

**Program Manager Meeting**

Children, Youth and Families | Behavioral Health Services  
November 8, 2018 | Scottish Rite Center | Claude Morrison Room  
1895 Camino del Rio S., San Diego 92108

9:30 – 11:30 a.m.

Breakout Sessions: Perinatal Outpatient Providers and CANS SuperUser  
11:30 a.m. - 12:30 pm.

**Agenda - Notes**

- **Welcome** – Wendy Maramba
- **QM Updates (MH)** (handout) – Lisa O'Connor (SUD) (handout) – Carrie Binam
  - UTTM MH and SUD – November 2018  
[QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)
- **Pathways to Well-Being (MH)** (handout) – Leonor Chairez
  - Focus Group Appreciation  
*Thank you to the following programs: New Alternative Crisis and Action Connection (CAC), New Alternative Comprehensive Assessment and Stabilization Services (CASS), New Alternative San Pasqual Academy (SPA), San Diego Center for Children STRTP, and Rady KidSTART for participating in this year's Youth & Staff Focus Groups. We appreciate your collaboration and assistance!*
  - New Form: Progress Report to Child Welfare Services (handout)  
*Email sent on 10.4.18 to Program Managers. The bulletin, referral form, and explanation can be found on the PWB BHETA website.*
  - Pathways to Well Being (PWB) and Continuum of Care Reform Training (handout)  
*The 6 hour training (held from 9 a.m. to 4 p.m.) has 3 remaining scheduled deliveries for FY18-19 and there are still seats available for the following dates:*

February 7, 2019	May 22, 2019
June 13, 2019	

  
*The focus of the training is an overview of collaborative care with youth and families served by BHS providers, along with specific information pertaining to the new CFT Meeting Facilitation Program and BHS provider role in the CFT. The training will focus upon different sectors including BHS, Child Welfare Services, Probation, Youth/Family, and the roles and responsibilities of CFT participants in both Enhanced Services CFT meetings and Continuum of Care Reform CFT meetings. Providers are strongly encouraged to attend and will receive six continuing education credits upon completion. Attendees must complete required prerequisites prior to registration.*
- Pathways to Well-Being Outreach  
*PWB Liaisons will continue to reach out to programs to offer technical assistance and request invitations to attend CFT meetings.*

- Information Dissemination Reminder  
*As a reminder, please remember to disseminate emailed PWB announcements, bulletins, forms, and training schedules to your clinical and quality improvement/assurance staff.  
Copies of PWB related bulletins, forms, explanation sheets, training material, and announcements along with contact information for PWB Liaisons can be found at the BHETA website:  
<https://theacademy.sdsu.edu/programs/BHETA/pathways/>*
- **Live Well (SOC) – Michael Miller**
  - Free Flu Shot Clinics  
<http://www.sdiz.org/Community/Features/Flu-2018-2019-clinics.html>
  - Hep A  
*Reminder to providers of last year's record high number of cases of both Influenza and Hep A.  
Encouraged pro-active promotion of awareness, education, and prevention this flu season. Quoted recommendations from County Health Director Dr. Wilma Wooten and provided information regarding vaccination sites.*
- **Process Improvement Project (PIP) (MH) (handout) – Dr. Kya Barounis, Michael Miller** 20 minutes  
*Family Therapy Engagement Intended to increase rates of family therapy across the children's mental health system. Two interventions trainings as part of this project:*
  - MEET (Motivational Enhancement for Engagement in Therapy)
  - PACT (Parent and Caregiver Active Participation Toolkit)
- **New Alternatives, Inc. - Crisis and Access Connection (CAC) (SOC) (handout)** 10 minutes  
- Denise Kerwood, Ashley Conners  
*Provides in-home crisis intervention and stabilization to youth ages 5-21 using a strength-based, client-centered, family-focused approach.*
- **CMHACY Scholarship Recipient (SOC) (handout) – Micaela Cunningham** 15 minutes  
*California Mental Health Advocates for Children and Youth. Workshops attended: Josh Shipp - One Caring Adult, Susan Barrett, Dir. Mid-Atlantic PBIS Network, Young Minds Advocacy, 3strands Global Foundation dedicated to ending human trafficking.*
- **SUD update (SOC) – Kim Pauly** 5 minutes  
*It is important to coordinate care between SUD and MH. "System of Care includes both and providers should know their SUD and MH neighbors".*
- **Mental Health Systems, Inc. - North Inland Teen Recovery Center (SUD) (handout)** 10 minutes  
- Liz Winchell  
*Outpatient treatment serving adolescents age 12-17*
- **Mental Health Systems, Inc. – STEPS (SOC) (handout) - Adam Beer** 10 minutes  
*Sexual Treatment Education Program & Services. Focus on reducing sexually reactive and abusive behaviors in youth.*

- **Directing Change 2018-19 (SOC)** (handout) - Amanda Lance Sexton 5 minutes  
*Directing Change Program and film contest is a free and evaluated suicide prevention and mental health education program. Opportunity for youth to create a short film about suicide prevention and mental health awareness. Empowering opportunity for clients. Impact report for 2017-18 attached in packet BHS CYF is encouraging programs to support their clients in participating. Deadline for submission is March 1, 2019*  
<http://www.directingchange.org/>
  
- **Program Manager Meeting Survey Summary** (handout) – Amanda Lance Sexton 5 minutes  
*Conducted in July 2018. Results attached in packet. Overall findings were supportive of the PM meeting CYF will reach out to programs that identified that the meeting is not helpful. Programs are reminded to attend other pertinent BHS meetings that supplement the PM meeting (QIP, SUD providers mtg, breakouts, quarterly meetings). System information can be beneficial to programs to see themselves as a piece of the greater whole; to assist staff in understanding the interconnected parts*
  
- **CANS Family Letter (SUD)** - Eileen Quinn-O'Malley 10 minutes
  - CANS Family Letter is available on the Optum website in all threshold Languages
  - Appreciate everyone's input about CANS Family Letter; CYF Administration is relooking at approach
  - Intent of CANS Family Letter is for BHS providers to have the opportunity to discuss the CANS before the PSW/PO shares it in a CFT in turn preserving the therapeutic relationship by being transparent from the start of treatment
  - Purpose of CANS is to summarize the family story in tool – Information in CANS should not be new to family and discussing it allows for needed clarifications
  - Sharing the CANS with PSW & Probation is required by State for system involved youth
  - Generally CYF Administration expects that discussion with family and youth is occurring about assessment and case conceptualization
    - Most of the input/objection to CANS sharing appears to be about exceptions which should be attended to by using clinical judgment.
  - Philosophy of 'nothing about us, without us' is a core value of the system of care and consistent with discussing assessment/case conceptualization
  - CYF Administration's plan is to simplify the CANS Family Letter and make it optional
  - However, discussing assessment information/case conceptualization with youth/family is important - CYF Admin is drafting a form that outlines different ways of achieving this, as well as creating space for clinicians to insert exceptions
  - Sharing the CANS Form with client/family is optional; but again, for system involved kids the CANS must be shared with CWS/PO and they have indicated intent to share CANS in CFT meetings (based on their understanding of CDSS directive) – BHS providers need to have a plan for clinicians managing that discussion/CANS sharing in a CFT meeting.
  - CYF Admin continues to collaborate with system partners such as CWS and Probation and appreciates BHS providers input and joint commitment for system improvements.



➤ **Harmonium, Inc. (MH)** – Ron Britton

5 minutes

*Family support partner, poet, author and lyricist shared a poem he wrote Taken Captive*

➤ **Announcements (SOC)** – Michael Miller

- TBS – new address (handout) 8755 Aero Dr., Ste. 230 SD 92123

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/therapeutic\\_behavioral\\_services.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/therapeutic_behavioral_services.html)

- Point in Time Count

*Next PIT count will be January 25, 2019, 4-7:00 a.m.*

<https://www.rtfhdsd.org>

- Public Website

*CYF updated*

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children.html)

- Stop Firearm Suicide San Diego (handout)

➤ **Breakout Sessions**

- Perinatal Outpatient Providers – Kim Pauly
- CANS SuperUser – Eileen Quinn-O'Malley

**Next Meeting: January 10, 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

#### Double-check your Appointment Types!

- Services with Scheduled or Unscheduled/Walk-in Appointment Times that are claimed with 0:00 service time have back-logged our billing system.
  - These services may result in fraudulent reimbursement.
  - When you have Face-to-Face, Telehealth, or Telephone encounters with no client contact, select Appointment Types #3- "Cancelled by Client", #4- Cancelled by Program, or #5- "No Show" as appropriate.
- The "Client Progress Note Audit – Billing Audit" can be used to monitor entry of 0:00 service time. See page 185 of the Anaszai Reports Manual.
- That report and many others can be saved to spreadsheets for easier use – See the QIS memo dated 11/30/215 on Optum.

#### Case Management or Collateral?

- Deciding when to select Case Management (Service Code 50) or Collateral (Service Code 33) involves more criteria than interacting with someone outside of your program.
- Case management services include a range of activities to assist the Client access community services and treatment, including discharge planning.
  - These services often include communication or coordination with staff outside of your program.
- Collateral services involve a client's significant support person.
- Their intent is help the support person be able to improve the client's mental health status so that care plan goals can be met.
  - Collateral service may include counseling and educating the client's significant support person(s) to assist in better use of services and to better understand the client's serious mental health issues.

#### Reminder to Document Accurately

- Each client has a specific and individual presentation and needs unique to each client encounter.
- QM staff have seen an increase of services with documentation that is worded exactly like or quite similar to previous entries, otherwise known as "cloning". Cloned documentation is a misrepresentation of medical necessity and will result in recoupment.
- The individualized attention you give to clients needs to be supported by individualized documentation.

