



CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING AGENDA

February 13, 2017 - 9:00-10:30 A.M.

Scottish Rite Masonic Center- 1895 Camino Del Rio South- Shell Room

I. Welcome and Introductions (Delrena Swaggerty)

2 minutes

- Welcome New Council Members
 - ✓ Ken Mosey- Public Safety Group/Probation-Member
 - Heather Nemour- Regular Education Pupil Personnel Services-Alternate
 - ✓ Yuka Sakamoto- Special Education-Alternate

II. Sectors "Hot Topics" from Council Representatives Public Input/Discussion to follow (Delrena Swaggerty)

40 minutes

- Prop 64 Marijuana Legalization
 - Evaluate need to compile recommendations for BHS Director
 - Landmark report by Surgeon General calls drug crisis 'a moral test for America'- Link: https://www.washingtonpost.com/national/health-science/landmark-report-by-surgeon-general-calls-drugcrisis-a-moral-test-for-america/2016/11/16/4214bf2a-ac49-11e6-977a-1030f822fc35 story.html?utm term=.2448444bfd4d
 - ✓ Facing Addiction In America- The Surgeon General's Report on Alcohol, Drugs and Health- Link: https://lintvwkbn.files.wordpress.com/2016/11/surgeon-generals-report.pdf

III. Approval of Minutes (Renee Cookson)

5 minutes

- December 12, 2016
- January 9, 2017
- Review action items from January 2017 meeting

IV. Announcements

2 minutes

- December 2016 CWS/Probation Group Homes and Foster Family Agency Placements- Handouts
- 2nd Annual Critical Issues in Child and Adolescent Conference: Plasticity and Possibility in Youth, Families and Community scheduled for March 11, 2017- Handout
- CSOC Academy Annual Conference: Honoring the Journey-Partnering with Refugee Families scheduled for June 1, 2017-Handout

V. Mental Health Services Act (MHSA)- Update (Martin Dare)

10 minutes

- Community Forum Update
- Innovation Community Input Form-Review Period; January 30 to March 1, 2017 Innovation summaries located at: http://sandiego.camhsa.org/

VI. Sub-Committee Update Reports- Handouts

6 minutes

- CADRE (Shannon Jackson)
 - ✓ CYF CADRE (Julie McPherson/Marisa Varond)
 - √ Tobacco Free (Fran Cooper)
- **CCRT** (Edith Mohler)
- QI-Quality Management (QM) (Danielle Rhinesmith)

VII. Business Items

15 minutes

- Public Input: Request to for yearly comparisons of Probation Group Home Summaries and placement goals/trends (Barry Fox, Ken Mosey and Margie Deleon)
- MHSA Innovations Ad Hoc Subcommittee (Public Input closes March 1, 2017)
- MHSA 3 Year Plan Ad Hoc- Handout
- Updated BHS Children, Youth and Families System of Care eLearning via BHETA- Handout

VIII. Director's Report (Alfredo Aguirre)

10 minutes

Sub-Committees/Sectors/Workgroups Meetings Information:

Outcomes: Meets the 1st Tuesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M. Early Childhood: Meets the 2rd Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108-at 11:00 A.M. Education Advisory Ad Hoc: Meets As Needed.

TAY Workgroup: Meets the 4th Wed of the month-6160 Mission Gorge Rd. Ste. 100. San Diego, CA 92120 from 3:00 to 4:30 P.M. CYF CADRE: Meets quarterly-2rd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M.

CCRT: Meets the 1st Friday of the month-3851 Rosecrans St.-Coronado Room, San Diego, CA 92110 from 10:00 to 11:30 A.M.

Family/Youth Sector: Meets quarterly on 4th Thursday of the month. Next meeting: April 27, 2017 at 8964 N Magnolia St, Santee, CA 92071 from 6:30 to 8:00 P.M. Family and Youth As Partners: Meets the 3th Thursday of the month- Del Mar Room from 2:00 to 3:30 P.M. Private Sector: Meets the 3th Wednesday of the month- 7535 Metropolitan Dr, San Diego, CA 92108 at 1:00 P.M.

CHILDREN'S SYSTEM OF CARE PRINCIPLES

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CSOC Council Vision: San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.

Mission: The purpose of the System of Care Council is to ensure that all agencies serving San Diego county youth from age 0 through age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles.

- 1. <u>Collaboration of four sectors:</u> The cornerstone of the CSOC is a strong four sectors partnership between youth/families, public agencies, private organizations and education that ensure accountability to achieve System of Care (SOC) goals and quality outcomes consistent with SOC philosophy.
- Integrated: Among the four sector partners services are comprehensive, accessible coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports,

- 3. <u>Youth guided, family driven:</u> Youth and families actively participate in service delivery, planning, and program and policy development.
- 4. <u>Individualized:</u> Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.
- 5. <u>Strength-based:</u> Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.
- 6. <u>Community-based:</u> Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources.
- 7. <u>Outcome driven:</u> Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.
- 8. <u>Culturally Competent:</u> Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.
- 9. <u>Trauma Informed:</u> Sector partners recognize that trauma and chronic stress influence coping strategies and behavior, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care and resilience.



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CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING MINUTES

December 12, 2016 – 9:00-10:30 A.M.
Scottish Rite Masonic Center- 1895 Camino Del Rio South- Shell Room

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ental Health Contractors sociation	Steve Jella	Е	Barent Mynderse	+
ental Health Contractors	Angela Chen	+	Delrena Swaggerty	+
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22	Caregiver of child/youth served by the public health system	Debbie Stolz	Е	Pam Toohey	0
23	Youth served by the public health system (up to age 26)	Emma Rodriguez	+	VACANT	E L
24	Youth served by the public health system (up to age 26)	Travis Webster	+	VACANT	
	SUB-COMMITTEES	Non-voting memb	ers unless	a member of the	Council)
-	Outcomes	Angela Chen Chair	+		
-	Executive	Delrena Swaggerty Chair	+		
-	Early Childhood	Stacey Annand Chair	+		
-	Education	Mara Madrigal-Weiss Chair	+		
-	CYF CADRE	Julie McPherson /Marisa Varond	+		
-	Family and Youth as Partners	Renee Cookson	(**		

CYF Council Staff: Yael Koenig, Edith Mohler, Grisel Ortega-Vaca, Darwin Espejo

I. Welcome and Introductions (Delrena Swaggerty)

- Introduced Emma Rodriguez and Travis Webster as new Council members representing the Family and Youth Sector's Youth served by the public health system.
- Reviewed Council structure that if a Council member is not present to sit at the Council table, their alternate should occupy their place instead.
- Meeting attendees were invited to reach out to the Sub-Committees Chairs if interested in joining a specific sub-committee.
- Alfredo Aguirre presented a certificate of appreciation to Barry Fox for his contributions to the advancement of the County of San Diego Children System of Care as the CYF Council Co-Chair.

II. Approval of Minutes- November 14, 2016 (Renee Cookson)

Approved.

III. Director's Report (Alfredo Aguirre)

A. Drug Medi-Cal Waiver update

BHS is still evaluating the rates. Need to ensure that all of levels of care are available. A decision to opt in is expected by May 1, 2017.

- B. Highlights of 2016
- Accomplishments:

Alfredo Aguirre acknowledged the Council for the excellent work in providing advice and feedback to the BHS leadership, which allowed for services enhancements, including but not limited to:

- Expansion of Prevention and Early Intervention Services at schools from two (2) regions (in East and North) to all six (6) regions of the County. Additionally, a specific Refugee component was added in the East County program to address the needs of refugee children and families in the same identified schools.
- ✓ Clinic capacity enhancement at the Perinatal Outpatient and Residential Substance Use Disorders (SUD) Treatment Centers.
- ✓ Countywide SUD Perinatal Outpatient services with Case Management for Homeless Outreach.
- ✓ The Safe Program will provide direct clinical services, a drop-in center support with connection with a job training, GED preparation, life skills training, and crisis support to Lesbian, Gay, Bisexual, Transexual, Queer (LGBTQ) youth. This program is projected to begin in July 2017.
- ✓ The Emergency Screening Unit (ESU) re-design, which is tentatively to open in October 2017.





· Challenges:

- ✓ Federal funding for Medi-Cal population may be affected as a result of the new administration. County leadership is meeting to discuss strategies to address any potential changes.
- ✓ The projected revenue versus expenditures for sustaining enhanced Mental Health Services Act (MHSA) programs may be a challenge in FY 19-20, which may lead to zero based budget. PEI funding is already limited. However, there may be more MHSA funding available if there are more individuals with an annual income above one million dollars.

IV. Mental Health Services Act (MHSA)- Update (Adrienne Yancey)

A. Annual MHSA Plan

- The Community Engagement Forums were held in August, September and October, 2016. There were also six focus groups to ensure outreach and input from Criminal justice partners, Justice population, Peer liaisons, Community partners in Southeast San Diego and Native American partners.
- BHS is also working on proposals for Innovation projects. Yael Koenig provided a summary of the CYF Innovation projects:
 - ✓ Tele-mental Health Services which would use technology to help children receive post-discharge outpatient services.
 - ✓ Post-Partum services will provide education not only for the mother suffering from post-partum depression, but also for the entire family.
 - ✓ Countywide Psychotropic Medication Clinic(s) that would offer children continued medication and Tele-Psychiatry support after completing their primary outpatient treatment. This program will especially benefit those children with severe developmental and/or psychiatric needs.
 - ✓ The Roaming Outpatient Access Mobile (ROAM) project would address the psychiatry needs of both children and adults that reside in the rural sections of the county using a mobile unit.
- Yael Koenig also discussed the option of expanding and extending 3 innovation projects:
 - Caregiver Connection to Treatment Enhancement: This is a pilot project for the 0-5 population. If extended, can also provide services to parents and caregivers of children and youth beyond the 0-5 age population.
 - ✓ Family Therapy Participation Enhancement: utilizes parent partners to focus on increasing caregiver participation in family therapy. Experts that have lived experience engage caregivers with Motivational Interviewing for family therapy sessions away from the traditional school-based setting. Currently, there is a Family Therapy Participation per region.
 - ✓ Faith-Based initiative that supports the community during times of crisis.

