



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

MEGAN McCLAIRE, M.S.P.H.
Chief Deputy Director

DEBORAH ALLEN, Sc.D.
Deputy Director, Health Promotion Bureau

GARY TSAI, M.D.
Division Director
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East, 3rd Floor, Box 34
Alhambra, California 91803
TEL (626) 299-4101 • FAX (626) 458-7637

www.publichealth.lacounty.gov

BOARD OF SUPERVISORS

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

SAPC INFORMATION NOTICE 22-05
Supersedes IN 20-02

March 1, 2022

TO: Los Angeles County Youth Substance Use Disorder Service Providers
FROM: Gary Tsai, M.D., Division Director *AT*
Substance Abuse Prevention and Control
SUBJECT: YOUTH ENHANCEMENT SERVICES PROJECT

The Los Angeles County Department Public Health, Division of Substance Abuse Prevention and Control (DPH-SAPC), through funding made available by the Department of Probation, launched the Youth Enhancement Services (YES) project in March 2020 to enhance the Drug Medi-Cal-Organized Delivery System (DMC-ODS) benefit package for eligible youth (aged 12-17).

The YES project enhances the youth beneficiary package by reimbursing youth-contracted substance use disorder (SUD) treatment providers for services that are not covered nor reimbursable under Drug Medi-Cal (DMC), but are in alignment with the most current version of the [Adolescent Substance Use Disorder Best Practices Guide](#) (October 2020).

This Information Notice (IN) supersedes IN 20-02 and provides updated information on new elements of the YES project available to support Youth 12-17.

THE FOLLOWING ARE REIMBURSABLE SERVICES AS PART OF THE PROJECT:

1. Youth Development Specialist position (New)

The Youth Development Specialist (YDS) position is intended to increase youth engagement and participation in SUD services by promoting access to age-appropriate early intervention, treatment, recovery, and Positive Youth Development (PYD) services (described below). The YDS position provides on-site support at approved youth treatment locations. The YDS position conducts outreach and engagement services and PYD services for youth. The YDS position will be reimbursed at a rate of \$73.70 per hour for a maximum of ten (10) hours per week.

2. Outreach and Engagement Services

Outreach and engagement services aim to increase linkages and enrollment into SUD early intervention and treatment services, with the intent to prevent at-risk youth from entry into or repeat involvement in the juvenile justice system. Outreach and engagement services will support activities which identify and encourage youth who meet criteria for a SUD or who need services to ameliorate or correct substance misuse and prevent development of a SUD. This includes those that meet American Society of Addiction Medicine (ASAM) Criteria for Early Intervention or treatment services.

Youth who screened positive for a SUD, or meet criteria for early intervention services, should be referred to a youth SUD provider for a comprehensive assessment and treatment related services when appropriate. Supported outreach and engagement activities include referral and linkages to SUD treatment, early intervention, patient education, and care coordination services. Outreach and Engagement services are reimbursed at \$30.00 per session with a maximum of two sessions per day for a total possible of \$60.00 per youth per day and a maximum of five (5) days per fiscal year.

3. Positive Youth Development Services

Positive Youth Development (PYD) services are on-going strengths-based, person-centered programs which include activities and experiences which assist in the development of social, ethical, emotional, physical, and cognitive competencies in SUD early intervention and treatment settings. Programming may include instructor-led topic driven groups, workforce development skills, academic support, therapeutic activities (e.g., art therapy, journal writing, and mindfulness programs), diversionary recreation (e.g., sports, games, and supervised outings), and other pro-social activities.

Reimbursement for PYD services is limited to up to two (2) hours of PYD programming daily, totaling no more than 25 hours per month at a maximum rate of \$73.70 per hour; inclusive of staff planning and direct time, program supplies, and nutritious snacks and beverages. PYD programming must be supervised by a SUD treatment staff that is a registered or certified counselor or a Licensed Practitioner of the Healing Arts (LPHA). Expenses for Triple-P, a positive parenting curriculum, may be claimed separately up to a maximum of 10 licenses per site per fiscal year where each license is good for one participant.

If PYD activities and services are delivered by the YDS, simultaneous staff hour billing for the YDS position and the staff hour rate billing for PYD activities is not allowed as these activities are included as part of the expected duties and responsibilities of the YDS position. For example, if a YDS planned and delivered a 60-minute art therapy session during the week, the agency may submit claims either for: 1) up to one hour for the YDS time attributed to the activity; or 2) the PYD program separately, but not both. Note: Claims for PYD programming services are limited to 25 hours per month; and up to 10 hours per week for the YDS position.

