered counselors. It requires registered or certified
counselors to have an understanding of the following core competency education

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

State of California
Gain Newsom, Governor

California Health and Human Services Agency

topics: AB

1. The current Diagnostic and Statistical Manual of Mental Disorders;

2. The American Society of Addiction Medicine (ASAM) criteria and continuum of ASAM levels of care, or other similar criteria and standards as approved by the department;

3. Utilizing cultural responsiveness, including for people with disabilities, and its implication for treatment;

4. Case management/care coordination;

5. Utilization of electronic health record systems;

6. Knowledge of medication assisted treatment;

7. Clinical documentation;

8. Knowledge of co-occurring substance use and mental health conditions;

9. Confidentiality;

10. Knowledge of relevant law and ethics

11. Professional boundaries; and

12. Delivery of services in the behavioral health delivery system.

A first-year registered counselor, as defined below, must complete the core competency education requirements to qualify for registration renewal. The education hours completed in core competency topics will count towards the total education hours that a registered counselor must complete to become certified. Additionally, the education hour requirements for an individual registered as a counselor on or after July 1, 2025, cannot be lower than the education hour requirements for a certified peer support specialist.

DHCS may implement, interpret, or make specific the amendments to Health and Safety Code section 11833 through this Behavioral Health Information Notice (BHIN). (Health & Saf. Code § 11833(g).) This BHIN sets forth AB 2473 education requirements for registered counselors effective January 1, 2026.

POLICY:

An individual who registers as a counselor for the first time on or after July 1, 2025, must complete a minimum of eighty (80) hours of education, including education in core competency education topics as specified in Health and Safety Code section 11833(b), within six (6) months of registration.[1] This aligns with the number of

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[1] The policy in this BHIN takes effect January 1, 2026. Counselors that register between July 1, 2025, and December 31, 2025, become subject to the six-month timeframe on January 1, 2026. Therefore,

Transition of Care (TOC) – Timely Connections
Processing Transition of Care Referrals from MCPs

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES
Michelle Baass | Director

DATE: June 3, 2025

Behavioral Health Information Notice (BHIN) No: 25-020
Supersedes: BHIN 22-065

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

SUBJECT: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services

PURPOSE: This Behavioral Health Information Notice (BHIN) provides guidance to Behavioral Health Plans (BHPs) on standardized, statewide Adult and Youth Screening and Transition of Care Tools to guide referrals of adult and youth members to the appropriate Medi-Cal mental health delivery system and guide timely care coordination for members requiring transition between delivery systems.[1]

REFERENCE: Welfare and Institutions Code (W&I) Section 14184.402, BHIN 21-073, BHIN 24-001, BHIN 24-046, BHIN 22-011, BHIN 21-023, BHIN 18-059, APL 24-019, APL 23-022, APL 23-010, APL 23-005, APL 22-006, APL 22-005

BACKGROUND:
The Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative for "Screening and Transition of Care Tools for Medi-Cal Mental Health Services" aims to ensure all members receive timely, coordinated services across Medi-Cal mental health delivery systems and improve member health outcomes. The goal is to ensure member access to the right care, in the right place, at the right time.

POLICY:
BHPs shall use the Screening and Transition of Care Tools for Medi-Cal Mental Health Services as set forth in this BHIN unless the member is currently receiving mental health services through the MCP or BHP; or referred directly to a mental health delivery system by a practitioner based on an understanding of the member's needs and using their own clinical judgment; or the member reaches out directly to the mental health delivery system. This updated BHIN outlines new policy guidance for BHPs to override the Screening Tool score and reiterates existing guidance that the Screening Tools are not intended for use if a practitioner refers a member to the BHP for SMHS or the MCP for NSMHS.

Following Administration of the Transition of Care Tool

After the Transition of Care Tool is completed by the BHP, the member shall be referred to their MCP, or directly to an MCP provider delivering NSMHS if appropriate processes have been established in coordination with MCPs.[24] Relatedly, after the Transition of Care Tool is completed by the MCP, the member shall be referred to their BHP, or directly to a BHP provider delivering SMHS if appropriate processes have been established in coordination with BHPs and referral is consistent with agreed-upon processes in accordance with their MOU.[25]

Transition of Care (TOC) – Timely Connections

Per March 2025 BHS QA Up to the Minute (UTTM):

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Reminder to Complete Timely Access/Timeliness Records
- All programs are reminded that they should be completing the Timely Access records for all new client service requests and/or referrals
- Non-Urgent requests for Outpatient Non-Urgent SMHS – offered appointment within 10 business days of request. How to Complete the MH Non-Psychiatric SMHS Timeliness Record - 2023 CalMHSA
- Non-Urgent requests for Outpatient Psychiatric SMHS – offered an appointment within 15 business days of request. How to Complete the MH Psychiatric SMHS Timeliness Record - 2023 CalMHSA
- All SMHS Urgent Appointments: Offered appointment within 48 hours without prior authorization, 96 hours with prior authorization

</div>

Important Notes:

- TOC Referrals have already been screened prior to the Behavioral Health Plan (BHP) (ie County) receipt of referral. Per BHIN 25-020 **"The Screening Tools identify initial indicators of a member's needs in order to make a determination for referral to either the member's MCP for a clinical assessment and medically necessary NSMHS, or to the member's BHP for a clinical assessment and medically necessary SMHS"**

- BHS County Clinicians facilitate TOC Referrals with the goal of providing youth and their caregivers with a Warm Handoff between Managed Care Plans (MCP) and BHP Providers.

- Outpatient providers schedule Assessment sessions within access timelines.

Timely Access & Warm Transfers

Routine Condition

A "Routine Condition" is defined as a relatively stable condition and there is a need for an initial assessment for Specialty Mental Health Services (SMHS).

<u>Access Standard</u>: Face-to-face behavioral health assessment within 10 business days from request to appointment.

The *first offered* assessment appointment must be within 10 business days.

If your program cannot offer an appointment in this timeline, the next step is to provide an appointment option within the 10 business days at another program in the System of Care (Warm Transfer).

If no appointment is available within the system within the 10 business days, the next step is to issue an NOABD- Timely Access Notice within 2 business days of the decision.

NOABD

EXAMPLES – TIMELY ACCESS NOTICE

When there is a delay in providing the beneficiary with timely services, as required by the timely access standards (within 10 days of request for Mental Health services and 15 days for Psychiatric services) applicable to the delayed service.	Example: A client's initial assessment is scheduled 12 days from the date from their request for service.
Example: In a client's initial request for services, they request a bi-lingual therapist. Your program's bi-lingual therapist does not have availability for one month.	Example: Your program has a three-week wait list for appointments with the program psychiatrist.

How to Complete the MH Non-Psychiatric SMHS Timeliness Record in SmartCare:

d. **Enter the First Service Appointment Offered Date**. This is the first available appointment that was offered to the client, regardless of whether they accepted that appointment or not. For example, if you have an appointment available on Tuesday 1/10/24 at 9am, but the client says they're unavailable on Tuesdays, you will still enter that you *offered* an appointment on 1/10/24 at 9am.

San Ysidro Children's Outpatient Clinic

School-Based Outpatient Clinic

Who We Serve

- Children and youth ages
  5 – 21 years (San Ysidro Community)
- Full-scope Medi-Cal benefit
  recipients, low income or uninsured
- Medical necessity
  (diagnosis and impairment)

Schools We Serve

San Ysidro School District

- La Mirada Elementary
- Sunset Elementary
- Ocean View Hills Elementary
- San Ysidro Middle school
- Willow Elementary
- Vista del Mar Middle School
- Smythe Elementary

SBCS Services

- Up to 6 months of therapeutic services (Individual, Family, Group)
- Case Management
- Psychiatric services (medication evaluations, medication management)

Assessments

- Behavioral Health Assessment
- Pediatric Symptom Checklist (PSC)
- Child Adolescent Needs and Strengths (CANS)

Location of Services

- Primarily on youth's school campus

- Offsite Office 114 W Hall Ave

- Other community spaces as needed

Support Team

- Program Manager
- Five Clinicians
- Two Case Managers
- Psychiatrist

Thank you!

Questions?

Please contact Program Director Juliana Gonzales, LCSW
Jgonzales@csbcs.org

SchooLink Modules Updated

The following has been 'retired'…

Trainings

Click on the modules below to download a pdf of the training.

- SchooLink Introduction
- Module 1: Prevalence
- Module 2: Access & Eligibility
- Module 3: Annual School Meeting
- Module 4: Referral, Screening, Assessment & Consent
- Module 5: Treatment
- Module 6: Confidentiality
- Module 7: Suicide & Self-Harm Response
- Module 8: Special Education
- Module 9: Outreach & Engagement
- Module 10: Add/Remove SchooLink, or Change Provider Organizations
- Module 11: SchooLink Background
- Module: COVID-19 Updates

Beyond updates to all the existing modules, there are **7** new SchooLink Modules

- SchooLink Thresholds
- Teen Recovery Centers (TRCs)
- Best Practices
- Psychiatric Crisis Response Teams
- School Threat
- San Diego County Office of Education
- Links to All Resources

Trainings (Updated July 2025)

Click on the modules below to download a pdf of the training.