#### Optum Website Updates Org. Provider Docs

##### Communications Tab

- Privacy – Confidentiality  
Legislative Updates
- Patient Advocacy services for  
BHS – Records Requests

##### OPOH Tab

- Table of Contents
- Section C – Accessing Services
- Section D – Providing Specialty  
Mental Health Services

##### References Tab

- CCBH Void or Replace Form
- NOABD Table (Revised  
10/20/18)

##### UCRM Tab

- CANS Family Letter in  
Threshold Languages
- Demographic Form Fill
- AOA Outpatient UM  
Explanation Form
- AOA Outpatient UM Form Fill
- Intensive Service Request (ISR)  
Explanation

##### PWB Tab

- Child and family Team  
Meeting Facilitation Program  
(link)

## Adult/Older Adult

### A/OA UM Criteria

- “Unchanged MORS rating for 1 year or longer” is no longer a criterion for A/OA Outpatient UM.
- Please see the OPOH, UM Form, and Explanation updates.

### OPOH Updates

- OPOH section D was updated under heading, **IV. Utilization Management process for Outpatient Programs**, removed UM criteria of “unchanging MORS rating for 1 year or longer as criteria.”
- OPOH section C was updated under heading, **Language Assistance**, with the information for Hanna Interpreting Services, LLC as they are the new contactor with the county for interpreter services.

### BHS QM MH Team Welcomes Three Quality Management Specialists!

- **Amber Irvine, LMFT**, has a wealth of experience in both children’s and adult/older adult systems of care. She worked most recently with the PATH San Diego team as a Whole Person Wellness Clinician, working with the County’s chronically homeless population. Prior to that she worked in Virginia at the Wheeler Clinic as a children’s outpatient senior clinician and school-based clinician. You can find Amber at [Amber.Irvine@sdcounty.ca.gov](mailto:Amber.Irvine@sdcounty.ca.gov)
- **Marie Khamis, LMFT**, also joins us with extensive experience with children’s’ and adult programs. She was most recently the Assessment and Discharge Specialist at CRF’s Heartland Center and prior to her work with CRF had years of experience in private practice. You can find Marie at [Marie.Khamis@sdcounty.ca.gov](mailto:Marie.Khamis@sdcounty.ca.gov)
- **Rhiannon Tobin, LMFT** rejoins our team with a comprehensive background in Quality Management not only in our County but also in Long Beach. While in Long Beach Rhiannon was both a Clinical Supervisor and worked as a QI Assistant. She has most recently been providing private practice and spending time with her family and the unit is very excited to have her return. You can find Rhiannon at [Rhiannon.Tobin@sdcounty.ca.gov](mailto:Rhiannon.Tobin@sdcounty.ca.gov)

## Pathways to Well-Being

- Progress Report to Child Welfare Services bulletin, revised Progress Report to Child Welfare Services form, and explanation were emailed to Program Managers on 10/4/18.
- Date changes for the Pathways to Well-Being and Continuum of Care Reform six-hour training:

**December 6, 2018 has been CANCELLED**

**February 7, 2019**

**May 22, 2019**

**June 13, 2019 has been ADDED**

**Note: Courses scheduled from 9 a.m. to 4 p.m.**

Training focuses on 1) collaborative care of youth and families by Behavioral Health Service (BHS) providers and 2) information pertaining to the BHS provider role in the Child and Family Team (CFT). Training details functions of BHS, Child Welfare Services, Probation, Youth/Family, and the roles and responsibilities of CFT participants in both Enhanced Services CFT meetings and Continuum of Care Reform CFT meetings.



Providers are strongly encouraged to attend and receive six CE credits upon completion. Attendees must complete required prerequisites before registration. Please visit:

<https://theacademy.sdsu.edu/programs/bheta/pathways/pathways-training-schedule/>

### Information Reminder

- Disseminate PWB announcements, bulletins, forms, and training schedules to your clinical and quality control staff.
- PWB announcements, bulletins, forms, explanation sheets, and training announcements/material along with contact information for PWB Liaisons can be found on BHETA website:

<https://theacademy.sdsu.edu/programs/BHETA/pathways/>

### Training and Events

#### Documentation Training

- **CYF Documentation Training:** Monday, December 17, 2018, from 9:00 AM to 12:00 PM.
  - The December training will be held at the County Operations Center, 5560 Overland Ave., San Diego, CA 92123 – 1<sup>st</sup> Floor, Room 171.
- **Root Cause Analysis, A/OA and Support Partners Documentation Trainings** are planned for January/February - Stay Tuned for dates and locations!
- Cancel registration at [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov) to allow those waitlisted to attend.



#### Quality Improvement Partners (QIP) Meeting

- QIP meeting occurs on the fourth Tuesday of every month from 2:30 PM to 4:30 PM.
- This month it will be held on November 27<sup>th</sup>, at 3851 Rosecrans Street, San Diego, CA 92110, Coronado Room.
- Call-in Option available. An email will be sent out prior to the meeting with the call-in information included.

**Is this information filtering down 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](mailto:QIMatters.hhsa@sdcounty.ca.gov)

### Documentation Skill Building Workshops on Treatment Plans in November

- Documentation workshops are an opportunity to build and develop a SUD treatment provider's documentation skill set and we will focus on Treatment plans in November
- Groups will be limited to 25 participants and reservations are required by emailing [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov)
- Meetings at County Operation Center (Training Room 171, 5560 Overland Ave, San Diego)
  - Monday, 11/26/18, 1:30 P.M. to 3:30 P.M.
  - Friday, 11/30/18, 9:30 A.M. to 11:30 A.M.
- Meeting at North Inland Live Well Center (Grand Ave Room A, 649 W. Mission Ave, Escondido)
  - Tuesday, 11/27/18, 1:30 P.M. to 3:30 P.M.

### Outpatient Provider Documentation Training

Date: Monday, November 19, 2018

Time: 9 am-1pm

Where: County of San Diego-County Operations Center (COC)  
5560 Overland Avenue, 1<sup>st</sup> floor, Room 171, San Diego, 92123

- To register, please email the following to [stthomas@mhsinc.org](mailto:stthomas@mhsinc.org)
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each Individual



### Residential Provider Documentation Training

Date: Wednesday, November 28, 2018

Time: 1 pm-5 pm

Where: County of San Diego-County Operations Center (COC)  
5530 Overland Avenue, 1<sup>st</sup> floor, Room 124, San Diego, 92123

- To register, please email the following to [BHS-QITraining.HHSA@sdcounty.ca.gov](mailto:BHS-QITraining.HHSA@sdcounty.ca.gov)
  - Name of Person(s) Attending
  - Program Name
  - E-mail Address for each Individual

### DMC-ODS Treatment Provider Meeting

- Tuesday, November 20, 10 am to 11:30 am
- Scottish Rite Center, Heald Room, 1895 Camino del Rio South, San Diego, CA 92108

### Residential Substance Use Disorder Providers Optum Phone Number Reminder

- Optum has a provider only number to call when Residential Substance Use Disorder Programs need to request authorization for residential SUD treatment. This line is for providers only, and this number is not for client calls.
- The Provider Authorization Optum number is: 1-800-798-2254, Option 3, then Option 2.
- Should a client need to call to request resources, please refer them to the San Diego Access and Crisis Line at 1-888-724-7240, which is for clients and can be called 24 hours/7 days a week.



### **Residential Authorizations in SanWITS Requirements and Reminders**

- Follow Residential Authorization Request timelines to Optum (SUDPOH Appendix D.1):
  - Initial authorization is due within 24 hours of program admit
  - Continuing authorization is due by day 10
  - Extension authorization is due by day 80 (Adolescent programs by day 30)
- DC Summary must be faxed to Optum upon completion (within 30 days of discharge)
- Confirm with Optum approved authorization dates prior to entering the Residential Authorization in SanWITS
- After the Residential Authorization has been completed in SanWITS, print it for the paper chart
- To print this in SanWITS, right click on the SanWITS screen displaying the SanWITS Residential Authorization and select "Print"
- If you have specific questions about how to enter the Residential Authorization in SanWITS, please follow up with the MIS Support desk at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)

### **Request Approval Prior to Using of Alternate Versions of County Required Forms**

- If Programs want to use a different version of one of the required SUDURM Forms or create one of the forms in their own EHR, then they need to submit a request for approval to the County SUD QM team.
- Please send the alternate version of the form for review to [QIMatters.HHSA@sdcounty.ca.gov](mailto:QIMatters.HHSA@sdcounty.ca.gov)

### **Title 22 State Fair Hearing Rights Form Discontinuation - Reminder**

- The Title 22 State Fair Hearing Rights Form is no longer used and should not be given to clients
- Clients are to receive the Personal Rights at an AOD Certified Program Form upon admission
- In addition, if they have Medi-Cal or are Medi-Cal eligible, they are to receive a DMC-ODS Beneficiary Handbook, which reviews additional client rights

### **Update to Acknowledgement of DMC-ODS Beneficiary Handbook and the Provider Directory (F209)**

- Form was updated on 10/25/18 to include the updated link to the Provider Directory
- Use this updated form for all new admits and dispose of all blank copies of the old form
- Posted on the Optum website under the SUDURM Tab

### **Assessed-No Admit and Assessed-Delayed Admit Processes**

- Review the QM Memo (10/18/18) and attachments for all the specific details, which is posted on the Optum website under the Communication Tab
- Review the SanWITS Flow processes (posted on Optum under the SanWITS Tab) on how to enter the services in SanWITS for "Assessed – No Admit" and "Assessed – Delayed Admit"
- There is not currently a cap on the county billable claims for "Assessed – No Admit" as long as documentation substantiates all time claimed
- At this time, there is a 4 unit (1 hour) cap on the county billable claims for "Assessed – Delayed Admit" and these county billable claims are currently only permitted for referrals related to the collaborative courts

### **RN (Registered Nurse) as a LPHA (Licensed Practitioner of the Healing Arts) – Scope of Practice**

- DHCS has recently clarified that although RNs are considered LPHAs, they are not permitted to diagnose a client because it is not within their scope of practice
- Therefore, programs shall not use a RN as a LPHA to complete the diagnosis on the DDN (Diagnosis Determination Note) or on the Initial LOC Assessment (note: provisional diagnosis is required on this form for Residential programs)

### **Reminder: Cloned Documentation is Never Allowed**

- Cloned Documentation is defined as documentation that is worded exactly like or similar to other documentation in the same chart or another chart
- This can happen if a program is using templates or examples for progress notes or forms (e.g., Treatment Plans, ASAM LOC Recommendation)
- If documentation appears to be cloned, there is significant risk for disallowance of services
- Every client and every contact is unique, so documentation should be different for each client and each service

### **Charitable Choice Regulations Reminder**

- The SAMHSA Charitable Choice provisions apply to SAMHSA-funded (e.g., SABG or PATH funded) non-profit religious organizations only. When these organizations are providing substance abuse services, the standards are:
  - An individual who receives or is interested in services and disagrees with the religious nature of the program has a right to obtain a notice and a referral to an alternative program within a reasonable time period.
  - Programs must ensure that appropriate referrals are made and recorded
  - The number of referrals provided must be submitted to BHS via the QSR, so BHS can submit this information to DHCS (Review SUDPOH E.11-12).

