LIVE WELL SAN DIEGO

# PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

January 13, 2022 | Zoom| 9:30 a.m. – 11:30 p.m.

**Meeting Summary**

| ITEM | SUMMARY/ ACTION ITEMS |
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| **1. Welcome –** Amanda Lance-Sexton | |
| **2. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR)** *(MH)* – Seth Williams<br>○ PWB/ CCR TA Availability<br>○ Training Reminders<br>○ ICC/IHBS updates to BHA | ○ Shift in roles of BHS PWB/CCR Clinicians<br>○ PWB trainings available through **RIHS** – PWB and CCR eLearning, Documentation Microlearning Series, CFT Roles and Responsibilities eLearning<br>○ Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) eligibility screening on BHA |
| **3. QM Updates** *(SOC)* – Jill Michalski, Danielle Rhinesmith, Michael Blanchard<br>○ ICC/IHBS updates to BHA continued (handout)<br>○ CalAIM Updates:<br>• DRAFT BHIN Documentation Reform for SMHS & DMC-ODS (handout)<br>• BHIN No: 21-073 Criteria for Beneficiary Access to Specialty MHS Medical Necessity and other coverage (handout) | ○ ICC/IHBS updates to BHA continued - As a result of our DHCS Triennial Audit and our CAP to the state, the ICC/IHBS screening question was added to the BHA under the PWB eligibility questions<br>○ DRAFT BHIN Documentation Reform for SMHS & DMC-ODS QM presented the recent draft IN from DHCS regarding CalAIMS Documentation Reform. QM encouraged providers to write into QIMatters QIMatters.HHSA@sdcounty.ca.gov with any additional questions or pieces of feedback.<br>○ BHIN No: 21-073 Criteria for Beneficiary Access to Specialty MHS Medical Necessity and other coverage To be discussed at a later meeting<br>ASAM requirement questions: Michael.Blanchard@sdcounty.ca.gov |
| **4. Program Performance Improvement (PPI)** *(SOC)* (handout) – Amy Chadwick, System of Care Evaluation Coordinator | Supporting providers, improve quality and enhance services. Engaging programs in PPI review process personalized to the program's specific needs and challenges.<br>CASRC (CYF) contact: Amy Chadwick, aechadwick@health.ucsd.edu<br>HSRC (AOA/SUD) contact: Katie Rule, krule@health.ucsd.edu |

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| **5. Birth of Brilliance Conference** *(SOC)* ) – Aisha Pope, San Diego Center for Children | To raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care, and juvenile justice.<br>February 24, 2022, 8:00 a.m. – 5:00 p.m. Register at<br>Birth of Brilliance Virtual Conference 2022 (ce-go.com) |
| **6. Access to Service Journal (ASJ) refresher** *(SOC)* (handout) - Christopher Guevara | DHCS requires each MHP to have a system in place for tracking and measuring timeliness of care, including wait time to assessments and wait time to treatment. With questions, reach out to:<br>Christopher.Guevara@sdcounty.ca.gov |
| **7. Out of County Medi-Cal Tracking: County and Aid Code Data Entry** (*MH)* – Anselma Danque, Lavonne Lucas | This will be presented at the March 10 meeting. |
| **8. MIS reports** *(MH)* (handout) – Derek Kemble, Darwin Espejo | Monthly Accountability Reporting is to recover billing revenue due from services rendered in mental health Medi-Cal billing programs. MIS reporting action details will be presented at the March 10 meeting.<br>Derek.Kemble@sdcounty.ca.gov<br>Darwin.Espejo@sdcounty.ca.gov |
| **9. Live Well San Diego Youth Sector Summary** *(SOC)* (handout) **–** Tara Beeston, Andrew Thompson, Live Well San Diego Support Team. B Yumul, Lina Phung, Ashley Valentin Gonzalez, Mercedez Roman, Youth Leaders | LWSD Youth Sector Town Hall, gathered input from youth about behavioral health services not limited to the public system. Focus on opportunities for improvement.<br>LiveWellYouth@sdcounty.ca.gov<br>Youth Leadership (livewellsd.org) |
| **10. Announcements** *(SOC)*<br>○ CYF Services Directory (handout)<br>○ Update to Community Wraparound Provider: Fred Finch Youth and Family Services Wrap Connections<br>○ CICAMH Conference (handout) March 11, 2022<br>○ SAVE THE DATE May 26, 2022 Annual CYFSOC Conference: *Peers in Children, Youth and Families Services* | ○ CYF Services Directory: resource for providers and communities.<br>Children, Youth and Families (sandiegocounty.gov)<br>○ Fred Finch Wrap Connections Wraparound program-effective January 1, 2022. General Email: wrapconnections@fredfinch.org Referral form will be issued to system; youth and families not involved in the CW/Probation systems<br>○ 7th annual CICAMH 2022: Critical Issues in Child and Adolescent Mental Health Conference (ce-go.com) March 11, 2022<br>○ Annual CYFSOC conference May 26, 2022 |
| **10. Breakout Session** | SchooLink Providers |
| **Next Meeting: March 10, 2022** | |

5. **ICC AND/OR IHBS ELIGIBILITY SCREENING** *(based on assessment of child/youth strengths and needs as documented in presenting problem and based on the following indications):*

ICC may be indicated when a youth is:

- Risk of psychiatric hospitalization
- Recently discharged from hospitalization (generally within last 90 days)
- Recently discharged from Emergency Screening Unit/ North County Crisis, Intervention and Response Team (generally within last 90 days)
- At risk of needing crisis stabilization (Emergency Screening Unit or North County Crisis, Intervention and Response Team)
- Placed in, being considered for, or recently discharged from an STRTP, CFT, or PHF
- Receiving intensive services from programs such as:
    - Crisis Action Connection
    - Therapeutic Behavioral Services (TBS)
    - Wraparound
    - Comprehensive Assessment and Stabilization Services (CASS)
    - Foster Family Agency Stabilization and Treatment (FFAST)

Child/Youth meets minimum criteria for ICC and/or IHBS (which requires pre-authorization)

☐ Yes ☐ No

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

MICHELLE BAASS
*DIRECTOR*

GAVIN NEWSOM
*GOVERNOR*

DATE:

Behavioral Health Information Notice No:
This BHIN Supersedes 17-040

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

SUBJECT: Documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services

PURPOSE: To streamline clinical documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services

REFERENCE: Welf. & Inst. (W&I) Code § 14184.402(h)(3)

**BACKGROUND:**

As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) aims to reform behavioral health documentation requirements to improve the beneficiary experience; effectively document treatment goals and outcomes; promote efficiency to focus on delivering person-centered care; promote safe, appropriate and effective beneficiary care; address equity and disparities; and ensure quality and program integrity.

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To achieve this aim, DHCS is streamlining and standardizing clinical documentation requirements across Medi-Cal Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services . These guidelines do not apply to nonspecialty behavioral health services in the Fee for Service and Medi-Cal managed care networks. These updated documentation requirements better align with Centers for Medicare and Medicaid Services (CMS) national coding standards and physical health care documentation practices. These updated standards will also be used when behavioral health payment reform is implemented.

The 2022-2023 Reasons for Recoupment will be updated to align with these documentation requirements.

Assembly Bill (AB) 133 (Committee on Budget, Chapter 143, Statutes of 2021) implements various components of the CalAIM initiative, including those components in W&I Code sections 14184.100 et seq. Section 14184.402, subdivisions (h)(3) and (i)(1) give DHCS authority to develop and implement documentation standards through this Behavioral Health Information Notice (BHIN) until DHCS promulgates or amends regulations by July 1, 2024.

Effective July 1, 2022, the chart documentation requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services are as established below. These criteria were developed based on significant feedback from stakeholders, including county behavioral health directors, consumer advocates, labor organizations representing county behavioral health workers, and mental health and substance use disorder treatment providers.

This BHIN supersedes state regulations as noted in Attachment 3, BHIN 21-046 in part (related to client plan and signature requirements), MHSUDS IN 17-040 in full, and BHINs or other guidance in existence as of the date of publishing this BHIN regarding documentation requirements for SMHS, DMC, and DMC-ODS services except as outlined in Attachment 2. All other regulations, contract terms, and BHINs or other guidance remain in effect.

**POLICY:**

**Overarching Policy**

DHCS will monitor plans for compliance with documentation standards outlined below, and deviations from the standards will require corrective action plans. Recoupment of reimbursement shall be focused on fraud, waste, and abuse.

DHCS has removed client plan requirements from SMHS and treatment plan requirements from DMC and DMC-ODS, with the exception of continued requirements specifically noted in Attachment 2, and replaced them with these new behavioral health documentation requirements including a problem list and progress notes.

DHCS will not require standardized forms for the assessment domains, problem list, or progress notes.

Services shall be provided in the least restrictive setting, and shall be consistent with the goals of recovery and resiliency, learning and development, and enhanced self-sufficiency.

**Standardized Assessment Requirements**

Counties shall require providers to use uniform assessment domains as described in Attachment 1 for adult SMHS. For beneficiaries under the age of 21, the Child and Adolescent Needs and Strengths (CANS) Assessment tool may be used to meet the requirements for assessment in lieu of the domains without further documentation. The time period for providers to complete an initial assessment and subsequent assessments for SMHS is up to clinical discretion; however, assessments shall be completed within a reasonable time and in accord with generally accepted standards of practice. Providers shall determine that each service is medically necessary for the beneficiary based on the provider's assessment.

