

Behavioral Health Services (BHS) – Information Notice

To:	BHS Contracted Service Providers
From:	Behavioral Health Services
Date:	February 8, 2023
Title	Behavioral Health Services (BHS) and Probation Care Coordination Directive for Clients in Custody

Directive replaces the BHS Notice 2022-11-16

BHS Providers and Probation Care Coordination Directive for Clients in Custody

San Diego County Behavioral Health Services (BHS) providers and the Department of Probation (Probation) are to adhere to the following guidelines and mutual collaboration expectations to coordinate client care. These guidelines were created to facilitate collaboration which will provide the best opportunity for a positive client experience.

BHS Substance Use and Mental Health Service Providers

1. Assessment

- a. For clients being referred to substance use treatment who are in custody, Probation may facilitate screenings via telehealth while client is in custody. Programs shall ensure timely coordination with referral source.
 - i. Although currently not billable to Drug Medi-Cal, providers are able to bill County BHS for these services while waiting for Department of Health Care Services (DHCS) updates to this policy.
- b. For clients being referred to mental health services who are in custody, programs shall ensure timely coordination with referral source.
- c. Provide an appointment for intake prior to client being released from custody to facilitate a warm hand-off.
- d. Collaborate with Probation/Custody staff to ensure medication management support as needed between jail exit and program intake.
- e. Working with justice-involved clients necessitates close collaboration with Probation staff to provide services that are clinically appropriate and that also align with correctional and supervision case planning and/or release conditions. When skillfully applied, the American Society of Addiction Medicine (ASAM) criteria, Behavioral Health Assessment, and level of care assessments ensure access to the full continuum of care (both substance use and mental health treatment) in a clinically appropriate manner for the justice-involved population. All providers shall utilize the appropriate level of care determination for each referral.
- f. Assessment information provided by Probation clinical staff (Alcohol and Drug Program Specialists or Optum Behavioral Health Service Team (BHST)) will be incorporated in the assessment conducted by BHS service providers and in planning client care.
- g. Incorporate Correctional Offender Management Profiling for Alternative Sanctions (COMPAS) criminogenic risk and needs assessment into treatment planning, as available.

2. Coordination

- a. BHS providers are expected to coordinate referrals and screenings with the Probation Officer (PO), Alcohol and

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- Contact your Contracting Officer’s Representative (COR) or
- Stacey Kneeshaw, Assistant Medical Services Administrator, Stacey.kneeshaw@sdcounty.ca.gov

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Drug Program Specialists (ADPS), and BHST, as assigned.

- b. Providers will facilitate completion of a Release of Information (ROI) for Probation upon intake/admission.
 - i. Consent requirements: clients can consent to the disclosure of their health records to an entity without naming a specific person as the recipient of the disclosure. For example, programs can accept an ROI that lists “San Diego County Probation Department” without the specific name of the Probation Officer.
- c. Collaborate with Probation staff to incorporate correction and supervision case planning to include the COMPAS and/or release conditions into treatment and transition planning (particularly involving the prescription of certain Medication Assisted Treatment (MAT) resources.
- d. As consented to by the client, invite Probation to participate in the treatment planning and treatment team meetings.

3. Communication with Probation

- a. Provider staff will contact the PO within 24-hours whenever significant client changes occur, such as program enrollment/discharge; violent behavior; law enforcement contact; positive urinalysis results; change in program location; change in level of care; as well as critical incidents, such as death or hospitalization of a client.
- b. Providers shall work closely with and be available to meet monthly or as agreed upon with case-carrying POs and/or ADPS/BHST to discuss client progress in treatment. Communication with Probation will be documented in client’s treatment record.
- c. Providers shall provide pertinent treatment information received from Recovery Residences, Independent Living Homes, or Board and Care facilities to the assigned case-carrying PO to include providing information about noteworthy incidents, including change of housing location, within 24-hours of receiving the information.
- d. Providers shall be available to meet at least quarterly with Probation representatives to discuss systemic improvements and collaboration.
- e. Providers staff shall return emails and phone calls from PO or ADPS/BHST staff within two (2) business days.

4. Access

- a. Program policies, procedures, and practices must allow for clients to have timely access to Court/Probation meetings. Providers will assist the client in scheduling and accessing appointments in the community.
- b. Providers will identify a private, welcoming, and accessible space within the program for the client to meet with Probation staff as needed.

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- c. Providers are to explore the availability of teleconferencing options to allow for remote meeting scheduling and attendance.
- d. Programs/Providers will coordinate with clients and POs in identifying and reducing barriers to ensure access to and/or compliance with both needed treatment services and Court/Probation requirements.
- e. Client correspondence addressed to, or from, the County of San Diego, public officials, attorneys, and clergy shall be unrestricted and shall be forwarded promptly without being opened or read by provider staff.

POs and/or ADPS/BHST Will:

- 1. Ensure an ROI is in place as required.
- 2. Communicate with provider and/or respond to provider calls/emails within two (2) business days.
- 3. Incorporate trauma informed care into planned “Care Coordination” training.
- 4. Attend treatment team meetings as agreed upon with designated clinician, substance use counselor, and/or treatment team.
- 5. Provide COMPAS bar chart and COMPAS case plan to treatment providers as requested.
- 6. Provide completed ASAM Level of Care assessment as requested.
- 7. Notify providers within 24-hours on any significant client change (when a probationer goes to jail, is at warrant status, is missing, has completed probation, etc.).
- 8. Visit the program as needed; a space will be provided to meet with the client.
- 9. Limited transportation will be provided by Probation.
- 10. Probation staff are encouraged to attend graduations and celebrations at programs.

References:

- SUDPOH: Clients Involved in Justice System; Justice Involved SU Services; Care Coordination
- OPOH: Coordination of Care; Mental Health Services for Parolees

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