LIVE WELL SAN DIEGO

Program Manager Meeting

Children, Youth and Families | Behavioral Health Services

July 11, 2019| Scottish Rite Center | Claude Morrison Room

1895 Camino del Rio S., San Diego 92108

9:30 – 11:30 a.m.

Agenda - Notes

- **Welcome** – Amanda Lance-Sexton

- **QM Updates** *(MH)* – Lisa O'Connor 5 minutes
  - Authorization of Specialty Mental Health Services - *The Department of Health Care Services (DHCS) IN 19-026 issued to county Mental Health Plans (MHPs) regarding the authorization of specialty mental health services (SMHS).*
    Effective July 1, 2019, the following SMHS will require <u>initial</u> authorization and concurrent review for ongoing services: Crisis Residential Treatment Services (CRTS) and Adult Residential Treatment Services (ARTS)
    Effective August 1, 2019, the following SMHS will require <u>prior</u> authorization and concurrent review for ongoing services: Therapeutic Behavioral Services (TBS), Day Treatment Intensive, Day Rehabilitation, Therapeutic Foster Care (TFC) and Intensive Home-Based Services (IHBS)
    Further communications regarding the authorization processes for these services will be coming soon.
  - Continuity of Care - *For continuity of care requests please direct all beneficiaries to contact the **Access and Crisis Line** at **1-888-724-7240**. Optum will then determine if the beneficiary meets criteria for this request, and if so, will coordinate with the out-of-network provider to ensure that the beneficiary receives continued care until transition to an in-network provider can be established.*
  - OPOH update - *There is an update to section E. Please check the July UTTM for updated forms available on the Optum website.*

- **Pathways to Well-Being (PWB)** *(MH)* (handout) – Mandy Kaufman 5 minutes
  New Pathways to Well-Being monthly Bulletin includes provider Q and A along with announcements.
  - Updated PWB Procedure for Child and Family Team Meeting Referral Form - *As of July 1, 2019, providers are required to keep a copy of the CFT Meeting Referral Form in the hybrid chart for all CFT meetings attended. The CFT Meeting Facilitation Program will send a copy of the referral form if the provider attended a CFT meeting initiated by CWS or Probation.*
  - Updated PWB Medical Record Review Tool - *Each year, PWB in collaboration with BHS Quality Management (QM), update the PWB section of the Medical Record Review Tool (MRR). The new MRR tool goes into effect July 1, 2019 and the PWB section can be viewed on the 2019-4 PWB Bulletin sent providers on July 8, 2019.*

- Please remember to share all bulletins and updated PWB information with your staff. Updated forms, bulletins and up to date information can be found on the RIHS website: https://theacademy.sdsu.edu/programs/RIHS/pathways/

➢ **Continuum of Care Reform (CCR)** *(MH)* – Seth Williams 5 minutes

Interagency Placement Committee - *A memo will be sent out shortly announcing that beginning August 1st, 2019 BHS treating providers will be invited to the Interagency Placement Committee meetings as applicable.*

The role of the IPC is to certify that children and youth have treatment needs that can only be met in an intensive 24-hr care setting and not in a home-based setting. The IPC bases their decision upon the review of assessments, evaluations, other documentation presented and the discussion of the case by IPC members.

In an IPC meeting the BHS provider should be prepared to discuss the current diagnosis of the child/youth, mental health services provided and impact of those services, current treatment plan and progress toward goals, and ideas or strategies to meet the child/youth's mental health needs

Input given by the BHS provider will be utilized to assist with the IPC decision-making process, such as confirming medical necessity is met and evaluating if less restrictive levels of treatment are appropriate to meet a youth's clinical needs.

Beginning in August 2019, the BHS CCR team, in collaboration with CWS and Probation, will invite treating BHS providers as applicable for initial IPC screenings, and for IPC extension screenings when a youth has been in STRTP placement for 6 months or longer.

➢ **CANS/PSC Updates** *(MH)* (handout) – Eileen Quinn-O'Malley 15 minutes

QSR

QSR objectives- Next BHS PM meeting (9/5/19), CASRC and CYF will present on the new QSR Outcome objectives and explain how data will be reviewed in FY 19/20.

- *FY 19/20 data collection will focus on reviewing data 3 different ways *Amount (percentage in improvement) *Reliability (change that is statistically significant) *Clinically (clinically significant change for clients demonstrating impairment)*

FY 19/20 QSR Outcomes reporting process

- *Programs will attach the QSR Outcome summary report generated from CYF mHOMS to the QSR.*
- *Completion rate will be main outcome – PSC threshold is 75% and CANS is 95%.*
- *QSR Outcome tab will have text boxes to explain specific discrepancies in the data.*

CANS Individual Outcome report

This new report went live on 7/1/19 and can be generated when there are two time points entered in CYF mHOMS database. The individual report can be shared with client and family ('For Internal Use' only means that it is not a public document).

'One CANS'

Reminder to share CANS with CWS if youth has an open case and Probation if placing agency. All systems and individuals involved with client and family should be working from one CANS. Essential to conceptualize that there is one client/family who have shared their story with multiple systems/individual and the CANS allows for all perspectives to be summarized into the CANS.

CANS/PSC Resources

RIHS website has link to PSC and CANS' webinars including:

- *PSC Graphs and Clinical Utility*
- *CANS informing Treatment Planning*
- *Clinical Supervision with CANS*
- *CANS and CFT conversations*

- **Therapeutic Behavioral Services** *(MH)* (handout) – Eileen Quinn-O'Malley 10 minutes

  Pre-authorization process - *State recently identified specific mental health services requiring prior authorization. TBS is included as one of the services requiring prior authorization. Prior Authorization Request will be submitted to Optum Health by referring specialty mental health provider. Authorization form will be utilized as referral to TBS provider once authorization request is approved.*

  There is a projected start date of 8/1/19 – A CYF memo will be distributed prior to start date.

- **I CARE** *(MH)* (handout) - Nicole Egan, San Diego Youth Services 10 minutes

  Provides services to young people up to the age of 21 years who have experienced commercial sexual exploitation or at risk for it.

- **SchooLink** *(MH/SUD)* (handout) – Eileen Quinn-O'Malley 10 minutes
  - SchooLInk Threshold Guidelines Memo

  A memo was issued on 7/1/19 which outlined FY 19/20 SchooLink thresholds for SchooLink providers.

  The goal of setting thresholds is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner.

  FY 19/20 is a transition year and not all sites will immediately meet the thresholds. If expectations are not met this year, there will be no immediate impact on service provision at designated schools.

- **Teen Vaping** *(MH/SUD)* – Irene Linayao-Putman, Public Health 30 minutes
  E-cigarette use is increasing with today's youth. Nicotine is harmful to adolescent brain development, which continues into the early mid-20s, is toxic to developing fetuses, can be highly addictive.

- **SmartCare BHConnect** *(MH)* (handout) – Deborah Skvarna, Vista Hill Foundation 15 minutes
  Innovative behavioral health treatment program which aims to provide unconnected, frequent users of emergency care, the behavioral health services they need via a technology platform.

- **Medication Assisted Treatment for youth and perinatal** *(MH/SUD)* - Deborah Hamilton, Comprehensive Treatment Center 15 minutes
  Overview of MAT services available in the community and upcoming summit on MAT usage in the perinatal population.

- **Program Flyers** *(MH/SUD)* – Shannon Jackson
  Moving into the next fiscal year, it is a good time to review the content of your program websites and other promotional materials to assure alignment with program objectives and statement of work requirements. Promotional materials for County funded programs shall include the HHSA Live-Well logo and be provided to the COR for review and approval before distribution. Promotional materials shall include but not limited to electronic and printed materials such as brochures, flyers, and other materials.
  - Logo and brand guide are attached

- **BHS SUD Treatment Provider Meeting** *(SUD)*– Shannon Jackson
  - Scottish Rite Center, 1895 Camino del Rio S., 92108 – Claude Morrison Room
    10:00 am – 11:30 am, July 16, August 27, September 17 and November 29, 2019

- **Announcements** *(MH/SUD)*
  - CYF Program Manager Meeting FY19-20 schedule (handout)
  - DDMHT/DDCAT due by July 15[, 2019
  - CCISC Annual Reports due by July 15, 2019
  - June MSR/Q4 QSRs due by July 15, 2019
  - Inventory Reports due by August 1, 2019
  - Subcontract/Contractor Agreements due by July 31, 2019
  - Signature Authorization Form due by July 31, 2019
  - Site Visits to be completed by December 31, 2019
  - 10th Annual Early Childhood Mental Health Conference – We Didn't Wait, September 12-14, 2019, Crown Plaza Hotel, San Diego (handout)

- **Next Meeting: September 5, 2019**

  Scottish Rite Center
  Claude Morrison Room
  1895 Camino del Rio So., San Diego, 92108
  9:30 a.m. -11:30 a.m.

Mental Health Services

Knowledge Sharing

Authorization of Specialty Mental Health Services

- Department of Health Care Services (DHCS) IN 19-026 issued to county Mental Health Plans (MHPs) regarding the authorization of specialty mental health services (SMHS).
- Effective July 1, 2019, the following SMHS will require **initial** authorization and concurrent review for ongoing services:
  - Crisis Residential Treatment Services (CRTS)
  - Adult Residential Treatment Services (ARTS)
- Effective August 1, 2019, the following SMHS will require **prior** authorization and concurrent review for ongoing services:
  - Therapeutic Behavioral Services (TBS)
  - Day Treatment Intensive
  - Day Rehabilitation
  - Therapeutic Foster Care (TFC)
  - Intensive Home-Based Services (IHBS)
- Further communications regarding the authorization processes for these services will be coming soon.

Beneficiary Handbook Updates

- MHP Beneficiary Handbook has been revised and is available in all threshold languages on Optum under the Beneficiary tab and under the "Consumers and Families" tab.
- Programs shall offer all new clients a copy of the MHP Beneficiary Handbook or direct them to the Optum Website where they can view an electronic version under the Consumer & Families Tab.

Continuity of Care

- For continuity of care requests please direct all beneficiaries to contact the **Access and Crisis Line** at **1-888-724-7240**.
- Optum will then determine if the beneficiary meets criteria for this request, and if so, will coordinate with the out-of-network provider to ensure that the beneficiary receives continued care until transition to an in-network provider can be established.

OPOH Updates

- **Section E:** This section was updated to direct users to the Healthy San Diego and Optum websites, remove HMO language and replace with MCP, and remove statements indicating a ROI was mandatory for coordinating care with a PCP. HIPAA does not require a ROI for coordination of care.

Optum Website Updates
Provider Doc

Beneficiary Tab

- Full Guide (MHP Beneficiary Handbook) in Arabic and Farsi

Forms Tab

- Beneficiary Materials MHP Order Form

Manuals Tab

- Outcome Measures Manual San Diego CSS Programs

OPOH Tab

- Organizational Providers Operation Handbook (Complete Handbook)
- Section E – Integration with Physical Healthcare

References Tab

- Clinical Standards for Client plans
- CYF Brief Treatment Model
- Tip Sheet for Billable Services
- Trauma-Informed Care Code of Conduct

UCRM Tab

- BHA Adult and Children Paper Form Fill Instructions
- Client Plan Form Fill and Signature Page
- Day Treatment Weekly Summary
- Discharge Summary Paper Form Instructions
- LOCUS Instrument Version 20
- Medication Progress Notes – SC24 thru SC28

Pathways to Well-Being

- As of July 1, 2019, providers are required to keep a copy of the CFT Meeting Referral Form in the hybrid chart for all CFT meetings attended. For more information please see Pathways to Well-Being Bulletin 2019-3: Updated PWB Procedure for CFT Meeting Referral Form email sent to providers on 6/25/19.
- Each year, PWB in collaboration with QM, updates the PWB section of the Medical Record Review Tool (MRR). The new MRR tool goes into effect July 1, 2019 and the PWB section can be viewed on the 2019-4 PWB Bulletin sent providers on July 8, 2019.
- **NOW LIVE!** Updated version of Pathways to Well-Being & Continuum of Care Reform eLearning (PCWTADL0043).
  - Replaces the current mandated Introduction to PWB: Understanding the Katie A. Lawsuit and Core Practice Model eLearning.
  - Completion of the revised course is required within 60-days of hire.
  - Great refresher for those who took the original elearning and includes updated CCR and ICPM information.

Optum Website Updates
Provider Doc

UCRM Tab (continued)

- STRTP Admission Statement – Explanation and Form Fill
- STRTP Discharge Summary – Explanation and Form Fill
- STRTP Medication Note Prescribed Progress Note SC11
- STRTP Medication Flow Chart
- STRTP Transition Determination Plan - Form Fill and Explanation

Training Tab

- Access to Service Journal Tip Sheet

Information Reminder

- PWB announcements, bulletins, forms, explanation sheets, and training announcements/materials along with contact information for PWB Liaisons can be found on the RHIS website: https://theacademy.sdsu.edu/programs/RIHS/pathways/

Management Information Systems (MIS)

ARF Update

- The new versions of the of the 4 ARFs are on the Regpacks site – the **deadline for use in 8/1/19.**
  - Please download these and set-up your digital signatures.
  - A "Submit" button has been added to enable electronic submission.
  - The Tip Sheet used in the recent ARF Trainings is on the Regpacks site
- Problems with the signatures or with Adobe? Please call the **Optum Support Desk.**

Cerner Reminder

- For questions regarding Cerner products or functions, please call or email the Optum Support Desk at 800-834-3792 or SDHelpdesk@optum.com. **Please do not call Cerner directly!**

Access to Services Journal

- Administrative staff need to follow the updated **Access to Services Journal Tip Sheet** to report access time data in CCBH. This helps ensure data accuracy.
- Find the updated **Access to Services Journal Tip Sheet** and **Video Tutorial** on the Optum website at:
  - https://www.optumsandiego.com/content/sandiego/en/asj.html
- Reminders:
  - Only enter journals for clients requesting an appointment. Requests for information or referrals are not entered in the journal.

- If a client requests an appointment they must have a case number. This is regardless of whether they end up accepting an appointment and is very important for State reporting.
- Service code 30 has been added to the Access to Services Journal service code lookup table. This is used to collect the first treatment service appointment offered and treatment service appointment scheduled.
  - **NOTE**: First treatment service refers to the first appointment after medical necessity has been determined. Using service code 30 in the Access to Services Journal is used to represent any treatment service and does not necessarily equate with an Individual Psychotherapy service.
- It is extremely important that the data in the Access to Services Journal is accurate. Please be conscious of the dates you are entering.
  - Appointment dates offered and scheduled should not be prior to the contact date; otherwise data errors will result.
  - Assessment and psychological evaluation appointments should precede treatment service appointments.

- Remember: please review the **Access to Services Journal Tip Sheet** and **Video Tutorial** on the Optum website for instructions, rationales, and tips!

Training and Events

Documentation Training

- **Root Cause Analysis Training:** Friday, July 19, 2019, from 09:00 AM to 12:00 PM.
  - RCA Training will be held at the County Operations Center, 5530 Overland Avenue, San Diego, CA 92123 – Room 129.
- **A/OA Documentation Training:** Friday, August 6, 2019, from 9:00 AM to 12:00 PM.
- **CYF Documentation Training:** Thursday, August 29, 2019, from 09:00 AM to 12:00 PM.
  - A/OA and CFY Documentation Trainings will be held at the County Operations Center, 5560 Overland Avenue, San Diego, CA 92123 – Room 171.
- **Support Partners Trainings:** Next sessions to be scheduled during August-September 2019.
- Notices will be sent 30 days before event dates.
- Cancel registration at BHS-QITraining.HHSA@sdcounty.ca.gov to allow those waitlisted to attend.

Save the Date – 6th Annual QI Knowledge Forum!

- **Audience:** Program Management & QM/QA staff
- **Date:** Friday, July 12, 2018
- **Time:** 1:30 to 4:30 p.m.
- **Location:** Scottish Rite Event Center, 1895 Camino Del Rio South, San Diego, CA 92108

Quality Improvement Partners (QIP) Meeting

- QIP will be dark for the month of July.
- It will resume in August when it will be held on **August 27th,** at National University, 9388 Lightwave Avenue, San Diego, 92123.

Is this information disseminated to your clinical and administrative staff?
Please share UTTM with your staff and keep them *Up to the Minute*!
Send all personnel contact updates to **QIMatters.hhsa@sdcounty.ca.gov**

BHS PROVIDER UPDATES

2019-3

Updated Pathways to Well-Being Procedure for Child and Family Team Meeting Referral Form

As of July 1, 2019, providers are required to keep a copy of the Child and Family Team (CFT) Meeting Referral Form in the hybrid chart and evidence that it was submitted (i.e. Fax transmission confirmation page)

Providers complete and submit the CFT Meeting referral form to the CFT Meeting Facilitation Program whenever there is a need for a CFT Meeting.

If a provider attends a CFT Meeting in which the referral form was completed by CWS or Probation, the CFT Meeting Facilitation Program will send a copy of the referral form to the provider either before or following the CFT meeting to be maintained in the hybrid chart. If a copy of the referral form was not received from the CFT Meeting Facilitation Program, the provider must document that it was not received in either of the following ways:

- Documentation may include a “Never-Billable note” in CCBH stating “CWS/Probation initiated referral, copy of form not received”

OR

- Providers may file a blank referral form in the hybrid chart, with comment on the form stating “CWS/Probation initiated referral, copy of form not received”

As a reminder, as of January 1, 2019, all mental health treatment programs are required to utilize the CFT Meeting Facilitation Program for clients in need of a Child and Family Team (CFT) meeting. *

The referral form can found at the Fred Finch CFT Meeting Facilitation Program website at: https://www.fredfinch.org/child-and-family-team-cft-meeting-facilitation/.

Detailed instructions for completing the referral form can be found on the Pathways to Well-Being webpage at: https://theacademy.sdsu.edu/programs/bheta/pathways/

If you have questions about completing the referral form or accessing the CFT Meeting Facilitation Program, please contact your BHS PWB Liaison or the BHS PWB Program Manager Amanda (Mandy) Kaufman at: Amanda.Kaufman@sdcounty.ca.gov

*Programs with a prior COR approved exception will continue to facilitate CFT Meetings

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY
LIVE WELL SAN DIEGO

BHS PROVIDER UPDATES

2019-4

Each year in June, Pathways to Well-Being (PWB) in collaboration with BHS Quality Management (QM), update the PWB section of the Medical Record Review (MRR) tool. This bulletin includes fiscal year 18/19 and fiscal year 19/20 MRR tools for a comparison of the updates.

If you have questions, please contact the BHS PWB Program Manager Mandy (Amanda) Kaufman at: Amanda.Kaufman@sdcounty.ca.gov or BHS QM at: QIMatters.HHSA@sdcounty.ca.gov.

Fiscal Year 19/20 MRR Tool Effective July 1, 2019:

64	If client has an open CWS case, Eligibility for PWB and Enhanced Services form is completed in CCBH and updated within required timelines.
65	Progress Report to Child Welfare Services form is completed and updated within appropriate timelines and form indicates that CANS were shared with CWS, or reason documented why not.
66	If client has an open CWS case, documentation of PWB Subclass or PWB Class status is noted in the BHA for the review period.
67	If client has an open CWS case, the PWB identifier for Subclass or Class is indicated in Client Categories Maintenance.
68	If utilizing SC 82 Intensive Care Coordination or SC 83 Intensive Home-Based Services, Client Plan has required interventions added.
69	Documentation supports that a CFT (Child Family Team) meeting has occurred within 30 days of identification of Subclass on the Eligibility for PWB and Enhanced Services form, and at a minimum of every 90 days thereafter. If CFT meeting timelines are not met, documentation includes a justifiable reason for CFT meeting postponement and efforts to reschedule CFT meeting as soon as possible.
70	**Survey Question Only:** During the review period, if a CFT meeting occurred, there is evidence in the hybrid chart that a CFT Referral form was completed and sent. If CFT Referral form was completed by an outside agency, there is evidence of this in the hybrid chart or documentation why not filed in chart.
71	When documenting a CFT meeting, the service encounter screen includes entry of the Evidence Based Practice (EBP) indicator “Child Family Team Meeting.”

