

Program Manager Meeting

Children, Youth and Families | Behavioral Health Services
September 20, 2018 | Scottish Rite Center | Claude Morrison Room
1895 Camino del Rio S., San Diego 92108
9:30 - 11:30 a.m.
Breakout Sessions: STRTP-Residential Outpatient and CANS SuperUser
11:30 a.m. - 12:30 pm.

Agenda - Notes

- **Welcome** - Fran Cooper
- **QM Updates (MH)** – Daniel Rhinesmith, (SUD) – John Fulan
- **Pathways to Well-Being (MH)** (handout) - Louise Zavala, Amanda Lance-Sexton
 - Pathways to Well-Being Bulletin 2018-5: Child and Family Team (CFT) Meeting Facilitation Program Rollout Mandated Utilization (please refer to hand-out)
 - Rolled out to the system as of 9/1
 - Reminder that programs are required to utilize the Facilitation Program for all CFT meetings for clients opened on 9/1 or later; and a handful of programs are using the program for all clients, regardless of open date.
 - Child and Family Team (CFT) Meeting Referral Form and Explanation Form (please refer to hand-out)
 - Some reminders about the referral form:
 - The CFT Mtg. Fac. Program will work on schedule the meeting that is requested- put dates of program availability on the form, not the one date selected for the meeting by the program
 - Please complete the “Due By” box- this should be the latest date that the CFT meeting could be held and fall within required timelines.
 - Please give at least 48 hours advance notice unless meeting is urgent
 - The referral form can be found on the Fred Finch website, which is linked on the BHETA webpage; contact information is also on the BHETA webpage
 -
 - Pathways to Well-Being (PWB) and Continuum of Care Reform Training (please refer to flyer)
 - The 6 hour training (held from 9 a.m. to 4 p.m.) has four scheduled deliveries for FY18-19 and there are still seats available for the following dates:

October 4, 2018	December 6, 2018
February 7, 2019	May 22, 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 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/>

- **Legal Aid Society (SSI) (SOC)** (handout) - Nichole Mendoza 5 minutes
 - Reminder to provide all medical records pertaining to a client's medical condition in the two years prior to the SSI application date.

- **DEA Outreach (SOC)** (handout) - Rachel Crowley S. Crowley, Ph.D. 20 minutes
Rachel.S.Crowley@usdoj.gov
 Diversion Community Outreach Coordinator San Diego Field Division Drug Enforcement Administration MVM, Inc./Bennet Aerospace
 Office: 858-616-4239
 - Juvenile Drug Smuggling in San Diego County presentation

- **AIM HI (SOC)** (handout) - Lauren Frazee-Brookman 10 minutes
 - Supporting Mental Health providers in caring for Children with Autism Spectrum Disorder.
For information on participation:
www.teamsasdstudy.org

- **A Reason To Survive (ARTS) (SOC)** (handout) - James Halliday 10 minutes
 - The ARTS Center is a 20,000 square foot space that serves as an anchor institution and hub of community creativity in National City's emerging arts and culture district. ARTS is changing lives through: Arts Education and Creative Skill Building, Community Development, and Support Services for Youth.

- **SchoolLink (SOC)** (handout) - Aidee Angulo, Sara Welsh, Janette Shay 30 minutes
 - Partnership between the County of San Diego and local school districts to provide behavioral health services at school. Implementation begins 9/20/18. Full implementation completed by 1/1/19.
 - Website:
<https://theacademy.sdsu.edu/programs/bheta/schoolink/>
 - Training through BHETA:
<https://theacademy.sdsu.edu/programs/bheta>

