



UPDATE

November 12, 2015

***** Revisions are in italic print and underlined for your reference.***

Dear Behavioral Health Care CSOC Providers:

While unauthorized immigrant youth is not a new issue in Alameda County, there has been an unprecedented number of unaccompanied children (UAC) crossing the US border. Many of these children are living in Oakland and other parts of Alameda County with large Latino student populations. These children make up a unique, vulnerable population with distinctive health and psychosocial challenges. Displacement, in combination with the challenging processes of assimilation into the U.S. society -- including socio-economic integration -- puts these youth in a situation of social vulnerability and restricted access to health care. This results in an increased risk of health disparities over their lifespan.

While this issue is urgent and immediate, it is also likely to be ongoing due to the political and social context in these children's countries of origin. Current Alameda County strategies that provide access to health services for "undocumented" youth include: HealthPAC, California Children's Services (CCS) and Point of Service Enrollment. Because two-thirds of the unaccompanied children are in school and the remaining should be encouraged to enroll in school, **HCSA proposes to implement a school-based, school-linked strategy to address the health needs of this population in the short and long term.** HCSA has a significant investment with 26 school health centers in 14 school districts, and school-based behavioral health services in over 160 schools throughout the county. We will leverage these investments and expand the capacity of our school-based/linked "portals to healthcare" so that we can effectively address the trauma, other health concerns, and caregiver support needs of this population. In addition, BHCS will be incorporating a one time fund of \$2.5 million for this initiative into our MHSA 3-year plan update.

HOW YOU CAN HELP

BHCS has set up a "No Wrong Door" fund for school and community-based providers to enable them billing for providing trauma-informed behavioral health care services to unaccompanied youth who meet medical necessity for mental health services. In addition to needing trauma informed behavioral health services, many of these youth will have unmet medical needs that will need attention. To assist with this, the HCSA will engage and mobilize the School Health Center providers who have high levels of expertise working with UAC to address immediate medical issues and manage into appropriate care. Children and youth (birth-21) who have chronic, disabling and/or life threatening conditions and meet financial and residential eligibility requirements will be referred to California Children's Services. CCS provides case management and care coordination for the medical eligible condition. Most clients are followed at UCSF Benioff Children's Hospital Oakland but may also be seen at other hospitals when indicated. Anyone can refer a client (510-208-5970).

PROCEDURE FOR BHCS PROVIDERS TO DELIVER SERVICES

The priority for this funding is to serve unaccompanied youth who meet medical necessity for behavioral health services. On school sites, youth should be triaged with the physical health and behavioral health providers on site. Where there is a Clinical Case Manager (CCM) with the Center for Healthy Schools and Communities (HCSA) program, referrals will be made through the COST team to either the CCM or the SBBHI provider based upon the youth's clinical needs. On school sites where there is no CCM, the SBBHI providers in collaboration with the school

COST team will triage services for unaccompanied youth. For students with behavioral health and physical health issues youth, should be referred to a School Health Center when possible.

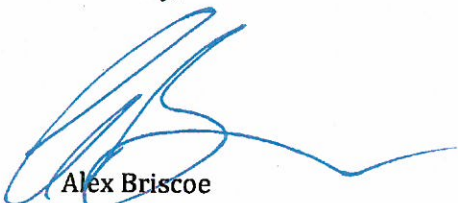
This letter serves as notice that BHCS contracted providers with school-based programs in Alameda County may add unaccompanied youth as defined in this letter to the target population for whom they are contracted to serve. Due to the urgent nature of the situation, BHCS is requesting that providers begin service delivery immediately. BHCS will initially reimburse providers for these services out of existing contract allocations. The use of special ****referral** codes described below will enable BHCS to access the funds set aside for this purpose. BHCS will be working in close partnership with the school-based providers to determine what costs are associated with this expansion in the client population. Any request to add staff or other operating costs associated with meeting this need must be approved through the regular budget modification process.

Protocol for Serving Unaccompanied Youth

- Client is referred for services to BHCS provider
- Provider follows normal protocol for opening cases in INSYST
 - a. In the ****“Referral From”** field of the client ****episode opening** screen in INSYST, the Provider **MUST INDICATE** that the client is an unaccompanied minor by ****entering the code UMINOR in the field** in order for services to be reimbursed. **(Note: For “unaccompanied youth” with an existing episode, providers should enter the code UMINOR in the “Referral Source” field of the client episode maintenance screen in INSYST.)**
- Services available to this population of youth can include all services within the provider’s contract with an emphasis on case management, family engagement, brief therapy and group treatment.
- Clients needing psychiatric evaluation, support and medication can be referred through ACCESS: (510-346-1000)
- When client is no longer in need of services or does not participate in treatment for 30 days, ****the client episode should be** closed.
- With appropriate consents, providers can talk to minor’s attorney.
- Providers will refer youth to one of the 27 School Health Centers whose staff will ensure, to the extent possible, that UAC health needs are addressed.
- Partnerships with other community programs serving this population are encouraged.
- BHCS recognizes that there are additional undocumented youth in need of services who will not fall under the criteria of Unaccompanied Youth. School sites without a CCM should triage for immediate crisis and provide services as needed. Youth who need ongoing services or are not actively in crisis should be referred to ACCESS.
 - a. ****In the “Referral From” field of the client episode opening screen in INSYST, providers must enter the code YUNINS for these undocumented youth. (Note: For “undocumented youth” with an existing episode, providers should enter the code YUNINS in the “Referral Source” field of the client episode maintenance screen in INSYST.)**

Thank you for your continued support of Alameda County’s population vulnerable youth.

Sincerely,



Alex Briscoe
Director, BHCS



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Director, HCSA



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