Module 1: SchooLink Introduction

Module 2: Prevalence

Module 3: Access & Eligibility

Module 4: Annual School Meeting

Module 5: SchooLink Thresholds

Module 6: Referral, Screening, Assessment & Consent

Module 7: Treatment

Module 8: Teen Recovery Centers

Module 9: Best Practices

Module 10: Confidentiality

Module 11: Suicide & Self-Harm Response

Module 12: Psychiatric Crisis Response Teams

Module 13: School Threat

Module 14: Special Education

Module 15: Outreach & Engagement

Module 16: Add/Remove SchooLink or Change Provider Organizations

Module 17: San Diego County Office of Education

Module 18: Links to Resources

The **SchooLink Resources** section has been refreshed with updated forms and materials:

- SchooLink Manual
- SchooLink Referral Form
- SchooLink Communication Log
- SchooLink Annual Plan
- SchooLink Agenda
- SchooLink Service Structure
- Excel Sorting Instructions

Resources (Updated July 2025)

See below to view and/or download resource documents.

Manual

Download the full SchooLink Manual (pdf)

Documents and Forms

Expand the button below to download resources.

SchooLink Documents and Forms   −

Annual Agenda (word)

Annual Plan (word)

Excel Sorting Tool (pdf)

Monthly Communication Log (excel)

Referral Form (word)

Service Structure (pdf)

Threshold Letter (pdf)

Threshold Memo (pdf)

The **BHS Poster** has been updated and a **new SchooLink Flyer** has been added, both accessible in English and across the 7 threshold languages identified by DHCS.

Flyers

Expand the button below to download resources.

SchooLink Flyers (multiple languages) —

- Arabic (pdf)
- English (pdf)
- Farsi (pdf)
- Russian (pdf)
- Simplified Chinese (pdf)
- Spanish (pdf)
- Tagalog (pdf)
- Vietnamese (pdf)

Behavioral Health Services Posters

Expand the button below to download resources.

Behavioral Health Services Posters (multiple languages) —

- Arabic (pdf)
- English (pdf)
- Farsi (pdf)
- Russian (pdf)
- Simplified Chinese (pdf)
- Spanish (pdf)
- Tagalog (pdf)
- Vietnamese (pdf)

Annual SchooLink Meeting Agenda

School: Click here to enter text.	Date: Click here to enter text.
Attendees:	
Principal or designee: Click here to enter text.	School Psychologist: Click here to enter text.
Counselor or Nurse: Click here to enter text.	SchooLink Provider: Click here to enter text.
District Liaison (optional): Click here to enter text.	SD County BHS COR (optional): Click here to enter text.
School is offering fee schedule services: ☐ Yes ☐ No	CYBHI Fee Schedule Provider (optional): Click here to enter text.

1. Provide SchooLink Overview
☐ Background
☐ School Protocols
☐ SchooLink Protocols
☐ Ongoing and annual threshold expectations
☐ Discuss all behavioral health services on campus and how to avoid duplication

2. Review Previous School Year
☐ Successes and Challenges
☐ Referral numbers, wait times, communication, etc.

3. Complete the SchooLink Annual Plan
☐ SchooLink Provider and School Site Liaisons (primary and secondary)
☐ Access and Space
☐ Referral Process
☐ Communication Log
☐ Outreach Plan

4. Update the Referral Form for SchooLink Services Template
☐ Distribute updated referral form to School Site points of contact

5. Review SchooLink Provider and School Staff documents

Documents for Provider to bring/review:	Documents for School Staff to bring/review:
1. SchooLink Annual Plan* 2. Memorandum of Understanding between the provider and the school district 3. SchooLink brochure* 4. Provider brochure 5. Behavioral Health Services Access Poster * 6. Referral Form for SchooLink Services* 7. Monthly Referral Communication Log* 8. SchooLink Service Structure* 9. SchooLink Threshold Guide* *Download forms from SchooLink San Diego	1. School Calendar and Hours 2. List of key school personnel with phone numbers and extensions 3. Emergency policies and procedures 4. Suicide/Self Harm policy and procedure 5. School threat protocol 6. Substance Possession/Use Policy and Procedure 7. Any other relevant school policies or procedures that the provider needs to know

School: Click here to enter text.	**SchooLink Provider:** Click here to enter text.
Date: Click here to enter text.	**School Year:** Click here to enter text.
Attendees: Click here to enter text.	

1. School Liaisons

The **primary liaison** is responsible for answering referral questions from staff and parents, and reinforcing the referral process.

The **secondary liaison** serves as backup if the primary liaison is unavailable.

Primary school liaison (name/title): Click here to enter text.

Email: Click here to enter text.	Phone: Click here to enter text.

Secondary school liaison (name/title): Click here to enter text.

Email: Click here to enter text.	Phone: Click here to enter text.

2. SchooLink Provider

Onsite Provider (name/title): Click here to enter text.

Email: Click here to enter text.	Phone: Click here to enter text.

Provider's Supervisor (name/title): Click here to enter text.

Email: Click here to enter text.	Phone: Click here to enter text.

3. School Access and Space

➢ What are the school access procedures?

Parking: Click here to enter text.	Sign in/out: Click here to enter text.

After school hours: Click here to enter text.

Other: Click here to enter text.

➢ Where will the SchooLink provider meet with students?

Primary: Click here to enter text.	Backup: Click here to enter text.

School break: Click here to enter text.

➢ Other Behavioral Health Resources/Providers on campus: Click here to enter text.

CYBHI Fee Schedule provider? Yes ☐ No ☐

Contact information: Click here to enter text.

Services offered and how those services differ from SchooLink services: Click here to enter text.

4. Referral Process:

➢ Who at the school can make referrals (i.e. complete and submit the referral form?

☐ Counselors ☐ School psychologist ☐ Nurse ☐ Teachers ☐ Others: Click here to enter text.

➢ Do all referrals need to be funneled through the primary liaison? ☐ YES ☐ NO

➢ How does the school log referrals (Write "N/A" if not applicable): Click here to enter text.

➢ How will school referral forms be given to the SchooLink provider?

☐ In person to secure location (insert location): Click here to enter text.

☐ By secure fax to (insert fax number): Click here to enter text.

☐ Encrypted email (insert email address): Click here to enter text.

☐ Other: Click here to enter text.

➢ How should the SchooLink provider handle urgent situations? Click here to enter text.

Referral Process:

Initial Contact	Steps	Person Responsible
Example:	1. *School counselor will get permission from parent and fill out referral form.*	School Counselor

Teacher, case manager, or parent will contact school counselor (A-L=Garcia; M-Z=Johnson)	2. *School counselor will fax referral to XXAGENCYXX office. Fax (619) XXX-XXXX* *Primary liaison will put referral in binder in principal's office after faxing the documents.*	
Click here to enter text.	Click here to enter text.	Click here to enter text.

5. SchooLink Monthly Communication Log:

SchooLink Provider will forward the monthly communication log by the Click here to enter text. (date) of the month.

➤ To whom should the monthly communication log from the SchooLink provider be forwarded?

☐ Primary Liaison ☐ Secondary liaison ☐ Other: Click here to enter text.

➤ How should these reports be delivered?

• ☐ In person to secure location (insert location): Click here to enter text.

☐ By secure fax to (insert fax number): Click here to enter text.

☐ Encrypted email (insert email address): Click here to enter text.

☐ Other: Click here to enter text.

➤ How will the recipient share information with other referrers or school personnel? Click here to enter text.

➤ SchooLink Threshold Goals (sufficient referrals for a minimum 10 clients annually and 5 active at all times):

Confirmed commitment: Click here to enter text.

If referrals are low, action school will take to address barriers: Click here to enter text.

If referrals are low, action SchooLink provider will take to address barriers: Click here to enter text.

➤ Review of Last School Year's SchooLink Threshold Data:

Total referrals for SchooLink services: Click here to enter text.

Total students provided SchooLink services on campus: Click here to enter text.

Barriers if thresholds not met: Click here to enter text.

What worked well and should continue? Click here to enter text.

6. Outreach Plan:
NOTE: In addition to the activities listed below, new outreach opportunities may come up during the school year. The School Liaison will inform the SchooLink Program Manager as these opportunities present themselves.

List the dates and times of **key school personnel meetings** that the SchooLink provider should plan to attend to increase awareness about SchooLink services (i.e. All-Staff Meetings, Student Study Team/Instructional Study Team (SST/IST) Student Meetings, or assemblies).

Date(s)/Time(s):	Meeting:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

List the dates and times of **parent meetings** that the SchooLink provider should plan to attend for purposes of outreach (i.e. Open House, Back-to-School Night, Teacher/Parent night, PTA meetings, open houses, community fairs, and other district/school/family/community events.)