Previous Fiscal Year 18/19 MRR Tool

71	If Client meets criteria for enhanced services, Eligibility for PWB and Enhanced Services form is completed and in CCBH and Progress Report to Child Welfare Services PWB form is completed and in hybrid chart. Both forms are updated according to required timelines.
72	If Client meets criteria for enhanced services, documentation of Katie A. Subclass or Katie A. Class status is noted in the BHA for the review period.
73	Client is identified in Client Categories Maintenance with the KTA identifier for the subclass or class.
74	If subclass eligible, Client Plan has required intervention of SC 82 Intensive Care Coordination (ICC) (and SC 83 Intensive Home-Based Services is added if assessment indicates client is to receive IHBS).
75	Documentation supports that a CFT (Child Family Team) meeting has occurred within 30 days of identification of subclass on the Eligibility for PWB and Enhanced Services form, and at a minimum of every 90 days thereafter.
76	If CFT meeting timelines are not met, documentation includes clear reason for CFT meeting postponement and efforts to coordinate meeting in the near future.
77	When documenting a CFT meeting, the service encounter screen includes entry of the Evidence Based Practice (EBP) indicator "Child Family Team Meeting."

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Assessment Youth PSC Summary
(Administered to youth ages 11 to 18 only)

CCBH Discharge Date between 7/1/2018 and 3/22/2019

9999 - CASRC Test Site

Total CYF mHOMS Discharges N[1] = 52

Subunits Specified: 9999

Quarterly Status Report Objectives	Program YTD Results %	X	of	Y
Completion Rate for all clients				
1. At Discharge, 75% of clients ages 11-18 whose episode lasted 60 days or longer have Youth PSC data available for both Initial and Discharge assessments[2] demonstrating **completion rate**.	**60.5 %**	**23**	**of**	**38**
Improvement for all clients				
2. Programs shall identify the number of discharged clients ages 11-18 whose episode lasted 60 days or longer, who had the following levels of **treatment improvement**, defined as reductions from initial to discharge on the Youth PSC total scale score.				
2a. Percent of clients who reported ***no*** improvement (0 or 1-point reduction).	**4.3 %**	**1**	**of**	**23**
2b. Percent of clients who reported a ***small*** improvement (2-4 point reduction).	**17.4 %**	**4**	**of**	**23**
2c. Percent of clients who reported a ***medium*** improvement (5-8 point reduction).	**13.0 %**	**3**	**of**	**23**
2d. Percent of clients who reported a ***large*** improvement (9+ point reduction).	**39.1 %**	**9**	**of**	**23**
2e. Percent of clients who reported an **increase in impairment** (1+ point increase).	**26.1 %**	**6**	**of**	**23**
Reliable Improvement for all clients				
3. Programs shall identify the number of discharged clients ages 11-18 whose episode lasted 60 days or longer who had at least a 6-point reduction on the Youth PSC total scale score, **demonstrating reliable improvement.**	**47.8 %**	**11**	**of**	**23**
Impairment Reflected at Intake				
4. Number of discharged clients at or above the clinical cutoff score **(indicating impairment at intake)** on any of the three Youth PSC subscales or total scale score at initial assessment.[3]	**42.0 %**	**21**	**of**	**50**
Completion Rate for clients impaired at intake				
5. Number of discharged clients ages 11-18 whose episode lasted 60 days or longer, who scored above the clinical cutoff on any Youth PSC subscale or total scale score at initial assessment AND had discharge data available, **demonstrating completion rate.**	**88.2 %**	**15**	**of**	**17**
Clinically Significant Improvement for clients impaired at intake				
5a. Number of discharged clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Youth PSC total scale score demonstrating **clinically significant** improvement.	**40.0 %**	**6**	**of**	**15**

1. Clients with a CCBH discharge date in CYF mHOMS.
2. Discharge PSC score = discharge PSC or follow-up PSC score (if the measure was completed within 60 days prior to the client discharge date).
3. Clients ages 11-18 who started at or above the clinical cutoff with a total score of 30 or higher, attention subscale score of 7 or higher, internalizing subscale score of 5 or higher, or externalizing subscale score of 7 or higher.

Selection Criteria: Clients with CCBH Discharge Date between 7/1/2018 and 3/22/2019.

For Internal Use Only

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Assessment CANS Summary

CCBH Discharge Date between 7/1/2018 and 3/22/2019

9999 - CASRC Test Site **Total CYF mHOMS Discharges N[1] = 1867**

Subunits Specified: 9999 **Program YTD Results**

Quarterly Status Report Objectives	%	X	of	Y
Impairment Reflected at intake				
1. For discharged clients (ages 6-21), what number of actionable needs (2 or 3) did they have across the Child Behavioral and Emotional Needs, Risk Behaviors and Life Functioning domains at intake?				
1a. Percent of clients who had **no actionable needs** on their intial assessment	**9.6%**	**180**	**of**	**1867**
1b. Percent of clients who had **1-5 actionable needs** on their initial assessment	**48.8%**	**912**	**of**	**1867**
1c. Percent of clients who had **6+ actionable needs** on their initial assessment	**41.5%**	**775**	**of**	**1867**
Completion Rate				
2. At Discharge, 95% of clients ages 6-21 whose episode lasted 60 days or longer, have CANS data available for both initial and discharge assessments.[2]	**92.9%**	**1044**	**of**	**1867**

3. Actionable Needs at Intake Number of clients who entered services with an actionable need ('2' or '3') in the following areas:	%	X	of	Y	4. Progress at Discharge Number of clients who moved from a '2' or '3' to a '0' or '1' in the following areas:	%	X	of	Y
3a. Life Functioning	**73.3%**	**765**	**of**	**1044**	4a. Life Functioning	**72.5%**	**555**	**of**	**765**
3b. Risk Behaviors	**66.9%**	**698**	**of**	**1044**	4b. Risk Behaviors	**67.2%**	**469**	**of**	**698**
3c. Child Behavioral and Emotional Needs	**78.8%**	**823**	**of**	**1044**	4c. Child Behavioral and Emotional Needs	**42.2%**	**347**	**of**	**823**

1. Clients with a CCBH discharge date in CYF mHOMS.
2. Discharge CANS completed at discharge or follow-up (if the measure was completed within 60 days prior to the client discharge date).

Selection Criteria: Clients with CCBH Discharge Date between 7/1/2018 and 3/22/2019.

For Internal Use Only

Discharged Clients - Initial to Discharge Assessment CANS Summary

SYSTEM OF CARE EVALUATION
Discharged Clients - Initial to Discharge Assessment SD CANS-EC Summary

CCBH Discharge Date between 7/1/2018 and 3/22/2019

9999 - CASRC Test Site | **Total CYF mHOMS Discharges N[1] = 1867**

Subunits Specified: 9999 | **Program YTD Results**

Quarterly Status Report Objectives	%	X	of	Y
Impairment Reflected at intake				
1. For discharged clients (ages 0-5), what number of actionable needs (2 or 3) did they have across the Challenges, Risk Behaviors and Functioning domains at intake?				
1a. Percent of clients who had **no actionable needs** on their intial assessment	**9.6%**	**180**	**of**	**1867**
1b. Percent of clients who had **1-5 actionable needs** on their initial assessment	**48.8%**	**912**	**of**	**1867**
1c. Percent of clients who had **6+ actionable needs** on their initial assessment	**41.5%**	**775**	**of**	**1867**
Completion Rate				
2. At Discharge, 95% of clients ages 0-5 whose episode lasted 60 days or longer, have SD CANS-EC data available for both initial and discharge assessments.[2]	**92.9%**	**1044**	**of**	**1867**

3. Actionable Needs at Intake Number of clients who entered services with an actionable need ('2' or '3') in the following areas:	%	X	of	Y
3a. Functioning	**73.3%**	**765**	**of**	**1044**
3b. Risk Behaviors	**66.9%**	**698**	**of**	**1044**
3c. Challenges	**78.8%**	**823**	**of**	**1044**

4. Progress at Discharge Number of clients who moved from a '2' or '3' to a '0' or '1' in the following areas:	%	X	of	Y
4a. Functioning	**72.5%**	**555**	**of**	**765**
4b. Risk Behaviors	**67.2%**	**469**	**of**	**698**
4c. Challenges	**42.2%**	**347**	**of**	**823**

1. Clients with a CCBH discharge date in CYF mHOMS.
2. Discharge SD CANS-EC completed at discharge or follow-up (if the measure was completed within 60 days prior to the client discharge date).

Selection Criteria: Clients with CCBH Discharge Date between 7/1/2018 and 3/22/2019.

For Internal Use Only

Discharged Clients - Initial to Discharge Assessment SD CANS-EC Summary

Client ID: 910123002 | Name: CANS Individual Report Sample | DOB: 11/20/2004

Assignment Number: 1 | CCBH Intake Date: 9/12/2018 | CCBH Discharge Date:

Unit: 9000 | Subunit: 9009 | Assigned Clinician: CYF Test

Initial CANS assessment Date: 9/12/2018

Most recent assessment (RA) Date: 1/23/2019

Discharge CANS assessment Date: 6/14/2019

Child and Adolescent Needs and Strengths (CANS) Client Report

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0 = no evidence; 1 = history or suspicion; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
1. Psychosis (Thought Disorder)	1	0	0
2. Impuslivity/Hyperactivity	2	2	1
3. Depression	3	2	2
4. Anxiety	3	2	2
5. Oppositional	1	0	0
6. Conduct	0	0	0
7. Anger Control	0	0	0
8. Adjustment to Trauma [1]	1	2	1
9. Substance Use [2]	1	2	1

STRENGTHS

0 = centerpiece strength; 1 = useful strength; 2 = identified strength; 3 = no evidence

	Initial	RA	Discharge
20. Family Strengths	1	2	3
21. Interpersonal	2	3	2
22. Education Setting	3	3	2
23. Talents/Interests	1	2	2
24. Spiritual/Religious	3	3	3
25. Cultural Identity	3	3	3
26. Community Life	3	3	3
27. Natural Supports	2	2	3
28. Resiliency	2	2	2

CAREGIVER RESOURCES AND NEEDS

0 = no evidence; 1 = history or suspicion; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
10. Supervision	0	1	1
11. Involvement with Care	0	0	1
12. Knowledge	0	0	1
13. Social Resources	0	0	0
14. Residential Stability	0	0	0
15. Medical/Physical	0	0	1
16. Mental Health	0	1	1
17. Substance Use	0	1	1
18. Developmental	0	0	0
19. Safety	0	0	0

LIFE FUNCTIONING

0 = no evidence; 1 = history or suspicion; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
29. Family Functioning	2	2	2
30. Living Situation	0	1	1
31. Social Functioning	1	1	1
32. Developmental/Intellectual	0	0	0
33. Decision-Making	1	1	2
34. School Behavior	1	1	0
35. School Achievement	1	1	1
36. School Attendance	0	1	0
37. Medical/Physical	1	1	1
38. Sexual Development [3]	0	0	0
39. Sleep	1	2	1

CULTURAL FACTORS

0 = no evidence; 1 = history or suspicion; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
40. Language	0	0	0
41. Traditions and Rituals	0	0	0
42. Cultural Stress	0	0	0

RISK BEHAVIORS

0 = no evidence; 1 = history or suspicion; 2 = interferes with functioning; action needed; 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
43. Suicide Risk	2	1	1
44. Non-Suicidal Self-Injurious Behavior	1	1	1
45. Other Self-Harm (Recklessness)	0	1	1
46. Danger to Others	0	0	0
47. Sexual Aggression	0	0	0
48. Delinquent Behavior [4]	0	0	0
49. Runaway	1	0	0
50. Intentional Misbehavior	1	0	0

Legend

Red = Child has a need in this area that required intervention
Blue = Child has a strength in this area that may be used to achieve therapy goals
Green = Child does not appear to have a need in this area that impacts their functioning

For Internal Use Only

Client ID: 910123002 | Name: CANS Individual Report Sample | DOB: 11/20/2004
Assignment Number: 1 | CCBH Intake Date: 9/12/2018 | CCBH Discharge Date:
Unit: 9000 | Subunit: 9009 | Assigned Clinician: CYF Test

FOLLOW-UP ASSESSMENT MODULES (Complete if trigger items are rated a '2' or '3')

1. TRAUMA MODULE (Follow-up to item 8)

0 = no evidence of Trauma | 1 = Evidence of Trauma

	Initial	RA	Discharge
Sexual Abuse		0	
Phsyical Abuse		0	
Neglect		0	
Emotional Abuse		0	
Medical Trauma		0	
Natural or Manmade Disaster		0	
Witness to Family Violence		1	
Witness to Community/School Violence		0	
Victim/Witness to Criminal Actibity		0	
War/Terrorism Affected		0	
Disruptions in Caregiving/Attachment Losses		0	
Parental Criminal Behavior		0	

Sexual Abuse and Traumatic Stress

0 = no evidence | 1 = history or suspicion
2 = interferes with functioning; action needed | 3 = disabling, dangerous; immediate or intensive action needed

If the youth has been sexually abused:

	Initial	RA	Discharge
Emotional Closeness to Perpetrator			
Frequency of Abuse			
Duration			
Force			
Reaction to Disclosure			

Traumatic Stress Symptoms:

	Initial	RA	Discharge
Emotional/Physical Dysregulation		0	
Intrusions/Re-Experiencing		1	
Hyperarousal		0	
Traumatic Grief/Separation		0	
Numbing		0	
Dissociation		0	
Avoidance		0	

2. SUBSTANCE ABUSE MODULE (Follow-up to Item 9)

0 = no evidence | 1 = history or suspicion
2 = interferes with functioning; action needed | 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
Severity of Use		2	
Duration of Use		2	
Stage of Recovery		1	
Peer Influences		1	
Parental Influences		0	
Environmental Influences		0	

3. SEXUALITY MODULE (Follow-up to Item 38)

0 = no evidence | 1 = history or suspicion
2 = interferes with functioning; action needed | 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
Hypersexuality			
Masturbation			
Reactive Sexual Behavior			
Knowledge of Sex			
Choice of Relationships			
Sexual Exploitation			

4. JUVENILE JUSTICE MODULE (Follow-up to Item 48)

0 = no evidence | 1 = history or suspicion
2 = interferes with functioning; action needed | 3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
History			
Seriousness			
Community Safety			
Peer Influences			
Parental Criminal Behavior			
Enviornmental Influences			

Legend

Red = Child has a need in this area that required intervention
Blue = Child has a strength in this area that may be used to achieve therapy goals
Green = Child does not appear to have a need in this area that impacts their functioning

Client ID: 300011111
Name: CANS-EC Report Sample
DOB: 6/1/2015
Assignment Number: 1
CCBH Intake Date: 7/1/2019
CCBH Discharge Date:
Unit: 2130
Subunit: 2131
Assigned Clinician: Antonia Nunez
Initial CANS assessment Date: 7/1/2019
Most recent assessment (RA) Date:
Discharge CANS assessment Date: 12/10/2019

Child and Adolescent Needs and Strengths – Early Childhood (SD CANS-EC) Client Report

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERS.

0 = no evidence
1 = interferes with functioning; action needed

	Initial	RA	Discharge
1. Sexual Abuse	1		1
2. Physical Abuse	1		1
3. Emotional Abuse	1		1
4. Neglect	0		0
5. Medical Trauma	0		0
6. Witness to Family Violence	0		0
7. Witness to Community/School Violence	0		0
8. Natural or Manmade Disaster	0		0
9. War/Terrorism Affected	0		0
10. Victim/Witness to Criminal Activity	0		0
11. Disruptions in Caregiving/Attachment Losses	0		0
12. Parental Criminal Behavior	0		0

CHALLENGES

0 = no evidence
1 = history or suspicion; monitor
2 = interferes with functioning; action needed
3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
13. Impulsivity/Hyperactivity	2		1
14. Depression	3		0
15. Anxiety	0		0
16. Oppositional	1		1
17. Attachment Difficulties	3		3
18. Adjustment to Trauma	2		0
19. Regulatory	0		0
20. Atypical Behaviors	0		0
21. Sleep (12 months to 5 years old) - N/A if child under 12 months	1		1

FUNCTIONING

0 = no evidence
1 = history or suspicion; monitor
2 = interferes with functioning; action needed
3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
22. Family Functioning	2		0
23. Early Education	1		1
24. Social and Emotional Functioning	3		1
25. Developmental/Intellectual	3		2
26. Medical/Physical	0		0

RISK BEHAVIORS & FACTORS

0 = no evidence
1 = history or suspicion; monitor
2 = interferes with functioning; action needed
3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
27. Self-Harm (12 months to 5 years old) - N/A if child under 12 months	0		0
28. Exploited	0		0
29. Prenatal Care	2		0
30. Exposure	0		0
31. Labor and Delivery	0		0
32. Birth Weight	0		0
33. Failure to Thrive	0		0

CULTURAL FACTORS

0 = no evidence
1 = history or suspicion; monitor
2 = interferes with functioning; action needed
3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
34. Language	0		0
35. Traditions and Rituals	0		0
36. Cultural Stress	0		0

STRENGTHS

0 = centerpiece strength
1 = useful strength
2 = identified strength
3 = no evidence

	Initial	RA	Discharge
37. Family Strengths	1		1
38. Interpersonal	0		0
39. Natural Supports	0		0
40. Resiliency (Persist. & Adaptability)	2		2
41. Relationships Permanence	2		2
42. Playfulness	2		0
43. Family Spiritual/Religious	2		1

DYADIC CONSIDERATIONS

0 = no evidence
1 = history or suspicion; monitor
2 = interferes with functioning; action needed
3 = disabling, dangerous; immediate or intensive action needed

	Initial	RA	Discharge
44. Caregiver Emot. Responsiveness	2		1
45. Caregiver Adj. To Traumatic Exper.	1		1

Legend

Red = Child has a need in this area that required intervention
Blue = Child has a strength in this area that may be used to achieve therapy goals
Green = Child does not appear to have a need in this area that impacts their functioning

For Internal Use Only

Client ID: 300011111
Assignment Number: 1
Unit: 2130

Name: CANS-EC Report Sample
CCBH Intake Date: 1/1/2019
Subunit: 2131

DOB: 8/1/2015
CCBH Discharge Date:
Assigned Clinician: Antonia Nunez

CAREGIVER RESOURCES AND NEEDS			
A. Caregiver Name: Mary Smith			
Relationship: Mother			
0 = no evidence; this could be a strength			
1 = history or suspicion; monitor; may be an opportunity to build			
2 = interferes with functioning; action needed			
3 = disabling, dangerous; immediate or intensive action needed			
	Initial	RA	Discharge
46. Supervision	0		0
47. Involvement with Care	3		1
48. Knowledge	0		0
49. Social Resources	2		0
50. Residential Stability	1		0
51. Medical/Physical	0		0
52. Mental Health	1		0
53. Substance Use	0		0
54. Developmental	3		0
55. Safety	1		1
56. Family Rel. to the System	1		1
57. Legal Involvement	0		0
58. Organization	0		0

Legend

Red = Child has a need in this area that required intervention
Blue = Child has a strength in this area that may be used to achieve therapy goals
Green = Child does not appear to have a need in this area that impacts their functioning