Adrienne Yancey also mentioned the Recuperative Services Treatment (ReST), an extended-stay program would offer adults newly discharged from correctional facilities a place to stay as well as provide various other supportive services.

 MHSA funding cannot be used for education on Marijuana prevention, However, BHS has secured speakers and contractors specialized in Marijuana use prevention education to present at upcoming BHS managers' meetings and can also be invited to a CYF Council meeting. Additionally, the San Diego County Office of Education is addressing this need.

V. Business Items

- A. External Quality Review Organization (EQRO) (Yael Koenig)
- The EQRO conducts a yearly review on behalf of the Department of Health Care Services to review
 the County of San Diego Behavioral Health systems of care to ensure that all requirements,
 standards and obligations are met. There is an extensive preparation for to the EQR.
- An extensive amount of information and data is provided to them prior to their audit. This includes information provided by the Council during meetings, data from various focus groups, etc.
- The EQRO uses focus groups as a place to gather feedback and Council members and other BHS stakeholders will be invited to participate in the focus groups. The EQR will provide a report of the site review.
- B. Status on 4 sectors subcommittee report (Edith Mohler).
- The CYF Council subcommittee sector representation report is in a draft format and not ready for distribution. The CYF sectors are:
 - ✓ Public: This includes, but is not limited, to entities that represent local government: San Diego County Health and Human Services Agency (HHSA): Behavioral Health Services, Behavioral Health Advisory Board, Child Welfare Services, HHSA regions, and Public Health





- Services. It also includes the County's Public Safety Group- Juvenile Probation Department, Juvenile Court; First 5 San Diego.
- ✓ Private: Includes the Children's System of Care contracted providers. They are also organized with the Mental Health Contractors Association, Alcohol and Drug Providers Association, San Diego Non-Profit Association, Fee-For-Service Network, Healthcare-Pediatricians, Managed Care Health Plans and The San Diego Regional Center.
- ✓ Family: Youth and families who have lived experience receiving or who have received services from agencies serving children, and/or parents/caregivers of individuals that are receiving or have received services from agencies serving children. This sector includes the CYF Family Youth liaison.
- ✓ Education: Representatives are usually also part of the Public Sector but represent Education. Constituencies represented in the Council are the Special Education Local Plan Area (SELPA), School Districts, Regular Education-Pupil Personnel Services, School Boards, Special Education and the San Diego County Office of Education (SDCOED).

VI. Announcement (Delrena Swaggerty)

 The new CYF CADRE co-chairs are Julie McPherson (Community Research Foundation) and Marissa Varond (McAlister Institute). Shannon Jackson is the CYF lead of this sub-committee,

VII. Sectors "Hot Topics" from Council Representatives

Public Input/Discussion to follow (Delrena Swaggerty) - Handout

- Warm Handoff/Training- Update
 - The PowerPoint is under on-going refinements.
- Psychiatric/Medication Clinic
 - Psychiatric Nurse Practitioners may be another way to mitigate the psychiatrist shortage.
 - ✓ There are about 75 psychiatrists that serve San Diego County which is a higher number if compared with other states.
 - ✓ Salaries is one reason that it may make it difficult to recruit and retain psychiatrists.
 - ✓ A student re-payment loan program was suggested to address recruitment and retention of psychiatrists.
 - ✓ The State Psychotropic Guidelines may be one of the reasons for the limited Fee-For-Service network.
 - ✓ There are ongoing discussions with the Private sector addressing psychiatry. The meetings are usually held on the third Wednesday of the month from 1:00 to 2:30 P.M. at 7535 Metropolitan Drive, San Diego CA 92108. Everyone is welcome to attend.

VIII. Sub-Committee Update Reports

- A. Early Childhood (Stacey Annand): Highlights-handout:
 - The 7th Annual We Can't Wait conference was held on September 16, 2016.
 - The Subcommittee is scheduled to meet with the Pathways to Well-Being staff immediately after this meeting to discuss eligibility criteria and the best practices for children 0-5 as related to Pathways to Well-Being.
 - The Sub-Committee continues to promote and participates in relevant trainings focused on 0-5 population.
- B. Outcomes (Angela Chen) Highlights handout:
 - The language of Trauma Informed has been added to the Children's System of Care Principles
 - The Substance Abuse and Mental Health Services Administration (SAMHSA) definition of trauma was added as a Help text in the Behavioral Health Assessment (BHA) page of the BHS Electronic Health Record Management System.
 - Continues with the monitoring of the California Performance Outcomes System plan
 - Child Welfare is piloting the Treatment Outcome Package (TOP), a State required outcome measure. The pilot started October, 2016 and will last 6 months.
 - The Adjustment disorder rates were reviewed. A provider training on Understanding and
 Diagnosing Complex Behavioral Health Conditions has been implemented. Four training sessions
 have been provided and more sessions will be available through the Behavioral Health Education
 Training Academy (BHETA).
 - The next Outcomes subcommittee meeting will be scheduled for the first Tuesday of the month in February 2017.





C. QI Updates - (Kris Summit):

- The BHS Electronic Health Record Management System, known as Cerner Community Behavioral Health (CCBH), formerly Anasazi, will be now implementing the Client attachments application. The Progress Notes Refresh will be rolled out in phases beginning April 1, 2017. Training will be provided.
- The DSM V package is being purchased and will be provided by April 1, 2017.
- The Ultra-sensitive inpatient exchange portal for remote access of client records is scheduled for April 1, 2017.
- A Substance Use Disorder (SUD) data clean-up will be completed.
- The Millennium program road map for SUD and MHS is scheduled for 2020.

IX. Action Item

Action Items	Action By	Action Due
CYF Council Subcommittee Sector Point in Time Representation document	Edith Mohler	January 9, 2017 Meeting Agenda–Review of December 12, 2016 Action items
CYF Council Sectors definitions	Edith Mohler	January 9, 2017 Meeting Agenda- Review of December 12, 2016 Action items
CCBH Training Environment	Kris Summit	January 9, 2017 Meeting Agenda–Review of December 12, 2016 Action items
External Quality Review Report location and availability	Yael Koenig	January 9, 2017 Meeting Agenda–Review of December 12, 2016 Action items
San Diego Network of Care Personal Portal	Edith Mohler	January 9, 2017 Meeting Agenda–Review of December 12, 2016 Action items
Adult Use of Marijuana Act (Proposition 64) Education-Hot Topic update	Linda Bridgeman- Smith/Joe Eberstein	January 9, 2017-Meeting Agenda-Hot Topic

Sub-Committees/Sectors/Workgroups Meetings Information:

Outcomes: Meets the 1st Tuesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M. Early Childhood: Meets after this meeting-La Jolla Room from 10:30 A.M. to 12:00 P.M.

Education Advisory Ad Hoc: Meets As Needed.

TAY Workgroup: Meets the 4th Wednesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M.

CYF CADRE: Meets quarterly-2nd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M.

CCRT Meets the 1st Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.

Family and Youth Sector: Meets the 4th Thursday of Sept.16, Oct.27, Jan.26, and Apr.27 at 8964 N Magnolia St, Santee, CA 92071 from 6:30 P.M. to 8:00 P.M.

Family and Youth As Partners: Meets the 3rd Thursday of the month- Del Mar Room from 2:00 to 3:30 P.M.

Private Sector: Meets the 3rd Wednesday of the month- 7535 Metropolitan Dr., San Diego, CA 92108 at 1:00 P.M.





CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING MINUTES

January 9, 2017 - 9:00-10:30 A.M.

Scottish Rite Masonic Center- 1895 Camino Del Rio South- Shell Room

			=Absent	E=Excused	
	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
		PUBLIC SE	CTOR		
I	Behavioral Health Advisory Board	Rebecca Hernandez	0	VACANT	
2	Behavioral Health Services	Dr. Laura Vleugels	0	Jean Avila	0
3	Public Safety Group/ Probation	Ken Mosey	0	Margie Deleon	0
4	Child Welfare Services	Cathi Palatella	O	Barry Fox	+
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	0
6	Public Health	Dr. Dean Sidelinger	E	Rhonda Freeman	Е
7	Juvenile Court	H. Judge Carolyn Caietti	0	Michelle Johnson	+
8	First 5 Commission	Kim Gallo	0	Jennifer Wheeler	0
		EDUCATION S	SECTOR		210 - 15 Aut / 20
9	SELPA	Angela McNeece	0	Carolyn Nunes	0
10	Regular Education Pupil Personnél Services	Mara Madrigal- Weiss	0	Heather Nemour	+
11	School Board	Barbara Ryan	+	Carol Skiljan	0
12	Special Education	Aidee Angulo	+	Yuka Sakamoto	+
		PRIVATE SE	CTOR		
13	San Diego Regional Center for Developmentally Disabled	Carlos Flores	0	Judy Borchert	0
14	Alcohol and Drug Contractors Association	Angela Rowe	+	Marisa Varond	+
15	Mental Health Contractors Association	Steve Jella	0	Barent Mynderse	0
16	Mental Health Contractors Association	Angela Chen	+	Delrena Swaggerty	+
17	SANDAN	Margaret Iwanaga- Penrose	+	Rosa Ana Lozada	0
18	Fee- For-Service Network	Dr. Sherry Casper	+	VACANT	
19	Managed Care Health Plan	George Scolari	+	Rogelio Lopez	0
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	0		
119	F	AMILY AND YOU	TH SECT	OR	
21	Family and Youth Liaison	Renee Cookson	+	Suzette Southfox	+
22	Caregiver of child/youth served by the Public Health System	Debbie Stolz	+	Pam Toohey	0