Adults will still have assessment needed but the CANS can be the CYF assessment?

We can still determine timelines

For DMC and DMC-ODS beneficiaries, the ASAM Criteria assessment shall be used. Covered and clinically appropriate DMC-ODS services (except for residential treatment services) are Medi-Cal reimbursable for up to 30 days following the first visit with a Licensed Practitioner of the Healing Arts (LPHA) or registered/certified counselor, whether or not a DSM diagnosis for Substance-Related and Addictive Disorders is established, or up to 60 days if the beneficiary is under age 21, or if a provider documents that the client is experiencing homelessness and therefore requires additional time to complete the assessment. If a beneficiary withdraws from treatment prior to establishing a DSM diagnosis for Substance-Related and Addictive Disorders, and later returns, the 30-day time period starts over. Assessments shall be updated as

clinically appropriate when the beneficiary's condition changes. Additional information on assessment requirements can be found in BHIN 21-071 (DMC) and BHIN 21-075 (DMC-ODS).

**Problem List**

A problem list shall be created and maintained for SMHS, DMC, and DMC-ODS beneficiaries by the provider(s) responsible for the beneficiary care. The problem list is a listing of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.

Each problem listed shall include the date of identification and the individual who identified the problem. Problems may be identified by providers within their respective scopes of practice and by the beneficiary and/or significant support person. A problem identified during a service encounter (e.g., crisis intervention) may be addressed by the service provider (within their scope of practice) during that service encounter, and subsequently added to the problem list. The problem list shall be updated on an ongoing basis to reflect the current presentation of the beneficiary.

The problem list shall include, but is not limited to, the following:

- Diagnoses identified by a Licensed Practitioner of the Healing Arts (LPHA) acting within their scope of practice, if any.
- Problems identified by other providers acting within their respective scopes of practice, if any.
- Problems identified by the beneficiary and/or significant support person, if any.
- The name and title of the provider that added or removed the problem and the date the problem was added or removed.

SMHS, DMC, and DMC-ODS providers shall add to or remove problems from the problem list when there is a relevant change to a beneficiary's condition. Diagnosis-specific specifiers from the Diagnosis and Statistical Manual-5 (DSM-5) shall be included with the diagnosis, when applicable. DHCS does not require the problem list to be updated within a specific timeframe or have a requirement about how frequently the problem list should be updated after a problem has initially been added. However, providers shall update the problem list within a reasonable time and in accord with generally accepted standards of practice.

**Progress Notes**

Providers shall create progress notes for the provision of all SMHS, DMC and DMC-ODS services. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description. Progress notes shall include:

- The type of the service rendered.
- A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
- The date that the services were provided to the beneficiary.
- Location of the beneficiary at the time of receiving the service.
- Signature of the service provider and signature date that conforms to medical record requirements.
- International Classification of Diseases (ICD) 10 code.
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- Next steps, including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.

SMHS, DMC, and DMC-ODS providers shall complete progress notes within 3 business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours.

SMHS, DMC, and DMC-ODS providers shall complete a daily progress note for services that are billed on a daily basis, such as residential and day treatment services (including day treatment intensive and day rehabilitation). Weekly summaries will no longer be required for day rehabilitation and day treatment intensive.

When a group service is rendered, a list of participants is required to be documented and maintained by the plan or provider. Should more than one provider render a group service, one progress note is done for a group session and may be signed by one provider. While one progress note with one provider signature is acceptable for a group activity where multiple providers are involved, the progress note must clearly document the specific involvement and the specific amount of time of involvement of each provider of the group activity, including documentation time. All other progress note requirements must also be met.

**IMPLEMENTATION:**

Counties shall implement the documentation requirements established in this BHIN effective July 1, 2022. The implementation shall include updating policies and procedures, as well as supporting materials for triannual (SMHS) or annual (DMC/DMC-ODS) reviews to ensure compliance. Counties shall communicate these updates to providers as necessary.

COMPLIANCE MONITORING:

DHCS will continue to carry out its responsibility to monitor and oversee county SMHS and DMC programs and their operations as required by State and Federal law. This will include verifying that county and provider documentation complies with the requirements in this BHIN, that services provided to Medi-Cal beneficiaries are medically necessary and that documentation is in compliance with the applicable State and Federal laws and regulations and the terms of the MHP contract, DMC State Plan Contract, and the DMC ODS Interagency Agreement/Contract.

Questions regarding this BHIN may be directed to BHCalAIM@dhcs.ca.gov.

Sincerely,

Shaina Zurlin, LCSW, PsyD, Chief
Medi-Cal Behavioral Health Division

## *Attachment 1: SMHS Domain Description*

Each of the 7 domains identified in the first column are required components of the SMHS assessment, which shall be documented in the SMHS assessment and kept in the beneficiary's medical record. The assessment shall be completed within a reasonable time and in accord with generally accepted standards of practice.

Descriptions for each domain are set forth in the second column. The descriptions identified in the second column provide guidance for addressing each respective domain and are not a prescriptive or required list of elements.

For beneficiaries under the age of 21 the CANS assessment tool may be used to meet the requirements for assessment without further documentation.

| Domains | Description |
|---|---|
| **Domain 1 requirements:**<br><br>**Presenting Problem(s)**<br>**Current Mental Status**<br>**History of Presenting Problem(s)**<br>**Beneficiary-Identified Impairment** | Chief complaint:<br>• Beneficiary-identified problem(s), history of the presenting problem(s), impact of problem(s) on beneficiary.<br>• Beneficiary's mental state at the time of the assessment.<br>• Impairment identified by the beneficiary including distress, disability, or dysfunction in an important area of life function. |
| **Domain 2 requirements:**<br><br>**Trauma** | History of trauma or exposure to trauma:<br>• Any psychological, emotional response to an event that is deeply distressing or disturbing. |

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| | • A measure of trauma by a trauma screening tool approved by the DHCS (e.g., Adverse Childhood Experiences screening tools), indicating elevated risk for development of a mental health condition.<br>• Experience with homelessness, juvenile justice involvement, or involvement in the child welfare system. |
| **Domain 3 requirements:**<br><br>**Behavioral Health History**<br>**Comorbidity** | Mental Health History:<br>• Acute and chronic conditions.<br>• Previous community-based treatment, including providers, therapeutic modality (e.g., medications, therapy, rehabilitative interventions, etc.) and response to interventions.<br>• Inpatient admissions.<br>• Crisis-based admissions.<br>Substance Use History:<br>• Exposure/substance use, including past and present use.<br>• Previous community-based treatment, including providers, therapeutic modality (e.g., medication-assisted treatment, rehabilitative interventions, etc.) and response to interventions.<br>• Inpatient psychiatric admissions.<br>• Intoxication/detox/withdrawal management-based admissions. |
| **Domain 4 requirements:**<br><br>**Medical History**<br>**Current Medications**<br>**Comorbidity with Behavioral Health** | Medical History:<br>• Relevant current or past physical health conditions.<br>• Prenatal and perinatal events, and relevant or significant developmental history.<br>• History of medications, medical treatments and responses.<br>Allergies to medications. |
| **Domain 5 requirements:** | Psychosocial factors:<br>• Living situation, daily activities, social support, and cultural and linguistic factors. |

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| **Social and Life Circumstances**<br>**Culture/Religion/Spirituality** | • Legal or justice-involved history.<br>• Family history and current family involvement.<br>• Military history.<br>• Tribal affiliation.<br>• LGBTQ.<br>• BIPOC. |
| **Domain 6 requirements:**<br><br>**Strengths, Risk Behaviors and Safety Factors** | Strengths, risk behaviors and protective factors:<br>• Strengths in achieving goals, including personal motivation, drive, and interest.<br>• Resilience and coping skills.<br>• Protective factors, including the availability of resources, opportunities, and supports (including support persons), interpersonal relationships, systems (family/, community/ professional), activities (routines/ social hobbies/ etc.).<br>• Situations and triggers that may induce risky behaviors.<br>• Suicidal/homicidal ideation.<br>Safety planning, including an individualized plan that can be self-initiated or initiated by a trusted person (e.g. sponsor). |
| **Domain 7 requirements:**<br><br>**Clinical Summary**<br>**ICD Code**<br>**Medical Necessity Determination**<br>**Level of Care/Access Criteria** | Clinical impression, including etiology, clinical complexity, and impairments:<br>• Predisposing, precipitating, perpetuating and protective factors.<br>• Diagnosis/ICD-code consistent with presenting problems, history, mental status exam and/or other clinical data, including any current medical diagnosis. Capture diagnostic uncertainty (provisional or unspecified).<br>• Service recommendations for the treatment episode.<br>Level of care determination for DMC and DMC-ODS (I.e., ASAM) and/or for SMHS (Access Criteria for SMHS found in BHIN XX). |

