PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

July 8, 2021 | Zoom| 9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Fran Cooper ○ **Training recommendations**	Welcome. Please enter your upcoming training recommendations in the chat.
2. San Diego County District Attorney Juvenile Diversion Initiative *(SOC)* (handout) – Shawnalyse Ochoa, SD County District Attorney, Juvenile Branch	Designed for at risk youth. Objectives: reduce the number of youths entering Juvenile Justice System, contract with community to offer service and support to youth and family, address and repair harm to victim and community through restorative principles and practices, reduce recidivism.
3. QM updates *(SOC)* (handout) - Elaine Mills	Review June QM UTTM (Up to the Minute). Annual Forum dates: MH 8/24/21, 9am-12pm SUD 8/26/21, 9am-12pm
4. Pathways to Well-Being (PWB) *(MH)* (handout) **–** Amanda "Mandy" Kaufman ○ New Procedure for Obtaining PSW Contact Information (handout) ○ CFT Meetings conducted through CFT Mtg. Facilitation Program ○ PWB liaisons reaching out to programs to offer TA ○ Currently Retired: San Diego County Probation Department Overview eLearning (Probation 101)	<u>New Procedure for Obtaining PSW Contact Information (handout)</u> Please refer to the Information Notice in your packet that was sent out on July 2nd. The notice references the privacy laws protecting the disclosure of client Child Welfare Services case status and the need to provide a confidential code when calling the Child Welfare Services hotline to obtain the assigned PSW name and telephone number. If you have not received the code, please contact Amanda.kaufman@sdcounty.ca.gov or your assigned Pathways to Well-Being liaison. <u>CFT Meetings conducted through CFT Mtg. Facilitation Program</u> The CFT Meeting Facilitation Program is continuing to hold CFT meetings either virtually, in-person, or as a hybrid, depending upon the youth and family preference. <u>PWB liaisons reaching out to programs to offer TA</u> PWB liaisons continue to reach out to BHS programs to offer technical assistance (TA) regarding PWB requirements. For any PWB related TA, please contact

	your assigned PWB liaison or Amanda.kaufman@sdcounty.ca.gov for scheduling. Currently Retired: San Diego County Probation Department Overview eLearning (Probation 101) The San Diego County Probation Department Overview eLearning (aka "Probation 101 training"), is currently being updated and integrated into a larger system of care training. Attendance is excused at this time. Please inform your COR when you have a newly hired employee that is currently unable to take the training.
5. Utilization Management update *(MH)* (handout) – Eileen Quinn-O-Malley	UM Request Information Notice issued on 6/29/21 outlined the reinstatement of the UM process to align with DHCS sunsetting the various waiver provisions during the pandemic. As of July 1, all mental health programs are expected to resume the UM session-based process. Please note that IN highlighted a modification from a previously issued memo about tracking sessions prior to the waiver --- This requirement has been eliminated and tracking of sessions started fresh on July 1 All supporting activities such as CANS and PSC reassessment and client plan updates are required at the time of UM review. UM request form has been updated with section H – Clinical Considerations- established to help clinicians identify the need for additional sessions and Section I - Eligibility Criteria- provides justification for additional services.
6. Pandemic Impacts on Children and Youth *(SOC)* (handout) – Emily Trask, CASRC	Report examines the impact of the first 10 months of the pandemic, beginning with the stary-at-home order in March 2020, by comparing San Diego County Behavioral Health data from March to December of 2020 to the same time frame in 2019. Report includes Medi-Cal and unfunded clients.
7. Fentanyl Abuse *(SOC)* (handout) - Linda Bridgeman-Smith	Fentanyl is a highly concentrated synthetic opioid. Deaths from illegally manufactured fentanyl continue to be high nationwide. Printable poster link: https://www.sandiegorxabusetaskforce.org/fentanyl-warning-posters It's Up to Us you tube: https://youtu.be/EFgn2GQVFbE
8. CADRE CYF Subcommittee *(SOC)* - Julie McPherson, Community Research Foundation	Reviewed FY 20-21 areas of focus and goals for FY 21-22. "Responding to the impacts of COVID," was at the center of every meeting in FY 20-21 including referrals

	and access to co-occurring services, a presentation from SDCOE regarding educational impacts of COVID, and a presentation from SOAP MAT regarding and medically assisted treatment for youth. Return to school based SchooLink services and increased collaboration with Juvenile Probation to enhance treatment and support with those with complex needs are the focus for FY 21-22.
9. City Parks and Recreation – Come Play Outside *(SOC)* (handout) – Sarah Erazo, Recreation Program Manager ○ https://comeplaysd.com/	Program offers new opportunities for kids and their families to play outside safely in San Diego throughout the summer. ***Come Play Outside*** is part of San Diego Mayor Todd Gloria's "Summer for All of Us" initiative. It is made possible by County of San Diego HHSA, San Diego County Supervisor Chair Nathan Fletcher, City of San Diego Department of Parks and Recreation, the San Diego Parks Foundation, and Price Philanthropies Foundation.
10. Mobile Crisis Response Team (MCRT) (handout) – Alisha Eftekhari BHS – AOA/ Megan Patrick-Thompson, Exodus Recovery	Non-law enforcement mobile crisis intervention program for individuals, 18 years and older residing in San Diego County, who are experiencing a behavioral health crisis. To access the MCRT call the San Diego County Access and Crisis Line: (888) 724-7240, 24 hour access telephone line to mental health services. TDD/TTY Dial (711)
11.Announcements *(SOC)* ○ **SchooLink** ○ **FY 21/22 Quarterly Status Report** ○ **CYF Annual Report (handout):** https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/Reports.aspx ○ **CADRE –** CCISC Report due July 15, 2021 ○ **TERM Trainings on RHIS Website (handout)** ○ **Psychotropic Medication and Youth: Legislative Updates and Best Practices Recorded Webinar (handout):** https://theacademy.sdsu.edu/programs/rihs/rihs-resources/psychotropic-medication-and-youth-legislative-updates-and-best-practices-recorded-webinar/ ○ **Understanding CWS and the Juvenile Dependency Process: Helping Our Families Heal Recorded Training (handout):** https://theacademy.sdsu.edu/programs/rihs/rihs-resources/understanding-cws-and-	**SchooLink** • The County Board of Supervisors is in support of a Universal Screening through the schools. Updates for the details of this will be coming out in the months ahead. • As a SchooLink provider please remember to begin scheduling your Annual required SchooLink meetings to reconnect with your school partners and; • Update your Annual SchooLink plans to meet the needs of the students coming back into the schools this year. **QSR:** Anticipated to be disseminate by August 15. **CYF Annual Report:** Recommend reviewing the report with your program staff and if there are any questions please connect with your COR. **CCISC Report:** Ensure you are reviewing last year's report goals and that you are providing updates. **TERM** Refer to the attachments to view the 2 new trainings available on RHIS.

the-juvenile-dependency-process-helping-our-families-heal-recorded-training/

- **Medi-Cal Peer Support Specialist Certification Program**
  - Continues to progress and Counties to decide to opt in with CalMHSA or not by August 1, 2021. The certification program will have several requirements for Peer Specialist such as trainings and obtaining certification
- **Regional Task Force on the Homeless, Emergency Housing Voucher (handout)**
  - CYF has 20 vouchers and CORS will be coordinating with designated programs
- **Behavioral Health Services and Department of Probation new Program - Healing Opportunities for Personal Empowerment (H.O.P.E) (handout**)
  - New Treatment Program for youth in detention that focus on Mental health, Substance use and Criminogenic needs
- **We Can't Wait Conference: Registration is Open!**

  12th Annual Early Childhood Mental Health Conference - We Can't Wait.
  Dates: September 23-25, 2021 - Virtual Event
  Emerging from COVID, Conflict and Chaos: Creating a Resilient Future for our Children and Communities
  To Register: **Click Here** or visit www.earlychildhoodmentalhealth-sandiego.com
  For Registration Information: **Click Here**
  To view the Conference Agenda: **Click Here**

Next Meeting: September 9, 2021 9:30 a.m. - 11:30 a.m.

San Diego County District Attorney Juvenile Diversion Initiative

BUILDING RESILIENCE TO STRENGTHEN THE COMMUNITY

Objectives of Juvenile Justice System

1. Reduce the number of youth who enter the juvenile justice system
2. Encourage rehabilitation by addressing underlying cause of unsafe behaviors leading to juvenile justice involvement
3. Engage community and stakeholders in rehabilitation and reintegration process
4. Ensure youth are fully thriving in their communities

DA and Juvenile Justice System

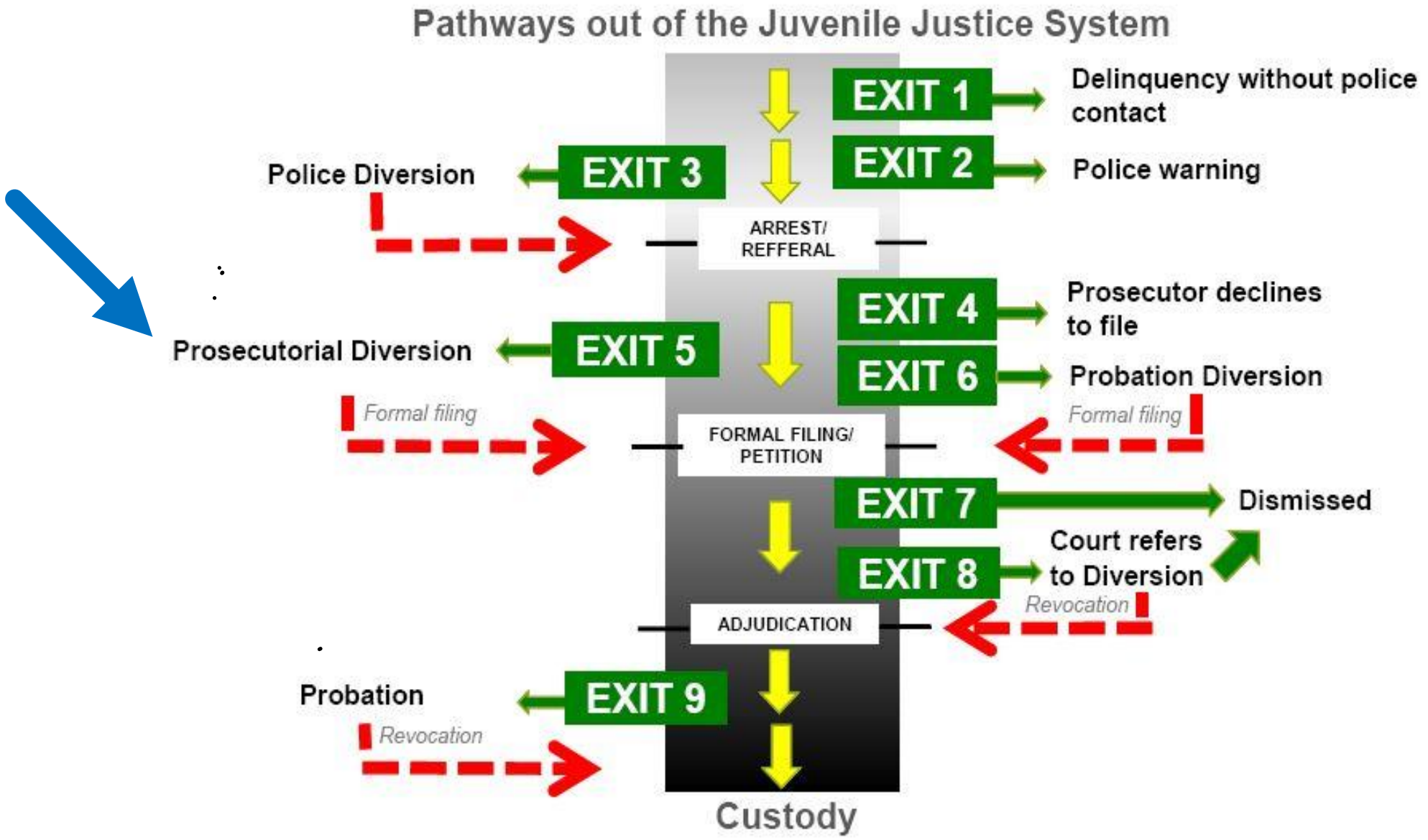
District Attorney mandated by law to review ALL felony charges submitted by law enforcement

- **Existing System**
  - Police refer cases to our office for possible filing of charges
  - Review the cases
  - File a case in juvenile court

- **New System**
  - Police refer cases to our office for possible filing of charges
  - Review the cases
  - Offer Pre-File Diversion Program
  - Successful completion, close case and seal arrest record

DA Diversion Program

- Youth never touch the juvenile justice system
- Youth referred to a community organization for services
- Youth receive a validated assessment to identify their underlying needs
- Youth receive a case plan
- Upon successful completion of case plan, case is never filed and the arrest record is sealed


Pathways out of the Juvenile Justice System
EXIT 1
Delinquency without police contact
EXIT 2
Police warning
Police Diversion
EXIT 3
ARREST/ REFFERAL
EXIT 4
Prosecutor declines to file
Prosecutorial Diversion
EXIT 5
EXIT 6
Probation Diversion
Formal filing
Formal filing
FORMAL FILING/ PETITION
EXIT 7
Dismissed
Court refers to Diversion
EXIT 8
Revocation
ADJUDICATION
Probation
EXIT 9
Revocation
Custody

Criteria for Referral to DA Juvenile Diversion Initiative

Eligibility

- All cases and any offense in or out of custody **except**:
  - WIC 707(b) offenses
  - Minor is currently on Probation
  - Sexual Assault
  - Transportation or sales of a controlled substance
  - Human Smuggling/Human Trafficking
  - School threats or threats of domestic terrorism
  - Use of force against a peace officer causing injury
  - Parties do not reside in the County of San Diego and therefore are unable to participate in the diversion program
  - Not a threat to themselves or others
  - Cases where the best interest of the victim or justice would not be served

Example of Eligible Felony Charges

Objectives of DA Juvenile Diversion Initiative (DA-JDI)

- Reduce the number of youth entering Juvenile Justice System – Pre-file
- Contract with community to offer service and support to youth and family
- Address and repair harm to victim and community through restorative principles and practices
- Reduce recidivism