4. Transportation Services

Transportation service enhancements assist youth enrolled in early intervention (ASAM 0.5), outpatient (ASAM 1.0), intensive outpatient (ASAM 2.1) treatment services as well as recovery support services (RSS) with getting to and from the following services: SUD early intervention, treatment, primary medical care, behavioral health services and other SUD treatment-related services.

There are three transportation options for youth: (1) use of ride share services (such as Uber, Lyft, and other transportation network companies) where providers will be reimbursed up to \$10.00 per round trip per youth; (2) use of an agency owned vehicle with reimbursement at a rate of \$0.56 per mile when agencies are not also leveraging transportation services funded by other programs in which the youth is eligible; and (3) public transportation (e.g., TAP cards). Youth may be offered a mix of transportation options while they are actively enrolled in early intervention, outpatient treatment or recovery support services up to a maximum of \$70 per youth per month.

The use of rideshare services (such as Uber and Lyft) provided by Transportation Network Companies are prohibited for youth under 18 years of age unless they are accompanied by an adult who must be at least 18 years of age. The transportation benefit is not available to residential providers as transportation costs are built into the treatment rate.

ELIGIBILITY

During the initial phase of the YES project, participation was limited to providers with an active contract to serve youth, determined to be in good standing, and who submitted a Letter of Intent to participate in the project by March 9, 2020. Providers who submitted Letters of Intent by the initial deadline were automatically eligible to continue to participate in the program. Programs that did not submit letters of intent during the initial project phase who meet the criteria described above may elect to participate in the program by submitting a Letter of Intent (Attachment I) by March 15, 2022.

Starting July 1, 2022, YES project activities will be contracted under the Supportive and/or Housing Services Master Agreement (SHSMA), through a Direct Work Order. Youth agencies who elect to continue to participate in the YES project after July 1, 2022 must have applied for and been awarded an active SHSMA contract by March 15, 2022.

EFFECTIVE PERIOD

The YES project is available continuously, contingent upon the availability of funds.

DOCUMENTATION

Providers are required to document all activities of the YES project on the Participant and Services Log. Once individuals are enrolled in early intervention or treatment, services provided under this project must also be documented in a miscellaneous note (type: miscellaneous) in

Sage or in the provider's own electronic health record (EHR) system, accessible for review by SAPC upon request.

REIMBURSEMENT

To receive reimbursement for the enhanced services under YES, providers must submit an invoice and applicable supporting documentation before the 10th of each month including:

- Cost/Line-Item Reimbursement Form - (Attachment II)
- Participant and Services Log - (Attachment III)
- PYD Program Description and Group Attendance - (Attachment IV)
- Youth Development Specialist Monthly Timesheet - (Attachment V)

Providers participating in YES, will be required to complete the *Healthy Youth: Early Intervention Curriculum* training which will be conducted by Azusa Pacific University during the second half of Fiscal Year 2021-2022 and must submit documentation that they have completed the training by July 1, 2022.

Please send completed forms to:

Elizabeth Norris-Walczak, Ph.D.
Chief, Youth and Families Services
Substance Abuse Prevention and Control
1000 South Fremont Avenue, Building A-9 East, Third Floor Box 34
Alhambra, California 91803

For additional information regarding this information notice, please contact Elizabeth Norris-Walczak, Ph.D., Chief, Youth and Family Services, at (626) 299-3570 or email at enorris@ph.lacounty.gov.

Attachments

GT:enw

Los Angeles County Department of Public Health
Substance Abuse Prevention and Control (DPH-SAPC)
Youth Enhancement Services Project

Attachment I

Letter of Intent

Please complete this form for each DMC-certified location.

Agency Name: _____

Address: _____

City: _____ Zip: _____

Contact Person: _____

Email: _____

Phone: _____

Please indicate your agency's interest in participating in the Youth Enhancement Services Enhancement (YES) Project (check all that apply):

- Yes -- We will participate in the YES Project
- No -- We will NOT participate in the YES Project

Please return this form on or before March 15, 2022 via email to Dr. Elizabeth Norris-Walczak, PhD enorris@ph.lacounty.gov

Los Angeles County Department of Public Health
 Substance Abuse Prevention and Control Youth
 Enhancement Services (YES) Project

Attachment II

COST / LINE ITEM REIMBURSEMENT

Provider Name: _____	Contract Number: _____
Address: _____	Claim Period: _____
City and Zip Code: _____	Date Prepared: _____
Service Type: _____	Phone Number: _____
Contact Person: _____	Original: <input type="checkbox"/> Supplemental: <input type="checkbox"/>