## *Attachment 2: Requirements That Remain in Effect*

| Requirement | Authority / Background | Description |
|---|---|---|
| CalOMS | Data Collection Guide<br>Data Compliance Standards<br>Data Dictionary | CalOMS Treatment (CalOMS) is a data collection and reporting system for substance use disorder (SUD) treatment services. |
| CANS | IN 17-052<br>IN 18-007 | The Child and Adolescent Needs and Strengths (CANS) is a structured assessment for identifying youth and family actionable needs and useful strengths. |
| PSC | IN 17-052 | The Pediatric Symptom Checklist (PSC) is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. |
| CSI | IN 19-020 | The Client and Service Information (CSI) system is a system used to collect encounter data for Medi-Cal and non-Medi-Cal clients for services provided in County or City Mental Health Plan programs. |
| ASAM | IN 18-046; IN 21-071; IN 21--075 | The American Society of Addiction Medicine (ASAM) Criteria is a multidimensional assessment used to determine the appropriate level of care across a continuum. |

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| DATAR | 45 C.F.R. § 96.126<br><br>DATARWeb User Manual | The Drug and Alcohol Treatment Access Report (DATAR) is a DHCS system used to collect data on substance use disorder treatment capacity and waiting lists. |
| PPSDS | Primary Prevention Substance Use Disorder Data Service<br><br>Data Quality Standards | The Primary Prevention SUD Data Service (PPSDS) system is a system used by counties to collect and report their primary prevention substance use disorder program and activity data. |
| Discharge Plan | 42 C.F.R. § 482.43(a) | When requested by the beneficiary's physician, a hospital must arrange for the development and implementation of a discharge plan for the beneficiary. |
| Care Plan | 42 C.F.R. § 440.169(d)(2) | Federal law requires a care plan for individuals receiving case management services. A care plan is required for Targeted Case Management services, including Intensive Care Coordination. |
| Narcotic Treatment Program | 42 C.F.R. § 8.12 | Narcotic Treatment Programs (NTP) are required by Federal law to create treatment plans for their beneficiaries. Furthermore, NTP requirements for documentation and program requirements are not changing under this BHIN. |
| Treatment Plan | Interim STRTP Regulations Version II, Section 10 | A treatment plan is required for services provided in Short-Term Residential Therapeutic Programs (STRTPs). |

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| Treatment Plan | CCR, tit. 22, §77073 | A treatment plan is required for services provided in Psychiatric Health Facilities (PHF) |
| Assessment and Treatment Plan | CCR, tit. 22, §§ 72451, subd. (e) and 72471 | A treatment plan is required for services provided in Special Treatment Programs within Skilled Nursing Facilities (STP-SNF). |
| Assessment Timeframes and Individual Service Plan | CCR, tit. 9, §786.15, subd. (a) | A individual service plan is required for services provided in Mental Health Rehabilitation Centers (MHRCs) |
| Needs and Services Plan | CCR, tit. 9, § 1927, subd. (a)(6) | A Needs and Services Plan (NSP) is required for services provided to children within Community Treatment Facilities. |
| Treatment/Rehabilitation Plan | CCR, tit. 9, § 532.2, subd. (c) | A treatment/rehabilitation plan is required for services provided in Social Rehabilitation Programs. |
| Plan of Care | Peer Support Services SPA 21-0051 | Peer support services will be based on an approved plan of care. |
| Treatment Planning | Section 7090 AOD Certification Standards | AOD Certified programs shall develop treatment plans in accordance with Section 7090 of the AOD Certification Standards. |

## *Attachment 3: Superseded Regulations*

| **Regulation Title and Section Number** | **Superseded Part of Regulation** |
|---|---|
| Title 9 Section 1810.205.2 Client Plan | Superseded entirely. |
| Title 9 Section 1810.206 Collateral | Requirement that the needs of the beneficiary are understood “in terms of achieving the goals of the beneficiary's client plan” is superseded. |
| Title 9 Section 1810.232 Plan Development | Superseded entirely. |
| Title 9 Section 1810.440 MHP Quality management Programs | Subdivisions (c)(1)(A)-(C) and (c)(2)(A)-(B) are superseded. |
| Title 9 Section 1840.112 MHP Claims Certification and Program Integrity | Subdivision (b)(5) is superseded. |
| Title 9 Section 1840.314 Claiming for Service Functions-General | Subdivision (e)(2)’s requirements related to approval of client plans are superseded. |
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| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (d)(1)’s requirements related to treatment planning are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (d)(2)’s requirements related to treatment planning are superseded. |

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| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (d)(3)'s requirements related to treatment planning are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (d)(4)'s requirements related to treatment planning are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (d)(5)'s requirements related to treatment planning are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (g)((1)(B)(ii) is superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (g)(2)(E) is superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(1)(A)(iv)(c)'s requirements related to updated treatment plans are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(1)(A)(v)(b)'s requirements related to treatment plans are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(2)(A)(i) is superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(2)(A)(ii)(a-c) is superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(2)(A)(iii)(a-c) is superseded. |

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| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(3)(A-B) is superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(3)(A)(ii)'s requirements related to treatment plans are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(3)(B)(i)'s requirements related to treatment plans are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(4)(A)(ii) is superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (h)(5)(A)(ii)(c)'s requirements related to treatment plans are superseded. |
| Title 22 Section 51341.1 Drug Medi-Cal Substance Use Disorder Services. | Subdivision (k)(3)'s requirements related to treatment plans are superseded. |

MICHELLE BAASS
*DIRECTOR*

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

GAVIN NEWSOM
*GOVERNOR*

DATE: December 10, 2021

Behavioral Health Information Notice (BHIN) No: 21-073
Supersedes BHIN 20-043, in part

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

**SUBJECT:** Criteria for beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements

**PURPOSE:** To give notice of statutory changes for a beneficiary to access the SMHS delivery system and update medical necessity and coverage requirements.

**REFERENCES:** Welfare and Institutions Code section 14184.402

**BACKGROUND:**

With the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Department of Health Care Services (DHCS) aims to design a coherent plan to address beneficiaries' needs across the continuum of care, ensure that all Medi-Cal beneficiaries receive coordinated services, and improve health outcomes. The goal is to ensure access to the right care in the right place at the right time.

To achieve this aim, DHCS is clarifying the responsibilities of Mental Health Plans (MHPs), including updating the criteria for access to SMHS, for both adults and beneficiaries under age 21, except for psychiatric inpatient hospital and psychiatric health facility services, which will be addressed in forthcoming guidance. These criteria were developed based on significant feedback from stakeholders.

Assembly Bill (AB) 133 implements various components of the CalAIM initiative. As specified in Welfare and Institutions Code section 14184.402, the revised definitions and criteria below are effective January 1, 2022. AB 133 gives DHCS authority to implement the criteria for access to SMHS and medical necessity through this Behavioral Health Information Notice (BHIN) until DHCS implements new regulations by July 1, 2024.

Effective January 1, 2022, the definition of medical necessity and the criteria for access to SMHS (except for psychiatric inpatient hospital and psychiatric health facility services, which will be addressed in forthcoming guidance) is as established below.

This BHIN supersedes California Code of Regulations (CCR), title 9, sections 1830.205 and 1830.210[1] and other guidance published prior to January 1, 2022 regarding medical necessity criteria for MHP reimbursement of SMHS (other than psychiatric inpatient hospital and psychiatric health facility services), including components of BHIN 20-043. This BHIN does not address or supersede criteria for psychiatric inpatient hospital and psychiatric health facility services, which will be addressed in forthcoming guidance.

**POLICY:**

Medical Necessity

Pursuant to Welfare and Institutions Code section 14184.402(a), for individuals 21 years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.

For individuals under 21 years of age, a service is “medically necessary” or a “medical necessity” if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. This section requires provision of all Medicaid-coverable services necessary to correct or ameliorate a mental illness or condition discovered by a

[1] The CCR medical necessity regulations superseded by this BHIN combine criteria for access to SMHS and medical necessity for specific services. Under this BHIN, access criteria and medical necessity criteria are separated and redefined.

screening service, whether or not such services are covered under the State Plan. Furthermore, federal guidance from the Centers for Medicare & Medicaid Services makes it clear that mental health services need not be curative or restorative to ameliorate a mental health condition. Services that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition are thus medically necessary and covered as EPSDT services.

Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary's presenting condition.[2]

Criteria for Adult Beneficiaries to Access the Specialty Mental Health Services Delivery System

For beneficiaries 21 years of age or older, a county mental health plan shall provide covered specialty mental health services for beneficiaries who meet **both of the following** criteria, (1) and (2) below:

(1) The beneficiary has **one or both** of the following:
   a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.

   b. A reasonable probability of significant deterioration in an important area of life functioning.

**AND**

(2) The beneficiary's condition as described in paragraph (1) is due to **either of the following**:
   a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders[3] and the International Statistical Classification of Diseases and Related Health Problems.

   b. A suspected mental disorder that has not yet been diagnosed.

[2] 42 C.F.R. §§ 456.5 and 440.230 (b)
[3] A neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria for access to the SMHS delivery system. However, MHPs must cover SMHS for beneficiaries with any of these disorders if they also have a mental health disorder (or suspected mental health disorder not yet diagnosed) and meet criteria for SMHS as described above.

Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System

For enrolled beneficiaries under 21 years of age, a county mental health plan shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet **either of the following** criteria, (1) or (2) below:

(1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department[4], involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.[5]

**OR**

(2) The beneficiary meets **both of the following** requirements in a) and b), below:
   a) The beneficiary has **at least one** of the following:
      i. A significant impairment

      ii. A reasonable probability of significant deterioration in an important area of life functioning

      iii. A reasonable probability of not progressing developmentally as appropriate.

      iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

[4] The Pediatric ACES and Related Life-Events Screener (PEARLS) tool is one example of a standard way of measuring trauma for children and adolescents through age 19. The ACE Questionnaire is one example of a standard way of measuring trauma for adults beginning at age 18. DHCS will explore the approval process and standards for trauma screening tools for beneficiaries under 21 years of age through continued stakeholder engagement. MHPs are not required to implement the tool until DHCS issues additional guidance regarding approved trauma screening tool(s) for the purposes of SMHS access criteria.