### **Beneficiary Material Reminders**

- The following information is to be made available in a prominent public place (such as the Program's waiting room) in all threshold languages:
  - Grievance/Appeal Posters, Grievance/Appeal Brochures, Grievance/Appeal form for clients, Self-addressed envelopes for Grievances/Appeals, Limited English Proficiency (LEP) posters, and Access and Crisis Line posters
- Programs offer the County of San Diego Drug Medi-Cal Organized Delivery System Beneficiary Handbook (print, if client wants print version, or provide link to online version) and the provider directory (link) to clients upon admission
- Beneficiary materials are available on "Beneficiary" tab of the DMC-ODS page on the Optum website for programs to print
  - If you are printing posters, they need to be printed on 8.5 X 14 inch paper
- If ordering materials from BHS (order form is on the Beneficiary Tab), please only order materials in small batches
  - For example only order 1-2 months of materials at a time
  - This prevents waste of paper when updates are made to the beneficiary materials, per the County or DHCS requirements

### **Grievances and Exempt Grievances Clarification**

- A grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination
- An exempt grievance is resolved to the beneficiary's satisfaction by the close of the next business day following receipt of the grievance. It is exempt from the requirement to send a written acknowledgement and disposition letter.
- No distinction exists between informal and formal grievances
- A complaint is the same as a formal grievance and can be received over the phone or in-person

### **Difference between Recovery Services and Recovery Residences**

- Recovery Services (formally known as “aftercare”) are available after a client has completed a course of treatment with no indication of a need to transfer to another level of care
  - Recovery services serve to support the client when he/she is triggered, has relapsed, or as a preventative measure to prevent relapse
  - More information about Recovery Services will be coming soon
- Recovery Residences (also known as Sober Livings) are privately-owned homes or complexes that provide transitional housing for adults who are recovering from a substance use disorder
  - Recovery Residence supplemental funding is an option for clients actively receiving DMC-ODS Outpatient Treatment Services or Recovery Services. Refer to the Recovery Residences – Supplemental Funding Guidelines on the Optum website, Toolbox Tab for more details on the requirements and maximum costs.

### **Date of Discharge Clarification**

- Per CalOMS, the discharge date is based on the last contact with the client.
- Standard Discharges are planned discharges that involve an “exit interview”. This exit interview can take place either face-to-face or by telephone. The date of this exit interview is the discharge date for a standard discharges for Outpatient/Residential programs.
- Administrative Discharges are unplanned discharges typically resulting from the client not returning to the program. Since the client cannot be located for an exit interview, the discharge date is the last date the program had contact with the client (Face-to-face or by telephone).
- For OTPs, date of discharge for a standard discharge is the last oral medication the client had.

### **SUD QM Team Program Reviews**

- As onsite technical assistance reviews continue for programs, focus will be on working with program quality assurance staff to support internal quality review processes at the program.
- The SUD QM team requests program quality assurance staff participate in these TA reviews.

### **From the MIS Team**

#### **Save the Date: SanWITS Quarterly Users Group Meeting**

- Date: Monday January 7, 2018
- Time: 9:30 am – 12: 00 pm
- Location: 1 Father Junipero Serra Trail, San Diego, CA 92119

#### **Optum Website SanWITS Tab Updates**

- SanWITS Flow-Assessed Clients not Admitted
- SanWITS Flow-Delayed Admission
- SanWITS Flow-Group List for OTP Providers
- SanWITS Flow- Group List for Outpatient Providers

#### **Reminder: Residential Providers**

- Residential Bed Management is meant to be done in real time so that an accurate count of beds can be maintained and used for referring clients to your facility
- Promptly discharge the client upon completion of treatment - this will take the client out of the bed so that the bed is available for new clients
- If the client has unreleased encounters, leave the case/episode open after discharge
- Only Authorized Residential Bed Days can be billed – Optum is the authorizing entity

## Important - Perinatal Services

- To bill DMC perinatal services, a facility must be licensed by DHCS to provide perinatal services in conjunction with being contracted with the County to provide perinatal services
- There are very few facilities that fall into this category – if you are not sure if your facility can bill DMC for perinatal services, please contact your COR and/or the Director of your facility
- If your facility is able to bill DMC for perinatal services, the client will need the following two items in SanWITS:

### 1. ODS DMC Perinatal Payor Group Enrollment – linked to perinatal rates

The screenshot shows the 'Client Profile' page in SanWITS. The left sidebar contains a menu with options: Client Profile, Alternate Names, Additional Information, Contact Info, Collateral Contacts, Other Numbers, History, Payor Group Enrollment (highlighted with a red box), Authorization, Allergies, Linked Consents, Contacts, Activity List, Episode List, and System Administration. The main content area is titled 'Benefit Plan/Private Pay Billing Information' (also highlighted with a red box). It contains several fields: Payor-Type (Medicaid), Payor Priority Order (2), Coverage Start (calendar icon), End (calendar icon), Payment Scale, Aid Code, Relationship to Subscriber/ Responsible Party, and Plan-Group (ODS DMC- Peri-Medi-Cal -... highlighted with a red box). Below this is the 'Subscriber/ Responsible Party' section with fields for First Name, Middle, Last Name, Birthdate, Gender, Subscriber #, Address 1, Address 2, City, State, and Zip.

### 2. Answer “yes” to the Perinatal question in the program enrollment- linked to perinatal rates

The screenshot shows the 'Program Enrollment Profile' page in SanWITS. It contains several dropdown menus and text fields: Facility (Residential #1), Program Name (Recovery Services), Program Staff (Emerson, Cynthia), PS Court Phase, Last Treatment Level of Care, Termination Reason (Yes/No), and Notes. The 'Perinatal' dropdown menu is highlighted with a red box.

- Important: If your facility cannot bill DMC for perinatal services
  - Always answer NO to the Perinatal question in the Program enrollment
  - Do not create a payor group enrollment for peri services
- The question in the encounter “pregnant/postpartum” is used for reporting purposes and is not linked to the higher perinatal rates

## SanWITS and SSRS Trainings – Oct through Dec classes are on RegOnline

- Register online for SanWITS Outpatient Basic (this includes OTP) or Residential Basic and SSRS trainings at <https://www.regonline.com/builder/site/Default.aspx?EventID=2260135>. If you have any questions please contact the SUD MIS support desk at [SUD\\_MIS\\_Support.HHSA@sdcounty.ca.gov](mailto:SUD_MIS_Support.HHSA@sdcounty.ca.gov)
  - Registration will close 7 days prior to the scheduled class date in order to allow time for individual staff account setups and other preparation needed.
  - No walk-ins or substitutions will be allowed due to specific individual accounts.
  - If there is no staff registered 7 days prior, the training for that date will be cancelled.
- SanWITS billing classes, register with BHS Billing Unit [ADSBillingUnit.HHSA@sdcounty.ca.gov](mailto:ADSBillingUnit.HHSA@sdcounty.ca.gov)
  - SanWITS Basic training is required before Billing training

- If you have signed up for a class and are unable to attend, cancel the registration as soon as possible so that staff on the waitlist are able to attend.

**RegOnline is being replaced with RegPack as of January 2019. More details to come.**

**Is this information filtering down to your counselors, LPHAs, and administrative staff?  
Please share the UTTM – SUD Provider Edition with your staff and keep them *Up to the Minute!***

Send all personnel contact updates to [QIMatters.hhsa@sdcounty.ca.gov](mailto:QIMatters.hhsa@sdcounty.ca.gov)



# Pathways To Well-Being

## PROGRESS REPORT TO CHILD WELFARE SERVICES

Fax form to Health Education Passport Office Assistant at Secure Child Welfare Services (CWS) region fax number below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Central (619) 521-7325 | <input type="checkbox"/> North Central (619) 767-5471 | <input type="checkbox"/> Residential & EFC (619) 767-5418 |
| <input type="checkbox"/> East (619) 401-3792    | <input type="checkbox"/> North Coastal (760) 754-3530 | <input type="checkbox"/> Adoptions (858) 650-5832         |
| <input type="checkbox"/> South (619) 585-5174   | <input type="checkbox"/> North Inland (760) 740-5605  |   |

Client Name (Last Name/First Name)	Client DOB (mm/dd/yyyy)	Protective Services Worker (PSW)	PSW Phone Number
------------------------------------	-------------------------	----------------------------------	------------------

Provider may call **1-858-514-6995** for current CWS, PSW contact information.

