

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services
November 9, 2021 | Zoom | 9:30 a.m. – 11:30 p.m.

Breakout Session
STRTP/Wraparound Providers
11:30 a.m. - 12:00 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Fran Cooper	
2. Corporation for Supportive Housing (CSH) (SOC) (handout) - Simonne Ruff, CSH Director, Tyler Uhlig, Justin Creel, Homeless Management Information System (HMIS)	Connecting Housing Resources and Guidance for people experiencing homelessness. HHSA Homeless Resources and Guidance https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/CommunitySectors/Homeless_Service_Providers/homeless-resources-and-guidance.html Regional Task Force on Homelessness Home - Regional Task Force on Homelessness (rtfhsd.org)
3. Pathways to Well-Being (PWB) (MH) – Amanda "Mandy" Kaufman O Words of Appreciation O AB 2083 Training Timeline O PWB liaisons reaching out to programs to offer TA	 Mandy will be retiring as of December 2, 2021. Mandy sends her heartfelt appreciation and thanks to the CYF Program Manager Meeting attendees for the important contribution in working with children, youth, and families in our community. AB 2083 Training Timeline The AB 2083 training is expected to be rolled out in December. As a reminder, The San Diego County Probation Department Overview eLearning, is no longer a requirement and is instead, going to be integrated into the new AB 2083 training. Please inform your COR when you have a newly hired employee that is currently unable to take the Probation 101 training. PWB liaisons reaching out to programs to offer TA Pathways to Well-Being Technical Assistance will continue to be provided by Pathways to Well-Being liaisons after Mandy Kaufman retires. Seth Williams will be assuming the role of temporary Pathways to Well-Being Program Manager.



4. Continuum of Care Reform (CCR) (MH) – Seth	Under the federal Families First Prevention Services Act, as	
Williams	of October 1 st , 2021, when youth are being considered for a Short-Term Residential Therapeutic Program (STRTP), they will be assessed for STRTP level of care by a Qualified Individual (QI). QI referrals are completed by the placing agencies (Child Welfare Services and Probation), and assessments are completed by BHS (Pathways to Well-Being clinicians).	
5. Child Abuse Hotline (SOC) (handout) - Tin Le, Jose Padilla, CWS Protective Services	FY20/21 the hotline took 36,042 reports. Calls and wait times increased in September as schools returned to back in-person, busiest month in over 4 years. Use the call back feature as needed.	
6. Youth Transition Campus (SOC) (handout) - Timothy Hancock, Division Chief, Institutional Services, Probation	Phase One of the Youth Transition Campus is near completion. Probation anticipates occupying the site January. Phase Two begins demolition of the remainder of the Kearny Mesa Juvenile Detention Facility in March and is anticipated to be complete in early 2024.	
7. Connections Community Counseling (SOC) (handout) Josh Turov, North County Lifeline	Countywide behavioral health service for youth up to 21 years of age that are homeless or runaway who have Medi-Cal or are uninsured or under-insured.	
8. Rady Outpatient (SOC) (handout) - Brent Crandal, Director, Behavioral Health Quality Improvement	Reviewed improved Pediatric Symptom Checklist (PSC) scores described by Parents & Youth July 2018-March 2021 and improvement COVID-19 specific scores March 2020-March 2021.	
9. LWSD Youth Sector Town Hall (SOC) (handout) - Sharon Hughes, Allison Hirahara	The LWSD Youth Sector creates youth-led opportunities for young people in San Diego County to build communities that are healthy, safe, and thriving. Participants in the Youth Sector are young leaders who advise, educate, and organize around youth needs in San Diego County. Next Town Hall Dec. 1, 5-6:30 pm. Instagram: @livewell_sd Live Well Youth Sector E-Blast Sign Up	
10. Areas of Influence (MH/SUD) (handout) – Eileen Quinn O'Malley O Research to Support Connection to Prosocial Activities	Areas of Influence O Social Determinants of Health can have an impact on overall health of clients and families. It is important to identify and address these needs during treatment. The CANS provides a useful means to screen for needs and strength in the various domains. Programs are encouraged to have ongoing discussions with clinical staff in order to outline meaningful ways that the program can help with	



	 Research to Support Connection to Prosocial Activities 	
	Programs are encouraged to increase prosocial	
	activities and linkages for clients. Research shows	
	that prosocial behaviors have a long lasting positive	
	affect on individuals and can increase mood	
	Using prosocial behavior to safeguard mental health	
	and foster emotional well-being during the COVID-19	
	pandemic: A registered report protocol for a randomized trial (plos.org)	
	Prosocial development in adolescence - ScienceDirect	
11. MCRT chat question	North Coastal provider - Exodus Recovery, Nov.1.	
	North Inland provider – Telecare, Dec. 8	
(22)		
12. Announcements (SOC)	When transitioning youth from program to program (i.e.	
Care Coordination/Warm Handoff (handout)Laura Vleugels	hospital to outpatient, Wraparound to outpatient), ideally there will be a care coordination meeting with both clinical	
 12th Annual Primary Care & Behavioral 	teams and some overlap in which both programs are	
Health – Virtual Integration Summit	connected to the youth. If your program has a new client,	
(handout) November 5 (9:30-10:45am),	referred by another program who does NOT follow	
November 9 (9:00-11:00am).	through with services as expected, please connect with the	
 Live Well Advance Conference 2021 	referring program.	
November 17 (1:00-5:00pm), November 18		
(8:00am – 12:00pm). Registration available	Reminder—KickStart has an intake process and not all	
in mid-October: <u>Live Well San Diego Home</u> (livewellsd.org)	youth referred will be determined to be clinically appropriate. For questions/concerns contact your COR.	
Implementing Harm Reduction Webinar –	appropriate. For questions/concerns contact your con.	
November 17 (1:00pm-2:00pm)	Training to learn more about Harm Reduction.	
https://theacademy.sdsu.edu/wp-	_	
content/uploads/2021/10/Harm-Reduction-	Contact your COR with QM requests for Q&A topics for	
Webinar-	future Program Manager meetings.	
FlyerOutline 11.17.2021.pdf?mc_cid=98ee0		
eb375&mc_eid=4d67882799 OM Updates		
Qivi opunics		
13. Breakout Session	STRTP/Wraparound Providers	
Next Meeting: January 11, 2022 (9:30 a.m. – 11:30 p.m.)		