Date(s)/Time(s):	Meeting:
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

7. Approved SchooLink Staff Schedules and Services:

Name/Title:	Role:	Days/Hours/ Contact	Eligibility (Insurance)	Services Provided	Caseload
Example: Mary Garcia, LCSW intern, "Mrs. Garcia"	☐ Clinician ☐ SUD Counselor ☐ Paraprofessional ☐ Other: Click here to enter text.	M/W/F: 10am-2pm Email: Click here to enter text.	Medi-Cal	Individual, group, and family therapy	Current caseload: Click here to enter text.; Can see up to Click here to enter text. students
Click here to enter text.	☐ Clinician ☐ SUD Counselor ☐ Paraprofessional ☐ Other: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Current caseload: Click here to enter text.; Can see up to Click here to enter text. students
Click here to enter text.	☐ Clinician ☐ SUD Counselor ☐ Paraprofessional ☐ Other: Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Current caseload: Click here to enter text.; Can see up to Click here to enter text. students

Key School Support (counselor, psychologist, paraprofessional, etc.)

Name/Title:	Days/Hours	Contact
Example: Laura Smith, MSW, School Counselor	M/W: 9am-2pm	Email: Click here to enter text. Phone: Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

➢ NOTE: If key personnel or schedules change, please notify partners accordingly.

➢ Give a copy of this worksheet to:

☐ School Principal or designee

☐ SchooLink Provider:

☐ Other meeting attendees as applicable: Click here to enter text.

8. Notes

Additional information/comments: Click here to enter text.

9. Meeting Participants

SchooLink		School		Other	
Name	**Title/Role**	**Name**	**Title/Role**	**Name**	**Title/Role**
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.
Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.	Click to enter text.

Monthly Referral Communication Log

CONFIDENTIAL

REPORT DATE:								
SCHOOL:					**SCHOOLINK PROVIDER:**			
SCHOOL YEAR:			**FY 25-26**		**CURRENT WAIT TIME FOR FIRST APPOINTMENT:**			

Referral Date	Open Date	Closed Date	Student	Clinician	Status of Treatment Episode	Disposition of Treatment Episode	Student Received School Site Services	Comments
7/1/2025	7/1/2025	7/1/2025	Joseph A. Smith	Mary Robles	Open		Yes/No	Completed all approved sessions

NOTE : SchooLink provider can sort data as needed. Sorting instructions can be downloaded from SchooLink website.

SchooLink
to BEHAVIORAL HEALTH SERVICES | access • communicate • connect

Is your child struggling with concerns at school or home?
Is your child sad, withdrawn or acting out?

SchooLink services are available to help.

ABOUT

SchooLink is a partnership between the County of San Diego (County) and local school districts to provide County-funded behavioral health services to students.

- Services are provided at no or low cost to the family
- No one is turned away due to inability to pay
- Services can be provided during or outside of school hours, on-campus, in a community setting or via telehealth, based on the student's and families needs.

SERVICES

An individualized plan is developed for every student, based on their needs. Services are offered in many languages and can include:

- Mental health & substance use treatment
- Individual, family and group therapy
- Medication support
- Case management
- Collateral services
- Rehabilitative services

ELIGIBILITY

SchooLink providers can provide a free screening to determine eligibility. In general, the student must meet medical necessity criteria for specialty mental health services or Drug Medi-Cal. In addition, the student must be:

- Medi-Cal enrolled; or
- Low income and uninsured; or
- Low income and underinsured

HOW DO I ACCESS SCHOOLINK?

Families can contact the SchooLink provider or designated school staff and request an assessment.

School staff can refer students with parent/guardian consent to their SchooLink provider via phone.

WHAT IF I AM NOT SURE IF SCHOOLINK SERVICES ARE RIGHT FOR MY STUDENT?

SchooLink staff are available for informal phone, video or in person meetings with students and their families to share information and answer questions prior to making a referral. To arrange an informal meeting, contact the SchooLink provider.

Additional information and SchooLink referrals are also available through the San Diego County Access & Crisis Line

888-724-7240

7 days a week | 24 hours

Behavioral Health Services Directories for Children, Youth, and Families

July 2025

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Behavioral Health Services Directories for Children, Youth, and Families

The 'Printable Directory' and Five 'Regional School Directories' have been updated in September 2025. Please share the Postcard with families and community partners and let County BHS know if any corrections are needed for your program information.

Behavioral Health Services

GET HELP NOW   I WANT TO FIND ⌄   MENTAL HEALTH ⌄   SUBSTANCE USE ⌄

All Services

Behavioral Health Services for Children, Youth, and Families

County of San Diego (County) Behavioral Health Services offers various programs to support children, youth, and families who may benefit from mental health or substance use treatment.

The County programs are managed by numerous community-based organizations and focus on serving children and youth up to age 21 who are Medi-Cal members or who have no medical insurance.

Programs

Click the button below to view the complete printable directory and youth. It is designed for families who need assistance find for children, youth, as well as pregnant and parenting women.

Printable Directory for All Youth Services (

CHILDREN, YOUTH, AND FAMILIES SERVICES DIRECTORY

The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children, youth & families who would benefit from mental health or substance use treatment.

Scan the QR code to access the current Children, Youth, and Families Services Directory.

https://bit.ly/cyf_directories

SCAN HERE

WE WANT YOUR FEEDBACK

The County Behavioral Health Services Department is interested in your input on how the directory can be improved. Are there any features and elements that would make it easier to use?

Please provide all input to Janette.Magsanoc@sdcounty.ca.gov

School-Based Services for Children and Youth

For school-related information, visit our **School-Based Services webpage**.

Use the dropdown below for printable **Regional School Directories** highlighting behavioral health services within each region, including school-based supports.

If you don't know what region you're in, you can find it by looking for your ZIP code in the **San Diego County Geographic ZIP Codes and HHSA Regional Boundaries Guide (pdf)**.

School Directories by Region (PDF) ❯

- **East Region**
- **South Region**
- **North Inland Region**
- **North Coastal Region**
- **Central and North Central Regions**

EAST REGION
BEHAVIORAL HEALTH SERVICES
FOR CHILDREN AND YOUTH

The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children and youth who would benefit from mental health or substance use treatment. The programs are predominantly focused on serving youth up to age 21 who are Medi-Cal members or have no medical insurance.
This **East Region School Directory** highlights BHS services in the region, including school-based support.

Scan the QR code below to access the current Regional School Directories

https://bit.ly/cyf_directories

SCAN HERE

SOUTH REGION
BEHAVIORAL HEALTH SERVICES
FOR CHILDREN AND YOUTH

The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children and youth who would benefit from mental health or substance use treatment. The programs are predominantly focused on serving youth up to age 21 who are Medi-Cal members or have no medical insurance.
This **South Region School Directory** highlights BHS services in the region, including school-based support.

Scan the QR code below to access the current Regional School Directories

https://bit.ly/cyf_directories

SCAN HERE

NORTH INLAND REGION
BEHAVIORAL HEALTH SERVICES
FOR CHILDREN AND YOUTH

The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children and youth who would benefit from mental health or substance use treatment. The programs are predominantly focused on serving youth up to age 21 who are Medi-Cal members or have no medical insurance.
This **North Inland Region School Directory** highlights BHS services in the region, including school-based support.

Scan the QR code below to access the current Regional School Directories

https://bit.ly/cyf_directories

NORTH COASTAL REGION
BEHAVIORAL HEALTH SERVICES
FOR CHILDREN AND YOUTH

The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children and youth who would benefit from mental health or substance use treatment. The programs are predominantly focused on serving youth up to age 21 who are Medi-Cal members or have no medical insurance.
This **North Coastal Region School Directory** highlights BHS services in the region, including school-based support.

Scan the QR code below to access the current Regional School Directories

https://bit.ly/cyf_directories

SCAN HERE

CENTRAL & NORTH CENTRAL REGION
BEHAVIORAL HEALTH SERVICES
FOR CHILDREN AND YOUTH

The County of San Diego's Behavioral Health Services (BHS) offers a multitude of programming to support children and youth who would benefit from mental health or substance use treatment. The programs are predominantly focused on serving youth up to age 21 who are Medi-Cal members or have no medical insurance.
This **Central & North Central Region School Directory** highlights BHS services in the region, including school-based support.

Scan the QR code below to access the current Regional School Directories

https://bit.ly/cyf_directories

SCAN HERE

DHCS NEWS RELEASE

STATEMENT FROM THE DEPARTMENT OF HEALTH CARE SERVICES ON THE FEDERAL USE OF MEDI-CAL DATA AND MEMBER PRIVACY

SACRAMENTO — The California Department of Health Care Services (DHCS) is firmly committed to protecting the privacy and well-being of all Medi-Cal members. Recent reports have raised serious concerns about how federal agencies are using Medicaid data, including the personal data of all 15 million Californians covered by Medi-Cal. We want to clarify what we know.

In June 2025, DHCS became aware of reports that the federal Centers for Medicare & Medicaid Services (CMS) may have shared the personal data of Medi-Cal members with the U.S. Department of Homeland Security. Upon learning of these reports, DHCS reached out to CMS to confirm whether this occurred, what data was shared, to which agencies, and why.

In late July 2025, DHCS was informed that CMS signed an agreement with the Department of Homeland Security that allowed Immigration and Customs Enforcement (ICE) to access Medicaid member information, including name, address, and other personal information. The agreement provided ICE with access to the data from July 9, 2025, through September 9, 2026. The acting ICE Director publicly confirmed that ICE planned to use this information to locate immigrants who may be subject to deportation. ICE did not provide specific details on how it may access the data.