	AMOUNT CLAIMED THIS PERIOD	YTD AMOUNT	FOR COUNTY USE ONLY	
1. YOUTH DEVELOPMENT SPECIALIST				
<i>Youth Development Specialist</i>				
SUB-TOTAL: YOUTH DEV. SPECIALIST	\$ -	\$ -		
2. OUTREACH & ENGAGEMENT SERVICES				
<i>SUD Screening / Assessment</i>				
<i>SUD Treatment Referral and Linkages</i>				
<i>Brief Intervention</i>				
<i>Patient Education</i>				
<i>Care Coordination</i>				
SUB-TOTAL: OUTREACH & ENGAGEMENT	\$ -	\$ -		
3. POSITIVE YOUTH DEVELOPMENT PROGRAMS				
<i>Therapeutic Activities</i>				
<i>Educational and Vocational Programs</i>				
<i>Leadership Development Programs</i>				
<i>Diversionary and Recreation</i>				
<i>Positive Parenting Program (Triple-P)</i>				
<i>Programming Supplies</i>				
<i>Food and Beverage</i>				
SUB-TOTAL: POS. YOUTH DEV. PROGRAMS	\$ -	\$ -		
4. TRANSPORTATION - MILEAGE⁴				
TOTAL MILES (A)	RATE (B)	AMOUNT CLAIMED THIS PERIOD (A) * (B)	YTD AMOUNT	FOR COUNTY USE ONLY
	\$0.56/MILE	\$ -		
SUB-TOTAL TRANSPORTATION - MILEAGE		\$ -	\$ -	
5. TRANSPORTATION - OTHER				
<i>Public Transportation</i>				
<i>Ride Share Services</i>				
SUB-TOTAL TRANSPORTATION - OTHER	\$ -	\$ -		
TOTAL		\$ -	\$ -	

Claims must be submitted by the **10th of each month**. Payment may be delayed or withheld if this request contains any errors or omissions. **Supporting documentation must be submitted along with this invoice.**

 AUTHORIZED SIGNATURE DATE

 AUTHORIZED SIGNATURE (DPH-SAPC) DATE AMOUNT

Los Angeles County Department of Public Health
 Substance Abuse Prevention and Control (DPH-SAPC)
 Youth Enhancement Services (YES) Project
Participant and Services Log

Agency Name: _____

SECTION A: PARTICIPANT INFORMATION

Name: _____ Sage or Client ID: _____
 Zip Code : _____ Date of Birth: _____
 Phone: _____ Age: _____ Gender: _____
 Race/Ethnicity: _____

Living Arrangement: Parent/Legal Guardian Independent Living Homeless
 Agency / Other (Specify): _____

Referred By: Probation / JJCPA Other: _____

SECTION B: SUD and WRAP-AROUND SERVICES REFERRAL

SUD Services	Referral Date	Outcome / Comment
SUD Screening	_____	_____
SUD Treatment	_____	_____

Wrap-Around Services Physical Health Housing
 Mental Health Employment
 Academic Other _____

**SECTION C:
 PARTICIPANT LOG for OUTREACH & ENGAGEMENT AND TRANSPORTATION SERVICES**
Use the Positive Youth Development (PYD) Program Description & Attendance Log for PYD Services.

Date	Type of Service <i>(Select from Drop Down Menu)</i>	Description of Service	Duration	Mileage	Amount

Positive Youth Development Program Description & Attendance

Agency Name: _____

Date: _____

Activity Location: _____

Start Time: _____

End Time: _____

Location Type: DMC/FBS Online/Virtual Other

PYD Cost: _____

Name & Description of PYD Activity:

(narrative must include PYD goals and clinical objectives)

Materials / Programming Supplies :

	Sage ID	Participant Name		Sage ID	Participant Name
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		
Counselor Printed Name, Title:			Counselor Signature:		
Co-Facilitator Printed Name, Title:			Co-Facilitator Printed Name, Title:		

Comment(s): _____

YOUTH DEVELOPMENT SPECIALIST MONTHLY TIMESHEET

Provider Name _____
 Street Address: _____

 City, State ZIP: _____

Claim Period _____
 Contact Name _____
 Phone Number _____
 Contact E-mail _____

Date	YDS Staff	Hours	Amount	Notes/Activity
Total		0.00	\$0.00	

Note: YES activities/hours completed by YDS staff and claimed in this timesheet can not be billed as separate activities on the monthly invoice. Supporting documentations such as the "YES Participants and Service Logs" and the "PYD Program Description and Group Attendance Sheet" must be attached.

 Authorized Signature - Agency Program Manager Date

 Authorized Signature - DPH-SAPC Date

 Approved Amount