23	Youth served by the Public Health System (up to age 26)	Emma Rodriguez	+	VACANT
24	Youth served by the public health system (up to age 26)	Travis Webster	+	VACANT
200		Non-voting member	rs unless a	member of the Council)
-	Outcomes Committee	Angela Chen Chair	+	
-	Executive Committee	Delrena Swaggerty Chair	+	
-	Early Childhood Committee	Stacey Annand Chair	+	
•	Education Committee	Mara Madrigal-Weiss Chair	0	
-	CYF CADRE	Julie McPherson/Marisa Varond	4/+	
-	Family and Youth as Partners	Renee Cookson	+	

CYF Council Staff: Yael Koenig, Edith Mohler, Grisel Ortega-Vaca, Darwin Espejo

- I. Welcome and Introductions (Delrena Swaggerty)
- II. Approval of Minutes (Renee Cookson)
 - December 12, 2016
 Handout was incomplete. Approval of December 12, 2016 meeting minutes will be included in the February 13, 2017 meeting agenda.
 - Distributed the updated CYF Council Overview-handout Document was revised to include the CYF Council Sector definitions.
 - Review of December 12, 2016 action items
 - ✓ Point in Time Representation document (Yael Koenig/Edith Mohler)-Handout. The document lists the current CYF Council subcommittees and the sector representation. It is the goal of the CYF Council that all subcommittees include all four (4) sectors representation (Public, Family, Private and Education).
 - ✓ CYF Council Sectors definitions (Edith Mohler).

 Definitions are included in the CYF Council Sub-Committee Sector representation document. Changes or updates can be sent to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov
 - Attachment feature availability in the BHS Electronic Health Record Management System Cerner Community Behavioral Health (CCBH) Training Environment CBH-(Kris Summit)

Attachment feature is available in the CCBH training environment to all clinical staff as well as to administrative staff, if access is requested. The CCBH training environment now accepts both authorization documents and client signatures. Additionally, BHS has acquired signature pads. An e-mail with additional information regarding signature pads distribution will be sent this week. The signature pads must be added to the programs' inventory.

- ✓ San Diego Network of Care Personal Portal (Yael Koenig)
 The San Diego Network of Care website has capacity for individuals to track their own
 personal health record by creating an account. This feature allows individuals to track their
 own treatment progress and record their own data. It be access at:
 http://sandiego.networkofcare.org/mh/.
- External Quality Review (EQR) Report location and availability-(Yael Koenig)
 The EQR files can be found under item 6.4 of the Technical Resource library:
 http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical resource library.html. The 2017 review will be uploaded when made available to the County.
- ✓ Adult Use of Marijuana Act (Proposition 64) Education-Hot Topic update





Per the Council's request, the topic was included in the Hot Topic agenda with a presentation by Linda Bridgeman Smith, BHS Prevention and Planning Unit-DUI and Prevention Programs and Joe Eberstein, Program Manager, Marijuana Prevention Initiative Center for Community Research.

III. Director's Report (Alfredo Aguirre) None.

IV. Mental Health Services Act (MHSA)- Update (Martin Dare)

• BHS has been working on Cycles 3 and 4 of the Innovation programs. The current Innovation plan expands five (5) of existing projects and proposes five (5) new projects for Cycle 4, to start in 2018. The tentative public review and comment period is projected to start on February 2, 2017.

V. Business Items

- A. MHSA Ad Hoc (Yael Koenig)- Handout
 - Innovations Cycles 3 and 4 Projected date: February 2, 2017
 - ✓ Meeting attendees were invited to be part of the MHSA Innovations Ad Hoc Sub-committee to review pending Innovation projects and provide feedback as a Council. This Sub-Committee will be meeting in February 2017 and requires a Chair or Co-Chairs. A sign-in sheet for those interested was available at the reception table.
 - MHSA 3 Year Plan Projected date: May 2017
 - ✓ Meeting attendees were invited to be part of the MHSA 3 Year Plan review projected to be available in May 2017. Ad Hoc Sub-committee to review pending Innovation projects and provide feedback as a Council. This Sub-Committee requires a Chair or Co-Chairs.
- B. Children's Mental Health Well-Being Celebration Sub-committee (Renee Cookson)- Handout
 - ✓ An event flyer and a sign-up sheet were provided for interested Council members to participate in the subcommittee for 3rd Annual Children's Mental Health Well-Being celebration to be scheduled on the first week of the May 2017. The kick-off planning meeting is scheduled for January 25 2017 from 10:00-11:00 A.M at the offices NAMI San Diego located at 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123.
- C. CYF Provider Manual- Updated- Handout
 - ✓ The January 2017 revision of the CYF Provider Resource Manual is now available at:
 http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/CYF/CYFBHSPRMJanuary2017.pdf.

VI. Sectors "Hot Topics" from Council Representatives

Public Input/Discussion to follow (Delrena Swaggerty) - Handout

- Warm Handoff/Training- Update (Yael Koenig)
 The Warm Handoff/Training PowerPoint provided by the Private sector is still undergoing refinements and will be distributed at the February 2017 Council meeting.
- Psychiatry/Medication Clinic- Update (Yael Koenig)
 The collaboration with the private sector continues for the developing of the MHSA Innovations Medication Clinic proposal.
- Marijuana Legalization- Prop 64 (Linda Bridgeman-Smith/Joe Eberstein) PowerPoint handout
 - Cannabis/marijuana remains illegal under Federal law, including medicinal use. Currently, the U.S. Department of Justice chooses not to prosecute most cannabis users and businesses, as long as they follow state and local laws; however, this federal policy could change.
 - ✓ Proposition 64, The Adult Use of Marijuana/AUMA, effective November 9, 2016, allows adults 21 and older to possess, transport, consume and share up to an ounce of dried marijuana and up to eight grams of marijuana concentrate.





- ✓ Recreational marijuana will not be available on the commercial market until January 1, 2018 when the State is required to begin issuing licenses.
 - o Infrastructure for commercial production (growing, cultivation, selling) is required to be in place by January 1, 2018.
 - o A state commercial license is required to operate all non-medical marijuana activity/businesses.
 - o The State needs to formulate a variety of regulations from labeling to distribution by January 1, 2018.
 - o Once commercial sales are available, businesses that sell alcohol and tobacco are prohibited from selling marijuana.
- ✓ Individuals can now grow up to 6 marijuana plants for their personal use.
 - o Plants must be on a private residence, out of public view ("not visible by normal unaided vision") and kept away from children.
 - Smoked marijuana may be consumed in any location where smoked tobacco and vaping is permitted, and is prohibited where smoking-related activities are not allowed.
- ✓ Both public and private employers still retain the right to have a drug free workplace.
- ✓ Imposes state sales taxes and excise (production) taxes on both medical and recreational marijuana and these revenues will be in CA Marijuana Tax Fund. Counties may also add a local tax.
 - Funds will compensate state agencies for reasonable oversight.
 - A portion of remaining revenue will go to youth programs, illegal cleanups associated with illegal grows, prevention programs to reduce DUIs for marijuana, and other drugs.
- ✓ Individuals, landlords and other private entities can prohibit or restrict personal possession, smoking, and cultivation of marijuana on privately owned property, which includes properties participating in Crime Free Multi-Housing (CFMH) programs.
- ✓ Local governmental agencies may restrict and or prohibit the use of marijuana on property owned, leased, or occupied by the state or local government.
 - If a city bans commercial cultivation, or personal outdoor cultivation, or retail sales of marijuana or marijuana products, it is ineligible to receive state grant monies funded through the new state excise taxes that take effect on January 1, 2018.
 - o Cities may ban deliveries within their territorial limits. However, cities cannot prevent the use of public roads for the delivery of marijuana.
- ✓ According to the California Health Kids Survey data, the marijuana use is higher among youth that attend Non-Traditional schools.
- Increase of Marijuana use may impact the Emergency Rooms as some users may experience Cannabinoid Hyperemesis Syndrome, a medical condition characterized by recurrent nausea, vomiting and crampy abdominal pain.
- ✓ Local marijuana prevention resources include:
 - The Marijuana Prevention Initiative which develops and disseminates data documents and educational materials available at: http://www.mpisdcounty.net/.
 - o San Diego County Friday Night Live is a continuous evolving program to respond to the issues affecting youth to opportunities and support, so young people will be less likely to engage in problem behaviors, be more likely to achieve in school, and become positive and productive members of their communities. More information can be found at: http://www.sdfnl.net/about-fnl.

A. Discussion Summary:

✓ Suggestions for additional marijuana use prevention activities like social media (peer to peer interaction).





- Ensure that the marijuana prevention activities reach the different cultural groups in the County and that prevention materials are available in the languages needed to reach out to the different cultural groups in the County.
- ✓ A proposal to develop CYF Council recommendations for the BH Director.

VII. Sub-Committee Update Reports- Handouts

- A. CSOC Academy (Rose Woods)
 - ✓ The annual CSOC conference will be held June 1, 2017 at the Crowne Plaza Hotel in Mission Valley. This year's focus is on Refugee Families: Honoring the Journey-Partnering with Refugee Families. Registration will open in late February, 2017.
 - ✓ There will be four more regional deliveries of the Understanding and Diagnosing Complex Behavioral Health Conditions trainings offered between February and June 2017. Classes and dates for all upcoming training opportunities will be announced via BHETA website at: https://theacademy.sdsu.edu/programs/bheta/ and mailers.
 - ✓ The CSOC Training Academy invites interested individuals the Education and Family/Youth sectors to join the CSOC Training Academy Sub-Committee. The Sub-committee meets the first Wednesday of the month from 9:00 to 10:00 A.M. at the Academy for Professional Excellence at 6505 Alvarado Road Suite 107, San Diego, CA 92120. To join the sub-committee, please contact Rose Woods at: rwoods@mail.sdsu.edu.

