A. SYSTEMS OF CARE (SOC)

Mission of Health and Human Services Agency (HHSA) Behavioral Health Services (BHS)

The mission of the Health and Human Services Agency is: "Through partnerships, and emphasizing prevention, assure a healthier community and access to needed services, while promoting self-reliance and personal responsibility." Behavioral Health Services adds to that mission: "By being committed to making people's lives healthier, safer and self-sufficient by delivering essential services in San Diego County." The broad vision of BHS is to achieve a transformational shift from a model of behavioral health care driven by crises, to one driven by chronic or continuous care and prevention through the regional distribution and coordination of resources to keep people connected, stable, and healthy. Under Substance Use Disorders the mission is further enhanced: "Lead the County of San Diego in reducing substance use disorders through community engagement."

Medi-Cal Transformation

The Department of Health Care Services (DHCS) has developed a framework that encompasses broad-based delivery system, program and payment reform across the Medi-Cal program, called Medi-Cal Transformation. Medi-Cal Transformation advances several key priorities by leveraging Medicaid as a tool to help address many of the complex challenges facing California's most vulnerable residents, such as homelessness, behavioral health care access, children with complex medical conditions, the growing number of justice-involved populations who have significant clinical needs, and the growing aging population.

The goal of the new Medi-Cal Transformation is to ensure that beneficiaries have access to the right care in the right place at the right time. As part of the Medi-Cal Transformation 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.

Medi-Cal Transformation includes a suite of changes to the Medi-Cal behavioral health system to advance whole-person, accessible, high-quality care, including updates to the criteria to access specialty mental health services (SMHS), implementation of standardized statewide screening and transition tools, payment reform, and other changes summarized in the Medi-Cal Transformation proposal and behavioral health information notices.

The vision of the Medi-Cal Transformation is that people should have longer, healthier, and happier lives by utilizing a whole system, person centered approach to health and social care, in which services are only one element of supporting people to have a better health and wellbeing.

This initiative will be an integrated wellness system, which aims to support and anticipate health needs, to prevent illness, and to reduce the impact of poor health.

Medi-Cal Transformation has three primary goals:

- Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health,
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

For more information on Medi-Cal Transformation please visit:
https://www.dhcs.ca.gov/CalAIM/Pages/calaim.aspx

CLIENT POPULATION SERVED BY THE MENTAL HEALTH PLAN (MHP)

Child, Youth & Families (CYF) System of Care (SOC)

In accordance with Welfare and Institutions (W&I) Code sections 14059.5 and 14184.402, 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 (U.S.C.). The federal EPSDT mandate requires states to furnish all appropriate and medically necessary services that are Medicaid coverable (as described in 42 U.S.C. Section 1396d(a)) as needed to correct or ameliorate health conditions, including behavioral health conditions, discovered by a screening service, regardless of whether those services are covered in the state's Medicaid State Plan. Consistent with federal guidance from the Centers for Medicare & Medicaid Services, behavioral health services, including NSMHS, need not be curative or completely restorative to ameliorate a behavioral health condition. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered to ameliorate the condition, are thus medically necessary, and are thus covered as EPSDT services. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following criteria below. If a beneficiary under age 21 meets the criteria as described in (1), the beneficiary meets criteria to access SMHS. It is not necessary to establish that they also meet criteria in (2).:

(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,
    - Involvement in the child welfare system (open child welfare or prevention services case),

- Juvenile justice involvement (has ever been detained or committed to a juvenile justice facility or is currently under supervision by the juvenile delinquency court and/or a juvenile probation agency),
- Experiencing homelessness (Literally homeless, imminent risk of homelessness, unaccompanied youth under 25 who qualify as homeless under other Federal statues, fleeing/attempting to flee domestic violence)

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:

- A Significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning
- A reasonable probability a child will not progress developmentally as appropriate
- A need for specialty mental health services, regardless of impairment, that are not included in the mental health benefits that a Medi-Cal managed care plan is required to provide.