[5] Please see Definitions section below for additional information.

**AND**

b) The beneficiary's condition as described in subparagraph (2) above is due to **one of the following**:
   i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders[6] and the International Statistical Classification of Diseases and Related Health Problems.

   ii. A suspected mental health disorder that has not yet been diagnosed.

   iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional.[7]

If a beneficiary under age 21 meets the criteria as described in (1) above, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (2) above.

Additional Coverage Requirements and Clarifications

This criteria for a beneficiary to access the SMHS delivery system (except for psychiatric inpatient hospital and psychiatric health facility services) set forth above shall not be construed to exclude coverage for, or reimbursement of, a clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service under any of the following circumstances:

- Services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process.
- The prevention, screening, assessment, treatment, or recovery service was not included in an individual treatment plan.[8]
- The beneficiary has a co-occurring substance use disorder.

[6] A neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not "mental health disorders" for the purpose of determining whether a beneficiary meets criteria for access to the SMHS delivery system. However, MHPs must cover SMHS for beneficiaries with any of these disorders if they also have a mental health disorder (or suspected mental health disorders not yet diagnosed) and meet criteria for SMHS as described above.
[7] Welf. & Inst. Code, § 14184.402(d)
[8] Some SMHS may still require an individual plan of care, such as Targeted Case Management (42 C.F.R. § 440.169.). DHCS will issue forthcoming guidance regarding documentation requirements.

Per Welfare and Institutions Code section 14184.402(f)(1)(A), a mental health diagnosis is not a prerequisite for access to covered SMHS. This does not eliminate the requirement that all Medi-Cal claims, including SMHS claims, include a CMS approved ICD-10 diagnosis code.[9] In cases where services are provided due to a suspected mental health disorder that has not yet been diagnosed or due to trauma as noted above, options are available in the CMS approved ICD-10 diagnosis code list. For example, these include codes for "Other specified" and "Unspecified" disorders," or "Factors influencing health status and contact with health services" (i.e., Z codes). DHCS may provide additional clarification and technical assistance regarding the use of Z codes.

The portion of BHIN 20-043 that limits SMHS to a list of DHCS included ICD-10 diagnoses is superseded by this BHIN, effective January 1, 2022, except for psychiatric inpatient hospital and psychiatric health facility services, which will be addressed in forthcoming guidance.

This BHIN does not change the respective responsibilities of MHPs, Medi-Cal Managed Care Plans (MCPs) and the Medi-Cal Fee for Service (FFS) delivery systems. Services for symptoms or conditions solely due to a medical condition (e.g., traumatic brain injury) remain the responsibility of the MCP or the FFS delivery system. However, SMHS are reimbursable for beneficiaries with medical diagnoses if they also have mental health conditions and meet criteria for SMHS as described above.

Non-specialty mental health services (NSMHS) are delivered by Medi-Cal FFS providers and MCPs and include the following:[10]

- Mental health evaluation and treatment, including individual, group and family psychotherapy[11]
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring drug therapy
- Psychiatric consultation
- Outpatient laboratory, drugs, supplies and supplements

[9] The ICD 10 Tabular (October 1st thru September 30th) at https://www.cms.gov/medicare/icd-10/2022-icd-10-cm
[10] Welf. & Inst. Code, § 14184.402(b)(1)
[11] Dyadic services will be provided effective 7/1/22.

Criteria for Beneficiaries to Access Non-Specialty Mental Health Services

MCPs are required to provide or arrange for the provision of NSMHS for the following populations:[12]

- Beneficiaries 21 years of age and over with mild to moderate distress or mild to moderate impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders;[13]
- Beneficiaries under age 21, to the extent eligible for services through the Medicaid EPSDT benefit as described above, regardless of level of distress or impairment or the presence of a diagnosis;
- Beneficiaries of any age with potential mental health disorders not yet diagnosed.

DHCS will publish additional guidance regarding the CalAIM No Wrong Door policies for mental health services in Medi-Cal as set forth in Welfare and Institutions Code 14184.402.

**COMPLIANCE:**

MHPs shall implement the criteria for access to SMHS established above effective January 1, 2022, update MHPs policies and procedures as needed to ensure compliance with this policy effective January 1, 2022, and communicate these updates to providers as necessary.[14]

In addition, MHPs shall update materials to ensure the criteria for SMHS for individuals under 21 years of age and for adults is accurately reflected, including materials reflecting the responsibility of Medi-Cal MCPs and the FFS delivery system for covering NSMHS.

[12] Welf. & Inst. Code, § 14184.402(b)(2)
[13] A neurocognitive disorder (e.g., dementia) or a substance-related and addictive disorder (e.g., stimulant use disorder) are not “mental health disorders” for the purpose of determining whether a beneficiary meets criteria for access to the NSMHS delivery system. However, MCPs must cover NSMHS for beneficiaries with any of these disorders if they also have a mental health disorder (or suspected mental health disorders not yet diagnosed) and meet criteria for NSMHS as described above.
[14] Welf. & Inst. Code, § 14184.402(i)

**DEFINITIONS:**

**Involvement in child welfare**: The beneficiary has an open child welfare services case, or the beneficiary is determined by a child welfare services agency to be at imminent risk of entering foster care but able to safely remain in their home or kinship placement with the provision of services under a prevention plan, or the beneficiary is a child whose adoption or guardianship occurred through the child welfare system. A child has an open child welfare services case if: a) the child is in foster care or in out of home care, including both court-ordered and by voluntary agreement; or b) the child has a family maintenance case (pre-placement or post-reunification), including both court-ordered and by voluntary agreement. A child can have involvement in child welfare whether the child remains in the home or is placed out of the home.

**Homelessness**: The beneficiary meets the definition established in section 11434a of the federal McKinney-Vento Homeless Assistance Act.[15] Specifically, this includes (A) individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1) of the Act); and (B) includes (i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii).

**Juvenile justice involvement:** The beneficiary (1) has ever been detained or committed to a juvenile justice facility, or (2) is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency. Beneficiaries who have ever been in custody and held involuntarily through operation of law enforcement authorities in a juvenile justice facility, including youth correctional institutions, juvenile detention facilities, juvenile justice centers, and other settings such as boot camps, ranches, and forestry/conservation camps, are included in the "juvenile justice involvement" definition. Beneficiaries on probation, who have been released home or

[15] Available at: https://nche.ed.gov/mckinney-vento-definition/. Full text of the Act is available here: http://uscode.house.gov/view.xhtml?path=/prelim@title42/chapter119/subchapter6/partB&edition=prelim.

detained/placed in foster care pending or post-adjudication, under probation or court supervision, participating in juvenile drug court or other diversion programs, and who are otherwise under supervision by the juvenile delinquency court and/or a juvenile probation agency also meet the “juvenile justice involvement” criteria.

Please direct any questions to countysupport@dhcs.ca.gov

Sincerely,

Original signed by

Shaina Zurlin, LCSW, PsyD, Chief
Medi-Cal Behavioral Health

# Program Performance Improvement Overview

## BACKGROUND

As part of the County of San Diego Behavioral Health Services mission to support providers, improve quality, and enhance services, UC San Diego's Research Centers (CASRC and HSRC) will engage programs in a Program Performance Improvement (PPI) review process personalized to that program's specific needs and challenges.

## ROLE OF THE RESEARCH CENTERS

The PPI protocol leverages the analytic and applied expertise of the research centers to streamline the process for you. You will have access to a PPI Toolkit, comprised of worksheets and resources to facilitate problem-solving and goal-setting. CASRC and HSRC will train key staff to use the PPI Toolkit, fill in resource gaps, and support implementation and evaluation of action plans.

## PROCESS

**REVEAL**

**Identify barriers, inefficiencies, and/or areas for enhancement**

CASRC/HSRC works with CORs, PMs, clinicians, and program staff to identify strategic areas for performance improvement

**REALIZE**

**Develop actionable goals and intervention plans**

CASRC/HSRC collaborates with staff/administrators and the BHS Performance Improvement Team (PIT) to understand the problem, isolate causes, develop strategies, and plan interventions

**RESOLVE**

**Implement successful strategies**

CASRC/HSRC supports evaluation of interventions to determine success of the strategy and feasibility of broader implementation

## HOW TO GET STARTED

**If you have an idea for a PPI for your program, please let your Supervisor/Program Manager know!**

Program Managers, please contact your UC San Diego PPI leads:

CASRC (CYF): Amy Chadwick, aechadwick@health.ucsd.edu

HSRC (AOA/SUD): Katie Rule, klrule@health.ucsd.edu

CASRC Child and Adolescent Services Research Center

Health Services Research Center, University of California San Diego

County of San Diego HHSA Health and Human Services Agency

Live Well San Diego

# BIRTH OF BRILLIANCE

## GOOD TROUBLE IS NECESSARY TROUBLE

**Building on the success and energy of our inaugural event, we are excited to present the second annual virtual Birth of Brilliance Conference on Feb. 24, 2022.**

**The focus of this conference it to raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care and juvenile justice. Registration is now open.**

If you're passionate about serving youth and families in a way that centers equity to amplify the brilliance of all children, this conference is for you!