Connecting with Housing Resources



Today's Presentation

- Connecting with Housing Resources for people experiencing homelessness
 - HHSA Homeless Resources and Guidance
 https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/CommunitySectors/Homeless_Service_Providers/homeless-resources-and-guidance.html
 - Example: American Rescue Plan recent Emergency Housing Vouchers
 - Referrals primarily through the Coordinated Entry System for people who are "literally homeless" (as defined by HUD)
- Regional Task Force on Homelessness Coordinated Entry System
 Home Regional Task Force on Homelessness (rtfhsd.org)



Housing and Urban Development – Category 1 Homeless Definition

- 1) Literally homeless; Individual or family who lacks a fixed, regular, and adequate nighttime residence meaning:
 - i. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - ii. Is living in a publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs); or
 - iii. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.



HMIS (Homeless Management Information System)

What is HMIS?

- What is it? the information system (database) designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD
- What is its Purpose? To collect and report standardized data from homelessdedicated activities to inform policy, programmatic decisions, and funding as well as to understand homelessness locally and nationally
- What must it do? An HMIS must meet the required functionality set by HUD, it must be able to unduplicate records, and it must be able to collect all data elements established by HUD. It must also retain historical records and be able to report on items such as HUD reports, Data quality reports, and Auditing reports

What is expected of HMIS users?

- **HMIS Participating Agencies Must:** Identify an Agency Administrator as a main point of contact for HMIS, enter into an agreement outlining the usage of HMIS, and ensure data quality and privacy are monitored regularly
- **Users Must:** Stay updated on all HMIS trainings, enter data in real time or within 3 business days, and enter only client-reported data

HMIS and CES Interaction

- **HMIS is the database:** HMIS contains nearly 600 programs and over 1000 endusers, many of whom participate in the CE process, however the two concepts are distinct
- **CES is the CoC-funded process, part of which lives in HMIS:** The HMIS-based portion of CES is represented by a program, assessments, referrals, and reports within HMIS

Coordinated Entry System

What is Coordinated Entry?

- What is it? A strategy that focuses on housing and service coordination to link those experiencing homelessness to the most appropriate housing resource to meet that individuals need.
- What is its Purpose? To quickly identify homeless people, to prevent homelessness whenever possible, to appropriately assess the needs of consumers that request help, and to connect them to housing and services quickly.
- What must it do? "The Coordinated Entry process must, to the maximum extent feasible, ensure that people with more severe needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability." HUD CE Notice CPD-17-01

What is the focus of San Diego's CE System?

- •Coordinated Entry for the San Diego COC focuses on three core concepts
- •**Housing First** Move individuals into housing FIRST and provide additional support to promote stabilization
- •**Harm Reduction** Reduce and minimize behaviors and consequences associated with drug and alcohol use.
- •**Trauma informed Care** Understand, recognize, and respond to the effects of all types of trauma.

What can be expected from CES?

When a permanent housing resource becomes available, CES will identify the next eligible households on the Community Queue based on CES community prioritization criteria and make a 1:1 referral for that opening based on:

- **Appropriate / Best match:** Client reported experience aligns with program eligibility
- **Client choice:** CES emphasizes client choice in all referrals. When no specific preference is indicated, clients are referred to the most restrictive or most abundant housing resource that they are eligible for. For example, a Veteran eligible for Veterans Affairs Supportive Housing (VASH) most likely would be matched to that program, rather than one utilizing CoC funding.

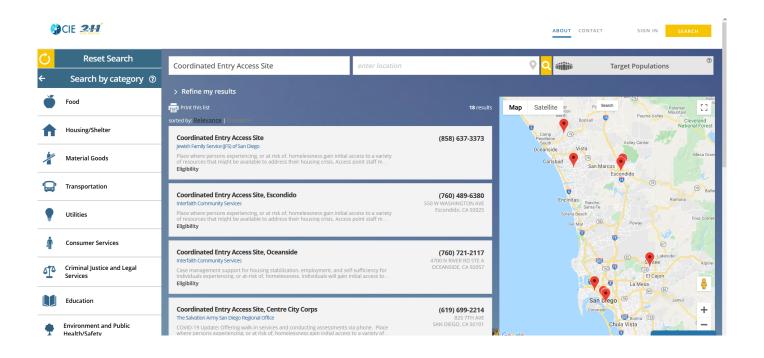
San Diego CoC Prioritization Policy

Upon completion of the CES workflow, households enrolled in SD CES are prioritized based on a number of vulnerability factors established by the San Diego CoC through the use of a community prioritization tool. This prioritization process helps to ensure that the region's limited housing resources are reaching households with the greatest vulnerability in a timely and consistent manner.