- **CANS (MH)** (handout) – Eileen Quinn-O’Malley 5 minutes
 - Reminder about age ranges for the new outcome tools: Y-PSC is completed by youth 11-18 yrs., PSC is completed by parents for children/ youth 3-18 yrs. and CANS is administered for children/youth 6- 20 yrs.
 - State mandate requires completion of both outcome tools to remain in compliance for data submission.
 - If your program is short term, the time frame between intake outcomes and re-administering for discharge is 60 days. If discharge occurs before 60 days from the completion of the intake outcomes, your program would not submit d/c outcomes data.
 - An email was sent on 9/10/18 reminding all programs that outcomes data collection for July 1st - Sept 30th needs to be entered into CYF mHOMS by Monday Oct 15th.
 - CANS Family letter:
 - Please note that the CANS Family Letter has been updated since the time of the email distribution on 9/19/18; page 2 of 2 no longer has embedded replicate letter.
 - The form will be uploaded to Optum website.
 - Page 1 of 1 will be distributed to children/youth and families when offering the CANS results. The 2 sided CANS Family Letter will be filed in the client chart.

- **CCYP (SOC)** (handout) – Eileen Quinn-O’Malley 5 minutes
 - The Center for Child and Youth Psychiatry (CCYP) referral process:
 - Flow chart identifies appropriate referrals for CCYP and referrals that would require an exception request.
 - CCYP program manager will initiate a CCYP exception request form for referrals that require an exception. Request will be sent to program COR with final approval from CCYP COR.

- **Announcements/Reminders** - Fran Cooper
 - Establishing Behavioral Health Education and Training Academy (BHETA) account (handout) (SOC)
 - Complete BHS Provider Staff Information spreadsheet (attachment), return to BHETA@sdsu.edu
 - QSR, Site Tools (SOC)
 - Will be sent out end of Sept., contact your COR with any questions.
 - Annual School Summit (SOC) (handout) - October 12, 2018 at the Marina Village Conference Center, 1936 Quivira Way, SD from 8 a.m. to 2 p.m., Resource Fair is 9-10 a.m.

➤ **Breakout Sessions**

STRTP-Residential Outpatient

- Review AB1299 Presumptive Transfer Admission Report and Monthly Summary Report
- Provider questions and dialogue

CANS SuperUser

- CANS Credentialing– Training discussion
- Webinar Series- Topic discussion
- Feedback/Questions re: database & administration outcome tools

Next Meeting: November 8, 2018

Scottish Rite Center

Claude Morrison Room

1895 Camino del Rio So., San Diego, 92108

QI Provider Updates

September 2018

QUALITY MANAGEMENT TEAM UPDATES:

Upcoming Documentation Training for October:

Support Partner Documentation Training: October 23, 9 am to 12 noon

Root Cause Analysis Training: October 25, 9 am to 12 noon

Registration:

Look for flyers in September for all the details. Registration will open 30 days prior to each training.

Adult/Older Adult SOC Update

Documentation standards for Employment Specialists (ES) and Housing Specialists (HS) have changed:

- ES and HS need to discontinue providing or billing for Specialty Mental Health Services (SMHS).
- QM has determined that those in ES/HS positions do not have the required training, education, or experience to bill for SMHS.
- To account for productivity for employment and housing services, QM recommends that ES/HS use service code 815, non-billable support service code to document ES/HS services to clients.
- See 9/7/18 memo, "Specialty Mental Health Services Billing for Employment and Housing Specialists" posted on the Optum website.

Evaluation of Records

Service code 14, Evaluation of Records, may be used to claim for reviewing electronic records from outside providers.

- Documentation shall indicate which electronic records were reviewed and how they informed the assessment process.
- The time spent reviewing a client's electronic record is added to the service time claimed.

Place of Service Indicators

There has been some confusion on which service indicators to use when a client is hospitalized and how to find the name of the hospital from the table of options. Below are steps to help ensure the correct place of service is selected:

- "Inpatient-Full Scale Hospital/SNF" is selected by using Place of Service Indicator "D". These are hospitals that have a psychiatric unit within a hospital that offers other medical services.
- "IP Free Standing Hospital/IMD" is selected by using Place of Service Indicator "K". These facilities provide psychiatric care services only. They do not provide medical treatment to supplement their services.
- After selecting the appropriate place of service by hospital type, select the name of the Hospital from the "Outside Facility" table.
- **NOTE:** This table lists all schools in the County as well as the Hospitals.
- Begin your search for a Hospital by searching with the letters "**HOS**".
- When you search by "**HOS**" you are taken to the portion of the table that lists all hospitals (including an option for "Out of County" hospitals).
- Select the appropriate location- for example, to find "Sharp Chula Vista", type "HOS" to find "HOS- Sharp Chula Vista" listed in the table.