AND

b) The beneficiary's condition as described in subparagraph (2) above is due to one of the following:

- A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the Internal Statistical Classification of Diseases and Related Health Problems
- A suspected mental disorder that has not yet been diagnosed
- Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional

Seriously Emotionally Disturbed (SED) Clients:

The priority population for CYF Services, including clients seen under MHSA, is seriously emotionally disturbed (SED) children and youth. SED clients must meet the criteria for medical necessity and further are defined as follows (per California Welfare & Institutions Code Section 5600.3):

Seriously emotionally disturbed children or adolescents means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental

disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria:

(A) As a result of the mental disorder the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

(i) The child is at risk of removal from home or has already been removed from the home.

(ii) The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

(B) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

(C) The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

CYF SOC Principles

Children, Youth and Families Services (CYFS) programs, regardless of funding source, serve a broad and diverse population of children, adolescents, transitional youth and families throughout San Diego County. An array of services is provided through Organizational Providers, Fee-For-Service Providers, and Juvenile Forensic Providers. CYFS San Diego is a "System of Care" County. The System of Care is based on Child and Adolescent Service System Program (CASSP) System of Care principles and the Wraparound Initiative of the State of California (All County Information Notice 1/28/99, April 17, 1999; and SB163, Wraparound Pilot Project). System of Care Principles (May 2005) shall be demonstrated by ongoing client and parent/caregiver participation and influence in the development of the program's policy, program design, and practice demonstrated by:

- Individualized services that are responsive to the diverse populations served,
- Integrates mental health and substance abuse into a behavioral health system,
- Integrates physical health for the overall advancement of health and wellness,
- Underscores the importance of natural community resources,
- Values the complexity of cultural diversity, AND
- Strengthens our commitment to youth and families.

CYF SOC Values:

- **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations, and education.

- **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.

- **Child, youth, and family guided:** Child, youth, and family voice, choice, and lived experience are sought, valued, and prioritized in service delivery, program design and policy development**.**

- **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth, and families.

- **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families, and their community.

- **Community-based**: Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.

- **Outcome driven**: Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.

- **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.

- **Trauma Informed:** Service and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.

- **Persistence:** Goals are achieved through action, coordination, and perseverance regardless of challenges and barriers.

All providers are encouraged to utilize the 2019 young adult developed Trauma-Informed Care Code of Conduct. This document, created by young adults with lived experience, is intended to guide programs in developing policies and procedures related to trauma informed care, to inform trainings for staff, and to be offered to clients to outline the commitment of the program to follow trauma informed principles.

Providers shall demonstrate family partnership in the development and provision of service delivery. Providers shall also demonstrate organizational advancement of family partnership in the areas of program design, development, policies, and procedures, etc.

All facilities shall comply with the requirements of the Americans with Disabilities Act (ADA) and California Title 24.

Measuring outcomes is an integral aspect of System of Care principles. Standard outcomes have been established for all CYFS providers. *Specialized programs may have individual program outcomes either in addition to or in lieu of standard outcomes measured by all programs.* These system goals are tracked and reported as system wide outcomes in an annual report.

CYF Goals

Programs shall provide developmentally appropriate clinical services described herein to accomplish the following goals:

- Maintain client safely in their school and home environment
- Reduce recidivism related to criminal habits and activities
- Increase school attendance and performance resulting in a higher rate of successful completion of their educational program (with high school diploma or equivalent)
- Improve client's mental health functioning at home, school, and in the community
- Increase the individuality and flexibility of services to help achieve the client and family's goals
- Increase the level and effectiveness of interagency coordination of services
- Increase the empowerment of families to assume a high level of decision-making in all aspects of planning, delivering, and evaluation of services and supports

Outcome Objectives

All treatment providers shall achieve the outcome objectives as found in the Data Requirements section of this handbook.

FAMILY & YOUTH PARTNERSHIPS

Family Youth Professional Partnership embodies a set of values, principles, and practices critical to achieving optimal outcomes for children, youth and their families served in the Behavioral Health Services (BHS) CYF SOC. The concept and role of Youth and Family Support Partners (Y/FSP) was developed through a community process. In various settings, family and youth serve on advisory groups, make presentations, act as trainers, and provide direct, billable service to families and youth clients within the CYF SOC. In addition, Youth/Family Partners (Y/FSP) advise Behavioral Health Administration and other agencies' leadership teams regarding policy and programmatic issues and work with CYF providers. These efforts result in improved responsiveness to family and youth and increased awareness of agency, family, and youth cultures as well as family's sense of ownership of their child's treatment plans.