**Nanci Luna Jimenez**
*Born Brilliant: Healing Our Way Back to our Whole Human Self*

**Dr. Joseph Lee**
*Social Emotions: Bending the Arc of the Universe Towards Social Justice*

### Event Details & Registration Information

**FEB. 24, 2022** | 8:00 AM-5:00 PM

**$99** | EARLY BIRD (DEC. 1-JAN. 15)

**$115** | REGULAR REGISTRATION

Register at **BirthofBrilliance.org**

For questions, please contact Steven Jellá at **sjella@sdyouthservices.org**

# BIRTH OF BRILLIANCE 2022:
# GOOD TROUBLE IS NECESSARY TROUBLE

## Distinguished Keynotes and Breakout Speakers:

Nanci Luna Jimenez

Dr. Joseph Lee
















Register **NOW at** www.BirthofBrilliance.org

FEBRUARY 24TH, 2022 8AM-5PM

**Presented by County of San Diego Health and Human Services Agency**

The Birth of Brilliance Conference Team in Collaboration with the San Diego Office of Equity and Racial Justice presents the

# BIRTH OF BRILLIANCE Cultural Fair


COUNTY OF SAN DIEGO
Office of Equity & Racial Justice

## San Diego MAKE, 3745 30th Street, San Diego, CA 92104
## FEBRUARY 25, 2022 | 4 PM - 7 PM

Come experience the brilliance of the cultures in our local San Diego community through food, music and art. Catered by San Diego MAKE and Mama Africa

### Menu featuring small bites

Afghan Grilled Chicken Tacos
Miso Roasted Butternut Cambodian Num Pang Sandwiches
Nigerian Beef Suya Skeweres
Filipino Pan De Sal
Ember Roasted Sweet Potato Tacos
Sambusas from Mama Africa and More!

MAKE PROJECTS
EAT WELL. *DO GOOD.*

Admission, food, and parking are included with your pre-paid ticket. Feel free to bring a guest or pay at the door: Children $10: Adults: $15. Support other local vendors by purchasing their wares. Parking will be validated at the North Park Garage.

Registration at **www.BirthofBrilliance.org**

# ACCESS TIME REQUIREMENT

- DHCS requires each MHP to have a system in place for tracking and measuring timeliness of care, including wait time to assessments and wait time to treatment.
- MHPs must provide Medi-Cal beneficiaries a non-urgent non-psychiatry mental health appointment within **ten business days** of the beneficiary's request.
- MHPs must provide Medi-Cal beneficiaries a non-urgent psychiatry appointment within **15 business days** of the beneficiary's request.

# ASJ REMINDERS

- An ASJ is required when you make contact with a client or guardian, and they request or agree to services. If a client refuses services or you receive a referral but never make contact, an ASJ is not required.
- Providers must include 2nd and 3rd available appointments, even if the client agrees to the first or second appointment offered.
- Please be careful with dates. We see a lot of errors in the data.
- We review program access times, but we also care about completeness of data. Programs should have more journals than admissions.
- We ask that providers submit ASJ entries **5 business days** after contact date with clients.

# QUESTIONS AND SUPPORT

christopher.guevara@sdcounty.ca.gov

# MONTHLY ACCOUNTABILITY REPORTS

## Program Managers Meeting

*Derek Kemble and Darwin Espejo*

*January 13, 2022*

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# Monthly Accountability Reports

## *GENERAL OVERVIEW*

- Monthly Accountability Reporting's main purpose is to recover billing revenue due from services rendered in mental health Medi-Cal billing programs
- Quality Improvement (QI) Performance Improvement Team (PIT) and OPTUM generate all reports
- Features Sub-Unit activities cumulatively, starting from the beginning of the Fiscal Year
- Reports are sent following all *HIPAA* rules to Program Managers (or a specified designee) cc'ing CORs for tracking purposes
- Also feature program/staff monitoring tools for CORs and Program Managers

# Monthly Accountability Reports

## *Overview Continued…*

- The original report packet consists of two main reports:
  1) ***"MIS 99"*** *- OPTUM Accountability reports*
  2) ***"MIS 40"*** *- CSI errors reports + CSI Correction Guide*
- CYF designee (Darwin Espejo) forwards to all applicable providers

# *Delivery Methodology*

- Providers listed in the *Transport Layer Security list (TLS)* receive “regular” emails – all others are ***encrypted***


- Questions and issues? *Please use QI-PIT help link*

**Need Assistance?** → **Questions?** → **Feedback?** → ***Please contact the QI-PIT team at*** QIMatters.HHSA@sdcounty.ca.gov

- Designee updates and/ or additions – *Immediately contact COR team or CYF designee*
- Providers and/or Sub-units *may or may not* have reports for that month
- Delivery time frame

# Monthly Accountability Reports

***MIS-18 Non-Final Approved Progress Notes with Services*** informs County BHS clinics of 'Open Progress Notes' with services that require final approval.

***MIS-19 Non-Final Approved Progress Notes without Services*** captures progress notes within CCBH which do not have services (encounters) attached. These progress notes are often left blank or are incomplete. This report will allow programs to either complete the documentation of the service or delete the progress note if it was created in error. *Please be aware that the current standards for timeliness of documentation apply and any services entered past the 14-day mark are required to be made non-billable.*

***MIS-20 Final Approved Progress Notes over 14 Days from Service Date*** has the purpose of informing County BHS clinics of 'Final Approved Progress Notes' *over 14 days* from service date for compliance.

# Monthly Accountability Reports

***MIS-32 Progress Notes Monitoring Report*** assists County BHS CORs and Program Managers monitor the timely completion of progress notes for each of their staff.

***MIS-36 Discharge Summary Report*** was created to inform County BHS CORs and Program Managers of discharge outcomes. This report tracks discharge reason, discharge destination, and goals met by month.

***MIS-38 Program Open Assignments*** was created to inform programs of their active clients who may need demographic form updates. This report captures days since last demographic form update and highlights those over 365 days. It also lists highest education level, living arrangement, and if that living arrangement code is even valid as these are variables that change regularly and should be looked at.

***MIS-40 CSI Clean-Up Report*** captures all Client Services Information (CSI) errors for your program. The attached CSI Correction Guide will assist in completing the necessary updates.

***MIS-41 Parolee Assignments*** was created to inform programs of clients who are currently opened or closed within 90 days who have client category denoting Parolee Status. This is to help properly close out the CC when the client leaves your program and to help track spending on the special population.

The **MIS-18** Non-Final Approved Progress Notes with Services has the purpose to inform County BHS clinics of 'Open Progress Notes' with services that require final approval.

**Non-Final Approved Progress Notes with Services**
**For Service Date from 7/1/2020 to 1/3/2021**

| Client Name | Case Number | Form Date | Form Type | Created ID | Created By | Credentials | Form Number | Service Code | Service | Service Date | Service Price | Balance | Billed Flag | Current Paysource | Unit ID |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BROS, MARIO | 123456789 | 10/10/2020 | Individual | 54321 | GOOMBA (12345) | TRAINEE | 7654321 | 815 | NON-BILL OTHER SUPPORT SVC 815 | 10/10/2020 | $0.00 | $0 | Y | 9999 | 1889 |
| BROS, LUIGI | 987654321 | 10/27/2020 | Individual | 54321 | KOOPA (54321) | TRAINEE | 8765432 | 30 | PSYCHOTHERAPY - INDIVIDUAL 30 | 10/27/2020 | $0.00 | $0 | Y | 9999 | 1889 |
| KONG, DONKEY | 100000001 | 9/24/2020 | Individual | 56789 | BOWSER (1001) | MD | 2000002 | 27 | MEDS EM DETAILED MODERATE 27 | 9/24/2020 | $0.00 | $0 | Y | 9999 | 1889 |

| Sub Unit | SubUnit Description | Population | LE ID | Legal Entity | COR | Server ID | Server Name | Medi-Cal Service | Medi-Cal Claimed | Medi-Cal Paid |
|---|---|---|---|---|---|---|---|---|---|---|
| 2022 | MARIO KART CLINIC | C | 12345 | NINTENDO CORP | Peach, Princess | 23456 | GOOMBA (12345) | NO | NOT CLAIMED | UNPAID |
| 2022 | MARIO KART CLINIC | C | 54321 | NINTENDO CORP | Peach, Princess | 65432 | KOOPA (54321) | NO | NOT CLAIMED | UNPAID |
| 2022 | MARIO KART CLINIC | C | 10001 | NINTENDO CORP | Peach, Princess | 3003 | BOWSER (1001) | NO | NOT CLAIMED | UNPAID |

Program needs to take action to clear MIS-18 report

The **MIS-19** Non-Final Approved Progress Notes without Services was created to capture progress notes within CCBH which do not have services (encounters) attached. These progress notes are often left blank or are incomplete. This report will allow programs to either complete the documentation of the service or delete the progress note if it was created in error. Please be aware that the current standards for timeliness of documentation apply and any services entered past the 14- day mark are required to be made non-billable.