Additionally, on August 12, a federal court issued a preliminary injunction blocking the Department of Homeland Security from using California's Medicaid data for immigration enforcement and preventing the U.S. Department of Health and Human Services from sharing that data for this purpose. California is part of the multistate lawsuit (https://oag.ca.gov/news/press-releases/attorney-general-bonta-sues-trump-administration-illegally-sharing-californians%E2%80%99) that led to this injunction, which will remain in effect until the agencies complete a reasoned decision-making process or the case concludes. As such, although the court has temporarily stopped (preliminary enjoined) the federal government from using Medicaid data obtained from California for immigration enforcement, that may change in the future.

As required by federal law, DHCS submits monthly reports to CMS through the Transformed Medicaid Statistical Information System (T-MSIS). These reports include demographic and eligibility information, such as name, address, date of birth, Medicaid ID, Social Security Number (if provided), and broad immigration status, for every Medi-Cal member. Data submitted to CMS, including through T-MSIS, is considered sensitive and confidential. CMS is legally required to protect the confidentiality and security of Medicaid data. To be clear: DHCS has not provided CMS with any additional or new demographic information beyond what is routinely reported per federal requirements. DHCS takes any misuse of Medi-Cal data seriously. Any unauthorized use or disclosure is potentially unlawful and is a grave breach of trust, especially with immigrant families.

Cancelling Medi-Cal coverage today does not erase the information that was already sent to immigration enforcement. For individuals concerned about how the federal government may use their personal information for immigration reasons:

- There are qualified organizations that provide immigration-related legal services:
  - CA Legal Resources Directory (https://www.immigrationadvocates.org/nonprofit/legaldirectory/search?state=CA)
  - The California Department of Social Services' Immigration Services Bureau offers a list of qualified nonprofits (https://www.cdss.ca.gov/inforesources/immigration/contractor-contact-information) to serve individuals.

- Information about mental health resources is available on the Immigration and California Families webpage (https://www.ca.gov/immigration/).
- For information about your legal rights if you encounter immigration agents, there are fact sheets here (https://govca.app.box.com/s/46mdr10niig1civmvh00d467plprcwjv) in English and here (https://govca.app.box.com/s/g129ab47ef7wdg56ujh69e7a05akv5su)in Spanish, with additional translations in development.

- If you are comfortable, you may contact your local embassy or consulate for legal assistance or guidance.

We are committed to transparency, privacy, and ensuring that all Californians, regardless of immigration status, feel safe accessing the care they need. We will continue to engage with community partners, share updates, and defend the rights and privacy of all Medi-Cal members.

UPDATED SEPTEMBER 5, 2025

NUMBER: 25-20 | **DATE:** June 13, 2025
CONTACT: Office of Communications (mailto:DHCSPress@dhcs.ca.gov), (916) 440-7660

www.dhcs.ca.gov

Behavioral Health Information Notice No: 25-019

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

SUBJECT: Transgender, Gender Diverse, or Intersex Cultural Competency
             Training Program Requirements

PURPOSE: To notify all Mental Health Plans (MHPs) and Drug Medi-Cal Organized
             Delivery Systems (DMC-ODS) counties regarding the transgender,
             gender diverse, intersex (TGI) Cultural Competency Training program
             required by Senate Bill (SB) 923 (Chapter 822; Statutes of 2022) for
             the purpose of providing trans-inclusive health care to Medi-Cal
             members.

REFERENCE: Welfare and Institutions Code (W&I) Section 14197.09; Health and
             Safety Code, Section 150950; Title 9, California Code of Regulations,
             Section 1810.410; Department of Mental Health (DMH) Information
             Notices 10-02 and 10-17.

BACKGROUND:
Senate Bill (SB) 923 (Chapter 822; Statutes of 2022), known as the Transgender,
Gender Diverse or Intersex Inclusive Care Act, added section 14197.09 to the W&I and
mandated DHCS to require all of its MHP and DMC-ODS staff (hereafter referred to as
Behavioral Health Plans (BHPs)), subcontractor, and downstream subcontractor staff
who are in direct contact with members in the delivery of care or member services to
complete evidence-based cultural competency training for the purpose of providing

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

State of California
Gavin Newsom, Governor

California Health and Human Services Agency

trans-inclusive health care for individuals who identify as transgender, gender diverse, or TGI. Trans-inclusive health care means comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding, and respect.[1] Additionally, SB 923 requires DHCS to track, monitor, and report complaints, impose sanctions for violations of the law, and publicly report this data alongside other complaint data.

This Behavioral Health Information Notice (BHIN) outlines the training curriculum requirements and quality standards, which are based on recommendations from the statutorily required working group convened by the California Health and Human Services Agency that met from April 2023 to February 2024. This working group consisted of representatives from the Department of Managed Healthcare, California Department of Insurance, DHCS, and the California Department of Public Health, as well as members from TGI-serving organizations, individuals who identify as TGI, and health care providers. This BHIN further specifies the submission of deliverables and compliance requirements for all BHPs.

POLICY:
I. Evidence-Based Cultural Competency Training Requirements
BHPs shall require all subcontractors, downstream subcontractors[2] (excluding network providers), and all its staff who are in direct contact with members whether oral, written, or otherwise in the delivery of care or member services, including providers directly employed by the BHP (staff working in county owned and operated facilities), to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI. This training may be developed in conjunction with existing cultural competency training as outlined in the DMH Information Notice 10-02, DMH Information Notice 10-17, or any subsequent guidance. BHPs shall require that the training is completed by all staff at least every two years or more often if needed. Evidence-based training is a training and assessment method grounded in and supported by research demonstrating its success. BHPs should verify and review any research or data available that supports the efficacy or

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[1] 14197.09(a)(2)
[2] Subcontractors and downstream subcontractors do not include network providers. (42 C.F.R. § 438.2.) (For additional context, refer to MHP Contract (pages 129 and 131) and DMC-ODS Plan Contract (pages 171 and 180)). Subcontractor and downstream subcontractors refer to MHP Contract (pages 129 and 131) and DMC-ODS Plan Contract (pages 171 and 180).

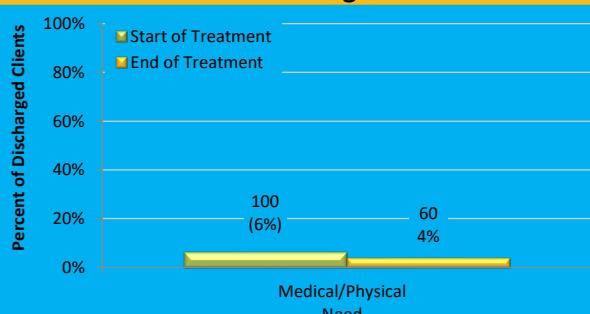# COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES FOR CHILDREN AND YOUTH
LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-3 FY 2024-25

Progress on the LWSD Areas of Influence was measured for youth with discharge assessments in SmartCare between September 2024 and March 2025. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.
NOTE: July-August data were unavailable due to the data management transition from CYF mHOMS to SmartCare.
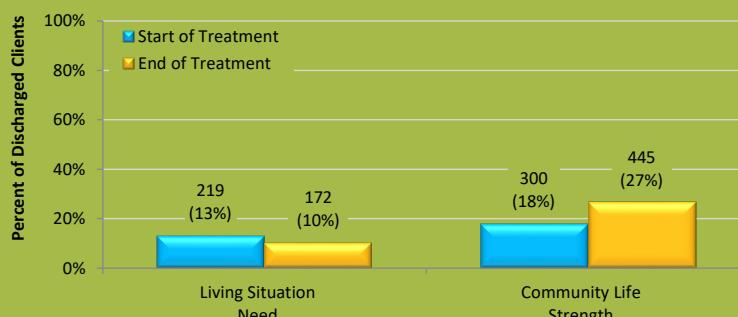
HEALTH (N=1,674)

Physical Activity
Connection to Health Home
Healthy Food
Immunizations

Chart — Percent of Discharged Clients (Start of Treatment / End of Treatment):
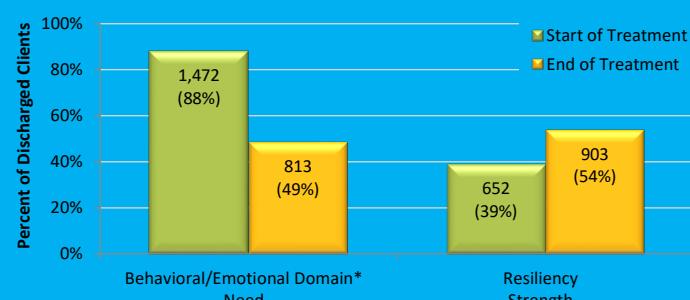- Medical/Physical Need: Start 100 (6%), End 60 (4%)

CANS items
Medical/Physical Need

COMMUNITY (N=1,674)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

CANS items
Living Situation Need
Community Life Strength

Chart — Percent of Discharged Clients (Start of Treatment / End of Treatment):
- Living Situation Need: Start 219 (13%), End 172 (10%)
- Community Life Strength: Start 300 (18%), End 445 (27%)