Y/FSPs have firsthand experience as a child or youth or a parent/caregiver of a child/youth that is receiving or has received services from *public agencies serving children* systems in delivering culturally relevant services and increase a family's and/or youth's ability to:

- Access and/or engage in services and resources.
- Foster their ability to gain greater self-sufficiency.
- Enhance navigation to community supports and relationships.
- Reduce stigma associated with behavioral health services and/or diagnosis.

Types of Youth or Family Partners:

Youth or Family Partner: An overarching term for an individual with experience as a child or youth or a parent/caregiver of a child/youth who is or has received services from a public agency serving children and families. Youth & Family Partner roles may include, but are not limited to Administrative, Advocacy/Community Engagement, Training and Supervision, Support Partners (direct service), Peer to Peer, and Outcome and Evaluation activities.

Youth Support Partner (YSP): An individual that has experience as a child/youth receiving services from a public agency serving children, youth, and families and who is employed full or part time to provide direct (potentially billable) services to a child, youth, or family receiving behavioral health services.

Family Support Partner (FSP): An individual with experience as a parent/caregiver of a child/youth that has or is currently receiving services from a public agency serving children/families and who is employed full or part time to provide direct (potentially billable) services to a child, youth, or family receiving behavioral health services.

Y/FSP AS DIRECT SERVICE PROVIDERS

Through system reform the value and benefits of Youth and Family Support Partners was identified. Support Partners do not require a professional license but have firsthand experience in navigating a *public agency serving children* as well as specific training in the supportive role. Welfare and Institutions Code Section 14184.402(a) governs the provision of services to Medi-Cal eligible clients and its provisions determine San Diego County Behavioral Health Services (BHS) policy regarding service provisions to all clients, however funded.

Y/FSP: SELECTION, TRAINING AND SUPERVISION

The process for employment and supervision of Youth/Family Support Partners (Y/FSPs) as follow:

1. Selection of Y/FSPs: YSPs must be at least 12 years of age, meet work permit requirements and be no older than 25 years of age. FSPs must be at least 18 years of age and have high school diploma or equivalent. They must have direct experience a parent or caregiver of a child and/or youth (current or past) in a public agency serving children, youth, and families.

2. Training: Minimum Curriculum should include the role and function of the Y/FSP, the role of supervision, basic knowledge of Principles of Family Youth Professional/System Partnership, Pathways to Well Being / Katie A, Children's System of Care (CSOC), community and system resources to which youth/family may be referred. This also includes the safety, cultural competency, boundaries and dual relationships, Systems' Mandate, or introduction to peripheral systems on the child/youth's continuum of care Mandated Reporting

confidentiality, documentation requirements, conflict resolution and effective listening. Other training as specified by employer or BHS-CYF.

3. Supervision: Y/FSP must receive individual supervision at least once a month to ensure quality services, but not less than one hour per 10 hours of direct service provided. Peer to Peer Support Partner Supervision outside of one's employer may provide mutual support, continuing education, and promote fidelity to the role of a FYSP and the Principles of Family Youth Professional Partnership.

Operational Guidelines for Youth/Family Support Partners(Y/FSPs):

- Y/FSPs shall not be employed by the agency where they or their families are currently receiving services.
- Productivity: For each full time equivalent (FTE) Y/FSPs, a minimum of 32,400 Minutes / 540 hours (30% productivity level) per year will be spent in billable services.
- Clients Choice: If client/family opts to transfer/change to different Y/FSPs, this will be recorded on the agency's Suggestion and Transfer (S&T) Log and reported in the agency's Monthly/Quarterly Status Report.
- Caseload: Y/FSPs shall carry a minimum client load of 20 unduplicated clients per FTE per fiscal year unless otherwise specified in the program's SOW.

Duties and Responsibilities of the Y/FSPs

- Attend and participate in meetings which may include Individualized Education Programs (IEP), court proceedings, and transition planning teams.
- Engage family to be active in the treatment process, attend treatment team meetings, Wrap Team Meetings, participate in Child and Family Team (CFT) meetings, assist families with referrals and locating resources, complete initial intake, needs assessment and collect outcome measures as required.
- Offer supportive counseling within scope of practice as well as facilitate skill building.
- (30% productivity level) per year of the FYSP billed services must be documented so that the activity can be tied directly to the treatment goals of the identified client leaving 70% of time.

