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


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**MEETING AGENDA**
**May 9, 2016 – 9:00-10:30 A.M**

3255 Camino Del Rio South- La Jolla Room

- |   |                   |
|---|-------------------|
| <b>I. Welcome and Introductions (Delrena Swaggerty)</b>   | <b>2 minutes</b>  |
| <b>II. Approval of Minutes (Barry Fox)</b>  | <b>2 minutes</b>  |
| • March 14, 2016  |                   |
| <b>III. Director's Report (Alfredo Aguirre)</b>   | <b>5 minutes</b>  |
| <b>IV. Mental Health Services Act (MHSA)- Update (Gary Ulmer-Goodrich)</b>  | <b>5 minutes</b>  |
| <b>V. Business Items</b>  | <b>20 minutes</b> |
| A. Tobacco Cessation Presentation (Shelly Tregembo)   |                   |
| B. Council Membership Term (Yael Koenig)  |                   |
| C. CYF MH Celebration 5/4/16 & Art Project (Edith Mohler)   |                   |
| D. CYF 16/17 Ops Planning Overview (Yael Koenig)  |                   |
| E. CYFSOC Training Academy Annual Conference: Let's Talk About Sex, March 3, 2016-<br>Comments and Feedback (Rose Woods/Yael Koenig)- Handout |                   |
| F. Postpartum Mental Health Resource Grid (Yael Koenig)- Handout  |                   |
| <b>VI. Sectors "Hot Topics" from Council Representatives</b>  | <b>45 minutes</b> |
| <b>Public Input/Discussion to follow (Delrena Swaggerty)- Handout</b>   |                   |
| • Warm Handoff (Steven Jella)   |                   |
| ✓ Draft Warm Handoff Flow Chart   |                   |
| ✓ Draft Medi-Cal BH Transition of Care Form   |                   |
| ✓ Coordination/Referral of Physical & BH Form   |                   |
| <b>VII. Committee Update Reports (If time permits)</b>  | <b>10 minutes</b> |
| A. CADRE (Bethany Hansell)- Handout   |                   |
| B. CCRT (Edith Mohler)  |                   |
| C. TISI (Jean Avila/Lauren Chin)- Handout   |                   |
| D. CSOC Academy (Rose Woods)- Handout   |                   |
| <b>X. Announcements</b>   | <b>1 minute</b>   |
| • MIMHM- 2016 Calendar- Handout   |                   |
| • BH Recognition Dinner- Save The Date- Friday, June 10, 2016- Flier  |                   |

**CYFBHSOCC EXEC. COMMITTEE**

 Monday, May 23, 2016  
 10:00 A.M. (Conference Call)

**NEXT CYFBHSOC COUNCIL MEETING**

 Monday, June 13, 2016  
 La Jolla Room

**Committees/Sectors/Workgroups Meetings Information:**

**Outcomes Committee:** Meets the first Tuesday of the month-Del Mar Room-11:30 A.M. to 1:00 P.M.  
**Early Childhood Committee:** Meets after this meeting-La Jolla Room-10:30 A.M. to Noon.  
**Education Advisory Ad HOC Committee:** Meets As Needed.  
**TAY Workgroup:** Meets quarterly the fourth Wednesday of the month-La Vista Room-11:30 A.M. to 1:00 P.M.  
**CYF CADRE Sub-Committee:** Meets quarterly-2<sup>nd</sup> Thursday of the month-Del Mar Room.-1:30-3 P.M.  
**CCRT:** Meets the first Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.  
**Family and Youth Sector:** Meets the 3<sup>rd</sup> Tuesday of the month-5:00-6:30 P.M. Information at 619-546-5852  
**Private Sector:** Meets the 2<sup>nd</sup> Monday of the month- Bonita Room- 8:15 to 9:00 A.M.

## CHILDREN'S SYSTEM OF CARE PRINCIPLES

**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. **Collaboration of four sectors:** 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.
2. **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. **Youth guided, family driven:** Youth and families actively participate in service delivery, planning, and program and policy development.
4. **Individualized:** Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.
5. **Strength-based:** Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.
6. **Community-based:** Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources..
7. **Outcome driven:** Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.
8. **Culturally Competent:** Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.

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

**MEETING MINUTES**  
**March 14, 2016 – 9:00-10:30 A.M**  
 3255 Camino Del Rio South- La Jolla Room

CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS	
<b>PUBLIC SECTOR</b>					
1	Mental Health Board	Rebecca Hernandez		<i>VACANT</i>	
2	Behavioral Health Services	Laura Vleugels, M.D.	+	Jean Avila	
3	Probation	Timothy Hancock		Margie Deleon	
4	Child Welfare Services	Debra Zanders-Willis		Barry Fox	+
5	HHSA Regional Representative	Dori Gilbert		Judy Benson	
6	Public Health	Dr. Dean Sidelinger	+	Rhonda Freeman	
7	Juvenile Court	H. Judge Carolyn Caietti		Michelle Johnson	
8	First 5 Commission	Kim Gallo		Jennifer Wheeler	
<b>EDUCATION SECTOR</b>					
9	SELPA	Angela McNeece		Carolyn Nunes	
10	Regular Education Pupil Personnel Services	Mara Madrigal-Weiss	+	Don Buchheit	
11	School Board	Barbara Ryan	+	Carol Skiljan	
12	Special Education	<i>VACANT</i>		Aidee Angulo	+
<b>PRIVATE SECTOR</b>					
13	San Diego Regional Center for Developmentally Disabled	Carlos Flores		Dan Clark	+
14	Alcohol and Drug Contractors Association	Elizabeth Urquhart		Angela Rowe	
15	Mental Health Contractors Association	Steve Jella	+	Delrena Swaggerty	+
16	Mental Health Contractors Association	Barent Mynderse	+	Dixie Galapon	
17	SANDAN	Margaret Iwanaga-Penrose	+	Rosa Ana Lozada	
18	Fee for Service Provider	Mary Clark, Ph.D	+	<i>VACANT</i>	
19	Wraparound Constituency	Delrena Swaggerty	+	Carrie Kintz	+
20	Healthcare Provider	Dr. Pradeep Gidwani	+		
<b>FAMILY AND YOUTH SECTOR</b>					
21	Family and Youth Roundtable (FYRT)	Donna Ewing Marto	+	Melinda Furfuro	
22	Youth Special Education/Mental Health	<i>VACANT</i>		<i>VACANT</i>	
23	Family Receiving Services	Debbie Stolz		Pam Toohey	

