

## PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

July 13, 2023 | Zoom

9:30 a.m. – 11:30 p.m.

### Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
<b>1. Welcome</b> - Amanda Lance Sexton	
<b>2. Teleo (MH)</b> (handout) - Aaron Blacker, CEO	Virtual therapy room for children and teens, hybrid remote care models. HIPPA compliant. Improves child engagement in therapy and streamlines workflows for clinicians. Aaron Blacker: <a href="mailto:aaron@teleo.space">aaron@teleo.space</a> Website: <a href="http://www.teleo.space/">http://www.teleo.space/</a>
<b>3. QA Updates (SOC)</b> - Elaine Mills, Diana Daitch <ul style="list-style-type: none"> <li>CalAIM/ General Updates</li> <li>Provider Q&amp;A</li> </ul>	<ul style="list-style-type: none"> <li>Payment reform crosswalk is available</li> <li>Can bill for screening</li> <li>Reminder that peers are not able to provide recovery services</li> <li>MRR scheduling for FY 23-24 <a href="mailto:QIMatters.HHSA@sdcounty.ca.gov">QIMatters.HHSA@sdcounty.ca.gov</a></li> </ul>
<b>4. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR)</b> (MH) - Tais Millsap	On July 1, 2023 San Diego County Child Welfare Services begins its transition into the new Child and Family Well-Being Department: <a href="https://youtu.be/ewmjiHgFy9nU">https://youtu.be/ewmjiHgFy9nU</a> CYF Services Directory: <a href="https://www.sandiegocounty.gov/bhs-services">BHS Services (sandiegocounty.gov)</a>
<b>5. CARE (SOC)</b> (handout) - Dr. Helene Mirzakhania, Daniella Cardenas, UCSD Dept. of Psychiatry, Early Psychosis Treatment Center	Early Identification, Intervention, and Prevention of Psychosis in Adolescents and Young Adults. Assess and treat, age 12 to 30 years old who are experiencing changes in their thoughts, behaviors or emotions. Daniella Cardenas: <a href="mailto:dcardenas@health.ucsd.edu">dcardenas@health.ucsd.edu</a> Referrals: (619) 543-3199, (619) 543-7745
<b>6. A New Start (SOC)</b> (handout) - Jessica Martin, Nay Damlong, Julie Leyva, UPAC	Providing youth and young adults access to MAT (Medically Assisted Treatment) services and resources to aid in the recovery of substance use disorders. Nay Damlong: <a href="mailto:ndamlong@upacsd.com">ndamlong@upacsd.com</a> (619) 340-3707 Julie Leyva: <a href="mailto:jlevya@upacsd.com">jlevya@upacsd.com</a> (619) 380-3926

**7. Announcements (SOC)**

- Annual CCISC reports due July 17, 2023
- 14<sup>th</sup> Annual Early Childhood Mental Health Conference – We Can’t Wait! (handout) September 28-30, 2023
- Live Well Advance/Annual School Summit - November 1, 2023 San Diego Convention Center
- CYF YSS/TPS Annual Reports [CYF YSS State Survey Report – May 2022](#) [CYF TPS Youth State Survey Results – October 2022](#), also available at [BHS Technical Resource Library](#)
- STRTP Updates:
  - Capture Documentation and Travel Time
  - AB 1051/551 Update ([Bill Text - AB-118 Budget Act of 2023: health. \(ca.gov\)](#))- absorbed into the Health Budget Trailer Bill
- CYF Program Manager meeting schedule FY23-24 (handout)

**8. Networking with colleagues – breakout rooms**

**Next Meeting: September 14, 2023 | 9:30 a.m. – 11:30 a.m.**

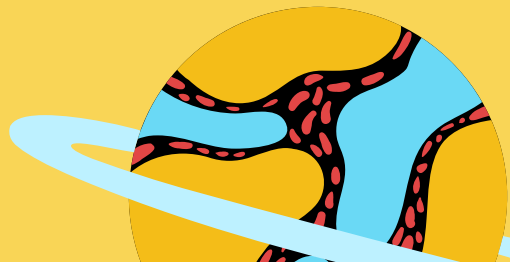


The virtual therapy room for children and teens

HIPAA compliant

## Our story

Teleo is a public benefit company.