San Diego CES prioritizes households by:

- 1. The longest history of experiencing homelessness and most needs.
- 2. The longest history of experiencing homelessness
- 3. The most needs, particularly mental illness or substance use disorder
- 4. All other: Non-Chronically homeless individuals, youth and families

Coordinated Entry Access Sites – 211 San Diego



Next Steps

- Assess how familiar your organization/program is with the Coordinated Entry System and housing resources for people experiencing homelessness
- Build on knowledge of housing resources dedicated to people experiencing homelessness and eligibility criteria
 - E.g. BHS Housing Council meets the 1st Thursday of every month from 11:30 am to 1 pm (with a work group meeting from 10:30 to 11:25)
- Develop relationships with your local Coordinated Entry System Access site to understand how to make effective referrals
- Review CES Information on RTFH website and participate in trainings (as appropriate): https://www.rtfhsd.org/about-coc/coordinated-entry-system-ces/



Contact Information

Simonne Ruff
Director
Corporation for Supportive Housing
Simonne.ruff@csh.org

Regional Task Force on Homelessness support@rtfhsd.org





Discussion and Questions



INTRODUCTION TO THE CWS HOTLINE

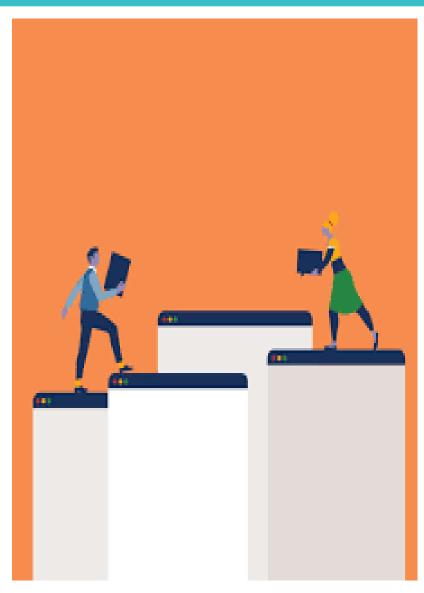
BY PSS Maria Araiza and SPSW Chrissie Martinez



THE CHILD ABUSE HOTLINE







The Child Abuse Hotline is open 24/7

Our **average** call count and wait time varies throughout the year...

- August 2021-
 - 162 calls per day
 - 9 minute wait time
- September 2021-
 - 224 calls per day
 - 29 minute wait time
 - Busiest month in over 4 Years
 - Schools back in-person

In the fiscal year of 2020/2021 the hotline took 36,042 reports.

^{*}Source: CWS/CMS and NICE data

MANDATED REPORTING



Child Abuse and Neglect Reporting Act Penal Code 11164-11174.3

Mandated reporters are defined as individuals who, within the scope of their jobs, must by law report any knowledge or reasonable suspicion of child abuse or neglect to a child protective agency.

CHILD PROTECTIVE AGENCIES

- Child Welfare Services
 (858) 560-2191 or
 (800) 344-6000
- Police or Sheriff's department

WHAT TO REPORT

- Physical Abuse
- General Neglect
- Severe Neglect
- Sexual Abuse
- Commercial Sexual Exploitation of Children (CSEC)
- Emotional Abuse

FILING A REPORT





HOW TO FILE

- Call Immediately, as soon as practically possible
- Written follow up is due within 36 hours
 - Suspected Child Abuse Report (SS 8572)
 - Locate form on Google by searching "SS 8572"



VITAL INFORMATION: Authorized by PC 11167

- Your name / agency name & phone number
- Demographic information for child, siblings and parents.
- Address of child/apartment #
- Contact information for other relatives or extended family members
- School and Development Information
- Description of injury, behavior or concerns
- Any relevant cultural factors of the family

HOTLINE CULTURE





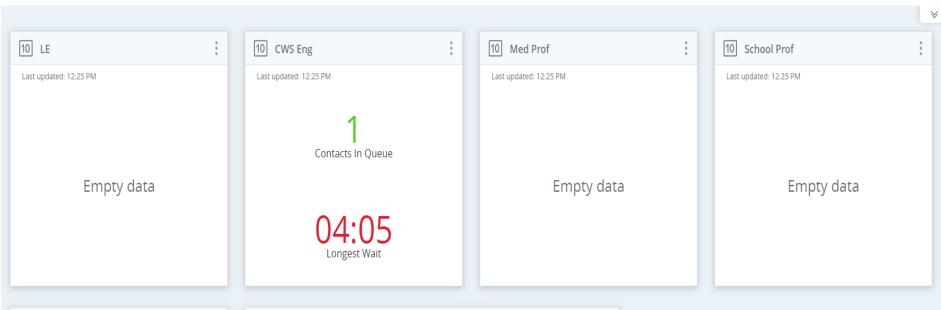


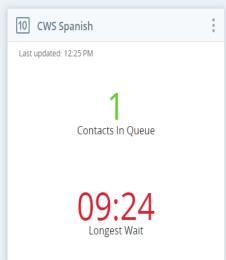
Everyone in this department works remotely!

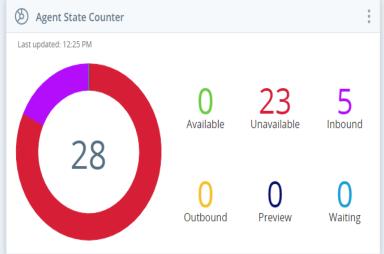
- The NICE system
 - Workers are able to take calls made to the hotline on their computers.
- TEAMS
 - We use teams to stay connected
 - consultation
 - individual supervision
 - unit meetings
- Environment
 - We are a paperless department!
 - Reduced carbon footprint
- Benefits to working remote
 - Increased morale
 - Retention of screeners

THE NICE SYSTEM









CHILD ABUSE HOTLINE









Mandated reporters call to make child abuse reports





Community members can call





Anyone can call the hotline and make a report

Hotline is the filter between the community and Child Welfare:

- Hotline Social Workers have the important role of gathering as much information to determine if the report meets the criterial of abuse.
 - What are the worries of abuse
 - Family's culture
 - History
 - Demographics
 - What's working well?
 - Support networks
 - Protective capacities
- Once we determine if it meets SDM criteria of abuse and neglect, we have to determine how fast a social worker needs to respond to engage and assess the child's safety.