24	Youth-Representing Residential and/or Juvenile Justice	Sarah Pauter		Stacey Stevens	
<b>COMMITTEES (Non-voting members unless a member of the Council)</b>					
-	Outcomes Committee	Angela Chen Chair	+		
-	Executive Committee	Barry Fox Chair			
-	Early Childhood Committee	Ali Freedman Chair			
-	Education Committee	Mara Madrigal-Weiss Chair			

**Staffing Support:** Yael Koenig, Edith Mohler, Grisel Ortega

- I. **Welcome and Introductions** (Delrena Swaggerty)
- II. **Approval of Minutes- February 8, 2016** (Barry Fox)- Handout
  - Approved.
- III. **Director's Report** (Holly Salazar)
  - Welcome back to the County of San Diego, Dr. Jeff Rowe. He will be working on special projects and supporting the Juvenile Forensic Team.
  - **Project One for All**
    - ✓ On February 2, 2016 the Board of Supervisors approved recommendations for the development and launching of "Project One for All".
    - ✓ Project One for All is a large scale effort to assist homeless individuals with Serious Mental Illness (SMI). The project combines wrap-around services with accessible housing.
    - ✓ A mechanism will be developed for county housing resources to be matched with "Project One for All" services for homeless individuals with SMI residing in unincorporated areas.
  - **Operations Planning FY 16-17**
    - ✓ BHS is currently working on finalizing recommendations.
    - ✓ Providers will be informed in early April of the final recommendations. These recommendations are subject to the Board of Supervisors approval.
  - **Drug Medi-Cal Waiver**
    - ✓ BHS is evaluating to opt-in.
    - ✓ BHS was approved to hire a Drug Medi-Cal Specialist.
    - ✓ Behavioral Health Advisory Board approved a Drug Medi-Cal Workgroup.
  - **Suicide Prevention Recommendations by the Behavioral Health Advisory Board (BHAB)**
    - ✓ 10 of the 12 recommendations were approved
    - ✓ A feasibility study was completed by internal and external BHS staff
    - ✓ A report will go back to the BHAB with recommendations as they were put forth, identified BHS progress and determine mechanism to move forward.
- IV. **Mental Health Services Act (MHSA)- Update** (Gary Ulmer-Goodrich)
  - MHSA update will be available tentatively May 2, 2016 for public comment with the goal of having the finalized report to go to BHAB in July 2016.
  - **MHSA Community Engagement Forums Summary-Fall 2015-Handout**
    - ✓ There were approximate 900 participants and over 3,000 comments.
    - ✓ The MHSA team looked at similarities of questions and combined them. Feedback was categorized and separated by Tier I and Tier II and considered when determining MHSA programming for Fiscal Year 1617:
      - Tier I is data identified as top priorities
      - Tier II is the rest of the comments.
- V. **Business Items**
  - A. **Student Mental Health Services Report 2015-112** (Yael Koenig)
    - ✓ Link: <http://www.bsa.ca.gov/pdfs/reports/2015-112.pdf>

- ✓ AB3632 mandated Counties to provide special education mental health services. In 2011, AB114 shifted Educationally Related Mental Health Services (ERMHS) responsibilities to local Education Agencies (LEA's).
- ✓ The California State Auditor published a report in January 2016 recommending for the legislature to amend state law to require LEAs to contract with counties to leverage EPSDT funding. The report shows that the audit included a small sample. The County Behavioral Health Director Association of California (CBHDA) sent a letter to the State outlining some of the issues with the report and findings.
- B. Provision of ICC and IHBS as Medically Necessary Through EPSDT (Yael Koenig)- Handout**
  - ✓ Information Notice I-06-76 reminds counties that the. Mental Health Plans are obligated to provide ICC and IHBS benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and meet medical necessity criteria. Neither membership in the Katie A. class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS services. Additional training in guidance of ICC and IHBS will be provided with expansion of ICC/IHBS targeted for July 1, 2016.
  - ✓ Amanda Lance Sexton is taking the role of interim Pathways to Well-Being Program Manager
- C. Brief contact Workgroup Update (Fran Cooper/Julie McPherson)**
  - ✓ Quality Assurance is reviewing a Brief Safety Contact service code to the Electronic Health Record for high risk children with mental health needs requiring frequent (10-15 minutes) check-in's with their clinicians:
    - The proposed Brief Safety Contact should be documented in the progress notes and reflected in the client assessment and plan.
    - The proposed Brief Safety Contact will not count towards the client's 13 session model.
    - The expanded ICC code may be an alternative
- D. Children's Mental Health Well-Being Celebration 2016- Wednesday, May 4, 2016 (Edith Mohler)**
  - ✓ Save the date for May 4 from 4:00-6:00 P.M. at Behavioral Health Administration Office- 3255 Camino Del Rio South, San Diego, CA 92108.
  - ✓ The local theme this year is: Health, Hope and Happiness, in alignment with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Federation of Families for Children's Mental Health (FFCMH) theme's for the National Children's Mental Health Awareness week.
  - ✓ CYF is asking for the participation of programs for the Art Project for children and youth CYF serves.
- E. Autism Services (Handout)- Dan Clark**
  - ✓ The federal law changed and now Medi-Cal will make this treatment a covered benefit for individuals under age 21 with a diagnosis of autism. Services will be provided through a health plan.
  - ✓ The transition period is from February 2016 through July 2016 based on child's birth month.
  - ✓ San Diego Regional Center (SDRC) will no longer fund behavioral intervention services.
  - ✓ Other services received which are funded by SDRC will continue.
- F. Medi-Cal Expansion for Undocumented Children (Yael Koenig)- Booklet**
  - ✓ There is a booklet helpful in explaining eligibility of full scope Medi-Cal for all children.
  - ✓ CYF asks that all programs make it available to the public at their clinics.
- G. Bi-Annual Joint Meeting Focus (Yael Koenig)**
  - ✓ CYFBHSOC Council would like to approach the Bi-Annual Joint Meeting to focus on TAY overlap not a report out of each council/workgroup.
  - ✓ Another overlap is parents of children with mild-moderate mental health concerns.