# Leadership



**Julia Neidert**  
Co-founder, CTO



**Stanford** | ENGINEERING  
Computer Science



**Aaron Blacker**  
Co-founder, CEO



**STANFORD**  
BUSINESS  
GRADUATE SCHOOL OF

# Clinical team



**David Hong, MD**  
Stanford, Clinical professor  
Child & Adolescent Psych.

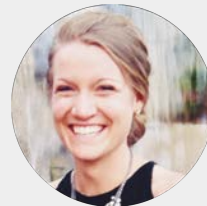


**Jonathan Westman, PhD**  
UCLA, Lecturer  
ex-PracticeWise

**UCLA**



**Ritchie Rubio, PhD**  
Pepperdine, USF  
SF Department of Health



**Rachel McEvoy, LICSW**  
Seattle Children's  
CHOC



# **Mental health providers have permanently adopted hybrid remote care models after COVID**

**~46% of mental health visits are  
remote<sup>1</sup>**

**This number is ~65% for child  
teams at major clinics<sup>2</sup>**



Mass General Brigham  
**Mass General for Children**

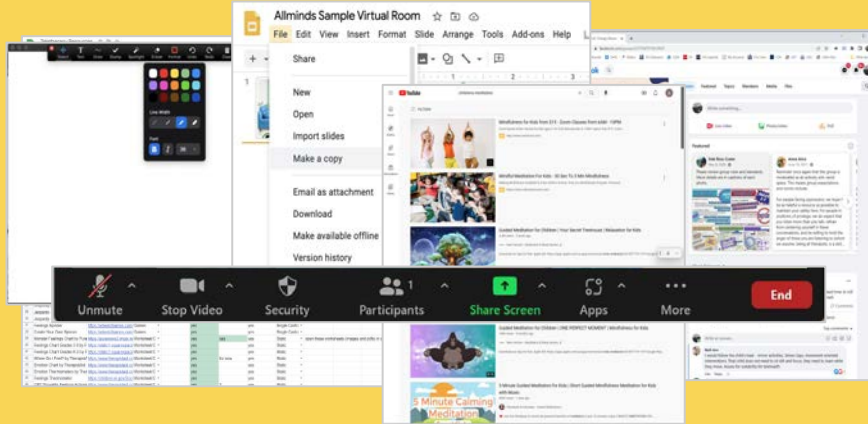


**KAISER  
PERMANENTE®**

1. Source: [Center for improving value in healthcare](#), analysis done using Medicaid data on teletherapy CPT code reimbursements

2. Source: Teleo interviews with Kaiser Northern CA Richmond and Mass General's embedded care team at their largest pediatric primary care clinic

# Clinicians have painful workflows and kids are unengaged on Zoom



**01 Painful workflows**



**02 Poor engagement**

# Pediatric BH providers will lose \$12.4B in 2030

● Workflow ● Engagement



● **Treatment dropout**

**\$2.9B<sup>1</sup>**



● **Cancels and no-shows**

**\$2.1B<sup>2</sup>**



● **Admin burden**

**\$7.4B<sup>3</sup>**

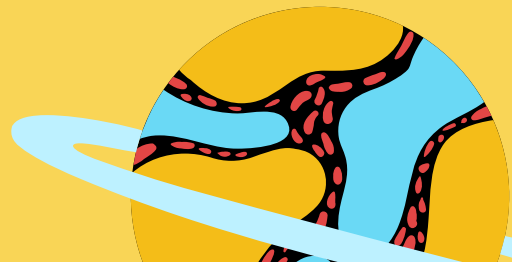
1. Sezgin E, et al. Documented Reasons of Cancellation and Rescheduling of Telehealth Appointments During the Pandemic. Telemed J E Health. 2021 Oct;27(10):1143-1150.  
 2. Becker KD, Chorpita BF. Future Directions in Youth and Family Treatment Engagement: Finishing the Bridge Between Science and Service. J Clin Child Adolesc Psychol. 2023 Mar-Apr;  
 3. Teleo qualtrics pre-pilot survey (n = 25)





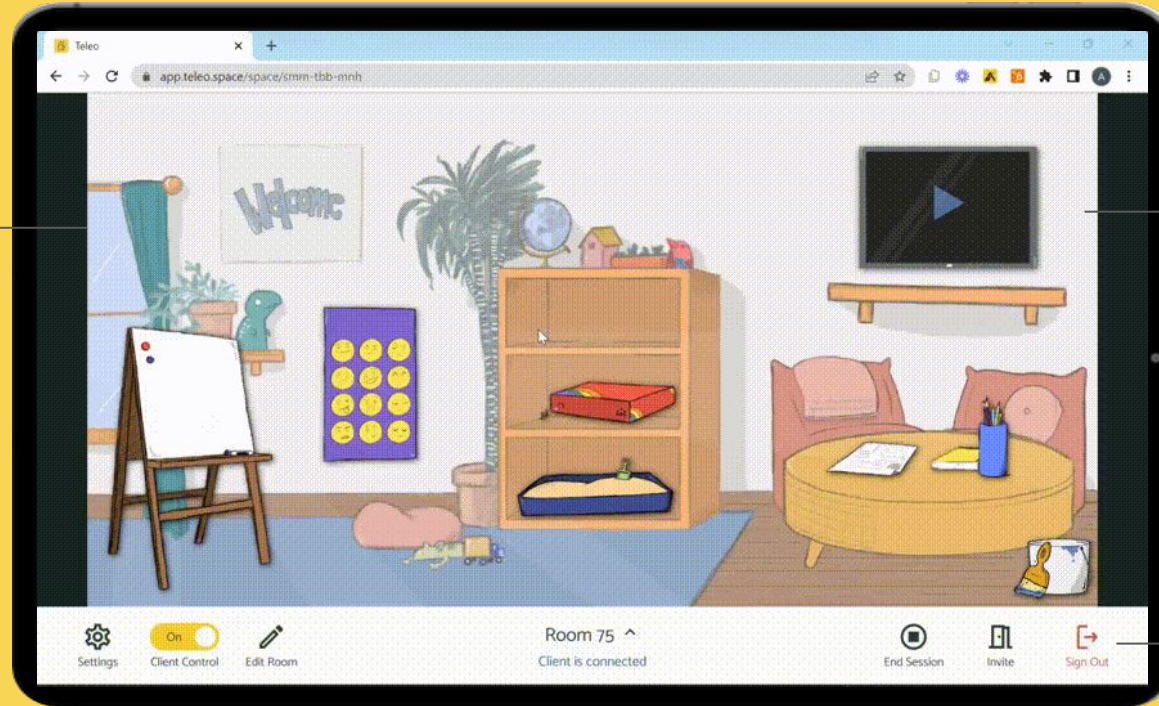
**“ Low engagement is the most ubiquitous challenge  
among youths and families with mental health needs ”**

Becker & Chorpita, Journal of Clinical Child & Adolescent Psychology, 2023 Mar-Apr



# Teleo improves child engagement in therapy and streamlines workflows for clinicians

Virtual  
therapy room



Activity Bank

Therapist  
controls

# Teleo is 100% HIPAA compliant

## Compliance basics

**All data transmission is encrypted end to end.** Encryption is not terminated at the network endpoint, and is carried through to the application.