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**Non-Final Approved Progress Notes without Services**
**Form Date from 7/1/2020 to 6/30/2021**

| Client Name | Case Number | Form Date | Form Type | Created ID | Created By | Credential | Unit | Sub Unit | Sub-Unit Name | LE ID | Legal Entity | COR |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Backer, Line | 100000001 | 4/26/2021 | Individual | 12345 | SEAU, JUNIOR | LMFT | 1960 | 2022 | CHARGERS FOOTBALL TEAM | 1000 | AFC WEST INC | Schottenheimer, Marty |
| Back, Running | 200000002 | 2/21/2021 | Individual | 45678 | TOMLINSON, LADANIAN | TRAINEE | 1960 | 2022 | CHARGERS FOOTBALL TEAM | 2000 | AFC WEST INC | Schottenheimer, Marty |
| Picksix, Mister | 300000003 | 3/29/2021 | Individual | 54321 | RIVERS, PHILIP | PSYA | 1960 | 2022 | CHARGERS FOOTBALL TEAM | 3000 | AFC WEST INC | Schottenheimer, Marty |
| Newhope, Teamz | 400000004 | 4/21/2021 | Individual | 87654 | HERBERT, JUSTIN | PSYA | 1960 | 2022 | CHARGERS FOOTBALL TEAM | 4000 | AFC WEST INC | Schottenheimer, Marty |

- The COR's name needs to be updated manually via MIS 26 B by emailing **Derek Kemble**
- All services on the MIS 19 need an action by the program
  - Final approve it – ideal if it is within 14 days of service (which may not be the same as "Form Date")
  - Final approve it – if it has been over 14 days since service, the service will shift to MIS 20 once it is final approved; or program can void/replicate the service and it will no longer be on either the MIS 19 or MIS 20 report
- Determine if the Progress Note is either *incomplete* or *erroneous*:
  - If *incomplete*, it must be completed first and then Final Approved
  - If *erroneous*, then it must be voided

***BOTTOM LINE:***

✓ Program must take action on all services on the MIS 19

✓ If the services are all current (within 14 days of report end date) – program is in *good standing*

The **MIS-20** Final Approved Progress Notes over 14 Days from Service Date has the purpose to inform County BHS clinics of 'Final Approved Progress Notes' over 14 days from service date for compliance.

**Final Approved Progress Notes over 14 Days from Service Date**
**For Service Date from 7/1/2020 to 3/28/2021**

| Client Name | Case Number | Form Type | Form Date | Form Sign Date | FA Staff ID | FA Staff | FA Credential | FA Date | FA Time | Form Number | Replicated | Service Code | Service | Service Date | Unit of Service | Minutes | Service Price | Balance | Billed Flag | Curr PaySrc |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| KIDDO | 10111213 | Individual | 10/9/2020 | 10/24/2020 | 1415 | BIGGIE SMALLS | LMFT | 10/24/2020 | 181321 | 9222629 | N | 10 | ASSESSMENT - PSYCHOSOCIAL 10 | 10/9/2020 | 1 | 140 | $519.21 | $519.21 | Y | MEDI-CAL |
| **Report Date: 3/29/2021 5:57:12 AM** | | **Count:** | **1** | | | | | | | | | | | | | | | | | |

| Unit ID | SubUnit ID | SubUnit | LE ID | Legal Entity | COR | Server ID | Server Name | Server Credential | Medi-Cal | Medi-Cal Claimed | State Payment | CLAIM # | BATCH # | Population |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1234 | 5678 | BROOKLYN | 1011 | NEW YORK CITY INC | P. DIDDY | 1213 | FAITH EVANS | LMFT | YES | NOT CLAIMED | UNPAID | 43215678 | 54321 | C |

- Programs need to use the OPTUM App to help determine what action is needed for each of these services
- The goal is to not have any entries on the MIS 20 report
- Even though the services on the MIS 20 can never be financially recovered, having them on the report impacts the workflow and resources of the billing unit

THE **MIS-32** PROGRESS NOTES MONITORING REPORT HAS THE PURPOSE TO HELP COUNTY BHS CORS AND PROGRAM MANAGERS MONITOR THE TIMELY COMPLETION OF PROGRESS NOTES FOR EACH OF THEIR STAFF.

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**Final Approved Progress Notes Report**
**For Service Date from 7/1/2020 to 3/28/2021**

| Legal Entity | Unit ID | Staff ID | Staff Name | Average Days to Approve | Counts of Final Approvals | Highest Days | Lowest Days | Percentage of Total Entries | | Over 14 Days (15 and Up) | Percentage Over 14 Days |
|---|---|---|---|---|---|---|---|---|---|---|---|
| *Old Skool Inc* | *0101 - Hip Hop Team* | | | 2.8 | 399 | 15 | 0 | 100.0% | | 1 | 0.3% |
| | | 1234 | W. Tang | 0.6 | 5 | 1 | 0 | 1.3% | 0% 20% 40% 60% 80% 100% | 0 | 0.0% |
| | | 4321 | T. Shakur | 2.8 | 107 | 11 | 0 | 26.8% | 0% 20% 40% 60% 80% 100% | 0 | 0.0% |
| | | 5678 | S. Dogg | 0.0 | 26 | 1 | 0 | 6.5% | 0% 20% 40% 60% 80% 100% | 0 | 0.0% |
| | | 8765 | D. Dre MD | 0.9 | 83 | 5 | 0 | 20.8% | 0% 20% 40% 60% 80% 100% | 1 | 1.1% |

- MIS 32 allows program to review progress note approval statistics by each practitioner
- COR can look to see if there are any outliers that need to be discussed with Program Manager

THE **MIS-36** DISCHARGE SUMMARY REPORT WAS CREATED TO INFORM COUNTY BHS CORS AND PROGRAM MANAGERS OF DISCHARGE OUTCOMES. THIS REPORT TRACKS DISCHARGE REASON, DISCHARGE DESTINATION, AND GOALS MET BY MONTH.

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**Discharge Summary Report**
**From: 7/1/2020 to 3/28/2021 1:40:01 PM**

| Discharge Reason | July | August | September | October | November | December | January | February | March | April | May | June | Total | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Client receiving services/TX elsewhere | 4 | 1 | 3 | 1 | | 2 | 1 | 3 | 1 | | | | 16 | 8 | 3 | | |
| Left against medical advice | | | | | | 1 | | | | | | | 1 | 0 | 1 | | |
| Lost Contact | | | 1 | | | | | | | | | | 1 | 1 | 0 | | |
| Moved away from service area | | | | | | | | | 1 | | | | 1 | 0 | 0 | | |
| No Longer Requires svcs this level care | | 1 | | | | 1 | | | | | | | 2 | 1 | 1 | | |
| Other | | | 1 | | | 1 | | | | | | | 2 | 1 | 1 | | |
| Refused services | | 1 | | | | | | | | | | | 1 | 1 | 0 | | |
| **Total** | 4 | 3 | 5 | 1 | | 5 | 1 | 3 | 2 | | | | 24 | 12 | 6 | | |

| Discharge Destination | July | August | September | October | November | December | January | February | March | April | May | June | Total | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Other | | | | | | | | | 1 | | | | 1 | 0 | 0 | | |
| Self-care/family/gen community support | 2 | 1 | 3 | | | 1 | | | 1 | | | | 8 | 6 | 1 | | |
| Transferred to HIGHER level of care | | | | | | 1 | | | | | | | 1 | 0 | 1 | | |
| Transferred to LOWER level of care | 2 | 1 | 1 | 1 | | 3 | 1 | 3 | | | | | 12 | 4 | 4 | | |
| Unknown: Never returned | | 1 | 1 | | | | | | | | | | 2 | 2 | 0 | | |
| **Total** | 4 | 3 | 5 | 1 | | 5 | 1 | 3 | 2 | | | | 24 | 12 | 6 | | |

| Goals Met | July | August | September | October | November | December | January | February | March | April | May | June | Total | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Yes | 3 | 1 | 1 | 1 | | 1 | 1 | 2 | | | | | 10 | 5 | 2 | | |
| No | | 1 | 3 | | | 1 | | | 1 | | | | 6 | 4 | 1 | | |
| Partially | 1 | 1 | 1 | | | 3 | | 1 | 1 | | | | 8 | 3 | 3 | | |
| **Total** | 4 | 3 | 5 | 1 | | 5 | 1 | 3 | 2 | | | | 24 | 12 | 6 | | |

Valuable information for Program and COR

THE **MIS-38** PROGRAM OPEN ASSIGNMENTS WAS CREATED TO INFORM PROGRAMS OF THEIR ACTIVE CLIENTS WHO MAY NEED DEMOGRAPHIC FORM UPDATES. THIS REPORT CAPTURES DAYS SINCE LAST DEMOGRAPHIC FORM UPDATE AND HIGHLIGHTS THOSE OVER 365 DAYS. IT ALSO LISTS HIGHEST EDUCATION LEVEL, LIVING ARRANGEMENT, AND IF THAT LIVING ARRANGEMENT CODE IS EVEN VALID AS THESE ARE VARIABLES THAT CHANGE REGULARLY AND SHOULD BE LOOKED AT.