**VI. Sectors "Hot Topics" from Council Representatives**  
**Public Input/Discussion to follow (Delrena Swaggerty) - Handout**

- Warm Handoff (Delrena Swaggerty)- Handout.
- February Public Input- Limited Psychiatrist- Hot Topic in May 2016.
- Please see Sector "Hot Topics" handout attached: Warm-Handoff.
- Warm Handoff discussion to continue in May 2016.

**VII. Committee Update Reports (If time permits)**

- A. Outcomes (Angela Chen)- Handout
- B. Early Childhood (Ali Freedman)- None
- C. Education Advisory (Mara Madrigal-Weiss)- None
- D. QI-Performance Improvement Team (Liz Miles)- Handout

**VIII. Announcements**

- A. The next Joint Council meeting is scheduled for April 11, 2016 from 9:00-10:30 A.M. at the Hearing room of the County Operations Center- 5520 Overland Ave, San Diego, CA 92123.
- B. March of Dimes March for Babies - April 23, 2016 at Balboa Park (Flier).
- C. Family and Youth sponsorship application for the California Mental Health Advocates for Children and Youth (CMHACY) Conference scheduled for May 11 through May 13, 2016. is available through BHETA. Point of contact is Rose Woods.

**IX. Action Item**

Action Items	Action By	Action Due
Medi-Cal Expansion for Undocumented Children link to order booklets will be emailed to Council	Yael Koenig	Complete
Delrena Swaggerty asked Rose Woods to report out on Conference: "Let's Talk About Sex"	Rose Woods	May 2016
Email link to Family & Youth Conference Sponsorship Application to the council	Rose Woods	Complete
Email Postpartum Grid to Council	Dr. Dean Sidelinger	Pending

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- Education Advisory Committee:** Meets quarterly the 4th Tuesday of the month-La Jolla Room-11:30 A.M. to 1:00 P.M.
- TAY Workgroup:** Meets quarterly the fourth Wednesday of the month-La Vista Room-11:30 A.M. to 1:00 P.M.
- CYF CADRE Sub-Committee:** Meets quarterly-2nd Thursday of the month-Del Mar Room.-1:30-3 P.M.
- CCRT:** Meets the first Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.
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**Let's Talk About Sex: Sex and Sexuality in Children and Adolescents, March 3, 2016**

Comments and Feedback

**Conference Overall Evaluation:**

- Keynote speaker to use/show social media examples instead of just talking about them.
- More info/examples on how to talk to youth about sex, rather than just key terms.
- I would like to have more association between main topic and therapeutic work.
- More practical use of techniques, maybe role plays in how to utilize it with fake scenarios if needed.
- Maybe provide a wider variety of breakout sessions. Example, 6 instead of 3. Make it a 2 day conference.
- I loved the sex and addiction content, but didn't feel it was appropriate for this particular conference. The BDSM info for instance might be better suited for young adults.
- I will be able to use this information to have practical interventions with individuals and groups to open up the conversation about sexuality and remain mindful about my own sexuality.
- I now have better empathy toward the topic, including realizing my own biases.
- I learned sensitivity to individual differences and struggles with regards to sex. I will have increased communication/dialogue about sex and sexuality with students in therapy.
- During group therapy I will now have more tools to initiate conversations about sex. During individual therapy, I will now feel more comfortable with my clients.
- I will encourage parents attending parenting classes to talk about sexuality with their children. Give them ideas of how to start a conversation.
- I will use the material to train caregivers and foster parents on how to use this information and talk to their youth at home.

<b>Overall Content of the Conference</b>	<b>#</b>	<b>X</b>
1. Candid Conversations: Talking About Sexuality with Youth – Susan D. Writer, Ph.D.	134	4.64
2. Sex & Addiction – Susan D. Writer, Ph.D.	134	4.57
3. Breakout Sessions Overall	132	4.45
4. Let's Talk About Sex... Conference was what I expected.	135	4.39
5. I was satisfied with the Let's Talk About Sex... Conference overall	134	4.49

<b>Transfer of Learning</b>	<b>#</b>	<b>X</b>
6. This conference has affected some of my attitudes concerning this topic area.	134	4.31
7. I am motivated to put this information into practice on the job.	134	4.41
8. My supervisor expects me to use this information on the job.	133	4.19
9. I am very confident that I will use this information on the job.	135	4.30
10. Prior to the conference, I was motivated to attend.	135	4.51
11. During the conference, I was thinking of ways I could apply the content on the job.	135	4.43
12. This conference content is consistent with my agency's mission, philosophy and goals.	134	4.32
13. This conference content is consistent with my agency's policies and my individual responsibilities.	133	4.37
14. This conference will help me to continue learning in this topic area.	134	4.46
15. As a result of the conference, I will be a more effective worker.	135	4.41
16. The information I learned today can help me make a difference with people I serve.	134	4.51

**Breakout Session Evaluation:**

**Practical Applications of Sexuality-Related Discussions in Clinical Settings**

Susan Writer, Ph.D.