PROVISION OF SERVICES AND CLAIMING

Services and claiming for Y/FSPs shall be classified as Rehabilitation Services (MHS-R), Case Management/Brokerage (CMBR), Intensive Care Coordination (ICC), or Intensive Home-Based Services (IHBS) and limited by the individual employee's experience. Y/FSPs with additional qualifications may be eligible to provide additional services within their scope of practice.

Claiming to Other Funding Sources

Claiming to other funding sources, such as MAA (if included in the contract budget), may be possible for a different set of activities and documentation requirements may also differ. Programs are responsible for knowing the requirements of the specific funding stream if the program receives funding from sources other than CYF. Medi-Cal payments for an eligible client receiving claimable services may not be supplemented by other funding sources except as permitted in Title 9.

YOUTH & FAMILY PARTNER ROLES OTHER THAN DIRECT SERVICES

Youth and Family Partnership in the design and monitoring of the CSOC is an integral component of BHS-CYF. The youth and family Partnership should be integrated into standard system activities through numerous strategies which include:

- Youth and Family Partners with voting authority in advisory groups, e.g., Program Advisory Groups, County BHS- CSOC Council, County BHS Quality Review Council (QRC), and advisory boards of specific programs and agencies, Youth and Family service recipients as well as Youth/Family Support Partners (Y/FSP) in system audits/reviews and focus groups such as the External Quality Review (EQR).
- Involvement of Youth/Family Partner in Source Selection Committees for BHS-CYF procurements.
- Contract, policy, procedures, and guidelines language that reflect current policy and procedure regarding Youth/Family Professional Partnership.
- Identify a single entity as the County BHS-CYF liaison as a key point of contact for administration partnership, dissemination of information, feedback gathering and source of Youth/Family for administrative tasks.

In addition, Family and Youth Liaison shall be included in work groups dealing with policy and program development and Quality improvement evaluations. In instances where the process involves sensitive or confidential information, Youth/Family Partners who are not current employees/consultants may be formally enrolled as volunteers to the agency and asked to sign an oath of confidentiality. Y/FP should be trainers for a broad range of professional trainings regarding children's system of care, effective practices, wraparound, P2W and other topics. Key administrators in public and private agencies should have a formal partnership relationship with a Youth/Family Administrative Partner. Staff of BHS-CYF and contracted agencies may make themselves available for presentations and respond to the concerns of family and/or youth organizations and/or the BHS-CYF Liaison.

Youth/Family Partnership, both as direct service providers and partners for policy, program, and practice development shall be monitored. All documentation by Y/FSPs in the medical records shall be subject to annual Medical Record Reviews through the County Quality Management (QM) unit. Programs are tasked with implementing regular internal monitoring to ensure that proper documentation and claiming standards are in compliance. In addition, for items not reflected in

charting, such as inclusion of Youth/Family Partners in advisory boards, planning groups, and the like, the monitoring shall be completed via review of sign- in sheets, meeting minutes and group deliverables.

ADULT &OLDER ADULT SYSTEM OF CARE (SOC)

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 Beneficiaries 21 years of age or older must meet both of the following criteria:

(1) The beneficiary has one or both of the following:
   - Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities
   - 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 diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the Internal Statistical Classification of Diseases and Related Health Problems.
   - A suspected mental disorder that has not yet been diagnosed

AOA Populations Served

Clients who are:

- Adults ages of 18-59
- Older adults aged 60 and over
- Transitional Age Youth 18-25 and transitioning from the children's behavioral health system into the adult behavioral health system
- Clients with co-occurring mental health and substance use
- Medi-Cal eligible
- Indigent

and meet the following conditions may be served by the MHP:

SYSTEMS OF CARE

San Diego County Adult & Older Adult System of Care provides recovery-oriented services to promote both clinical improvement and self-sufficiency. By definition, clients eligible for our specialty Behavioral Health System services are those that cannot be appropriately treated within a primary care environment, or by a primary care physician. Every effort will be made to serve clients within the Recovery oriented Behavioral Health System until they are either stabilized (able to function safely without Behavioral Health resources), or until they no longer require complex biopsychosocial services to maintain stability.
Individuals we serve include:

1. Individuals with a serious psychiatric illness that threatens personal or community safety, or that places the individual at significant risk of grave disability due to functional impairment.
2. People with a serious, persistent psychiatric illness who, to sustain illness stabilization, require complex psychosocial services, case management and / or who require unusually complex medication regimens. Required psychosocial services may include illness management; or skill development to sustain housing, social, vocational, and educational goals.