RegOnline transition to RegPack

- RegOnline is being replaced with a new platform.
- Major benefits include system logic to better guide staff into the appropriate classes, and backend performance.
- For January 2019 CCBH classes (which will open on 10/1/18) providers will register via RegPack instead of RegOnline.

QI Provider Updates

September 2018

- The Optum Support Desk will continue to assist providers with any registration inquiries during this transition and beyond.

Children, Youth, and Families SOC Update

Child and Family Team (CFT) Meeting Facilitation Program Rollout Mandated Utilization Bulletin 2018-5, sent on August 29, 2018, announced the new CFT Meeting Facilitation Program rollout and referral form. The bulletin, referral form, and explanation can be found on the BHETA website (link below) under the CFT Meeting Facilitation Program link <https://www.fredfinch.org/cft/>

The Pathways to Well-Being and Continuum of Care Reform six-hour training still has seats available for the following dates (Note: courses are scheduled from 9 a.m. to 4 p.m.):

- **October 4, 2018**
- **December 6, 2018**
- **February 7, 2019**
- **May 22, 2019**

The focus of the training is 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, 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. 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/>

Quality Improvement Partners (QIP) Meeting is September 25th, 2:30 to 4:30 pm. Location: 3851 Rosecrans, Coronado Room, San Diego, 92110.

CCBH Users Group Meeting is September 18, from 1 to 3 pm. Location: 3851 Rosecrans, Coronado Room, San Diego, 92110.

MANAGEMENT INFORMATION SYSTEM (MIS) UPDATES:

ARF Tip of the Month

We know how important it is to have your staff trained and working in CCBH, so we need your assistance to make things efficient.

- Please remember to send in all ARF paperwork in plenty of time before a training so your staff can get accounts and training quickly. The classes close 2 weeks prior to the training, and we CANNOT put someone back into a class after an exclusion email goes out to you.
- Your ARFs must be correct to build an account, so make sure you have time to make corrections if necessary. **Thank You!**

ASAM Discussion Groups in September

- As a reminder, these are not trainings, but an opportunity to share with others about program successes, challenges, case presentations, and questions regarding ASAM Implementation.
- Groups will be limited to 25 participants and reservations are required by emailing QIMatters.HHSA@sdcounty.ca.gov
- If you register and cannot attend, please cancel your registration to make room for other providers who may be on a wait list to attend.
- Meetings at the County Operation Center (Training Room 124, 5530 Overland Ave, San Diego)
 - Mon, 9/17/18, 10:00 A.M. to 11:30 A.M.
 - Fri, 9/28/18, 10:00 A.M. to 11:30 A.M.
- Meeting at the North Inland Live Well Center (Conf. Room D, 649 W. Mission Ave Escondido)
 - Thurs, 9/20/2018, 2:00 P.M. to 3:30 P.M.

ASAM-C trainings by CIBHS (California Institute for Behavioral Health Solutions)

- Interactive trainings will give an overview of ASAM criteria, Levels of Withdrawal Management, and ASAM levels of care.
- Wednesday, September 26, 9 am to 4 pm
- Thursday, October 25, 9 am to 4 pm
- For registration go to:
<https://www.eventbrite.com/e/asam-c-training-san-diego-multiple-dates-offered-registration-49359594877>



BHS SUD Treatment Provider Meeting

- September 18, 10 am to 11:30 am
- Scottish Rite Center, Heald Room, 1895 Camino del Rio South, San Diego, CA 92108

Conducting Groups in the Field

County of San Diego BHS is allowing groups in the field. In order to do so, programs need to have Policy and Procedures (P&Ps) in place to:

- Specify that staff providing services in the field are linked to the contracted DMC Certified program claiming the service;
- Specify that programs will ensure confidentiality is maintained;
- Specify that progress notes for these services must include the location services were provided and document the steps taken to ensure confidentiality;
- Specify that the field location cannot be a regular site for groups (i.e. services in the field can never be used in lieu of obtaining DMC Certification).