- Having real life stories could solidify some of the slides that were presented.
- Age appropriate techniques for various ages with consideration to cultures. More discussion around parent rights, and how to discuss sensitive topics before talking about it with a child.
- More focus on additional topics currently influencing identity and behaviors in youth and how to address it in session. i.e., porn.
- Very engaging and entertaining. Enjoyed it a lot and learned a lot.
- I really enjoyed your workshop! I learned a lot and will continue to educate myself further to become a better provider.
- This 1.5 hour was exactly what I needed to experience to help me become a more effective mother, therapist, aunt, and friend. Thank you.

**Breakout Session Evaluation:**

**Sexual Health Conversations: Let's Talk About Sex**

Jerry Moreau, LMFT and Katie Wood, MS, CATC-IV

- More role play about how to start conversations about sex.
- Having youth help present the workshop from a youth perspective would be valuable.
- I would love to see some skill building activities involving examples from a clinical setting about the sexual principles: example conversations; issues and how to handle them.
- I really enjoyed all of the activities and videos that helped illustrate the points of the presentation.
- Great workshop – enjoyed the videos and interactive sharing with the presenters and the activities.
- Love the paper toss and the clothesline activities. I will use these if I get a chance.

**Breakout Session Evaluation:**

**Medical and Mental Healthcare for Gender Non-Conforming Children, Transgender Adolescents and Young Adults**

Johanna Olson-Kennedy, MD

- Add cultural perspective and challenges of queer people of color.
- Big thank you to Johanna for presenting via WebEx with the flu. She did an awesome job. Would like more about transgender kids/youth schools and coming out process.
- Despite the mode of information via internet, the presentation was informative and much needed.
- Really informative, great workshop. The only suggestion would be for a personal story, through video or in person of transgender youth.
- Great sense of humor. I appreciated the biology of ways hormones impact physiological changes.
- Good balance of medical information, at appropriate level for audience, along with clinical practice treatment.
- Thank you! Great clinical practice!



## Postpartum Mental Health Resource Grid

Services Legend: P = Prevention/Education | S = Support | SR = Screening/Referrals | T = Treatment

Agency	P	S	SR	T	Eligibility	Contact Information
<b>Postpartum Health Alliance (PHA)</b> Raising awareness about PMADs and providing support and treatment referrals to women and their families.	X	X	X		Not limited.	<a href="http://www.postpartumhealthalliance.org">www.postpartumhealthalliance.org</a> <a href="https://www.facebook.com/postpartumhealthalliance">www.facebook.com/postpartumhealthalliance</a> Warm line: 619-254-0023 Trained volunteers can provide support and referrals.
<b>Maternal Child Health (MCH)</b> Nurse home visitation services including: support, health and parenting education, bonding issues, medical, and mental risks.	X	X	X		<ul style="list-style-type: none"> <li>• Low-income pregnant, postpartum women and their children 0-5 years</li> <li>• Pregnancy with current/ recent DV</li> <li>• No prenatal care after 1<sup>st</sup> trimester</li> <li>• High-risk pregnancy, history of prenatal loss, pre-term birth</li> </ul>	<a href="http://www.sandiegocounty.gov/hhsa/programs/phs/phs_nursing/index.html">http://www.sandiegocounty.gov/hhsa/programs/phs/phs_nursing/index.html</a>
<b>Mental Health Systems, Inc. - Family Recovery Residential Drug Treatment Program</b> Residential treatment, including: drug and alcohol treatment, child development services, child care, case management, group therapy, transportation, and education/support.				X	<ul style="list-style-type: none"> <li>• Chemically dependent</li> <li>• 18+ years of age</li> <li>• Single woman, pregnant or postpartum woman, woman with children</li> </ul>	<a href="http://www.mhsinc.org">www.mhsinc.org</a> 1100 Sportfisher Dr., Oceanside, 92054 760-439-6702
<b>Postpartum Adjustment Support Society of North County San Diego</b> Free referrals to providers in North County that are experienced with working with moms who experience PMADs. Also offers a support group 2x/month.			X	X	Not limited.	<a href="http://www.passnc.org">www.passnc.org</a> -president@passnc.org 760-814-1421
<b>Sharp Outpatient Pavilion – Postpartum Support Group</b> Support for women having “baby blues” symptoms, PMADs.			X		<ul style="list-style-type: none"> <li>• New mothers and fathers and their infants</li> </ul>	<a href="http://www.sharp.com/health-classes/postpartum-support-group-17">http://www.sharp.com/health-classes/postpartum-support-group-17</a> 3075 Health Center Dr., San Diego, 92123 800-82-SHARP
<b>Kaiser Permanente Medical Center – New Mothers Support Group</b> Free, monthly support group for new mothers to get through the initial postpartum adjustment period.			X		<ul style="list-style-type: none"> <li>• Kaiser members</li> <li>• New mothers</li> </ul>	3420 Kenyon St., San Diego, 92110 800-290-5000