STANDARD OF LIVING (N=1,674)

Access to Healthcare
Access to Behavioral Health Services

*This Domain is comprised of 9 individual behavioral and emotional needs

Chart — Percent of Discharged Clients (Start of Treatment / End of Treatment):
- Behavioral/Emotional Domain* Need: Start 1,472 (88%), End 813 (49%)
- Resiliency Strength: Start 652 (39%), End 903 (54%)

CANS items
Behavioral/Emotional Need
Resiliency Strength

SOCIAL (N=1,674)

Supportive Families
Nurturing Communities
Connection to Natural Supports

CANS items
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength

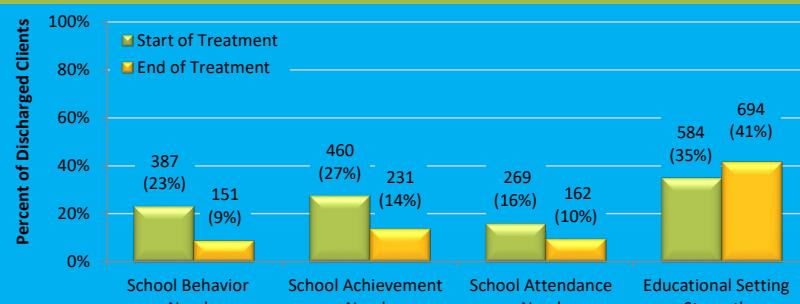Chart — Percent of Discharged Clients (Start of Treatment / End of Treatment):
- Family Functioning Need: Start 601 (36%), End 361 (22%)
- Social Functioning Need: Start 642 (38%), End 331 (20%)
- Family Strengths Strength: Start 885 (53%), End 960 (57%)
- Natural Supports Strength: Start 522 (31%), End 650 (39%)
- Interpersonal Strength: Start 582 (35%), End 758 (45%)

KNOWLEDGE (N=1,674)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions

Chart — Percent of Discharged Clients (Start of Treatment / End of Treatment):
- School Behavior Need: Start 387 (23%), End 151 (9%)
- School Achievement Need: Start 460 (27%), End 231 (14%)
- School Attendance Need: Start 269 (16%), End 162 (10%)
- Educational Setting Strength: Start 584 (35%), End 694 (41%)

CANS items
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: Outcomes data transitioned to SmartCare 9/1/2024. Due to changes in data collection and database architecture, FY 2024-25 is considered a development year.

SOCE
system of care evaluation

COUNTY OF SAN DIEGO
Health and Human Services Agency

LIVE WELL
SAN DIEGO

CASRC
Child and Adolescent Services Research Center

2025 Suicide Prevention Month Activities and Resources

September is Suicide Prevention Month and #SuicidePreventionWeek is September 8th-13th, a time in which individuals, organizations and communities around the country join their voices to broadcast the message that everyone can play a role in suicide prevention. Here are some actions you can take during Suicide Prevention Month and beyond to #StartTheConversation at home, at school, and in your community!

- Download our 2025 Suicide Prevention Week Digital Toolkit with social media graphics, videos, and captions in English and Spanish.

- Check in with the young people in your life. Remind them that they are never a bother and that you are here for them. Find additional resources at NeveraBother.org

- Share information about the warning signs of suicide. Pain isn't always obvious. Yet most people considering suicide show warning signs or signals of their intentions.
  - Download Warning Signs infographic graphic in English and Spanish

- On September 10th, light a candle to symbolize hope. At 8pm on World Suicide Prevention Day, light a candle near a window (or on social media) to show your support for suicide prevention, to remember a loved one, and for survivors of suicide.
  - Post a photo of your candle and tag us @YouthCreatingChangeOrg on Facebook and Instagram and include #YouthCreatingChange

- Encourage youth to submit to the Hope and Justice Art and Film Contest. For the prompt "What I Wish My Parents Knew," create art (in any form) about what you wish your parents knew about the warning signs of suicide, what life is like as a young person, or the importance of supporting youth mental health. Submissions due January 31st, 2026. Learn more here.

- Looking for mental health support? Soluna is an app for teens that offers a safe space to explore and manage your well-being through resources, forums, and more. It's free, easy to use, and confidential. Download the free app at Solunaapp.com.

- Share resources. There are many resources available if you or someone you or someone you know is in crisis or just needs to talk, including the 988 Suicide & Crisis Lifeline and Teen Line.

And finally, check in with yourself and with someone in your life. Remind them that they are never a bother. If you need help or someone to listen, connect with one of these resources.

2025 Suicide Prevention Week/Month Digital Toolkit

Share these posts on your social media channels and be sure to tag us @YouthCreatingChangeOrg on Facebook, Instagram, and TikTok. Download graphics and videos here.

Graphic	Caption
Download graphic	September is Suicide Prevention Month! Everyone can play a role in suicide prevention. You can start conversations with loved ones, review the warning signs, share resources, and get involved in activities and events that uplift your community. Learn more about Suicide Prevention resources and activities at YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth
Download animation	These skills can be used in the moment if you or someone you know is experiencing thoughts of suicide. These tips were adapted from Now Matters Now, a great resource that uses evidence-based practices to support people in crisis. Learn more at NowMattersNow.org And remember, you are not alone. Call or text 988 to reach the Suicide & Crisis Lifeline 24/7. Thank you to our Youth Council Member Katelyn G. for creating these graphics for Suicide Prevention Month! Find more Suicide Prevention Month resources and activities at YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionMonth

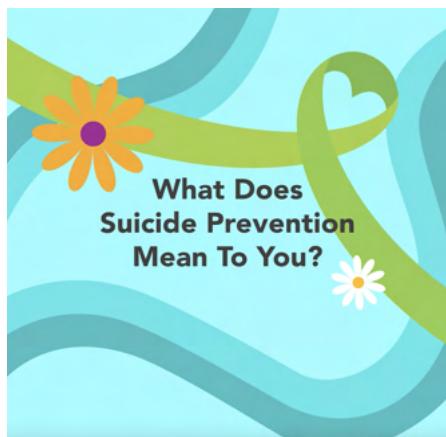|	
EVERY CONVERSATION, NO MATTER HOW SMALL, CONTRIBUTES TO A MORE SUPPORTIVE & UNDERSTANDING SOCIETY 10 SEPTEMBER — World Suicide Prevention Day www.iasp.info/wspd *Download graphic*	World Suicide Prevention Day on September 10th provides the opportunity for people across the globe to raise awareness of suicide prevention and share hope. At 8pm light a candle near a window (or share it social media) to show your support for suicide prevention, to remember a loved one, and for survivors of suicide loss. Find Suicide Prevention resources and activities at YouthCreatingChange.org/events #SuicidePreventionWeek #WorldSuicidePreventionDay
What Does Suicide Prevention Mean To You? *Download animation*	Everyone can play a role in suicide prevention. #SuicidePreventionWeek is September 8-14th. During this week and the month of September think about and share what suicide prevention means to you. Get involved at YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth

Carousel Post - Use the graphics below as a carousel or as individual posts!

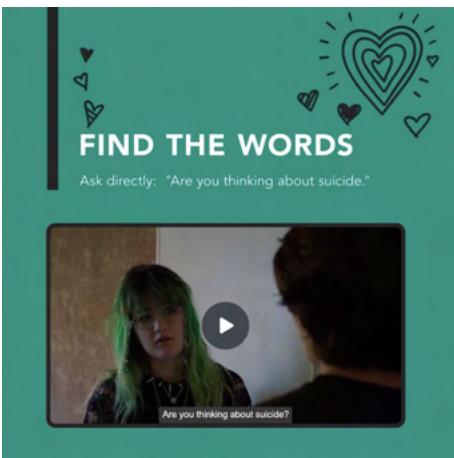|	
SEPTEMBER IS SUICIDE PREVENTION MONTH A moment that serves as a powerful reminder that there are steps we can take in looking out for one another. HOPE *Download carousel graphics*	During September and beyond, there are many steps we can take to support suicide prevention. We can ask someone direcly if they have thoughts of suicide, connect with cultural traditions, and use calming techniques and crisis resources. What steps do you hope to engage in this month? Comment below. For Suicide Prevention resources and activities, visit YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth

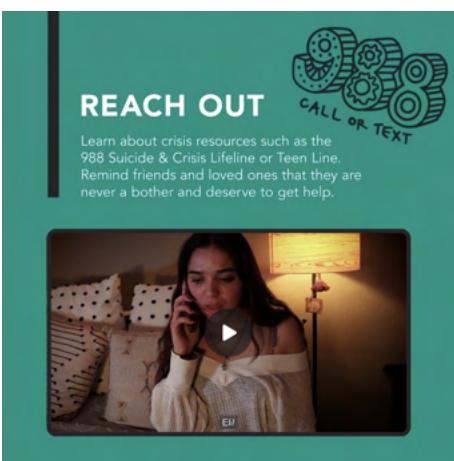|	
 Download carousel graphics	Are you familiar with the warning signs of suicide? If you're worried about someone, trust your instincts. Start a conversation and don't hesitate to ask them directly if they're thinking about suicide. This will not put the idea in their head! More likely, it will show them that you are comfortable having conversations about serious topics. Share this graphic and download more Suicide Prevention resources at YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #StartTheConversation
 Download carousel graphics	When talking about suicide, it's okay to be direct. In fact, asking the question "Are you thinking of suicide?" won't put thoughts in someone's head, but can help them open up if they have had these thoughts. "There can be a lot of anxiety around asking someone if they are thinking about suicide," the youth who created "The Conversation" shared. The film shows why it's important to reach out anyway and how to find the courage to start that conversation. Learn more about Suicide Prevention Month at YouthCreatingChange.org/events
 Download carousel graphics	If you're speaking to someone in crisis, take a deep breath. There are many ways to support them through this difficult moment, as shown by this youth-created film. Remember to share resources with them, including the 988 Suicide & Crisis Lifeline and Teen Line. Teens can call 800-852-8336 from 6-10pm PST or text TEEN to 839863 from 6-9pm PST to reach a hotline staffed by trained teen listeners. Learn more about Suicide Prevention Month activities at YouthCreatingChange.org/events

CALM & GROUND YOURSELF If you or someone you know is experiencing thoughts of suicide, there are steps to take in the moment including calming exercises, self-expression, or creating a safe space. there is hope for me right now *Download carousel graphics*	If you're experiencing thoughts of suicide, sometimes you have to take things moment by moment. Whether it's connecting with others, breathing, journaling, or reminding yourself of how far you've come, there are many small steps you can take. The film "Right Now" was created for the Directing Change Film Contest to show how someone can manage these thoughts in the moment. Don't be afraid to reach out. You can call or text 988 to reach the Suicide & Crisis Lifeline, or Teens can contact Teen Line - learn more at TeenLine.org. Find more Suicide Prevention Month Activities YouthCreatingChange.org/events
CONNECT WITH CULTURAL TRADITIONS or community events such as Out of the Darkness walks. But perhaps, the journey to belonging starts within. *Download carousel graphics*	Engaging in cultural traditions can help give youth a sense of belonging and support. The film "Rewrite Your History" explores this theme from a youth who shares their struggle to feel connected to their Native heritage. Learn more about suicide prevention in indigenous communities here: https://tinyurl.com/52zuup3x Find more Suicide Prevention Month activities and resources at YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #reachout
EXPRESS YOURSELF Enter film and art contests about mental health and suicide prevention. Learn more, find resources, and watch youth-created films at **YouthCreatingChange.org** **YOUTH CREATING CHANGE** *Download carousel graphics*	*Use these graphics together as a carousel or share them as individual posts!*

How to Start a Conversation With Someone You're Worried About Hey! Let's chat. Sure, what's up? *Download animation*	When you're concerned about a friend or loved one, the best thing to do is reach out to them. But how do you start the conversation? The theme of Suicide Prevention Month is Changing the Narrative on Suicide. By approaching these conversations with empathy, we can help others feel heard and remind them that it's okay to reach out for help. These tips can help you take that important step. Remember, be sure to connect them with a trusted adult and provide a resource like the 24/7, confidential 988 Suicide & Crisis Lifeline or Teen Line. #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #StartTheConversation
5-4-3-2-1 Technique What are 5 things you can see? What are 4 things you can touch? What are 3 things you can hear? What are 2 things you can smell? What is 1 thing you can taste? YOUTH CREATING CHANGE — HopeandJustice.art/events *Download animation*	With the stresses of back to school, remember this breathing technique for when you are feeling anxious or stressed. Take a moment to slow down and breathe, and use the grounding technique 5-4-3-2-1 to bring yourself to the present. Remember, it's okay to not be okay. And if you need someone to listen, call or text Teen Line. Call 800-852-8336 from 6-10pm PST or text TEEN to 839863 from 6-9pm PST to reach a hotline staffed by trained teen listeners. #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #copingskills #54321

YOUTH CREATING CHANGE | Directing Change Program & Film Contest

Get Help Now

Call or text **988** to **speak with a trained counselor** who will listen without judgment and provide support 24/7.

Speak with a trained teen listener who understands what it's like to be a teen.
**Call 1-800-852-8336 (6 PM–10 PM PT)
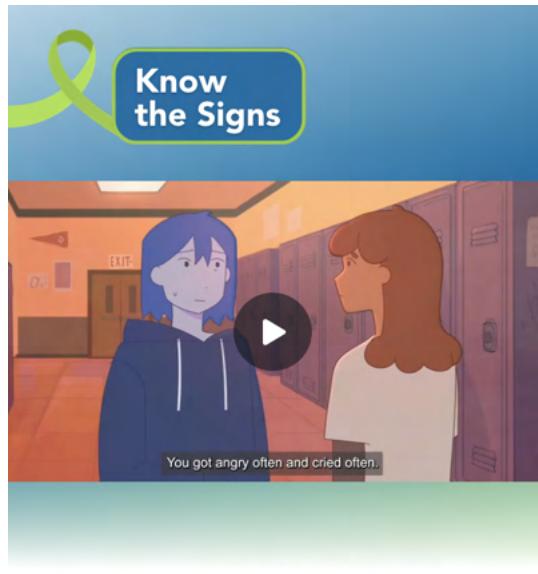Text TEEN to 839863 (6 PM–9 PM PT)**

Download graphic from Never a Bother

What can you expect when you call 988? Learn what happens when you call or connect with the Suicide & Crisis Lifeline in this video: tinyurl.com/calling988.

#988 #suicideprevention @NeveraBother

Know the Signs

You got angry often and cried often.

Directing Change Program & Film Contest

Find suicide prevention resources and activities at: YouthCreatingChange.org/Events

Download inset video

It's important to take someone seriously when they show the warning signs of suicide. The animated film "A Shared Warmth" shows how to recognize these signs and connect someone with a trusted adult.
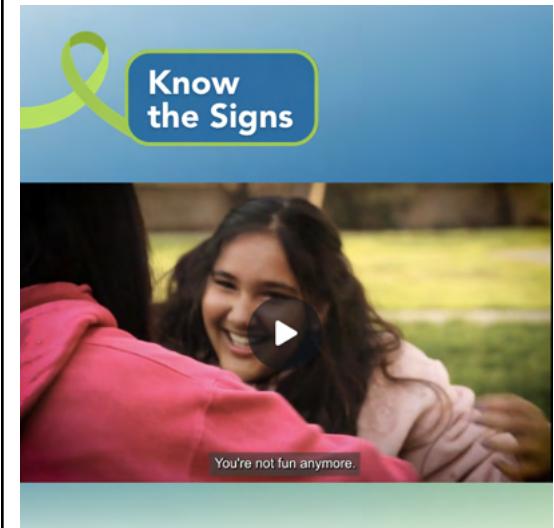
The film was submitted to the Directing Change Film Contest by students from Sacramento County. Learn more about Suicide Prevention Month at YouthCreatingChange.org/events

#YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns

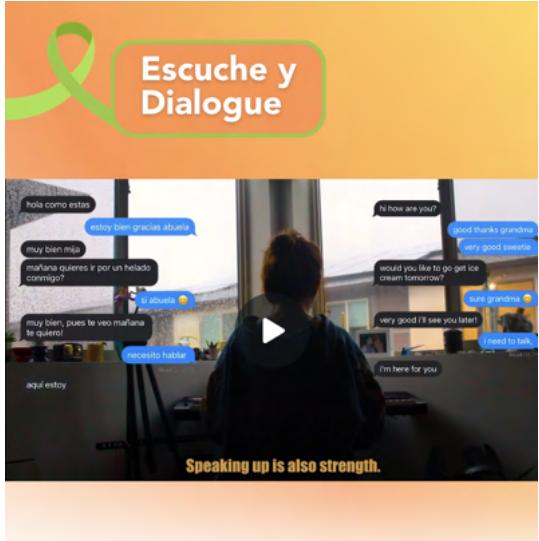|	
Know the Signs *You're not fun anymore.* Directing Change Program & Film Contest — Find suicide prevention resources and activities at: YouthCreatingChange.org/Events [Download inset video](#)	Have you ever noticed changes in someone you're close to? It's important to pay attention to these changes in behaviors, even if they are subtle. The short film "We All Noticed!" centers on a relationship between sisters and reminds us to reach out when we're concerned about someone. The film was submitted to the Directing Change Film Contest by students from Los Angeles County. Learn more about Suicide Prevention Month at [YouthCreatingChange.org/events](#) #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns
Find the Words *When we avoid difficult conversations.* Directing Change Program & Film Contest — Find suicide prevention resources and activities at: YouthCreatingChange.org/Events [Download inset video](#)	How do you check in with someone you're worried about? "Elephant in the Room" shows how to share your concerns with empathy and care. "Mental health struggles are so common in youth, yet real conversations about suicide often feel impossible to have. I wanted to create something that helps break that silence and shows how being direct can make a difference," the youth filmmaker shared. The film was submitted to the Directing Change Film Contest by a student from Terra Linda High School in Marin County. Learn more about Suicide Prevention Month at [YouthCreatingChange.org/events](#) #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns

YOUTH CREATING CHANGE | Directing Change Program & Film Contest

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Escuche y Dialogue

Speaking up is also strength.