LIVE WELL SAN DIEGO

**Program Open Assignments Report**
**Unit: 0101-FRIENDS INC**

| Unit ID/Description | SubUnit ID/Description | Case Number | Client Name | Date Opened | Date Closed | Primary Assignment Server | Server Active? | Last Service Date | Days Since Last Service | Last Demographics Form Date | Last FA Demographics Date | Last Client Plan Form Date | Last FA Client Plan Date | Last BHA Form Date | Last FA BHA Date | Single Accountable Individual (SAI) | SAI Active? | PCP Flag | PCP Name | PCP Phone | Seen Within the Last (month/s) | Seen Within Other | Highest Education Level | Living Arrangement | Active Living Arrangement Selection |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0101-FRIENDS INC | 1010-CENTRAL PERK | 123456789 | BING, CHANDLER | 9/1/2020 | | 12345-BUFFAY, PHOEBE (54321) | Y | 3/10/2021 | 19 | 10/20/2009 | 10/26/2009 | 10/5/2020 | 3/23/2021 | | | 56789-HOSENSTEIN, JANICE | Y | | | | | | None | Unknown | Y |
| 0101-FRIENDS INC | 1010-CENTRAL PERK | 987654321 | GREEN, RACHEL | 8/18/2020 | | 76543-GELLER, ROSS (23456) | Y | 3/11/2021 | 18 | 9/16/2020 | 10/15/2020 | 9/11/2020 | 12/19/2020 | 8/18/2020 | 9/17/2020 | 12345-BUFFAY, URSULA | Y | Y | Central Perk Clinic | 718 123-4567 | Other | October 2019 | 4th Grade | House or Apt. | Y |
| 0101-FRIENDS INC | 1010-CENTRAL PERK | 101010101 | TRIBBIANI, JOSEPH | 10/9/2020 | | 10111-GELLER, MONICA (12131) | Y | 3/9/2021 | 20 | 10/9/2020 | 10/10/2020 | 10/28/2020 | 11/7/2020 | 10/9/2020 | 11/6/2020 | 00001-SMELLY, CAT | Y | Y | Central Perk Center | 212 567-8910 | 12 | | 5th Grade | House or Apt. | Y |

- Look at all the 'red' for 'days since last service' – does record need to be closed?
- Final Approval (FA) needs to occur at a minimum annually for Demographics, *Behavioral Health Assessment (BHA)* and *Client Plan* – if the field is red; it is out of compliance and program needs to correct it
- Also look to see if the client has a *Primary Care Physician (PCP)* – for most programs this is a necessary connection
- Look to see the *Living Arrangement* – is it consistent with program type?

**MIS-40** CSI CLEAN-UP REPORT CAPTURES ALL CLIENT SERVICES INFORMATION (CSI) ERRORS FOR YOUR PROGRAM. THE ATTACHED CSI CORRECTION GUIDE WILL ASSIST IN COMPLETING THE NECESSARY UPDATES.

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| LE ID | Legal Entity | UNIT ID | UNIT Description | SubUnit ID | Sub Unit Description | Entered By ID | Staff Name | Record Type | Case Number | Client Name | DOS/ Form Date | Error Message |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1234 | HOGWARTS SCHOOL DISTRICT | 8765 | HOGWARTS PRE-K | 1011 | PATRONUS CLINIC | 10000 | DUMBLEDORE, ALBUS (12345) | Service | 123456789 | POTTER, HARRY | 6/9/2021 | Invalid Service Time (Please Enter Correct Service Time for this service) |
| 4321 | HOGWARTS SCHOOL DISTRICT | 3456 | HOGWARTS ELEMENTARY | 1213 | ALOHOMORA FSP | 20000 | HAGRID, RUBEUS (67891) | Service | 100000001 | GRANGER, HERMIONE | 5/28/2021 | No Principal MH Diagnosis (Please enter a Mental Health diagnosis code in the Diagnosis form) |
| 6789 | HOGWARTS SCHOOL DISTRICT | 5432 | HOGWARTS MIDDLE SCHOOL | 1415 | EXPELLIARMUS OP | 30000 | VOLDEMORT, LORD (19876) | Demographics | 200000002 | WEASLEY, RON | 6/1/2021 | Invalid Country of Birth (Please fix Country of Birth) |
| 2345 | HOGWARTS SCHOOL DISTRICT | 7654 | HOGWARTS HIGH SCHOOL | 1617 | WINGARDIUM LEVIOSA STRTP | 40000 | SNAPE, SEVERUS (54321) | Demographics | 300000003 | MALFOY, DRACO | 6/3/2021 | Under 18 was not selected but client is under 18 (Please select Under 18 box) |

When a program has active *Client Service Information (CSI)* errors; they receive the *MIS 40* report and the *'CSI Correction Guide'* which provides instructions on how to correct the 12 most common errors

# Client Service Information (CSI) Guide

*"12 Most Common Errors"*

Table of Contents by Error Type:



*ERROR + CORRECTION GUIDANCE*

✓ **Error: Client's name contains non-alpha characters**

Client name should not have any non-alpha characters. This includes the first name, middle name, last name, and suffix. Non-alpha characters are apostrophes, hyphens, spaces, or non-English letters.

Example of a wrong name:


✓ **Correction: Submit a FORM A to update the name removing any non-alpha characters.**

THE **MIS-41** PAROLEE ASSIGNMENTS WAS CREATED TO INFORM PROGRAMS OF CLIENTS WHO ARE CURRENTLY OPENED OR CLOSED WITHIN 90 DAYS WHO HAVE CLIENT CATEGORY DENOTING PAROLEE STATUS. THIS IS TO HELP PROPERLY CLOSE OUT THE CC WHEN THE CLIENT LEAVES YOUR PROGRAM AND TO HELP TRACK SPENDING ON THE SPECIAL POPULATION.

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| A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|

**Parolee Assignments**

**From: 7/1/2021 to 10/31/2021 10:00:18 AM**

| Client Name | Case Number | Unit ID | SubUnit ID | SubUnit Description | Date Opened | Date Closed | Last Service Date | CC Open Date | CC Close Date |
|---|---|---|---|---|---|---|---|---|---|
| Mickey Mouse | 123456 | 1990 | 1991 | ANY PROGRAM | 1/1/1991 | 1/1/1992 | 12/31/1991 | MM/DD/YEAR | MM/DD/YEAR |
| | 123456 | 1990 | 1991 | ANY PROGRAM | 1/2/1991 | 1/2/1992 | 1/1/1992 | MM/DD/YEAR | MM/DD/YEAR |
| Mickey Mouse | 123456 | 1990 | 1991 | ANY PROGRAM | 1/3/1991 | 1/3/1992 | 1/2/1992 | MM/DD/YEAR | MM/DD/YEAR |
| | 123456 | 1990 | 1991 | ANY PROGRAM | 1/4/1991 | 1/4/1992 | 1/3/1992 | MM/DD/YEAR | MM/DD/YEAR |
| Mickey Mouse | 123456 | 1990 | 1991 | ANY PROGRAM | 1/5/1991 | 1/5/1992 | 1/4/1992 | MM/DD/YEAR | MM/DD/YEAR |
| | 123456 | 1990 | 1991 | ANY PROGRAM | 1/6/1991 | 1/6/1992 | 1/5/1992 | MM/DD/YEAR | MM/DD/YEAR |
| Mickey Mouse | 123456 | 1990 | 1991 | ANY PROGRAM | 1/7/1991 | 1/7/1992 | 1/6/1992 | MM/DD/YEAR | MM/DD/YEAR |

## MIS-41 PAROLEE ASSIGNMENTS

## Contacts

- **Derek Kemble – QI/PIT (**Derek.Kemble@sdcounty.ca.gov)
- **Darwin Espejo – CYF (**Darwin.Espejo@sdcounty.ca.gov)

***THANK YOU!***

Live Well San Diego
YOUTH SECTOR

LIVE WELL SAN DIEGO

# *LIVE WELL SAN DIEGO*
# YOUTH SECTOR
# BHS Town Hall Findings

**Thursday, January 13, 2022**

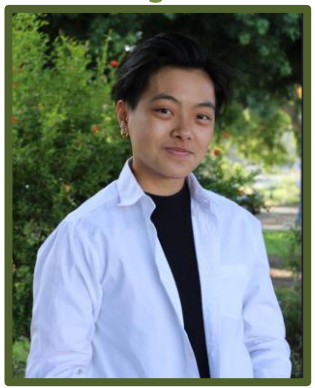
LIVE WELL SAN DIEGO

# Youth Sector: Youth Leader Presenters

**Ashley Valentin Gonzalez**
**she/her**

**Lina Phung**
**she/her**

**B. Yumul**
**they/she**



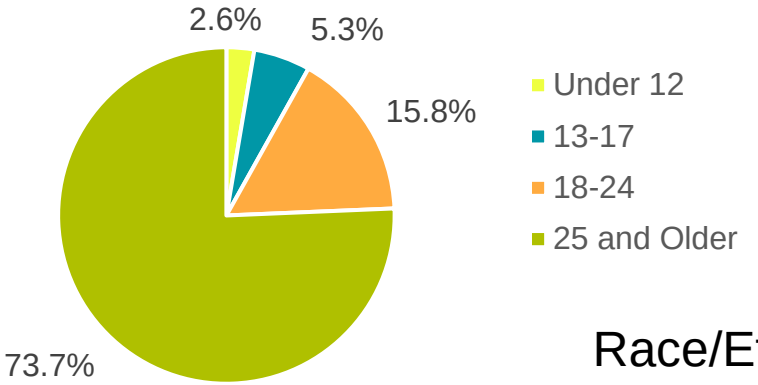
**Mercedez Roman**
**she/her**

# Goal of Town Hall:

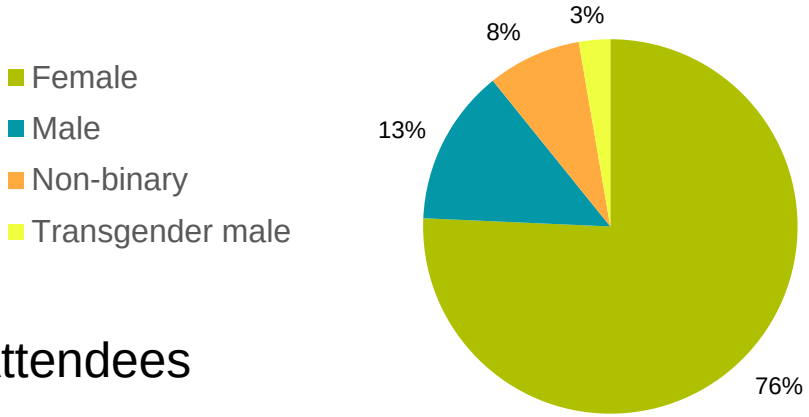
- Gather input from youth about behavioral health services
  - Not limited to the public system
- The focus was on opportunities for improvement