Agency	Services P S SR T	Eligibility	Contact Information
Healthy Development Services/Family Health Services San Diego – Maternal Depression Pilot Program Screening and care coordination support	X X X X	<ul style="list-style-type: none"> <li>• Mother of child current FHCSD client receiving services at Central Region, FHCSD Logan Heights, FHCSD North Park and child is less than 6 years of age or not enrolled in kindergarten</li> <li>• PHQ9 screening results in mild to moderate range</li> <li>• Families who have stressors or vulnerabilities and...               <ul style="list-style-type: none"> <li>○ Low-income</li> <li>○ Pregnant/parenting teen</li> <li>○ Immigrant/refugee family</li> <li>○ Military family</li> </ul> </li> </ul>	Claudia Gastelum: <a href="mailto:cgastelum@fhcsd.org">cgastelum@fhcsd.org</a>   619-515-2405
First 5 First Steps Home Visiting Program Home visiting services for pregnant women and families with children 0-3 years of age.	X X	<ul style="list-style-type: none"> <li>• Families who have stressors or vulnerabilities and...               <ul style="list-style-type: none"> <li>○ Low-income</li> <li>○ Pregnant/parenting teen</li> <li>○ Immigrant/refugee family</li> <li>○ Military family</li> </ul> </li> </ul>	<a href="http://www.firststepssd.com/how-to-refer/">http://www.firststepssd.com/how-to-refer/</a> Central: 619-283-9624 x285 North Central: 619-283-9624 East: 619-938-3239 North Coastal: 760-739-3261 North Inland: 760-739-2835 South: 619-336-8364 <a href="http://www.nursefamilypartnership.org">www.nursefamilypartnership.org</a>
Nurse Family Partnership (NFP) Home visiting services to first-time mothers.	X X	<ul style="list-style-type: none"> <li>• First-time mother</li> <li>• Low-income</li> </ul>	<a href="http://www.neighborhoodhouse.org/blackinfanthealth">www.neighborhoodhouse.org/blackinfanthealth</a> 286 Euclid Ave., Ste. 308, San Diego, 92114 619-266-7466
Black Infant Health (BIH) Services to pregnant and parenting African American women to ensure healthy birth outcomes.	X X	<ul style="list-style-type: none"> <li>• African American woman</li> <li>• 18+ years of age</li> <li>• 26 weeks or few pregnant</li> </ul>	<a href="http://mhasd.org/father2child/">http://mhasd.org/father2child/</a> Mikiel Toure: 619-543-0412
Mental Health America of San Diego – Father2Child Program 12 week program for African American fathers that offer new parenting techniques and skills	X	<ul style="list-style-type: none"> <li>• African American man</li> <li>• Southeast San Diego</li> </ul>	

# Warm Handoff

“Helping to the door and walking through together”

## Definition

A Warm Handoff is the carefully coordinated transfer or linkage of a client, to another provider, entity, agency, or organization who will be continuing, adding, or enhancing services.

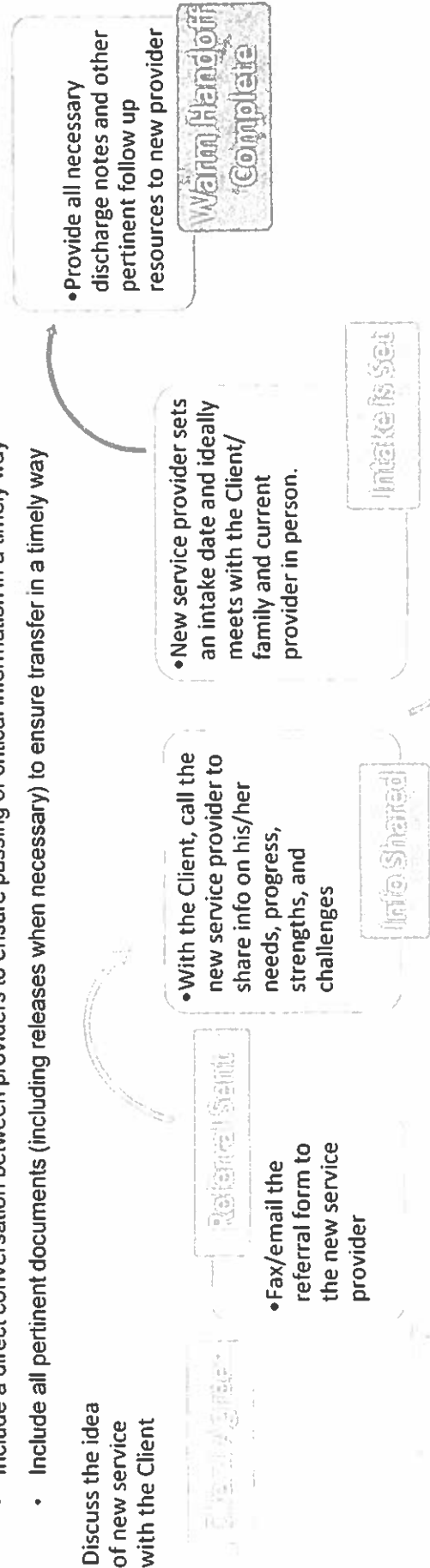
## Purpose

An ideal warm handoff from another agency would involve: 1) clear communication, 2) a joint session with past and current provider, 3) a final session from the past provider, and 4) information from the past provider about what works well or doesn't work well when working with the youth. This collaborative process is extremely successful 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.

## This Warm Hand-Off Will:

- Occur prior to the case closing to the current program (case closure dependent on program protocol)
- Sometime occur with concurrent services
- Be conducted by the provider who has worked with the client
- Include the family, client or youth in the process whenever possible
- Include feedback to the new service provider regarding the success of the Warm Hand Off in a timely manner
- Include a direct conversation between providers to ensure passing of critical information in a timely way
- Include all pertinent documents (including releases when necessary) to ensure transfer in a timely way

• Discuss the idea of new service with the Client



\* Allowed to share information about a client in order to coordinate care



**Healthy San Diego**

**Medi-Cal Behavioral Health Transition of Care Form**  
*For Use Between Medi-Cal Managed Care & County Behavioral Health Providers*

<b>SECTION A. CLIENT INFORMATION</b>			
Name Last	First	Middle Initial	Date of Birth
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City, State, Zip	
Telephone #		Alternate Telephone #	
Emergency Contact/Legal Guardian		Relationship	Telephone #

<b>SECTION B. PRACTITIONER INFORMATION</b>		
Name		
Organization OR Medical Group		
Street Address		City, State, Zip
Telephone #		Fax / Secure E Mail
Date of initial Assessment	Behavioral Health Diagnosis	Medical Diagnosis
Current Medications		
Discharge/Transition Plan		
Recommended Treatment <input type="checkbox"/> Client can be safely managed by primary care physician <input type="checkbox"/> Client can be safely managed by Health Plan Behavioral Health provider (Client has a mild to moderate mental health condition) <input type="checkbox"/> Client requires treatment with a County Mental Health Plan provider (Client has a serious mental health condition)		
Summary of Treatment:		