Case Management

Helpful information about case management is explained in more detail on the Optum website at <https://www.optumsandiego.com/> under the following tabs:

- Toolbox tab: One-Pager-Case Management in the DMC-ODS and Quick Guide-Case Management Activities
- Manuals Tab: page C.2 in the SUD Provider Services Guide
- SUDPOH tab: For details on case management refer to pages: A.13-15 and B.5, D.15, and D.26.

Weekly Progress Notes for Residential Programs: How “Week” is Defined

- Per information from DHCS, a week is defined as Sunday – Saturday.
- Residential programs using Weekly Progress Notes (Narrative and Services) are to follow this definition.
- This information will be added to the next revisions of the SUDURM and SUDPOH.

New Tabs for the DMC-ODS page

- Refer to <https://www.optumsandiego.com/>
- **NOABD Tab.** The Notice of Adverse Benefit Determination (NOABD) shows the various forms in all the threshold languages.
- **Manual Tab.** The following documents are posted: BHS Drug Medi-Cal Organizational Providers Billing Manual; DHCS AOD Program Certification; DHCS Drug Medi-Cal Billing Manual; and Provider Service Guide.
- **QM Training.** Contains information on BHETA eLearning, the QM Program Integrity Webinar, and CIBHS ASAM webinars.

If you have questions, please contact us at QIMatters.HHSA@sdcounty.ca.gov and someone will return your email within one business day.

SIR Reminders

- In addition to reporting to the SIR line at 619-644-8800, Programs are to notify their CORs.
- On the SIR form the Legal Entity would list the Program’s Agency name.
- Updates to the Levels of Care to select on the SIR form are being made and new forms will be released in the near future.
- For more details on the SIR, review the SUDPOH, pages G.14-17.



Youth Assessment Index (YAI) – Better Copy

- An improved copy of the YAI has been posted on the Optum site under the SUDURM tab.
- The content is the same, but print quality is better.

Updated SUDPOH

- The latest version of the SUDPOH (revised 8-8-18) has been posted on the Optum website.
- A Summary of Changes document for the revisions is also posted.
- Go to the SUDPOH tab on the DMC-ODS page of the Optum website to locate these documents.

Recovery Services - Groups

- Clients receiving group recovery services at a program cannot be included in groups with OS/IOS or Residential clients.

Unique Client Numbers (UCN)

- The standard for client numbers on hard copy client files is to use the UCN as designated for the client in SanWITS.
- If your program is not currently following this practice, please begin to do this with all new admissions.

Advocacy Agency Record Requests

- As part of the DMC-ODS Health Plan, clients are assured rights (as described in the DMC-ODS Beneficiary Handbook)
- These rights include, among other things, the right to file a grievance or appeal.

- When a client files a grievance or appeal, they can work with one of the advocacy agencies for assistance (CCEA for outpatient programs, JFS for residential).
- The goal of both advocacy agencies is to work with the providers and clients to resolve issues at the program level.
- The grievance and appeal processes follow timelines as established by Federal and State regulations.
- Please respond promptly to record requests from both CCEA and JFS.