FAX TO: (866) 220 – 4495
Optum Public Sector San Diego
Phone: (800) 798-2254, Option 5

THERAPEUTIC BEHAVIORAL SERVICES (TBS)
REFERRAL & AUTHORIZATION REQUEST

☐ Initial Request (submitted by SMHS provider) ☐ Continuing Request (6 mos.) (Submitted by TBS provider)

* Indicates a required section for Initial Requests

Youth Information*:

*Name: _____ *DOB:_____ *Medi-Cal or SSN: _____

*Current Address: _____

School: _____ School District: _____

*Parent/Caregiver Name: _____ *Parent/Caregiver Phone: _____

Referring Party Information*: (*Please Note: Client must be receiving services from a Medi-Cal Specialty Mental Health Services Provider (SMHS)).*

*SMHS Provider Name: _____ *Phone: _____ *Fax: _____

Other Agency/Therapist Information: (*If same as referring party, please leave blank)*

*Name: _____ *Agency: _____ *Relationship: _____

*Phone: _____ *Fax: _____ *E-Mail: _____

CWS Involved: ☐ Yes ☐ No *CWS Contact Name: _____

*Phone: _____ *Fax: _____ *E-Mail: _____

Other Party Involvement: *(i.e. CASA, Mentor, Attorney, Probation, Big Brother/Sister)*

*Name/Relationship: _____ *Contact Phone: _____

*Name/Relationship: _____ *Contact Phone: _____

Specific requests with regard to TBS Coach's language, culture, gender, or age: _____

TBS Class Criteria / Eligibility (Completed by SMHS Provider)* – *All questions below require completion.*

1. Is Youth a full-scope Medi-Cal beneficiary under age 21? ☐ **Yes** ☐ **No** **AND**
2. Is Youth receiving SMHS from a Medi-Cal funded therapist/case manager or other SMHS Provider? ☐ **Yes** ☐ **No**
3. Which of the following conditions have been met by the Youth? *(*Check all that apply, must check a minimum of 1)*
   - ☐ Youth is at risk for emergency psychiatric hospitalization as one possible treatment option, though not necessarily the only treatment option **or** has had at least one emergency psychiatric hospitalization within the past 24 months
   - ☐ Youth is placed in or being considered for placement in a group home facility of RCL 12 or above/STRTP or is in a locked treatment facility for the treatment of mental health needs
   - ☐ Youth may need out of home placement, a higher level of residential or acute care
   - ☐ Youth is transitioning to a lower level of care and needs TBS to support the transition
   - ☐ Youth has previously received TBS while a member of the certified class
   - ☐ Class membership criteria as listed above has not been established but maximum 30 calendar day unplanned contact is requested due to urgent or emergency conditions that jeopardize child/youth current living arrangement

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

FAX TO: (866) 220 – 4495
Optum Public Sector San Diego
Phone: (800) 798-2254, Option 5

Medical Necessity Criteria, completed by the SMHS Provider:

1. ***Diagnosis for focus of TBS**: _____
2. ***Client demonstrates impairment as a result of the included diagnosis** (*at least one of the following applies*):
   - ☐significant impairment in an important area of life functioning
     e.g., living situation, daily activities, or social support

     OR
   - ☐a reasonable probability of significant deterioration in an important area of life functioning

     OR
   - ☐a reasonable probability a person under 21 years of age will not progress developmentally as individually appropriate
3. ***Client meets each of the intervention criteria listed below:**
   - A. ☐The focus of the TBS intervention will address the condition
   - B. Expectation that TBS will:
     - ☐Significantly diminish the impairment **OR**
     - ☐Prevent significant deterioration in an important area of life functioning **OR**
     - ☐Allow the child to progress developmentally as individually appropriate
   - C. ☐The condition would not be responsive to physical health care-based treatment
4. ***Date of most recent Behavioral Health Assessment (BHA), Outpatient Authorization Request (OAR), or Progress Note that demonstrates the above criteria** ____/_____/_____.
5. *SMHS Clinician is requesting the following TBS services:
   - ☐ Up to 25 hours of TBS Intervention per week - **amount**
   - ☐ TBS **scope** inclusive of Assessment, Plan Development, Intervention and Collateral
   - ☐ Up to 6 months of TBS Intervention – **duration**
   - ☐ Other *(explain any changes to amount, scope or duration being requested)*:

     _____

FOR USE BY OPTUM ONLY/AUTHORIZATION DETERMINATION

☐ **OPTUM Reviewed BHA or OAR** **Optum clinician Signature/Date/Licensure**:_____

☐ **TBS Authorization Duration:** 6 months **START DATE**:_____ **END DATE**:_____

☐ **TBS Authorization Amount:** 25 hours per week (standard maximum)

☐ **Additional TBS hours authorized per week** (beyond 25 hours per week) _____

☐ **TBS Service Codes/Authorization Scope:** (SC48) Assessment, (SC46)Plan Development, (SC47)Intervention, and (SC49) Collateral

Date Pre-Authorization sent to TBS provider: _____ **Date referring SMHP notified of status:** _____

If TBS request was ☐ denied ☐ modified ☐ reduced ☐ terminated or ☐ suspended **an NOABD was issued to the beneficiary on the following date:** _____

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY | LIVE WELL SAN DIEGO

I CARE Program

Mid City Youth Center

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

SAN DIEGO YOUTH SERVICES
Building futures for at-risk youth

San Diego Youth Services

A comprehensive non-profit organization that has helped stabilize the lives of more than 700,000 young people and their families since 1970

Our mission is to help at-risk youth and their families become self-sufficient and reach their highest potential.

We administer services of over 20 programs in 80 locations throughout San Diego County such as:

- I CARE
- STARS
- BridgeWays
- Our Safe Place
- Storefront
- Counseling Cove

SAN DIEGO
YOUTH SERVICES
Building futures for at-risk youth

I CARE

SAN DIEGO YOUTH SERVICES
Building futures for at-risk youth

Provides services to young people up to the age of **21** years who have experienced commercial sexual exploitation or are at risk for it.

"At risk" can include truancy, homelessness, substance abuse, domestic violence, past sexual assault, running away and/or being involved in the foster care system.

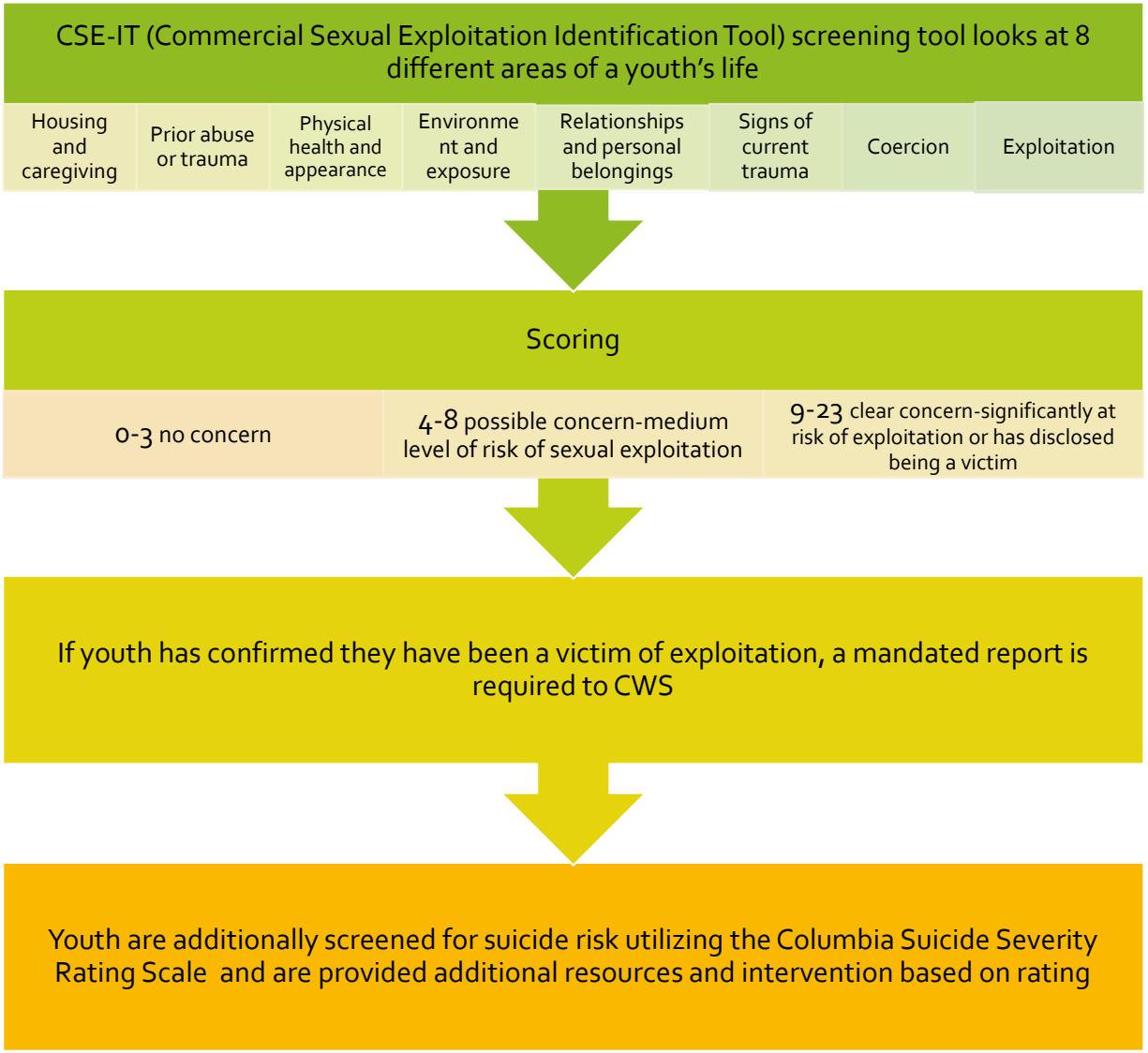
I CARE provides youth with emotional support in developing their inner strengths, self-esteem, and dreams while building a sense of community that promotes healing.

Funding: County of San Diego Health and Human Services Agency, Behavioral Health Services

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL SAN DIEGO

Screening Tools



I CARE Behavioral Health Clinic

Mon-Fri
9am-6pm

Individual and family therapy

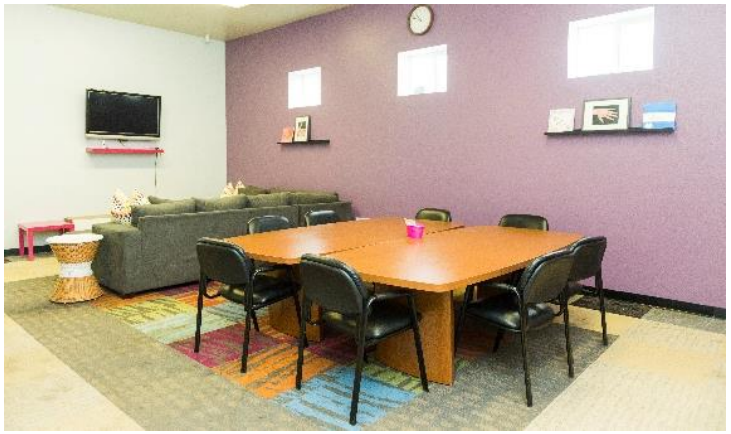
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Eye Movement Desensitization and Reprocessing (EMDR)
- Seeking Safety (co-occurring disorders)
- Harm Reduction
- Available to meet in the community and/or after 6pm

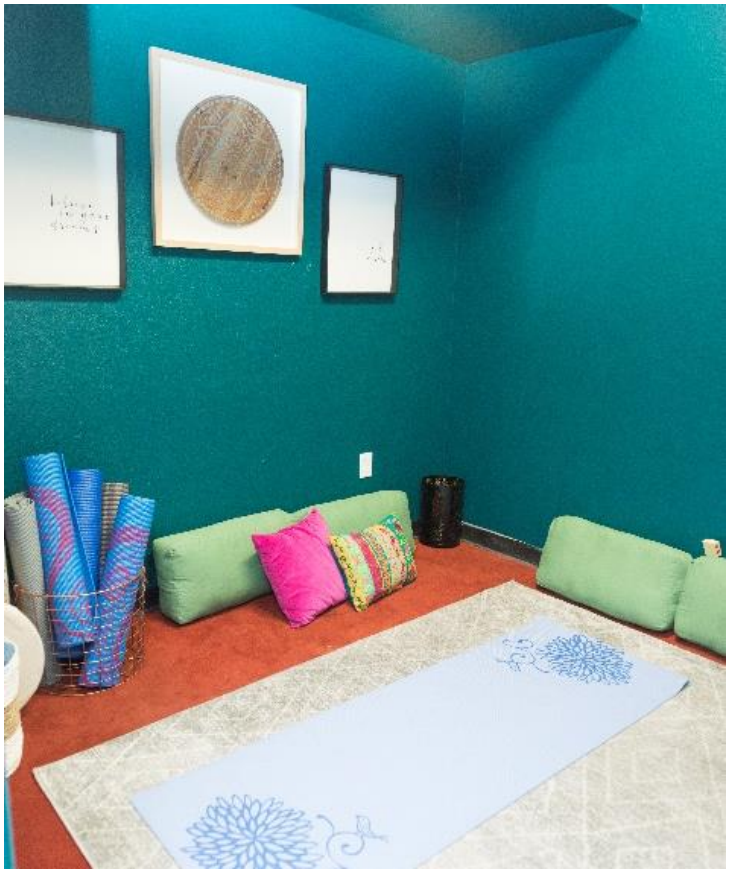
Psychiatry/Medication Management

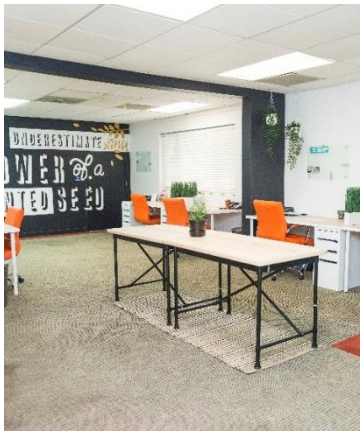
I CARE Drop-In Center

Mon-Sun
12-8pm

- Recreational/Support Groups
  - Yoga and mindfulness
  - Arts and crafts
  - Self-care
  - Holiday celebrations
  - Cultural nights
  - Pet therapy
  - Field-trips
- Therapeutic Processing Groups
  - Trauma Informed Care
  - Motivational Interviewing
  - Survivor support groups
  - Prevention groups
- Peer Support
  - Lived Experience
  - Mentoring
  - Perspective and validation
- Caregiver Support Groups
  - Psychoeducational groups
  - CSEC 101 training tailored for parents/caregivers
  - Support groups for both parenting/pregnant youth and caregivers of youth
- Case Management
  - Employment Specialist
  - Education Specialist
  - Connections Coach
- Internship
  - 6 weeks of job-readiness training
  - Mentorship & career shadowing
  - Strength-based & trauma informed
  - Externship with community partners
  - Paid hourly during training and externship



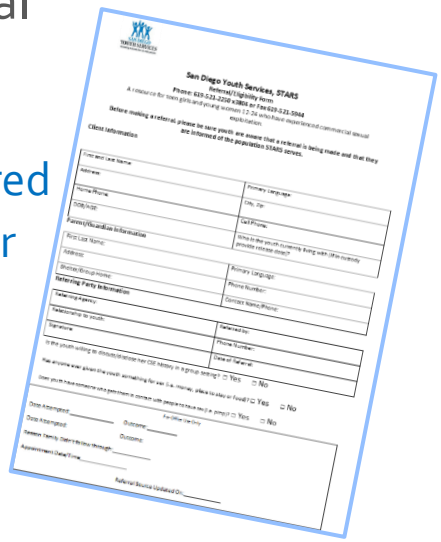



UNDERESTIMATE
WER
NTED SEED


STARS

I CARE Eligibility Criteria

- Drop-In Center & Clinic
  - Youth ages up to 21 years
  - All genders
  - At risk for or victim of Commercial Sexual Exploitation
  - ***For Mental Health Clinic <u>Only</u>:***
    - Medi-Cal Beneficiary or Uninsured
    - Must meet medical necessity for services


San Diego Youth Services, STARS

- Referral Process
  - From anyone and anywhere
  - Fill out referral form which includes 4 brief screening questions
  - Fax to 619-521-5944
  - <u>Call 619-521-2250 with referral information if unable to fax</u>

Community Trainings

Topics Include:

- CSEC/HT Definitions
- Scope of Issues
- Risk Factors
- Warning Signs
- Recruitment Tactics
- Trauma Informed Care
- Engagement Strategies
- Collaboration with Community Partners

Contact Information

Nicole Egan, LMFT

Program Manager

negan@sdyouthservices.org

Office: 619-521-2250 x.3816

Cell: 619-316-1144

Fax: 619-521-5944

Date: July 1, 2019

CYF Memo: #01-19/20

To: CYF SchooLink Providers

From: Yael Koenig, CYF Deputy Director

Re: **SchooLink Threshold Guidelines**

SchooLink to Behavioral Health Services (SchooLink) is a partnership between the County of San Diego with community-based organizations and local school districts to provide County-funded behavioral health services. This memo details the background and process for implementing SchooLink thresholds at SchooLink sites in FY 2019/20.

What is SchooLink: **https://theacademy.sdsu.edu/bheta-schoolink**

- Dating back to late 1990's, the Health and Human Services Agency-Behavioral Health Services (County) partnered with school districts and community-based organizations to offer outpatient specialty mental health and later substance use disorder (SUD) treatment on school campuses that serve Medi-Cal and unfunded students.
- In Fiscal Year 2018/2019, SchooLink was launched to implement standardized practices and increase collaboration between schools and providers for both mental health and SUD treatment programs.

Outcome Monitoring:

- In 2017, specialized Cerner Community Behavioral Health (CCBH) School Data Reports were created for mental health services delivered on school campuses.
- The School Data Reports allow SchooLink providers and the County to evaluate the number of clients served by providers at designated and non-designated schools.
- The data indicates that although over 400 schools are designated SchooLink sites, the majority have 3 or less students receiving SchooLink services. At 168 school sites, the program served only one student. This data, combined with school and provider input, informed the need to set minimum client thresholds to warrant the deployment of clinicians through SchooLink.
- The implementation of SchooLink thresholds is intended to be a collaborative process between schools/districts, SchooLink providers and the County.
- Ultimately, the goal of setting thresholds is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner.

SchooLink Threshold Guide:

As we work collectively to optimize SchooLink services, initial thresholds have been identified for FY 2019/2020. FY 2019/2020 is expected to be a transition year, recognizing that not all sites will immediately meet the thresholds. Achieving the thresholds will require commitment and collaboration between SchooLink providers and their designated schools. The thresholds were developed based on a 36-week school year.

- Minimum commitment by SchooLink Provider for Mental Health and SUD:

    - Clinician shall be deployed to each designated school at least weekly
    - Clinician shall be on campus for a minimum of four hours per visit
    - Clinician shall have the capacity to serve 5 clients per visit
    - On average, each client shall receive 10+ services on the school campus
    - On average, each client shall receive 10+ weeks of services
    - Provider shall review the threshold data quarterly for each designated school and communicate progress with their school partners

- Minimum commitment by School:

    - Identify a consistent designated place for clinician(s) on each of their assigned day(s) and time(s)
    - Make sufficient referrals that lead to a minimum of 5 active clients served by SchooLink provider
    - Make sufficient referrals that lead to a minimum of 10 annual clients served by SchooLink provider

- Medi-Cal and unfunded students who have mental health and/or SUD treatment needs who attend a school that does not offer SchooLink services, may still access services throughout the community-based county funded providers. The Access and Crisis Line number (888-724-7240) can provide referrals to applicable resources.