B. TAY (Mike Miller)

- Meetings will now be held at the Kickstart program located at 6160 Mission Gorge, Road, Suite 100, San Diego CA 92120 on the 4th Wednesday of each month from 3:00 to 4:30 P.M. Cecily Thornton-Stearns is the TAY Workgroup contact person.
- ✓ The TAY status review report for FY 15-16 is complete and is pending final review before dissemination.
- ✓ FY 16-17 TAY Workgroup focus is on:
 - o Employment-A sub-workgroup is scheduled to start in March 2017.
 - Housing- "A Roof for All Youth" (ARFAY)subgroup completed recommendations in September 2016.
 - o Substance Use Disorders (SUD) sub-workgroup began meeting in September 2016.
- C. Quality Improvement (QI)-Performance Improvement Team (PIT) (Krystle Umanzor)
 - The annual External Quality Review Organization (EQRO) is scheduled from January 10 through 12, 2017. There are 19 sessions scheduled, including seven focus groups.
 - ✓ The system-wide Datebooks are scheduled to be released at the end of January 2017.
 - ✓ The Program level Databooks are scheduled to be released at the end of March, 2017.
 - ✓ The 2017 focus for QI is data integrity. The Management Information Team will be looking at the databases and its templates.

VIII. Announcements (Barry Fox)

November 2016 CWS/Probation Homes Summaries- Handouts

IX. Action Items

Action Items	Action By	Action Due
Prop 64 Marijuana Legalization follow up-	Linda Bridgeman	Completed via links in
Information on medical condition associated	Smith	meeting minutes
with Marijuana use-Cannabinoid Hyperemesis		
Syndrome information: http://www.msn.com/en-		
us/health/medical/little-known-illness-tied-to-		
smoking-weed-on-the-rise/ar-		
BBxF7iw?li=BBnbfcL		
http://www.mayoclinicproceedings.org/article/S00		1
25-6196(11)00026-7/fulltext		





Council proposed to compile a set of Council recommendations on the topic of Marijuana Legalization (Prop. 64).	All	February 13, 2017 Hot Topic agenda item shall be dedicated to dialog about potential recommendations to the BH Director.
December 12, 2016 CYF Council Meeting Minutes.	CYF Staff	February 13, 2017-To be included in the meeting handout packet.
Warm Handoff Training Update.	Yael Koenig	February 13, 2017 Warm Handoff PowerPoint to be included in the Council handout packet and e- copy after the meeting.
Public Input: Request for yearly comparisons of Probation Group Home Summaries and placement goals/trends.	Barry Fox, Margie De Leon and Ken Mosey	February 13, 2017 agenda item. A brief presentation will be provided.

Sub-Committees/Sectors/Workgroups Meetings Information:

Outcomes: Meets the 1st Tuesday of the month-La Vista Room from 11 30 A.M. to 1:00 P.M. Early Childhood: Meets the 2nd Monday of the month- 3160 Camino Del Rio South, San Diego, CA 92108- Suite 101 at 11:00 A.M.

Education Advisory Ad Hoc: Meets As Needed.

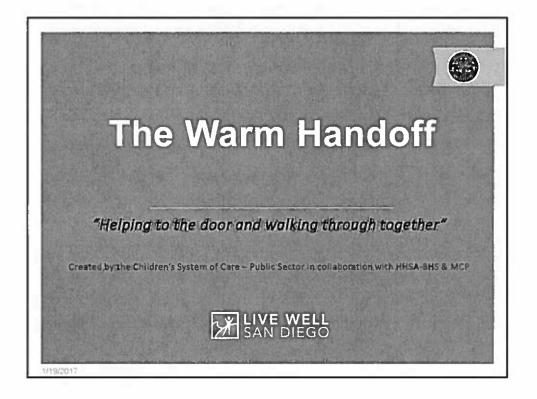
TAY Workgroup: Meets the 4th Wednesday of the month-6160 Mission Gorge Rd. San Diego, CA 92120 from 3:00 to 4:30 P.M.

CYF CADRE: Meets quarterly-2nd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M. CCRT: Meets the 1st Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.

Family and Youth Sector: Meets the 4th Thursday of the month. Next meeting: April 27, 2017 at 8964 N Magnolia Street, Santee, CA 92071 from 6:30 P.M. to 8:00 P.M. Family and Youth As Partners: Meets the 3rd Thursday of the month- Del Mar Room from 2:00 to 3:30 P.M.

Private Sector: Meets the 3rd Wednesday of the month- 7535 Metropolitan Dr. San Diego, CA 92108 at 1:00 P.M.





The warm handoff process...



- At the request of the Children, Youth, and Family System of Care Council (CYFSOC), the Private Sector Work Group analyzed how service participants transfer and/or overlap between providers, with the goals of providing an integrated and coordinated experience (specific with Medical Care as a provider).
- Four sectors, including Health Plans, collaborated in developing a model that could be broadly implemented.
- The "Warm Handoff" is a model identified by the group as a
 potential point of focus and improvement to increase the
 effectiveness, efficiency, and continuity of service participants'
 transfer and/or overlap between providers in the System of Care.
- The ideal model is in-line with the CYFSOC principles, the Trauma Informed Care philosophy, and the Pathways to Well-Being service model.

What is a warm handoff?



A warm handoff is the carefully coordinated transfer or linkage of a client to another provider, entity, agency, or organization who will continue, add, or enhance services.

3

Who do we "warm handoff" to?



- Primary Care Provider
- Community Clinic for on-going Medication Management post discharge

Purpose:



A successful warm handoff from another agency is a collaborative process between all parties.

This is beneficial for clients because it allows the entire team to come together, discuss specific tasks, and figure out who will be responsible for completing the tasks moving forward.

5

Warm handoffs are needed when:





- There will be a delay between the end of services and the beginning of the new provider's services
- The client or family needs continuous services
- Anytime a referral is provided to another entity outside or in the servicing agency, regardless if it is a step up or step down in service intensity

Warm handoffs are not appropriate when: 🍪 🔀 LIVE WELL



- The client explicitly requests not to have that level of involvement
- · If the client was not opened and had minimal contact (less than a triage contact) with the servicing entity
- · If the client is uninvolved and unavailable in attempts to be contacted
- When a client is served by the BHS system with high level needs; BHS completes the treatment episode. BHS treatment clients generally do not transition to the Health Plans for treatment.

The warm handoff includes:

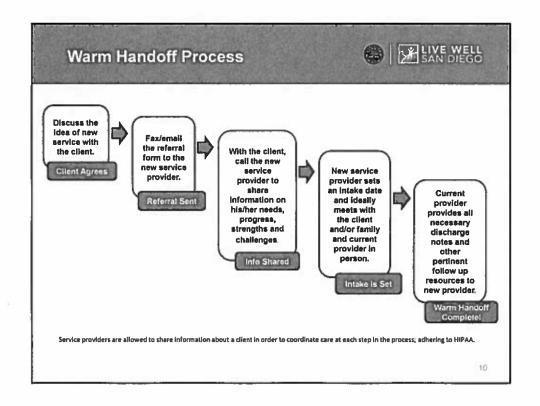


- 1. Clear Communication
- 2. A joint session with the past and current provider
- 3. A final session with the past provider
- 4. Information being shared between the past provider and the current provider about what works well or doesn't work well when working with the client

The warm handoff will:



- Occur prior to the case closing at the current program (case closure dependent on program protocol)
- · Sometimes occur with concurrent services
- · Be conducted by the provider who has worked with the client
- · Ensure client is clear on reason for transfer of care
- Include the family, client or youth in the process whenever possible
- Include a direct conversation between providers to ensure passing of critical information in a timely manner
- Include all pertinent documents (including signed release of information when necessary & other relevant clinical information) to ensure transfer in a timely manner



Are Warm Handoff Services Claimable?



- · Services to client may be claimable for reimbursement
- Documentation of Medical Necessity is required
- Choose the correct Service Code may be an individual or family session, collateral service, or a case management service depending on the service you delivered
- Document to Medi-Cal Title IX documentation standards
- Documentation is key to demonstrate no duplication of service
- Questions? Contact QIMatters.hhsa@sdcounty.ca.gov

11

In short...





Lessons learned to facilitate a warm handoff include:

- Clinicians may provide Case Management, Medication, Collateral, Rehab and ICC services as needed after the client's last (13th or 18th) session.
- The Client Plan is good for one year and needs to be reviewed before providing additional therapy (UM for individual/family sessions), but may be used for other specialty mental health services with a valid client plan.
- If necessary, psychiatrist can provide oversight until clinicians provide the warm handoff and the new provider opens.

Coordination with Primary Care



- Coordination of care between behavioral health care providers and health care providers is necessary to optimize the overall health of a client.
- Behavioral Health Services (BHS) values and expects coordination of care
 with health care providers, linkage of clients to medical homes, acquisition of
 primary care provider (PCP) information and the entry of all information into
 the client's behavioral health record.
- BHS providers shall strengthen integration efforts by improving care coordination with primary care providers. Requesting client/guardian authorization to exchange information with primary care providers is mandatory, and upon authorization, communicating with primary care providers is required.

County providers shall utilize the Coordination and/or Referral of Physical & Behavioral Health Form & Update Form, white contracted providers may obtain legal counsel to determine the format to exchange the required information.