From the MIS Team

Residential Bed Management

- Only County Contracted Beds should be entered into SanWITS
- If your bed count changes due to contract amendments, notify MIS to make these changes to SanWITS

Group Counseling – Outpatient and OTP Providers

- All group counseling encounters will need to be created through the Group List in SanWITS
- Service =*Group ODS on the Group Session for OS or IOS Group Counseling
- **Do not** create group counseling encounters from the encounter screen – if done, it will not calculate the correct rates

SanWITS Encounters

- # of service units/sessions field on the encounter defaults to 1 and should remain as 1 except for the following:
 - Consecutive days of dosing with same NDC#

Census Bulk Encounters

- Residential bed day encounters created through the Census will populate the encounter with the note type of “Bed Management Census Note”
- This Note type will need to be changed to the appropriate note type on each individual client’s encounter
 - DMC Billable, County Billable, or Non-Billable

SanWITS and SSRS Trainings – Sep 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
 - 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 for a training 7 days prior, the training for that date will be cancelled.
- SanWITS billing classes, register with BHS Billing Unit 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 waitlist staff are able to attend.

Save the Date

- Next SanWITS Users Group Meeting will be Monday, October 1, 2018
- Time: 9:00 – 12:00 noon
- Location: Coronado Room at 3851 Rosecrans Street, San Diego, 92101

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



BHS PROVIDER UPDATES

2018-5

Child and Family Team Meeting Facilitation Program Rollout Mandated Utilization

BHS CYF, in collaboration with Child Welfare Services (CWS) and Probation, is excited to announce the launch of the Fred Finch Youth Center, Child and Family Team (CFT) Meeting Facilitation Program. Having a dedicated CFT Meeting Facilitation team has been collectively identified as a system need.

As of September 1, 2018, the program will provide CFT meeting facilitation services for the following:

- All **new** clients in all mental health treatment programs (assignment opened after 9/1/2018); including 18-21 year olds served in adult system of care and Fee For Service (FFS) network providers.
- All clients, regardless of open assignment date, receiving services from the following programs:
 - CASS
 - Polinsky Outpatient Program
 - Fred Finch Residential
 - SDCC Residential
 - Casa de Amparo Residential
 - NA South Campus Residential
 - San Pasqual Academy
- FFAST and Wraparound programs will continue to facilitate CFT meetings through their program.

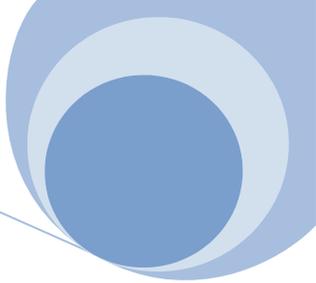
All mental health treatment programs that serve youth and families who are participating in CFT meetings currently facilitated through their program are **required** to utilize the CFT Meeting Facilitation Program based on the timelines for open assignment and program identification outlined above.

Referral forms will be accepted by the program as of **August 31, 2018** and will be completed electronically and faxed to: **(858)335-3949**.

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

The CFT Meeting Facilitation Program will serve all children/youth that receive Intensive Care Coordination (ICC) services and require, or would benefit from, a CFT meeting, regardless of involvement with CWS or Probation. Please see attached program overview for more information.

If you have questions regarding the timelines and rollout of the program, please contact your COR. General program related questions can be directed to CFT Meeting Facilitation Program, Program Manager, Laura McClarin, at lauramcclarin@fredfinch.org.



Pathways to Well-Being

CHILD AND FAMILY TEAM MEETING REFERRAL FORM

WHEN: Completed any time there is an identified need for a Child and Family Team (CFT) meeting for a youth in a mental health treatment program

ON WHOM: Any child/youth involved with Behavioral Health Services and a CFT meeting is requested

COMPLETED BY: BHS Provider

MODE OF COMPLETION: Form fill and submitted by fax to CFT Meeting Facilitation Program: (858) 335-3949

REQUIRED ELEMENTS: All elements of the CFT Meeting Referral Form:

Elements on Page 1:

- Agency Involvement: check appropriate boxes (all known that apply)
- Name of person making referral/completing form
- Name of referring agency
- Date of referral/form completion
- Due date of meeting (if required by Pathways To Well-Being mandated timelines)
- Referring party preference for meeting date(s) and time(s) (Priority given to youth/family schedule)

Part A:

BHS Provider only completes the following:

- Enter PSW/PO name and phone number if known
- Enter PSW/PO Supervisor name and phone number if known
- BHS Provider Program Name
- Enter BHS Provider Contact Phone
- Enter Family's primary language
- Enter Cultural considerations (Military, other cultural consideration such as values, beliefs, lifestyle, traditions, historical trauma, race, ethnicity, language, religion/spirituality, sexual orientation, gender identity expression, and/or learned behavior of a group passed on from generation to generation)

Part B:

Reason for referral: BHS Providers only consider the following:

- At Risk of Removal: (Is youth at risk for loss of current placement?)
- Change of Placement: (Is there a plan to move youth away from current living situation?)
- Pathways to Well-Being Eligible for Enhanced Services: Select Yes or No
- Mental Health Treatment Needs: (e.g., exploring additional services, warm hand-off, change in treatment focus)
- Team member request for Child and Family Team Meeting: (Any team member can make request to provider for facilitating a CFT meeting when needed)
- Other: (e.g., change in Client Plan, significant event impacting youth/family functioning)

CFT's first meeting: Select Yes or No (Is this the first CFT meeting for this youth with this provider?)

Current case status and desired meeting outcomes/goals: (Enter what provider would like to have addressed and accomplished at CFT meeting based upon reason for referral as listed above)

Focus Child(ren) information: (Enter Name, date of birth, caregiver name, and phone number of youth open to provider program who is the focus of the CFT meeting)

- Enter parent/guardian name, relationship, and phone number

Elements on Page 2:

Alerts: enter all known that must be reviewed prior to scheduling a CFT meeting.

Note: If any of the following items are checked, Facilitator must clear attendee with the PSW/PO before inviting to CFT meeting: history of violent behavior, history of current use of alcohol/substances, behavioral health concerns, domestic violence, current restraining order, and alleged perpetrator of sexual abuse

CFT Participants/ Required Members: List all other required members and other potential participants requested by the Provider to be invited

BILLING:

Billing for gathering of information for the CFT Meeting Referral Form shall only occur when connected to a direct client service

Child and Family Team Meeting Referral Form

BHS Provider: Fax to 858-335-3949
 Probation/CWS: Email to CFTreferrals@fredfinch.org

AGENCY INVOLVEMENT (check all that apply):

CWS BHS Provider Probation

Name of Person Making Referral: _____	Referring Agency Name: _____
Date of Referral: _____	Due Date of Meeting (if required by policy or PWB): _____
Preference for meeting date: #1: _____	#2: _____ Time: _____

Part A: To be completed by referring PSW/PO/BHS Provider

PSW/PO Name: _____	PSW/PO Phone: _____
PSS/SPO Name: _____	PSS/SPO Phone: _____
BHS Provider/Program Name: _____	BHS Provider Contact Phone: _____
CWS Program: <select> _____	CWS Region: <select> _____
CWS 19-Digit Case/Referral #: _____	7-Digit State ID #: _____ HVC? <input type="checkbox"/>
Probation Region : <u>Central - II</u>	Probation Case ID # _____
Family's Primary Language: _____	
Cultural Considerations (ICWA status, military, other cultural consideration such as values, beliefs, lifestyle, traditions, historical trauma, race, ethnicity, language, religion/spirituality, sexual orientation, gender identity expression, and/or learned behavior of a group passed on from generation to generation): _____	

Part B: To be completed for all referrals

Reason for Referral. Check all that apply.	
<input type="checkbox"/> At Risk of Removal	
<input type="checkbox"/> Probation Pre-Disposition	
<input type="checkbox"/> Initial Placement (Probation Post Disposition)	
<input type="checkbox"/> Initial Case Planning	
<input type="checkbox"/> Change of Placement	
<input type="checkbox"/> Pathways to Well-Being – Eligible for Enhanced Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Mental Health Treatment Needs	
<input type="checkbox"/> GH/STRTP/RTF Placement Review	
<input type="checkbox"/> End of Voluntary Out of Home Case Plan	
<input type="checkbox"/> Family Maintenance/Voluntary case planning/teaming	
<input type="checkbox"/> Compliance with probation conditions	
<input type="checkbox"/> Team member request for Child and Family Team Meeting	
<input type="checkbox"/> Status Review/Case Plan Review and Update/Permanency Planning (including Finalization)	
<input type="checkbox"/> Other (Please specify: post adoption sibling contact agreement, visitation, new team members, progress review): _____	
CFT's first meeting? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current case status and desired meeting outcomes/goals (e.g. Harm/Danger Statement, Safety Goal, Safety, and Risk information, current and/or needed services, etc.): _____	