- ☐ **Initial** (within 30 days of determining eligibility) ☐ **Update** (upon significant change or revised client plan) ☐ **Discharge**

Choose one designation:

- ☐ Youth meets Enhanced Services (Subclass) criteria OR ☐ Youth is open to CWS (Class) but does not meet Enhanced Services (Subclass) criteria

Date of Pathways to Well-Being Eligibility Determination: \_\_\_\_\_

### BHS Provider

Please provide the following items to CWS PSW

- ☐ Current Client Plan (may be utilized in court reports)
- ☐ Most recent CFT Summary and Action Plan (if CFT Meeting Facilitation Program was not utilized)
- ☐ Current completed CANS tool results
- ☐ Current Client Assignment history from CCBH
- ☐ Discharge Summary
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

### CWS • PSW

Please provide the following items to BHS Provider:

- ☐ Consent For Examination And Treatment
- ☐ Authorization to Use or Disclose Protected Health Information
- ☐ Most recent CFT Summary and Action Plan
- ☐ Child Welfare Services Case Plan
- ☐ Detention Report
- ☐ Jurisdiction/Disposition Report
- ☐ Status Review Court Reports (every six months)

- ☐ No Contact List (if applicable)
- ☐ Current completed CANS tool
- ☐ Other: \_\_\_\_\_

Comments: \_\_\_\_\_

**This side of form is administrative and NOT included in court reports.  
PSW may provide Page 2 of this document and the Client Plan to the court.**

Page 1

County of San Diego  
Health and Human Services Agency  
Child Welfare Services  
Behavioral Health Services

Pathways to Well-Being  
Progress Report to Child Welfare Services 10/04/2018

Client: \_\_\_\_\_

Record Number: \_\_\_\_\_

Program: \_\_\_\_\_



# Pathways To Well-Being

## PROGRESS REPORT TO CHILD WELFARE SERVICES

Client name: \_\_\_\_\_

Client DOB: \_\_\_\_\_

Client Admission Date to BHS Program: \_\_\_\_\_

BHS Legal Entity: \_\_\_\_\_

BHS Program Name: \_\_\_\_\_

BHS Clinician/Provider: \_\_\_\_\_

BHS Provider Phone: \_\_\_\_\_

BHS Provider Email: \_\_\_\_\_

BHS Secure Fax: \_\_\_\_\_

ICD-10 Code	DSM-V Diagnosis
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BHS Provider Signature: \_\_\_\_\_ Credential: \_\_\_\_\_ Date: \_\_\_\_\_

Page 2

County of San Diego  
Health and Human Services Agency  
Child Welfare Services  
Behavioral Health Services  
Pathways to Well-Being  
Progress Report to Child Welfare Services 10/04/2018

Client: \_\_\_\_\_

Record Number: \_\_\_\_\_

Program: \_\_\_\_\_

# Pathways to Well-Being

## PROGRESS REPORT TO CHILD WELFARE SERVICES

<b>WHEN:</b>	Must be completed within 30 days of determining eligibility, when any updates/significant changes or revised client plan and at discharge.
<b>ON WHOM:</b>	All children/youth open to Child Welfare Services
<b>COMPLETED BY:</b>	Staff delivering the service within scope of practice. Co-signatures must be completed within timelines.
<b>MODE OF COMPLETION:</b>	Form fill and forwarded in a secure manner to Child Welfare Services (CWS) Health and Education Passport (HEP) OA (see secure region fax numbers on form). Maintain a copy in hybrid chart
<b>REQUIRED ELEMENTS:</b>	All elements of the Progress Report to CWS must be addressed:

### Elements on Page 1:

- Identify which region to FAX form- CWS Protective Services Worker (PSW) has this information
- Client Name and Client Date of Birth
- Name and Contact information of CWS PSW (Provider may call 858-514-6995 for current CWS PSW contact information)
- Timeframe: check one box (Initial, Update, or Discharge)
- Choose one designation (per Eligibility for PWB and Enhanced Services form):
  - Enhanced Services/Sub-Class criteria (including youth meeting Enhanced criteria at discharge, even when end date has been entered, aka “switched off”, in Client Categories Maintenance [CCM]).

### OR

- Youth is open to CWS (Class) but does not meet Enhanced Services (Subclass) criteria
- Date of Pathways to Well-Being Eligibility Determination: Should match date youth was open to Class or Subclass in CCM

### BHS (Left side) fax to CWS the following attachments:

- Current Client Plan (may be utilized in court reports)
- CFT Meeting Summary and Action Plan (if CFT Meeting Facilitation Program was not utilized)
- Current completed CANS tool results
- Client Assignment History from Cerner Community Behavioral Health (CCBH)
- Discharge Summary
- Any other pertinent information or comments as needed

### CWS (Right side) fax BHS the following attachments:

- Consent For Examination And Treatment
- Authorization to Use or Disclose Protected Health Information
- Most recent CFT Meeting Summary and Action Plan
- Child Welfare Services Case Plan
- Detention Report
- Jurisdictional/Disposition Report
- Status Review Court Reports (every 6 months)
- No Contact List (if applicable)
- Current CWS completed CANS tool
- Any other pertinent information or comments as needed

**Elements on Page 2:**

- Client Name
- Client Date of Birth
- Client Admission date to BHS program
- BHS Legal Entity
- BHS Program Name
- BHS Clinician/ Provider Name
- BHS Provider Phone Number
- BHS Provider email
- BHS Provider Secure Fax Number
- ICD-10 Code/DSM-V diagnosis
- BHS Provider Signature, Credentials, and Date

**BILLING:**                   ○ Billing for gathering of information for the Pathways to Well-Being Progress Report to Child Welfare Services shall only occur when connected to a direct client service.

**NOTES:**                   **Page 1 of form is Administrative and not included in Court Reports (excluding Client plan).**  
**CWS PSW may utilize Page 2 of this document with diagnostic information from BHS provider in court reports including client plan.**



## Pathways to Well-Being: Integrated Core Practice Model and Continuum of Care Reform

Class Code: BH0225

### LOCATION

6367 Alvarado Court, STE 103  
San Diego CA, 92120

### COURSE DESCRIPTION

San Diego County Pathways to Well-Being: Integrated Core Practice Model (ICPM) and Continuum of Care Reform (CCR) provides an overview of collaborative care with youth and families served by Behavioral Health Service (BHS) providers, along with specific information pertaining to the BHS provider role in the Child and Family Team (CFT). The training will focus upon different sectors including BHS, Child Welfare Services (CWS), Probation, Youth/Family, and the roles and responsibilities of CFT participants in both Enhanced Services CFT meetings and CCR CFT meetings. The training will review Pathways to Well-Being and CFT Meeting documentation requirements. This training will also provide methods and strategies geared toward improved collaborative care across systems. Pathways to Well-Being and Continuum of Care Reform (CCR) trainings are taught in a tetrad with a representative from BHS, CWS, Probation, and Youth/Family Support Partner sectors.

### AUDIENCE

Trainings are open to BHS Program Managers, therapists, Care Coordinators, and other direct service providers working with children, youth, and families that participate in Child and Family Teaming are strongly encouraged to attend.

### DATES

October 4, 2018, 9:00 AM—4:00 PM  
February 7, 2019, 9:00 AM — 4:00 PM  
May 22, 2019, 9:00 AM — 4:00 PM  
June 13, 2019, 9:00 AM — 4:00 PM

### LEARNING OBJECTIVES

Upon completion participants will be able to:

- Describe Pathways to Well-Being and Continuum of Care Reform
- Explain how Integrated Core Practice Model (ICPM) principles align with clinical practice
- Discuss sector roles and how BHS, Probation, Youth/Family and CWS intersect through collaboration in the Child and Family Team (CFT)
- Demonstrate how clinical application of collaborative care in treatment enhance safety, permanency, and well-being, and reinforce the youth/family voice and choice as paramount in planning and decision making

### PRE-REQUISITES

**An Introduction to Pathways to Well-Being: Understanding the Katie A. Lawsuit and the Core Practice Model, BHS Children Youth and Families System of Care, CWS 101: An Overview of Child Welfare Services in San Diego County and San Diego County Probation Department 101** eLearnings all must be completed at least 3 days prior to training date.

**REGISTRATION** If you already have an account, you may search for the course by name or course code. [Click here](#) to log into the LMS . If you do not already have an account in the LMS you will need to open an account. Please [click here](#) to request an LMS account. Email [BHETA@sdsu.edu](mailto:BHETA@sdsu.edu) if you have any questions. This training is FREE of charge to BHS County employees and contractors.

**CONTINUING EDUCATION** This course meets the qualifications for 6 hours of continuing education credit for LMFTs, LCSWs, LPCCs, and/or LEPs as required by the California Board of Behavioral Sciences. The Academy is approved by the American Psychological Association to sponsor continuing education for psychologists and the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy is approved by the California Board of Registered Nursing, Provider # BRN CEP15014; CCAPP-EI, Provider # 1S-98-398-0820, and CAADE Provider # CP10-906-CH0320 for 6 contact hours/CEHs. The Academy maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to [obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).

# Performance Improvement Project (PIP) - Caregiver Participation in Children's Services



*Kya Barounis, Ph.D. & Mike Miller, LMFT*  
*Program Manager's meeting - November 8<sup>th</sup>, 2018*



## PIP – PERFORMANCE IMPROVEMENT PROJECT



- External Quality Review Organization (EQRO) – is the entity contracted by California DHCS to oversee counties providing Medi-Cal Specialty Mental Health Services
- Requirement of annual Performance Improvement Project
- Each year one clinical and one administrative area is identified for this process

CYF GOAL



**System Goal:**  
**Minimum of 80% of clients**  
**engaged in**  
**Family Therapy (SC 32)**

IMPORTANCE OF CAREGIVER  
PARTICIPATION



**Benefits of Parent or Caregiver**  
**Participation in family therapy?**



## IMPORTANCE OF CAREGIVER PARTICIPATION





- "It is virtually impossible to successfully treat a child or adolescent patient without the close involvement of parents.
    - First, the clinician has to recognize that motivation for treatment comes often from the parents...
    - Second, the parents may observe aspects of the child's functioning or symptoms that the child either is not aware of or does not wish to share....
    - Third, the parents are able to monitor their child's progress.."
- American Academy of Child and Adolescent Psychiatry Practice Parameters*

## RECENT EFFORTS TO INCREASE FAMILY THERAPY



- Innovations 12 – Family Therapy Participation Engagement
- Transition of EPSDT programs to Full Service Partnerships (FSP)

FUTURE DIRECTIONS

**Family Engagement PIP: FY17-FY20**


**Purpose:**

To increase rates of family therapy across the children's mental health system.

