A. System of Care (SOC)

This provider manual describes a framework of standards that involve member services, clinical and business processes, and pertains to all providers within the County of San Diego Medi-Cal System of Care. In outlining these minimum expectations, this provider manual establishes an infrastructure of qualify for Specialty Mental Health treatment throughout San Diego County

County of San Diego Behavioral Health Plan

Between 1995 and 1998, the State consolidated Fee-for-Service (FFS) and Short-Doyle/Medi-Cal programs into one specialty mental health managed care program, and under the system all Medi-Cal specialty mental health services were "carved out" of Medi-Cal and became the Counties' responsibility. Medi-Cal member access to specialty mental health services became available through County Behavioral Health Plans. One of the Agency's departmental excellence goals is to become a trauma informed system of care.

The County has been working hand-in-hand with four current Medi-Cal approved Health Plans (Blue Shield California Promise Health Plan, Community Health Group, Kaiser Permanente, and Molina Healthcare) through the local Healthy San Diego model to develop communication and strategies to implement the Medi-Cal Transformation initiative. San Diego County Behavioral Health Services (SDCBHS) continues to work closely with the Managed Care Plans (MCPs) to ensure impacts and changes are communicated to the system of behavioral health providers and information is used to support the members they serve.

Overall, SDCBHS provides a continuum of trauma informed, culturally competent mental health and substance use disorder services to children, youth, families, adults, and older adults. The SDCBHS department promotes recovery and well-being through prevention, treatment, and intervention, as well as integrated services for members experiencing co-occurring mental illness and substance use issues. It employs an Administrative Services Organization (ASO) to fulfill specific management functions using managed care technology and expertise.

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, harm 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:

- 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: 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 Services
- Harm Reduction Interactive Maps

Removal of Harm Reduction Training Requirement

As of 07/30/26- Behavioral Health Services (BHS) has removed the County's supplemental harm reduction training requirement previously outlined in an April 14, 2022 information notice. This change is intended to reduce administrative burden and avoid duplicative training requirements for clinicians. Training is still strongly encouraged for any staff who have not already received education on harm reduction principles and practices as part of standard clinical care.

Promoting harm reduction practices should continue to be an important component of service delivery. This includes evidence-based practices such as naloxone distribution for overdose prevention, consistent with guidance from the American Society of Addiction Medicine (ASAM). Harm reduction, overdose prevention, and naloxone practices remain guided by the Organizational Provider Operations Handbook (OPOH).

Behavioral Health Plan Principles

The County of San Diego Behavioral Health Plan (BHP) is built on the principle that all people, regardless of physical and mental abilities have dignity and worth, dreams and aspirations, and are part of the communities in which they live. Biopsychosocial treatment programs provided by the County and contracted mental health providers will make available mental health and rehabilitation treatment services without stigma or discrimination and with respect for the personal privacy, diversity, and dignity of persons with mental illness.

Behavioral Health Plan Philosophy

The BHP philosophy is that mental health care is consumer- and family-centered, safe, clinically effective, rehabilitation and recovery focused, trauma informed, outcomes driven, and culturally competent. It is our intent to provide our members and families with comprehensive, preventive, rehabilitative, and therapeutic mental health care delivered in the least restrictive environment and in the most effective mode. This will be accomplished in a manner that ensures access to and satisfaction with services

(consumer-centered), appropriateness of services (trauma informed, clinically effective, and culturally competent), and desirable outcomes (outcomes driven). The BHP's philosophy further appreciates and understands that trauma and complex stress are pervasive among those we serve and those we work with. This approach helps understand all people served and seen, and all staff. We must also accept that everyone does not respond to the same experiences in the same way—it is not a "one size fits all" approach. The quality of the BHP's care and services delivery system will be ensured by continually assessing important aspects of care and services, using reliable and valid measures.

Behavioral Health Plan Program Goal and Objectives

The BHP's goal is two-fold: to improve the health and well-being of our members, and to provide the highest quality and most cost effective managed, recovery-oriented and trauma informed mental health care and administrative services available. Accordingly, the BHP is designed to promote the continuous improvement of specialty mental health and supportive services provided to members; increase the effectiveness of care management and coordination of care with providers and referral sources; and advance the scope and efficiency of administrative services provided to stakeholders. The BHP is committed to becoming and remaining a Trauma Informed System, which draws upon and reflects the diversity in the experiences and needs of our community as seen in our members, staff and provider networks

System Scope of Services and Activities

The BHP utilizes a multidisciplinary network of providers to deliver a comprehensive continuum of mental health services that are trauma informed. These include, but are not limited to:

- Access and Crisis Line (ACL)
- Behavioral Health Court Services
- BH-CONNECT Evidence-Based Practices
    - Assertive Community Treatment (ACT)
    - Clubhouse Services
    - Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
    - Enhanced Community Health Worker Services (E-CHWs)
    - Forensic ACT (FACT)
    - Functional Family Therapy (FFT)
    - High Fidelity Wraparound (HFW)
    - Individual Placement and Support Supported Employment (IPS)
    - Multisystemic Therapy (MST)
    - Parent-Child Interaction Therapy (PCIT)
    - Peer Support Specialists with Forensic Specialization
- CARE Court
- Case Management (CM)
- Crisis Intervention (CIS)