**Teleo ensures data encryption for real-time communication** using the WebRTC protocol.

**Teleo maintains system logs of all Production Data access.** These logs are always available for audit.

**Teleo performs periodic technical and non-technical risk assessments** of the security rule requirements.



**Teleo's complete HIPAA datasheet can be found [here](#) and our complete policies are available by request**



**“ Teleo makes my clients look forward to therapy for the first time! I’m seeing a side of them that I’ve never seen before ”**

-Kimberley Blaine, LMFT (CA)

**117 sessions in Teleo**



# Clinicians love Teleo

Updated 6/1/23

**82%**

**Say Teleo increases  
engagement<sup>1</sup>**

**45%**

**agree Teleo speeds  
up outcomes<sup>1</sup>**

**99th**

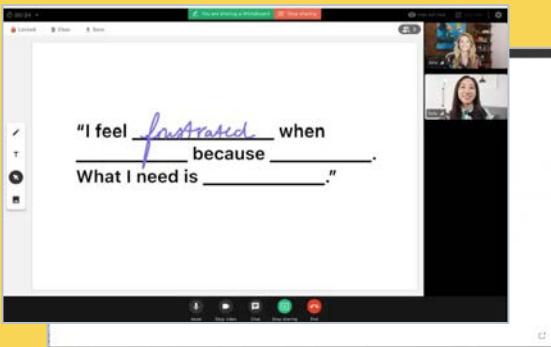
**Percentile NPS  
(73)<sup>1</sup>**

**87% of users would be “disappointed”  
if they didn’t have Teleo<sup>1</sup>**

# Teleo replaces the status quo



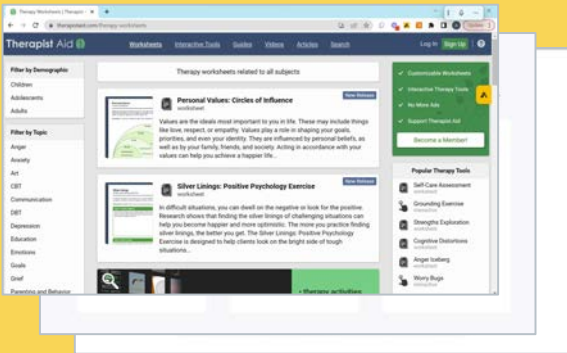
**Videoconferencing whiteboards**



**zoom** simplepractice



**Downloadable worksheet libraries**



**PsychPoint**

**Therapist Aid**



**Google slides virtual therapy rooms**



**Google Slides**

**Teachers Pay Teachers**



# Teleo brings the interactivity and rapport of in-person therapy to virtual sessions



## Engaging

Teleo engages children and adolescents therapeutically



## Collaborative

Both clients and therapists can work on the same activity



## Non-directive

Clients can explore and choose activities in their virtual room



## Personalized

Rooms can be customized and saved for each unique client



## Controllable

Teleo provides an integrated, controllable environment for therapy



## Intuitive

No more sharing screens or managing technology in-session

# Teleo increases client engagement and reduces administrative burden



**Reduced no-shows**  
by up to 25%<sup>1</sup>

(Sezgin E, et al., 2021)  
(Gross et al., 2011)



**Reduced treatment**  
**drop-out**

(Pekarik, 1985)  
(Barrett et al., 2008)



**Reduced provider**  
**turnover**<sup>2</sup>

(Farber, 1983)  
(Coutinho et al., 2011)  
(Piselli et al., 2011)

**In addition, Teleo...**

**Reduces session**  
**prep time by up to**  
**95%<sup>3</sup>**

**Enables sessions to**  
**last up to 4x longer<sup>3</sup>**

1. 25% comes from Sezgin E, et al. Documented Reasons of Cancellation and Rescheduling of Telehealth Appointments During the Pandemic. Telemed J E Health. 2021 Oct;27(10):1143-1150.

2. From improved therapist wellbeing and confidence; Becker KD, Chorpita BF. Future Directions in Youth and Family Treatment Engagement: Finishing the Bridge Between Science and Service. J Clin Child Adolesc Psychol. 2023 Mar-Apr.





3. Teleo Analysis of time savings from 15-30 minute average (n = 23 survey) prep time to 45-90 seconds (estimate, anecdotal); User interviews report children staying engaged for full 40-50 minute sessions, versus disengaging (and often walking away) within 10-15 minutes of starting.



# As a result, Teleo expects to create substantial ROI for CBOs

\*In 2023 US dollars

Improving engagement improves patients retention, attendance, and overall operations