We appreciate all of the SchooLink feedback generated from the provider discussion at the May 9, 2019 Program Manager' meeting on the SchooLink forms and thresholds. The SchooLink training and standardized forms are being updated to reflect the suggested changes and will be available online by July 15, 2019. Please keep an eye out for the July SchooLink Spotlight which will highlight the changes for FY 2019/20.

If you have questions, please contact your Contracting Officer Representative (COR).

CC: County of San Diego Performance Improvement Team
County of San Diego Quality Management
County Office of Education
Price Philanthropies

TEEN VAPING

BHS Children Youth & Families Meeting

Irene Linayao-Putman, MPH

7/11/19

LIVE WELL SAN DIEGO

OUTLINE

- What's the problem with teen vaping?
- What are the health impacts?
- What can we do about this problem?

WHY FOCUS ON TOBACCO/VAPING?

LIVE WELL SAN DIEGO

The County of San Diego has developed a long-term vision and framework to address the 3-4-50 phenomenon:

[1] *World Health Organization (WHO). "The Global Strategy on Diet, Physical Activity and Health." http://www.who.int/dietphysicalactivity/media/en/gsfs_general.pdf (Accessed September 22, 2011).*

[2] *3Four50, www.3four50.com (Accessed September 22, 2011).*

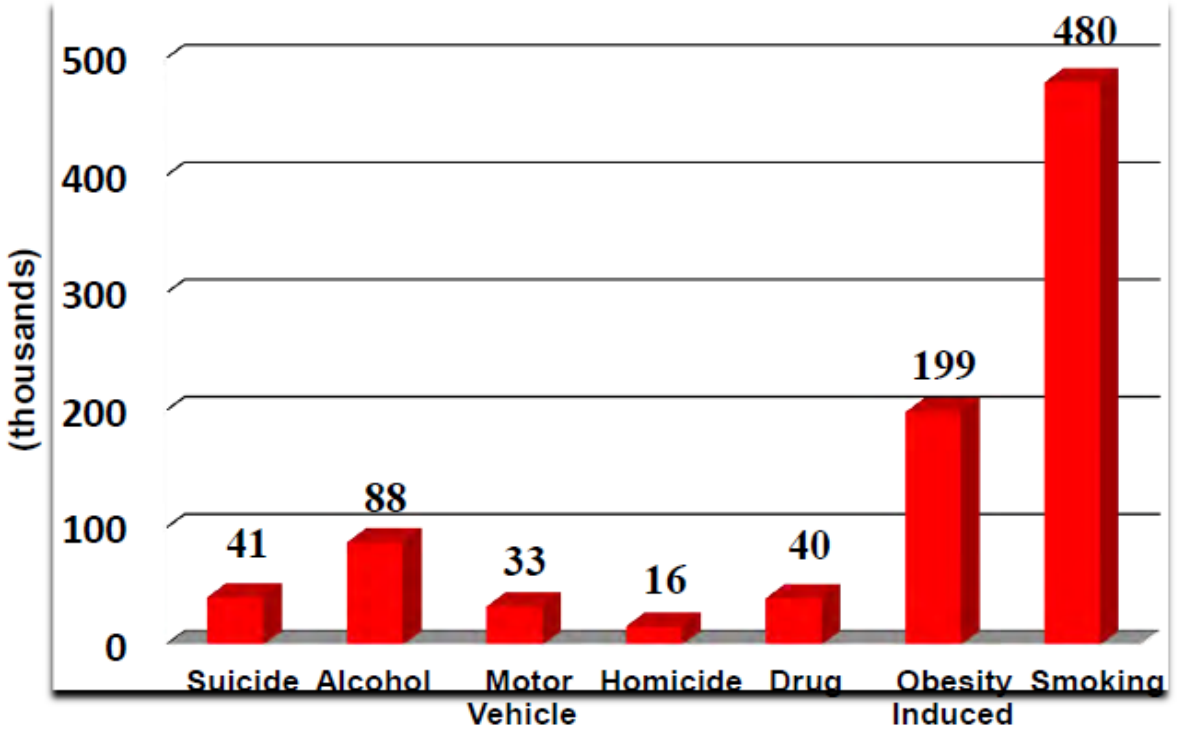
WHAT'S THE PROBLEM WITH VAPING?

LIVE WELL SAN DIEGO

TOBACCO IS #1 – WE CAN CHANGE THAT

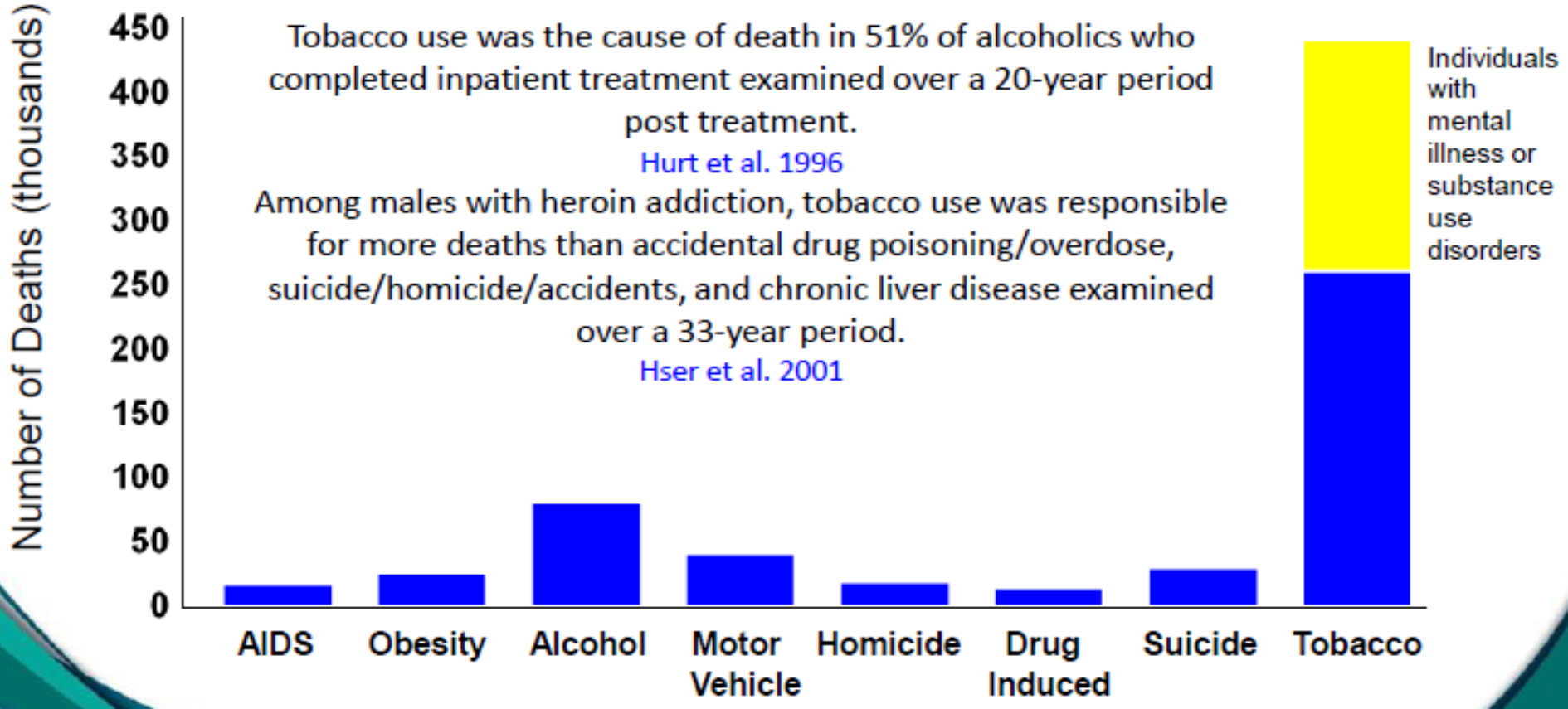
LIVE WELL SAN DIEGO

Comparative Causes of Annual Preventable Deaths in the US

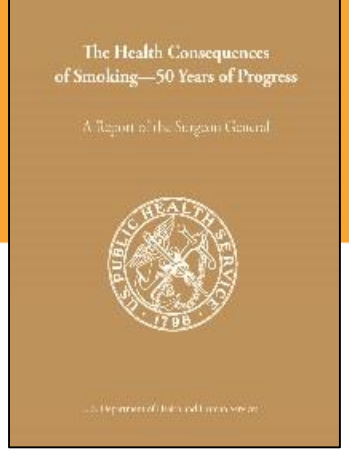


Sources: (Suicide, Homicide) CDC/National Center for Health Statistics, 2013, (Alcohol) Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2013.; (Motor vehicle) Insurance Institute for Highway Safety,, 2013; (Drug Induced) National Vital Statistics System, 2010; Am J Epidemiol 2004;160:331–338 (Obesity); (Smoking) Centers for Disease Control and Prevention; 2014

Tobacco Use is the Primary Cause of Death Among Individuals With SUD

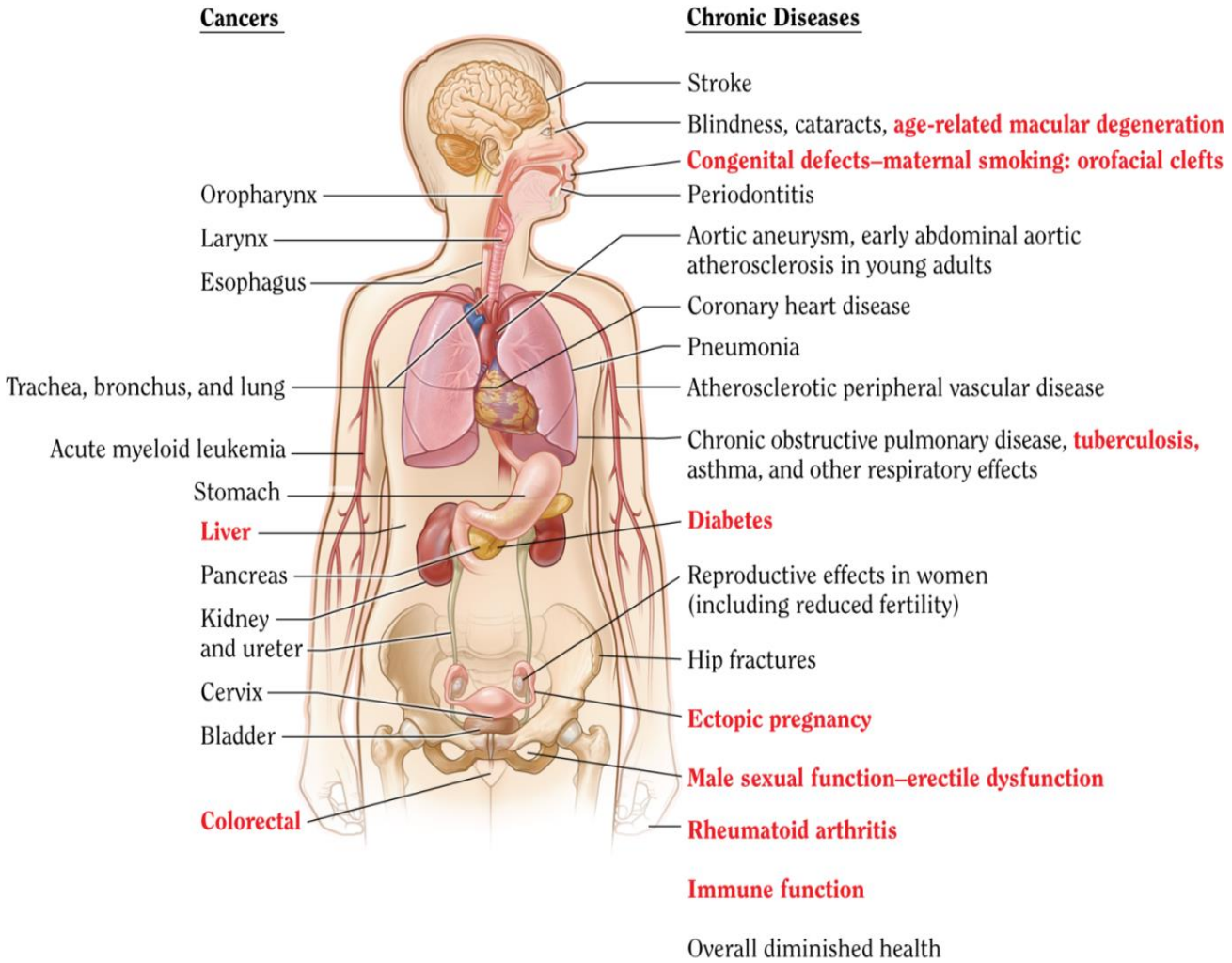


Centers For Disease Control and Prevention: Comparative Causes of Deaths in the United States, 2002



LIVE WELL SAN DIEGO

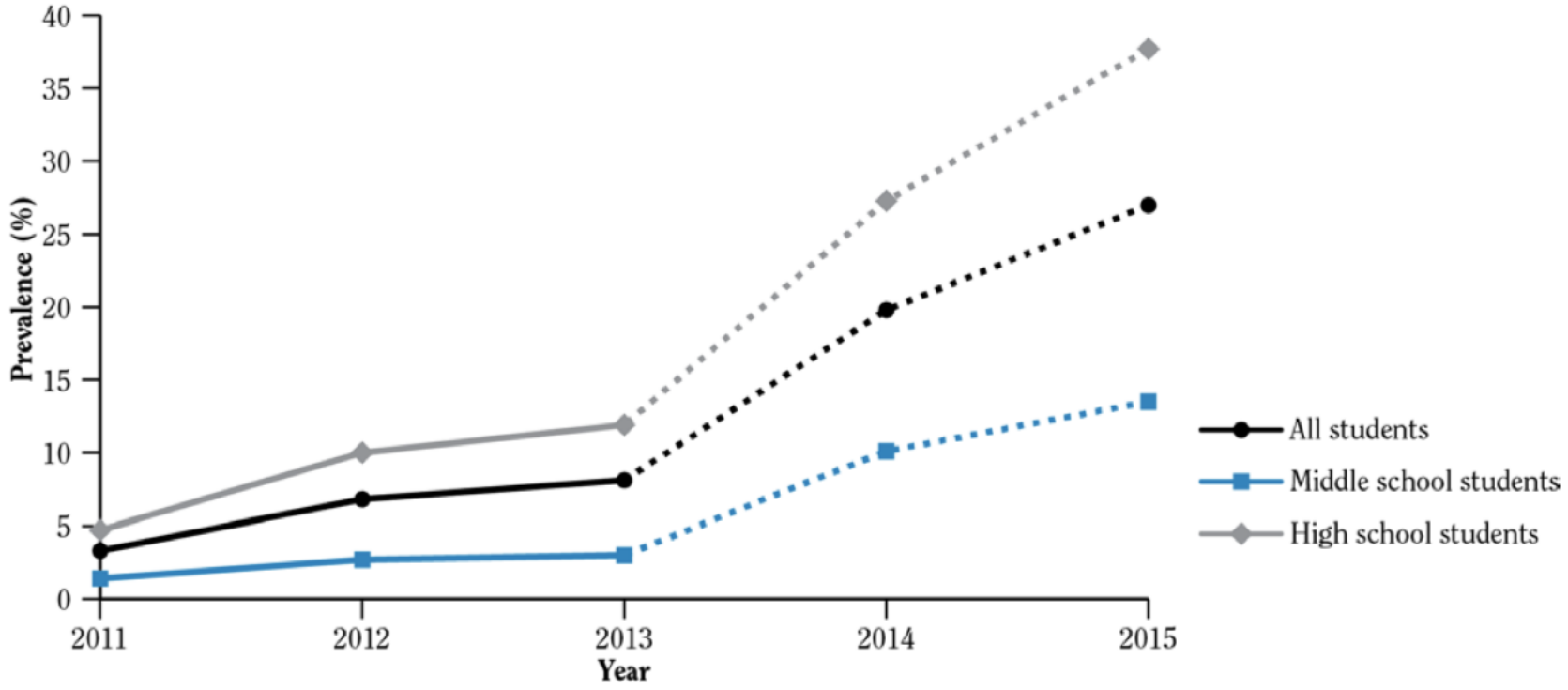
"50 YEARS AFTER THE FIRST SURGEON GENERAL'S REPORT, RESEARCH CONTINUES TO IDENTIFY DISEASES CAUSED BY SMOKING, INCLUDING: DIABETES MELLITUS, RHEUMATOID ARTHRITIS, AND COLORECTAL CANCER."



Source: US Department of Health and Human Services. The health consequences of smoking–50 years of progress: a report of the Surgeon General. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.

90% OF TODAY'S ADULT SMOKERS IN THE U.S. BEGAN SMOKING BY THE TIME THEY WERE **18 YEARS OLD**[2]

Figure 1 **Trends in ever e-cigarette use[a] among U.S. middle and high school students; National Youth Tobacco Survey (NYTS) 2011–2015**



Source: Centers for Disease Control and Prevention 2013, 2014; unpublished data (data: NYTS 2015).

Note: In 2014, modifications were made to the e-cigarette measure to enhance its accuracy, which may limit the comparability of this estimate to those collected in previous years. The dotted lines from 2013 to 2015 represent these differences.

[a]Includes those who responded "yes" to the following question: *"Have you ever used an electronic cigarette or e-cigarette, even once or twice?"*

WHAT ARE THE HEALTH IMPACTS?