# Attendance Dashboard

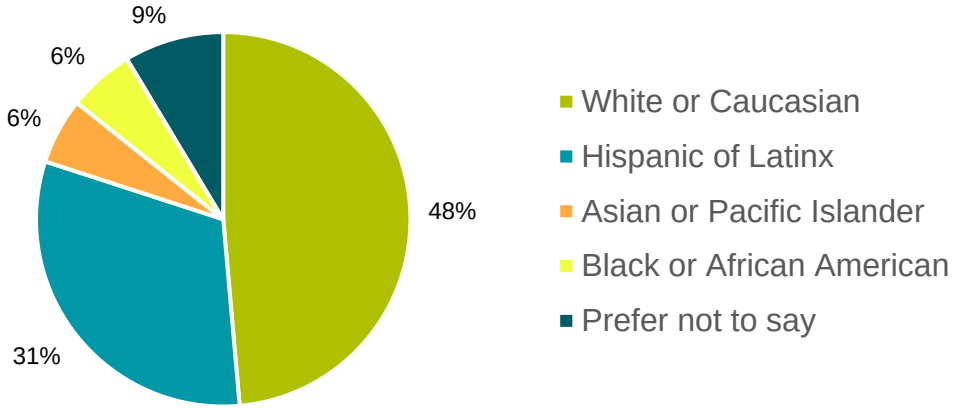
## Age of Attendees




## Gender Identity of Attendees



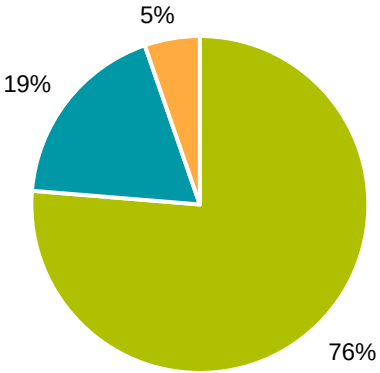

## Race/Ethnicity of Attendees




**Total External Attendees: 38**

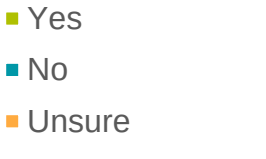
# Attendance Dashboard

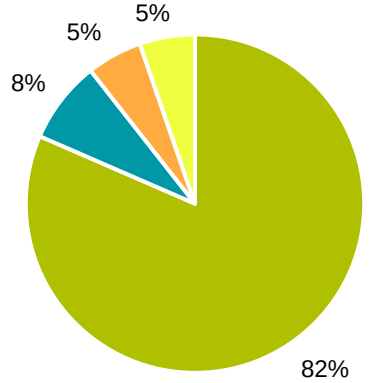
## Attendees Who've Received Services





## Attendees Who Know How to Find Support




**Total External Attendees: 38**

**Youth and Adults contributed using different sticky notes**

# What We Found:

# Youth Identified Areas Of Improvement

- Lack of Personalized Engagement
- Issues Often Downplayed
- Unsupportive Systems
- Stigma and Misinformation

## Youth Experience:

- Feeling judged
- Feeling disrespected
- Not feeling included in the development of a treatment plan

# Lack of Personalized Engagement

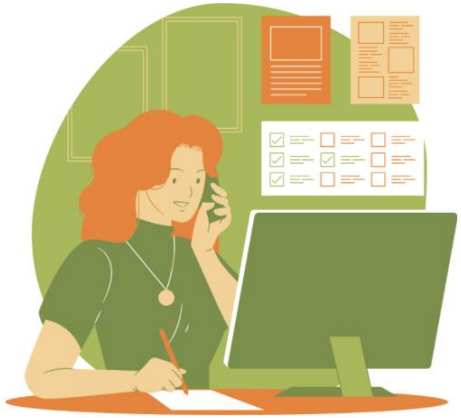
## Possible Solutions:

- Build genuine connections
- Treatments and interventions individualized to the youth/patient
- Hold youth accountable
- Normalize the emotions and thoughts while being encouraging

## Youth Experience:

- The world today is different than it was for their parents/adults
- Youth feel that caregivers might overlook the issues they face

# Issues Often Downplayed



## Possible Solutions:

- Provide resources and information for family and friends
  - Wellness coaches
- Outpatient care
- Make it easier to know that youth are not alone
  - Allow them to talk about their issues

# Unsupportive Systems

## Possible Solutions:

- Diverse providers
  - More mindful, attentive, and engaged
- Reach out to where youth are at
- Let youth share their experiences
- Create a safe space and ensure privacy

## Youth Experience:

- Youth feel judged for getting services
  - They feel caregivers can act as a barrier
- Struggle with diagnosis and treatment
  - Stuck in a loop
  - Some youth feel as though providers have preconceived ideas of them and their situations

# Youth Experience:

- Hearing that Behavioral Health treatment is not helpful
  - Expensive and inaccessible

## Stigma and Misinformation

# Possible Solutions:

- Utilize social media, but not exclusively
  - Youth use and share resources on social media
- Educate on the resources that there are
  - Promote them

# Stay in Touch:

**Sign Up for Our E-blast via our website:**

- LiveWellYouth@sdcounty.ca.gov
- LiveWellSD.org/Youth
- Instagram: livewell_sd
- TikTok: livewell_sandiego

LIVE WELL SAN DIEGO

# LIVE WELL SAN DIEGO YOUTH SECTOR

Findings gathered on December 3, 2021 and include input from 38 external attendees

## Youth Sector – Behavioral Health Services Town Hall

## Amplifying Voices Series: Supporting Youth Mental Health

**Age of Attendees:**
- Under 12: 2.6%
- 13-17: 5.3%
- 18-24: 15.8%
- 25 and Older: 73.7%

**Race/Ethnicity of Attendees:**
- White or Caucasian: 48.6%
- Hispanic or Latinx: 31.4%
- Asian or Pacific Islander: 5.7%
- Black or African American: 8.6%
- Prefer not to say: 5.7%

**Gender Identity of Attendees**
- Female: 75.7%
- Male: 13.5%
- Non-binary: 8.1%
- Transgender male: 2.7%

## Youth-identified Areas of Improvement

- Lack of Personalized Engagement
- Issues Often Downplayed
- Unsupportive Systems
- Stigma & Misinformation

### Youth Experience:

- Youth feel that they are not always included in the development of their treatment plan
- Youth feel that their caregivers sometimes overlook the issues they face
  - They feel caregivers can act as a barrier to services
- Youth expressed that they struggle with attaining a diagnosis and treatment
  - They can get stuck in a loop of referrals and providers
  - Feel as though providers have preconceived ideas of them and their situations
- Hearing from other youth or adults that behavioral health treatment is not helpful

### Possible Solutions:

- Work with youth to build genuine connections as well as personalized treatment plans
  - Hold youth accountable during their treatment
- Have diverse providers with lived experiences that relate to what youth are going through
- Create a safe space that ensures the youth's privacy
- Provide education and resources for family and friends
  - Utilize outpatient care as well as wellness coaches for youth and their support systems
  - Utilize social media to communicate resources, but not exclusively- not all youth have social media
  - Reach out to where youth are at

# Children, Youth and Families

## SERVICES DIRECTORY

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO


BEHAVIORAL HEALTH SERVICES
3255 CAMINO DEL RIO SOUTH, SAN DIEGO, CA 92108 | 619-563-2700
Health & Human Services Agency (sandiegocounty.gov) Behavioral Health Services (sandiegocounty.gov)


Updated January 2022

# Table of Contents



**Please send all directory corrections and updates to Yvonne.Gage@sdcounty.ca.gov**


**The conference** topics will include foster care issues, human trafficking in social media, youth drug use during the COVID-19 pandemic, unaccompanied minors at the border and their stay in San Diego, impact of extended screen time on developing youth, gender affirming care, and more.

**Registration will open soon!**

**Send Questions to: CICAMH.CONFERENCE@GMAIL.COM**

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

SAN DIEGO ACADEMY of CHILD & ADOLESCENT PSYCHIATRY

SAN DIEGO PSYCHIATRIC SOCIETY
A District Branch of the American Psychiatric Association

San Diego Psychological Association