Directing Change Program & Film Contest

Para recursos y actividades de prevención del suicidio, visita:
YouthCreatingChange.org/Events

Download inset video

Though it can be difficult to speak up, we may be surprised about just how much support we receive. The film "La Tormenta Interior" shows a conversation between a young person and her grandmother over text. The filmmaker shares that the film "shows a raw and intimate look at mental health struggles within the Hispanic community and the quiet power of reaching out."

Find Suicide Prevention Month resources in Spanish and English at YouthCreatingChange.org/events

#YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #reachout #enespanol

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Love in All Colors

Artwork by Kaylee L., grade 12
Rodriguez High School,
Solano County

YOUTH CREATING CHANGE

Download graphic

"Love in All Colors" was created by a student to celebrate LGBTQ+ acceptance, particularly in families of color. "Supportive families are the first step to acceptance. It's shown that when a family accepts their child for who they are, their suicide rate drops," the youth artist shared.

LGBTQ+ youth need a safe space to be heard. Trevor Project is available 24/7 by calling 1-866-488-7386 or by texting START to 678-678. Learn more at thetrevorproject.org

Find activities and resources for Suicide Prevention Month at YouthCreatingChange.org/events

#YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns

Download inset video	September is Recovery Month. The video "Numb" was created by students from Tennyson High School in Alameda County to show how to support a young person struggling with substance use. To get connected to treatment, visit findtreatment.gov. And if you're in crisis, call or text 988 to reach the Suicide & Crisis Lifeline, which offers judgement-free support for substance use, mental health, and more. #YouthCreatingChange #RecoveryMonth
Download graphic	Opportunity for California youth! Create a 60-second film about suicide prevention, mental health, and other health and social justice issues. Win prizes, participate in an award ceremony, and spark change. Get started at DirectingChangeCA.org #studentfilmcontest #artcontest #mentalhealth #suicideprevention #educators

WHAT I WISH MY PARENTS (AND OTHER ADULTS) KNEW...

Just because you are more stressed than me, doesn't mean I am not stressed.

I'm trying really hard, even if it might not look like it.

Download graphic

This is your chance! Get creative and think about what you would say to your parent(s)/caregiver(s) or other adults about struggles you go through in your life as a young person today. What do you wish they knew about you, your mental health, and the kind of support you need? Write a letter, film a short video or create a painting or a poem about what you would say.

Submit by January 31st, 2026 for a chance to win up to $300 in gift cards! Visit https://hopeandjustice.art/contest to get started.

Actividades y recursos para el mes de prevención del suicidio 2025

Septiembre es el mes de prevención del suicidio y la #SuicidePreventionWeek es desde el 8 al 13 de septiembre, un momento en el que las personas, organizaciones y comunidades en todo el país unen sus voces para difundir el mensaje de que todos tienen una función importante en lo que respecta a la prevención del suicidio. La llamada mundial a la acción por el día mundial de prevención del suicidio el 10 de septiembre es #StartTheConversation, que anima a las personas a ponerse en contacto con sus amigos y familiares, compartir historias personales y defender los recursos para situaciones de crisis y salud mental.

¡Las siguientes son algunas acciones que puede realizar durante el mes de prevención del suicidio y en adelante: #StartTheConversation en casa, la escuela y su comunidad!

- Descargue nuestro kit de herramientas digital para el mes de prevención del suicidio 2025 con gráficos para redes sociales, vídeos y pies de foto que incluyen cortometrajes y obras de arte creados por jóvenes.

- Descargue la animación "Right Now" sobre las habilidades que alguien que experimenta pensamientos de suicidio puede usar en el momento para para calmarse y centrarse. La miembro del consejo de Youth Creating Change, Katelyn G., creó los gráficos y se inspiró en prácticas basadas en la evidencia ofrecidas por NowMattersNow.org

- Encuentre más recursos en: youthcreatingchange.org/awareness-education

Cuídese y recuérdese a sí mismo y a los demás que nunca son una molestia. Llame o envíe un mensaje de texto al 988 para comunicarse con la línea de ayuda por suicidios y crisis.
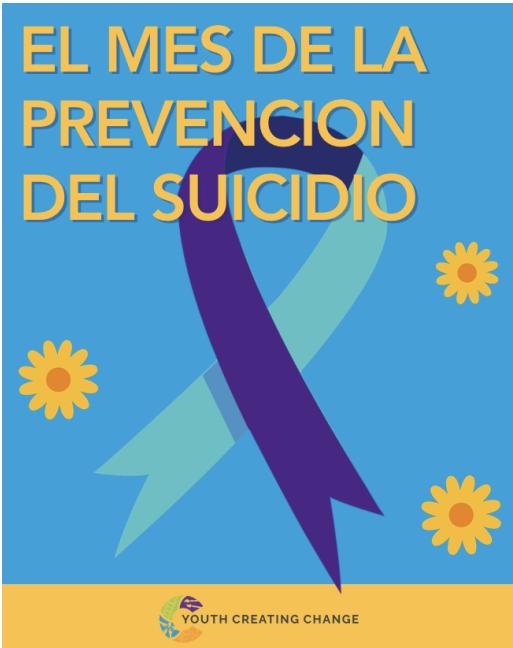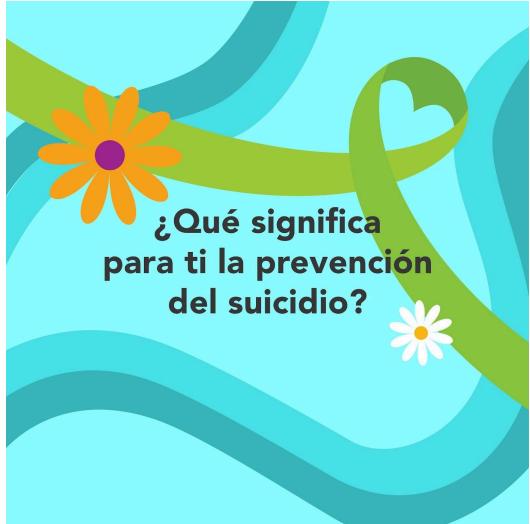
Semana de prevención del suicidio 2025/Kit de herramientas digitales mensual

Comparta estas publicaciones en sus redes sociales y asegúrese de etiquetarnos @YouthCreatingChangeOrg en Facebook, Instagram y TikTok. Descargue gráficos y videos aquí.

Graphic	Caption
EL MES DE LA PREVENCION DEL SUICIDIO YOUTH CREATING CHANGE *Descargar gráfico*	¡Septiembre es el mes de la prevención del suicidio! Todos tienen una función importante en lo que respecta a la prevención del suicidio. Puede iniciar conversaciones con sus seres queridos, revisar las señales de advertencia, compartir recursos e involucrarse en causas que mejoren la comunidad. Obtén más información sobre recursos y actividades de prevención del suicidio en YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth
Día Mundial de la Prevención del Suicidio **10 de septiembre** Enciende una vela a las 8pm para simbolizar la prevención del suicidio y en memoria de aquellos a los que hemos perdido por el suicidio. YOUTH CREATING CHANGE HopeandJustice.art/Events *Descargar gráfico*	El Día Mundial de la Prevención del Suicidio, que se celebra el 10 de septiembre, brinda a las personas de todo el mundo la oportunidad de crear conciencia sobre la prevención del suicidio y compartir la esperanza. A las 8 pm enciende una vela cerca de una ventana (o en las redes sociales) para mostrar su apoyo a la prevención del suicidio, para recordar a un ser querido y para los sobrevivientes del suicidio. #SemanaPrevenciondelSuicido #DiaMundialPrevenciondelSuicidio

¿Qué significa para ti la prevención del suicidio?

Descargar gráfico

Todos pueden desempeñar un papel en la prevención del suicidio. La #SuicidePreventionWeek (#SemanaPrevencióndelSuicidio) del 8 al 14 de septiembre. Durante esta semana y el mes de septiembre piensa y comparte lo que la prevención del suicidio significa para ti.

Participa en YouthCreatingChange.org/events

#YouthCreatingChange #SemanaPrevencióndelSuicidio #MesPrevenciondelSuidicio

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Descargar gráfico

¿Estás familiarizado con las señales de advertencia del suicidio? Si estás preocupado por alguien, confía en tus instintos. Inicia una conversación y no dudes en preguntar directamente si la persona está pensando en el suicidio. ¡Esto no pondrá la idea en su cabeza! Lo más probable es que le muestre que te sientes cómodo teniendo conversaciones sobre temas serios.