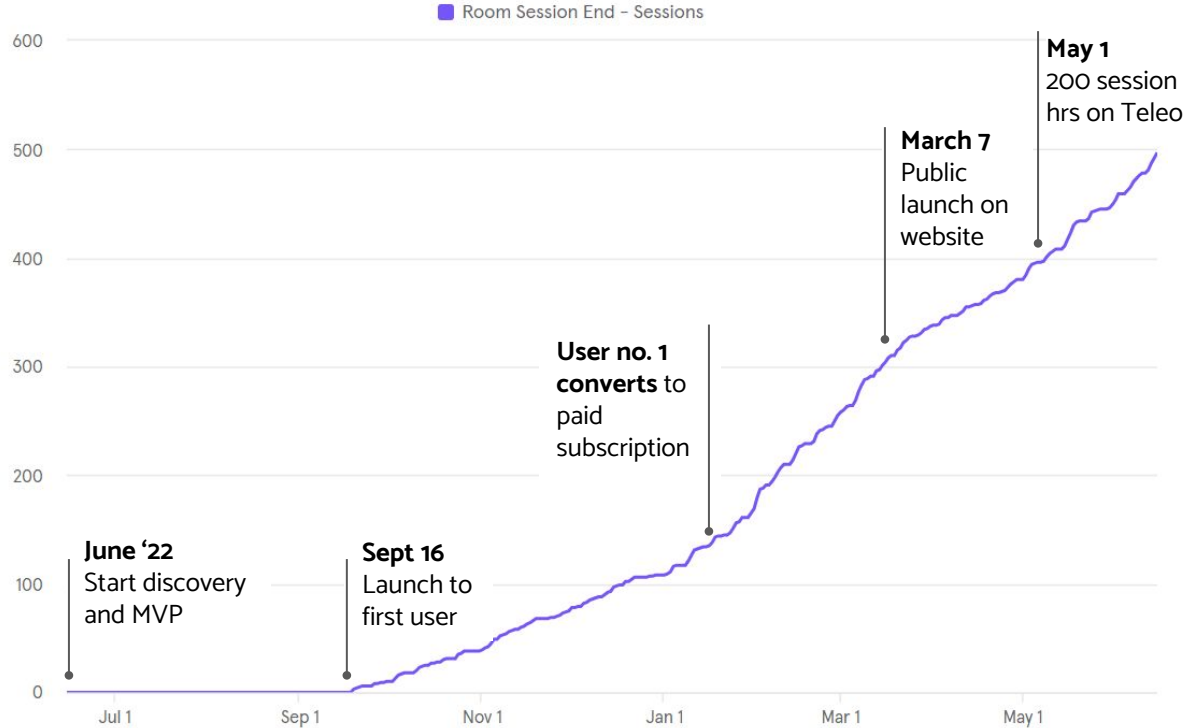
	Workflow	Engagement	Today	2030*
<b>ROI per session</b>				
 Reduced cancellations			\$3	\$6
 Reduced no-shows			\$8	\$16
 Reduced patient drop-out			\$9	\$21
 Increased productivity			\$21	\$63
<b>TOTAL</b>			<b>\$41</b>	<b>\$106</b>

There are **additional ROI levers**, depending on practices' care and operating models:

**1. Reduced driving time**  
(in-home services)

**2. Longer sessions**  
(reimbursement code)

# Teleo is gaining popularity



Updated, 6/11/23

**270+ session hrs in Teleo**  
across 774 sessions with 358 clients

# Teleo is also piloting with CBOs in other counties



“Teleo enables me to **grow my caseload and productivity** by avoiding home visits”

– *Pilot user*



“Teleo will allow us to **serve patients...who can't access us otherwise**”

– *Chief Innovation Officer*

# Teleo has interest from world-class providers



# Teleo is pursuing research with 3 Stanford scientists and the US National Institute of Mental Health



**David Hong, MD**  
*Principal investigator*



Lucile Packard  
Children's Hospital  
**Stanford**



**Eric Kuhn, PhD**  
*Principal investigator*



**Stanford**  
MEDICINE



**Shannon Wiltsey  
Stirman, PhD**  
*Investigator*



**Stanford**  
MEDICINE



**Stanford**  
University



**Stanford University**  
Mental Health Technology + Innovation Hub



**National Institute  
of Mental Health**

# Onboarding clinicians to Teleo takes 30 minutes



## **01** No software installation required

0 minutes (browser-based)

## **02** 1-1 training and concierge setup

30 minutes per therapist

## **03** Start using Teleo

with any video conferencing tool





# Contact us

**Email**      aaron@teleo.space

**Phone**      914-844-9628

**Website**    [www.teleo.space](http://www.teleo.space)



# PATHWAYS TO WELL- BEING



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- On July 1, 2023 San Diego County Child Welfare Services begins its transition into the new Child and Family Well-Being Department.
  - Linked [video](#) shows how this new department integrates First 5 San Diego, and other HHSA departments under one umbrella
- The [CYF Services Directory](#) provides a comprehensive directory of the services provided through BHS-CYF in our system of care
- Pathways to Well-Being Linkage
  - You or your program may be contacted by a Pathways to Well-Being Liaison or your program's designated COR in order to ensure effective Client connections are made with providers throughout the community





# Early Identification, Intervention, and Prevention of Psychosis in Adolescents and Young Adults

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Helene Mirzakhania, PhD  
Daniella Cardenas, MHP

UC San Diego

# UCSD CARE

## Meet the Team:



**Kristin Cadenhead, MD**  
Director, CARE Program  
Professor, UCSD  
Department of Psychiatry



**Donna Corbett, PsyD**  
Clinician Scientist, UCSD  
Department of Psychiatry



**Cherine Akkari, M.S.**  
Research Management  
Department of Psychiatry



**Armita Kadivar, B.S.**  
Assessor, Clinician Trainee  
UCSD School of Medicine



**Brent Crandal, PhD**  
Clinician Scientist, UCSD  
Department of Psychiatry



**Daniella Cardenas, MHP**  
Outreach and Recruitment,  
Department of Psychiatry



**Leda Kennedy, M.S.**  
Assessor, Graduate Trainee  
SDSU/UCSD JDP



**Helene Mirzakhanian, PhD**  
Clinical Director, CARE  
Associate Professor, UCSD  
Department of Psychiatry



**Isabel Domingues, MD**  
Psychiatrist, UCSD  
Department of Psychiatry



**Noor Alomar, B.S.**  
Research Associate  
Department of Psychiatry



**Rosemina Bazeghi, B.S.**  
Outreach Trainee

# What is UCSD CARE?

We are a multidisciplinary team of clinicians, scientists, and trainees with expertise in psychosis spectrum illness.

CARE offers both research opportunities and a highly specialized clinical program that provides comprehensive, evidence-based treatment for individuals experience CHR (Clinical High Risk) and individuals who have experienced a first psychotic episode.