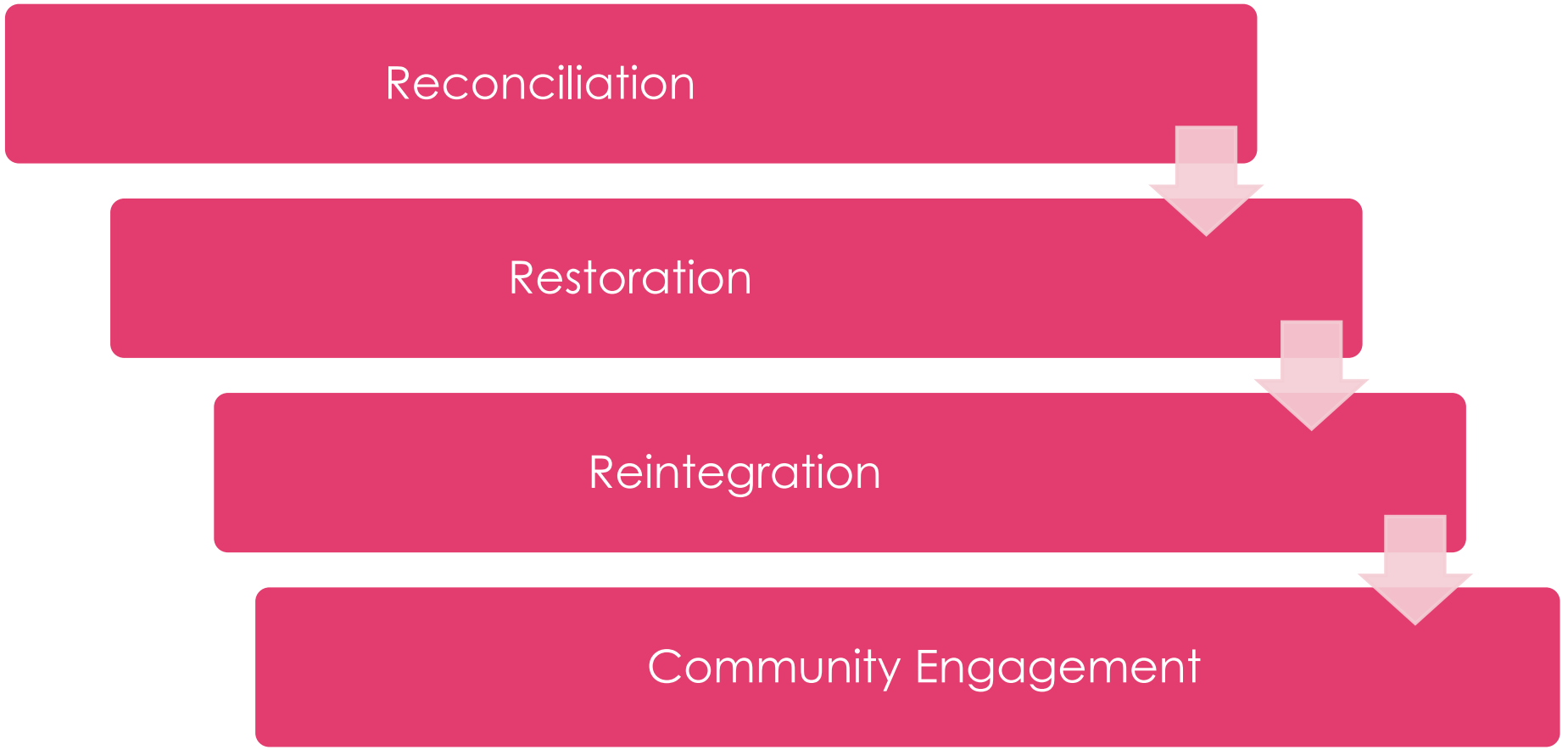
Community Engagement

- Services are in the community where youth live
- Services meet the needs of participants and reflect ethnic, gender, cultural, linguistic, economic, refugee and immigrant attributes of the communities served
- Community is engaged in the restorative process with the youth
- Utilize providers who are currently embedded in the various neighborhoods

Services for the Youth

- Individual Based treatment
- Family Based treatment
- One on one Mentoring
- Skill Building
- Cognitive Behavioral Therapy (CBT)
- Substance Use treatment
- Educational Advocate

DA-JDI Restorative Justice



DA-JDI Outcome and Performance

- Reduced recidivism for program participants (6 months and 1 year)
- Reduction in number of cases prosecute
- Race and social equity
- Program efficacy

Community Organization

San Diego County District Attorney Juvenile Diversion Initiative

- DISTRICT ATTORNEY SUMMER STEPHAN
- DDA LISA WEINREB, CHIEF OF JUVENILE DIVISION

MENTAL HEALTH SERVICES

Updates

Optum Website Updates
MHP Provider Documents

OPOH Tab:

- **Section D:** pg D.42-56 edits to PWB/CCR/TFC sections
- **Section G:** pg G.20 un-bolded "Reports of Sexual Misconduct by a Healthcare Provider"
- **Section L:** pg L.7 updated to reflect change requiring prescribers to check CURES database every 6 months, effective 7/1/21
- **Section M:** pg M.7 update to indicate Professional Licensing Waiver Request form

Forms Tab:

- Updated DHCS 1739 Mental Health Professional Licensing Waiver form

CURES Database

Effective as of **July 1, 2021**, prescribers must check the CURES database upon initial prescription and every **6 months** thereafter if a controlled substance remains a part of the client's treatment. Previously this was required every 4 months. (*Refer to OPOH update Section L, pg L.7*)

Medi-Cal Site Recertification Visits to Resume

QM will resume onsite Medi-Cal Site visits to complete site recertifications which were placed "on hold" during the previous FY20-21 due to COVID protocols, as well as scheduling site visits for programs that will be due for recertification for FY 21-22. Programs will be contacted by the assigned QI Specialist to schedule their site visit; all COVID protocol requirements in effect at the time of your scheduled site visit will be observed by program and QI staff.

Updating Diagnosis Forms

For any client that has not been open in the system of care for 12 months or more will require a new diagnosis form to be completed upon admission to a new program.

OPOH Updates

- **Section D:** pgs D.42-56 edits to the PWB/CCR/TFC sections – added language regarding AB2083, CFT Facilitation program, RHIS training for new hires, and various other minor edits.
- **Section G:** pg G.20 un-bolded "Reports of Sexual Misconduct by a Healthcare Provider"
- **Section L:** pg L.7 updated to reflect change effective July 1, 2021 prescribers must check the CURES database every 6 months if a controlled substance remains part of the client's treatment. Previously this was every 4 months.
- **Section M:** pg M.7 updated to indicate that the DHCS 1739 Mental Health Professional Licensing Waiver Request form can be found on the Forms tab of the Optum website.

Knowledge Sharing

Aid Paid Pending (APP)

When a client receives a notice of adverse benefit determination (NOABD) which terminates, reduces or suspends services they have the right to appeal the decision if they are not in agreement. In addition, clients also have the right to request APP pending the appeal determination. APP indicates that the client's benefits shall continue pending resolution of the appeal. Clients qualify for APP when all of the following criteria are met:

1. The client files the appeal request in a timely manner;
2. The appeal involves the termination, suspension, or reduction of previously authorized services;
3. The services were ordered by an authorized provider;
4. The period covered by the original authorization has not expired; and
5. The client requests APP within 10 calendar days of the NOABD, or before the intended effective date of the proposed adverse benefit determination, whichever is later.

If an appeal is submitted to one of the advocacy agencies with a request for APP, they will be responsible for determining the client's eligibility and notifying the provider. Once the provider is informed of the client's APP eligibility, services must continue or resume pending the appeal determination. While it is required that APP be requested by the client in a timely manner, there are times when a client may be eligible for APP even though it has been more than 10 calendar days from the date they received the NOABD. For example, if the provider did not issue the NOABD in a timely manner the client would still qualify for the APP benefit.

Reminder: Use of Interim Folders

Interim Folders are only to be created and utilized for services or documented activities from the client assignment date until the Client Plan Folder is opened and the plan developed. The Interim Folder is not to be used at any other time. *An Interim Folder should never be used if a Client Plan folder expires.* Its purpose is to only provide a pre-Client Plan folder for holding notes within the first 30 days of admission to the program.

Resources for Assistance with Billing Corrections

When completing Billing Corrections that are required as a result of Medical Record Reviews, QM provides a variety of Billing Correction Tutorials and Guides to assist programs to complete all disallowances/corrections accurately. Please be sure to review the following resources listed below when completing billing corrections. As always, programs may reach out to their assigned QI Specialist with any questions and additional assistance.

- For assistance with Billing Corrections please use the following link to access the Billing Correction Tutorials which will walk through the process step-by-step. https://sdoh-tres-stage.uhc.com/tres3/public/decisiontree/progressnotes.html
- Progress Note Correction Resources on the Optum Website > BHS Provider Resources > MHP Documents > Training Tab:
  - Individual Progress Note Corrections for Administrative Staff (pdf manual)
  - Individual Progress Note Corrections for Clinical Staff (pdf link)
  - Group Progress Note Corrections for Clinical Staff (pdf manual)
  - Group Progress Note Corrections for Administrative Staff (pdf manual)
  - Progress Note Corrections for Admin and Clinical Staff (presentation)

QI Matters Frequently Asked Questions

Q. Is there a "rule" regarding the amount of time that can be billed for documentation when completing progress notes?

A. There is no set amount of time that needs to be entered and billed for on your progress notes. The expectation is that the service time, travel time and documentation time for any progress note is claimed accurately to the minute and there is no trend or pattern of services being rounded or "same time" claimed across progress notes. The time billed for service time, travel time or documentation time should be substantiated in the documentation.

Q. When claiming travel time, am I able to claim all time, from the time leaving the office until meeting client and time leaving client to time returning to desk – including time spent walking to/from parking to car or client? Can a clinician claim travel time when using public transportation such as the bus or trolley?

A. Travel time should be calculated based on the time you spend traveling in your vehicle as billing for travel time is solely dedicated to vehicle commute time which is needed to provide a specialty mental health intervention. Time spent walking to/from office or parking cannot be claimed as travel time. Thus, modes of transportation like public transit and walking are not included in billable travel time (Reference: *Travel Time Guidelines Final 2.01.18* found on the Optum Website, under References Tab)

Management Information Systems (MIS)

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

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

Training and Events

A/OA Documentation Training: Monday, **June 21, 2021** from **12:30p – 3:30p** via WebEx. Registration Required.

Support Partners Documentation Training: Wednesday, **June 23, 2021** from **12:30p – 3:30p** via WebEx. Registration required.
Quality Improvement Partners (QIP) Meeting: Tuesday, **June 22, 2021** from **2:00p – 4:00p** via Webex**.**

Important information regarding training registrations:

- Please be aware when registering for required or popular trainings, either with the county or a contracted trainer, there may be a waiting list.
- When registered for a training, please be sure to **cancel within 24 hours of the training if you are unable to attend**. This allows those on a wait list the opportunity to attend. **Program Managers will be informed of no shows to the trainings**.
- If registered for a training series, please be aware that attendance for all dates in the series are required to obtain certification, CEU's or credit for the training.
- **When registering for a training please include the name of your program manager**.
- We appreciate your assistance with following these guidelines as we work together to ensure the training of our entire system of care.
- If you have any questions, or if you are having difficulty with registration, please reply to this email or contact **BHS-QITraining.HHSA@sdcounty.ca.gov**. We hope to see you there.

CCBH Training :

- Optum has transitioned to a **fully virtual training format**, thus eliminating travel and allowing for expanded registration.
- Continue to enroll through www.regpacks.com/Optum.

- Most courses include a video tutorial which orients attendees to training and illustrates successful completion of the practice exercises. Video tutorials are available under the Training tab at: https://www.optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/orgpublicdocs.html
- The courses which do not yet include a video tutorial offer a 1-hour live Webex instead.
- Attendees contact trainers for support via phone or email as they complete the practice exercises. A screensharing option is also available.
- Once attendee practice exercises are complete and accurate, they are granted access to begin documenting in the live environment.
- Please email sdu_sdtraining@optum.com if you have any questions about the process.

Helpful Tips to Consider Prior to CCBH Training:

- Set up dual monitors to make it simpler to toggle between handouts, a video tutorial, and the CCBH application.
- Review/print the training resources prior to training. The resources are located on the Optum website; click HERE and then click on the "Training" tab. Please note: This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.
- Ensure the computer you will be using for training has the Citrix Receiver installed. If your computer does not have the Citrix Receiver installed, contact your program IT department for assistance.
    - Link to Citrix Receiver for Windows click HERE.
    - Link to Citrix Receiver for Mac click HERE.

Resources and Links

BHS COVID-19 Resources and Links

Remember, for the most current and updated information regarding COVID-19 as well as QM updates and memos, including provider FAQ's, please access the COVID-19 tab on the Optum Website.

Your QI Specialist = a Valuable Resource!

Programs are reminded that your assigned QI Specialist is not only available during your MRR process, but throughout the fiscal year to assist with program specific questions, concerns, documentation feedback and/or education and staff training needs. Programs are encouraged to reach out to your assigned QI Specialist directly, we are here to support you and your staff! If you are unsure who your assigned QI Specialist is, please reach out to QI Matters via email: QIMatters.hhsa@sdcounty.ca.gov

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

Up To The Minute... SUD Provider Edition

June 2021

DMC-ODS Outpatient and Residential Documentation Trainings

- A review of DMC-ODS Services, DMC documentation and billing requirements. Details include required documentation from Admission to Discharge and review of how to write Treatment Plans and Progress Notes.
- Due to limited available seating for the trainings, registration is required, and we are capping the registration to 35 attendees. If you register and become unable to attend, please cancel your registration via WebEx so that others on the waiting list may be able to register.

  - **Residential**
    - Date: **Friday, June 18, 2021**
    - Time: 9:30 a.m. to 1:00 p.m.
    - Where: via WebEx – Click here to register!

  - **Outpatient**
    - Date: **Friday, June 25, 2021**
    - Time: 9:30 a.m. to 1:00 p.m.
    - Where: via WebEx – Click here to register!

DMC-ODS Skill Building Workshop for the Licensed Practitioner of the Healing Arts (LPHA)

BHS SUD Quality Management will present the LPHA meeting as an opportunity for discussion and sharing of ideas on the role of the LPHA, including documentation of medical necessity. LPHAs who attend this webinar will learn ways to improve the clinical quality of documentation, such as the Diagnosis Determination Note (DDN), and will benefit from open dialog on how to perform the responsibilities of an LPHA effectively and efficiently.

- Date: **Wednesday, June 23, 2021**
- Time: 1:30 p.m. to 3:30 p.m.
- Where: via WebEx – Click here to register!

SUD Provider Quality Improvement Partners (SUD QIP) Meeting

The QIP is a monthly meeting for all DMC-ODS Providers to get the most up to date information on all things Quality Management, Management Information Systems and Performance Improvement. The expectation is that this meeting is attended by all DMC-ODS contracted providers. The program manager and quality assurance staff monthly attendance is expected as part of your contract. If you are unable to attend, please send a designee to cover.

- Date: **Thursday, June 24, 2021**
- Time: 10:00 a.m. to 11:30 a.m.
- Where: via WebEx - Participation information will be sent by email prior to meeting.

Save the Date: SUD QM Annual DMC-ODS Training

The third annual SUD QM DMC-ODS Overview will take the place of the August SUD Provider Quality Improvement Partners (SUD QIP) meeting. The presentation will review data from the third year of DMC-ODS implementation, areas for quality improvement in the new Fiscal Year, and DMC-ODS requirements. Intended audience is Program Management and Quality Improvement/Assurance Staff.

- Date: **Thursday, August 26, 2021**
- Time: 9:00 a.m. to 12:00 p.m.
- Where: Look for more information coming soon!

All Behavioral Health Services Providers | Bi-Monthly Tele-Town Hall

- Due to public health guidelines, the SUD Treatment Providers meeting will be on hold until further notice.
- In the meantime, all providers are encouraged to attend the All-BHS Providers COVID-19 Tele-Town Halls, which will be scheduled to occur bi-monthly.
- Look for a separate invite/email to be sent prior to the tele-town halls.

Billing for documentation:

- **When attached to a direct service**, the time spent meeting with the client and any documentation you did while meeting with the client is all part of the service time.
- Documentation time includes the time to complete writing assessments, progress notes, etc.
- The total time claimed must be for completing clinical paperwork (ASI, LOC, etc.) and not administrative paperwork (ROIs, etc.).
- To substantiate the documentation time billed, it would be best practice to identify which documents are included in the documentation time in the narrative portion of the progress note.
- Data entry is never billable.
- Please refer to the DMC-ODS Providers Billing Manual, page 5 for details.

Risk Assessment and Safety Management Plan:

- When do I need to complete this form/s?
  - This form is a required form and is to be completed upon admission **and updated as clinically necessary**, but at least annually.
    - ✓ within 7 calendar days from admit in outpatient programs.
    - ✓ within 24 hours from admit in residential programs.
- What does "**as clinically necessary**" mean? If/when a client presents with any level of risk which can include changes in behaviors/increased risks (i.e., homicidal threats, agitation, suicidal ideation).
- Programs are required to develop internal guidelines for risk assessment including what the plan will be based on the identified risk/level of risk.
- Programs are encouraged to increase contact with clients who present with increased risk.
- See the instructions sheet (form BHS/SUD F305a) found on the OPTUM website for more details and information on completing the Risk Assessment and Safety Management Plan.

Update: Admission Checklist

- As discussed during the May 27, 2021 QIP meeting, the Admission Checklist (form 210b) will be updated to include a new item for providing MAT education to clients.
- MAT education resources were shared during the QIP meeting and are in the process of being posted on the Optum site under the Toolbox tab as one file labeled "MAT Education."
- MAT education resources include a Quick Guide and brochure for OTP providers.

