A. System of Care (SOC)

Customer Service Mission

San Diego County Behavioral Health Services (SDCBHS) recognizes that its greatest strength lies in the talent of its providers and expects them to always treat members, families and other consumers with respect, dignity and courtesy. They should be treated *without* regard to race, religion, creed, color, gender, economic status, sexual orientation, age, source of income or any other non-treatment or non-service-related characteristics. Members and their families expect high-quality customer service as well as fast, efficient, caring and professional treatment.

Exceptional customer service includes:

- Treating members with courtesy, respect, professionalism and a positive attitude
- Responding to members in a timely manner whether in person, by phone, in writing or via e-mail
- Awareness of cultural diversity and focusing on understanding member differences
- Providing complete, accurate and reliable information and feedback

County and contracted organizational providers are expected to have a "customer-first" attitude instilled throughout their operations. Systems should be in place so that customers are able to voice issues or complaints anonymously. The recommended way to receive feedback from members is to have user friendly suggestion / comment cards available on site. Input should be listened to and acted upon. Programs can utilize feedback to improve upon current systems. The methods your program or legal entity use may be informal (i.e. via conversations), or more formal (i.e. individual interviews, focus groups, surveys, and suggestion/comment cards or forms).

The following are the basic expectations that SDCBHS has for all County and Contracted programs, via established Customer Service Standards which may include:

- Answering phones and email in a friendly and timely manner
- Informing members when appointments are cancelled
- Having a positive attitude towards members and families.

- Going the extra mile for members (i.e. taking more time to explain a bill to a confused member, initiating a friendly conversation and addressing questions instead of deflecting them to others).

- Having a neat, organized and cheerful workplace. Creating a welcoming waiting room that invites visitors to feel at home and creates an expectation that services will be equally caring and accepting.

- Ensuring that all staff members are aware of the standards and are clear that adhering to Customer Service Standards is an expectation of the organization and your facility.

- Encouraging members to provide feedback that will improve services.

- Ensuring members and their families that that they will not face any retaliation for providing feedback.

- Enhancing your program based on the input you receive from members to demonstrate that you are listening.

- Making Customer Service training available to all staff.

- Recognizing great customer service

Mission of the Health and Human Services Agency (HHSA) and 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 a model of care driven by continuous care and prevention through the regional distribution and coordination of resources to keep people connected, stable, and healthy.

Medi-Cal Transformation

The Department of Health Care Services (DHCS) has developed a framework that encompasses broad-based delivery systems, programs and payment reform across the Medi-Cal program called *Medi-Cal Transformation*. The vision of Medi-Cal Transformation is that individuals should have longer, healthier, and happier lives via a whole system, person centered approach to health and social care via an integrated wellness system, aiming to support and anticipate health needs, prevent illness, and reduce the impact of poor health. It leverages Medicaid as a tool to help address challenges faced by California residents such as homelessness, behavioral health care access, complex medical conditions, justice-involvement and the aging population.

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, documentation requirements and other changes summarized in the Medi-Cal Transformation proposal and behavioral health information notices (BHINs).

Medi-Cal Transformation has three primary goals:

1. Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health.

2. Moving Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.

3. Improving quality outcomes, reducing health disparities, and driving delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

For more information, please visit: CalAIM: Transforming Medi-Cal

Co-occurring Populations

Co-occurring disorders (COD) are defined as the occurrence of a combination of any mental health condition and substance use disorder. Co-occurring conditions, while common, are associated with poor outcomes and higher costs for care. San Diego County Behavioral Health Services recognizes that members who have co-occurring mental health and substance use conditions are present in all parts of the system of care. It is expected that all programs be welcoming to individuals with co-occurring needs.

Research has generally supported that the ideal approach toward treatment for co-occurring conditions is to address all conditions simultaneously, as opposed to separately. The BHP has adopted a best clinical practice treatment and recovery philosophy that promotes the *integrated treatment* of members with both mental health and substance use conditions. Integrated treatment coordinates mental health and substance use interventions to treat the whole person more effectively. It broadly refers to the process of ensuring that treatment interventions for co-occurring conditions are combined within a primary treatment relationship or service setting. Integrated care is best provided in-house by staff who are trained and within their scope of practice to perform these services.

For additional information, please see: Screening and Treatment of Co-Occurring Disorders | SAMHSA.

Harm Reduction

Harm reduction is a set of strategies aimed at reducing negative consequences associated with drug use and incorporates a spectrum of tactics to meet people who use drugs "where they are" and address conditions of use along with the use itself (National Coalition for Harm Reduction). Reflective of these principles, harms related to substance use are concerns of overall health and well-being, and stigma should not be allowed to impede access to services. Harm reduction strives to respect all people who use drugs, as well as their families and communities. It is built on multidisciplinary evidence base and over a decade of foundational work of local and regional stakeholders.