Focus Child(ren)

	Name	Date of Birth	Caregiver Name	Caregiver Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Parent/Guardian

	Name	Relationship/To	Phone Number
1.	_____	<Select> / _____	_____
2.	_____	<Select> / _____	_____
3.	_____	<Select> / _____	_____
4.	_____	<Select> / _____	_____

Child and Family Team Meeting Referral Form

Alerts that must be reviewed prior to scheduling a CFT meeting. If yes to any of the following items, Facilitator must clear the attendee with the PSW/PO before inviting to CFT meeting.

- History of Violent Behavior (Specify): _____
- History or current use of alcohol/substances (Specify): _____
- Behavior Health Concerns (Specify): _____
- Domestic Violence: _____
- Current Restraining Order (between which parties?): _____
- Alleged Perpetrator of Sexual Abuse (Specify): _____

Please list all other required team members and other potential participants to be **invited**.

Name/Agency	Relationship to Child(ren)	Phone Number	Requested by: (PSW/PO/MH Provider, Family, Youth)
	FFA/STRTP Staff	s	
	Mental Health Treatment Provider for the Youth		
	CWS Pathways Care Coordinator Mental Health Screening Date: Result (Positive/Negative):		
	DSEP Specialist (0-5years) Mental Health Screening Date: Result (Positive/Negative):		
	Education Representative		
	Probation Officer		
	CASA		
	Tribal Representative		
	Additional Service Provider		
	Additional Service Provider		
	Additional Support		
	Additional Support		

Reminder: Other than required members, youth/family drive team membership. Facilitator will talk with youth/family and PSW/PO about requested team members before inviting any other formal or informal supports. Please list all other parties to be **noticed**:

Name/Agency	Relationship to Child(ren)	Phone Number/Email	Required by: (Policy, court order, etc.)
	Minor's Counsel		CWS Policy



Pathways to Well-Being 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: Core Practice Model (CPM) and Continuum of Care Reform (CCR) Overview* 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.

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 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-98-398-0818, 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](#).

DATES

October 4, 2018, 9:00 AM—4:00 PM
December 6, 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

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.



Behavioral Health Education & Training Academy (BHETA) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.



LEGAL AID SOCIETY OF SAN DIEGO, INC.

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BRIAN M. KRAMER, ESQ.
President, Board of Directors
LINDA L. LANE, ESQ.
President-elect, Board of Directors
GREGORY E. KNOLL, ESQ.
CEO/Executive Director/Chief Counsel

August 16, 2018

Re: Cooperation with requests for medical records for adults and children

Dear Child and/or Adult Provider of Mental Health Services:

The Legal Aid Society of San Diego's (LASSD) Supplemental Security Income (SSI) Advocacy Program as well as our SSI and In-Home Supportive Services Advocacy Program for Children and Families are County-contracted programs through the Department of Behavioral Health. The goals of our programs are to help our adult clients obtain income to escape homelessness and maintain housing, and to help parents/caretakers of children with disabilities to maintain housing, and provide for the health and well-being of the child. To this end, our advocacy programs employ a team of advocates and attorneys who assist clients with applications and provide representation at legal proceedings.

Social Security rules require that we provide objective medical evidence that shows our client's condition has lasted, or can be expected to last twelve months or result in death. In order for Social Security staff to properly evaluate, and ultimately award our client's benefits, we must submit all the medical records pertaining to a client's medical condition in the two years prior to the SSI application date.