Update: Patient Portal – Client Record Requests

- The 21st Century Cures Act makes it unlawful to do anything that interferes with the transmission of patient requested health data. Studies have found that patients are more engaged, likely to have better adherence, and are able to engage their families in their care when they can understand 'why' various tests and treatments are being recommended.
- BHS has always provided our clients access to their records. The new requirements do not add to what patients can access, rather the 21st Century Cures Act rule only makes it easier for patients to access the data they already have a right to see.
- MIS is working with FEI on the development of a patient portal which will be part of the SanWITS rollout and allow clients direct access to their general health data.
- Since we are in development and we offer a means for clients to access their records, the recent deadlines indicated by the ONC for patient portal access do not apply.
- Until we go live, any requests for patient records need to follow the current protocol as described in the SUDPOH.

Correction: Billing & Scheduling of Appointments

- During QIP Meeting on 5/28/21, it was stated that calling the client to schedule or confirm an appointment is not a billable activity.
- It is important to clarify that these activities are not billable for providers scheduling/confirming an appointment *with their own program*.
- Scheduling appointments with 3rd party providers on a client's behalf *may be billable* if the appointment meets the client's needs identified on the treatment plan and involves person-to-person communication. *Leaving voicemails and sending emails to anyone are never billable.*
- For more information, see the Case Management Activities Quick Guide located on the Optum Website.

Management Information Systems (MIS)

Exciting News! Interop Kick-off meeting for all Providers and their EHR Vendors

- Save the date June 18, 8:30-10:00 am PST.
- A zoom link will be sent to Providers on the Monday prior to meeting.
- Providers, please contact your EHR vendors to attend and come with questions.

Requirement for Encounter Start & End Times

- Effective July 1, 2021 start and end times will be required on encounters for these 9 types of services:
  - CM
  - Individual counseling
  - end time
  - Group Counseling
  - Patient Education IOS
  - Physician Consult
  - Delayed admission
  - Individual TCS
  - CM TCS
  - MAT prescribing

- Please be prepared – All encounters that have not been released to bill on July 1st will require the start and end times to be added before "Release to Bill"
- QM will be updating the Service Guide with this information.

Reminder: Disallowed services

- Do not "Release to Bill" encounters for disallowed services.

Important: Contact Screen

- Contact Screen is used to collect data elements for DMC-ODS and EQRO Access times.
- There can be multiple contacts prior to an episode being opened.
- A new contact should be created for each contact from the client or on behalf of the client prior to an episode being opened.
- Disposition should always be "Made an appointment" if the contact is linked to an intake regardless if the client walks in.
- If the client makes an appointment and reschedules, a new contact should be created for the new appointment.
- If the client makes an appointment and does not show, a new contact should be created for the next contact with the client.
- DO NOT rewrite over the previous contact by changing information, this will skew the access times.
- For information or questions email SUD Support SUD_MIS_Support.HHSA@sdcounty.ca.gov

IMPORTANT!

Stats show Assessment errors are continuing – Last 3 Months: Mar =19, April= 33, May =23

Outpatient & Residential Counselors and LPHA's:

- Diagnosis created via DDN should have effective date same as the DDN date.
- Make sure the correct assessment type is being entered in SanWITS (ex: Adult ILOC versus LOC Recommendation).
- Make sure all data on the assessment is correct before signing and finalizing.
- An assessment can still be corrected if it has not been finalized; if assessment has been signed, the LPHA can reject the assessment to make the fields editable.
- Deletion requests for assessments may require review and approval from QM. Please be prepared with back up documentation and reasoning for the deletion request.
- Note: tickets for deletions take 2+ weeks.

Reminder: Changing Level of Care from OS to IOS "OR" IOS to OS

- When changing client LOC, each LOC (OS, IOS) should be in a separate episode with CalOMS Admission and CalOMS Discharge.
- If LOC is combined on the same episode, the client does not get identified correctly for reporting, billing, or CalOMS with DHCS.

Recovery Services

- Recovery Service Clients should NOT be mixed in a group with OS and /or IOS clients.
- Contact QI Matters and SUD support if recovery service clients have been mixed in a group with OS or IOS for disallowances and how to document in SanWITS.

Coming Soon – Watch for notification of Recovery Residence Tracking in SanWITS

Reminder: CalOMS Error and Open Admission Report Emails

- Please complete the CalOMS errors and Open Admissions by the due date on the email.
- You must respond to the email once everything has been completed.
- If you need assistance, respond to the email.

Changes to SanWITS Quarterly Users Group Meeting

Purpose of the Users Group is to review and educate CalOMS and DATAR, SanWITS updates, changes in system requirements, Billing & QM updates for the users.

- One combined (Outpatient, Residential, OTP) meeting will occur quarterly starting July for the new FY.
- Next meeting: Monday, July 19, 2021, at 9:00 a.m. – 11:00 a.m.
- RSVP please, WebEx invite will be sent
- At least one representative from each facility is highly recommended
- Quarterly meetings will occur on the 3rd Monday each quarter
    - Jul, Oct, Jan, Apr
- We welcome and encourage you to send us agenda items to be covered during our meetings SUD_MIS_Support.HHSA@sdcounty.ca.gov

SanWITS Virtual Trainings Provided

- Register online with RegPacks at: https://www.regpack.com/reg/dmc-ods
- Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
- Attendees for Virtual Training will receive an email on the morning of training between 8:30 AM – 8:45 AM
    - Trainer email with training materials, resources, and specific instructions for virtual class
    - If staff do not receive emails by 9:00 AM, email sdu_sdtraining@optum.com to get the issue resolved.
- Type of Training Classes:
    1. SanWITS – Intro to Admin Functions (IAF) – SanWITS functions that are applicable to All program types
    2. Residential Facilities - Bed Management & Encounter Training
    3. Outpatient / OTP Facilities – Group Module & Encounters Training
    4. SanWITS Assessments (SWA)– designed for direct service staff who complete Diagnostic Determination Note (DDN), Level of Care (LOC)assessments, Discharge Summary, and Risk and Safety Assessment
- **All required forms are located on the "Downloadable Forms" tab.**
  Note: If the 3 forms are not fully processed by MIS 7 days prior to the scheduled training, staff will not be able to attend training regardless of receiving training confirmation.
- All credentials and licenses will be verified with the appropriate entities for SanWITS access**.**
- Upon completion of training, competency must be shown in order to gain access to the system. If competency is not achieved, further training will be required.
- **Staff are highly recommended to read the training packet thoroughly before entering information into the Live environment.**
- If unable to attend class, please cancel the registration as soon as possible.

Helpful Tips to Consider Prior to SanWITS Training:

- Set up dual monitors to make it simpler to toggle between handouts, the video tutorial, and the SanWITS application.
- Review/print the training resources prior to training. The resources are located on the Optum website; click HERE and then click on the "Training - SanWITS" tab.
- Please note: This is only for the purpose of reviewing/printing the training materials; please do not attempt to complete the training early.

Billing Unit - SanWITS Billing Classes

- As most of us are still adjusting to remote work, we're also learning new ways to continue servicing our customers. The SUD Billing Unit will continue conducting the billing training online.
- Our team will send an email to all programs to inquire what web conferencing platform or application you use for audio and/or video conferencing or training. Currently, the Billing Unit uses the Microsoft Teams application.
- Also, to schedule your billing training or if you have billing questions, please call our main line: 619-338-2584. You can also email us at ADSBillingUnit.HHSA@sdcounty.ca.gov.
- Prerequisite required: SanWITS Intro to Admin Functions training and one of the following encounter trainings – 1) Residential -Bed Management & Encounters training, or 2) Outpatient/OTP Group Module & Encounters training

A. Medicare Advantage: Dual Eligible Clients (those with Medicare Part C and Medi-Cal)

- The SUD Billing Unit is confirming that Outpatient and Residential Programs no longer have to bill Medicare Risk Part C for the two plans listed below.
- We notified programs on 5/26/21 of the change with Blue Shield of CA and the fact that we can bill Medi-Cal directly.
- The Fee-For-Service (FFS) Equivalent Coverage Certification letters were approved and submitted to the Department of Health Care Services confirming that SUD outpatient and residential services are not a covered service, they follow the Medicare Part B FFS guidelines.
- If a DMC provider has a Medi-Medi client that has **Medicare Part C-Blue Shield of CA Promise Health Plan (BSP)-** Federal Contract ID H5928 or **Health Net-** Federal contact ID H0562, they will no longer be required to obtain an Evidence of Coverage (EOC), nor bill to get an Explanation of Benefits (EOB) from the Medicare-risk Part C plans listed.
- Here are the eligibility samples with Medicare C BSP and HN:

(1) Blue Shield of CA Promise

Name:		
Subscriber ID:		
Service Date: 11/01/2020	Subscriber Birth Date:	Issue Date: 05/17/2021
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 37-San Diego	HIC Number: [redacted]	
Primary Care Physician Phone #:	Service Type: OIM VR	
Trace Number (Eligibility Verification Confirmation (EVC) Number): [redacted]		
Eligibility Message: SUBSCRIBER LAST NAME: EVC #: [redacted]C. CNTY CODE: 37. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: BLUE SHIELD OF CALIFORNIA PROMISE HEALTH PLAN: MEDICAL CALL (800)605-2556. HCP: CALL (800)605-2556 FOR HCP INFORMATION. PCP: CALL THE HCP FOR PCP INFO. PART A, B AND D MEDICARE COV W/MEDICARE ID #8PX9XE2XP28 . MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: BSC PROMISE HEALTH PLAN. COV: OIM VR.		

- In addition to BSP, Medicare Part C-HealthNet has been approved on 05/28/2021.

(2) Health Net

Name: [redacted]		
Subscriber ID: [redacted]		
Service Date: 06/01/2020	Subscriber Birth Date: [redacted]	Issue Date: 05/28/2021
Primary Aid Code: 60	First Special Aid Code:	
Second Special Aid Code:	Third Special Aid Code:	
Subscriber County: 37-San Diego	HIC Number: [redacted]	
Primary Care Physician Phone #: 8006756110	Service Type: OIM R	
Trace Number (Eligibility Verification Confirmation (EVC) Number): [redacted]		

Eligibility Message:
SUBSCRIBER LAST NAME: [redacted]. EVC #: [redacted] CNTY CODE: 37. PRMY AID CODE: 60. MEDI-CAL ELIGIBLE W/ NO SOC/SPEND DOWN. HEALTH PLAN MEMBER: PHP-HLTH NET: MEDICAL CALL (800)675-6110. HCP: CALL (800) 675-6110 FOR HCP INFORMATION. PCP: SEE YOUR MEDICARE DOCTOR CALL: (800)675-6110. PART A, B AND D MEDICARE COV W/MEDICARE ID [redacted]. MEDICARE PART A AND B COVERED SVCS MUST BE BILLED TO MEDICARE BEFORE BILLING MEDI-CAL.MEDICARE PART D COVERED DRUGS MUST BE BILLED TO THE PART D CARRIER BEFORE BILLING MEDI-CAL. OTHER HEALTH INSURANCE COV UNDER CODE F - MEDICARE PART C HEALTH PLAN. CARRIER NAME: HEALTH NET OF CA. COV: OIM R.

- If you have claims on hold in Claim Item List (SanWITS) due to Medicare Part C-Blue Shield of CA Promise Health Plan and Medicare C Health Net of California, Inc., please contact the Billing Unit so we can provide additional guidance in batching and submitting the claims to the Clearing House.
- BHS Billing is working with the other plans to obtain a letter to eliminate the burdensome process of Billing the Medicare Risk Part C plans. We will keep you posted.

B. Void Reasons in SanWITS

- The Adjustment Reasons on the Provider Drug Medi-Cal Payment Recovery Report (Void/Disallowance form) will be updated based on QM disallowance reasons.
- This update will take effect on 07/01/2021 and the revised form will be posted on the Optum website.

Reminder: COVID-19 | Behavioral Health Services (BHS) Provider Resources

- Behavioral Health Services (BHS) is committed to keeping our providers updated with emerging information related to the Coronavirus Disease 2019 (COVID-19) response.
- Follow the link to access the BHS Provider Resources Page which is updated regularly with the most recent communications and resources that have been sent to BHS providers.

Reminder: For general information on COVID-19

Including the current case count in San Diego County, preparedness and response resources, and links to information from the California Department of Public Health (CDPH), Centers for Disease Control and Prevention (CDC), and the World Health Organization (WHO), please visit the County of San Diego COVID-19 webpage.

Reminder: DHCS COVID-19 Response Resources

The California Department of Health Care Services (DHCS) has frequently updated resources regarding provision of Behavioral Health Services during the COVID-19 crisis. For more information, visit the DHCS COVID-19 Response page at: https://www.dhcs.ca.gov/Pages/DHCS-COVID%E2%80%9119-response.aspx

Communication

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

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

To:	**Behavioral Health Services Pathways to Well-Being Providers**
From:	**Behavioral Health Services**
Date:	**July 2, 2021**
Title	**Pathways to Well-Being: Obtaining Child Welfare Services Case Status Information**

In adherence with the California Katie A. Lawsuit Settlement (2011) and State mandated Pathways to Well-Being (PWB) requirements, per MHSD INFORMATION NOTICE NO.:13-11, BHS mental health service providers are to determine if youth have an open Child Welfare Services (CWS) case in order to identify if they meet criteria for Katie A. Subclass/Enhanced Services. In April 2016, CWS and BHS collaboratively initiated a process for providers to contact the CWS hotline to obtain the name and phone number of the CWS Protective Services Worker (PSW) and to obtain current CWS case status through connection with the PSW.

Due to privacy laws protecting the disclosure of client CWS case status, **effective July 2, 2021, BHS providers will need to provide a confidential code when calling the CWS hotline to obtain PSW name and telephone number**. Case status of youth in BHS programs can be obtained through the provider contacting the PSW directly by phone.

As of July 2, 2021, **Program Managers at all BHS mental health programs have been contacted and given the confidential code.** Program Managers are responsible for disseminating the information to staff, as needed, and ensuring the confidential nature of the code is understood by staff who obtain the information.

BHS providers should continue to access PSW contact information and CWS case status through the following process:

- Call the CWS hotline at 858-514-6995 and press option #4.
- Provider will then be prompted to provide the confidential code.
- The information that can be provided by CWS is limited to a PSW's name and telephone number. To limit confusion of the CWS clerical staff answering the phone, please refrain from using terms such as, "Pathways to Well-Being", "Eligibility" or "Katie A".
- BHS providers shall continue to utilize the following language: "I am calling to obtain the name and telephone number of the assigned worker for [youth name]."
- BHS Provider shall contact PSW directly to obtain further information on case status (i.e., open, voluntary, closed).

Reference

- MHSD INFORMATION NOTICE NO.:13-11 "Implementation of Claiming for Intensive Care Coordination and Intensive Home-Based Services in the Short-Doyle Medi-Cal Claims Processing System for Dates of Service Beginning January 1, 2013"

For More Information please contact:

- Contact your Contracting Officer's Representative (COR)

To:	**BHS Children, Youth, and Families (CYF) Mental Health Outpatient Organizational Providers**
From:	**Behavioral Health Services**
Date:	**June 29, 2021**
Title	**CYF Utilization Management (UM) Reinstated Effective July 1, 2021 | Updated UM Request Form and Explanation Sheet**

In April 2020 (CYF Memo #18, 4/1/20), the Children, Youth, and Families (CYF) mental health outpatient organizational provider Utilization Management (UM) session-based process was temporarily revised to ensure children and youth had access to more frequent check-in sessions during the COVID-19 pandemic.

UM Process Update

The Department of Health Care Services (DHCS) recently issued behavioral health information notices rescinding various flexibilities established during the COVID-19 emergency. In alignment with the sunsetting of various accommodations during the pandemic, the CYF outpatient UM temporary suspension for session-based services through organizational providers will end on June 30, 2021.