- Crisis Residential Programs (CRTP)
- Crisis Stabilization Services (CSS)
- Day Treatment Intensive Services (DTI)
- Early Intervention Programs (EIP)
- Emergency Services
- Forensic Services
- Homeless Outreach Services
- Housing Services
- Innovation Programs (INN)
- Inpatient Services (IP)
- Intensive Care Coordination (ICC)
- Intensive Outpatient Services (IOP)
- Intensive Home-Based Services (IHBS)
- Justice Involved BH Linkage Services
- Justice-Involved Re-entry
- Long-Term Care (LTC)
- Mobile Crisis Response (MCR)
- Outpatient Services (OP)
- Outreach and Engagement (O&E)
- Partial Hospitalization Program (PHP)
- Peer Support Services (PSS)
- Prevention and Early Intervention (PEI) Programs
- Psychiatric Health Facility Services (PHF)
- Rehabilitation and Recovery Services
- Residential Treatment Programs (RTP)
- Supported Employment
- Supportive Housing
- Short-Term Residential Therapeutic Programs (STRTP)
- Therapeutic Behavioral Services (TBS)
- Therapeutic Foster Care (TFC)
- Wraparound Services

The above services and programs are described in more detail in OPOH *Section B*.

Customer Service

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 COSD BHS has for all County and contracted programs:

1. Establish Customer Service Standards. For example, the County of San Diego Customer
2. Experience Initiative has set a standard of using a positive approach to provide customers with a positive experience. This commitment is summarized in the acronym **HEART**:
    - **H**elpfulness: going out of our way to find answers
    - **E**xpertise: being knowledgeable
    - **A**ttentiveness: being ready to meet customer needs
    - **R**espect: Treating customers with dignity and courtesy
    - **T**imeliness: being efficient with customer time
3. Ensure that all staff members are aware of these standards and are clear that adhering to Customer Service Standards is an expectation of the program.
4. Ensure members and families that no form of retaliation will come from any grievances or suggestions for improvement made to the program.
5. Enhance program services based on input received from customers to demonstrate receiving and accepting feedback from customers.

6. Make Customer Service Standards training available to all staff.

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 (3) 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) refer to the presence of both a mental health condition and a substance use disorder (SUD). These conditions are common and, when not appropriately addressed, may be associated with poorer health outcomes and increased costs of care. San Diego County Behavioral Health Services (BHS) recognizes that individuals with co-occurring mental health and substance use needs are present throughout all levels of the behavioral health system of care. Accordingly, all programs are expected to provide a welcoming, inclusive, and supportive environment

for individuals with co-occurring needs. This approach is consistent with the intent of the Behavioral Health Services Act (BHSA), which identifies its target population as *eligible adults and children with, or at risk of, the most serious mental health conditions and substance use disorders*. By recognizing both mental health and substance use needs within the broader behavioral health system, the BHSA reinforces the importance of coordinated and integrated approaches to care.

Research supports addressing co-occurring conditions simultaneously. Consistent with this evidence, the Behavioral Health Plan (BHP) promotes an integrated treatment and recovery philosophy that addresses the whole person by coordinating mental health and substance use interventions within a primary treatment relationship or service setting. Whenever possible, integrated care should be provided within the program by staff who have the appropriate training, competencies, and scope of practice to deliver these services.

In alignment with the No Wrong Door policy, all programs are expected to be, at minimum, Co-Occurring Capable. This means programs must welcome and engage individuals with co-occurring conditions, conduct assessments that consider both mental health and substance use needs, and address substance use concerns within the context of the individual's mental health treatment. Consistent with Medi-Cal requirements, Behavioral Health Plans (BHPs) must not deny or disallow reimbursement for Specialty Mental Health Services (SMHS) provided to a member who meets SMHS medical necessity criteria solely because the member also has a co-occurring SUD, provided all other applicable Medi-Cal and service requirements are met.

When a program is unable to provide the level or type of substance use disorder services an individual needs, the program is still responsible for continuing to provide services within its scope of practice while coordinating an appropriate referral and warm handoff to additional or specialized substance use treatment services. The presence of a co-occurring condition should not, by itself, create a barrier to accessing or continuing medically necessary mental health services.

For additional information, refer to: BHIN 22-011 No Wrong Door for Mental Health Services Policy

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.

System of Care for Adults and Older Adult Populations

The System of Care for Adults and Older Adults has a mission and vision 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: DHCS -Master Plan for Aging and AIS Aging Roadmap.

System of Care 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 System of Care for Adult and Older Adult population 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.

Target Population for Adults and Older Adult Programs

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.

Members of this target population shall meet Access Criteria for Members 21 Years of Age or Older to Access the Specialty Mental Health Services Delivery System as described in BHIN 26-002.

The target population also 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.

Target Population for Transitional Age Youth Programs

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

System of Care (SOC) for Children and Youth Populations

The *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

Values of the SOC for Children, Youth and Families

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.

Target Population for Children and Youth Programs

The priority population for Children's Behavioral 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 (DSM), 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.

Programs for Children, Youth and Families serve a broad and diverse population of children, adolescents, transitional youth and families throughout San Diego County, regardless of funding source. 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 Access Criteria for Members under Age 21 to Access the Specialty Mental Health Services Delivery System BHIN 26-002. 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.