We use cutting-edge research to inform treatment and our clinical experiences to investigate the biological and psychosocial basis of psychotic illness



# CARE Mission

- To **identify**, **assess** and **treat** adolescents and young adults who are experiencing changes in their thoughts, behaviors or emotions.
- there is a clear link between duration of untreated psychosis and the individual's outcome and functioning

Early access to treatment is key!

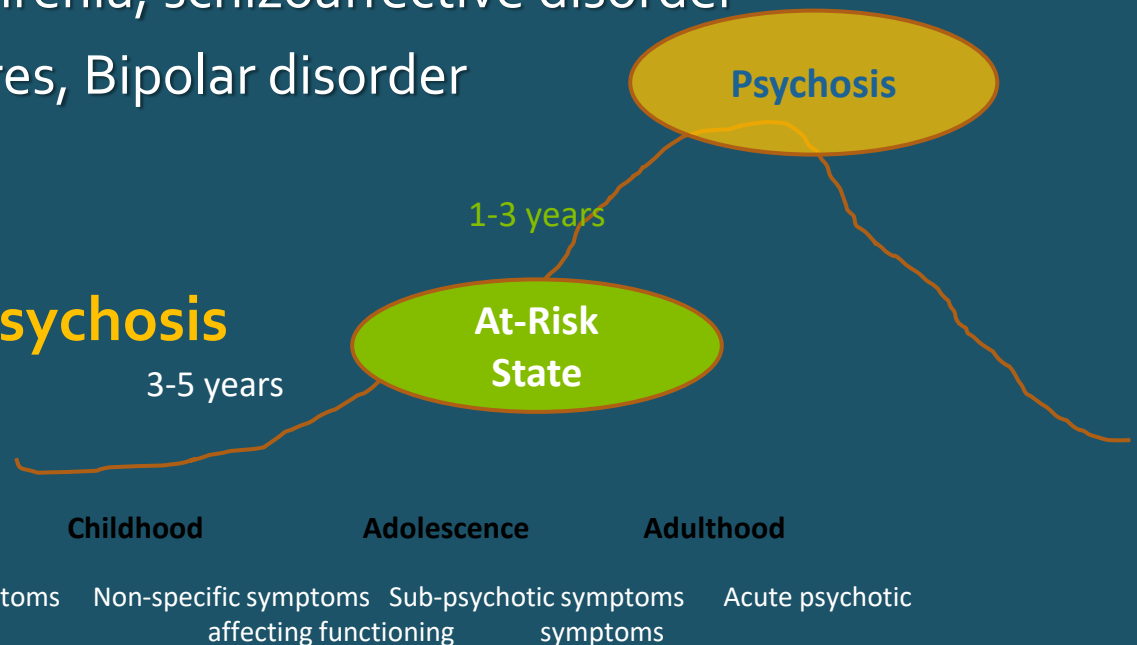
- Early Access to treatment follows *early identification of illness*.

# Who we see at CARE

- Individuals seen at CARE range in age from 12 to 30 years
- Diagnoses Considered include:
  - Clinical High Risk (Psychosis Risk Syndrome),
  - Primary Psychotic Disorder; schizophrenia, schizoaffective disorder
  - Mood disorder with Psychotic Features, Bipolar disorder
  - Brief Psychotic Episode

## Phases of Psychosis

Psychosis can come on suddenly or very gradually



**Clinical Risk State:** things aren't quite right

**Acute:** obvious symptoms of psychosis

**Recovery:** reduction in symptoms and a return to daily function

# Early Warning Signs: Clinical High Risk

- **Unusual Thoughts**

- Concerns about being watched
- Ideas of reference: Direct communication with television/computer
- Confusion about what is real vs what is imaginary

- **Perceptual Disturbances**

- Seeing things in corner of eye, hearing sounds, buzzing in ear

- **Behavioral Changes**

- Social isolation
- Change in hygiene
- Safety/checking behaviors
- Concentration changes

## **Functional Decline**

- Social and Role
- Self Care Assessment
- Challenges leaving the house
- Activities of Daily Living; brushing teeth, showering, putting on clean clothes
- Poor diet
- Substance Use
- Limited participation in socialization or hobbies

# How do we assess?

- Comprehensive clinical interview
- Review of records
- Specialized measures:
  - Structured Interview for Psychosis-Risk Syndromes (SIPS),
  - SCID,
  - Brief Psychiatric Rating Scale (BPRS)
  - Positive and Negative Syndrome Scale (PANSS)
- Specialized Functioning measures:
  - Global Functioning: Social and Role Scales
- Screener: Prodromal Questionnaire – Brief Version (PQ-B)

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**STRUCTURED INTERVIEW FOR  
PSYCHOSIS-RISK SYNDROMES  
ENGLISH LANGUAGE**

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Thomas H. McGlashan, M.D.  
Barbara C. Walsh, Ph.D.  
Scott W. Woods, M.D.

*PRIME Research Clinic  
Yale School of Medicine  
New Haven, Connecticut  
USA*

CONTRIBUTORS

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Joanna Rosen, PsyD, Ming Tsuang, MD, PhD, Elaine Walker, PhD