As of July 1, 2021 all current and new outpatient admissions will begin the session-based Utilization Management cycle. This is a modification from the April 1, 2020 CYF Memo which outlined the expectation that upon reinstating the UM cycle tracking of sessions would date back to sessions provided prior to March 15, 2020. Allowing all UM sessions to begin effective July 1, 2021 will simplify the process for providers and eliminate the need to track previously rendered services. Programs concerned with high volume of UM processing may elect to create an internal staggering system for earlier UM reviews.

Attachments

Attached please find the updated Utilization Management Request Form for CYF outpatient treatment and Utilization Management Request Explanation Sheet, both dated June 25, 2021. The updated UM Request form has been revised to organize clinical considerations for continued services and an eligibility section that reviews medical necessity.

- Utilization Management Request Form – Revised 6.25.21
- Utilization Management Request Explanation Sheet – Revised 6.25.21

cc: Optum Public Sector San Diego
Health Services Research Center (HSRC)
Child and Adolescent Services Research Center (CASRC)

For More Information:

- Contact your Contracting Officer's Representative (COR)

UTILIZATION MANAGEMENT (UM) REQUEST
CYF - OUTPATIENT TREATMENT

FOR COR SUBMISSION: THE CLIENT NAME AND NUMBER MUST BE REDACTED (utilize initials vs. full client name)

A. Program UM Cycle:

☐ Program follows a **STANDARD session-based UM Cycle** (14 or 19 initial treatment session, followed by Program UM for up to an additional 14 or 19 treatment session, and requiring COR UM review and approval for any additional treatment sessions).

☐ Program follows a **MODIFIED UM Cycle** (time-based or extended sessions) approved by COR *(written exception on file)*.
The UM time-based cycle is _____ months.
The UM is a _____ session cycle.

B. UM Level Request:

☐ This is a Program Level UM request

☐ This is a COR Level UM request - number of treatment sessions received to date: _____

☐ Initial COR Level UM request

☐ Prior COR Level UM requests – attach prior correspondence and approval

C. CURRENT SERVICES:

☐Therapy ☐CM/ICC ☐Rehab/IHBS ☐Meds

Youth/family requesting additional services?

☐ YES ☐ NO ☐ Other

Explain: _____

ADMISSION DATE: _____

DIAGNOSIS: _____

☐ Pathway Enhanced (Subclass)

DESCRIPTION OF SYMPTOMS: _____

D. Psychiatric Hospitalizations: ☐YES ☐NO

Provide most recent dates of hospitalization and relevant history when applicable:

Other Behavioral Health Services Client is Receiving *when applicable*:

E. Child and Adolescent Needs and Strengths (CANS)

Date of most current CANS (*Required at UM Cycle)*: _____

Number of CANS 'High Need' (items rated a '3') (*from current Assessment Summary)*: _____

Number of CANS 'Help is Needed' (items rated a '2') (*from current Assessment Summary)*: _____

List the CANS 'Strengths to Leverage' items (*from current Assessment Summary)*: _____

☐*CANS Assessment Summary is available for UM reviewer*

F. Pediatric Symptom Checklist (PSC): (*Required at UM Cycle)*

Date of most current Parent PSC: _____

☐ Parent did not complete

Date of most current Youth PSC: _____

☐ Not applicable, child is 10 years old or younger

☐ Youth did not complete

	Parent PSC Score	Youth PSC Score	Clinical Cutoff Score
Attention Problems Subscale (0-10)	_____	_____	At-Risk if score is 7 or higher
Internalizing Problems Subscale (0-10)	_____	_____	At-Risk if score is 5 or higher
Externalizing Problems Subscale (0-14)	_____	_____	At-Risk if score is 7 or higher
***Total Scale Score**	_____	_____	

***Parent:** *Total score of 28 or higher for ages 6-18 or scale score of 24 or higher for ages 3-5 indicates impairment*
***Youth:** *Score of 30 or higher for ages 11-18 indicates impairment*

☐ *PSC Assessment Summary is available for UM reviewer*

G. ☐ **Updated Client Plan completed prior to UM request** (reviewed by Program UM Committee)

FOR COR SUBMISSION: THE CLIENT NAME AND NUMBER MUST BE REDACTED (utilize initials vs. full client name)

H. CLINICAL CONSIDERATIONS FOR CONTINUED SERVICES: _____

Check all that apply:

Current CANS indicate at least one actionable need (rated 2 or 3) on the following domain(s)

- ☐ 'Child Behavioral and Emotional Needs'
- ☐ 'Risk Behaviors'
- ☐ 'Life Functioning'

As a result of a mental disorder the child has substantial and persistent impairment in the following areas (WIC 5600.3 SED):

- ☐ Self-care and self- regulation
- ☐ Family relationships
- ☐ School functioning
- ☐ Ability to function in the community

The following has occurred:

- ☐ Child at risk for removal from home due to a mental disorder
- ☐ Child has been removed from home due to a mental disorder
- ☐ Mental disorder/impairment is severe and has been present for six months or is highly likely to continue for more than one year without treatment.

The child displays:

- ☐ psychotic features
- ☐ risk of suicide
- ☐ risk of violence to others due to a mental disorder

Current Risk Factor related to child's primary diagnosis:

- ☐ Child has been a danger to self or other in the last month
- ☐ Child experienced severe physical or sexual abuse or has been exposed to extreme violence in the last month
- ☐ Child's behaviors are so substantial and persistent that current living situation is in jeopardy
- ☐ Child exhibited bizarre behaviors in the last month
- ☐ Child has experienced traumatic event within the last month
- ☐ Current PSC Youth or Parent indicates overall impairment (28 or higher for parent / 30 or higher for youth)
- ☐ Other _____

Expectation is that proposed intervention will:

- ☒ not be responsive to physical health care-based treatment
- ☐ significantly diminish the impairment
- ☐ prevent significant deterioration in an important area of life functioning
- ☐ allow the child to progress developmentally as individually appropriate

The focus of proposed intervention will address identified impairment in following fashion: _____

I. ELIGIBILITY CRITERIA:

Child meets Title 9 Medical Necessity in the following manner: _____

Specify how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210): _____

J. Proposed Treatment Modalities:

- ☐ Family Therapy
- ☐ Individual Therapy
- ☐ Case Management/ICC
- ☐ Medication Services
- ☐ Group Therapy
- ☐ Collateral Services
- ☐ Rehab/IHBS
- ☐ Other

K. Expected Outcome and Prognosis:

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

UTILIZATION MANAGEMENT (UM) REQUEST CYF - OUTPATIENT TREATMENT	
FOR COR SUBMISSION: THE CLIENT NAME AND NUMBER MUST BE REDACTED (utilize initials vs. full client name)	
L. REQUESTED NUMBER OF SESSIONS: _____	**REQUESTED NUMBER OF MONTHS:** _____ (for programs under written COR approval)
M. Requestor's Name, Credential: _____ Date: _____	
N. UM DETERMINATION / APPROVAL **Program UM Committee (always required)** ☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved **Sessions/Time Approved**: _____ **OR** ☐ Supports COR Level UM Request ☐ Does not supports COR Level UM Request ☐ Other: _____ Approver's Name, Credential: _____ Date: _____ Comments: _____ **COR Level (when applicable)** ☐ Applicable ☐ Not Applicable ☐ UM Approved ☐ Modified UM Request ☐ UM Not Approved ☐ Retro UM Approval **Sessions/Time Approved:** _____ Date: _____ Program transcribes COR determination onto form and attaches COR determination correspondence	

2021

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

REQUEST COMPLETED BY:

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

APPROVAL COMPLETED BY:

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

COMPLIANCE REQUIREMENTS:

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

DOCUMENTATION STANDARDS:

A. Program UM Cycle: Identify if program follows a session based (14 or 19 session model) or modified UM Cycle (time based or extended session model).

B. UM Level Request: Identify if request is Program or COR level request.

C. Current Services: Identify current services, admission date, diagnosis, Pathways status, current symptoms and if youth/family is requesting additional services.

D. Psychiatric Hospitalizations: Provide information pertaining to recent hospitalizations; including most recent date(s) and other services client is receiving when applicable.

E. Child and Adolescent Needs and Strengths: Provide completion date of CANS for current UM request. Utilize information from CYF-mHOMS CANS Assessment Summary to identify the number of needs rated at a '2' (Help is Needed) and '3' (High Need). List the Strengths from the assessment summary that could be leveraged to meet treatment goals and reduce symptomology.

F. Pediatric Symptom Checklist: Provide completion date of PSC and PSC-Y (when applicable) for current UM request. Utilize information from the CYF mHOMS PSC Assessment Summary to identify the subscale scores and total scale score for both the Parent PSC and Youth PSC. If the Parent PSC or Youth PSC was not completed for the current UM request, indicate on form.

G. Updated Client Plan: Update the client plan in CCBH prior to initiating the UM request. The updated client plan must be reviewed by Program UM Committee and presented to the youth/family for input and signatures.

H. Clinical Consideration for Continued Services: Check all applicable symptomatology and risk factors that aligns with need for additional services and describe how interventions will address identified need.

I. Eligibility Criteria: Outline how Title 9 Medical Necessity is met and describe how services will be sufficient in amount, duration, or scope to reasonably achieve the purpose for which the services are furnished (42 CFR 438.210).

J. Proposed Treatment Modalities: Select the proposed treatment modalities to mitigate current risk factors.

K. Expected Outcome and Prognosis: Select the projected functioning level from providing the additional services.

L. Requested Number of Sessions or Months: Identify the amount of sessions or time needed to achieve expected outcome.

M. Requestor Name and Credential: Type in requestor's name and date.

N. UM Determination/Approval: Program UM Committee selects the approval status, indicates amount of sessions/time approved, approver's name and date **or** COR Level; program will fill in approval status based on COR determination, amount of sessions/time approved, COR Name and date approved**.**

NOTES:

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

Pandemic Impact Report 2019-20

Children, Youth, & Families Behavioral Health Services

Report Date: 7/7/2021

1

Introduction

This report examines the impact of the first 10 months of the pandemic, beginning with the stay-at-home order in March 2020, by comparing San Diego County Behavioral Health data* from March to December of 2020 to the same time frame in 2019. This report includes Medi-Cal and unfunded clients.

Topics Reviewed:

- Demographics and service system information
  - Length of stay
  - Levels of care
  - Telehealth
- Satisfaction
- Symptom severity as measured by the PSC and CANS
- Client outcomes as reported on the PSC and CANS
- Crisis services
- Additional outcomes

*The majority of the data comes from the county mental health organizational provider system.

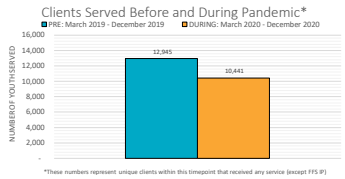
2

Demographics

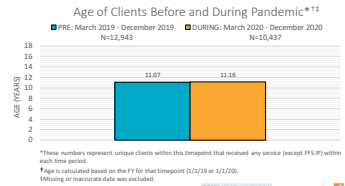
3

Clients Served

Before the pandemic, there were **12,945 clients served** in County of San Diego Children, Youth, and Families Behavioral Health Services (CYFBHS). During the pandemic, there were **10,441 clients**, which is a **decrease of 19.3%**.



During the pandemic, the average **age of clients receiving services stayed the same.**

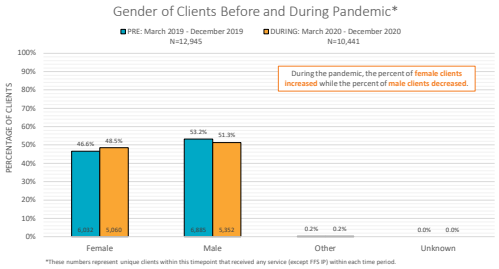


Data Source: CCBH

4

Clients Served: Gender

Gender disparities in access decreased a small amount during the pandemic. The proportion of females served by CYFBHS has increased since FY 2015-16 (44%) to 46.6% in the months before the pandemic and 48.5% during the pandemic

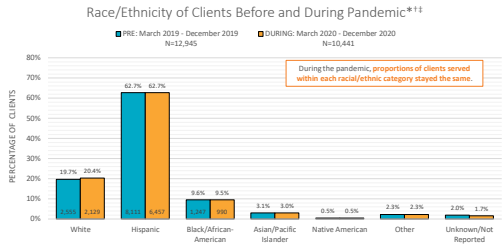


Data Source: CCBH

5

Clients Served: Race and Ethnicity

There **did not appear to be any racial/ethnic differences** in accessing services during the pandemic.

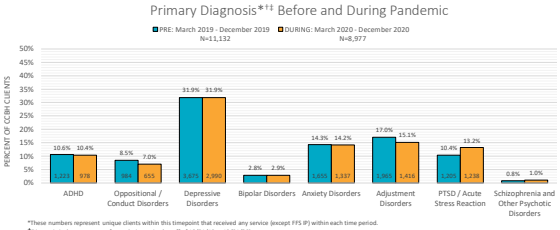


Data Source: CCBH

6

Clients Served: Primary Diagnosis

During the pandemic, **the proportion of clients diagnosed with an oppositional/conduct disorder or adjustment disorder decreased, while the proportion of clients diagnosed with a stressor disorder increased.** This may be a result of traumatic stress stemming from the pandemic, or it might be a part of a larger trend of stressor disorders increasing steadily in the last 3 years.



Data Source: CCBH

7

Clients Served by Geographic Region

There are 41 sub-regional areas (SRAs) in San Diego. SRAs are aggregations of census blocks that approximate HHSA regions (which are based on zip codes). Data were available for 39 out of the 41 neighborhoods (no clients were served in the Miramar or Camp Pendleton regions). The Anza-Borrego Springs, Palomar-Julian, Central San Diego, Oceanside and Coastal San Diego areas appear to have lost the greatest percentage of clients during the pandemic. **On average, neighborhood clinics served 19% fewer clients during the pandemic.**

Neighborhoods	PRE: March - December 2019	DURING: March - December 2020	Percent Change	Clients Served Change
Southeast SD	1110	869	-22.5%	-252
Mid-City	957	713	-25.6%	-245
Central SD	648	425	-34.4%	-223
Oceanside	697	486	-30.3%	-211
South Bay	963	756	-21.8%	-211
Chula Vista	893	756	**-15.3%**	-137
Vista	696	568	**-18.4%**	-128
Kearny Mesa	1143	1021	**-10.7%**	-122
Harbison Crest	379	275	**-27.4%**	-104
El Cajon	431	327	**-24.1%**	-104
Escondido	990	887	**-10.4%**	-103
Ramona	275	195	**-29.1%**	-80
Spring Valley	389	309	**-20.6%**	-80
Fallbrook	279	213	**-23.7%**	-66
National City	329	277	**-15.8%**	-52
Lemon Grove	152	118	**-22.4%**	-34
Santee	179	146	**-18.4%**	-33
San Marcos	333	300	**-9.9%**	-33
Lakeside	198	166	**-16.2%**	-32
Del Mar-Mira Mesa	216	185	**-14.4%**	-31

Neighborhoods	PRE: March - December 2019	DURING: March - December 2020	Percent Change	Clients Served Change
Carlsbad	136	109	**-19.9%**	-27
Coastal	80	56	**-30.0%**	-24
Anza-Borrego Springs	45	25	**-44.4%**	-20
North SD	142	122	**-14.1%**	-20
Elliott-Navajo	160	140	**-12.5%**	-20
Mountain Empire	69	52	**-24.6%**	-17
Jamul	59	47	**-20.3%**	-12
University	41	30	**-26.8%**	-11
Palomar-Julian	24	14	**-41.7%**	-10
Alpine	48	41	**-14.6%**	-7
Peninsula	49	46	**-6.1%**	-3
Pauma	16	14	**-12.5%**	-2
Valley Center	46	44	**-4.3%**	-2
Laguna-Pine Valley	8	8	**0.0%**	0
San Dieguito	65	67	**3.1%**	2
La Mesa	209	212	**1.4%**	3
Coronado	13	16	**23.1%**	3
Sweetwater	216	222	**2.8%**	6
Poway	113	124	**9.7%**	11

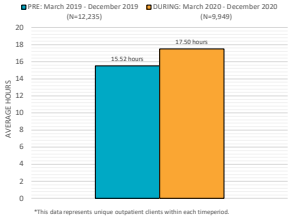
Data Source: CCBH

8

Outpatient Services: Service Hours and Counts

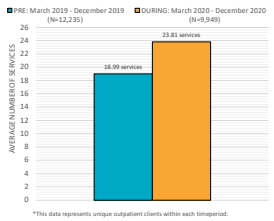
Average outpatient service hours **increased 13%** during the pandemic, while the average number of outpatient service counts **increased 25%**.