Individuals we may serve, to the extent resources allow, but who otherwise may be referred to other medical providers, include:

1. Individuals with serious psychiatric illness that may be adequately addressed in a primary care practice, either by a primary care practitioner or an affiliated mental health professional within a primary care practice setting, when the acute symptoms do not place the individual at risk of danger to self or others, and do not threaten the individual's ability to sustain independent functioning and housing within the community.
2. Individuals with lesser psychiatric illness, such as adjustment reactions, anxiety and depressive syndromes that do not cause significant, functional impairment that could be addressed within the context of a primary care setting or other community resources.

Such individuals may also have their needs addressed, either alone or in combination with medication prescribed within their primary care practice, through community supports such as supportive therapy, peer and other support groups, or self-help and educational groups. When co-occurring substance abuse is a factor, Co-occurring Disorders programs might also constitute an alternative resource.

The specialty Behavioral Health System will provide expedited evaluation and/or access for clients who are being maintained in the community with other resources, at such time as their condition destabilizes and they meet one of the criteria for inclusion, above. We will also provide support for the primary care community for those clients referred to primary care for maintenance in the primary care system. To accomplish these goals, the specialty Mental Health System will make every effort to provide:

1. Crisis screening services for individuals with acute symptoms, to provide triage to appropriate services within the specialty Mental Health System when needed.
2. Psychiatric consultation, as needed, to primary care providers for clients referred to primary care for chronic disease management after treatment in the Mental Health System.

Psychosocial Rehabilitation and Recovery

Adult & Older Adult Mental Health Services (A/OAMHS) utilizes the principles and practices of biopsychosocial rehabilitation and recovery in the System of Care.

Psychosocial rehabilitation in a recovery-oriented system helps people with mental disabilities to: (1) learn to manage the symptoms of their disorder; (2) acquire and maintain the skills and resources needed to live successfully in the community; and (3) pursue their own personal goals and recognize and celebrate their individual strengths. The service focus is on normalization and recovery, and the person is at the center of the care planning process. Personal empowerment, the ability to manage one's disorder and move toward mastery of one's personal environment, is the path to recovery.

The psychosocial rehabilitation and recovery approach includes a variety and continuum of interventions and models, including, but not limited to, peer education, family education, clubhouses, skills development, resource development, housing support, job support, money management, and relapse prevention. Integration of this approach with needed medical services results in a comprehensive approach to recovery.

Services for Dual Diagnosis (Mental Illness and Co-occurring Substance Use Disorders)

San Diego County Adult & Older Adult Behavioral Health, Children, Youth and Families Services and Substance Use Disorders, recognize that clients with a dual diagnosis, a combination of mental illness and substance use, may appear in all parts of the system. These conditions are associated with poor outcomes and higher costs for care. Integrated treatment of co-occurring substance use and mental health diagnosis is recognized evidence-based practice.

The MHP has adopted the Comprehensive, Continuous, Integrated System of Care (CCISC) model that espouses a treatment and recovery philosophy that promotes the integrated treatment of clients with mental illness and substance use issues. Individuals who meet mental health treatment eligibility criteria and who also have a secondary diagnosis of substance use shall receive treatment focused on the mental health diagnosis and the impact of the substance use issue. Upon intake to a behavioral health program, the presence of substance use by clients shall be assessed. During treatment, substance use is reassessed on an ongoing basis and discussed with the client in terms of its impact on and relationship to the primary mental health disorder. Client Plans shall clearly reflect any services that may be needed to address the co-occurring substance use problems. Progress notes shall meet documentation requirements and must list a mental health diagnosis or problem as the focus of the intervention.