LIVE WELL SAN DIEGO

IMPACT:
FIRST RESPONDERS, HEALTH CARE

LIVE WELL SAN DIEGO

BETWEEN 2009 AND 2016

- There were **195** documented incidents of explosion and fire involving electronic cigarettes (U.S. Fire Administration)
- The incidents resulted in **133** injuries -- 38 severe enough to warrant hospitalization (USFA)

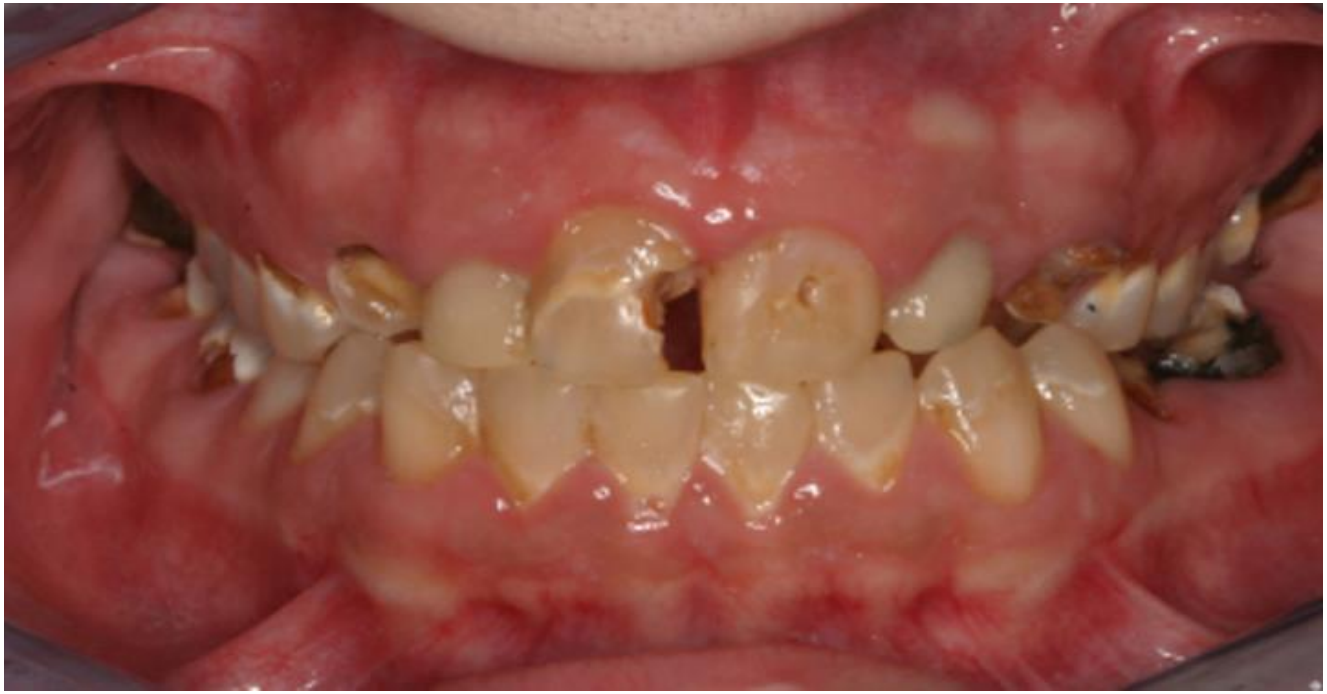
UNIVERSITY OF WASHINGTON MEDICAL CENTER, SEATTLE

- October 2016, doctors reported treating **15** patients with injuries from e-cigarette explosions over a **9-month** span (*New England Journal of Medicine*)
- Injuries included flame burns, chemical burns and blast injuries to the face, hands, thighs or groin

ARTICLE, PERIO-IMPLANT ADVISORY, JAN. 2019

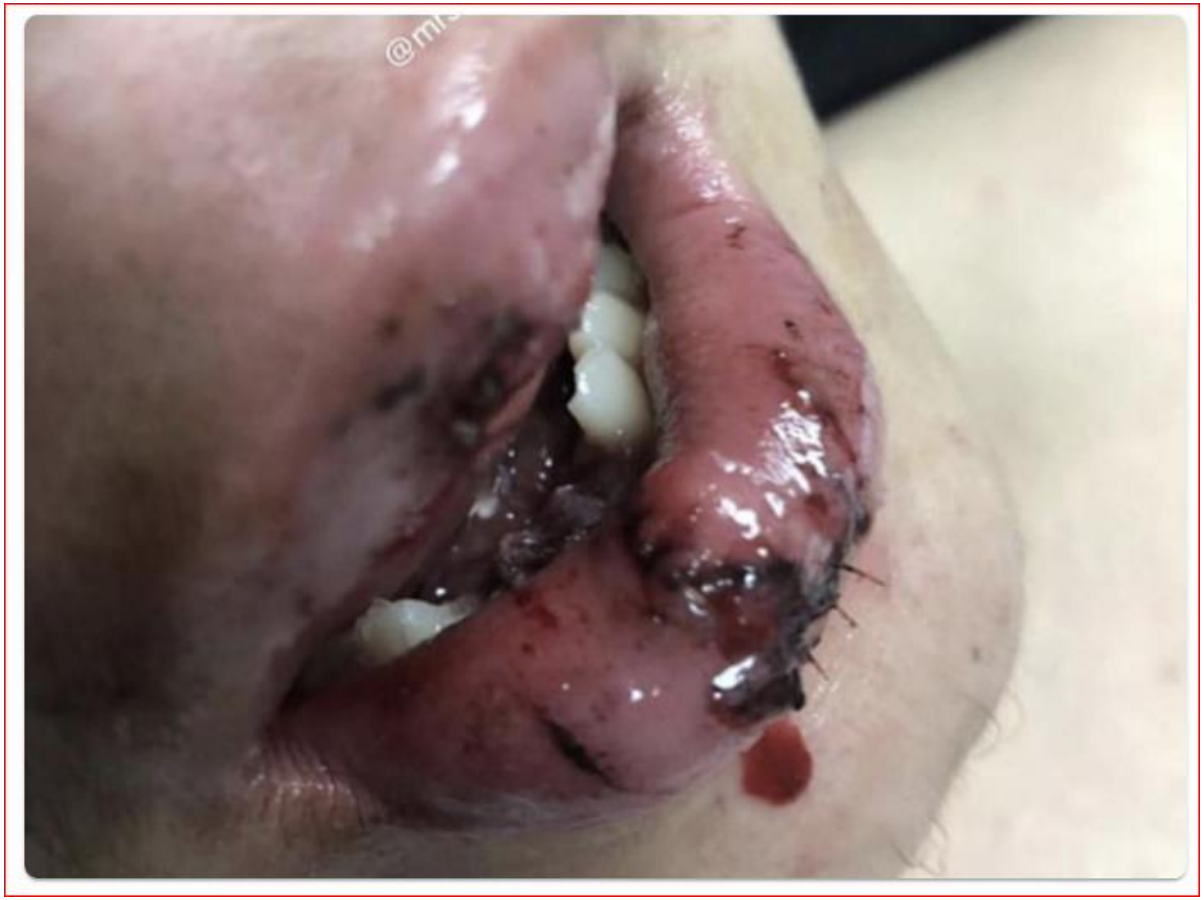
“VAPING AND ORAL HEALTH: IT’S WORSE THAN YOU THINK"

FIGURE 2: EFFECTS OF E-CIGARETTE USAGE



LIVE WELL SAN DIEGO

FIGURE 1: ORAL SOFT-TISSUE INJURIES DUE TO E-CIGARETTE EXPLOSION



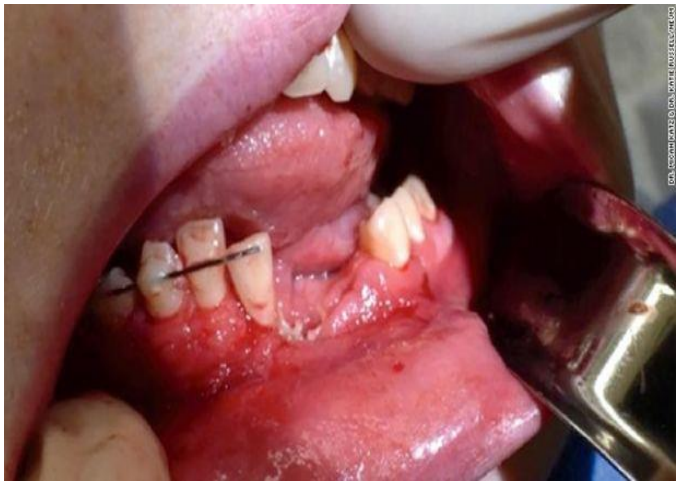
(PHOTO COURTESY OF NICOLE ANGEMI)

E-CIGARETTE EXPLODES IN FACE OF SMOKING TEENAGER CAUSING HORROR INJURIES

LIVE WELL SAN DIEGO

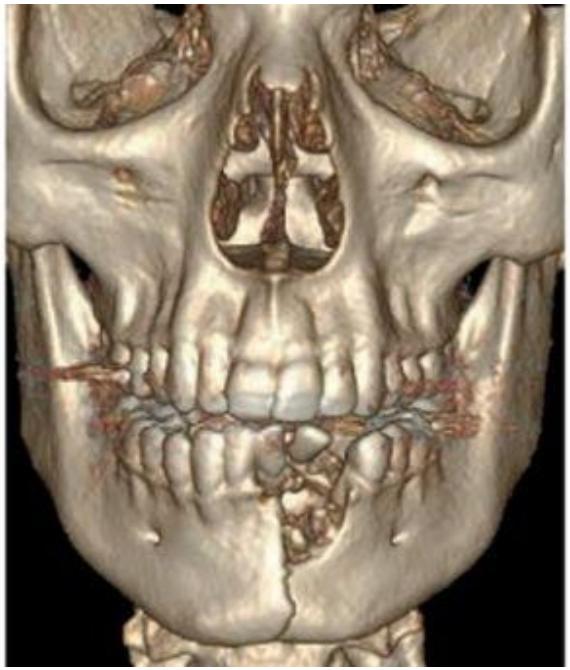
THE TEENAGER LOST TEETH IN THE EXPLOSION

(IMAGE: DR MICHA KATZ/DR KATIE RUSSELL/NEJM)



A CT SCAN OF THE 17-YEAR-OLD BOY, FEATURING HIS SHATTERED JAW AND DISPLACED TEETH.

(IMAGE: DR MICHA KATZ/DR KATIE RUSSELL/NEJM)

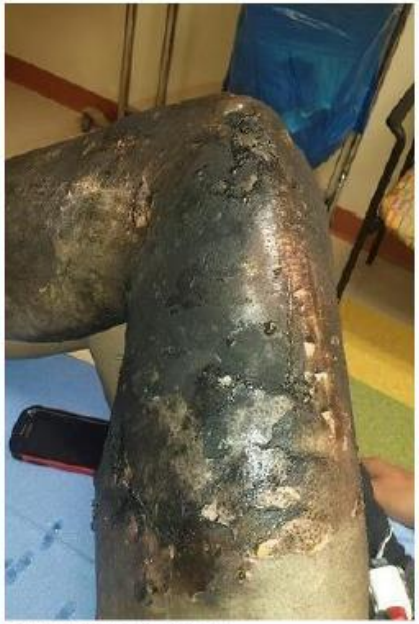


https://www.mirror.co.uk/news/us-news/e-cigarette-explodes-face-smoking-16547370

20 JUN 2019

Battery issues?

A 17-year-old says he suffered third-degree burns to his leg when a vape pen battery exploded in his pocket.

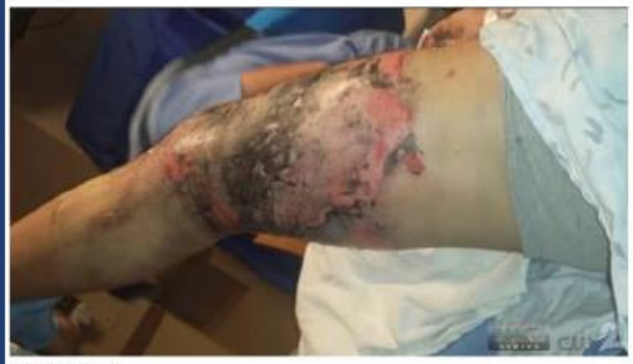


Go Fund Me / Via gofundme.com

KDVR / Via kdvr.com

Go Fund Me / Via gofundme.com

The teenager's left leg was charred from his thigh to his calf, and he suffered second- and third-degree burns.



KDVR / Via kdvr.com

http://www.buzzfeed.com/stephaniemcneal/vape-pen-horror#.fj0pJ906Z

Feb 29, 2016

Julius B. Richmond Center of Excellence

LIVE WELL SAN DIEGO

EXPLOSIONS AND POISONINGS

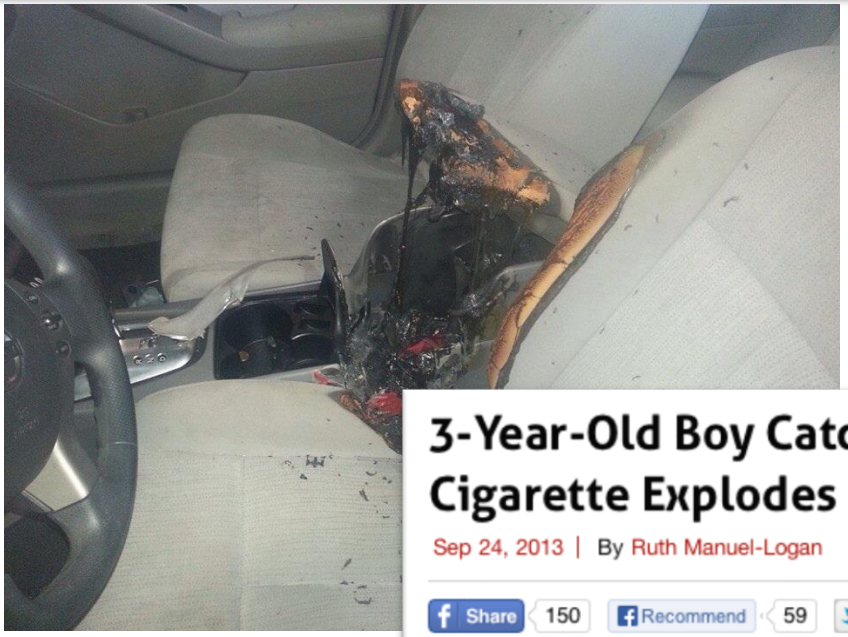
LIVE WELL SAN DIEGO

Liquid nicotine can poison kids

8:46 AM, Nov 12, 2012 | 29 comments

Exploding e-cigarette could have killed my dogs and cats, terrified Atlanta woman says

Dylan Stableford, Yahoo! News September 4, 2013 12:19 PM
The Sideshow



LATEST NEWS

Man Losses Teeth and Part of Tongue in Electric Cigarette Explosion

MELISSA NELSON, Associated Press
February 15, 2012 4:07 PM

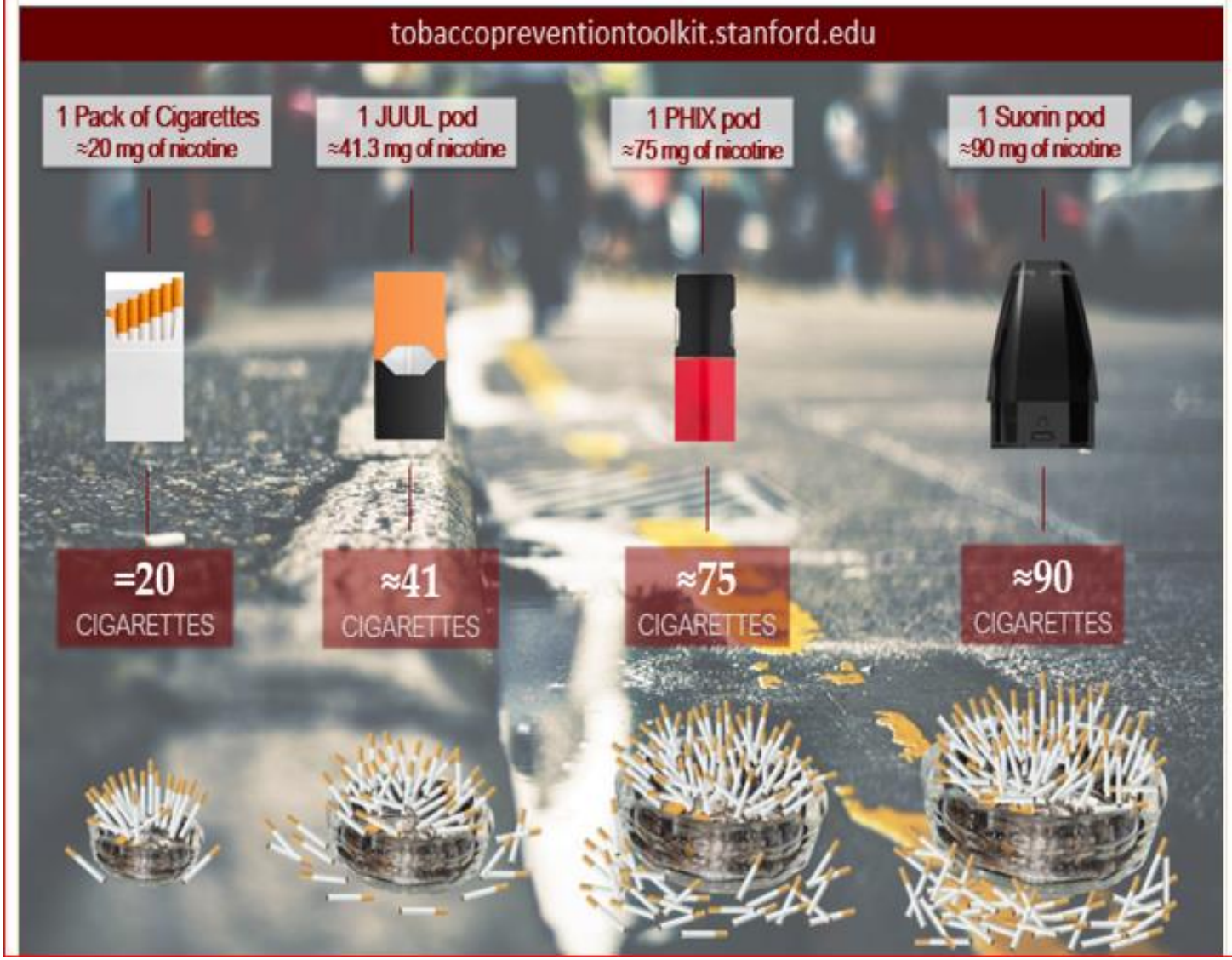
3-Year-Old Boy Catches Fire When Mom's E-Cigarette Explodes