**TO REACH A PLAN REPRESENTATIVE**

Care 1st Health Plan (855) 321-2211 <a href="http://Care1st.com">Care1st.com</a>	Community Health Group (800) 404-3332 <a href="http://Chqsd.com">Chqsd.com</a>	Health Net (MHN) (888) 426-0030 <a href="http://Healthnet.com">Healthnet.com</a>	Kaiser Permanente (877) 496-0450 <a href="http://Kp.org">Kp.org</a>	Molina Healthcare (888) 665-4621 <a href="http://Molinahealthcare.com">Molinahealthcare.com</a>	OptumHealth 1-888-724-7240 <a href="http://OptumHealthSanDiego.com">OptumHealthSanDiego.com</a>
					









## Healthy San Diego

### Medi-Cal Behavioral Health Transition of Care Process Guide

#### Medi-Cal Managed Care Plan Behavioral Health Provider to County Behavioral Health Provider

- When a Medi-Cal Managed Care Plan Behavioral Health Provider determines a member has a Serious Mental Health condition and would be better served by a County behavioral health provider the Transition of Care Form is completed.
- The Health Plan behavioral health provider calls the San Diego County Access & Crisis Line at 888-724-7240 to briefly review the case, the completed form and to discuss reasons for the transition.
- The Access & Crisis Line staff identifies County behavioral health provider(s) who may be able to meet the behavioral health needs of the member and provides the health plan provider their fax, phone number(s) and address (es).
- The Health Plan behavioral health provider contacts the County provider to determine if County criteria are met.
  - If it is determined that the member does not meet criteria for County Behavioral Health Services, the Health Plan behavioral health provider continues to treat member for medically necessary services.
- If County criteria are met, the providers shall work to develop an appropriate transition plan.
- As part of the agreed upon transition, the Health Plan behavioral health provider faxes/secure e mails the County behavioral health Provider the Transition of Care Form (recommend that if a psychiatrist has treated the member, they speak directly to the next medical provider to ensure appropriate medication and refills during the transition).
- The Health Plan behavioral health provider informs the member/guardian of the transition plan and provides the County behavioral health provider information.
- The Health Plan behavioral health provider confirms connection and beginning of services to referred member.
- The Health Plan behavioral health provider continues providing medically necessary services until member is transitioned to the County behavioral health provider.

Care1st Health Plan (855) 321-2211 <a href="http://Care1st.com">Care1st.com</a>	Community Health Group (800) 404-3332 <a href="http://Chqsd.com">Chqsd.com</a>	Health Net (MHN) (888) 426-0030 <a href="http://Healthnet.com">Healthnet.com</a>	Kaiser Permanente (877) 496-0450 <a href="http://Kp.org">Kp.org</a>	Molina Healthcare (888) 665-4621 <a href="http://Molinahealthcare.com">Molinahealthcare.com</a>	OptumHealth 1-888-724-7240 <a href="http://OptumHealthSanDiego.com">OptumHealthSanDiego.com</a>
					

## CSOC Council/Private Sector Input

**Programs use it, and it is completed at intake but not sure if updates are required or done. Programs in the same agencies who could use it but are not required to don't use it.**

**It is another form that feels like just another form. Basically it is an insistence on coordination and team approach with clients but most of the relationships that get formed on behalf of the client connections are done away from this form creating consistent collaboration and communication. The doctors on the other end probably just file it away. Most think it is a form that could be redone to be simple any made more inviting, and definitely need to include the Doctors in the design process to ensure they respond.**

**An example is: The team faxes the COC form to the PCP (if they have one) within 30 days of opening, but usually right at intake. Programs may keep track on an excel sheet of when a PCP responds (typically via fax). Then it is needed that the team to update the excel sheet, but from what is seen is about 50% of the time, a PCP is responding. (This is a HUGE improvement over last year, so something has definitely changed!)**

**Date 5/9/16**

### **Coordination with Primary Care Physicians and Behavioral Health Services**

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. With healthcare reform, BHS providers shall further 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*, while contracted providers may obtain legal counsel to determine the format to exchange the required information. *This requirement is effective immediately and County QI staff and/or COTR will audit to this standard beginning FY 13-14.*

**For all clients:**

*Live Well, San Diego!*





**Section A: CLIENT INFORMATION**

Client Name: Last	First	Middle Initial	AKA	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address			Date of Birth	
City			Telephone #	
Zip			Alternate Telephone #	

**Section B: BEHAVIORAL HEALTH PROVIDER INFORMATION**

Name of Treatment Provider:		Name of Treating Psychiatrist (If applicable)	
Agency/Program			
Street Address		City, State, Zip	
Telephone #		Specific provider secure fax # or secure email address:	
Date of Initial Assessment:			
Focus of Treatment ( <i>Use Additional Progress Note if Needed</i> )			
Case Manager/ Mental Health Clinician/ Alcohol and Drug Counselor/ Program Manager:		Behavioral Health Nurse: Phone #:	
Date Last Seen	Mental Health Diagnoses:		
Coordination and/or Referral or Physical & Behavioral Health Form - Page 1 of 4 <b>lated Diagnoses:</b>			
Current Mental and Physical Health Symptoms ( <i>Use Additional Progress Note if Needed</i> )			
Current Mental Health and Non-Psychiatric Medication and Doses ( <i>Use Additional Medication/Progress Note if Needed</i> )			





Last Psychiatric Hospitalization  
 Date: \_\_\_\_\_  None

**Section C: PRIMARY CARE PHYSICIAN INFORMATION**

Provider's Name

Organization OR Medical Group

Street Address

City, State, Zip

Telephone #:	Specific provider secure fax # or secure email address:
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**Section D: FOR PRIMARY CARE PHYSICIAN COMPLETION  
 ACCEPTED FOR TREATMENT OR REFERED BACK TO SDCBHS  
 PROGRAM (PLEASE COMPLETE THE FOLLOWING INFORMATION AND  
 RETURN TO BEHAVIORAL HEALTH PROVIDER WITHIN TWO WEEKS  
 OF RECEIPT)**

Coordination of Care notification received.  
 If this is a primary care referral, please indicate appropriate response below:

1.  Patient accepted for physical health treatment only

2.  Patient accepted for physical healthcare and psychotropic medication treatment while additional services continue with behavioral health program

3.  Patient accepted for total healthcare including psychotropic medication treatment

4.  Patient not accepted for psychotropic medication treatment and referred back due to:

Coordination and/or Referral or Physical & Behavioral Health Form - Page 2 of 4 Information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the Human Immunodeficiency Virus (HIV). It may also include information about mental health services or treatment for alcohol and drug abuse.