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Coordination and/or Referral of Physical & Behavioral Health Form







Coordination and/or Referral of Physical & Behavioral Health Form

Referral for physical healthcare - [Program Name will continue to provide specialty behavioral health services	
Mental Health	
Referral for physical healthcare & Medication Management - / Program Name J will continue to provide	
limited specialty behavioral health services	
Mental Health ☐ Alcohol and Drug	
Referral for total healthcare - Program Name J is no longer providing specialty behavioral health services.	
Available for psychiatric consult.	
Coordination of care notification only	
	_

IN ADDITION TO THE FORM
INCLUDE OTHER RELEVENT CLINICAL INFORMATION TO ACHIEVE A SUCCESSFUL WARM HANDOFF

Some Examples



- CRF's Crossroads: They came up with a warm handoff sheet (see next slide) that they fax.
 - Along with this, they fax ROI, BHA, psych assessment and last progress note (med management).
- Rady Children's Hospital: They are part of the Blue Shield Transition grant.
 - Their case manager contacts, and one of the case managers goes to one of their
 appointments (therapy of meds) at least 1 month before they close the case.
 - Rady's faxes ROI, discharge sheet, BHA, psych assessment and last progress note (med management).
- · The youth/family can request a tour of La Maestra BEFORE deciding to receive services there.
 - Also, case not closed at Rady's UNTIL AFTER their intake with La Maestra. They can return
 to previous services at Rady's If they are not satisfied with new services

15

Providers can make their own form...



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Remember...



A warm handoff requires 2 warm hands and communication

The handoff is complete after there is confirmation that the client has engaged and met with the new provider

1/6/2017

17

Next steps...



- · Share information and expectation with your team
- · Review the current practices at the program
- · Update the practices as indicated
- · Communicate with your key partners
- Consider creating a warm handoff tool specific to your program
- Continue to discuss warm handoff practices at staff meetings
 - What is working
 - · What is not
- Keep your COR updated on your programs experience so we can improve the system!



December 2016

CWS Group Home Summary					
Facility Name	License No	Placement	Children Count		
ALPHA CONNECTION GROUP HOME FOR CHILDREN	366412000	2	2		
ALPHA CONNECTION-ANOKA RANCH, THE	366401649	1	1		
ASSOCIATED RESIDENTIAL SVCS INC I	374602285	11	11		
CASA DE AMPARO	374603234	13	12		
CENTER FOR POSITIVE CHANGES 3	374603292	5	4		
CENTER FOR POSITIVE CHANGES 5	374602641	3	2		
CENTER FOR POSITIVE CHANGES II	374601477	1	1		
CFLC-HEMET RANCH	330908390	1	1		
CIRCLE OF FRIENDS	374602611	6	6		
CIRCLE OF FRIENDS II	374602603	6	6		
CLARINDA ACADEMY	602300055	2	2		
CRITTENTON SVCS FOR CHILDREN AND FAMILIES	300612972	1	1		
DEVEREUX VIERA	602300049	2	2		
DEVEREUX-VICTORIA	602300087	2	2		
FATHER'S HEART RANCH	336406377	1	1		
FIRST STEP TREATMENT HOME	374602535	1	1		
FRED FINCH YOUTH CENTER-SAN DIEGO	374602631	1	1		
GROUP HOME SPECIALISTS	336426796	2	2		
JACK & CAROL CLARK ADOLESCENT TREATMENT	374602245	2	2		
KIDSPEACE: ORCHARD HILLS CAMPUS	602300048	2	2		
LAUGHERY HOUSE	374603441	1	1		
MILESTONE GROUP HOME	372008440	2	2		
NEW ALTERNATIVES INC. #18	374600056	14	14		
NEW ALTERNATIVES, INC. #16	374600197	23	22		
NEW ALTERNATIVES, INC. NO 1	370801541	9	9		
RITE OF PASSAGE: SIERRA SAGE ACADEMY	602300001	1	1		
ROP/ATCS: SIERRA RIDGE	57001447	3	3		
S.A.M.'S	374601272	3	3		
S.D.C.F.CSAN DIEGO CENTER FOR CHILDREN	370808583	13	13		
SAN DIEGO CENTER FOR CHILDREN	374600859	8	8		
STAR VIEW COMMUNITY TREATMENT FACILITY	197803340	2	2		
VALLEY TEEN RANCH	200404880	1	1		
VARSITY TEAM INC.#3	134603562	1			
VARSITY TEAM, INC. #2	374603865	4	4		
VARSITY TEAM, INCORPORATED #1	374603652	7	7		
VICTOR YOUTH SERVICES (ALTA MESA)	455002568	1	1		
WOODWARD ACADEMY	602300054	1	1		
Grand Total		159	155		

December 2016

December 2016 Probation, Group Home Summary					
Facility Name	License No	Children Count			
ALPHA CONNECTION-NISQUALLY NEST, THE	366403207	1	1		
ALPHA CONNECTION-SHOSHONEE PLACE, THE	366402331	1	1		
ASSOCIATED RESIDENTIAL SVCS INC I	374602285	1	1		
CASA DE AMPARO	374603234	10	10		
CENTER FOR POSITIVE CHANGES	374601510	6	6		
CENTER FOR POSITIVE CHANGES 3	374603292	2	1		
CENTER FOR POSITIVE CHANGES 5	374602641	2	2		
CENTER FOR POSITIVE CHANGES II	374601477	6	6		
CFLC-HEMET HOUSE	330908393	2	2		
CFLC-HEMET RANCH	330908390	1	1		
CFLC-SUNSET HOUSE	330908391	1	1		
CLARINDA ACADEMY	602300055	1	1		
CLEAR VIEW TREATMENT CENTER - CROW HOUSE	366409043	1	1		
CLEAR VIEW TREATMENT CENTER - MONDAMON HOUSE	366409042	2	2		
DAVID AND MARGARET YOUTH AND FAMILY SERVICES	191500192	1	1		
DEVEREUX VIERA	602300049	2	2		
DNA GROUP HOME	107200453	1	1		
FIRST STEP TREATMENT HOME	374602535	3	3		
JACK & CAROL CLARK ADOLESCENT TREATMENT PROGRAM	374602245	1	1		
MILESTONE GROUP HOME	372008440	1	1		
NEW ALTERNATIVES INC. #18	374600056	7	7		
NEW ALTERNATIVES, INC. #16	374600197	7	7		
NEW HAVEN-CONNIE GAYLE	374600210	2	2		
OAK GROVE INSTITUTE	330911240	3	3		
OPTIMIST BOYS HOME & RANCH	191801986	1	1		
PHOENIX ACADEMY AT LAKEVIEW TERRACE	191222731	1	1		
RANCH CREEK - CALIFORNIA FAMILY LIFE CENTER	374603206	1	1		
ROP/ATCS: SIERRA RIDGE	57001447	3	3		
RTC	107200940	4	4		
S.A.M.'S	374601272	4	4		
STARSHINE-GARDEN DRIVE	360910261	1	1		
TRINITY - EL MONTE	191591941	1	. 1		
TRINITY - YUCAIPA	360900416	2	2		
VARSITY TEAM INC. #4	134603561	1	1		
VARSITY TEAM, INC. #2	374603865	1			
VICTOR YOUTH SERVICES (ALTA MESA)	455002568	2	. 2		
WOODWARD ACADEMY	602300054	. 2	. 2		
Grand Total		89	88		

December 2016

CWS FFA Summary							
Agency Name	License No	Placement Count	Children Count				
ALLIANCE HUMAN SERVICES, INC.	197806287	1	1				
ANGELS FOSTER FAMILY AGENCY	374603866	64	64				
CASEY FAMILY PROGRAM, THE	370603103	5	5				
ENVIRONMENTAL ALTERNATIVES LAKEPORT	175002501	1	1				
GOLDEN STATE FAMILY SERVICES	107203273	1	1				
KAMALI'I FOSTER FAMILY AGENCY	336407693	14	14				
KOINONIA FOSTER HOMES, INC	374603502	25	24				
KOINONIA FOSTER HOMES, INC.	336426848	7	7				
NEW ALTERNATIVES INC FOSTER FAMILY AGENCY(NAI-FFA)	374603503	20	20				
OLIVE CREST FOSTER FAMILY AGENCY-SUB-OFFICE	374600985	8	8				
SAN DIEGO YOUTH SERVICES	370602725	30	28				
SPECIAL FAMILIES: A PROGRAM OF SDCC	370600001	13	13				
TOWARD MAXIMUM INDEPENDENCE INC.	370603102	11	11				
WALDEN FAMILY SERVICES	374603904	11	11				
Grand Total		211	208				
FFA Agency Name (THP)	License No	Placement Count	Children Count				
CASA DE AMPARO	374603568	26	24				
NEW ALTERNATIVES INC	374603479	38	36				
SAN DIEGO YOUTH SERVICES - MID-CITY YOUTH CENTER	374603662	25	25				
SBCS -TROLLEY TRESTLE TRANSITIONAL LIVING PROGRAM	374603854	13	13				
WALDEN FAMILY SERVICES	374603903	18	18				
YMCA YOUTH & FAMILY SERVICES	374603488	22	22				
NEW ALTERNATIVES, INC.	306004585	1	1				
CREATIVE ALTERNATIVES, INC.	507206800	1	1				
Total	1	144	140				
FFA Agency Name (THP)		Placement Count	Children Count				
CASA DE AMPARO		26	24				
NEW ALTERNATIVES INC		38	36				
SAN DIEGO YOUTH SERVICES - MID-CITY YOUTH CENTER		25	25				
SBCS -TROLLEY TRESTLE TRANSITIONAL LIVING PROGRAM		13	13				
WALDEN FAMILY SERVICES		18	18				
YMCA YOUTH & FAMILY SERVICES	1	22	22				
NEW ALTERNATIVES, INC.		1	1				
CREATIVE ALTERNATIVES, INC.	†	1	1				
Total		144	140				



"Plasticity and Possibility in Youth, Families and Community"

The County of San Diego, Health and Human Services Agency (HHSA), Behavioral Health Services (BHS), Children, Youth and Families (CYF) in partnership with the San Diego Academy of Child & Adolescent Psychiatry (SDACAP), the San Diego Psychiatric Society, the California Association of Marriage and Family Therapists-San Diego Chapter (CAMFT), and the San Diego Psychological Association announces the:

2nd Annual Critical Issues in Child and Adolescent Mental Health Conference

Saturday, March 11, 2017 | 8:00 a.m. to 5:00 p.m.