Sep 24, 2013 | By Ruth Manuel-Logan

Share 150 Recommend 59 Tweet 44 Email Share 75

Cigs in a Pod

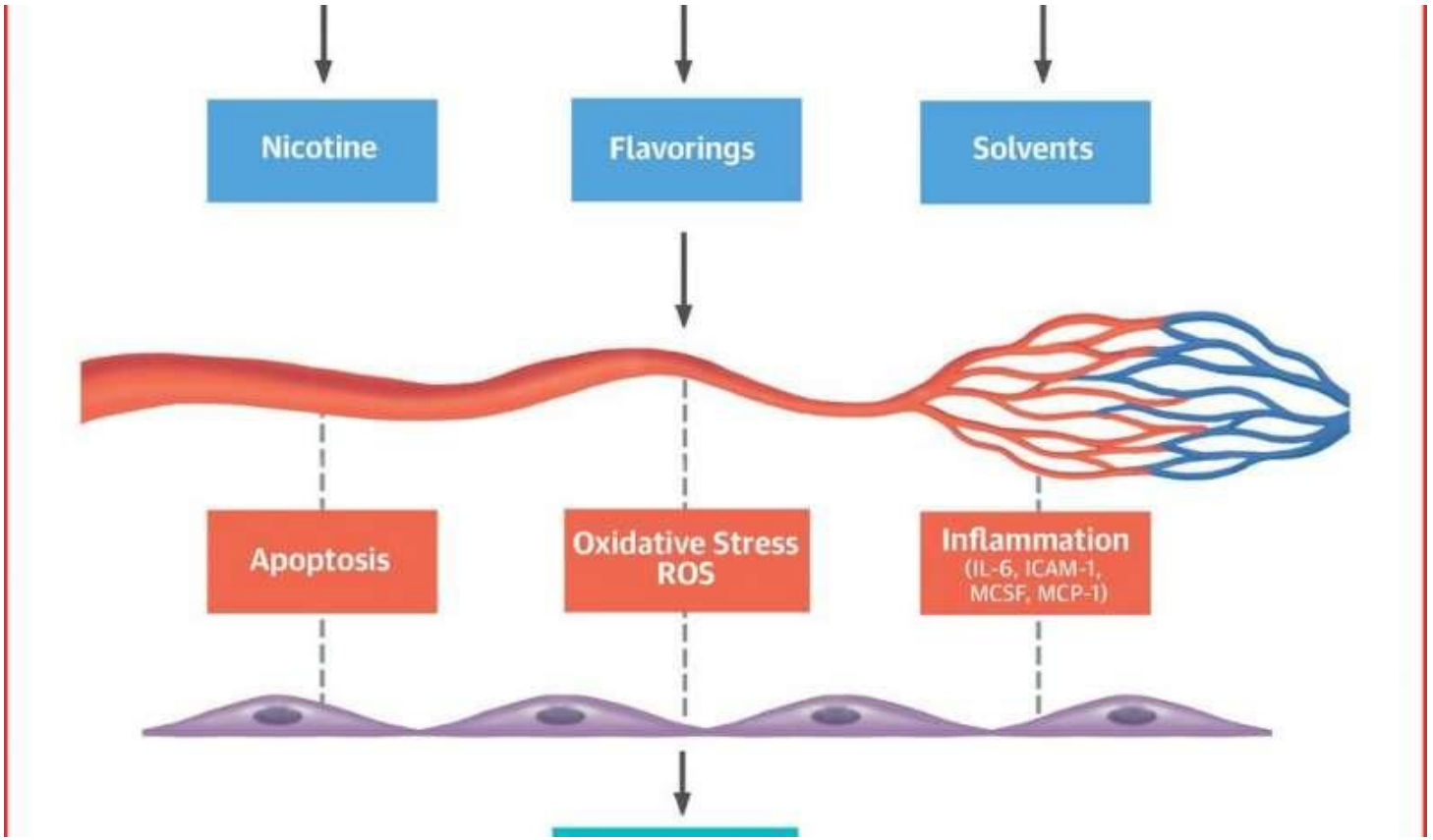
TOBACCO PREVENTION TOOLKIT



LIVE WELL SAN DIEGO

E-CIGARETTE USE, FLAVORINGS MAY INCREASE HEART DISEASE RISK, STUDY FINDS

by Stanford University Medical Center MAY 27, 2019



LIVE WELL SAN DIEGO

FDA STATEMENT, POTENTIAL EMERGING SAFETY ISSUE

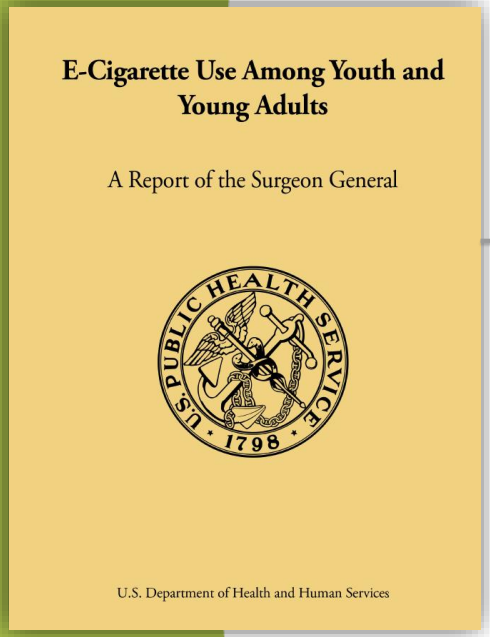
APRIL 3, 2019

COMMISSIONER, SCOTT GOTTLIEB, M.D. AND

PRINCIPAL DEPUTY COMMMISSIONER, AMY ABERNETHY, M.D., PHD

- Reports indicating that some people who use e-cigarettes, especially youth and young adults, are experiencing **seizures** following their use.
- Seizures or convulsions are **known potential side effects of nicotine** poisoning and have been reported in scientific literature in relation to intentional or accidental swallowing of nicotine-containing e-liquids.
- Poison control centers has identified a total of **35 reported cases** of seizures following use of e-cigarettes

Nicotine Poses Unique Dangers to Young People



Chapter 3
Conclusion 1, 2, & 5

1. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.

2. Nicotine can cross the placenta and has known effects on fetal and postnatal development. Therefore, nicotine delivered by e-cigarettes during pregnancy can result in multiple adverse consequences, including sudden infant death syndrome, and could result in altered corpus callosum, deficits in auditory processing, and obesity.

5. Ingestion of e-cigarette liquids containing nicotine can cause acute toxicity and possibly death if the contents of refill cartridges or bottles containing nicotine are consumed.

LIVE WELL SAN DIEGO

A CHANGING RISK ENVIRONMENT

- High concentration of nicotine and new nicotine salt technology
- Unfettered marketing on social media
- Fruit and other flavors
- Widespread availability where kids shop

Minnesota Department of Health, Laura Oliven, Tobacco Control Manager

ILLEGAL TO SELL TO THOSE UNDER 21

California law prohibits the sale of e-cigarettes to minors

(California Health and Safety Code § 119405).

Dry Herb Vaporizers are designed with discretion in mind

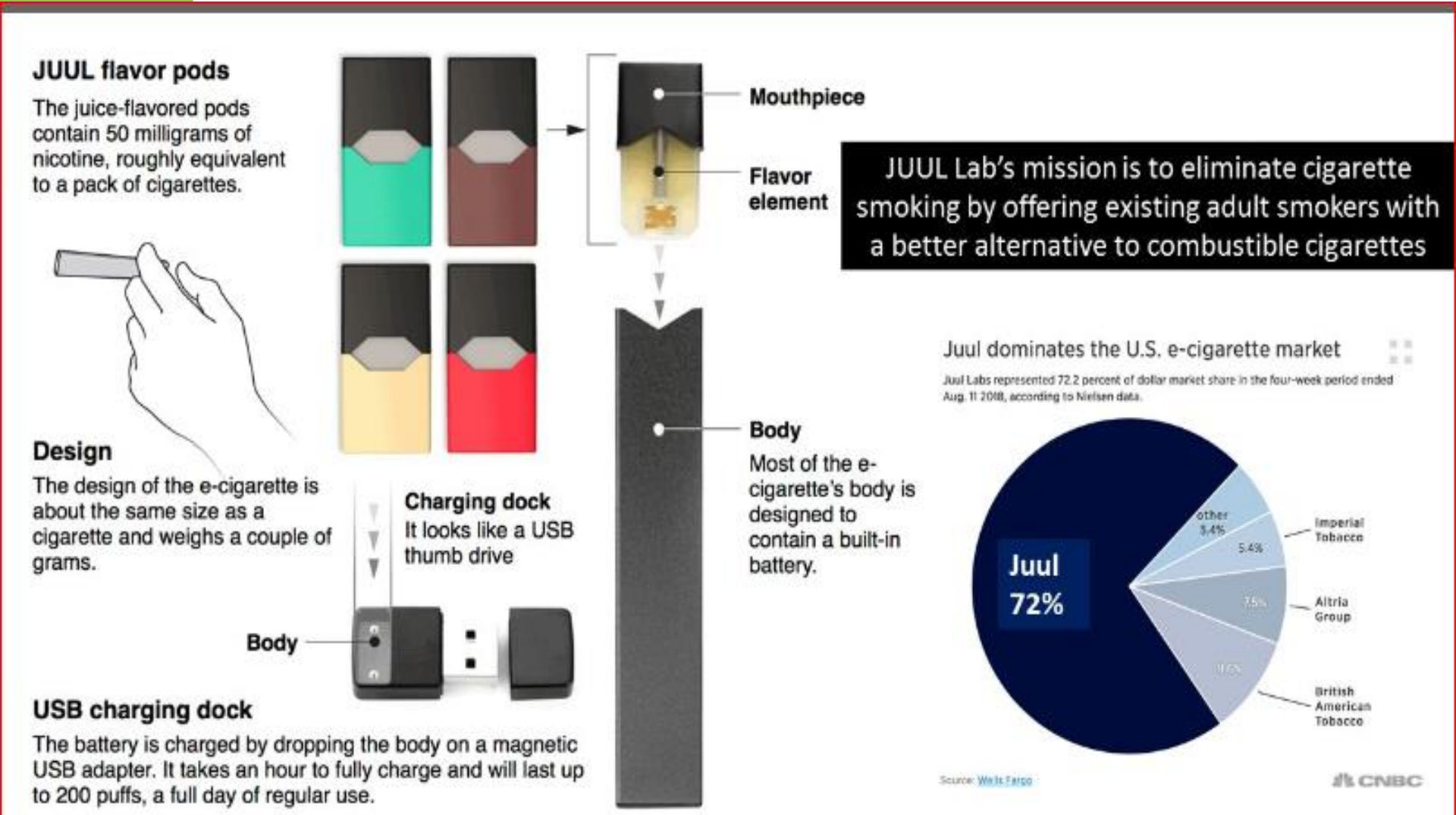
Suorin

Phix

Rubi

LIVE WELL SAN DIEGO

JUUL: 70% OF THE MARKET



SOURCE: juulvapor.com

JAMES ABUNDIS / GLOBE STAFF

WAXY MARIJUANA AND HASH OILS

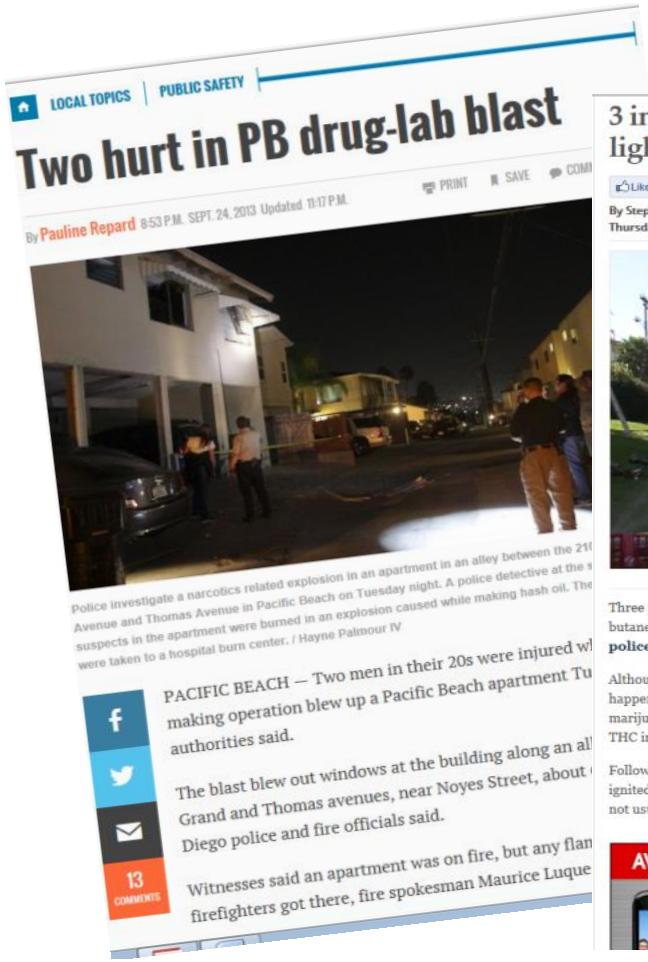
Wax marijuana is the purest form of cannabis. It contains from 82-99% THC making it several times more potent than a marijuana bud on a cannabis plant which usually contains 5-28% THC. One hit of the wax is supposedly equal to 1-2 full cannabis joints an is reported as being more clear and longer lasting than average marijuana. Wax marijuana is also a medical marijuana product.

Hash oils are concentrated and extremely potent. They are made through a volatile chemical process utilizing butane as a solvent.

Wax (extracted cannabinoid product) is a form of hash oil. The typical wax product is often golden in color and crumbly.

EXPLOSIONS

DEA: San Diego County is becoming the marijuana extraction capital of the U.S.



LOCAL TOPICS | PUBLIC SAFETY

Two hurt in PB drug-lab blast

By Pauline Repard 8:53 P.M. SEPT. 24, 2013 Updated 11:17 P.M.

PRINT SAVE COMM

Police investigate a narcotics related explosion in an apartment in an alley between the 21(Avenue and Thomas Avenue in Pacific Beach on Tuesday night. A police detective at the s suspects in the apartment were burned in an explosion caused while making hash oil. The were taken to a hospital burn center. / Hayne Palmour IV

PACIFIC BEACH — Two men in their 20s were injured wl making operation blew up a Pacific Beach apartment Tu authorities said.

The blast blew out windows at the building along an al Grand and Thomas avenues, near Noyes Street, about Diego police and fire officials said.

Witnesses said an apartment was on fire, but any flan firefighters got there, fire spokesman Maurice Luque

13 COMMENTS

3 injured in San Diego explosion after suspects light cigarette near hash oil

Like 129 people like this. Be the first of your friends.

By Stephen C. Webster
Thursday, January 31, 2013 13:59 EDT

Three people were seriously injured Wednesday after a container of butane exploded in a San Diego hotel room as two suspects tried to make hash oil out of marijuana, **police told The Associated Press**.

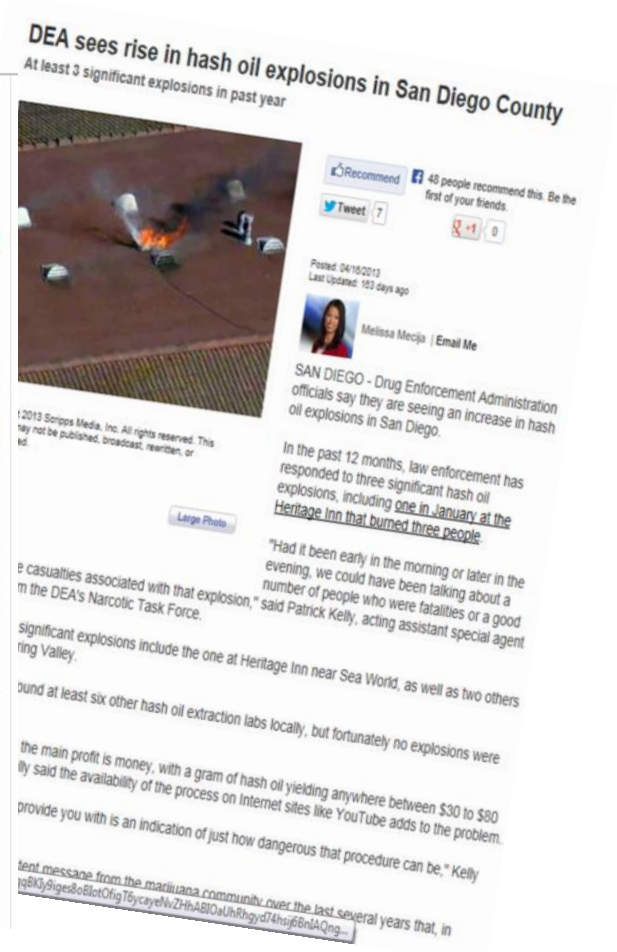
Repost This Article

Although hotel room explosions are usually association with making methamphetamines, they can happen any time an accellerant is improperly used, such as in the production of hash oil, a form of marijuana that is super-concentrated in liquid form, with roughly one drop equaling the amount of THC in a lower-potency joint.

Following Wednesday's blast, police said they found butane canisters that had apparently been ignited by a cigarette. The accellerant is used to extract THC from portions of the marijuana plant not usually smoked, then cooked off over a stove, leaving behind a viscus, tar-like residue.

The two suspects are both around 20 years old, officials said. A man in an adjacent room was also severely injured and suffered burns over most of his body.

Though rare, **a similar incident occurred in**



DEA sees rise in hash oil explosions in San Diego County

At least 3 significant explosions in past year

Large Photo

Recommend 48 people recommend this. Be the first of your friends.

Tweet 7 +1 0

Posted: 04/18/2013
Last Updated: 183 days ago

Melissa Mecija | Email Me

SAN DIEGO - Drug Enforcement Administration officials say they are seeing an increase in hash oil explosions in San Diego.

In the past 12 months, law enforcement has responded to three significant hash oil explosions, including one in January at the Heritage Inn that burned three people.

"Had it been early in the morning or later in the evening, we could have been talking about a number of people who were fatalities or a good

e casualties associated with that explosion," said Patrick Kelly, acting assistant special agent m the DEA's Narcotic Task Force.

significant explosions include the one at Heritage Inn near Sea World, as well as two others ring Valley.

ound at least six other hash oil extraction labs locally, but fortunately no explosions were

the main profit is money, with a gram of hash oil yielding anywhere between $30 to $80 lly said the availability of the process on Internet sites like YouTube adds to the problem.

provide you with is an indication of just how dangerous that procedure can be," Kelly

tent message from the marijuana community over the last several years that, in

Which account for 2:3 deaths among long-term smokers

Yes, less harmful than combustibles, but… that doesn't mean ecigs are safe

- **Nicotine**
  - Toxic to developing fetuses
  - Harm adolescent brain development, which continues into the early to mid-20s
  - Can be highly addictive

- **Cancer-causing chemicals**
- **Tiny particles into lungs**
  - Fewer harmful chemicals than smoke from burned tobacco products

- **Unintended injuries**
  - Defective batteries have caused fires and explosions, most happened when the e-cig batteries were being charged, stored improperly, modif.
  - Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid through their skin or eyes

CDC

WHAT CAN WE DO ABOUT THIS PROBLEM?

LIVE WELL SAN DIEGO

SOLUTION: POLICIES AND PROCESSES THAT WORK

LIVE WELL SAN DIEGO

WHY DO TEENS VAPE?

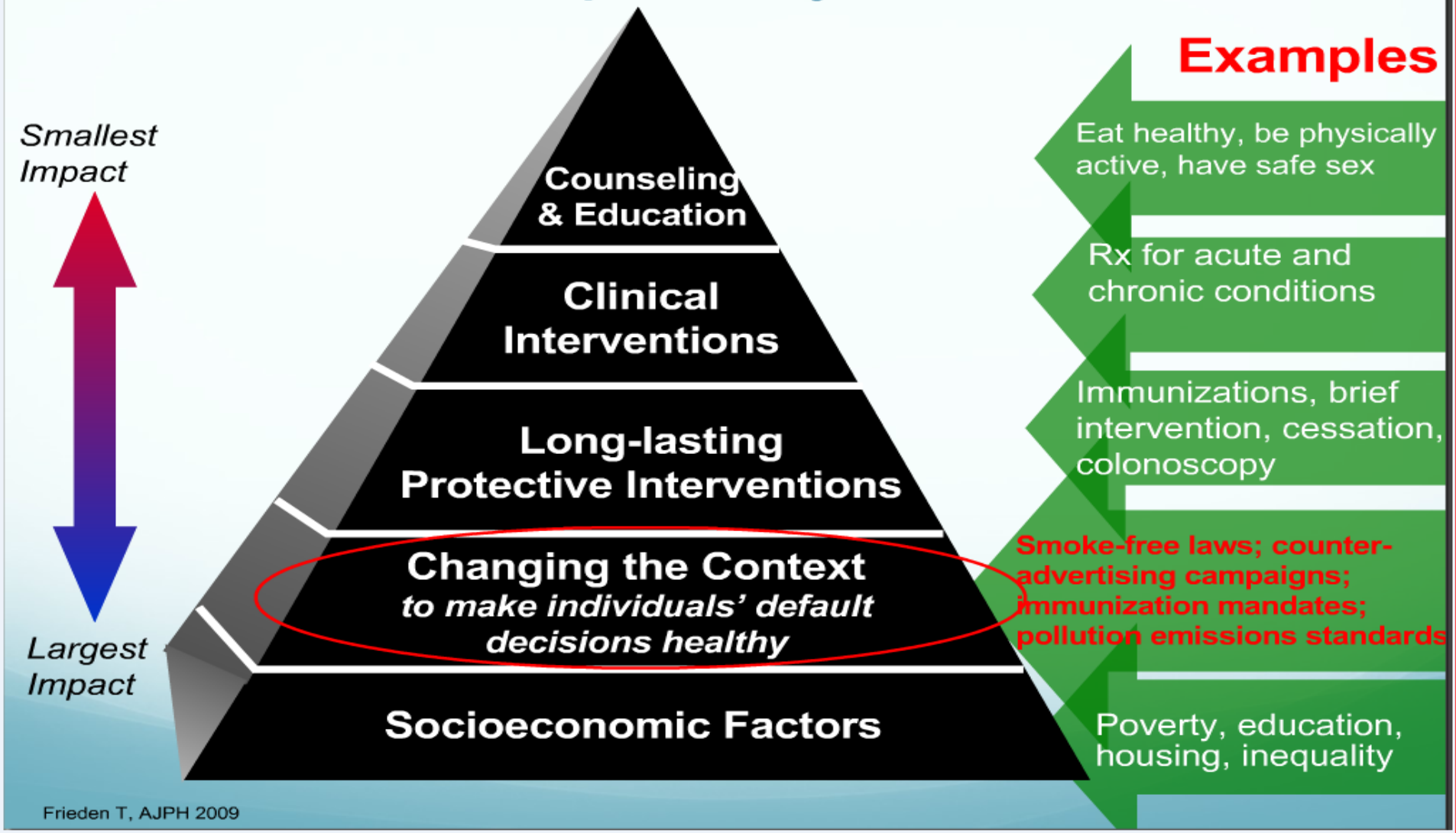
AMONG STUDENTS WHO REPORTED EVER USING E-CIGARETTES IN 2016, THE MOST COMMONLY SELECTED REASONS FOR USE WERE:

- Use by “friend or family member” (39.0%)
- Availability of “flavors such as mint, candy, fruit, or chocolate” (31.0%)
- The belief that “they are less harmful than other forms of tobacco such as cigarettes” (17.1%)

POLICY SOLUTIONS

- Educate
- Treat
  - Give help to Quit (onsite or referral)
  - California Smoker's Helpline: Free, evidence-based; Truth, This Is Quitting
  - Medically Assisted Treatment
  - Smoke-free policy/environments

Health Impact Pyramid



LIVE WELL SAN DIEGO

Patterns of engagement in initial cohort

Cohort of roughly 27,000 teens and young adults

- 73% set a quit date
  - Most common quit date = day of enrollment (44.7%)
- Interactive keywords used by **45.5% of teens** and **38.4% of young adults**
- Majority said program should be longer (74.6%)

truth initiative

Graham AL, Jacobs MA, Amato MS. Engagement and 3-month outcomes from a digital e-cigarette cessation program in a cohort of 27,000 teens and young adults. *Nicotine & Tobacco Research*, published June 14, 2019. https://doi.org/10.1093/ntr/ntz097

TRUTH – THIS IS QUITTING

Early signals of impact

Changes in e-cigarette use at 2 weeks

	Teens	Young adults
I still JUUL the same amount	41.2%	37.5%
I JUUL less	46.5%	46.5%
I don't JUUL at all anymore	12.3%	16.0%

Abstinence

24.7%

7-day abstinence at 3 mo.