Comparte este gráfico y descarga más recursos para la prevención del suicidio en HopeandJustice.art/Eventos

#YouthCreatingChange #SemanaPrevencióndelSuicidio #MesPrevenciondelSuidicio

Técnica 5-4-3-2-1 Nombra 5 cosas que ves a tu alrededor Nombra 4 cosas que puedes tocar a tu alrededor Nombra 3 cosas que escuchas Nombra 2 cosas que puedas oler Nombra 1 cosa que puedas saborear YOUTH CREATING CHANGE *Descargar gráfico*	Si te sientes ansioso o estresado, tómate un momento para bajar la velocidad y respirar. Usa la técnica de conexión a tierra 5-4-3-2-1 para volver al presente. Recuerda, está bien no estar bien. Y si necesitas a alguien que te escuche, llama o envía un mensaje de texto a Teen Line. Llama al 800-852-8336 de 6-10pm PST o envía un mensaje de texto a TEEN al 839863 de 6-9pm PST para comunicarte con una línea directa atendida por oyentes de adolescentes capacitados. #YouthCreatingChange#SemanaPrevencióndelSuicidio #MesPrevenciondelSuidicio #habilidadesdeafrontamiento
Reconozca las Señales Together, we can break the stigma, save lives, and give hope. Directing Change Program & Film Contest Para recursos y actividades de prevención del suicidio, visita: **YouthCreatingChange.org/Events** *Descargar vídeo insertado*	A quienes tienen pensamientos suicidas les puede resultar difícil hablar al respecto. Si observas que alguien está pasando por un mal momento, no tengas miedo de acercarte y ayudarle a abrirse y hablar sobre lo que sucede. Como "Rompe el Silencio, Salva una Vida" explica, ¡hacerlo podría salvar una vida! Encuentra actividades y recursos para el mes de prevención del suicidio en YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns

Reconozca las Señales

Para recursos y actividades de prevención del suicidio, visita: **YouthCreatingChange.org/Events**
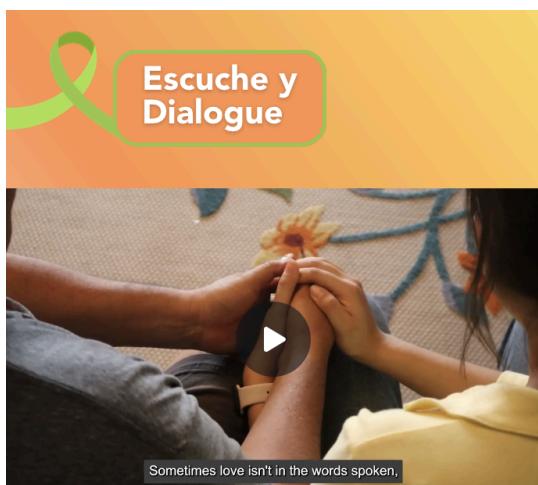
Directing Change Program & Film Contest

Descargar vídeo insertado

Los problemas de salud mental no siempre son fáciles de detectar y, como nos recuerda "La Lucha Invisible", es importante tomar en serio a las personas cuando expresan que necesitan ayuda.

No tengas miedo de comunicarse. Puedes llamar o enviar un mensaje de texto al 988 para comunicarte con la línea de ayuda por suicidios y crisis, y los adolescentes pueden comunicarse con la línea de ayuda para adolescentes. Comunícate al 800-852-8336 de 6 a 10 p. m. PST o envía TEEN al 839863 de 6 a 9 p. m. PST para comunicarte con una línea directa atendida por adolescentes capacitados para escuchar.

Encuentra actividades y recursos para el mes de prevención del suicidio en YouthCreatingChange.org/events

#YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns

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Escuche y Dialogue

Sometimes love isn't in the words spoken,

Para recursos y actividades de prevención del suicidio, visita: **YouthCreatingChange.org/Events**

Directing Change Program & Film Contest

Descargar vídeo insertado

En ocasiones, los jóvenes no se sinceran con sus padres trabajadores sobre sus sentimientos porque no quieren ser una carga. No obstante, como "Manos Que Sostienen" nos muestra, ser honesto sobre nuestras necesidades nunca es algo por lo que sentirse culpable. De hecho, dedicar tiempo a mantener el contacto con nuestros seres queridos puede incluso contribuir a mejorar nuestra salud mental.

Obtén más información sobre el mes de prevención del suicidio en YouthCreatingChange.org/events

#YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #knowthesigns

Escuche y Dialogue Speaking up is also strength. Directing Change Program & Film Contest Para recursos y actividades de prevención del suicidio, visita: YouthCreatingChange.org/Events *Descargar vídeo insertado*	Si bien puede resultar difícil hablar, podemos sorprendernos de cuánto apoyo recibimos. La película "La Tormenta Interior" muestra una conversación entre una joven y su abuela por mensaje de texto. El cineasta comparte que la película "muestra una mirada cruda e íntima a las luchas por la salud mental dentro de la comunidad hispana y el poder silencioso de tender la mano." Encuentra recursos sobre el mes de prevención del suicidio en español y en inglés en YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #reachout #enespanol
Escuche y Dialogue We have to keep going, we have to move forward. Directing Change Program & Film Contest Para recursos y actividades de prevención del suicidio, visita: YouthCreatingChange.org/Events *Descargar vídeo insertado*	Personas de diferentes edades y procedencias pueden tener perspectivas diferentes sobre salud mental, pero eso no significa que no puedan aprender unos de otros y apoyarse mutuamente. En "Generations Talking", los jóvenes y adultos se unen para recordar a todos que deben cuidar su salud mental. Encuentra recursos sobre el mes de prevención del suicidio en español y en inglés en YouthCreatingChange.org/events #YouthCreatingChange #SuicidePreventionWeek #SuicidePreventionMonth #reachout #enespanol

CREATE A FILM & WIN!

Share your voice

Win up to $1,000

Make a difference

Submission categories: Suicide Prevention, Mental Health, Through the Lens of Culture, Substance Use Prevention, and Walk in Our Shoes
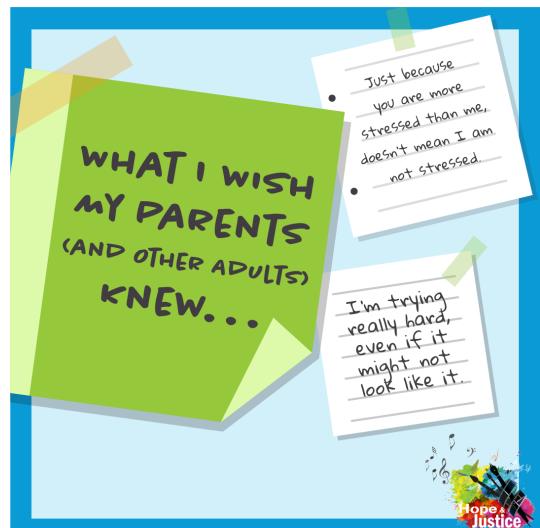
DirectingChangeCA.org

YOUTH CREATING CHANGE | Directing Change Program & Film Contest

Descargar gráfico

¡Oportunidad para los jóvenes de California! Crea una película de 60 segundos sobre la prevención del suicidio, la salud mental y otras cuestiones relacionadas con la salud y la justicia social. Gana premios, participa en una ceremonia de premios e impulsa el cambio.

Comienza en DirectingChangeCA.org

#studentfilmcontest #artcontest #mentalhealth #suicideprevention #educators

WHAT I WISH MY PARENTS (AND OTHER ADULTS) KNEW...

Just because you are more stressed than me, doesn't mean I am not stressed.

I'm trying really hard, even if it might not look like it.

Descargar gráfico

¡Esta es tu oportunidad! Sé creativo y piensa en lo que dirías a tus padres/cuidadores u otros adultos sobre las dificultades que atraviesas en tu vida como joven de hoy en día. ¿Qué te gustaría que supieran sobre ti, tu salud mental y el tipo de ayuda que necesitas? Escribe una carta, realiza una película o video corto o crea una pintura o poema sobre lo que dirías.

¡Envíalo antes del 31 de enero para tener la oportunidad de ganar hasta $300 en tarjetas de regalo! Visita https://hopeandjustice.art/contest/ para comenzar.

Reduce Your Student Debt
Serve Your Community

Apply for the Medi-Cal Behavioral Health Student Loan Repayment Program

The Medi-Cal Behavioral Health Student Loan Repayment Program offers **up to $240,000** to behavioral health professionals who commit to serving California's Medi-Cal members and the uninsured in Medi-Cal safety net settings.

Whether you're licensed, working toward licensure, or a community-based provider, this program helps **pay off student debt** while you make a difference in your community.

APPLICATIONS START JULY 1, 2025

Why Apply?

- Reduce student loan debt
- Serve vulnerable communities
- Be part of California's behavioral health transformation

Who Should Apply?

This program is open to behavioral health professionals with educational loan debt who are willing to commit to serving 2 to 4 years in an eligible Medi-Cal safety net setting. See t.ly/cACpV for more information on eligible sites.

How to Apply?

Visit t.ly/cACpV for more information and to apply starting July 1, 2025
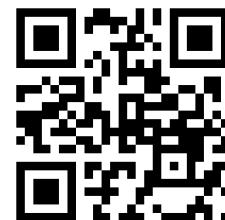
HCAi Department of Health Care Access and Information

I Am Here: Vital Document Legal Hotline for Youth

I AM HERE: Vital Document Legal Hotline for Youth

A free, dedicated, state-specific legal assistance hotline for youth experiencing homelessness.

1-888-870-DOCS

NATIONAL NETWORK *for* YOUTH

Baker McKenzie.

Voicemails and texts are welcome and will be returned.

[Click Here to Call: 1-888-870-3627](#)