Crowne Plaza Hotel 2270 Hotel Circle North, San Diego, CA 92108

The conference features nationally and locally known experts, and a panel of youth that will provide:

A view on challenges that youth face today along with prevention and interventions for home, school and community.

Early Bird: \$50.00 (Through 2/9/17) - Regular: \$75.00
Register at: http://cicamh.com/
For information on CME/CE accreditation for this event, visit: http://cicamh.com/accreditation/

SAN DIEGO ACADEMY of CHILD & ADOLESCENT PSYCHIATRY













CHILDREN YOUTH AND FAMILY SYSTEM OF CARE TRAINING ACADEMY

PARTNERING WITH REFUGEE FAMILIES

> JUNE 1, 2017 THE DATE SAVE

LATE FEBRUARY REGISTRATION OPENS IN

Crowne Plaza Mission Valley

San Diego, CA 92108 2270 Hotel Circle N

QUESTIONS? CONTACT CYFSOCACADEMYBHETA@MAIL.SDSU.EDU











SAN DIEGO COUNTY BEHAVIORAL HEALTH SERVICES COMMUNITY ENGAGEMENT FORUMS 2016

Countywide Essential Themes

13.2% 11.2% 17.3% 8.9% Continuum of Care Workforce Development Access & Services Education & Awareness

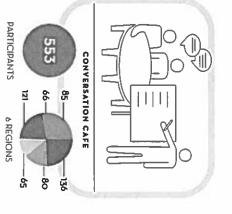


& Early Intervention

5.4%	5.6%
•	•
Data & Technology	Collaboration &

2.4% Transportation





Essential Themes Across Regions

Top 3 Essential Themes by Region

South

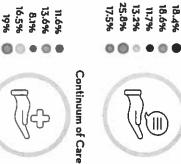
East

North Inland

29

North Central	• East	Central
• South	 North Inland 	 North Coastal









North Coastal





16.5%

15,2%

Access & Services Continuum of Care

11% | Outreach & Support

Education & Awareness



Workforce Development



Outreach & Support



Access & Services





14.4% 10.7% 11.7%

Development Workforce Access & Services Education & Awareness



10.5% 13.6% Education & Continuum of Care Awareness



Access & Services







25.8% 7.2% 79% Education & Access & Services Continuum of Care

Awareness

Central



Education & Access & Services **Awareness**

11.6%

Continuum of Care

18.4% 14.4%

Percentages reflect the number of responses out of the total for each region.

Community Engagement Forums

categorized by essential themes. tabletops, harvested in a graphical recording, and these conversations were noted on participants those needing care coordination. Key points of for the unserved and underserved, children, and about how to optimize behavioral health services forums engaged the community in conversations participants throughout the 6 HHSA county Engagement Forums, which drew 553 total Health Services conducted 12 Community The San Diego County division of Behavioral regions. Based on the World Cafe method, the















































are important, as each was informed by a significant number of comments. The percentage of comments within each theme shows frequently recurring concepts that formed the basis for the fifteen 'Essential Themes' into which all data was coded. All of these areas and from the tabletops of each topic area at every forum. This data was entered into qualitative analysis software, revealing clusters of its proportional relation to others, which helps to identify differences in emphasis across regions and topic areas. Comments from all twelve Community Engagement Forums were collected both through an overall graphic recording of each forum

more mobile, in-home, and school-based services. expansion of programs and services, as well as suggestions such as Access & Services: Comments envisioning improved access to, and

and the integration of AOD and Mental Health services. treatment programs and services, AOD education and awareness, AOD: Specifically comments pertaining to alcohol and drug

preventative education and intervention programs. for earlier assessment and the development and expansion of Assessment, Prevention & Early Intervention: Comments calling

coordination of mental and physical health, transitions between inpatient and outpatient care, and re-entry from the justice system. Care Coordination: Specifically comments pertaining to the

community organizations. schools, parents, the county, law enforcement, and communication and collaboration between clinics, providers, Communication & Collaboration: Comments calling for better

close gaps and to help clients navigate the system. and integration of services and improved case management to Continuum of Care: Comments suggesting better coordination

serve diverse populations. awareness, education, training, and language proficiency to help Cultural Competence: Comments calling for more cultural

centralized, integrated, and accessible database to facilitate use of technologies for education, outreach, and service provision. communication and coordination, and comments suggesting the Data & Technology: Both comments expressing a need for a

> emergency, long-term, and full service housing, and also suggestions for alternative housing solutions. Housing: Comments envisioning more temporary, transitional,

outreach campaigns and events to meet people where they are, expand awareness, and build trust, or for the development of Outreach & Support: Comments calling either for community more peer support groups, programs, and services.

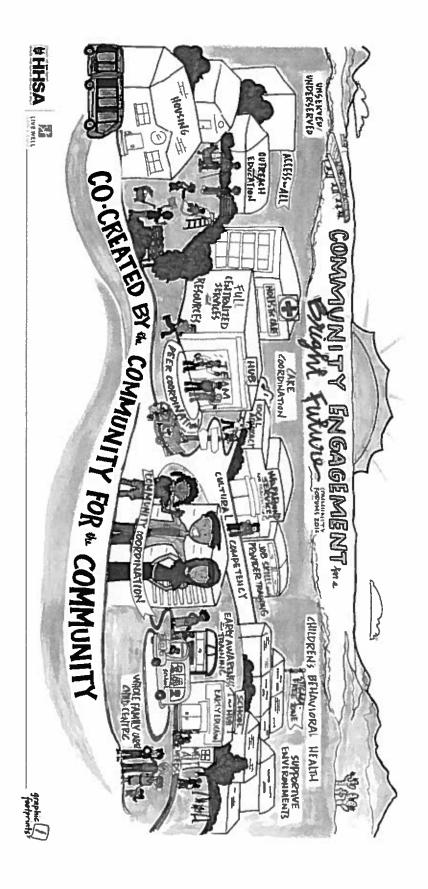
comments calling for better assessment of programs and Policy & Accountability: Specific to comments about changing requirements, laws, or policies to make access easier, or

destigmatize these issues, and to teach skills for dealing with education for teachers, families, students, and communities to increase awareness of behavioral health issues and indicators, to Education & Awareness: Comments suggesting better

services to help clients access services Transportation: Mostly comments calling for transportation

need for treatment to be sensitive to traumatized clients, or call for education and training in this area. Trauma Informed Care: Comments that specifically mention the

provision, and improved case management. reduced caseloads, to facilitate staff retention, better service increased recruitment, salaries, incentives, and training, and and expanded behavioral health workforce and suggesting Workforce Development: Comments envisioning an improved





County of San Diego Behavioral Health Services

Mental Health Services Act

Innovation Community Input Form

Overview

The Mental Health Services Act (MHSA) provides limited funding for the Innovation Component of the County's MHSA Plan. Funding will be used to increase access to underserved groups; increase the quality of services, including better outcomes; promote interagency collaboration;

and increase access to services. Innovation plans are required to be submitted to the State Mental Health Services Oversight and Advisory Commission (MHSOAC) for approval prior to implementation.

Innovations are defined as novel, creative, and/or ingenious mental health practices/approaches that are expected to contribute to learning, which are developed within communities through a process that is inclusive and representative. The Innovation Component allows Counties the opportunity to "try out" new approaches that can inform current and future mental health practices/approaches. Innovation ideas will introduce a new practice, adapt an existing practice for a new setting, or introduce a new practice that has been successful in a non-mental health setting.

Innovation projects are time-limited and have been implemented by Behavioral Health Services (BHS) since 2009 in three distinct funding cycles. There are currently seven (7) projects underway in Cycle 3. The current plan open for review expands five (5) of existing projects and proposes five (5) new projects for Cycle 4, beginning in 2018.

BHS welcomes all feedback for the proposed Innovation Plan. Please use this form to submit feedback by **March 1, 2017**. Or, if you prefer, the survey can be completed online at http://sandiego.camhsa.org. The summary of each proposal is posted at the Network of Care Website at: http://sandiego.camhsa.org

INNOVATION PROPOSALS: In your comments, please refer to the project(s) by NAME and NUMBER. If you have no opinion, LEAVE BLANK.