To support the implementation of the Dual Diagnosis Initiative, Behavioral Health Services recommends the development of Dual Diagnosis Capable programs. Programs participating in the CCISC Initiative shall demonstrate the following to be considered dually capable:
San Diego Charter adoption and implementation

- COMPASS completion
- Action Plan development
- Program Policies:
    - Welcoming Policy/Statement
    - BHS Co-occurring Disorders Policy
- Training and supervision of staff in Integrated Treatment Practice Model
- Integrated Screening
- Integrated Clinical Assessment
- Integrated Psychiatric Assessment
- Implementing Stage of Change Interventions
- Measure of client progress as evidence in the client plan and in progress notes (Outcomes: stage of change level, number of relapses, reduction of alcohol/drug use by type, number of months clean and sober, other)
- QM Baseline Monitoring Tool compliance

For additional information on the Dual Diagnosis initiative, please refer to the County of San Diego Health and Human Services Agency, Co-Occurring Mental Health and Substance Use Disorders, Consensus Document, March 2017; and the County of San Diego, Mental Health Services Policy and Procedures Specialty Mental Health Services for Clients with Co-occurring Substance Use No. BHS 01-02-205 and the HHSA, Dual Diagnosis Strategic Plan, 2005.

Adult & Older Adult Staff Productivity Standard:

Outpatient programs shall meet or exceed the minimum productivity standard for annual billable and non-billable time by providing at least 64,800 minutes per year (60% productivity level), unless otherwise specified in the program's Statement of Work.

Older Adult Services

Older adults living with mental illness comprise a segment of the population whose co-occurring health and social problems present ongoing challenges and opportunities for providers of adult mental health services. Recognizing the compounding effects of untreated mental illness on older adults (increased risk for institutionalization, hospitalization and medical services, increased mortality and social isolation, untreated medical illnesses, as well as the barriers that prevent older adults from accessing mental health services). The Adult & Older Adult System of Care's mission and vision are: to make people's lives healthier, safer, and more self-sufficient by delivering essential services and to provide recovery and wellness services to adults and older adults in the behavioral health system to be healthier and more independent.

Providers will participate in ongoing training regarding meeting the unique needs of older adult clients. In addition, providers will participate in networking efforts with providers of collateral services for older adults, to continue to develop the system-wide capacity and expertise.
For additional information, please refer to the California Department of Health Care Services (DHCS), California's Master Plan for Aging, 2019 and AIS Aging Roadmap, 2020.

Peer Support Specialist Recovery and Rehabilitation Services

As with the fields of physical disability and substance use disorder service, there is a long history of peer support within behavioral health services. The County of San Diego BHS recognizes the value of individuals in the process of recovery from mental health or substance use conditions, either as a consumer of these services or as the parent/family member of a consumer. BHS supports the provision of Peer Support Specialist services throughout the system of care, including, but not limited to, outpatient clinics, case management programs and clubhouses. This position has distinct services as part of a multidisciplinary team creating recovery opportunities for individuals receiving services. Peer Support Certification is required, with training to align with County designated certification process.

Providers shall utilize the talents of individuals with lived experience in competitive employment positions which align with the education and experiences of the individual.

Services for Persons Experiencing Homelessness

Homeless Outreach Services

Homeless Outreach Services are provided to individuals who are homeless and have a serious mental illness and/or substance use problem. Homeless Outreach Services consist of the following services:

- Outreach and engagement
- Screening for mental health, physical health, and substance use concerns
- Linkages to mental health services, health services, social services, housing, employment services, advocacy, and other needed services
- Referral and placement in emergency homeless shelters
- Short-term care coordination and case management
- Coordination and collaboration with other providers to include psychiatric hospitals and other fee-for-service (FFS) providers

Flexible Funds

Flexible Funds are used for client-related needs including food, clothing, transportation, and other incidentals necessary for accessing ongoing benefits.

Short Term & Bridge Housing

Homeless Outreach Workers are the gatekeepers and case managers of the utilization of Short Term & Bridge Housing. Participants utilizing these beds engage with the Homeless Outreach Workers and Peer Support Specialists (through separately contracted provider) to work towards identified goals, including permanent housing.

Additional References:

Regional Homeless snapshot: Data source Service Point, prepared by the Regional Task Force on Homelessness.

Homeless Services Profile: An update on Facilities and Services for Homeless Persons throughout San Diego County.

Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illness and/or Co-occurring Substance Use Disorders, U.S. Department of Health and Human Services; Substance Abuse and Mental Health Services Administration Center for Mental Health Services; www.samhsa.gov.