Average **Hours of Outpatient Service** for Unique Clients*: Before and During the Pandemic



*This data represents unique outpatient clients within each timeperiod.

Average **Outpatient Service Count** for Unique Clients*: Before and During The Pandemic



*This data represents unique outpatient clients within each timeperiod.

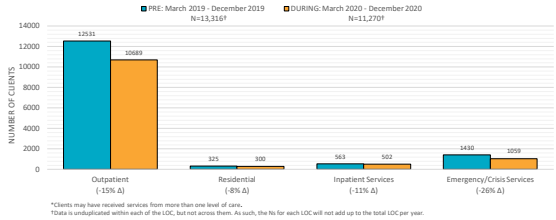
Data Source: CCBH

9

Levels of Care

During the pandemic, **fewer clients were served across all levels of care**. However, **emergency/crisis services saw the largest reduction in clients served**. This may be due to fear of going to a medical setting during a pandemic as well as national and local advisories to stay at home. It is unlikely to be caused by a true reduction of need, since clients entered outpatient services with significantly more severe mental health symptoms during the pandemic.

Clients by Level of Care: Before and During Pandemic*



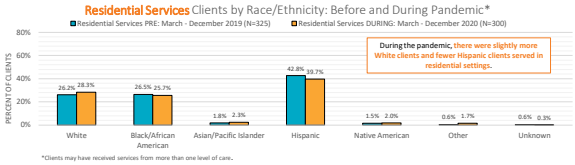
*Clients may have received services from more than one level of care.
†Data is unduplicated within each of the LOC, but not across them. As such, the Ns for each LOC will not add up to the total LOC per year.

Data Source: Optum Assignments Table as of June 10, 2021

10

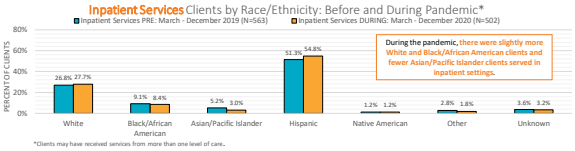
Levels of Care: Racial/Ethnic Differences

Residential Services Clients by Race/Ethnicity: Before and During Pandemic*



*Clients may have received services from more than one level of care..

Inpatient Services Clients by Race/Ethnicity: Before and During Pandemic*



*Clients may have received services from more than one level of care..

There were no differences in the racial/ethnic breakdown of clients served before and during the pandemic in **Outpatient** or **Emergency/Crisis** services settings.

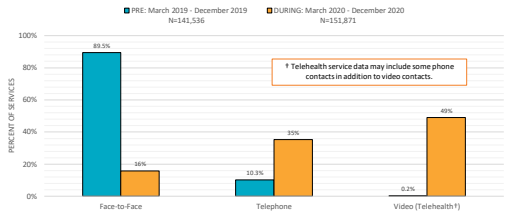
Data Source: Optum Assignments Table as of June 23, 2021

11

All Telehealth Contacts

As expected, the **proportion of outpatient phone and video services increased dramatically** during the pandemic.

All Services: Before and During the Pandemic*



*Services refer to outpatient billable contacts (e.g., therapy, case management, medication check, etc.) where the client and family or the client and family/legal guardian were contacted.
†Telehealth can include both video and telephone services.

Data Source: CCBH

12

Satisfaction: Youth Services Survey (YSS)

13

YSS - Satisfaction

The Youth Services Survey (YSS)—Satisfaction By Domain

The Youth Services Survey (YSS) is a biennial state-mandated survey administered to all mental health clients ages 13 and older, as well as the parents/caregivers of all youth receiving mental health services regardless of age. The YSS was administered to clients during three 1-week periods within our study timeframe: November 2019 (pre-pandemic), June 2020 (during pandemic), and December 2020 (during pandemic). The June and December 2020 YSS surveys were administered entirely online due to the COVID-19 pandemic; satisfaction results may not be directly comparable to previous years.

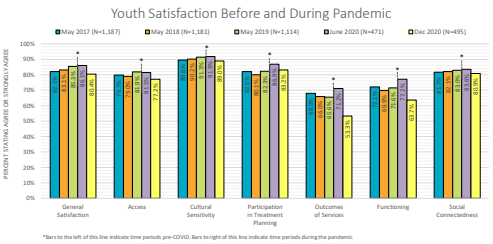
YSS Satisfaction questions were grouped into seven domains:

1. General Satisfaction
2. Perception of Access
3. Perception of Cultural Sensitivity
4. Perception of Participation in Treatment Planning
5. Perception of Outcomes of Services
6. Perception of Functioning
7. Perception of Social Connectedness

14

Youth Satisfaction

During the pandemic, **satisfaction briefly rose in June 2020, followed by a decrease in December 2020 across all racial/ethnic groups**, especially in the **Functioning** and **Outcomes** domains. Youth satisfaction rarely changes from year-to-year, so any large changes like these are meaningful.

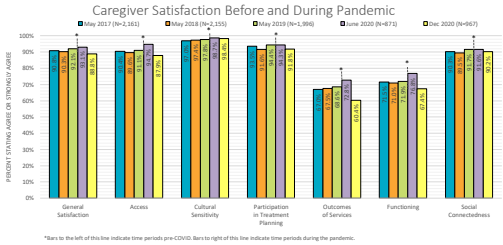


Data Source: San Diego Youth Services Survey

15

Caregiver Satisfaction

Similar to youth report, during the pandemic caregiver satisfaction **briefly rose in June 2020** then **decreased in December 2020, especially in the Outcomes and Functioning domains**. Given that caregiver satisfaction rarely changes from year-to-year, this change is notable.



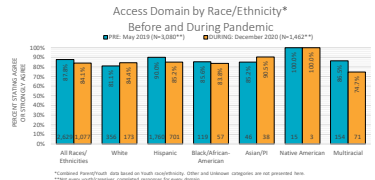
Data Source: San Diego Youth Services Survey

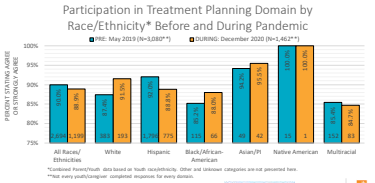
16

Satisfaction by Race/Ethnicity

During the pandemic, there were no racial/ethnic differences on the **General Satisfaction, Cultural Sensitivity, Outcomes, Functioning, or Social Connectedness** domains.

However, Hispanic and Multiracial clients reported decreased **Access** while White and Asian/Pacific Islander clients endorsed more. Further, White, Black/African-American, and Asian/Pacific Islander clients reported more **Participation in Treatment Planning**, while Hispanic clients reported less during the pandemic.





Data Source: San Diego Youth Services Survey

17

17

Client Severity at Intake

18

Intake Severity: PSC and CANS

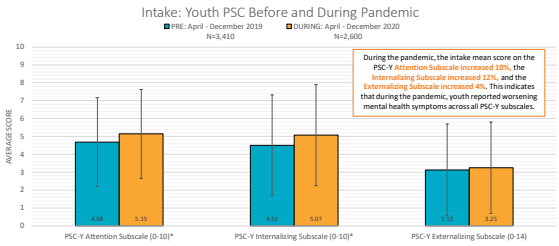
- **The Pediatric Symptom Checklist (PSC)** is a psychosocial screening tool
  - The PSC identifies emotional and behavioral problems
  - The Caregiver Form is completed by caregivers of clients ages 3 through 18 years old
  - The Pediatric Symptom Checklist for youth (PSC-Y) is completed by clients ages 11 through 18 years old
- **Child and Adolescent Needs and Strengths (CANS)** is a structured assessment to identify strengths and needs in youth and families
  - Three domains: Child Behavioral and Emotional Needs, Risk Behaviors, and Life Functioning
  - Needs are areas where a child or youth requires help or serious intervention
  - Completed by clinicians for clients ages 6 through 21 years old

19

19

PSC Youth Intake Subscale Averages

During the pandemic, **youth reported worsening mental health symptoms upon entering services**. Youth PSC **trends remained approximately the same across the largest racial/ethnic groups**: Hispanic, White, Black/African American, and Asian/Pacific Islander.



* During COVID, youth reported statistically significantly greater problems at intake.

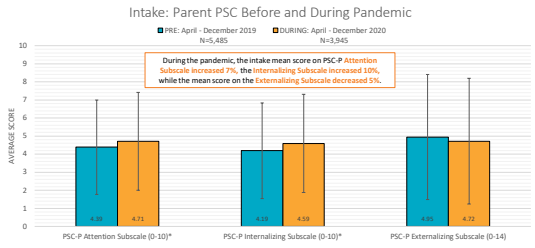
Data Source: CYF-mHOMS

20

20

PSC Parent Intake Subscale Averages

During the pandemic, **caregivers reported more attention and internalizing problems, but fewer externalizing issues**. During the pandemic, caregiver PSC **trends remained approximately the same across the largest racial/ethnic groups**: Hispanic, White, Black/African American, and Asian/Pacific Islander.



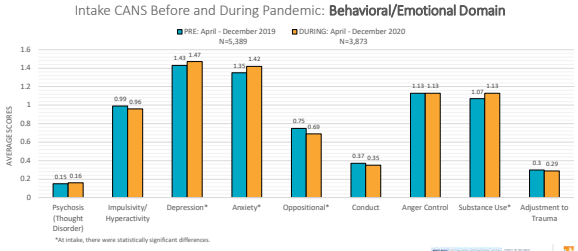
Data Source: CYF mHOMS

21

21

CANS Intake: Behavioral/Emotional Domain

During the pandemic, clinicians reported that youth entered services with **significantly greater depression, anxiety, and substance use, but less oppositional behavior**, which is consistent with caregiver report from the PSC. A large study of general population youth reported fewer symptoms of depression during the pandemic than in 2018 (Twenge & Joiner, 2020). However, this study may not generalize to the high-risk clients in San Diego County BHS.



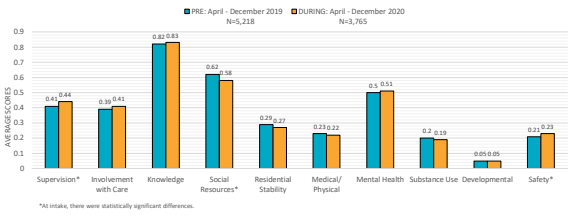
Data Source: CYF mHOMS

22

22

CANS Intake: Caregiver Resources and Needs

During the pandemic, clinicians reported caregivers had **significantly greater issues with supervision**, likely due to school closures, **and safety**, which is consistent with increases in domestic violence during the pandemic reported by a meta-analytic summary of 18 studies (Piquero et al., 2021). Clinicians surprisingly noted **fewer issues with social resources**, meaning that they thought caregivers had greater social/family networks to help with caregiving during the pandemic.



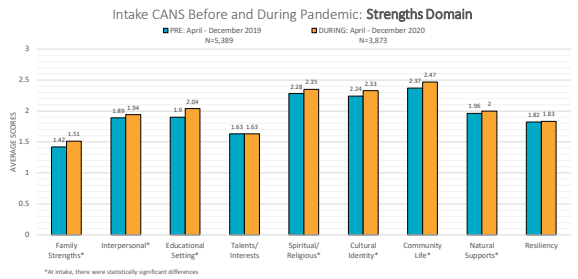
Data Source: CYF mHOMS

23

23

CANS Intake: Strengths

During the pandemic, clinicians rated youth as having **significantly poorer scores on almost all Strengths**, perhaps due to the lack of opportunity to see friends or family or engage in interests such as sports or church activities. For reference, **a larger score means a less developed strength.**



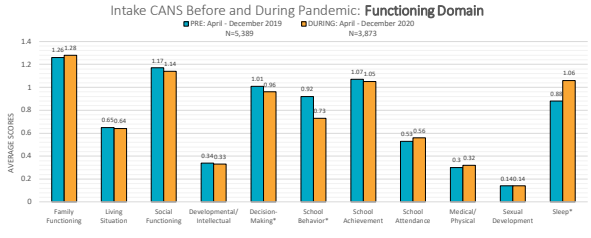
Data Source: CYF mHOMS

24

24

CANS Intake: Functioning

During the pandemic, **clinicians rated youth as having significantly greater problems with sleep.** In the general population, children are sleeping more during the pandemic, likely due to online school eliminating the need for a commute (Twenge et al., 2020). This is not the case in San Diego's public system of care. **Clinicians reported that youth have had fewer problems with decision-making and school behavior**, which is logical as they have been at home.

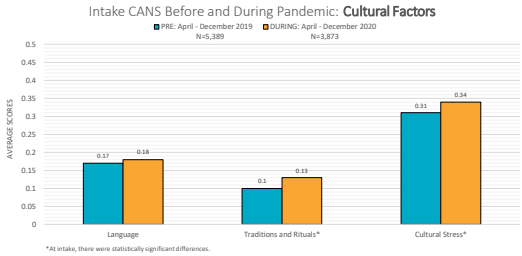


Data Source: CYF mHOMS

25

CANS Intake: Cultural Factors

Clinicians reported youth had **significantly greater cultural stress** (e.g., youths' cultural identity was met with more hostility) **and difficulty accessing cultural traditions, rituals, and practices** (e.g., youth or family had more trouble practicing their chosen traditions) during the pandemic. This may be due to broader societal stress surrounding racial justice issues in 2020.

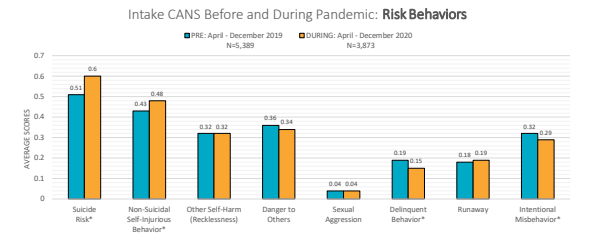


Data Source: CYF mHOMS

26

CANS Intake: Risk Behaviors

During the pandemic, clinicians reported youth had **significantly greater suicide risk and non-suicidal self-injurious behavior, but less delinquent behavior and intentional misbehavior**. This is in line with caregivers' report of more internalizing and less externalizing problems on the PSC during the pandemic. Further, a large meta-analysis of 54 studies suggests that suicidal ideation, suicide attempts, and self-harm have increased during the pandemic (Dube et al., 2021).

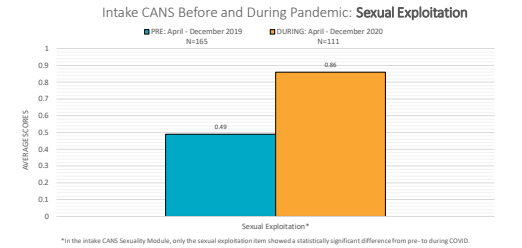


Data Source: CYF mHOMS

27

CANS Intake: Sexual Exploitation

While clinicians reported that fewer children experienced sexual exploitation during the pandemic, those that did experienced **significantly more severe exploitation (e.g., more chronic exploitation)**.