CYCLE 3 (Current)

INN 11 – Caregiver Connections

As a stake holder and/or community member, I believe proposed changes to INN 11:	
SHOULD be forwarded for approval to the MHSOAC.	
SHOULD NOT be forwarded for approval to the MHSOAC.	
SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC.	
Additional comments:	
	-



INN 12 - Family Therapy Participation As a stake holder and/or community member, I believe proposed changes to INN 12: ☐ SHOULD be forwarded for approval to the MHSOAC. ☐ SHOULD NOT be forwarded for approval to the MHSOAC. ☐ SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments: INN 15 - Peer Assisted Transitions As a stake holder and/or community member, I believe proposed changes to INN 15: ☐ SHOULD be forwarded for approval to the MHSOAC. ☐ SHOULD NOT be forwarded for approval to the MHSOAC. ☐ SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments: INN 16 - Urban Beats As a stake holder and/or community member, I believe proposed changes to INN 16: ☐ SHOULD be forwarded for approval to the MHSOAC. ☐ SHOULD NOT be forwarded for approval to the MHSOAC. SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments:



INN 17 – Crest Mobile Hoarding Units
As a stake holder and/or community member, I believe proposed changes to INN 17:
☐ SHOULD be forwarded for approval to the MHSOAC.
SHOULD NOT be forwarded for approval to the MHSOAC.
SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC.
Additional comments:
CYCLE 4 (Proposed) INN 18 – Postpartum
As a stake holder and/or community member, I believe that INN 18:
☐ SHOULD be forwarded for approval to the MHSOAC.
SHOULD NOT be forwarded for approval to the MHSOAC.
☐ SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC.
Additional comments:



INN 19 - Telemental Health As a stake holder and/or community member, I believe that INN 19: ☐ SHOULD be forwarded for approval to the MHSOAC. ☐ SHOULD NOT be forwarded for approval to the MHSOAC. ☐ SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments: **INN 20 - ROAM Mobile Clinics** As a stake holder and/or community member, I believe that INN 20: ☐ SHOULD be forwarded for approval to the MHSOAC. ☐ SHOULD NOT be forwarded for approval to the MHSOAC. SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments: INN 21 - ReST Recuperative Housing As a stake holder and/or community member, I believe that INN 21: ☐ SHOULD be forwarded for approval to the MHSOAC. ☐ SHOULD NOT be forwarded for approval to the MHSOAC. SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments:



INN 22 – Medication Clinics As a stake holder and/or community member, I believe that INN 22: SHOULD be forwarded for approval to the MHSOAC. SHOULD NOT be forwarded for approval to the MHSOAC. SHOULD (With Revisions as Noted in Comments Below) be forwarded for approval to the MHSOAC. Additional comments: Contact Information (optional) Name: Organization:

Return input via email to: <u>MHSProp63.HHSA@sdcounty.ca.gov</u>, fax to: (619) 563-2775, or mail to: 3255 Camino del Rio South P-531C, San Diego, CA 92108, Attention: Adrienne Yancey. For questions, contact us at: 1-888-977-6763. Thank you for your participation!

Phone:

Sub-Committee Update Report to CYFBHSOC Council February 13, 2017

Sub-committee: Change Agents Developing Recovery Excellence (CADRE), CYF CADRE and

Tobacco Free

Lead: Shannon Jackson, Julie McPherson and Marisa Varond and Fran Cooper

CADRE (Shannon Jackson)

- The XVII CADRE training is scheduled from March 21 through May 23, 2017. The training includes five modules:
 - ✓ March 21, 2017-8:30 A.M. to 12:30 P.M.-CADRE Overview
 - ✓ April 4, 2017-8:30 A.M. to 4:30 P.M.-Comprehensive Continuous Integrated System of Care (CCISC) Tools
 - ✓ April 25, 2017-8:30 A.M. to 4:30 P.M.-Integrated Assessment
 - ✓ May 9, 2017-8:30 A.M. to 12:30 P.M.-Stages of Change/Stage Specific Plans
 - ✓ May 23, 2017-8:30 A.M. to 4:30 P.M.-Change Management, CCISC Reporting, Next Steps and Graduation

Assigned COR needs to be contacted for information about registration for upcoming trainings.

☐ CADRE (General meeting) Sub-Committee has 4 Sector Representation			
☐ CADRE Sub-Committee is recruiting for 4 sector members to represent:	representation and specifically looking for committee		
☐ Private Sector	☐ Public Sector		
☐ Education Sector	☐ Family/Youth Sector		
To join the CARRE sub-serveittee and mosting	information plants contact Channon lackson at:		

To join the CADRE sub-committee and meeting information, please contact Shannon Jackson at: <u>Shannon.Jackson@sdcounty.ca.gov</u>

CYF CADRE Update (Julie McPherson and Marisa Varond)

- New subcommittee co-chairs representing both MH and SUD provider prospective.
- Subcommittee reviewed accomplishments to date and updated goals (see below).
- Exploring process improvements to facilitate warm-handoffs and reduce wait times.
- Reviewed DDCMHT cross-evaluation assignments.
- Investigate low response rates to CRAFFT-Resolved.

FY16/17 Goals/Focus Areas – CYF CADRE

- Impact of and response to Legalization of marijuana in the CYF System of Care.
- Implementation of tobacco-free initiatives in CYF programs.
- Increase membership and participation to include youth SUD programs (i.e. TRCs).
- Increase programs' capacity to respond to underserved populations (i.e. LGBTQ youth).
- Identify and develop youth-led peer resources.

☐ CYF CADRE Sub-Committee has 4 Sector Representation	on
☐ CYF CADRE Sub-Committee is recruiting for 4 sector recommittee members to represent:	epresentation and specifically looking for
☐Private Sector	☐ Public Sector
☐Education Sector	☐ Family/Youth Sector
To join the CYF CADRE sub-committee ple <u>Shannon.Jackson@sd</u> CYF CADRE Sub-Committee meets quarterly the 2 nd Thur April from 1:30 – 3pm in the Del Mar Room- 3255 Camin	county.ca.gov sday of the month of July, October, January and
Tobacco Free Sub-Committee Update(Fran Cooper)	
 Subcommittee continues to work on tool kit Chart. Providers notified of a free webinar held on Cessation, on Child Health Providers Helping Providers notified of a free webinar held on Leadership Center: "Engaging Health Profess Cessation Interventions. Providers notified on February 7, 2017 of a f the Center for Tobacco Cessation, that has the Webinar. 	January 18, 2017 by the Center for Tobacco Family Members Quit Tobacco Use. January 31, 2017 by the Smoking Cessation Sionals and Strengthening Smoking
☐ CADRE-Tobacco Free Sub-Committee has 4 Sector Re	presentation
☐ CADRE Tobacco Free Sub-Committee is recruiting for for committee members to represent:	4 sector representation and specifically looking
☐Private Sector	☐ Public Sector
☐ Education Sector	☐ Family/Youth Sector
To inite the CARRE Tolores From the commit	ittee plants control Fran Conner et.

To join the CADRE Tobacco Free sub-committee please contact Fran Cooper at:

<u>Fran.Cooper@sdcounty.ca.gov</u>

CADRE Tobacco Free Sub-Committee meets bi-monthly the first Monday of the month 1:00 to 2:30 P.M. The next meeting is scheduled for April 3, 2017. The meetings are held at County Health Services Complex, Coronado Room 3851 Rosecrans St. San Diego, CA 92110.

Sub-Committee Update Report to CYFBHSOC Council February 13, 2017

Sub-committee: Cultural Competency Resource Team (CCRT)

CYF Representative: Edith Mohler

Goals and Objectives:

The CCRT addresses the County's dynamic demographics and serves as an advisory group to enable the systems of care work effectively in cross-cultural situations. The 2016 Cultural Competence Plan established the following objectives to improve cultural competence in the provision of mental health services:

- 1) Continue to conduct an ongoing evaluation of the level of cultural competence of the mental health system.
- 2) Continue to compare the percentage of each target population with provider staffing levels.
- 3) Investigate possible methods to mitigate identified service gaps.
- 4) Evaluate the need for linguistically competent services through monitoring usage of interpreter services.
- 5) Evaluate system capability for providing linguistically competent services.
- 6) Study and address access to care issues for underserved populations.

February 13, 2017 Update:

- The CCRT has been identifying ways to support the Psychiatric Emergency Response Team (PERT) program in terms of cultural competence/training. Program Director, Dr. Mark Marvin facilitated a presentation at the January 2017 CCRT meeting to discuss opportunities/challenges.
- The Cultural and Linguistic Competency Policy Assessment (CLCPA) tool from the National Center for Cultural Competence from Georgetown University-Center for Child and Human Development to assess for cultural competency on the organizational level has been reviewed by the CCRT and is currently being routed for approval and systemwide implementation. The revised CLCPA will replace the Cultural Competence Program Annual Self-Evaluation (CCPAS) to be implemented in April 2017.
- The CCRT is in the process of developing the Three Year Strategic Cultural Competence Plan, which focuses on short and long term strategies and plans for the County's culturally and linguistically appropriate services.

□ CCRT has 4 Sector Representation

☐ CCRT is recruiting for 4 sector representation and specifically looking for committee members to
represent:
☐ Private Sector
□ Public Sector
☐ Education Sector
☐ Family/Youth Sector
Additional information on the CCPT places contact Charity White at Charity White Redequaty on gov

QI Provider Updates

February 2017

QUALITY MANAGEMENT TEAM UPDATES:

Child Documentation Training

Date/Time: February 14, 2017; 1 pm to 4 pm

Peer Partner Training

Date/Time: March 10, 2017; 1 pm to 4 pm

Location:

The trainings will be held at the 2-1-1 Connections Center, 3860 Calle Fortunada, San Diego 92123.

For directions to 3860 Calle Fortunada, San Diego 92123, please use this link: https://binged.it/29|QQ4W. Parking information: Ample parking is available behind the building. Access to the building is through the front doors, and the doors are labeled as Suite 101. Once you enter the foyer, you will be required to check in and will be given a badge. Please allow a little extra time when arriving to park, walk to the entrance, and check in. An extra 15 minutes should be more than enough time.

To register, please include the following:

- Name of Person(s) Attending
- Program Name
- E-mail Address for Each Individual

Space is limited. If you need to cancel, please contact Linda Oliver to allow for people to attend who may be on a waiting list. This training fills up quickly.

A confirmation e-mail will be sent to you upon registration. If you need to cancel, please contact Linda Oliver, Linda.Oliver@sdcounty.ca.gov to allow for people to attend who may be on a waiting list.

Progress Note Rewrite

New progress note promotion coming in 2017. Internal work groups to help redesign progress notes are underway. Several providers participated in a demonstration and will be providing feedback about the new product.

Update on WebEx Trainings

The QM "live" documentation training materials are in the process of being updated. QM will have the new webinar versions in the near future.