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Version 5.6

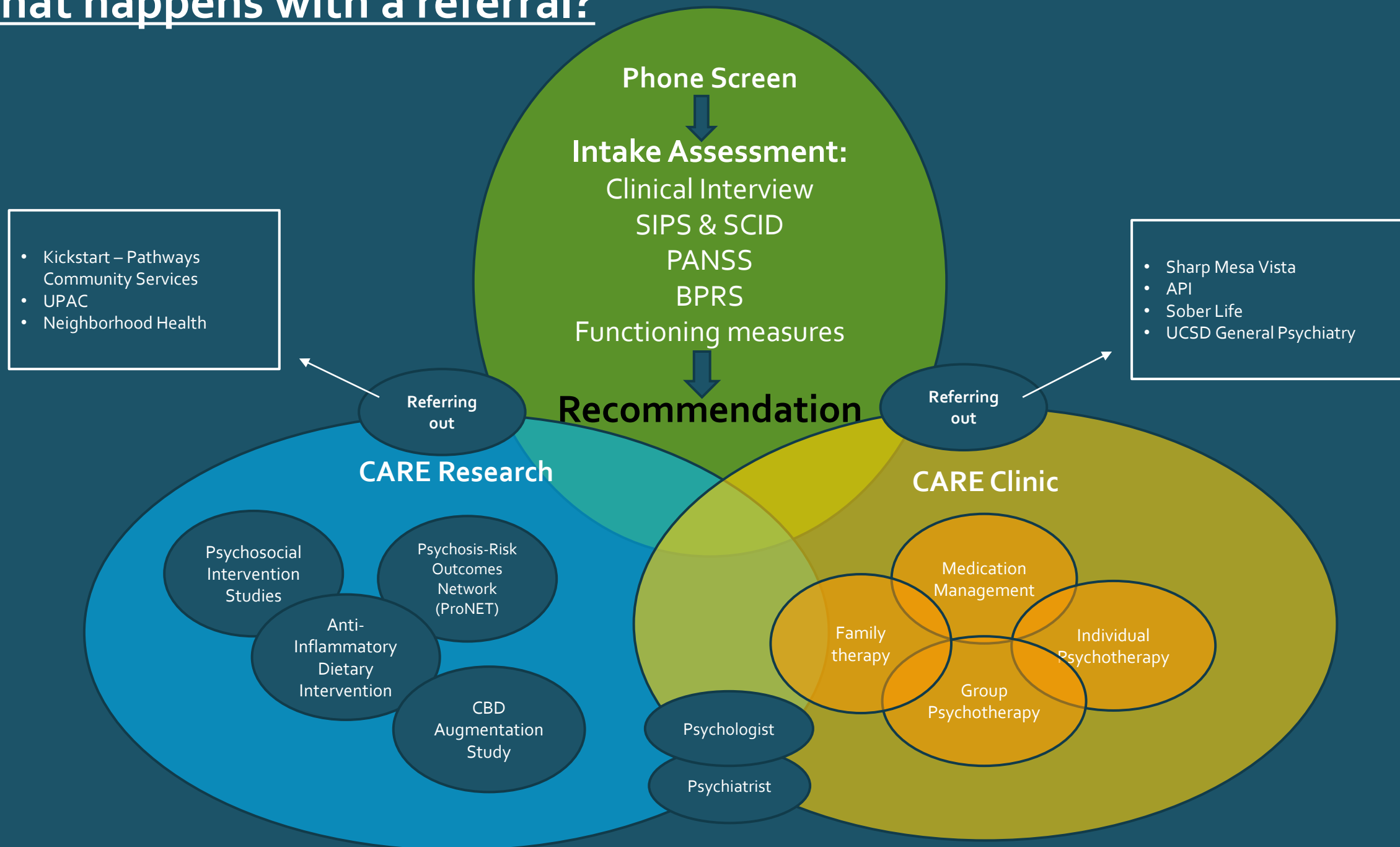
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Patient ID: \_\_\_\_\_ Date: \_\_\_\_\_  
Interviewer: \_\_\_\_\_ Rater: \_\_\_\_\_ Other Raters Present: \_\_\_\_\_

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# What happens with a referral?





# UCSD CARE Early Psychosis Specialty Clinic

We offer:

- Thorough diagnostic assessments
- Medication consultation
- Medication management
- Individual psychotherapy
  - CBT for Psychosis, MI, Mindfulness Based Therapy
- Group psychotherapy
  - Wellness Group, DBT, Teen Group
- Peer support
- Family psychoeducation
- Supported employment/education

# CARE Clinic - Psychosocial Treatment

Goals for treatment include:

- Helping clients gain awareness into their psychotic illness or if at the clinical high risk stage, maintain insight
- Teach clients coping skills to deal with symptoms
- Help them reduce distress associated with experiencing psychotic (-like) symptoms, especially hallucinations
- If at psychotic stage: Teach them ways to reduce their degree of conviction about delusional beliefs
- Teach skills to maintain improvements and prevent relapse

# Treatment Process

- Interdisciplinary collaboration is very important: medication can make a huge difference in client's ability to be active in therapy
- Challenging delusional beliefs or hallucinations should happen later in therapy
- Separating symptoms from diagnosis
- Addressing comorbid symptoms
- Psychoeducation is essential at every stage
- Family support

# UCSD CARE Research - Current Studies

Study / Ages	Name	Overall Looking for
UPLIFT (12-25 y/o)	Family-Focused Therapy for Individuals at High Clinical Risk for Psychosis: A Confirmatory Efficacy Trial	To examine the effects of a 6-month family intervention in improving symptoms in adolescents and young adults.
CBD (16-30 y/o)	Effects of Cannabidiol (CBD) versus Placebo as an Adjunct to Antipsychotics in Early Psychosis	To find out more about the effects of Cannabidiol on reducing symptoms and improving cognition in early psychosis.
ProNet (12-30 y/o)	Psychosis-Risk Outcomes Network	To phenotype multi - modal biomarkers, psychopathology & cognition, genetics, body fluid, natural speech & passive/ ecological
Diet (15-30 y/o)	An Anti-Inflammatory Wholesome Food Dietary Intervention in First Episode Psychosis - Pilot	Design and assess the feasibility and acceptability of a Dietary Intervention for early psychosis patients.