Data Source: CYF mHOMS

28

Client Progress at Discharge

29

Discharge Outcomes: PSC/PSC-Y

Improvement is evaluated three ways:

1. Amount of Improvement: Cohen's d effect size
   - Increase in impairment: 1+ point increase
   - No improvement: 0-1 point reduction
   - Small improvement: 2-4 point reduction
   - Medium improvement: 5-8 point reduction
   - Large improvement: 9+ point reduction

2. Reliable Improvement: Defined by measures' developers
   - 6-point reduction on the total scale score
   - Statistically reliable

3. Clinically Significant Improvement: Defined by measures' developers
   - Started above the clinical cutoff on one scale at intake and was below the cutoff at discharge

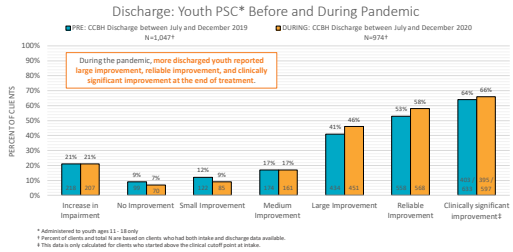
   AND
   - 6-point reduction on the total scale score.

30

30

PSC-Youth: Progress at Discharge

Traditionally, the majority of youth experience improvement on the PSC at discharge. During the pandemic youth entered services with greater severity at intake, though **they reported similar or better progress at discharge**.



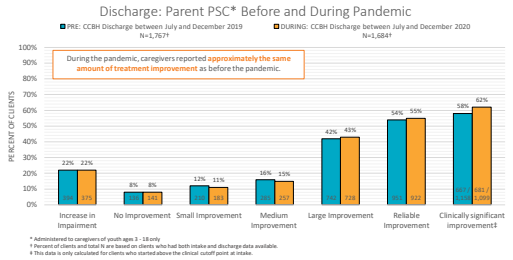
Data Source: CYF-mHOMS

31

31

PSC Parent: Progress at Discharge

Again, the majority of caregivers report improvement in their children at discharge. During the pandemic, **caregivers reported similar improvement in mental health treatment outcomes** as they did before the pandemic.



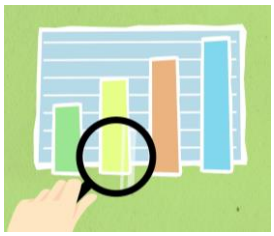
Data Source: CYF-mHOMS

32

32

Discharge Outcomes: CANS

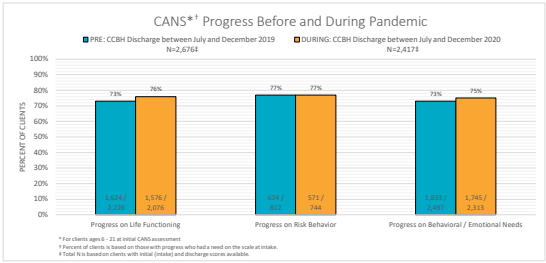
- Level of progress on the CANS between initial assessment and discharge was measured for discharged clients open for a minimum of 60 days.
- Progress is operationally defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs (i.e., moving from a '2' or '3' at initial assessment to a '0' or '1' on the same item at the discharge assessment).



33

CANS Progress at Discharge

Before the pandemic, youth traditionally experienced treatment progress on CANS outcomes at discharge. During the pandemic, clinicians reported that **the proportion of youth who experienced treatment progress on the Life Functioning, Risk Behaviors, and Behavioral/Emotional needs domains increased slightly or stayed about the same**.



Data Source: CYF-mHOMS.

34

Crisis Services

35

Emergency Screening Unit (ESU)

The Emergency Screening Unit (ESU) provides emergency assessment services for Medi-Cal and unfunded youth experiencing a psychiatric crisis. ESU's multidisciplinary clinical team offers comprehensive screening services, crisis stabilization, and facilitates inpatient hospitalization when indicated. Crisis stabilization services are allowable for less than 24-hours at which point an individual should be stabilized and discharged home or transferred to an inpatient facility for additional service delivery to resolve the crisis.

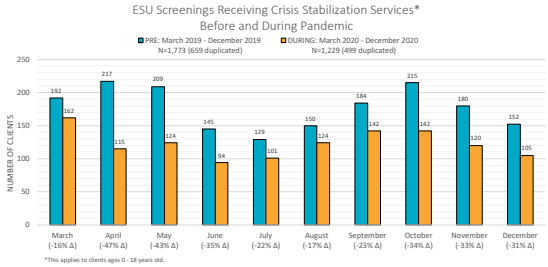
Hospitalization via ESU occurs in two ways. First, following receipt of crisis stabilization services as outlined above. Second, via the direct admission process by which ESU reviews information received from the Emergency Departments throughout the county, and the ESU team will facilitate access to a county inpatient bed, as applicable, or recommend the youth is sent to ESU for stabilization services.

There are three (3) available inpatient hospitals for youth within San Diego County: (1) Rady Children's Hospital's Child and Adolescent Psychiatry Services (CAPS), which is the countywide Short-Doyle Medi-Cal psychiatric inpatient program for Medi-Cal and unfunded youth; (2) Aurora Behavioral Health Care and (3) Sharp Mesa Vista, which both provide Medi-Cal services.

36

Admissions to ESU

Before the pandemic stay-at-home order began, there were **1,773 total admissions to ESU (includes duplicated clients)**. During the pandemic, there were **1,229 total admissions to ESU (includes duplicated clients)**. This is a **decrease of 30.7%**.

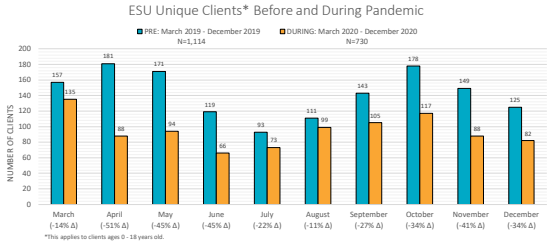


Data Source: Optum Assignments Table as of April 29, 2021 (Subunits 6301 & 6302).

37

Unique Clients Admitted to ESU

Before the pandemic stay-at-home order began, from March 2019 - December 2019, there were **1,114 total unique clients admitted to ESU**. During the pandemic, from March 2020 - December 2020, there were **730 total unique clients admitted to ESU**. This is a **decrease of 34.5%**. This may be due to fear of going to a medical setting during a pandemic as well as national stay home advisories.

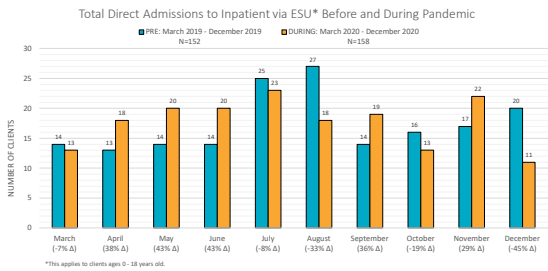


Data Source: Optum Assignments Table as of April 29, 2021 (Subunits 6301).

38

ESU: Unique Direct Admissions

Before the pandemic stay at home order began, from March 2019 - January 2020 **152 unique clients were authorized by ESU for direct hospital admission.** During the pandemic, from March 2020 - January 2021 there were **158 direct admissions**. This is an **increase of 3.9%.**



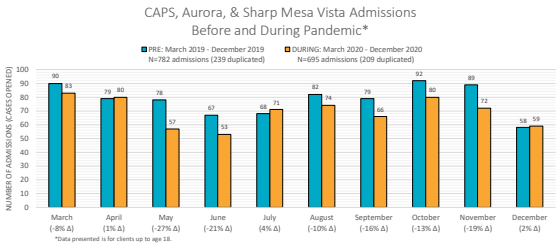
Data Source: Optum Assignments Table as of April 29, 2021 (Subunits 6302).

39

Inpatient Admissions: CAPS, Aurora, and Sharp

Before the pandemic, there were **782 total admissions (may include duplicated clients)**. During the pandemic, there were **695 total admissions**. This is a **decrease of 11.1%**.

	PRE: March 2019 - December 2019	DURING: March 2020 - December 2020	Percent Change
CAPS	501	481	-5.70%
Aurora	25	31	24.00%
Sharp	256	183	-28.50%



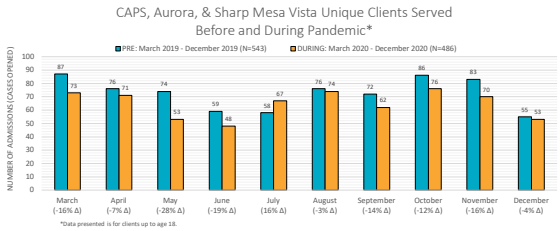
Data Source: Optum Assignments Table as of April 29, 2021.

40

Unique Clients Served: CAPS, Aurora, and Sharp

Before the pandemic, there were **543 total unique clients who received services across all three inpatient hospitals serving kids**. During the pandemic, the hospitals served a total of **486 unique clients, which is a decrease of 10.5%**. See Slide 55 "Appendix: Unique Clients Served" for more detailed data on unique clients served per hospital.

	CAPS	Aurora	Sharp
PRE: March 2019 - December 2019	344	21	221
DURING: March 2020 - December 2020	326	28	161



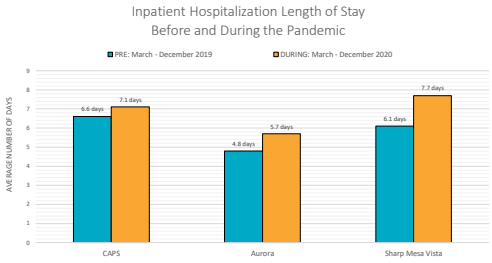
Data Source: Optum Assignments Table as of April 29, 2021.
Detailed data by Inpatient Hospital is located in the appendix.

41

41

Inpatient Hospitalization: Length of Stay

Fewer clients received inpatient services, but **the amount of time they spent hospitalized increased**.



Data Source: CYF Inpatient Hospital Data.

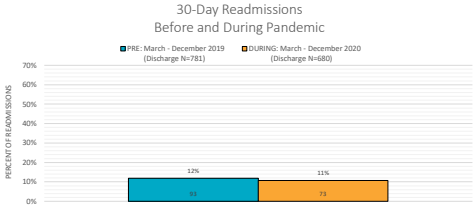
42

42

30-Day Inpatient Readmissions

The **percentage of discharged clients who were readmitted to inpatient services within 30 days of their discharge date did not change** during the pandemic. Inpatient readmissions (i.e., Rady's, Sharp Mesa Vista, and Aurora) stayed about the same.

	Rady's	Medi-Cal FFS	Total
PRE: March - December 2019	68 (14%)	25 (8%)	93 (12%)
DURING: March - December 2020	58 (13%)	15 (7%)	73 (11%)



Data Source: Optum CO-4-B report (March 1, 2021)

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Additional Outcomes

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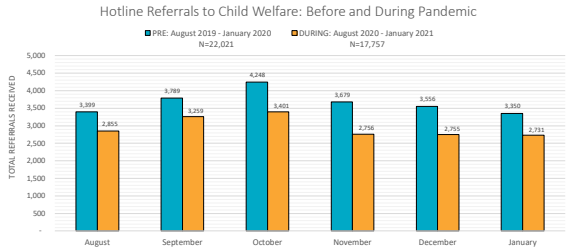
Child Welfare Hotline Referrals

Before the pandemic, there were **22,021 hotline referrals** to Child Welfare. During the pandemic there were **17,757 hotline referrals**. This is a **decrease of 19%**, and is consistent with school closure during the pandemic, which is a large referral source to Child Welfare. A summary of 3 articles reported that child protection referrals fell 27-39% (Viner et al., 2021).



Data Source: CQI CWS Dashboards 12/16/2019 and 10/14/2020

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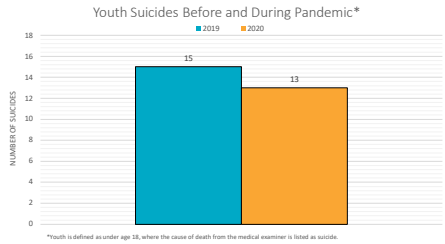
Suicide Rates

In San Diego County, there were no differences in youth suicide rates during the pandemic. This is in line with a large universal study of 21 developed countries, which found no evidence of a significant increase in risk of suicide, across all age groups, during the first four months of the pandemic (Pirkis et al., 2021). It is unclear how the pandemic will impact suicide rates after the pandemic and during the transition back to in-person school.



Data Source: San Diego County Medical Examiner's website

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Conclusions and Recommendations

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Conclusions

- During the pandemic, services were primarily delivered through **teletherapy**.
- **20 percent fewer clients were served in CYFBHS during the pandemic**, but those who entered treatment **appeared to stay longer and receive more services.**
  - The largest decreases were noted in emergency/crisis services.
- Youth who entered services during the pandemic presented with **more severe depression & anxiety symptoms and fewer conduct issues.**
- Youth entered services with **fewer ODD and adjustment disorder diagnoses, and more stressor diagnoses.**
- **Treatment was equally, if not more effective** during the pandemic.
- While youth entered services with more severe symptoms at intake, they experienced similar, if not **better, progress at discharge**. This may provide support for similar levels of effectiveness between teletherapy and in-person services for youth.
- **Suicide rates didn't change during the pandemic**, though clinician reports of **suicidal ideation and self-harm increased.**

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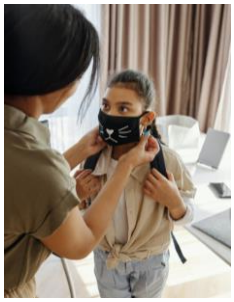
Recommendations Background

The stay-at-home orders and school closures during the pandemic led to the disruption in many areas of children's lives. After spending a year with reduced in-person interaction and primarily virtual services and school, the return to school and gradual openings across San Diego county once again means families will have to adjust to a new normal. As the pandemic continues and the state of the world continues to change, the following recommendations should be taken into consideration.



Recommendations from the Literature

What Has helped Children Adjust Positively During the Pandemic?

- **Exercise** – Participation in youth sports or engaging in daily exercise (Li, 2021).
- Screen time – Screen time was associated with more psychological distress, however, when **screen time** was **used to connect with friends/family**, youth reported less loneliness and improved wellbeing (Li, 2020).
- **Social Connection** – Youth who felt more socially connected reported less anxiety/depression and more life satisfaction than youth feeling socially disconnected (Magson, 2020).
- **In-person Education** – Parents of school aged students receiving virtual instruction reported that children experienced worsened mental health (24.9% vs 15.9%), compared to reports from parents of on-site students (Verlenden et al., 2021).

Recommendations

Therapists

School Recommendations:

- Regularly **ask about school reintegration** and factors that serve as supports or barriers.
- **Leverage SchooLink** to promote ongoing dialogue with schools.
- **Encourage caregivers to communicate regularly with teachers** about children's needs, and seek recommendations to improve children's school experience, including, but not limited to, performance and behavior.
- **Facilitate caregivers' interactions with teachers** and help develop questions for teachers
- Regularly inquire about and help families create structure for **school attendance.**
- **Discuss and help kids manage pandemic related anxiety**: returning to school, mask policies, the vaccine, virus fears.
- **Inquire about cyberbullying and other online activities** – as children return to school, in-person and cyberbullying may increase.
- **Ask about access to substances** since this may increase as children return to school campuses.

Recommendations (continued)

Therapists Pandemic Specific Recommendations Cont.

- Continue **providing teletherapy via videoconferencing,** when clinically appropriate.
- **Ask all families about the positive and negative ways the pandemic has impacted their families** (e.g., sleep patterns, electronic device use).
- **Provide caregivers with accurate information** about the effects of the pandemic effects on children's behavioral health.
- Discuss with families of youth with acute need, what prevents them from seeking crisis services, **strategize methods to increase access to services** and improve perceptions of safety.

CYFBHS

- **Continue providing education** around depression, anxiety, trauma, sleep, and suicidal thoughts **to remain prepared** for children's primary presenting problems.
- Contracting Officer Representatives (CORs) **check in with programs in neighborhoods where access to care was most impacted** to determine how to best support those programs.
- **Collaborate** with the Board of Supervisors **for opportunities to strengthen services** to children, youth, and families as well as recognize challenges around workforce shortages.
- **Enhance population health data** to inform system development.
- **Update the telehealth definition in the electronic health record** to delineate between video and telephone telehealth sessions, which will promote accurate reporting.