**Right to Revoke:** I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released based on this authorization.

**Photocopy or Fax:**  
 I agree that a photocopy or fax of this authorization is to be considered as effective as the original.



**Redisclosure:** If I have authorized the disclosure of my health information to someone who is not legally required to keep it confidential, I understand it may be redisclosed and no longer protected. California law generally prohibits recipients of my health information from redisclosing such information except with my written authorization or as specifically required or permitted by law.

**Other Rights:** I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in 45 Code of Federal Regulations section 164.524.

**SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE**

SIGNATURE:	DATE:
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**Client Name (Please type or print clearly)**

Last:	First:	Middle:
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IF SIGNED BY LEGAL REPRESENTATIVE, PRINT NAME:	RELATIONSHIP OF INDIVIDUAL:
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**Expiration:** Unless otherwise revoked, this authorization will expire on the following date, event, or condition: \_\_\_\_\_

If I do not specify an expiration date, event or condition, this authorization will expire in one (1) calendar year from the date it was signed, or 60 days after termination of treatment.

<input type="checkbox"/> Information Contained on this form	<input type="checkbox"/> Discharge Reports/Summaries
<input type="checkbox"/> Current Medication & Treatment Plan	<input type="checkbox"/> Laboratory/Diagnostics Test Results
<input type="checkbox"/> Substance Dependence Assessments	<input type="checkbox"/> Medical History
<input type="checkbox"/> Assessment /Evaluation Report	<input type="checkbox"/> Other _____

The above signed authorizes the behavioral health practitioner and the physical health practitioner to release the medical records and Information/updates concerning the patient. The purpose of such a release is to allow for coordination of care, which enhances quality and reduces the risk of duplication of tests and medication interactions. Refusal to provide consent could impair effective coordination of care.

**I would like a copy of this authorization**  Yes  No  
**Clients/Guardians Initials**

Coordination and/or Referral or Physical & Behavioral Health Form - Page 3 of 4

**Place this Form in your client's chart**

**TO REACH A PLAN REPRESENTATIVE**

Care 1st Health Plan (800) 605-2556	Community Health Group (800) 404-3332	Health Net (800) 675-6110	Kaiser Permanente (800) 464-4000	Molina Healthcare (888) 665-4621	Access & Crisis Line (888) 724-7240
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**COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH UPDATE FORM**

**CLIENT NAME**

Last	First	Middle
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female

**BEHAVIORAL HEALTH UPDATE**

Treating Provider Name	Phone	FAX
Treating Psychiatrist Name (if applicable)	Phone	FAX
<input type="checkbox"/> Medications prescribed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications changed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications discontinued on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications prescribed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications changed on _____ Date	Name/Dosage: _____	
<input type="checkbox"/> Medications discontinued on _____ Date	Name/Dosage: _____	

**Diagnosis Update :**

**Key Information Update:**

**Discharge from Treatment Date:**

**Follow-up Recommendations:**

**PRIMARY CARE PHYSICIAN UPDATE**

Please provide any relevant Update/Change to Patient's Physical Health Status.

## CCISC – CADRE – CYF

Update  
5.9.16

### CURRENT FOCUS

- CADRE XVI training is well under way and will graduate 30+ people within the Behavioral Health System this month.
- Tobacco cessation continues to be a focus of the CADRE. The county-wide initiative will be the topic covered in the next general quarterly CADRE meeting in June.
- Get involved in a subcommittee! If interested in learning more, contact:  
cadre-bheta@mail.sdsu.edu
  - Children, Youth and Families Subcommittee
  - Training and Implementation Subcommittee
  - Tobacco Cessation Subcommittee

### UPCOMING MEETING DATES

- General Quarterly CADRE meeting on **Wednesday, June 8th, 12 – 2pm** in the La Jolla Room
- CYF Subcommittee meeting on **Thursday, July 14<sup>th</sup> (\*TENTATIVE), 1:30 – 3pm** in the Del Mar Room

*Contact Bethany Hansell at [bhansell@sdyouthservices.org](mailto:bhansell@sdyouthservices.org) for more information.*



**CADRE**  
SAN DIEGO

[cadesandiego.org](http://cadesandiego.org)

Children Youth and Families Behavioral Health System of Care Council  
May 9, 2016

**Cultural Competence Resource Team (CCRT) Update (Edith Mohler)**

- Dr. Todd Gilmer from UCSD presented the Recovery Culture Progress Report (RCPR) at the April 2016 meeting. The RCPR is a CEO evaluation survey tool approved by the Mental Health Services Act Oversight and Accountability Commission and currently used in four counties in California. The tool addresses Welcoming and Accessibility, Growth Orientation, Consumer Inclusion, Emotional Healing Relationships and Environments, Quality of Life Focus, Community Integration, and Staff Morale and Recovery. A pilot with a few programs was proposed before making a decision on implementation in this County. CCRT chair, Dr. Piedad Garcia will present this tool to the Executive team and report the feedback to the CCRT.
- The Education and Training committee of the CCRT is currently reviewing various evaluation tools that measure cultural competence.