**Interventions:**

- MEET (Motivational Enhancement for Engagement in Therapy)
- PACT (Parent and Caregiver Active Participation Toolkit)

FUTURE DIRECTIONS

**MEET (Motivational Enhancement for Engagement in Therapy)**

*Developed by Dr. Brent Crandal, Ph.D.*

Co-Director, Advancing California Trauma-Informed Systems (ACTS) Chadwick Center for Children and Families  
Manager, Office of Evidence-Based Quality Improvement Behavioral Health Services Rady Children's Hospital  
Licensed Psychologist

- A manualized engagement enhancement telephone intervention
- Offers a systematic method for further boosting attendance and participation in family therapy early in treatment
- Scheduled through BHETA in Winter 2019

## FUTURE DIRECTIONS



### **PACT (Parent and Caregiver Active Participation Toolkit)**

*Developed by Dr. Rachel Haine-Schlagel, Ph.D.*

Assistant Professor, Department of Child and Family Development San Diego State University  
Research Scientist, Child & Adolescent Services Research Center  
Licensed Psychologist

- A linked set of caregiver and therapist tools designed to increase caregiver participation in child/family mental health services
- Created with feedback from caregivers and therapists
- Scheduled through BHETA in Spring 2019

## NEXT STEP



**Programs are currently being evaluated as potential candidates for this exciting training opportunity.**

**Interested in having your program trained  
in MEET or PACT?**

- Please contact your COR

***The initial trainings will be limited to 10 programs***





**Crisis Action & Connection (CAC)** provides in-home crisis intervention and stabilization to youth ages 5-21 using a strength-based, client-centered, family-focused approach. Our multi-disciplinary team provides intensive community-based therapeutic support with the goal of linking youth and families to personalized resources.

Our goals are to engage the family, prevent further deterioration of symptoms, stabilize the crisis, reduce the need of emergency services such as ESU, Emergency Departments (ED) and the Psychiatric Emergency Response Teams (PERT). Additionally, we work towards linkage with the families' community providers in order to conduct a warm hand-off. CAC attempts to link as quickly as possible depending on the specific needs of the youth and family. We can overlap with other providers. Care coordination is required. We work to make sure the family is connected to their outpatient providers before discharge. We are not a higher level care.

**Crisis Action & Connection** offers services including:

- |   |  |
|---|--|
| <input type="checkbox"/> Crisis intervention            | <input type="checkbox"/> Intensive case management and connection to community resources |
| <input type="checkbox"/> Crisis prevention              | <input type="checkbox"/> School advocacy   |
| <input type="checkbox"/> Safety planning                | <input type="checkbox"/> Behavior management   |
| <input type="checkbox"/> Family partnership and support | <input type="checkbox"/> Parent education  |
| <input type="checkbox"/> Collaboration                  | <input type="checkbox"/> Drug & alcohol assessment and resource connection               |
| <input type="checkbox"/> Individual and family therapy  | <input type="checkbox"/> Discharge Planning  |
| <input type="checkbox"/> Behavior support               |  |
| <input type="checkbox"/> Medication evaluation          |  |
| <input type="checkbox"/> Psychiatric consult            |  |

CAC services can be referred through one of the following (1) In patient hospitalization OR (2) ESU or PERT screening or Emergency Department of local medical hospital.

For more information, please contact Program Director, Denise Kerwood, LCSW, or Assistant Program Director, Ashley Connors, AMFT, at (619) 591-5740. Referrals can be faxed to (619) 591-5744.



**Crisis Action & Connection (CAC)** provides in-home crisis intervention and support to youth ages 5-21 using a strength-based, client-centered, family-focused approach. Our trauma-informed team provides intensive community-based therapeutic support with the goal of linking youth and families to personalized resources.

### WHAT WE ARE

- Client-centered and family-focused
- Strength-based
- Culturally sensitive
- Comprehensive



### WHAT WE DO

- Crisis intervention and prevention
- Mental health services
- Wellness support
- Safety planning
- Family partnership and support
- Collaboration
- Individual and family therapy
- Medication evaluation and psychiatric consult
- Intensive case management and connection to community resources
- School advocacy
- Behavior management and support
- Parent education
- Drug & alcohol assessment and resource connection
- Discharge Planning



### ELIGIBILITY

1. Youth age 5-21 years old
2. Referral from one of the following:
  - a. ESU
  - b. In-patient hospitalization
  - c. P.E.R.T.
  - d. Hospital Emergency Department
3. Medi-Cal eligible

**To initiate services, you are welcome to contact us at:**



**(619) 591-5740**



**(619) 591-5744**



**730 Medical Center Court  
Chula Vista, CA 91911**

*CAC is dedicated to helping and empowering families and youth to restore family wellness. CAC believes family members and other supportive people play a key role in guiding mental health services, and are included throughout the treatment process. Services are responsive, intensive, and collaborative.*





**Conección y Acción de Crisis (CAC)** ofrece intervención de crisis y apoyo en el hogar para niños y jóvenes de 5 a 21 años de edad usando una estrategia basada y enfocada en fortalecer al cliente y a la familia. Nuestro equipo multidisciplinario ofrece apoyo comunitario terapéutico con el objetivo de conectar a la juventud y a las familias a los recursos personalizados para el cliente y su familia.

### QUIENES SOMOS

- Un Programa con un enfoque centrado en el cliente y en la familia
- Basado en la fortaleza
- Con sensibilidad cultural
- Comprensivo



### QUE HACEMOS

- Intervención y prevención de crisis.
- Servicios de salud mental.
- Apoyo de bienestar.
- Planificación de seguridad.
- Colaboración y apoyo familiar.
- Colaboración con otros proveedores de programas de salud mental.
- Terapia individual y familiar.
- Evaluación de medicamentos y consulta psiquiátrica.
- Intensivo control del caso del cliente y conexión a los recursos comunitarios.
- Apoyo escolar.
- Apoyo y mantenimiento del comportamiento.
- Educación para padres.
- Evaluación del uso de drogas y alcohol y conexión a recursos para rehabilitación.
- Planes para ser dado de alta.



### ELIGIBILIDAD

1. Jóvenes de 5 a 21 años de edad
2. Referencia de uno de los siguientes:
  - a. Evaluación de ESU
  - b. Hospitalización del paciente
  - c. P.E.R.T.
  - d. Departamento de emergencia
3. Medi-Cal

**Para iniciar servicios,  
por favor contáctenos al:**



(619) 591-5740



(619) 591-5744



**730 Medical Center Court  
Chula Vista, CA 91911**

**CAC** es dedicado a ayudar a los jóvenes y a las familias a restaurar le bienestar de la familia. CAC cree que los miembros de la familia y otras personas de apoyo juegan un papel importante en la dirección de los servicios de salud mental. Por esta misma razón ellos se incluyen en todo el proceso del tratamiento. Nuestros servicios son intensivos y colaborativos

*Fundado por el Condado de San Diego*

# 2018 CMHACY Conference

Micaela Cunningham

[micaelacunningham@namisd.org](mailto:micaelacunningham@namisd.org)

858.634.6580 x 152

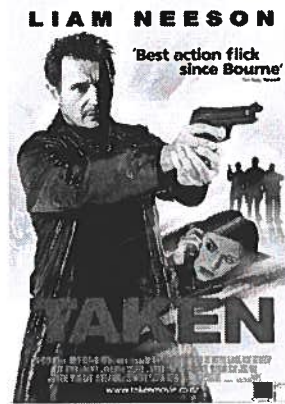
## CMHACY CONFERENCE HIGHLIGHTS

- § Hearing keynote speaker, Josh Shipp, speak on his journey to recovery and theory of One Caring Adult
- § Susan Barrett's (Director, Mid-Atlantic PBIS Network) talk on an integrated multi-tiered system that supports mental health and recovery
- § Youth Panel with TAY speakers from Young Minds Advocacy (YMA)
- § Workshops from Ashlie Bryant from 3Strands Global Foundation, speakers from YMA, and speakers from Valley Star Behavioral Health



## Preconceived Notions on Human Trafficking

- ▶ People who were kidnapped, turned into drug addicts, then forced into prostitution
- ▶ People forced into low wage jobs or unpaid labor
- ▶ Modern day slavery
- ▶ The movie *Taken*
- ▶ Human trafficking was a problem in other countries



## What is 3Strands Global Foundation?

3Strands Global Foundation (3SGF) is a US Nonprofit organization dedicated to ending human trafficking. Ashlie Bryant, their CEO, started the foundation after her friend's 17-year-old daughter was taken by a trafficker from a grocery store parking lot in a Sacramento suburb.

Their mission is to mobilize communities to combat human trafficking through prevention education and reintegration programs.



## Prevention Education - PROTECT

PREVENTION ORGANIZED TO EDUCATE CHILDREN ON TRAFFICKING

PREVENTION ORGANIZED TO  
EDUCATE CHILDREN ON  
TRAFFICKING

- Different grade levels from 5th - 11th grade
- Appropriate topics for each age group
  - Healthy boundaries, friendships, and relationships
  - Recognizing behavior that isn't appropriate
  - Unhealthy sexual and romantic relationships
- Designed not only help students recognize tactics of traffickers to keep themselves and others safe from victimization but also to teach teachers to recognize at-risk youth



*"PROTECT fosters an ongoing conversation and establishes a system of protocols within each county to protect children from potential exploitation." - 3Strands Global Foundation website*

## Does PROTECT work?

The impact from the PROTECT program is *measurable*.