SOLUTION FOCUSED QUESTIONS









Harm: Past actions/inactions by the caregiver that have hurt the child physically, developmentally, or emotionally.

Danger: Current or future worries of harm to child if caregiver actions/inactions continue.

Flush out Complicating Factors

-Information that the Reporting Party was concerned about but does not rise to the level of harm or protective issue.

DEFINITIONS WE USE TO SORT "WHAT IS WORKING WELL?"



Safety: Actions of protection, taken by the caregiver, that mitigate the danger, demonstrated over time.

Protective Capacities: Demonstrated abilities and qualities that could be used to create safety.

Strengths: Skills of living, nurturing, or support that are important but do not directly address the harm and danger.

WHAT HAPPENS AFTER THE CALL?







The hotline social worker is not done yet:

- Look for the family in CWS, CalWIN and ConnectWellSD
- Write the Emergency Response Document (ERD)
- Complete Structured Decision Making (SDM) Hotline Tool
- Consult with a supervisor if needed
- Determine if it needs to be assigned
- Determine what region based on policy and zip code
- ❖ It takes approximately 45-60 minutes for the call, consultation and data entry.

SDM- STRUCTURED DECISION MAKING





Safely surrendered baby	
Calciy Sarrendered Baby	Definition
	Non-accidental or suspicious i
Step II: Appropriateness of a Child Abuse/Neglect Report for Response	The child has a current or previo
2 Does the report contain allegations of abuse or neglect in out-of-home care to a depen-	injury/impairment OR there is a b
○ Yes ○ No	caregiver caused it and it was no suspicion may include but is not • Physician reports that the
	non-accidental injuries; Injury to a non-ambulatory
Part A: Screening Criteria	alternative explanation;
Instructions: Elicit reporter's concerns and select all that apply.	Explanation for injury doeInjury is in the shape of ar
Physical Abuse	or Credible disclosure by the
Non-accidental or suspicious injury	or other adult.
☐ Death of a child due to abuse (automatic 24-hour).	Identify the type of non-accidenta
Death of only child or all children in home; no other children reported to be	* *
Other children reported to be in the home	Death of a child due to ab There was a death of a child due to ab
☐ Severe	circumstances are suspici
Other injury (other than very minor unless child is under 1 year old)	been identified as the cau
Caregiver action that likely caused or will cause injury (other than very minor unle	investigation. Select one o
Prior death of a child due to abuse AND there is a new child, of any age, in the ho	,



injury

ously unreported injury or eliberately caused the basis to be suspicious that a on-accidental. Basis for limited to:

- injury type is consistent with
- y child with no plausible
- s not match injury;
- n object (e.g., loop marks);
- e child to the reporting party

al or suspicious physical

- ouse (automatic 24-hour). hild in the home; and ious for abuse, or abuse has ise of death in this report or of the following options:
 - or all children in home; no orted to be in the home.
 - orted to be in the home.

RESPONSE TIME?



How is a response time determined?

Information gathered (History, demographics Safety Focused Questions)



Hotline SDM Tool
(Reading the definition to ensure it meets criteria)



Response time

The hotline social workers use policy to determine what region or special program the referral needs to be assigned.

*** Note that the penal codes are not used at the hotline level to determine assignment or type of assignment.

RESPONSE TIMES:



- 24 hrs (IRS): A social worker needs to visit the family within 24 hours from when the referral was received.
- 5 day: A social worker needs to visit the family within 5 days business days from when the referral was received.
- 10 day: A social worker needs to visit the family within 10 days calendar days from when the referral was received.
- Evaluated out: It will <u>NOT</u> be assigned to region for investigation.



AFTER HOURS: STANDBY





After 4:00 pm Monday – Friday and weekends the hotline standby responds to exigent referrals in <u>ALL</u> San Diego County.

Currently we have regional PSW, and SPSW's that volunteer to work after hours.



RAD: REVIEW ASSESS DIRECT







- At regular weekly intervals, Hotline and Regional staff meet to Review, Assess, and Direct the Agency's response to the 10 Day referrals assigned the day before.
- Promotes collaboration between the Hotline and participating Regions, increases understanding of the Hotline SDM tool, and incorporates the inclusion of 211 resources.
- Is attended by a PSS and PSW or SPSW from both Hotline and Region, CQI, and a RAD Team coordinator.
- Currently North Central and Central Regions participate in RAD Teams.

OTHER TASKS



- Faxes/Police Reports The hotline receives over 100 faxes and police reports daily
 - Determine if they are SS857 or they are logged in Primary folder
 - Seniors review the faxes in the Primary folder and determine response time
 - Screeners processes faxes on 4-hour rotating shifts 1-2 times a week
- Court referrals & Money only guardianship
 - 388 cases are created when requested by Juvenile Court
 - 329 Probate Court referrals
 - Guardianship cases opened for non-relatives requesting AFDC-FC Payments
- Special Projects
 - Emergency calls during fires
 - FURS calls
 - Development of after hours unit
- Inter-County Transfers and Courtesy Visitation Requests

Child Welfare Services Fiscal Year 2020/21 Statistics









36,042 abuse/neglect reports were made to the Hotline which represents 62,600 children.

(Children can be counted more than once if referred multiple times throughout the year)

19,605 of those reports, including 36,693 of those children were assigned for investigation.

408 new Voluntary Services cases were opened during the year.