Children Youth and Families Behavioral Health System of Care Council  
May 9, 2016

**TISI Update (Jean Avila/Lauren Chin)**

A report on the Agency's first 6 months of implementing TISI action plans (Jul – Dec 2015) is being prepared for Nick Macchione. A draft has been distributed to the Executive Team for feedback, which currently being compiled.

Children, Youth and Families Behavioral Health System of Care Council  
May 9, 2016

**Children, Youth and Family System of Care Training Academy (Rose Woods)**

The Children Youth and Families System of Care (CYFSOC) Training Academy provides trainings to enhance the work of public systems in providing services to children, youth and families in San Diego County. The Behavioral Health Education and Training Academy (BHETA) continues this work through the Training Academy Committee, a collaboration of partners in four sectors of the CYF System of Care. Through the end of FY 15-16, the CYFSOC Training Academy has or will offer trainings on:

- 0-5 Trauma and Attachment
- Introduction to Positive Discipline
- Navigating the Special Education
- Medicating Kids: Psychotropic Medications 101
- Self-Care for Providers and Caregivers

The CYFSOC Training Academy offers a full-day conference on a different topic each year. This year's conference, *Let's Talk About Sex: Sex and Sexuality in Children and Adolescents* was held on March 3, 2016 at the Crowne Plaza Hotel in Mission Valley, San Diego. Discussion topics included how to talk to children, youth and families about sex and sexuality, the relationship between sex and substance abuse and transgender specific issues. 218 participants attended the conference.

To increase participation of family and youth in all levels of service, Behavioral Health Services offers Family and Youth Sponsorships to external trainings and conferences. The Training Academy is sponsoring one parent partner and one youth partner, to attend the California Mental Health Advocates for Children & Youth (CMHACY) conference in Asilomar, CA from May 10-13, 2016 and provided six scholarships for family and parent support partners to attend the annual CYFSOC Training Academy conference in San Diego.

# MAY IS MENTAL HEALTH MONTH CALENDAR OF EVENTS



HHSA

LIVE WELL

County of  
San Diego



- April 22 [Celebrate Fair Housing Month Training](#)
- April 30 [NAMI 5K Walk/Run and HHSA Wellness Expo](#)
- May 1-7 [Children's Mental Health Awareness Week](#)
- May 3 [UCSD Medical Center Building Lighting \(and all month in green\)](#)
- May 4 [Children's Mental Health Celebration](#)
- May 5 [National Children's Mental Health Awareness Day](#)
- May 6 [Mental Health Month Kick-Off Event - Suicide Prevention Council](#)
- May 9-13 [Mental Health Awareness Week for County Staff](#)
- May 11 [Empowering Success Peer to Peer](#)
- May 14 [Changing Minds, Minds Matter Resource Fair](#)
- May 14 [Walk for Recovery and Wellness Fair](#)
- May 20 [5th Annual Faith Breakfast](#)
- May 25 [The Expressive Arts in Recovery](#)
- June 10 [Behavioral Health Recognition Dinner](#)

STAND UP TO

**END THE STIGMA**

[Diego](#)

[NAMI San](#)

[It's Up to Us](#)



[Up2SD.org](#)

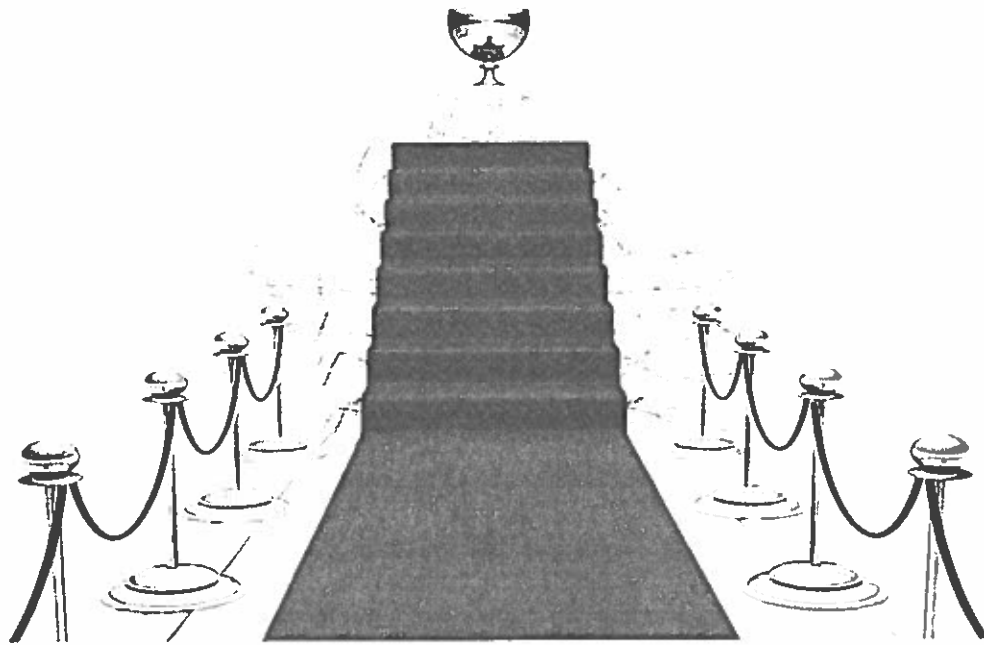
If you are aware of an upcoming event not listed here, please contact Nancy Page ([nancy.page@sdcounty.ca.gov](mailto:nancy.page@sdcounty.ca.gov) 619-563.2721) and we will add to the calendar.



*Save the Date!*

*Friday, June 10, 2016*

*30<sup>th</sup> Annual Behavioral Health  
Recognition Dinner*



*San Diego Marriott, Mission Valley*

*8757 Rio San Diego Drive, San Diego, CA 92108*

*5:30 pm No Host Reception Bar*

*6:00 pm Dinner Program*

*[www.bhirdsandiego.net](http://www.bhirdsandiego.net)*