# How do I know whether this is a good referral?

Identify individuals who could benefit from further evaluation

- The Prodromal Questionnaire–Brief Version (PQ-B)
  - 16 or 21 Items – self-administered or clinician administered
  - 89% sensitivity and 58% specificity
  - Endorsement of 3 or more positive symptoms
  - Distress score of 6 or more

# PQ-B Sample Items

1. Do familiar surroundings sometimes seem strange, confusing, threatening or unreal to you?

If YES: When this happens, I feel frightened, concerned, or it causes problems for me: Strongly disagree; disagree; neutral; agree; strongly agree

2. Have you heard unusual sounds like banging, clicking, hissing, clapping or ringing in your ears?

If YES: When this happens, I feel frightened, concerned, or it causes problems for me: Strongly disagree; disagree; neutral; agree; strongly agree

Total Score: Total number of positive symptom items endorsed

- No = 0; Yes = 1
- Range = 0-21

Distress Score: Total number of positive symptoms endorsed weighted by distress

- No=0, Yes: strongly disagree =1, disagree =2, neutral=3, agree=4, strongly agree=5
- Range: 0-105

Endorsed 3 or more positive symptoms

Distress score of 6 or more

# A Clinical Research and Treatment Service for Adolescents and Young Adults

## How to Refer:

### CARE Early Psychosis Specialty Clinic

350 Dickinson St Suite 3-325,  
San Diego, CA 92103

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Referrals: (858) 534-7792 or (619) 543-7745

### CARE Research

4510 Executive Dr. Suite #115  
San Diego, CA 92121

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Daniella Cardenas, MHP  
Study Recruitment Coordinator

Referrals: (619) 543-3199  
(619) 543-7745  
Text: (619) 854-3322  
[dcardenas@health.ucsd.edu](mailto:dcardenas@health.ucsd.edu)



UC San Diego

Q&A





UC San Diego

Thank you!

# A New Start

+

Union of Pan Asian Communities



UPAC

# Who We Are and What We Do

A New Start is an outpatient MAT (Medically Assisted Treatment) program created from a lack of MAT services for adolescents struggling with Opioid Use Disorder (OUD).

A New Start focuses on raising awareness through its outreach and education on MAT, OUD, and treatment resources. A New Start aims to reach the underserved populations of San Diego's East African Communities and transitional age youth (TAY).

A NEW START PROGRAM INCLUDES A PROVIDER THAT PRESCRIBES MAT MEDICATIONS AND ASSIGNED CARE COORDINATORS THAT HELP WITH SCREENING/REFERRAL SUPPORT, WHO HELP TRAIN AND DISTRIBUTE NARCAN TO THE COMMUNITY.

## Services We Provide

- + Outreach, psychoeducation, and community engagement
- + Case Management support and resource navigation
- + Narcan kit distributions
- + MAT (Medically Assisted Treatment) prescribing (Buprenorphine, Naltrexone etc.)
- + MAT screening and referrals

## Who We Serve

- + A New Start will be able to prescribe and provide MAT services to 12-25 years old that have an Opioid Use Disorder.
- + Additionally, A New Start focuses on raising awareness through outreach and psychoeducation of MAT services that especially targets the populations of San Diego's East African Communities and unhoused transitional age youth.

THIS SERVICE IS SUPPORTED BY A FEDERAL GRANT UNDER THE STATE OPIOID RESPONSE PROGRAM, WITH FUNDING PROVIDED BY THE CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

# What is MAT (Medical Assisted Treatment)?

There are different types of MAT that can help assist those in addiction with managing cravings and can also help with easing withdrawal symptoms.

MAT is often used in conjunction with services such as individual and group counseling, support groups and other treatment needs.

MAT offers FDA approved medications—methadone, buprenorphine, naltrexone—that help to address the opioid withdrawal symptoms and promote long-term recovery.

Benefits to using MAT include:

- Replaces dopamine
- Helps the person feel more normal
- Improves functioning
- Increased retention in treatment
- Decreased cravings
- Decreased opioid use
- Decreased intravenous drug use (IVDU) and complications
- Decreased overdose
- Decreased mortality
- Decreased criminal behavior

# MAT Myths

## Myths:

- + "Quitting drugs is all about willpower."
- + "MAT just substitutes one addiction for another."
- + "You should not be on MAT if you are pregnant."
- + "MAT should not be long-term."

+ MISCONCEPTIONS ABOUT MAT ARE DETRIMENTAL AND PERPETUATE STIGMA WHICH CAN LIMIT RECOVERY OPTIONS AND KEEP PEOPLE FROM GETTING BETTER.

# Narcan

NARCAN is a potentially lifesaving medication designed to help reverse the effects of an opioid overdose in minutes.

NARCAN is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression

Since most accidental overdoses occur in a home setting, NARCAN Nasal Spray was developed for first responders, as well as family, friends, and caregivers and requires no specialized training.

- +  
-Inhalation not required
- Needle-free
- Designed for ease-of-use
- Used by first responders
- Concentrated 4 mg dose (2 per carton)
- Requires no assembly or specialized training



NARCAN NASAL SPRAY IS NOT A SUBSTITUTE FOR EMERGENCY MEDICAL CARE

# Referral Process

- + Screening completed by phone
- + Schedule Intake and Enrollment for in-person visit
- + Schedule follow-up with Care Coordinator and new patient appointment with Physician

Email: *ndamlong@upacsd.com* or *jleyva@upacsd.com* to schedule a time for a phone screening

**OR** Call us at: 619-340-3707 (Nay) or 619-380-3926 (Julie)



## Our Mission

The mission of UPAC A New Start program is to provide necessary access to MAT (Medically Assisted Treatment) services for youth and young adults. We also help to bridge the gap between other needed resources to support the goal of successful substance use treatment.