- 10 counties have implemented the PROTECT program with 16 more on the way; including Utah, Tennessee, Virginia, and North Carolina
- 92% of students who were taught the curriculum now understand how to protect themselves from victimization.
- 32,000 students have been taught the curriculum in 7 years
- 75 districts in California have implemented the program

*"After receiving PROTECT, one 9th grade girl realized that her mom's boyfriend was forcibly selling her mom for sex. The girl realized that she was being groomed for victimization by the same man. Her teacher followed their school's mandated reporting protocol to ensure she was placed in a safe living situation. She told her teacher and 3SGF staff that receiving prevention education saved her from being trafficked."*

*"If only I would have known before I was ever approached by him, I would have run the other way. Do not meet up with people that you don't know without speaking to your guardian. It sounds controlling, but it can save you from experiencing the same things that I did. I tell my story in the hope of saving others. Children can avoid becoming victims by being educated. I have now been to PROTECT classes and realize that it teaches exactly what I needed to know to protect myself."*

*"The teacher training was incredibly informative, innovative and intuitive. There are an incredible amount of vetted resources. It increased my knowledge and thus the knowledge of my students...ultimately reducing their vulnerability to human trafficking. I have educated and protected over 3000 students. They are now informed and are now in the world becoming modern-day abolitionists."*

## Reintegration Programs

In order for a survivor to have the best chance of success they need help reintegrating into society to avoid being trafficked or victimized again.

The biggest challenge facing survivors is the challenge to find work, housing, and getting important documents (SS Card, birth certificate, driver's license)

3Strands Global Foundation helps survivors and at-risk youth secure housing, employment, and important documents by partnering with other organizations.

### Measurable Impact

- ✦ 80 survivors and at-risk youth are employed in the Sacramento area
- ✦ In year one, the reintegration program had an 80% retention rate
- ✦ 3SGF are partnered with 17 different organizations that help oversee the employment process
- ✦ 90% of survivors in the Sacramento area have been through foster care

## Things I Had Learned

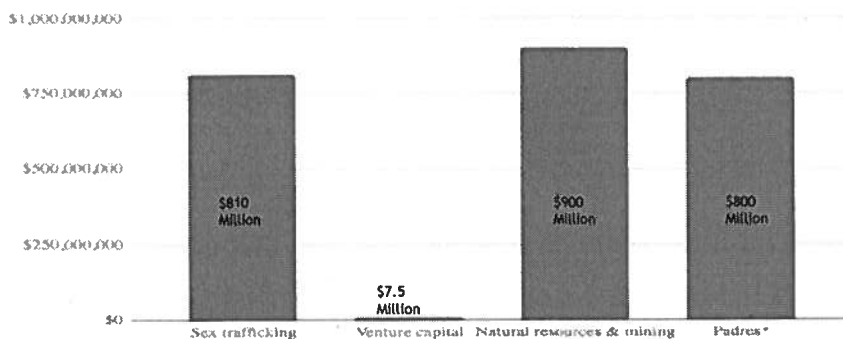
- ✦ Most trafficking victims are American
- ✦ All children are vulnerable
- ✦ The average age for CSEC to be trafficked is ~15 years-old
- ✦ The busiest time of the year for trafficking is during the Superbowl
- ✦ Traffickers target populations who are considered "at-risk", meaning those who are:
  - ✦ Disabled
  - ✦ Underprivileged
  - ✦ Uneducated
  - ✦ LGBTQ+
  - ✦ Substance Abusing
  - ✦ Homeless
  - ✦ Teenage Runaways
  - ✦ Foster Care
  - ✦ Victims of Prior Abuse



# San Diego + Human Trafficking

- ⌘ The FBI has reported San Diego is one of the highest child sex trafficking areas in the nation
- ⌘ Sex trafficking is our second largest underground economy, bringing in an estimated **\$810 million dollars** in annual revenue
- ⌘ Out of those who fall victim: 55% were homeless, 28% were in foster care
- ⌘ Labor trafficking is far more prevalent
- ⌘ San Diego is a hotspot for trafficking due to the following factors:
  - ⌘ Military
  - ⌘ Tourism Industry (Comic Con)
  - ⌘ Agricultural Industry
  - ⌘ Transportation Hub
  - ⌘ Border City
- ⌘ There are no communities untouched by human trafficking in San Diego county
- ⌘ In San Diego county there are 29 beds that serve human trafficking victims. None of them serve men, LGBTQ+, or minors.

**Economic Impact Of Sex Trafficking In San Diego County**



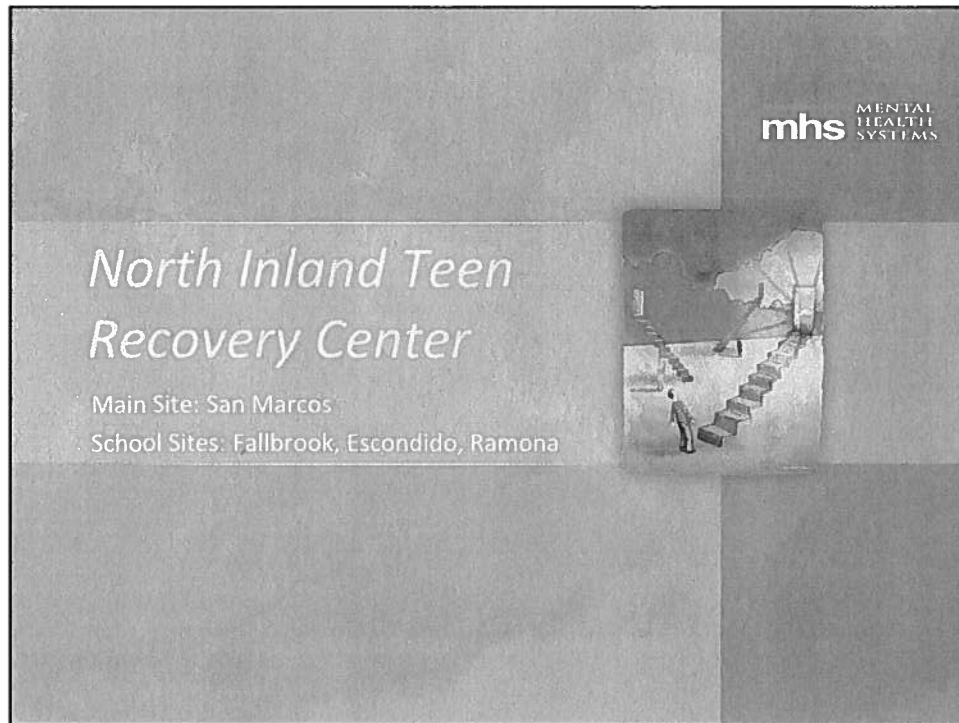
This graph shows the annual economic impact of sex trafficking in San Diego County as compared to other industries in the county. \*The number used for the Padres represents the price the team sold for in 2012.

Source: Gangs and Sex Trafficking in San Diego.

A study shows there's between an estimated 8,830 and 11,773 sex trafficking victims or survivors in San Diego county each year







## Our Population

- Adolescents 12 – 17 years old
  - Primary DX : Substance Use Disorders
  - ASAM Levels:
    - 1.0 Outpatient Treatment
    - 2.1 Intensive Outpatient Treatment
- Recovery Services

## Dignity & Hope



**mhs** MENTAL  
HEALTH  
SYSTEMS

## Integrity & Excellence



**mhs** MENTAL  
HEALTH  
SYSTEMS

## Evidence Based Practice

- The Change Company: Keep it Direct & Simple Journal System
- Dialectical Behavioral Therapy for Adolescents
- Solution Focused Family Therapy
- Motivational Interviewing
- Relapse Prevention

## Action & Education



## Trauma Informed Treatment

- Gender Specific Groups
- MusicWorx
- Grief/Loss Groups
- Mindfulness Groups
- Recovery Planning Groups
- Continuum of Care

## Family Peer Support



## Family Program

- Begins with first contact and intake
- Weekly family support groups facilitated by certified AOD counselors and LPHAs
- Individual family counseling sessions
- Monthly family community events
- English and Spanish language specific groups

## Diversity & Commitment



## Community & Culture



**mhs** MENTAL  
HEALTH  
SYSTEMS

## Communication & Time



**mhs** MENTAL  
HEALTH  
SYSTEMS

## Responsibility



**mhs** MENTAL  
HEALTH  
SYSTEMS

## Esperanza


- Elisabeth Winchell, LMFT, CATC IV
- 760-744-3672 office
- 760-271-7358 cell
- lwinchell@mhsinc.org
- 340 Rancheros Dr. St. 166 San Marcos, CA



**mhs** MENTAL  
HEALTH  
SYSTEMS








# STEPS

## Adolescent Day Treatment and Outpatient Program

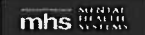
## STEPS Program

- Focus on reducing sexually reactive and abusive behaviors in youth
  - Scientifically-based risk assessment
  - CBT-based treatment curriculum
  - Individualized, strength based, comprehensive trauma-informed treatment that emphasizes accountability and increased empathy




## STEPS Programs – Day Treatment & Outpatient

- Day Treatment
  - Youth age 12-18 with sexually abusive/trauma reactive behaviors, committed sex offenses
  - Full scope Medi-Cal
  - Moderate to High Risk to reoffend/abuse
- Outpatient
  - Youth age 6-18 engaged in sexually reactive behavior, or displaying signs of risks for sexually abusive behavior
  - Full scope Medi-Cal
  - Low to Moderate risk to reoffend