OPOH Updates

Section F- Revision reflects updates to appeals and State Fair Hearing timelines. These updates are available on the Optum website. Select County Staff & Providers. Select Organizational Provider Public Documents. Select OPOH tab.

Appointment Reminder Calls - Program Managers, if you are interested in your program using the automated appointment reminder system for your client appointments, e-mail a request to QIMatters.hhsa@sdcounty.ca.gov.

Quality Improvement Partners Meeting will take place on Tuesday, February 28 from 2:30-4:30 pm. Location: 2-1-1 Connections Center, Suite 115, 3860 Calle Fortunada, San Diego 92123.

QI Provider Updates

February 2017

SUBSTANCE USE DISORDERS (SUDS) UPDATES:

Updates to 42 CFR Part 2-Final Rule

A recent update of the 42 CFR, Part 2, goes into effect on March 21, 2017. The ruling will apply to both SUD service programs and mental health (MH) programs which employ staff who function as drug and alcohol specialists. (Memo 1/26/17)

- •Follow-up information from the 1/6/17 SanWITS Quarterly Users Group:
 - o There was a question regarding using a client's driver's license versus a client's state issued ID in the Client's Profile.
 - o According to the CalOMS Data Collection Guide, if a client does not have a valid driver's license, the client's state issued ID can be used in this field. http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS Tx Data Collection Guide JAN%202

DHCS Open Admissions Reports

014.pdf

- o The Open Admissions Report is generated from the Department of Health Care Services (DHCS) and is used for compliance monitoring.
- o The Open Admissions Report is not the same as the SanWITS report for clients with "open cases". The SanWITS report may not reflect the same information as the Open Admissions Report.
- o It is expected that this report be reviewed to identify active and discharged clients.
- o Any active clients over 12 months without an annual update are out of compliance.
- o If there is an open client that is 11 months old and is still active, complete an annual update.
- o If there are clients on the report that are not active, they need to be discharged and case closed.
- o If SanWITS shows the client as discharged/closed and the client is on the open admissions report, then one or more CalOMS records were not accepted by the state due to errors that need to be resolved.

· SanWITS alerts

- o Reminder that the SanWITS alerts have been activated for client's reaching 10.5 months of treatment or 320 days since admission date.
- o Annual Updates can be completed as early as 60 days before the 12 month anniversary date. The County recommends completing an annual update for an active client as early as DHCS allows.

Discharge Status

- o When completing a discharge for clients who did not receive treatment, using the Discharge Status of 6-Left Before Completion with Unsatisfactory Progress-Administrative is the best option.
- o SanWITS Discharge record has an option for "No Treatment Received". If this option is selected, staff are prompted to change "Submit to CalOMS" question in the Admission from YES to NO. **This Not Correct.**
- o All DHCS funded programs must submit CalOMS. Do not change the question "Submit to CalOMS" to NO if your facility is required to submit to CalOMS. This will result in a rejected record/error.

QI Provider Updates

February 2017

Provider Contact Info

- o There are several programs that have not returned the Provider Contact Information form.
- o If your program is unsure if the form was returned or if you need a new form, please email Erin Shapira at erin.shapira@sdcounty.ca.gov.
- The County holds monthly trainings for SanWITS and SSRS Reports. Please contact the ADS
 helpdesk at <u>ADS Data.HHSA@sdcounty.ca.gov</u> if you are interested. We do recommend all new
 staff be trained by the County for SanWITS and SSRS Reporting.

PERFORMANCE IMPROVEMENT TEAM (PIT) UPDATES:

No updates for this month.

MANAGEMENT INFORMATION SYSTEM (MIS) UPDATES:

A big thank you to programs sending in ARFs in a timely fashion! This helps to fix any issues quickly and set up accounts. Keep up the good work! Reminder- Enter middle initial of the User's Name. A fully completed form is necessary for all staff.

QUALITY MANAGEMENT MEMO

COUNTY OF SAN DIEGO BEHAVIORAL HEALTH SERVICES

To:

Mental Health and Substance Use Disorders Service Providers

Date: 1/26/17

From:

Tabatha Lang, Chief, Quality Improvement

Re:

42 CFR Part 2 - Final Rule

Dear Providers,

On January 18, 2017, the U.S. Department of Health and Human Services (HHS) finalized changes to 42 CFR Part 2 to facilitate health integration and information exchange within health care models that have developed since the last revision of this law in 1987. The new rule goes into effect February 17, 2017, and applies to SUD Service programs as well as Mental Health Programs that employ staff who are functioning as Drug and Alcohol Specialists, (given their specialty, training, certification, and education – providing SUD services and/or referrals to clients in a mental health setting).

Major provisions in the Final Rule include:

- The Substance Abuse and Mental Health Services Administration (SAMHSA the agency within the HHS that leads public health efforts to reduce the impact of substance abuse and mental illness on America's communities) will allow any lawful holder of patient identifying information to disclose Part 2 patient identifying information to qualified personnel for purposes of conducting scientific research if the researcher meets certain regulatory requirements. SAMHSA also permits data linkages to enable researchers to link to data sets from data repositories holding Part 2 data if certain regulatory requirements are met. These will enable more needed research on substance use disorders.
- SAMHSA will continue to apply Part 2 rules when a program is federally assisted and holds itself out as
 providing substance use disorder diagnosis, treatment, or referral for treatment.
- SAMHSA will allow a patient to consent to disclosing their information using a general designation to individual(s) and/or entity(-ies)(e.g., "my treating providers") in certain circumstances. This change is intended to allow patients to benefit from integrated health care systems. This provision also ensures patient choice, confidentiality, and privacy as patients do not have to agree to such disclosures.
- SAMHSA has added a requirement allowing patients who have agreed to the general disclosure designation, the option to receive a list of entities to whom their information has been disclosed to, if requested.
- SAMHSA has made changes that outline the audit or evaluation procedures necessary to meet the
 requirements of a CMS-regulated accountable care organization or similar CMS-regulated organizations
 (including CMS-regulated Qualified Entities). This change will ensure CMS-regulated entities can perform
 necessary audit and evaluations activities, including financial and quality assurance functions critical to
 Accountable Care Organizations and other health care organizations.
- SAMHSA has updated and modernized the rule to address both paper and electronic documentation.
- SAMHSA will monitor implementation of the final rule and is working to develop additional sub-regulatory guidance and materials on many of the finalized provisions.

The final rule begins on page 6115 at this link: https://www.gpo.gov/fdsys/pkg/FR-2017-01-18/pdf/2017-00719.pdf

Please direct any questions and/or comments to the QI Matters mailbox: QIMatters.HHSA@sdcounty.ca.gov





SYSTEM OF CARE DOCUMENTATION TRAINING FOR CHILDREN'S PROGRAMS

Date/Time	Торіє
February 14, 2017	Children's Documentation
1:00 p.m. – 4:00 p.m.	Cilidren's Documentation

All Trainings are held at:

2-1-1 Connections Center

3860 Calle Fortunada

Suite 101

San Diego, CA 92123



How to Register:

Email Linda Oliver at Linda.Oliver@sdcounty.ca.gov

MHSA 3 Year Plan- CSOC Ad Hoc Subcommittee

- BHS with stakeholder input has been developing potential innovation projects.
- The proposed projects will be made available for a 30 day review.
- The CSOC has expressed interested in creating an Ad Hoc Subcommittee to review such proposal to offer input as a coordinated Council
- The 30 day review is projected to commence early May 2017.
- The council is seeking interested parties to chair and staff the time limited subcommittee to offer coordinated CSOC input on the innovations
- The subcommittee is open to all CSOC participants.
- Please indicate if you are interested in serving on the MHSA Innovations Ad Hoc Subcommittee by signing up below.
- Please mark an asterisk (*) next to you name if you are willing to serve as Chair/Co-chair.

by closing of the public comment. The Ad Hoc Subcommittee will be tasked with submitting input document to the Executive Committee by June 2017 so it can be finalized

NAME					
E-MAIL					
PHONE NUMBER					
SOC AFFILIATION		The state of the s			

Chair will solidify dates and location in May 2017







NICK MACCHIONE, FACHE

HEALTH AND HUMAN SERVICES AGENCY BEHAVIORAL HEALTH SERVICES 3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531 SAN DIEGO, CA 92108-3806 (619) 583-2700 • FAX (619) 563-2705

ALFREDO AGUIRRE DIRECTOR, BEHAVIORAL HEALTH SERVICES

January, 2017

Welcome to San Diego County's Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) Children, Youth and Families (CYF) System of Care (SOC).

The eLearning you will receive today provides an overview of the Children, Youth and Families System of Care.

The intent of this training is to facilitate the understanding of the CYF SOC philosophy and guiding principles. The training provides an overview of the array of services offered to support children, youth and their families and how we work together with other entities within and outside of the County of San Diego.

Behavioral Health Services provides a continuum of mental health and alcohol and drug services for communities of all ages embracing the *Live Well San Diego* vision: A region that is Building Better Health, Living Safely and Thriving.

Behavioral Health Services promotes resiliency, discovery, and well-being for children and youth. This is achieved through prevention and treatment that it is focused on offering culturally competent, individualized, trauma informed, community based, collaborative, outcomes driven, strength based, youth guided and family driven services.

Jointly, we work to ensure that children and youth in our community are healthy, safe, successful in school, and are law abiding while they live in a community that supports them with strong family connections.

You play an important role in helping achieve the CYF SOC goals. This training will facilitate the understanding of how you contribute to a legacy of quality care that is responsive to the needs of the diverse communities in this county.

I hope that you will enjoy this training while learning about our system.

YAEL KOENIG, LCSW, Deputy Director

yourk

Children, Youth and Families System of Care Behavioral Health Services

A BHS Children Youth and Families System of Care eLearning is available on the BHETA website and can be accessed by logging to the BHETA Learning Management System (LMS) and searching code BHE0028.