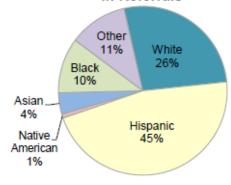
Children Receiving Services as of July 1, 2021

3,348 children and youth in an open case:

- 431 young adults in Extended Foster Care (EFC)
- 839 children were receiving services in their home.
- •2,078 children were in out-of-home care:
 - •32% Kinship Care
 - •59% Non-kinship care
 - •29% Resource Family Homes
 - 10% Guardian and Court Specified Homes
 - •10% Foster Family Agency Homes
 - •5% Group Home
 - •3% San Pasqual Academy
 - •2% Temporary Shelter Care Facility
 - 4% Adoptions pending/finalized
 - 6% Other (e.g. trial home visits with parents, non-foster care placements)

1,070 new petitions were filed on behalf of children.

Ethnicity of Children In Referrals



Allegation Types

General Neglect	45%
Emotional Abuse	34%
Physical Abuse	27%
At Risk, Sibling Abused	18%
Sexual Abuse	19%
Severe Neglect	2%
Caretaker Absence/Incapacity	1%
Exploitation	0.5%

Children may have multiple allegations, therefore the percents will not equal 100%

362 children were placed in adoptive homes during FY2020/21

For more information contact:

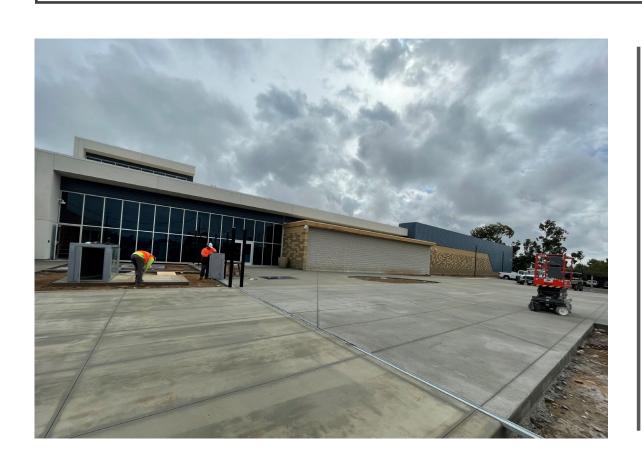
Sources: CWS/CMS Data







Front Entrance and Lobby







Intake





Housing Units: External

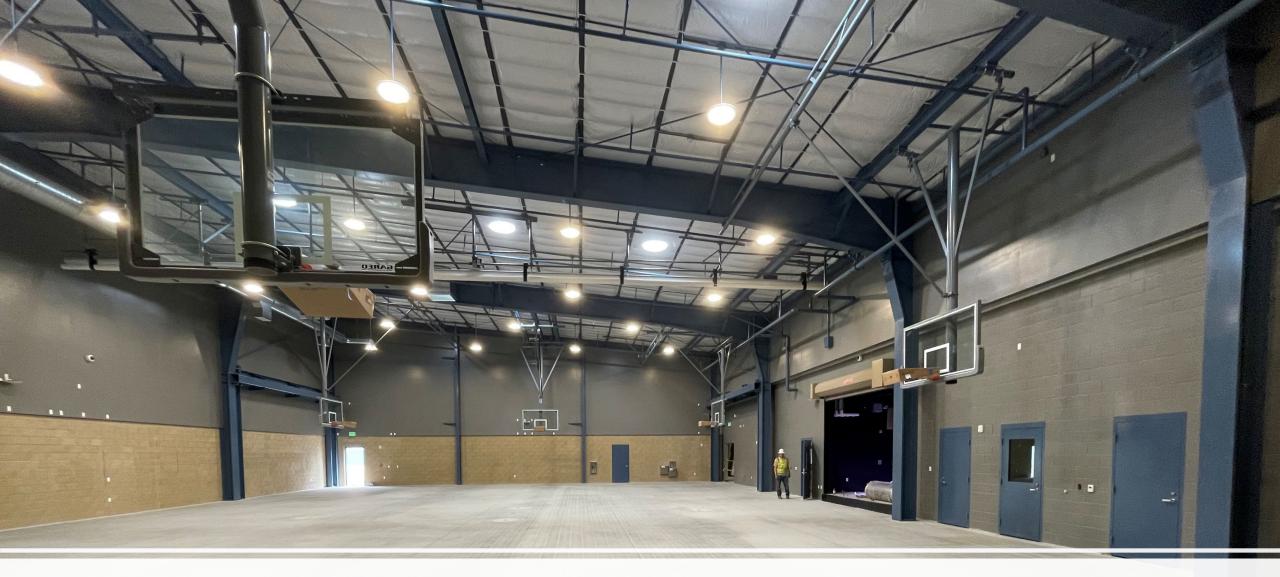


Housing Units: Day Room

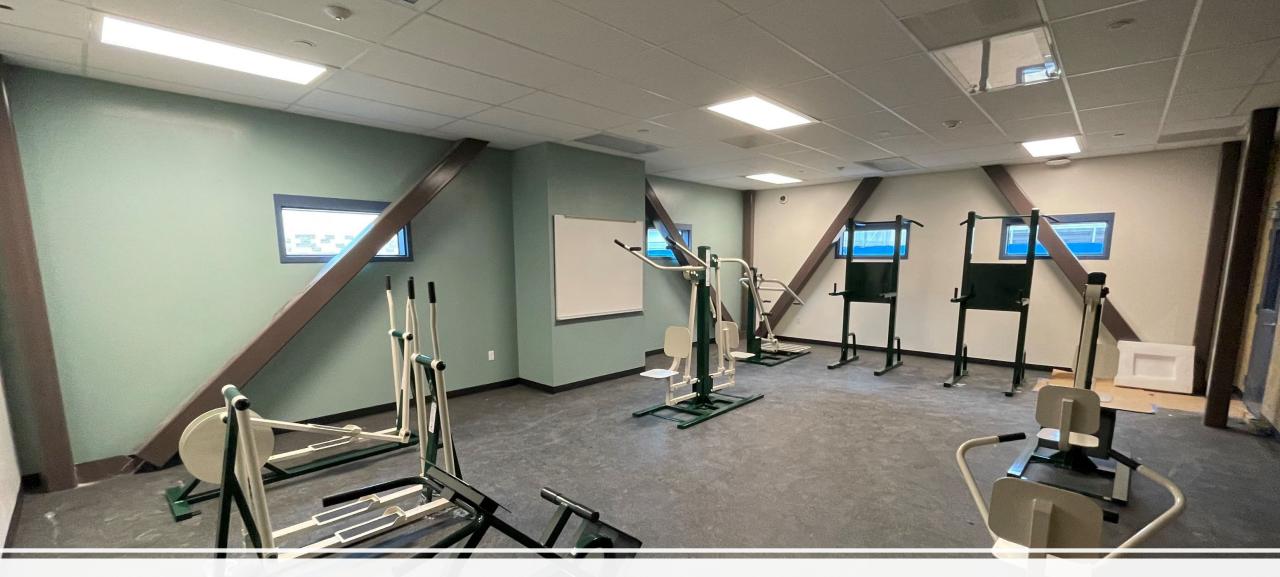
Housing Unit: Youth Room







Gymnasium



Weight Room



Clinic





Visiting Center









LIFELINE GIVES YOUTH AND FAMILIES THE TOOLS TO OVERCOME CHALLENGES, BUILD RESILIENCE AND THRIVE.

DONATE

give@nclifeline.org or call (760) 842-6252

VOLUNTEER

volunteer@nclifeline.org or call (760) 842-6254

CONNECT WITH US

www.nclifeline.org or follow us on social media













North County Lifeline Tel (760) 726-4900

OUR MISSION

North County Lifeline's mission is to build self-reliance among youth, adults, and families through high quality, community-based services.



Scan the QR Code to watch a short video about Lifeline's mission & values.

Contact one of our Specialists for more information! (760)-842-6202

Translation services are available in

Spanish and other languages. Please call for more information. Assistance is offered regardless of age, gender, sexual orientation, disability, ethnicity, and/or ability to pay for services.





NORTH COUNTY LIFELINE

Connections Community Counseling

is a behavioral health service for San Diego County homeless and runaway youth up to their 21st birthday, who have Medi-Cal or are uninsured or under-insured







PROGRAM SUMMARY

The program provides individual and family therapy, case management and skill-building to help homeless and runaway youth connect to supports and live healthier and happier lives.

PROGRAM GOALS

To provide excellent clinical treatment and programs that meet the behavioral, social, and emotional needs of children and adolescents.

To strengthen youth and families by helping them partner with community resources .

To provide complete wraparound services

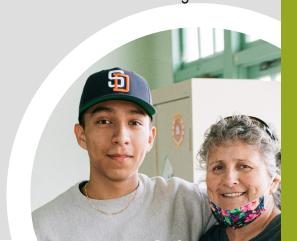
To create a unique treatment plan for each individual and family

To provide services in a manner that recognizes cultural, social, and economic barriers and needs

To be accountable for the outcomes of services provided

INCLUDED SERVICES

- Evaluation and assessment
- Case management and skill-building
- Psychiatric evaluations and monitoring of medication
- 14 treatment sessions (Please note that no-shows count towards the 14 treatment sessions)
- Clients who are only receiving family sessions are eligible for an additional 5 group or family sessions, for a total of 19 sessions
- Youth outreach and engagement to remove barriers to accessing services.



NORTH COUNTY LIFELINE
WELCOMES INDIVIDUALS AND
FAMILIES WITH CO-OCCURING
MENTAL HEALTH & SUBSTANCE
ABUSE ISSUES. LIFELINE WILL
DO WHAT IS NECESSARY TO
ASSESS, TREAT & COORDINATE
ADDITIONAL REFERRALS TO
HELP INDIVIDUALS AND
FAMILIES WITH THESE ISSUES.

LOCATION OF SERVICES

Clients may be seen at our office sites throughout San Diego County, or in the community.

TO REFER A YOUTH CONTACT:

(760) 842-6202

cccintake@nclifeline.org

Telephone Intake Hours

MONDAY - FRIDAY

8:30am - 5:00pm

Connections Community Counseling (Fax to: 760-407-6415)

Intake Line: 760-842-6202



Referral /Intake Form Community Referral

Youth Name:				DOB:		Age:	Gender:	E	thnicity:	
Social Security Number:				Medi-Cal Number:		Unins	Uninsured ☐ Private Insurance ☐			
			City:	School: Grade:			Client Email and Phone #		Client preferred language:	
Guardian Name: Guardian Preferi				ed Language:	Guardian Email and Phone #:				,1	
Emergency Contact name:					Emergency Contact Email:					
Relationship:										
Who has provided consent for North County Lifeline to Contact them? Youth Guardian Both Referred by (Name, Agency, Contact info) Date:										
Please describe youth'	S Curre		ing situation	n and reason	ior reierrai.					
Safety Check List	YES	NO	UNKNOWN	EXPLA	ANATION					
Drugs or Alcohol Abuse										
Violence or Abuse										
Suicidal Ideation/Past Attempts										
Current or Previous Counseling										
Current Psych Meds										
Police Contact										
Access to Firearms										
Psychiatric hospitalization within the past 14 days										
			BEL	OW FOR LIF	ELINE STAF	F ONL	Υ			
Date Referral Received:				Intake Staf	ake Staff: Intake Date:					
Client number:							Unit/subunit:			
Clinician Assigned:		Level:			Assessment Date:					
NOTE: Connections C	ommı	ınity	Counseling	in not a crisis	resnonse se	ervice	f a vouth/stude	ent is exp	eriencing a	

behavioral health crisis, call 911 or the Access & Crisis Line at 1-888-724-7240.