Elements of these practices may be used in any type of service setting and must be performed by trained providers within their scope of practice. Of note, the descriptions of the evidence-based psychosocial interventions above are simply summaries and providers are encouraged to refer to other available resources and manuals for more detailed guidance as to the effective clinical application of these approaches. Implementation of Motivational Interviewing and Relapse Prevention is a contract requirement and is monitored through the contract compliance monitoring process.

The guiding principles of the harm reduction approach in San Diego County are as follows:

- Human Rights and Dignity: Substance Use and Harm Reduction approaches in San Diego County respect all human beings, meeting them "where they're at" without judgment and aim to reduce the stigma of people who use drugs (PWUD).

- Diversity and Social Inclusivity: The County of San Diego strives to respect all PWUD, as well as their families and communities, regardless of gender, race, age, sexual orientation, ethnicity, culture, spirituality, health, or socioeconomic status.

- Health and Well-Being Promotion: The County of San Diego aligns with the Live Well San Diego vision of healthy, safe, and thriving communities. Harm reduction efforts are oriented toward improving the health, safety, and capacity to thrive for all PWUD.

- Partnerships & Collaborations: Harm reduction approaches are informed by and carried out through partnerships and collaborations across all sectors in the community. Partnerships are built upon the foundation of shared goals and trust in the interest of serving our community.

- Participation ("Nothing about us without us"): The County of San Diego recognizes the right of PWUD to be involved in the efforts to reduce the debilitating impact of drug use in their communities.

- Accountability and Improvement: The County of San Diego is committed to continuous improvement in the quality of its harm reduction efforts and intends to use data, community feedback, and input to continually assess current and future individual and community needs.

The Countywide Comprehensive Harm Reduction Strategy was initiated in January of 2021 and aims to utilize evidence-based approaches to address substance use and overdose deaths in San Diego County. A proven strategy to prevent overdose deaths is widespread naloxone distribution within the community.

Naloxone is a medication which reverses the effects of an opioid overdose and its broad distribution in the community is aimed at providing a safety net so that its life saving capabilities are present when and where an opioid overdose occurs. Please see the following tools and resources to aid County staff in learning how to administer naloxone, how to distribute to community members, and how to collect and record data of these efforts:

- BHS - Naloxone
- Harm Reduction and Naloxone Training Tools
- Harm Reduction Training Link for BHS Workforce

Dual Diagnosis Capable Programs

It is the expectation that all programs are, at minimum, Co-Occurring Capable. Certain programs within the HHSA/BHS system are certified as *Dual Diagnosis Enhanced*. These certifications refer to program and staff competence with members diagnosed with co-occurring disorders. In general, Dual Diagnosis Capable programs welcome members with both types of diagnosis, make an assessment that accounts for both disorders, and provide treatment for the substance use within the context of the mental health treatment. Dual Diagnosis Enhanced programs will be able to provide comprehensive, integrated treatment for both disorders.

Below are the characteristics of Dual Diagnosis Capable Mental Health Programs:

- Welcome people with active substance use
- Have policies and procedures that address dual assessment, treatment and discharge planning
- Provide an assessment that includes integrated mental health/substance abuse history, substance diagnosis, and phase-specific needs
- Have a treatment plan with at least two (2) primary problems/goals

  Have a discharge plan that identifies substance specific skills
- Employ staff who are competent in: assessment, motivational enhancement, treatment planning and continuity of engagement
- Continually integrate case management/phase-specific groups

Trauma Informed Facilities

Environments that are trauma informed and developmentally appropriate have been shown to benefit individuals seeking services. All providers are encouraged to utilize the *Trauma-Informed Care Code of Conduct*. This document was created by young adults with lived experience and 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 members 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.

Please see the following resource for best practices in creating a trauma informed environment: Creating Trauma- Informed Services: Tips for Creating a Welcoming Environment.

Adult/ Older Adult System of Care

The Adult & Older Adult System of Care's mission and vision is to make people's lives healthier, safer, and more self-sufficient by delivering essential services and providing recovery and wellness services to adults and older adults in the behavioral health system to be healthier and more independent. The San Diego County Adult & Older Adult System of Care provides recovery-oriented services to promote both clinical improvement and self-sufficiency. Members eligible for our specialty Behavioral Health System services are individuals who cannot be appropriately treated within a primary care environment, or by a primary care physician. Every effort will be made to serve members within the recovery-oriented Behavioral Health System until they are either stabilized (i.e. able to function safely without Behavioral Health resources), or until they no longer require complex biopsychosocial services to maintain stability.

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. Compounding effects of untreated mental illness (i.e. increased risk for institutionalization, hospitalization and medical services, increased mortality and social isolation and untreated medical illnesses) are some of the barriers that prevent older adults from accessing mental health services. Providers will participate in ongoing training focused on meeting the unique needs of older adult members. 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 DHCS -Master Plan for Aging and AIS Aging Roadmap.