Appendix

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Appendix: Notes

The data in this report was compiled in collaboration with multiple teams across HHSA and CASRC. The data sets used throughout this report were pulled from CYF mHOMS, CCBH, and the Optum Assignment Tables. Given that data utilized for this report came from multiple sources, there may be slight differences due to data extract dates.

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Appendix: Unique Clients Served

The following data is the detailed data for unique clients served at each hospital presented on slide 41 entitled: **Unique Clients Served: CAPS, Aurora, and Sharp**. The data presented is for clients up to age 18.

	CAPS PRE: March 2019 - December 2019 N=501	CAPS DURING: March 2020 - December 2020 N=481	Aurora PRE: March 2019 - December 2019 N=21	Aurora DURING: March 2020 - December 2020 N=28	Sharp PRE: March 2019 - December 2019 N=221	Sharp DURING: March 2020 - December 2020 N=161
March	54	52	3	2	30	27
April	55	45	2	1	27	19
May	53	43	4	0	21	18
June	45	44	0	0	25	9
July	49	53	1	2	15	18
August	54	54	2	6	24	22
September	48	45	1	2	29	14
October	54	51	2	5	38	25
November	52	47	5	5	27	18
December	44	39	4	7	11	12

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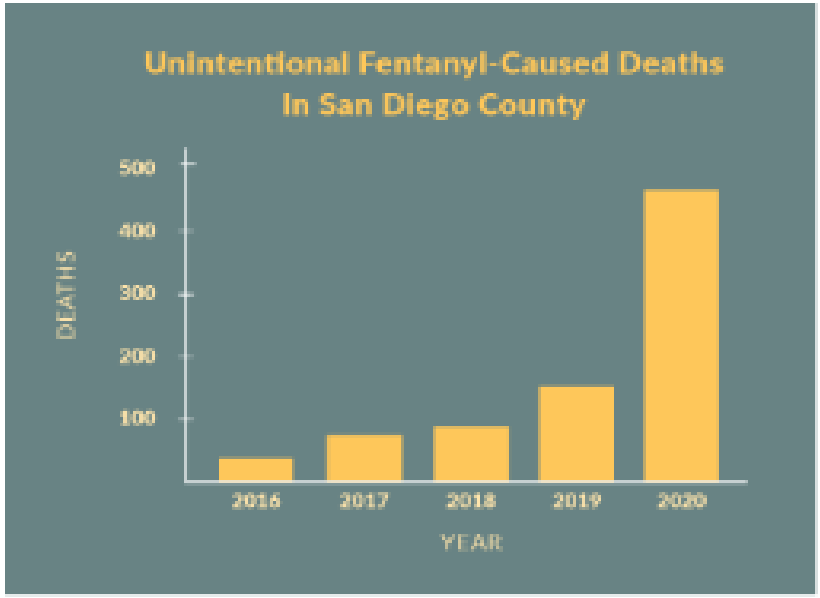
Fentanyl Media Campaign

CYF Provider Meeting
July 8, 2021

LIVE WELL SAN DIEGO

Fentanyl is a highly concentrated synthetic opioid. Deaths from illegally manufactured fentanyl continue to be high nationwide.



Campaign Development

Development Timeline

PDATF Executive Committee Meeting

Need for fentanyl-specific media campaign established in late August 2020

Stakeholder Collaboration

Beginning in September, stakeholder collaboration and design development with County Comms

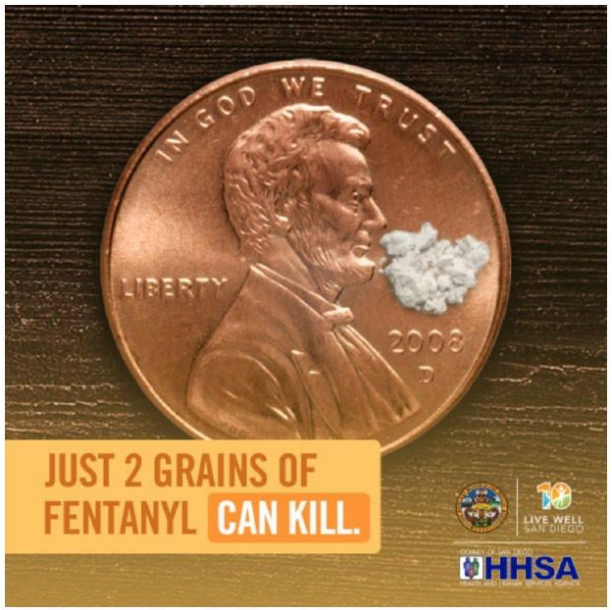
County Comms Initial Creative

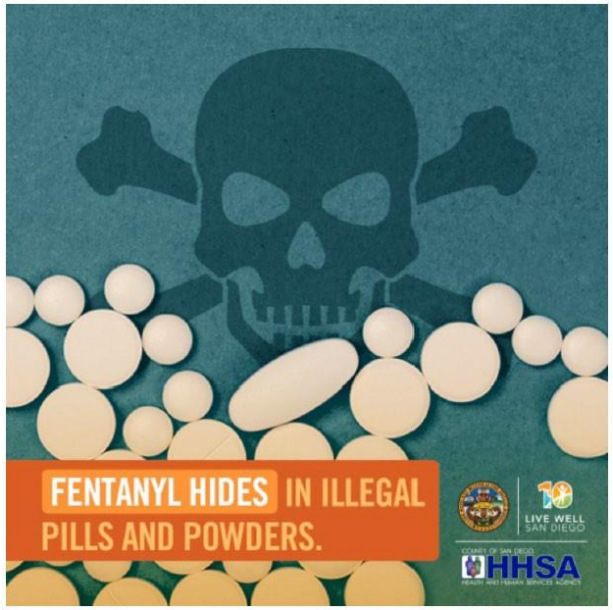
County Comms developed initial creative, which underwent iterative refinements

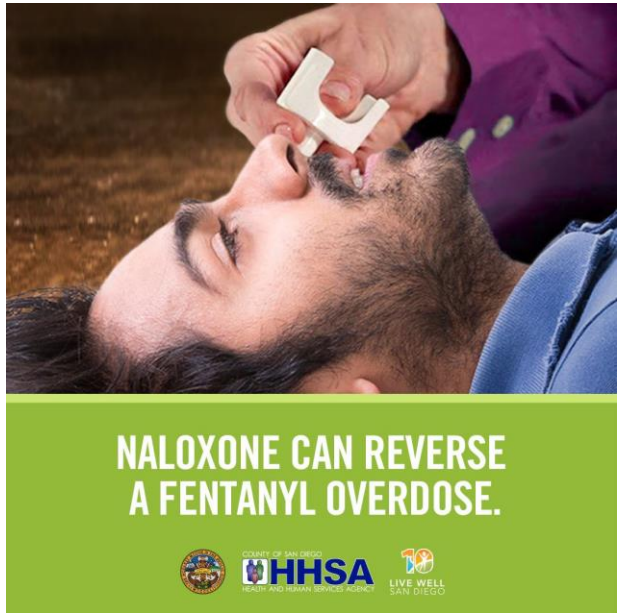
Final Rescue Agency Creative Campaign

10/30/20 – Social media launch
11/16/20 – Out-of-home launch

Creative Assets



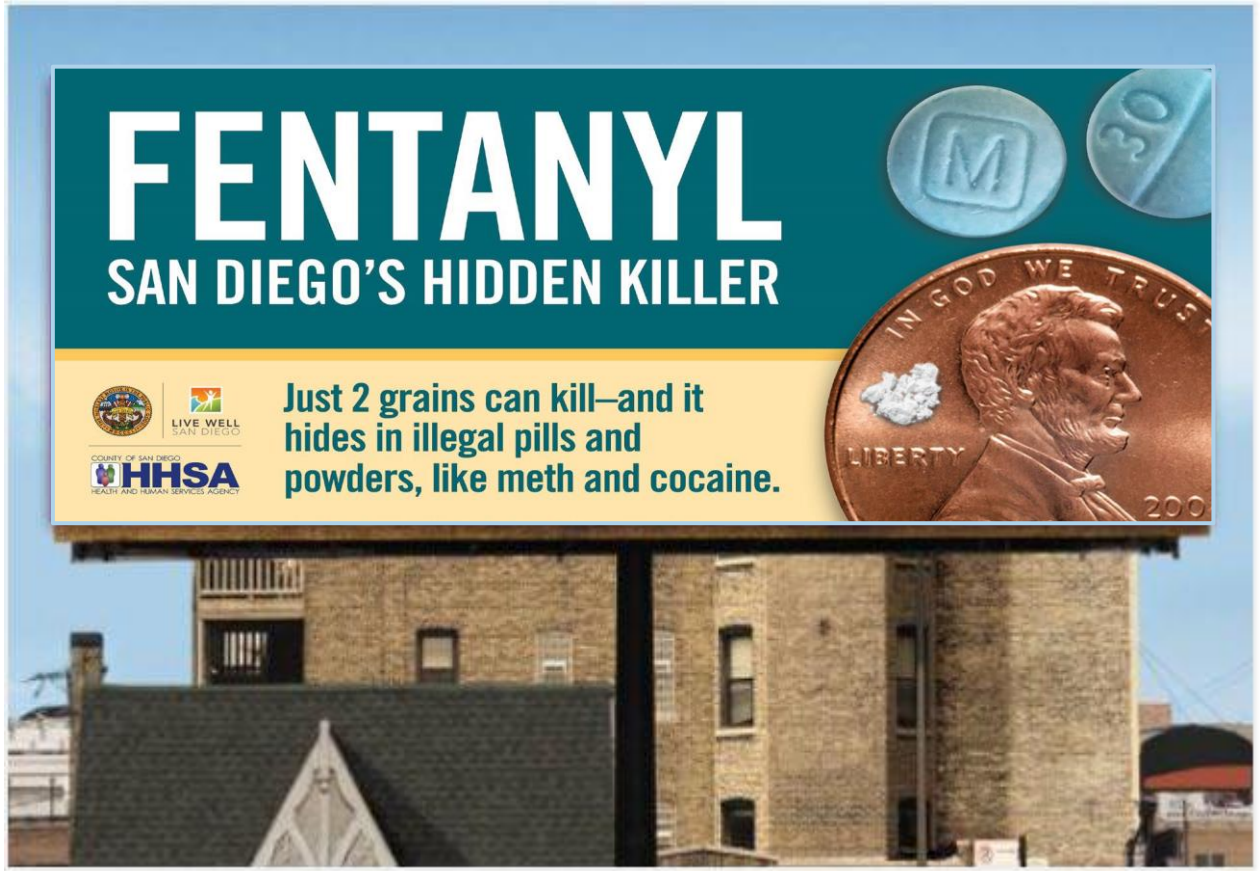




Social Media Web Click Ads

Creative Assets

Out-of-Home Placements



Out-of-Home Metrics

ANTICIPATED IMPRESSIONS

16 MILLION

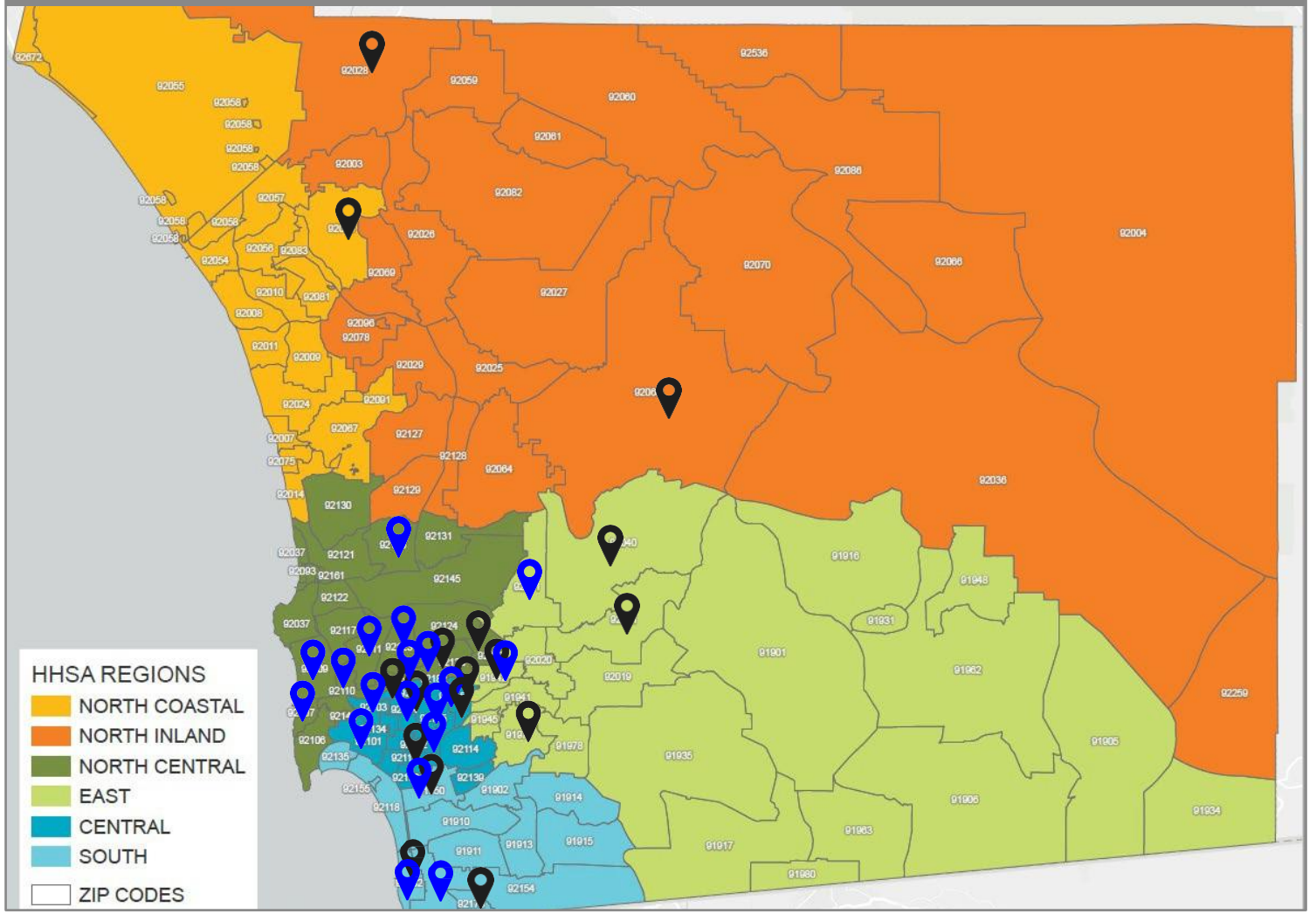
Billboards

37	Placements
17	Cities/Communities

Transit Shelter Ads

80	Placements
22	Cities/Communities

Out-of-Home Placements Map



“Good Boy”

https://youtu.be/EFgn2GQVFbE

✓**Prescription Drug Abuse Task Force**: www.sandiegorxabusetaskforce.org,
- See COMMUNITY RESOURCES

✓**Up to Us**, www.up2sd.org, See LEARN tab, https://up2sd.org/substances/
- https://youtu.be/EFgn2GQVFbE

✓**HHSA/BHS/Public Health:** developing a Naloxone distribution plan

✓**Naloxone/Narcan Information**

✓https://www.narcan.com/patients/how-to-get-narcan

Anyone can purchase Narcan Nasal Spray® directly from a pharmacist

NO prescription needed, just use a downloadable Prescription Request Aid

All major pharmacy chains (CVC, Walgreens & Rite Aid) stock Narcan Nasal Spray

Questions?