OUTPATIENT PSYCHIATR

Rady Behavioral Health Service

Since 1973, Rady Children's Hospital Outpatient Psychiatry has been a place of healing for children, youth and families with behavioral health needs in San Diego.



Our team of psychiatrists, psychotherapists, case managers, substance use disorder specialists, and administrative support provide standardized evidence-based interventions shown to reduce symptoms and remedy psychiatric diagnoses while serving diverse families.

Outpatient Psychiatry Services are:



Focused on Cultural Humility



Trauma-Informed



Youth & Family-Focused

Our team provides effective treatment for children, youth, and families struggling with:







Posttraumatic Stress

Parenting

Mood

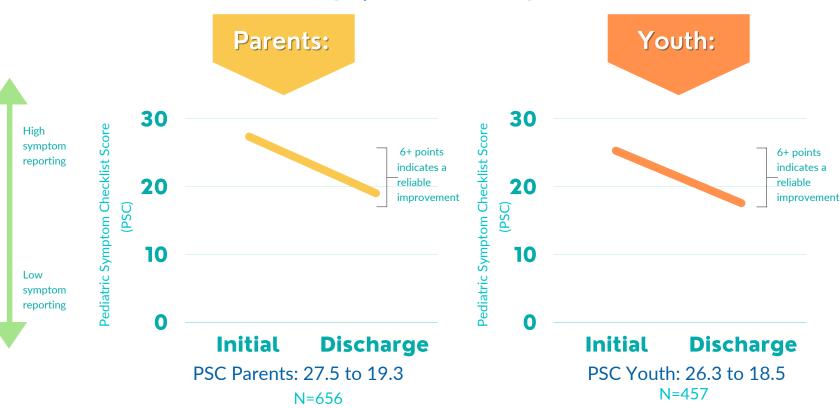
Practices



IMPROVEMENT DESCRIBED BY PARENTS & YOUTH

Disordered Eating

Parents/caregivers and youth reported on the patients' psychiatric symptoms at intake and at discharge [July 2018-March 2021]



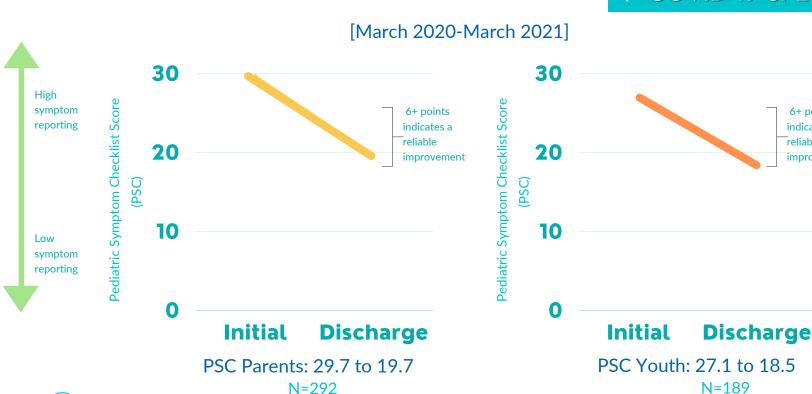
© COVID-19 SPECIFIC

6+ points

indicates a

improvement

reliable



Feedback from Rady Children's Hospital **Outpatient Psychiatry** participants:

"I cannot say enough great things about the program & the team that was involved in my daughter's case"

"Very satisfied with the services and the help provided for my son"

'Our therapist provided both of my children and I the tools needed and was there for us in a way that I will forever be grateful for"

What's Next?



99

Find additional tools to

Expand our support to early childhood populations with Parent-Child Interaction Therapy





Save the Date

Live Well San Diego Youth Sector Presents:

AmplifyingVoices Series:

We need YOUTH to share their unique perspectives with mental & behavioral health







The Youth Sector was added to the *Live Well San Diego* vision in 2020 to:

Empower, Engage and Amplify Youth Voice

HEALTHY, SAFE AND THRIVING

LIVEWELLSD.ORG

YOUTH SECTOR FRAMEWORK

Outreach and Recruitment

Leadership and Professional Development

Mentorship

Engagement on Boards and Commissions

Communications

Youth-led Town Halls



Goals

- Youth-led space
- Engage diverse youth and young adults from around the region
- Inform County programs with youth input

Communications



Youth-led Town Halls

- 1) Youth and COVID-19
 - 2) Uplifting Boys and Men of Color
 - 3) Mental Health and Behavioral Health



Population Health, Social Determinants of Health and CYF Areas of Influence

11.4.21



POPULATION HEALTH





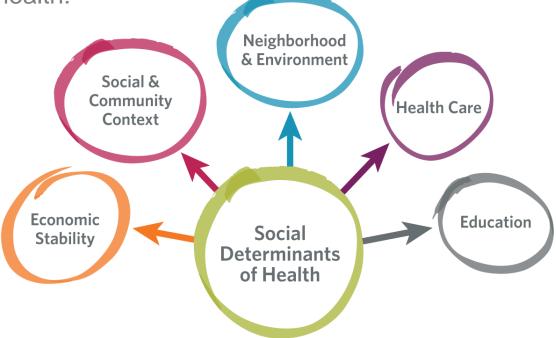
What is Population Health? Population health refers to the health status and health outcomes within a group of people rather than considering the health of one person at a time. Health reform encourages all sectors to think more broadly than the sum of the 'individuals' under their charge. This is because to improve population health it is necessary to influence the social determinants that affect health outcomes through population-wide policies and interventions that impact the determinants.