Adult/ Older Adult SOC Goals

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

- Crisis screening services for individuals with acute symptoms,

- Triage to appropriate services within the Specialty Mental Health System, when needed.

- Psychiatric consultation, as needed, to primary care providers for members referred to primary care for chronic disease management after treatment in the Mental Health System.

Psychosocial Rehabilitation and Recovery

The San Diego County Adult & Older Adult System of Care provides recovery-oriented services to promote both clinical improvement and self-sufficiency. It focuses on normalization and recovery, with the person at the center of the care planning process. It emphasizes that 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.

Psychosocial rehabilitation in a recovery-oriented system helps people with mental health disabilities:

1. Learn to manage the symptoms of their disorder(s).

2. Acquire and maintain the skills and resources needed to live successfully in the community.

3. Pursue their personal goals, recognize and celebrate their individual strengths.

Adult/ Older Adult Target Population

In the Adult/ Older Adult BHS, the target population is defined as 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. These individuals have serious, persistent psychiatric illness who, to sustain illness stabilization, require complex psychosocial services, case management and / or unusually complex medication regimens. Required psychosocial services may include illness management or skill development to sustain housing, social, vocational, and educational goals.

The Target Population includes:

- Medi-Cal eligible adults aged eighteen to fifty-nine (18-59) and older adults aged sixty (60) and older
- Transitional Age Youth (TAY) eighteen to twenty- five (18-25) and transitioning from the children's behavioral health system into the adult behavioral health system
- Members with co-occurring mental health and substance use disorders
- Indigent individuals
- 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.

Other individuals we may serve, (to the extent resources allow), but who otherwise may be referred to other medical providers, include:

- 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) when: the acute symptoms do not place the individual at risk of danger to self or others, do not threaten the individual's ability to sustain independent functioning and/or housing within the community.
- Individuals with lesser psychiatric illness, such as adjustment disorders, anxiety and depressive disorders that do not cause significant, functional impairment and 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 via their primary care physician and/or community support, such as therapeutic services, peer services, support groups, self-help groups and/or educational groups. When appropriate, co-occurring disorder programs might also serve an alternative resource.

Transitional Age Youth Target Population

When youth are between ages eighteen to twenty- five (18-25), and the most appropriate level of care is being determined, the following shall be considered:

- System of care target population with individual needs being considered

- Youth's goals and preference
- Youth's functional level
- Youth need for shorter term or longer-term service
- Youth's relationship with current provider and impact of consistency based on youth's history

Child, Youth & Families System of Care (SOC)

System of Care Principles (May 2005) refers to guidance issued by SAMHSA/CMHS as part of the national System of Care framework for children, youth, and families. These Principles shall be demonstrated by ongoing member 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,
- Integration of mental health and substance abuse into a behavioral health system,
- Integration of physical health for the overall advancement of health and wellness
- Underscoring the importance of natural community resources,
- Valuing the complexity of cultural diversity, AND
- Strengthening our commitment to youth and families.

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

- Maintain members' safety 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 members' mental health functioning at home, school, and in the community

- Increase the individuality and flexibility of services to help achieve the member 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

Children, Youth & Families SOC Values

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations, and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **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**.**
4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth, and families.
5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families, and their community.
6. **Community-based**: Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven**: Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
9. **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.
10. **Persistence:** Goals are achieved through action, coordination, and perseverance regardless of challenges and barriers.

Child, Youth and Families Target Population

The priority population for Children's Mental Health Services, is seriously emotionally disturbed (SED) children and youth. These children or adolescents are defined as individuals 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. Services are provided to members with co-occurring mental health and substance use, Medi-Cal eligible members that meet criteria for access to SMHS criteria, Indigent, individuals and/or low income/underinsured individuals. All specialty mental health providers will evaluate and assess the treatment needs of the member.

Children, Youth and Families Services 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. Children, Youth and Families 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; and SB163, Wraparound Pilot Project).

Members of this target population shall meet one or more of the following criteria:

1. As a result of the mental disorder the child has substantial impairment in at least two (2) of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:

2. The child is at risk of removal from home or has been removed from the home.

3. The mental disorder and impairments have been present for more than six (6) months or are likely to continue for more than one year without treatment.

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

5. 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.

Treatment will encourage and involve the active participation of the member's significant others such as the parent/caregiver, family members, friends and/or advocates selected by the adult member. Orientation and education of significant others include discussion of what services are available, treatment goals, role of the provider,

and expectations of the member and provider. It also includes legal limits around confidentiality.

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) Children, Youth & Families SOC. The concept and role of Youth and Family Support Partners (Y/FSP) was developed through a community process. In various settings, families and youth serve as members of advisory groups, make presentations, act as trainers, and provide direct, billable service to families and youth within the Children, Youth & Families 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 Children, Youth & Families 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.