LIVE WELL SAN DIEGO

County of San Diego
Behavioral Health Services- Children, Youth & Families
Program Manager's Meeting
July 8TH, 2021

CADRE CYF Sub-Committee Update
Co-Chairs: Marisa Varond & Julie McPherson

CYF Change Agents Developing Recovery Excellence (CADRE)

Purpose

The purpose of the CADRE CYF subcommittee is to strengthen the Comprehensive, Continuous, Integrated System of Care (CCISC) initiative in its vision to deliver wide-ranging services for children, adolescents, and families. We serve as a forum for service providers to enhance treatment for children and adolescents experiencing or impacted by co-occurring disorders in order to promote health and resiliency within our youth. The subcommittee aims to:

- Develop integrated co-occurring training and technical assistance in accordance with the CCISC and Co-occurring Center for Excellence standards
- Support the implementation of evidence-based practices to support effective interventions for youth impacted by co-occurring disorders
- Provide a vital link between systems, consumers, and families
- Increase access to needed behavioral health services
- Promote collaboration and develop meaningful relationships between providers to ensure that youth and their families receive the right services at the right time in the right setting.

Areas of Focus for Fiscal Year 2020-2021

- Identify strategies and continue to support programs in responding to COVID-19 and its "shadow pandemic" with a particular emphasis on access to co-occurring services, youth and family engagement, and trauma-informed, culturally responsive expansion of telehealth.
- Promote the advancement of trauma-informed care at the intersection of behavioral health and law enforcement (includes July 9th presentation from PERT's Community/Law Enforcement Liaison, Wes Alpers).
- Utilize the framework of the Comprehensive Continuous Integrated System of Care (CCISC) principles to better address the complex and profound impact that race plays in clients' behavioral health.
- Continue to strengthen knowledge of and relationships between CYF SUD and Mental Health programs for ease of referrals, warm handoffs and admissions for youth.
- Education: Impacts of COVID impacts on pupil and staff wellness, effects of virtual learning including identification of and referrals of students to mental health and SUD services (includes October 8th presentation from the San Diego County Office of Education representatives Heather Nemour and Violeta Mora).
- Education and identification of Medically Assisted Treatment for youth (includes April 8th presentation from SOAP MAST's forensic psychologist, Dr. Laura Rossi.).
- Increase participation of TAY and AOA SUD and Mental Health programs to the CYF CADRE Sub-Committee to increase awareness of programs, services, and referral processes to support youth transitioning into the TAY/AOA system of care.

Goals for Fiscal Year 2021-2022
• Enhance ease of cross-referral and access to services for children, and families who are experiencing or impacted by co-occurring disorders. • Increase/return to "school-based" SchooLink services as permitted. • Juvenile Probation representation in the CYF CADRE sub-committee meetings. • INPUT FROM PROVIDERS AND COMMUNITY PARTNERS: ○ ○ ○ ○ ○ ○ ○ ○

Fiscal Year 2020-21 Sub-Committees/Groups	
MEETING DATE/LOCATION/TIME	**LEAD (Co-Lead)**
Meets Quarterly-2nd Thursday of the month - 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 From 1:30 - 3:00 P.M. **(Virtual Meetings as of May 2020)**	Julie McPherson and Marissa Varond JMcPherson@comresearch.com Marisa.Varond@mcalisterinc.com CYF Representative: Shannon.Jackson@sdcounty.ca.gov **NEXT MEETING: July 8th 1:30 to 3:00** A presentation from Nicholas Moore and Pallavi Garg, Free to Thrive Assisting Human Trafficking Survivors: A Holistic Approach Grounded in Legal Representation

CADRE CYF Subcommittee Meeting

When Every 3 months from 1:30pm to 3pm on the second Thursday Pacific Time - Los Angeles

Where https://SDSU.zoom.us/j/94079544035?pwd=Y3RxL1l3NlRVZFh2Y0ROdlNDdkVoZz09

Mission Statement

To bring the tools for the best possible quality of life to our clients.

Our concept of total health care incorporates the physical, emotional, and spiritual needs of each client.

Our programs strive to create an environment which promotes the dignity of all participating and to develop services maximizing clients' self-determination.

EXODUS RECOVERY

Exodus Recovery Mobile Crisis Response Team (MCRT)
550 W. Vista Way, Ste. #408
Vista, CA 92083
Phone (760) 758-1650
Fax (760) 758-1701

To access the MCRT call the San Diego County Access and Crisis Line:

(888) 724-7240

24 hour access telephone line to mental health services.

TDD/TTY Dial (711)

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

North Coastal Mobile Crisis Response Team (MCRT)

EXODUS RECOVERY

The Road to Recovery Begins with You!

To access services with the MCRT, contact San Diego Access & Crisis Line:
(888) 724-7240

8:00 AM-6:30 PM, 7 days a week

For program inquires, contact
(760) **758-1650**

Exodus North Coastal Mobile Crisis Response Team

The North Coastal Mobile Crisis Response Team (MCRT) is a non-law enforcement mobile crisis intervention program for individuals, 18 years and older, residing in the North Coastal region of San Diego County who are experiencing a behavioral health crisis.

Each MCRT team consists of a Licensed Mental Health Clinician, Case Manager, and Peer Support Specialist. MCRT is dispatched through the San Diego Access and Crisis Line (ACL) (888) 724-7240. Requests for MCRT services are triaged by the ACL. Response times are approximately one hour, when a team is available.

MCRT provides crisis intervention in the community to address behavioral health needs, facilitate access to immediate care, and link the person to appropriate services.

Zip Codes Served

Carlsbad	92008 92009 92010 92011 92013 92018
Oceanside	92054 92056 92057 92058
Pendleton	92055 92068 92672
San Dieguito	92007 92014 92023 92024 92067 92075 92091
Vista	92081 92083 92084

North Coastal MCRT offers comprehensive services to include the following:

- Community based intervention in an individual's home, workplace, or other locations for individuals experiencing a behavioral health crisis
- Crisis assessment and intervention
- Suicide and risk assessment and intervention
- Coordination with law enforcement as appropriate
- Coordination of care with existing treatment providers
- Linkage and referrals to community- based organizations and primary care
- Care coordination and follow-up with individuals post-intervention by the MCRT team

Table of Contents

Psychotropic Medication and Youth: Legislative Updates and Best Practices Recorded Webinar

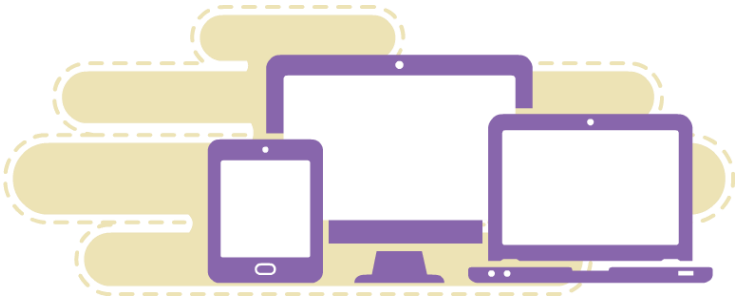
RIHS Responsive Integrated Health Solutions

Trainer: Laura Vleugels, MD

Course Code: BHE0126

Course Description

In this recorded webinar, participants will be provided a historical perspective on psychotropic medication oversight. They will also be provided with information about existing guidelines from professional organizations and the state of California. Finally, participants will receive an update of recent legislative changes that pertain to prescribing.



Learning Objectives

Upon completion of this training participants will be able to:

- Discuss antipsychotic medication use and history of oversight efforts
- Identify different approaches for antipsychotic monitoring
- Identify metrics identified for monitoring in California
- Name supports available from County of San Diego

Audience

Treatment, Evaluation & Resource Management (TERM) providers, prescribing physicians, clinicians, public health nurses and others who support youth prescribed psychotropic medication.

Click Here to log into the LMS and register to receive CEs.

Registration: If you already have an account, you may search for the course by name or course code. If you do not have an account in the LMS you will need to open one by clicking here. Email RIHS@sdsu.edu if you have any questions. This training is FREE of charge to BHS County employees and contractors.

Continuing Education: This course meets the qualifications for **1** hour of continuing education credit for LMFTs, LCSWs, LPPCs and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP10014; CCAPP-EI, Provider # 1S-98-38-98-0822, and CAADE Provider # CP40 906 CH 0323 for **1** contact hour/CEHs. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists. The Academy for Professional Excellence maintains responsibility for this program and its content. Click here for information on how to obtain CE Certificates. Click here for the CE Grievance Procedure.

Click Here to view this training without receiving CEs.

Academy for Professional Excellence

Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Understanding CWS and the Juvenile Dependency Process: Helping our Families Heal Recorded Training

RIHS Responsive Integrated Health Solutions

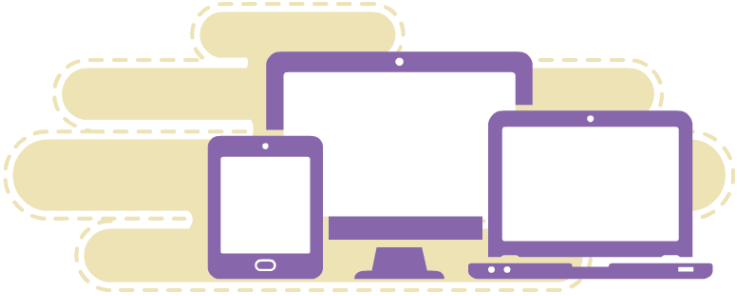
Trainer: Babbi Winegarden, Ph.D., M.H.P.E.

Course Description

Providing therapeutic services for child welfare children and families can be a complex process. It involves an understanding of juvenile court processes and roles, Child Welfare Services (CWS) procedures, collaboration and documentation expectations vis-a-vis protective service workers, and clinical expectations related to the protective issues as identified by the court. In this recorded training, participants will be provided with information and experiences related to these processes.

Audience

Treatment, Evaluation & Resource Management (TERM) Providers



Learning Objectives

Upon completion of this training participants will be able to:

- Understand the juvenile court expectations of TERM therapists
- Identify the components of juvenile court legal proceedings
- Understand the role of the social worker in the CWS agency juvenile dependency process
- Understand the role of the TERM therapist in the CWS juvenile dependency process
- Provide appropriate documentation for juvenile dependency cases
- Describe the clinical framework necessary when working with Child Welfare families

Click Here to view this training without receiving CEs.

Academy for Professional Excellence

Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

SAN DIEGO
Regional Task Force
on the Homeless

Information on Emergency Housing Vouchers

On May 5, 2021, as part of the American Rescue Plan Act (ARPA) of 2021, the U.S. Department of Housing and Urban Development (HUD) issued PIH Notice 2021-15 Emergency Housing Vouchers (EHV) - Operating Requirements. HUD awarded 70,000 EHVs to approximately 700 public housing authorities (PHA) nationwide. In San Diego County, four PHAs were awarded a total of 819 vouchers.

Public Housing Authority	Minimum Number of Emergency Housing Vouchers
San Diego Housing Commission	480
County of San Diego	264
City of Oceanside	43
City of National City	32

HUD established specific eligibility and operating requirements for the EHVs. Eligibility for these EHVs is limited to individuals and families who are:

1. Homeless;
2. At risk of homelessness;
3. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking; or
4. Recently homeless and for whom providing rental assistance will prevent the family's homelessness or having high risk of housing instability

Additionally, HUD requires that PHAs partner with the Continuum of Care (CoC) or other partnering organizations for direct referrals and services. Individuals and families will be referred to the PHA for the EHV program through a direct referral process from the CoC Coordinated Entry System (CES) and/or other partnering organizations. The referring agency will verify that the individual or family qualifies under one of the four categories, as defined above, prior to referral.

The Regional Task Force on the Homeless (RTFH), as the Lead Agency for San Diego region's CoC, has partnered with all four PHAs to plan for and implement a successful and sustainable EHV program in the San Diego region. RTFH and the PHAs are currently collaborating to determine an appropriate prioritization for the target populations for the EHVs, determine the appropriate referral pathways through the CES to refer eligible households, and identify support resources available to households who are enrolled and utilize an EHV.

San Diego County PHAs, in partnership with RTFH, are committed to a successful EHV program and recognize the importance of a joint communication strategy to keep San Diegans informed of EHV program requirements and how to access EHVs. More information about the referral process and program is forthcoming.

Please visit HUD's website at www.hud.gov/ehv for additional information on the EHV program.

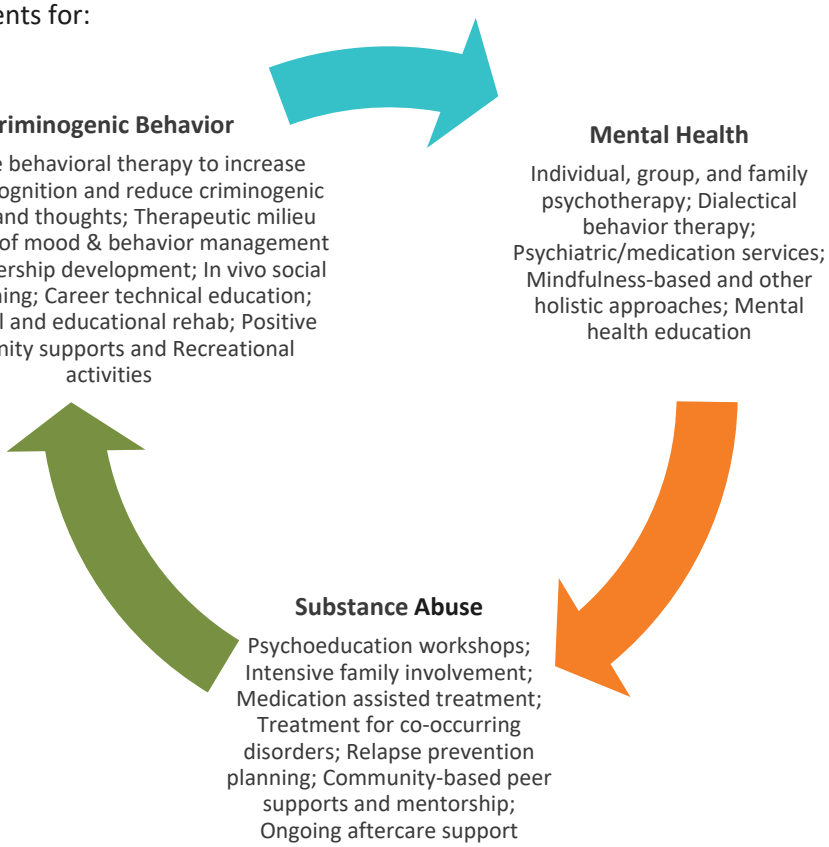
4699 Murphy Canyon Rd.
San Diego, CA 92123
www.rtfhsd.org

BEHAVIORAL HEALTH SERVICES & DEPARTMENT OF PROBATION PROGRAM ANNOUNCEMENT

LIVE WELL SAN DIEGO

HEALING OPPORTUNITIES FOR PERSONAL EMPOWERMENT (HOPE)

Behavioral Health Services (BHS) and the Department of Probation have collaborated on the design for a new intensive treatment program for in-custody youth to begin July 2021. The HOPE program, or "Healing Opportunities for Personal Empowerment", supports the juvenile justice system's transition to a positive youth development model while also focusing on the interrelated Triad of Treatment needs typical of youth who are in custody and provides evidence-based and evidence-informed treatments for:



This innovative program will allow BHS Juvenile Forensics Services STAT-HOPE clinicians to work side-by-side with Probation staff in the units to create a therapeutic milieu that is both strengths-based and trauma-informed. This will allow youth to practice newly acquired skills in a safe environment, while also maintaining structure and personal accountability.

Youth will be actively engaged in positive aspects of their home community to decrease recidivism and further improve long-term outcomes by helping youth to more quickly exit probation and thrive in the community. The HOPE program will actively work to foster engagement with the larger San Diego community. To accomplish this, family members, other positive allies of the youth, and community-based organizations will be an integral part of the in-custody treatment program.

As a youth progresses through their therapeutic program, they will be encouraged to make use of passes to leave the facility so they can engage in prosocial community activities involving family, education, vocational training, and recreational activities. This will allow the youth to have progressively increasing responsibilities, while slowly decreasing the supervision required.

Once the youth has successfully completed their treatment and in-custody time, the intent is they will continue to receive services from a contracted service provider as well as from the HOPE clinicians to ensure success once returning home.

For more information, please contact Dr. Carlos Nelson, Behavioral Health Program Coordinator @ Carlos.Nelson@sdcounty.ca.gov

05/26/2021