15.5%

30-day abstinence at 3 mo.

truth initiative

Graham AL, Jacobs MA, Amato MS. Engagement and 3-month outcomes from a digital e-cigarette cessation program in a cohort of 27,000 teens and young adults. *Nicotine & Tobacco Research*, published June 14, 2019. https://doi.org/10.1093/ntr/ntz097

CESSATION: EVIDENCE-BASED

How to enroll

This is Quitting

Text “QUIT” to (706) 222-QUIT

Parents can get support through BecomeAnEX®, a free digital tobacco cessation program from Truth Initiative.

www.becomeanex.org

truth initiative

THANK YOU

QUESTIONS?

Irene Linayao-Putman, Community Health Program Specialist
Public Health Services - Maternal, Child & Family Health Services Branch
Chronic Disease and Health Equity Unit

Irene.Linayao-Putman@sdcounty.ca.gov (619) 692-5514

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY
PUBLIC HEALTH SERVICES

On May 17, 2016, the County of San Diego Health and Human Services Agency Division of Public Health Services received accreditation from the Public Health Accreditation Board.

ELECTRONIC CIGARETTES WHAT'S THE BOTTOM LINE?

» E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.

» E-cigarettes are not safe for youth, young adults, pregnant women, or adults who do not currently use tobacco products.

» While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective for quitting smoking.

» If you've never smoked or used other tobacco products or e-cigarettes, don't start.

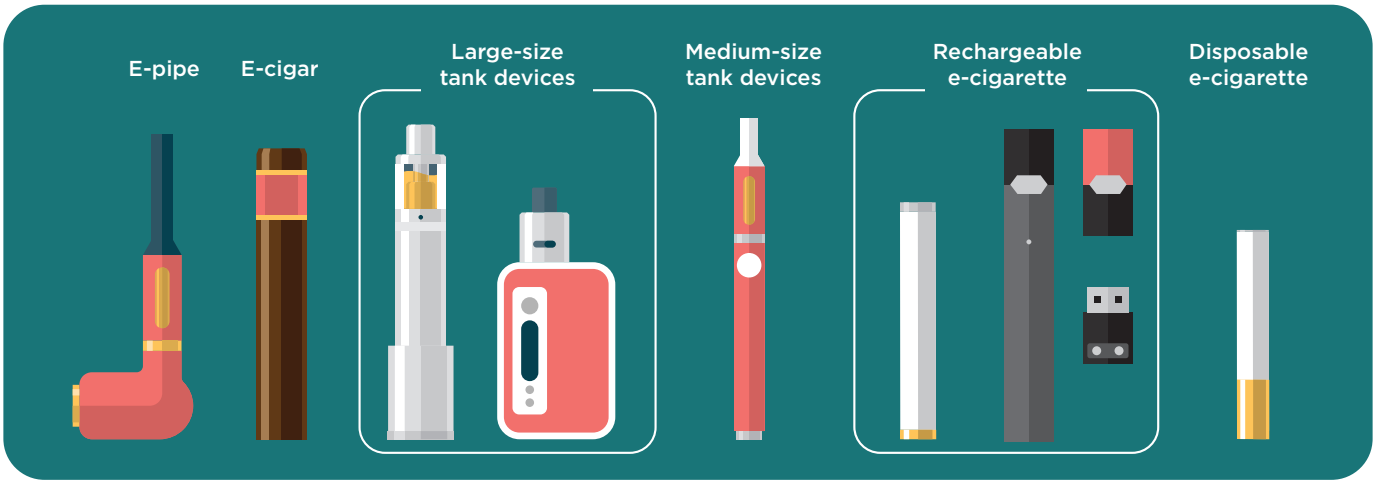
WHAT ARE E-CIGARETTES?

» E-cigarettes are known by many different names. They are sometimes called "e-cigs," "e-hookahs," "mods," "vape pens," "vapes," "tank systems," and "electronic nicotine delivery systems."

» Some e-cigarettes are made to look like regular cigarettes, cigars, or pipes. Some resemble pens, USB sticks, and other everyday items.

» E-cigarettes produce an aerosol by heating a liquid that usually contains nicotine—the addictive drug in regular cigarettes, cigars, and other tobacco products—flavorings, and other chemicals that help to make the aerosol. Users inhale this aerosol into their lungs. Bystanders can also breathe in this aerosol when the user exhales into the air.

» E-cigarettes can be used to deliver marijuana and other drugs.

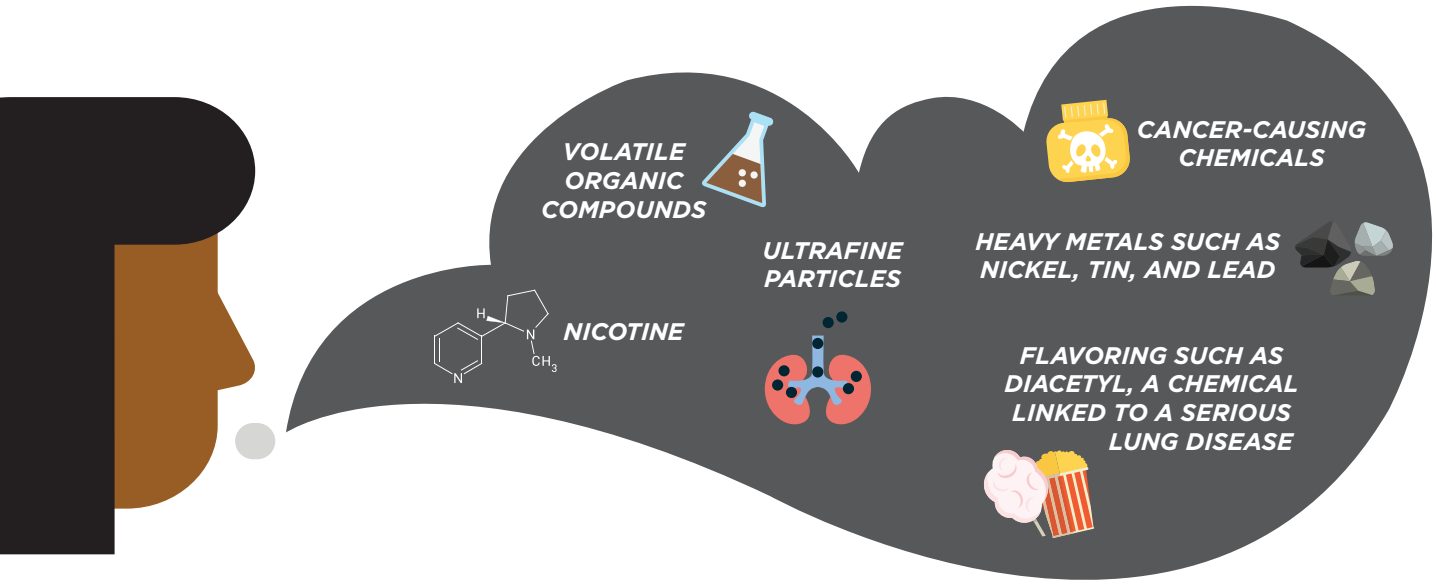


CS284159-B

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

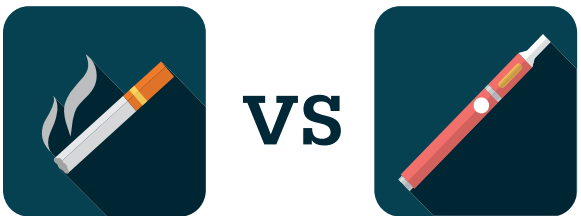
WHAT IS IN E-CIGARETTE AEROSOL?

THE E-CIGARETTE AEROSOL THAT USERS BREATHE FROM THE DEVICE AND EXHALE CAN CONTAIN HARMFUL AND POTENTIALLY HARMFUL SUBSTANCES:



It is difficult for consumers to know what e-cigarette products contain. For example, some e-cigarettes marketed as containing zero percent nicotine have been found to contain nicotine.

ARE E-CIGARETTES LESS HARMFUL THAN REGULAR CIGARETTES?



YES, but that doesn't mean e-cigarettes are safe.

E-cigarette aerosol generally contains fewer toxic chemicals than the deadly mix of 7,000 chemicals in smoke from regular cigarettes. However, e-cigarette aerosol is not harmless. It can contain harmful and potentially harmful substances, including nicotine, heavy metals like lead, volatile organic compounds, and cancer-causing agents.

WHAT ARE THE HEALTH EFFECTS OF USING E-CIGARETTES?

SCIENTISTS ARE STILL LEARNING ABOUT THE LONG-TERM HEALTH EFFECTS OF E-CIGARETTES. HERE IS WHAT WE KNOW NOW.

1

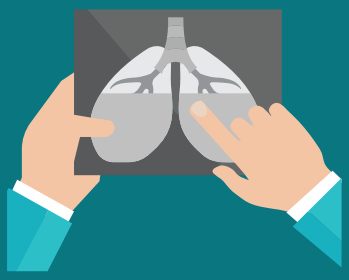
Most e-cigarettes contain nicotine, which has known health effects

- » Nicotine is highly addictive.
- » Nicotine is toxic to developing fetuses.
- » Nicotine can harm adolescent brain development, which continues into the early to mid-20s.
- » Nicotine is a health danger for pregnant women and their developing babies.

2

Besides nicotine, e-cigarette aerosol can contain substances that harm the body.

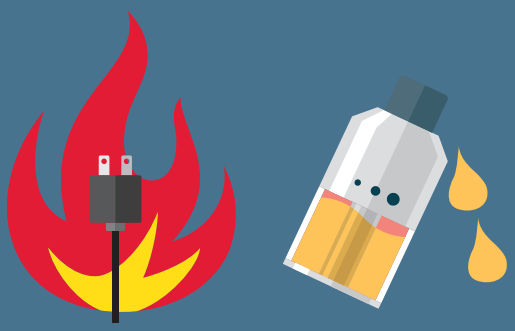
- » This includes cancer-causing chemicals and tiny particles that reach deep into lungs. However, e-cigarette aerosol generally contains fewer harmful chemicals than smoke from burned tobacco products.



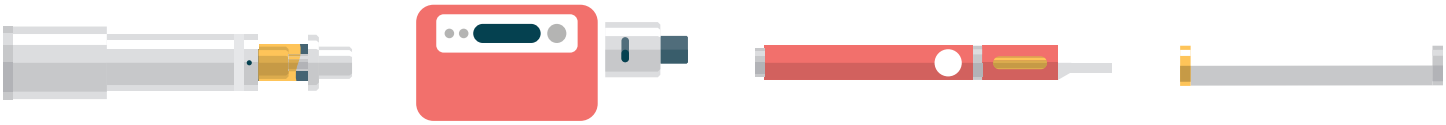
3

E-cigarettes can cause unintended injuries.

- » Defective e-cigarette batteries have caused fires and explosions, some of which have resulted in serious injuries.
- » In addition, acute nicotine exposure can be toxic. Children and adults have been poisoned by swallowing, breathing, or absorbing e-cigarette liquid.

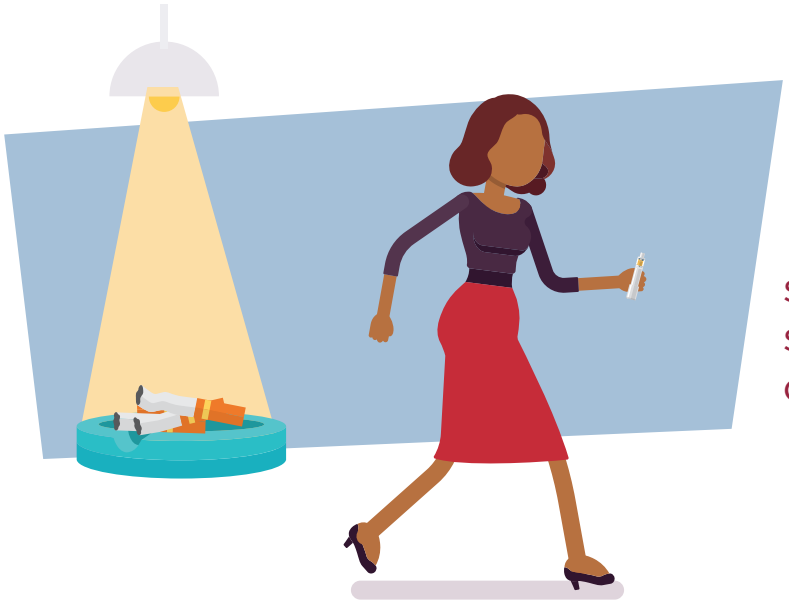


CAN E-CIGARETTES HELP ADULTS QUIT SMOKING CIGARETTES?



E-CIGARETTES ARE NOT CURRENTLY APPROVED BY THE FDA AS A QUIT SMOKING AID.

The U.S. Preventive Services Task Force, a group of health experts that makes recommendations about preventive health care, concluded that the evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant women.



HOWEVER, e-cigarettes may help non-pregnant adult smokers if used as a complete substitute for all cigarettes and other smoked tobacco products.

TO DATE, THE FEW STUDIES ON THE ISSUE ARE MIXED.

Evidence from two randomized controlled trials found that e-cigarettes with nicotine can help smokers stop smoking in the long term compared with placebo (non-nicotine) e-cigarettes.

A recent CDC study found that many adults are using e-cigarettes in an attempt to quit smoking. However, most adult e-cigarette users do not stop smoking cigarettes and are instead continuing to use both products ("dual use"). Because smoking even a few cigarettes a day can be dangerous, quitting smoking completely is very important to protect your health.

WHO IS USING E-CIGARETTES?

YOUTH

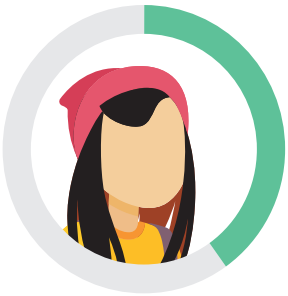
E-CIGARETTES ARE NOW THE MOST COMMONLY USED TOBACCO PRODUCT AMONG U.S. YOUTH.

IN THE U.S., YOUTH ARE MORE LIKELY THAN ADULTS TO USE E-CIGARETTES

In 2016, more than **2 MILLION** U.S. middle and high school students used e-cigarettes in the past 30 days, including:

4.3% MIDDLE SCHOOL STUDENTS

11.3% HIGH SCHOOL STUDENTS



AMONG CURRENT E-CIGARETTE USERS AGED 18–24 YEARS,

40.0% had **NEVER BEEN** cigarette smokers

ADULTS

In 2016, **3.2%** of U.S. adults were current e-cigarette users

IN 2015, AMONG ADULT E-CIGARETTE USERS OVERALL:

29.8% were former regular smokers

58.8% were current regular cigarette smokers

11.4% had never been regular cigarette smokers

Vista Hill SmartCare BHConnect

Vista Hill SmartCare BHConnect

Presenter: Deborah Skvarna,

Vista Hill Senior Program Manager, M.S., LMFT

What is BHConnect?

Program Description

Vista Hill SmartCare BHConnect is an innovative behavioral health treatment program which aims to provide unconnected, frequent users of emergency care, the behavioral health services they need via a technology platform.

Population Served

- **High risk** clients of all ages and living throughout San Diego County are provided a technology device to access and connect with the Vista Hill team 24/7.
- All services are provided through this **technology platform** with the aim of eliminating barriers and reducing the need to seek routine help through emergency service centers.
- Referrals to the BHConnect program are made **exclusively through our partnered emergency services providers** via their transition planning teams prior to discharge.

PROGRAM ELIGIBILITY CRITERIA

- Funding: MediCal / uninsured and eligible for MHSA funded treatment services.
- Diagnosis: Behavioral health symptoms consistent with Serious Emotional Disturbance (SED) for youth or Severe Mental Illness (SMI) for adults.
- Program Qualifying Conditions:
  - Emergency service access: More than one emergency behavioral health visit in the last 90 days.
  - Unconnected: Client reports no current behavioral health provider or has significant access issues that would prevent connection to a traditional clinic provider.

- Therapy candidate:
  - The client is currently lucid and is able to identify themselves and others, is aware of their location and circumstances, is oriented to time and day, is able to plan and schedule, and is not currently homicidal or suicidal.
  - The client is able to engage in verbal/talk therapy and can use that communication to engage and discuss goals, as well as the potential to make progress on identified goals.
- Tele-behavioral health candidate:
  - The client has the ability to use and maintain the tele-behavioral health technology device, plug in and charge the device, keep it on and accessible for use at all times, and keep the device safe.
  - Client / parent or guardian (for youth) / caregiver want to opt in and consent to BHConnect tele-behavioral health program.