## Day Treatment Program

- On-site schooling through the San Diego Unified School District in which youth participate in academic instruction
  - \* 8am – 11:55am
- Milieu therapy focused on increasing prosocial behaviors through exposure to positive activities of daily living
  - \* 11:55pm – 4pm



## Day Treatment Program

- Multidisciplinary team approach through monthly treatment team meetings
- Emphasis on development of empathy and relapse prevention
- After care services for up to 2 months after discharge

mhs MENTAL HEALTH SYSTEMS

## STEPS Curriculum

- Includes:
  - Safety Planning, Sexual Offending Laws, True Consent, Boundaries, Coping Skills, Empathy, Abusive Relationship Dynamics, & Healthy Relationships
- Addresses trauma and its impact on abusive behavior

mhs MENTAL HEALTH SYSTEMS

## Day Treatment Services

- Individual, group & family therapy
- Case management
- Crisis intervention and planning
- Psychiatric care
- Behavioral assessments
- Support and education
- Pathways to Well-Being
- Independent living skills
- Competitive team sports

mhs MENTAL HEALTH SYSTEMS

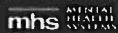
## Outpatient Program & Services

- Central and North County (Escondido) clinics
- Services:
  - Individual, group & family therapy
  - Case management
  - Crisis intervention and planning
  - Psychiatric care (medication evaluation/ monitoring)
  - Behavioral assessments
  - Support, education & community referrals
  - Pathways to Well-Being

mhs MENTAL HEALTH SYSTEMS

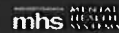
## Who do we serve?

- Youth who
  - are unable to stop themselves from engaging in sexual activities
  - are engaging in sexual activity with a youth of a significantly different age or developmental level
  - have sexual behavior increasing in frequency and intensity
  - have sexual knowledge or behavior that is inconsistent with developmental level
  - have sexual behavior that is unwelcomed or forced



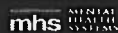
## Referral Process

- Who can refer?
  - Anyone, including Probation Officers, Child Welfare Services, community agencies, parents/guardians, school staff, etc.
- How is a referral submitted?
  - Complete a referral packet and fax/scan/mail
  - All referrals will be reviewed and contacted to schedule a screening interview to determine level of care
    - <https://www.mhsinc.org/wp-content/uploads/2018/09/STEPS-Referral-Form.pdf>



## Contact Information

- Adam Beer, LMFT, Program Manager  
(858) 565-2510 ext. 1130  
[abeer@mhsinc.org](mailto:abeer@mhsinc.org)
- Stephanie Andrews, LMFT, Program Supervisor  
(858) 565-2510 ext. 1115  
[sandrews@mhsinc.org](mailto:sandrews@mhsinc.org)
- STEPS Program Address  
4660 Viewridge Ave San Diego, CA 92123  
940 E. Valley Parkway Escondido, CA 92025 (Outpatient)



# STEPS Program

## Day Treatment and Outpatient Services

### *Supporting youth with the skills for developing healthy sexual boundaries and relationships*

The STEPS program serves youth with sexually abusive and trauma reactive behavior. Program goals are to reduce risk of further sexually abusive behavior, improve social skills, and promote community safety.

#### **Services:**

- Trauma Informed/Strength Based Treatment
- Individual, Family & Group Therapy
- Crisis Response, Safety Planning, Release Prevention
- Medication Management
- Support and Education
- Safety and relapse prevention planning
- Collaboration, After care and Referrals
- On-site School in the Day Treatment Program
- Outpatient Treatment in Kearny Mesa & Escondido

#### **Eligibility Requirements:**

- Youth ages 6-18 with sexually abusive/reactive behavior
- Full scope Medi-Cal

#### **Referrals:**

Referral packets are screened for eligibility and the youth are interviewed to determine optimal level of care, whether in the Outpatient or the Intensive Day Treatment setting.

Please mail or fax referral packets to:  
4660 Viewridge Avenue San Diego, CA 92123  
Phone: (858)565-2510  
Fax: (858) 565-0827

Funded by the County of San Diego, Health and Human Services Agency, Behavioral Health Services

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**mhs** MENTAL  
HEALTH  
SYSTEMS

*e*



*Mental Health Systems  
is a non-profit agency  
founded in 1978  
to improve the lives of  
individuals, families and  
communities facing  
substance abuse and  
behavioral health challenges.*

**mhsinc.org**

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

  
**LIVE WELL**  
SAN DIEGO





# Directing Change

*Program and Film Contest*

Prevention & Early Intervention Youth Engagement Program

## ***2017-2018 Impact Report***

**The Directing Change Program & Film Contest** encourages young people to learn about suicide prevention, mental health, and how to support a friend in an innovative way: a film contest. Researching these topics, applying knowledge to the making of the film, and thinking deeply about impacting the opinions of others requires a level of involvement that has lasting impact.

# Creating Stories to Save Lives

Imagine you just listened to a presentation about suicide prevention or mental health. How prepared do you feel? Now imagine you take the information and discuss it with a group of friends. You apply what you learned to write a script, develop a storyboard, and work with actors to play roles showing young people standing up for others or talking to a friend about suicide. You spend days, maybe even weeks, creating a film that you hope will prepare other young people to reach out for help. Maybe youth participate to win cash; maybe to make a difference or share their own personal story with others. Whatever the reason was starting out, by the end of their participation in Directing Change they are prepared to recognize warning signs of suicide and know how to connect a friend, or themselves, with help.

**Directing Change** is about helping young people work through personal stories of loss, creating stories of hope, and changing the story of a young person who is thinking about suicide.

Dear Directing Change Team

I have been meaning to write you for months now to tell you about a life-saving story that happened with two of my students who participated in the Directing Change film project last year.

We spent a lot of time in my class going over the curriculum from your website and talking about mental illness and suicide prevention. The students were very attentive and interested in how they could help others. There were two girls in my class who worked together on a PSA. I don't want to reveal their names, so I will refer to them as Mary and Annie.

One morning Mary arrived early for school and before class started received a phone call from Annie, who told her that she loved her and wanted to say goodbye. Mary was confused at first and questioned Annie about coming to school. Annie told her she just couldn't go on anymore and hung up. Mary was scared, but remembered what we had talked about in class. She remembered that she needed to go to a trusted adult and tell them. She ran to the office and found the school psychologist and told her about the call. The psychologist called 911 and jumped in her car and drove to Annie's house. The paramedics got there within minutes and although Annie was in and out of consciousness, they were able to determine what she had taken and were able to save her life.

Later that day, Mary came to me and told me the story. She said everything she had learned on her Directing Change project came rushing back to her when Annie hung up the phone, and she knew exactly what she was supposed to do. I got tears in my eyes and told her she was a hero and gave her a big hug. I told her not many people can say they saved a life, but she can. Because Mary had learning disabilities, the film class she was enrolled in was hard for her. But she was able to grasp exactly what she needed to know to save her friend. I can honestly say the Directing Change contest was the most important and valuable curriculum we studied all year. Without Directing Change, Annie would probably not be alive.

Teacher  
Los Angeles County

# The Directing Change Program and Film Contest

engages young adults throughout California to learn about the warning signs for suicide, the importance of mental health, and how to help a friend through the creation of short films. Throughout the filmmaking process, participants are engaged via all methods of the “learning spectrum” to see, experience, discuss, and apply concepts learned about suicide prevention and mental health. These films are used in schools and communities to raise awareness and start conversations about these topics.

## Directing Change Box Office Returns

**86%**

of youth learned proper response to a friend's suicide warning signs via program

**58%**

of youth encouraged someone going through a tough time to seek help

**86%**

agreed even people who seem successful can be hurting on the inside and thinking about suicide

**9,000**

youth participants since 2012

**6,142**

Number of films submitted by youth since 2012

**325,372**

Number of times films have been viewed online since 2012

Findings from a cross-sectional case-control study by NORC at the University of Chicago demonstrated knowledge, attitude and behavior changes:



**Directing Change participants** more frequently agreed that suicide is preventable, identified more warning signs and were more willing to encourage others to seek help, beyond their own social circles.

**Directing Change participants** are more willing to engage in conversation aimed at suicide prevention and have fewer attitudes that contribute to stigma about mental illness.



**Teachers** report impact on students and school climate such as gaining skills for dealing with mental health issues later in life, noticing social isolation, increased sense of safety and sensitivity to the feelings of others, and knowledge of how to connect peers with resources.

**Directing Change** provides an effective, tangible, and supportive way to generate open discussion about mental illness, prevent suicide, increase help-seeking, and to reduce stigma and discrimination.





# 2017-18 Program Highlights

Participation in Directing Change is the catalyst to increase conversations about mental health and suicide prevention in families, schools and communities.

Schools have implemented awareness weeks, broadcasts, and assemblies on these topics and films have been integrated into classroom curriculums.

**375** educators representing **98** school districts trained on suicide prevention, intervention, and postvention in response to AB 2246 mandate.

**2,430** program participants.

**164** schools and organizations implemented program.

**2** *What I Wish My Parents Knew* Parent Workshops hosted.

**742** films created by youth for youth.

**325** people were trained in suicide prevention and mental health messaging and applied training to judge films.

**1,300** students and guests inspired at red carpet award ceremony in Los Angeles County.

**276,149** and counting... number of times films have been viewed online.

*"The biggest way in which making the film impacted us is the conversations that it opened up. Through the backdrop of filmmaking the three of us had some serious talks about the subject of suicide, its effect on our generation, and the effects it has had on each of us personally."*

- Student, Riverside Poly High School- Riverside County

These initiatives are funded by counties through the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities. The program is implemented by Your Social Marketer, Inc.