We pride ourselves in delivering services based on the whole person approach, addressing personalized needs and promoting recovery to improve quality of life for individuals we serve.



## A New Start Hours of Operation

### Central

3539 College Avenue  
San Diego, CA 92115  
Tel: (619) 380-3926 OR  
(619) 340-3707  
Fax: (619) 795-6906

Hours of Operation:  
Monday through Friday  
10 a.m. – 6:30 p.m.

Website [www.upacsd.com](http://www.upacsd.com)

“This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.”



## Union of Pan Asian Communities



## A New Start



Providing youth and young adults access to MAT (Medically Assisted Treatment) services and resources to aid in the recovery of substance use disorders

## Our Services



- MAT (Medically Assisted Treatment) evaluation and access
- Connection and referral to counseling options
- Connection to recovery resources
- Psychoeducation
- Case Management Services
- Employment Support Services

## Our Approach

- Holistic
- Comprehensive
- Supportive / Compassionate
- Culturally Appropriate
- Educational
- Community-Based
- Evidence-Based



## Eligibility

- No Insurance
- Ages 12—25
- Have a Opioid Use Disorder (OUD)
- Parental consent for MAT medications

Join us at our **14th Annual Early Childhood Mental Health Conference – We Can't Wait**. Let's re-imagine prevention and early intervention and **shift the focus to the role of positive experiences in human development**.

Distinguished speakers will highlight community driven, evidence-based interventions that have been developed, researched, implemented, and are making a difference, including Zero to Thrive from Michigan and the HOPE programs from Chicago. These programs, some of which have been implemented here in San Diego, promote healthy child development (0-5) and emphasize strengths, positivity and hope, rather than deficits.

Get the full experience by attending in-person at the Town and Country Hotel in San Diego's Mission Valley or join us via Zoom! (Keynote sessions and selected breakout sessions will simultaneously be offered on Zoom for virtual attendees Thursday and Friday).

#### Registration Fees:

**Live:** In-Person at the Town and Country Hotel, San Diego CA

**Thursday/Friday** Early Bird Fee \$175 per day (After July 31: \$200 per day)

Includes parking, lunch, and refreshments

**Saturday 1/2 Day:** \$75 per day (After July 31: \$100)

Includes parking, breakfast, and refreshments

**Virtual Attendance** via Zoom

Thurs/Fri Only: \$75 per day.

**CE/CME is Included** at no extra fee, thanks to additional funding this year from **San Diego County Behavioral Health Services!**



### Keynote Speakers

**Kate Rosenblum, PhD, ABPP** is a clinical and developmental psychologist and holds dual appointments as a Professor in the Department of Psychiatry and Obstetrics and Gynecology at the University of Michigan. She co-directs the Women and Infants Mental Health Program, the Infant and Early Childhood Clinic, and Zero to Thrive, a program focused on promoting the health and resilience of families with young children facing adversity through research, training, and service. Visit: [www.zerotothrive.org](http://www.zerotothrive.org)

**Maria Muzik, MD, MSc** **Maria Musik, MD, MSc** is an Associate Professor of Psychiatry and Obstetrics & Gynecology and serves as the Medical Director of the Perinatal Psychiatry Program at Michigan Medicine, the Medical Director for MC3 Perinatal, a state-wide perinatal access program to primary care, public health nursing, community mental health and other health providers, and co-director of Zero to Thrive. Visit [www.zerotothrive.org](http://www.zerotothrive.org)

**Robert Sege, MD, PhD, FAAP** is a pediatrician and director of the Center for Community-Engaged Medicine at Tufts Medical Center, and a Professor of Medicine and Pediatrics at Tufts University School of Medicine. Dr. Sege is nationally known for his research on effective health systems approaches that directly address the social determinants of health. He is a Senior Fellow at the Center for the Study of Social Policy in Washington and serves on the boards of the Massachusetts Children's Trust and Prevent Child Abuse America. Visit: [www.positiveexperience.org](http://www.positiveexperience.org)

**Aimee Zeitz, LMFT** has over twenty years of experience in non-profit leadership, built on a foundation of strategic partnerships and authentic collaboration. In 2017, she joined the YMCA Childcare Resource Service, a social services branch of the YMCA of San Diego County. She currently serves as the Director of Strategic Advancement, supporting programs across the agency in providing comprehensive, family-centered services, building out the YMCA "Community Connection Hub" model and overseeing multiple early childhood mental health programs. She also serves as the Project Director for Partners in Prevention, a local collaborative effort to increase child and family wellbeing and prevent child abuse and neglect. Visit: [www.ymcasd.org](http://www.ymcasd.org)

**Kimberly Giardina, DSW, MSW**, is the director for the Child and Family Well-Being department with the San Diego County Health and Human Services Agency and has consulted on child welfare issues at the national, state, and local levels. Dr. Giardina is leading the transformation of the child welfare system in San Diego into a child and family well-being system with the vision of improving coordination, communication and partnership between family serving organizations in San Diego to help strengthen families and communities so that fewer children experience abuse and neglect. Her passion is to improve policy and practice issues within the child welfare system so that it works best for the children and families it serves. Visit: [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/)



**If you are involved in providing assessment, treatment, education, or services for children & families, this conference is for you!**

**Register Now:** [Click Here](#)

**Visit:** [earlychildhoodmentalhealth-sandiego.com](http://earlychildhoodmentalhealth-sandiego.com)

Behavioral Health Services  
Children, Youth and Families  
**Program Manager Meeting Schedule**  
FY23-24

<b>Meetings to be held virtually</b> 9:30 a.m. - 11:30 a.m. (Breakout Sessions 11:30 a.m. - 12:30 p.m.) * *topic specific as determined
July 13, 2023
September 14, 2023
November 9, 2023
January 11, 2024
March 14, 2024
May 9, 2024