BHCONNECT TEAM

- Program Manager/Licensed Clinical Supervisor
- Administrative Assistant
- Field Health Navigators
- Tele-Health Navigators
- Licensed and/or Associate Therapists

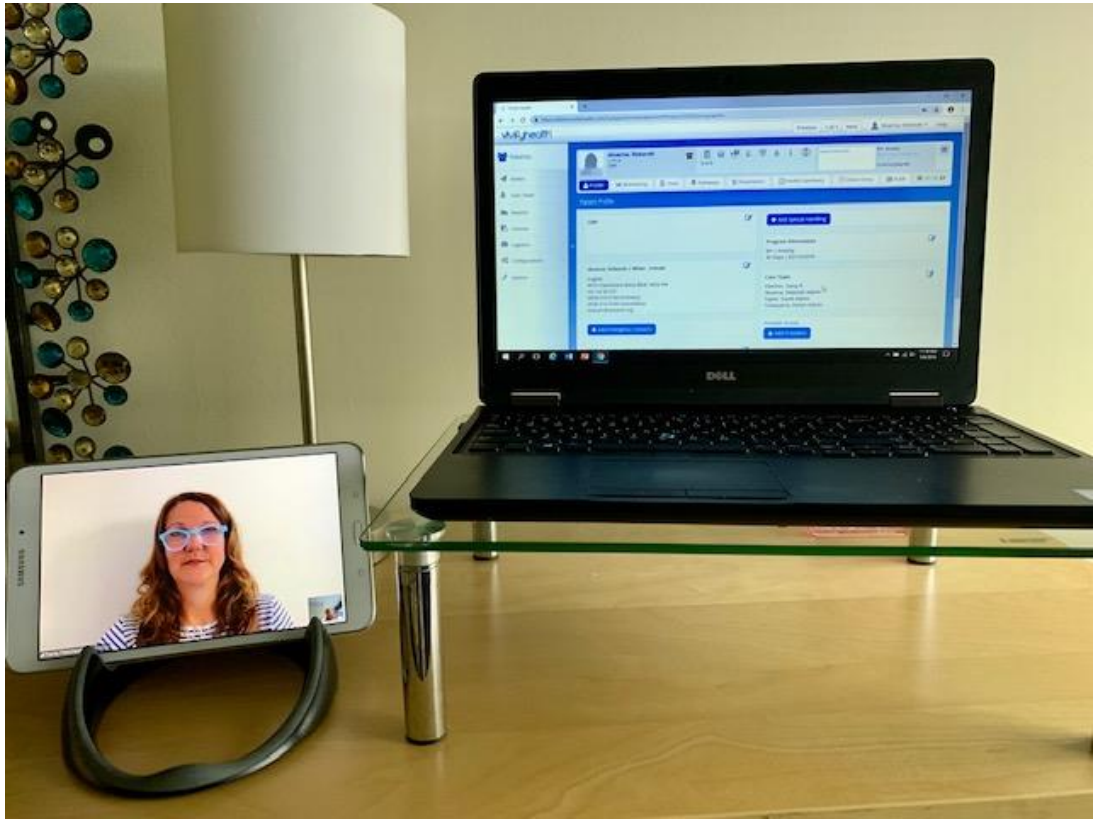
SERVICES AVAILABLE

- If the BHConnect tele-behavioral health model is deemed appropriate:
  - The Field Health Navigator issues the BHConnect device.
  - Provides an introduction and warm handoff to the BHConnect Tele-Health Navigator via the assigned device.
  - The Field Health Navigator coordinates client's first contact with the BHConnect Therapist to initiate mental health evaluation, ongoing treatment and ongoing case management support.

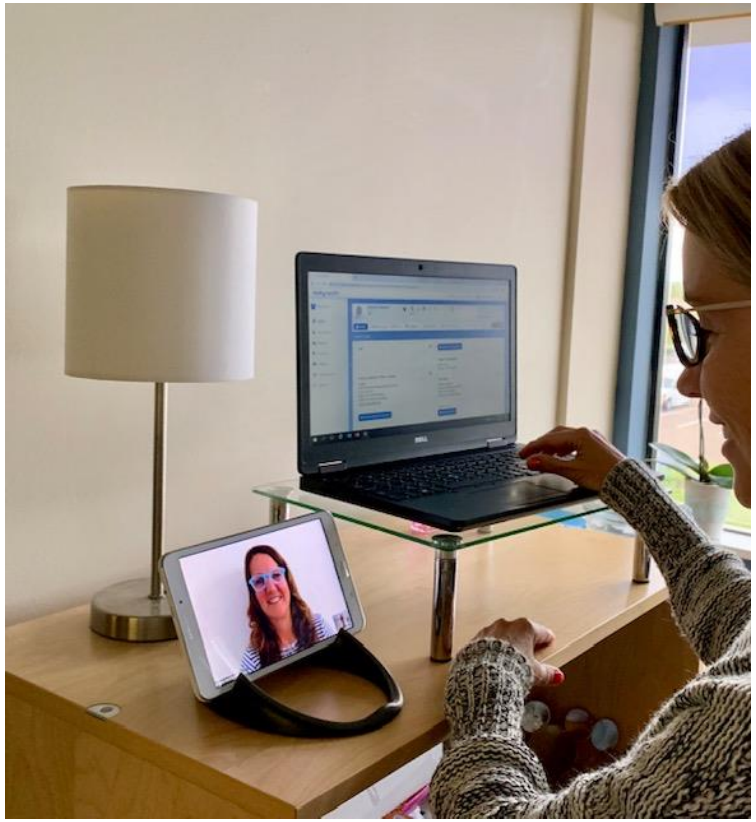
Client Set-Up View

BHConnect Staff Set-Up View

BHConnect Staff Connection



BHConnect Staff Connection Active



Thank you!

SmartCare

BH Connect

Deborah Skavran, M.S., LMFT
Senior Program Manager
Vista hill SmartCare BHConnect
dskvarna@vistahill.org

LIVE WELL SAN DIEGO

BRAND GUIDE

TABLE OF CONTENTS

BRAND GUIDE

INTRODUCTION

BRAND GUIDE

INTRODUCTION

BRAND PYRAMID

The Brand Pyramid was developed to capture key brand personality and positioning inforrmation. The primary purpose of the prand pyramid is to inform the logo and other design elements only and is not intended to be shared with the public.

KEY ELEMENTS

In this brand guide you will find the rationale behind the LIVE WELL SAN DIEGO campaign as well as the specific components required to maintain brand consistency. This can be used in reference to any campaign medium. The look and feel of the LIVE WELL SAN DIEGO identity is summarized in the logo, campaign colors, and typography. Specific use of these components in all campaign materials will ensure a cohesive and memorable message.

This brand guide was prepared under contract for the County of San Diego. The guidelines will help County staff make consistent design and communications decisions. While this brand guide should be followed, some of the guidance may be difficult to adhere to in every situation. County staff who encounters such a situation when preparing materials for a major event or for large distribution should seek the advice of the Group or department communications staff, or elevate to the County Communications Office when appropriate.

The Logo—A logo is a graphic mark or emblem that identifies your brand identity & brand personality in its simplest form.

The Color—Campaign includes three main colors. Color specifics of the LIVE WELL SAN DIEGO logo can be found on page 17 of this guide.

Typography—Specific fonts have been selected to be legible and cohesive with the campaign. For specific typeface and appropriate uses can be found on page 20 of this guide. This Typography is for design purposes and does not apply when referring to LIVE WELL SAN DIEGO in written documents.

LOGO

COLORS

TYPOGRAPHY

LIVE WELL SAN DIEGO

LIVE WELL SAN DIEGO

LOGO

BRAND GUIDE

LOGO OPTIONS

1. There are two variations of the logos orientation. One is horizontal the other vertical.

2. The logo is available in CMYK (4 Color Print), RGB (Web/TV), PMS (Pantone Matching System), Grey Scale, Black and White, and Knockout (1 Color - White).

3. No elements of the logo artwork may be recreated, deleted, cropped, or reconfigured. All logo artwork is provided as an EPS, PDF, JPG and PNG.

4. EPS and PDF files are vector artwork and are infinitely scalable, thus eliminating the need to ensure proper resolution for the purpose of reproduction.The knocckout version is considered one color and should be used for inexpensive promo item imprint needs.

5. JPG and PNG files are pixel based artwork and should be scaled carefully so that they don't become blurry. PNGs unlike JPGs use a transparent background so they can be placed on a variety of background options.

6. Logo artwork may only be reproduced directly from a digital file. It should never be reproduced from previously printed materials.

7. Do not put a white box around the logo when placed on a dark background. Instead use the provided knockout versions of the logo.

SIZE / SPACE

1. Logo should not be made any smaller than 1.5" for the horizontal logo and 1" for the vertical logo. A minimum clear-space must be maintained on the perimeter surrounding logo artwork. Must use the artwork provided.

2. Logo artwork must be uniformly scaled. Non-uniform scaling distorts the proportions of artwork and the relationship between the icons and letter-forms.

.25" clear

1.5" minimum size

.25" clear

1" minimum size

INTEGRITY

1. No elements of the logo artwork may be recreated, deleted, cropped, or reconfigured.

2. Logo artwork should always appear upright.

3. Logo artwork must be uniformly scaled. To do this hold down 'shift' while dragging the corner of the transform control box. (Non-uniform scaling distorts the proportions of artwork and the relationship between the icons and letter-forms.)

4. Logo should never be outlined.

5. Do not reproduce the logo in colors other than those specified in these guidelines.

6. Logo should contrast background color or photo for legibility. Use white type options on dark backgrounds.

7. Do not put a white box around the logo when placed on a dark background. Use knockout.

PARTNER LOCKUPS

It is NOT necessary for the logos to always appear together as indicated. Partner lockups are examples of the way the Group logo and Live Well logo should appear when it is appropriate to indicate that the County or Group initiative, program or event is part of Live Well San Diego.

1. Partner lockups are available as EPS, PDF, JPG and PNG.

2. Partner logo must always be located on the left and LIVE WELL on the right with a hairline between them.

3. Minimum size 1” of LIVE WELL logo still apply.

4. Logo artwork must be uniformly scaled.

5. Do not reproduce the logo in colors other than those specified in these guidelines.

6. Logo should contrast background color or photo for legibility. Use white type options on dark backgrounds.

7. Do not put a white box around the logo when placed on a dark background.

TRIO LOCKUPS

It is NOT necessary for three logos to always appear together as indicated. Trio lockups are examples of the way the Group logo, County Seal and Live Well logo should appear when it is appropriate to indicate that the Group initiative, program or event is part of the County of San Diego and is also part of Live Well San Diego.

1. Trio lockups are available as EPS, PDF, JPG and PNG.

2. Partner logo must always be located on the left, the County Seal on the right and LIVE WELL on the bottom with a hairline between them all.

3. Minimum size 1.5” of LIVE WELL logo still apply.

4. Logo artwork must be uniformly scaled.

5. Do not reproduce the logo in colors other than those specified in these guidelines.

6. Logo should contrast background color or photo for legibility. Use white type options on dark backgrounds.

7. Do not put a white box around the logo when placed on a dark background.

TYPE LOCKUPS

These Type Lockups are intended to help display the connection between programs/initiatives and Live Well San Diego. These could be programs/initiatives undertaken by community partners. Also, program/initiatives sponsored or co-sponsored by the County could also be displayed using the Type Lockups. The overall intention of these Type Lockups is to display how various partnerships help to advance Live Well San Diego.

1. Type lockups are available as EPS, PDF, JPG and PNG.

2. Type must be above the hairline and the LIVE WELL logo below.

3. Partner logo or program logo should be grouped closely to the type lockup so they read as one unit. See example to the right (It's Up to Us).

4. Minimum size 1.5" of LIVE WELL logo still apply.

5. Logo artwork must be uniformly scaled.

6. Do not reproduce the logo in colors other than those specified in these guidelines.

7. Logo artwork should appear against a solid background (not photography) to ensure maximum and proper contrast.

COLOR PALETTE

BRAND GUIDE

COLOR THEORY

HEALTHY / OCEAN VIEWS Blue represents responsibility, which is a nod to the LIVE WELL SAN DIEGO pillars and the desire for San Diegans to take ownership of making better choices for themselves.

Key Words: Health care, cleanliness, purity, peace, spirituality, truth, emotional healing, tranquility and trust.

SAFE / DESERT & SUN(SETS) Orange combined with yellow represents safety along with caution and prevention It reminds us of awareness and the warm tones elicits care, which is an important part of the LIVE WELL SAN DIEGO goals.

Key Words: Vibrant, energy, authority, attention, action, security, conscious and motivation.

THRIVING / LOCAL AGRICULTURE Green represents growth, money or wealth, which is also a nod to LIVE WELL SAN DIEGO's pillar of "Thriving," which speaks to self-sufficiency, economic vitality and sustainability.

Key Words: Nature, growth, youth, newness, healthy eating, renewal, well-being, and hope.

COLOR CODES

1. **PMS (Pantone Matching System)—**Use for color matching and highest quality professionally printed materials.

2. **CMYK—**Use for in-house or professionally printed materials.

3. **RGB—**Use for website graphics, presentations and video materials.

4. **HEX (Hexadecimal)—**Use for HTML coding.

PMS 3125U

C52 R110	C67 R54	C82 R0
M0 G204	M0 G192	M9 G169
Y12 B221	Y24 B200	Y20 B197
K0	K0	K4
HEX #6ECCDD	HEX #36BFC8	HEX #0294B5

PMS 144U

C0 R253	C0 R250	C0 R244
M29 G186	M40 G166	M61 G127
Y99 B22	Y90 B51	Y96 B38
K0	K0	K0
HEX #FDBA16	HEX #FAA633	HEX #F47F26

PMS 377U

C25 R199	C40 R165	C57 R119
M0 G220	M12 G186	M27 G144
Y73 B109	Y91 B73	Y93 B66
K0	K0	K8
HEX #C8DC6D	HEX #A5BA49	HEX #779042

TYPOGRAPHY

BRAND GUIDE

TYPE TREATMENT

1. LIVE WELL SAN DIEGO was created using the type face Avenir Heavy and Avenir Light to give the words integrity and contrast.

2. Avenir font family should be used for design purposes. Helvetica and Arial are available as alternates.

3. When referring to LIVE WELL SAN DIEGO in written documents, such as reports, letters, and emails, the format below is recommended:

   Live Well San Diego in the same font as rest of the the document in which the it appears. Words should be title case and italic (not bold, no comma, no exclamation point).

4. The abbreviation LWSD (not italicized) can be used after the first time it is referenced.

LIVE WELL
SAN DIEGO

LIVE WELL SAN DIEGO

TYPE FACES

1. **AVENIR FAMILY—**This type face was used to create the logo's typography. The Avenir Family should be used for headlines, copy blocks or attribution in any art work created by an advertising agency or design studio for LIVE WELL.

2. **HELVETICA FAMILY—**This type face will be a commonly used alternate. Helvetica is not required but may be used as needed for in-house materials such as flyers, brochures, written documents, letters, or emails.

3. **ARIAL FAMILY—**This type face should be used as an another ALTERNATE only if Avenir or Helvetica are unavailable.

Please note the arrows for each type face below. These indicate with versions of the family should be used for the bold 'LIVE WELL' and the lighter 'SAN DIEGO'.

LIVE WELL SAN DIEGO

- AVENIR LIGHT
  AVENIR LIGHT OBLIQUE
  AVENIR ROMAN
  AVENIR OBLIQUE
  AVENIR MEDIUM
  AVENIR MEDIUM OBLIQUE
- **AVENIR HEAVY**
  AVENIR HEAVY OBLIQUE
  AVENIR BLACK
  AVENIR BLACK OBLIQUE

LIVE WELL SAN DIEGO

- HELVETICA LIGHT
  HELVETICA LIGHT OBLIQUE
  HELVETICA REGULAR
  HELVETICA OBLIQUE
- **HELVETICA BOLD**
  HELVETICA BOLD OBLIQUE

LIVE WELL SAN DIEGO

- ARIAL REGULAR
  ARIAL ITALIC
- **ARIAL BOLD**
  ARIAL BOLD ITALIC

COUNTY OF SAN DIEGO

HHSA

HEALTH AND HUMAN SERVICES AGENCY

LIVE WELL
SAN DIEGO

LIVE WELL SAN DIEGO

Behavioral Health Services
Children, Youth and Families

Program Manager Meeting Schedule

FY19-20

Scottish Rite Center Claude Morrison Room 1895 Camino del Rio S. San Diego, CA 92108 Meeting 9:30 - 11:30 a.m. (Breakout Sessions 11:30 a.m. - 12:30 p.m.)* *topic specific as appropriate
July 11, 2019
September 5, 2019
November 14, 2019
January 9, 2020
March 12, 2020
May 7, 2020

3255 Camino Del Rio South
San Diego, CA 92108 | MS P531-C

TEL: 619 584-3016
EMAIL: Yvonne.Gage@sdcounty.ca.gov

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

UC San Diego School of Medicine | HHSA | LIVE WELL SAN DIEGO | First 5 San Diego

10th Annual Early Childhood Mental Health Conference - We Didn't Wait

A Decade of Progress - A Future of Hope

September 12-14, 2019
Crowne Plaza Hotel, San Diego, CA

Don't Miss This Conference! Register Today

We Didn't Wait – Do you know how far we've come?

Don't miss highlights of a decade of progress made in understanding the brain, child development, assessment, diagnosis. and protective factors that contribute to resilient children and families.

A Future of Hope – Do you know how hope heals?

Research shows that hope is a predictive factor of well-being in trauma, illness and resiliency. **Don't miss** discovering how to apply the science of hope in daily life to overcome trauma, adversity, and the struggles we face.

What About Trauma?

Trauma-informed care is essential in today's treatment and educational settings. **Don't miss** these important updates focused on trauma:

- What Can Pediatricians Do to Identify and Refer Children and Families?
- Prenatal Trauma and Depression – The Earliest Intervention
- Hope for Children with Developmental Psychopathology and Trauma
- How are the Caregivers? Vicarious Trauma and Wellness
- Trauma Sensitive Schools and Protective Factors

Other Topics?

- Hope for Infants and Toddlers Grieving
- Hope for Incarcerated Parents and Their Children
- Hope for Military Families
- Hope for Grandfamilies and Other Kinship Families
- Fostering Hope: The Role of Foster Parents
- Supporting Young Minds in a Digitally Enmeshed Era

and more……

Don't Miss This Conference:

A Ten-Year Celebration. Two-and-a-half days with nationally known speakers. Hundreds of clinicians, treatment providers, educators and physicians. Join us and gain a deeper understanding of how risk and resilient factors shape the brain and impact child development. Explore

Forward to a friend

EXHIBITORS

Join us as an Exhibitor!
Participants have identified this as "the one" conference on Early Childhood Mental Health they must attend. Past conferences have attracted over 600 attendees.

Click here to apply as an exhibitor

REGISTRATION FEES

Continuing Education Credits
Additional $35 per day

Registration on/before August 7, 2019

Thursday and Friday
$150 per day

Saturday
$30

Registration on/after August 8, 2019

Thursday and Friday
$175 per day

Saturday
$50

the progress we've made and what can be done to support children and families in the future.

more info

Register Online
Easy & secure online registration

VENUE AND ACCOMODATIONS

Crowne Plaza Hotel
2270 Hotel Circle North
San Diego, CA 92108
US Phone: 1 (888) 233-9527
Reservations | Hotel Information

A limited block of rooms has been reserved at the special discount rate of **$149 +tax.** Discounted rates apply until the reservation deadline of **July 26, 2019**, or until all rooms in the group block have been reserved, whichever occurs first. Once the room block has been filled, discounted group rates may not be available. We encourage you to make your reservation early. Please identify yourself as a participant of *ECMH Conference* when making your reservation.

Parking: Day parking will be hosted. Overnight parking at the hotel is the responsibility of the hotel guest.

Note: To receive the discounted group rate, lodging must be booked directly with the hotel.

By staying at the host hotel, you help the conference organizers meet its contractual obligations and keep registration fees reasonable. Please take this into consideration when making your accommodation decisions.

Follow UC San Diego CME on

UC San Diego School of Medicine, Continuing Medical Education
9500 Gilman Drive, MC0947 • La Jolla, CA 92093-0947
Phone: (858) 534-3940 • Toll-Free: (888) 229-6263 • Fax: (858) 534-1896
E-mail: ocme@ucsd.edu • Website: cme.ucsd.edu