 **EachMind MATTERS**  
California's Mental Health Movement



For program information and to view films visit: [www.directingchangeCA.org](http://www.directingchangeCA.org)

# PROGRAM MANAGER MEETING SURVEY SUMMARY

SURVEY CONDUCTED: July 2018

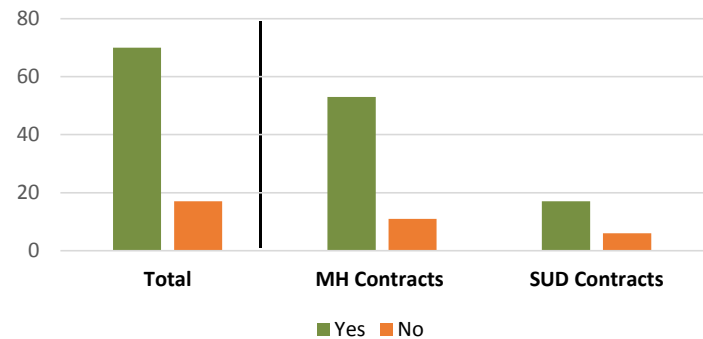
RESPONDENTS: 95 Responded; 89 Completed Entire Survey

## FINDINGS

- 80% of Program Managers find the current format of the Program Manager meeting helpful
- 41% of Program Managers would prefer to also have a breakout session
- 47% of providers do not want a breakout session or WebEx meeting

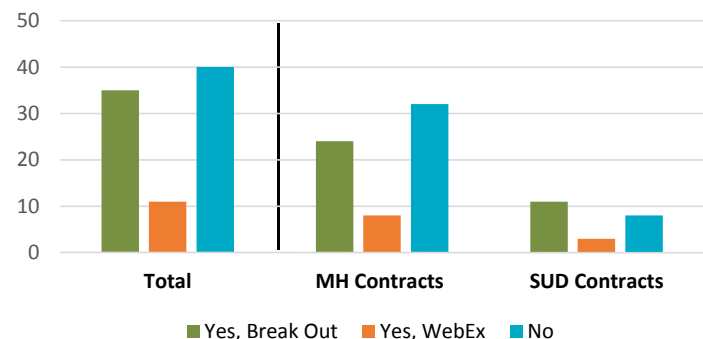
### Do you find the information presented in the Program Manager meeting beneficial to you and your staff?

	Yes	No	Total
Total	70 (80%)	17 (20%)	87 (100%)
MH Contracts	53 (83%)	11 (17%)	64 (100%)
SUD Contracts	17 (74%)	6 (26%)	23 (100%)



### Do you want Breakout Session or WebEx Meeting with your COR in addition to the Program Manager meeting?

	Yes, Break Out	Yes, WebEx	No	Total
Total	35 (41%)	11 (13%)	40 (47%)	86 (100%)
MH Contracts	24 (38%)	8 (13%)	32 (50%)	64 (100%)
SUD Contracts	11 (50%)	3 (14%)	8 (36%)	22 (100%)



## CYF Plan Guided by Survey Results

- Continue differentiating topics on meeting agenda (SUD, Mental Health, Both)
- Continue to offer breakout sessions based on program service type
- Follow up with the 17 programs that responded "the information presented in the meetings is not beneficial"
- Remind providers to attend monthly QIP meeting for more in-depth information from County QI
- Continue to offer opportunities for questions and dialogue at the SUD Providers monthly meeting
- School-based PEI programs continue to meet quarterly
- Wraparound programs meet quarterly
- Residential/ STRTP Mental Health programs meet every other month for a breakout session
- Teen Recovery Center (TRC) breakout sessions provided as needed
- Peri-Outpatient breakout sessions provided as needed

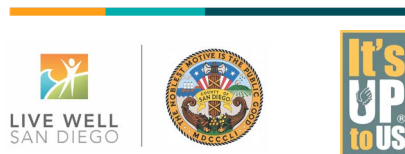
# GUN SAFETY SAVES LIVES

1. Treat every firearm as if it were loaded.
2. Always point the muzzle in a safe direction.
3. Be sure of your target and what surrounds it.
4. Keep your finger outside the trigger guard until you're ready to shoot.
5. Safely check the barrel and action for any obstructions, and only use proper ammunition.
6. Unload firearm when it is not in use. Leave action open; carry firearm in a case and unloaded to and from the shooting area.
7. Point a firearm only at something you intend to shoot.
8. Don't run, jump, or climb with a loaded firearm. Pull a firearm toward you by the butt, not the muzzle.
9. Store firearms and ammunition separately and safely.
10. Don't drink alcoholic beverages or use drugs before or during shooting.

# ABOUT THIS BROCHURE

**It's Up to Us** is San Diego's suicide prevention and mental health awareness campaign.

Visit [www.StopFirearmSuicideSD.org](http://www.StopFirearmSuicideSD.org) to learn the warning signs for suicide, find the words to talk to someone you are concerned about, and learn about local mental health and suicide prevention resources.



**If you are feeling suicidal or if you are concerned about someone else, help is available right now.**

Call the Access and Crisis Line 24 hours a day, 7 days a week to speak to a trained counselor. This is not a reporting line.

**San Diego County Access and Crisis Line:**

**1-888-724-7240**

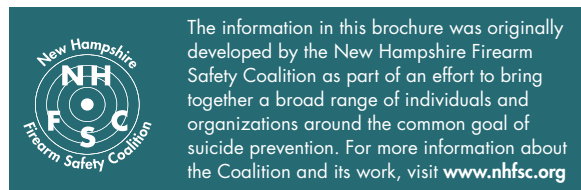
Pain Isn't Always Obvious

**KNOW THE SIGNS**

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



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).



# PREVENT

# FIREARM SUICIDES



**Firearms are the leading method of suicide in San Diego County.**

In fact, suicides by firearm outnumber homicides by firearm approximately **3 to 1**.

County of San Diego Health and Human Services Agency (HHSA), Emergency Medical Services

Over a 10-year period **1,451** people died of suicides involving firearms in San Diego County.

HHSA, Emergency Medical Services, Medical Examiner Database, 2008-2017

*Look inside to learn the warning signs for suicide and gun safety tips to keep yourself or a loved one safe.*

# PREVENT FIREARM SUICIDE

Every step we can take to put barriers between someone's thoughts of suicide and access to means (such as a gun) reduces the risk of a suicide attempt. With firearms being the most lethal and most common means of suicide deaths, it is important to reduce access to firearms for someone that is thinking about ending their life.

Here are some tips to help you keep yourself or a loved one safe.

1. **Learn the Risk Factors and Warning Signs for Suicide.** The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.
  - Emotional crisis due to job loss, break-up, legal trouble, loss of loved one, or newly diagnosed illness
  - Major change in behavior: depression, violence, anger/aggression, or alcohol or drug use
  - Recent impulsiveness, risk-taking, acting reckless
  - Expressing a desire to die or end their life
  - Putting affairs in order, giving away prized possessions, or impulsive purchase of a firearm
  - Withdrawing from things they used to enjoy

2. **Keep Guns Securely Stored at All Times.** A key principle of firearm safety is to keep guns securely stored at all times. This is especially important when someone who is having thoughts of suicide may be able to access them. Keeping firearms in locked gun cases, using gun locks, and storing firearms in a certified gun safe are key steps that can prevent unwanted access to firearms. As an additional safety precaution, consider storing the gun safe key in a separate location outside of the home, such as with friends or family.
3. **Have a Conversation about Suicide Prevention.** When you are worried that someone may be having thoughts of suicide, the only way to really know is to have a conversation about suicide. This can be a difficult and often uncomfortable conversation, but it is vital to talk openly and ask directly: "Are you thinking about suicide?" By talking about suicide you are not putting the idea in their head.
4. **Consider Additional Safety Precautions Such As Storing a Firearm Outside the Home.** Putting time and distance between a suicidal person and a gun can save a life. To keep yourself, your family, or your friends safe when experiencing thoughts of suicide, one of the most effective steps to take is to limit access to firearms or securing firearms safely outside of the home. Family members, shooting clubs, or gun shops may be able to store them until the situation improves.

For additional information about suicide prevention, local mental health resources and things to consider for storing a gun outside of the home visit

[www.StopFirearmSuicideSD.org](http://www.StopFirearmSuicideSD.org)

# GET HELP NOW

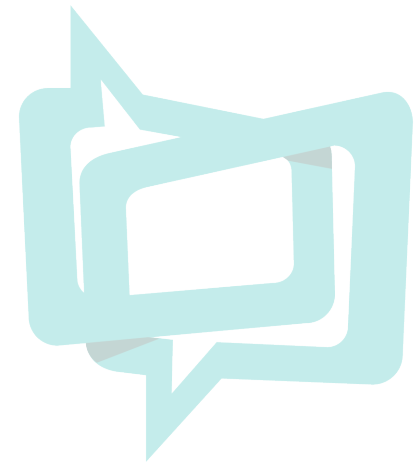
If you are feeling suicidal or if you are concerned about someone else, help is available right now. Call the Access and Crisis Line 24 hours a day, 7 days a week to speak to a trained counselor.

San Diego County Access and Crisis Line

**1-888-724-7240**

By calling, you or the person you are calling about will not be added to a database.

If emergency medical care is needed, or a suicide attempt is imminent, call 9-1-1 or go to the emergency room of the nearest hospital.



[www.StopFirearmSuicideSD.org](http://www.StopFirearmSuicideSD.org)



# WE'RE MOVING OFFICES!

New Alternatives, Inc.  
Therapeutic Behavioral Services  
is relocating on  
**October 22nd, 2018**

Beginning the 22nd, please contact us at:

Main Phone: 858-256-2180

Main Fax: 858-256-2186

Referral Fax: 858-256-2176

Email: [tbsinfo@newalternatives.org](mailto:tbsinfo@newalternatives.org)

8755 Aero Drive, Suite 230  
San Diego, CA 92123

Should you have trouble reaching us, contact the  
Program Manager, Christine Boyd, at 619-254-2243