SOCIAL DETERMINANTS OF HEALTH



Many factors determine population health, which is shaped by the social

determinants of health:



Policies that influence population health tend to emphasize prevention and wellness; the reduction or elimination of waste and the eradication of health disparities. The reasoning is that good health belongs to the whole, not just an individual.

CYF AREAS OF INFLUENCE



CHILDREN, YOUTH AND FAMILIES FRAMEWORK

Live Well San Diego

AREAS OF INFLUENCE



- Economic & Nutrition Security
- Timely Access to Healthcare Inclusive of Behavioral Health Services
- Employment Readiness



Community

- Access to Parks, Playgrounds and Recreation Centers
- Usable Transportation
- Safe Neighborhoods & Schools
- Affordable Stable Housing
- Access to Extracurricular Activities



Health

- Daily Physical Activity
- Limited & Supervised Screen
 Time
- Affordable Healthy Food
- Zero Sugary Beverages,
 Drink More Water
- No Substance Use
- No Tobacco Use
- Up to Date Immunizations
- Connection to a Health Home



Social

- Supportive Families
- Nurturing Communities
- Connection to Natural Supports
- Positive Social Interactions



Knowledge

- Quality Education
- · Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs

AREAS OF INFLUENCE GRAPH



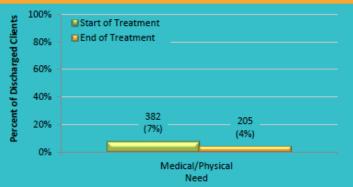
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2020-21

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2020 and June 2021. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

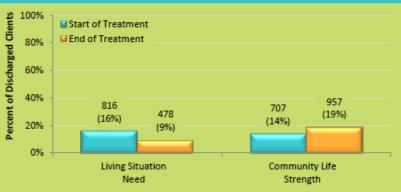
HEALTH (N=5,160)

Physical Activity Connection to Health Home Healthy Food Immunizations









COMMUNITY (N=5,160)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

AREAS OF INFLUENCE GRAPH



STANDARD OF LIVING (N=5,160)

Access to Healthcare
Access to Behavioral Health Services





*This Domain is comprised of 9 individual behavioral and emotional needs



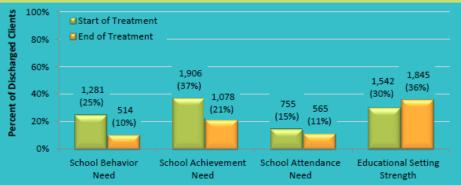


SOCIAL (N=5,160)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=5,160)

Education School Success Good School Attendance No Suspensions No Expulsions





CANS items
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

BEHAVIORAL HEALTH RESPONSE



'A person's or population's overall psychological well-being falls on a continuum and changes over time. To truly recognize and support degrees of mental wellness on that continuum requires changing how we identify and meet the behavioral health needs of the population we must develop new strategies to reach people wherever they are — at work, in school, and in the community. Furthermore, we must engage the communities themselves, which have the wisdom to address many of these problems but may need the resources and expertise of mental health professionals to do so.'

-CDC- Preventing Chronic Disease, Public Health Research, Practice and Policy – Vo.17; 8/6/20



QUESTIONS?

EILEEN.QUINN-OMALLEY@SDCOUNTY.CA.GOV







12[™] Annual Primary Care & Behavioral Health

VIRTUAL INTEGRATION SUMMIT



November 3th

9:00-9:30AM Welcome/Open Remarks

Marty Adelman, MA, CPRP SD County Staff, BHS

9:30-10:45AM **Opening Keynote Address: The Power of Implicit Bias** Reverend Bryant T. Marks, PhD

11:00-12:15PM The Gut Biome and **Physical and Behavioral Health** Lisa Goehler, PhD

4:30-6:00PM How Can We Address Provider Burnout? Liselotte Dyrbye, MD

Register

November 5th

9:30-10:45AM **Medicine: Taking It To The Streets** Meili Hau. FNP

11:00-12:15PM **Telehealth Best Practices** Steven Thorp, PhD

Register

November 9th

9:00-11:00AM **Learning Session: Empathy Based De-escalation** Elizabeth Morrison, PhD

11:15-12:30PM **COVID: Where Are We Now?** Wendy Hileman, PhD

Register

Please note each day requires separate registration

















Warm Handoff

"Helping to the door and walking through together"

Definition

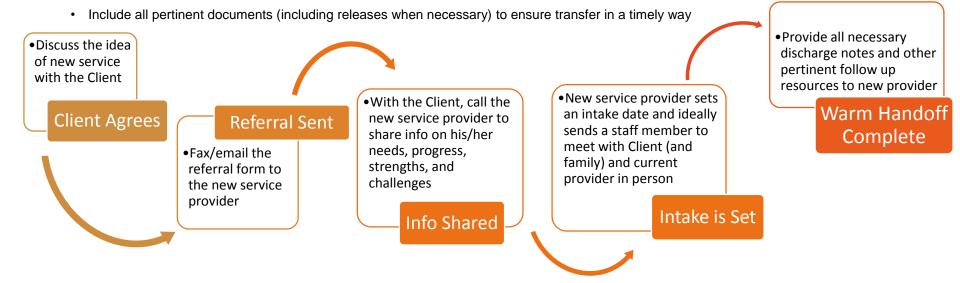
A Warm Handoff is the carefully coordinated transfer or linkage of a client, to another provider, entity, agency, or organization who will be continuing, adding, or enhancing services.

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



^{*} Allowed to share information about a client in order to coordinate care