In response to our requests, we often receive a summary of treatment or an incomplete set of medical records. These responses are problematic for two reasons. First, while meaningful when accompanied by treatment records, by itself a treatment summary does not sufficiently demonstrate our clients are in on-going treatment. These letters also do not meet the requirement of objective medical evidence reflecting a consistent pattern of abnormal signs and symptoms (e.g. mental status examinations, psychological testing). Moreover, supplying a limited set of records (e.g. one behavioral assessment and two individual progress notes) does not meet the requirement for showing our client's condition has lasted or, can be expected, to last for one year.

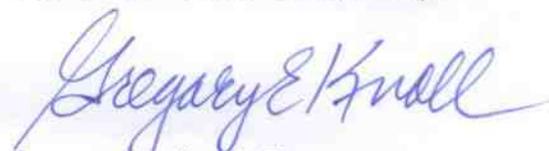
While Social Security is required to request all treatment records reported by the applicant, they engage in limited follow-up and will often make a decision based on whatever records they receive, even if the records are incomplete. Time and again children and adults are denied the benefits they need and deserve because medical providers simply do not supply evidence that could prove the child's or adult's disability or only provide a limited set of medical records.

It is the responsibility of the child's or adult's legal representative to make sure all the necessary records are submitted. For this, we need your help. We kindly ask that if our office requests medical records from your program, that you provide our office with the specific information we are requesting covering the time periods in which we are inquiring about. If you anticipate any problems with providing client records, we also ask that you promptly inform us of what exactly is needed to fulfill our request.

Every day, the behavioral health providers of San Diego County work tirelessly to meet the needs of the children and adults they serve, to help in their treatment and recovery. An essential part of that recovery is the ability to meet the basic daily needs of food, shelter, and safety. These are goals that we all share. That is why it is crucial for us to work together in this effort. If there are differences, we must resolve them. If there are roadblocks, we must remove them. If there are questions, we must answer them. Together we can achieve this.

Respectfully,

Legal Aid Society of San Diego

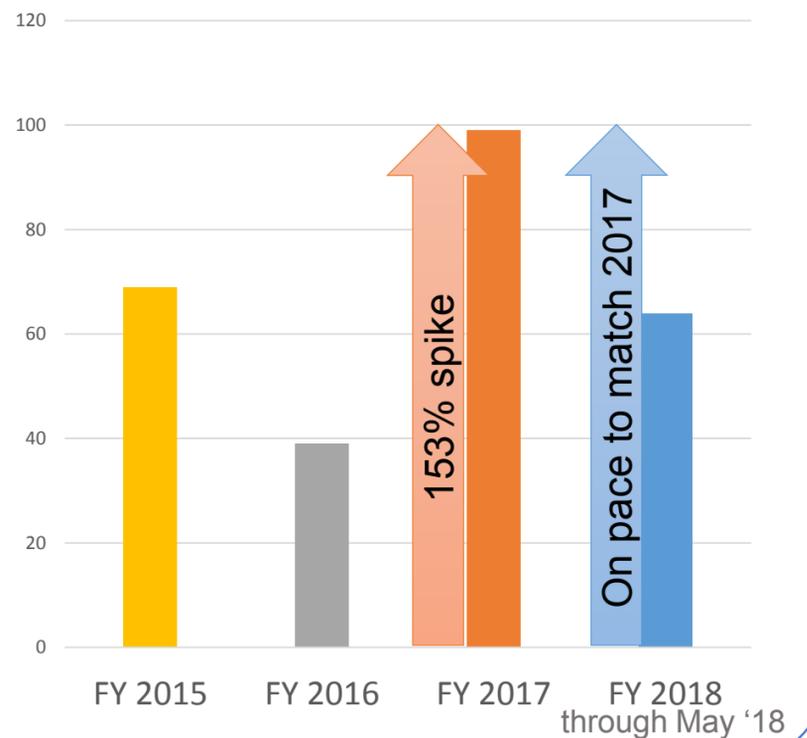


Gregory E. Knoll, Esq.
CEO/Executive Director/Chief Counsel

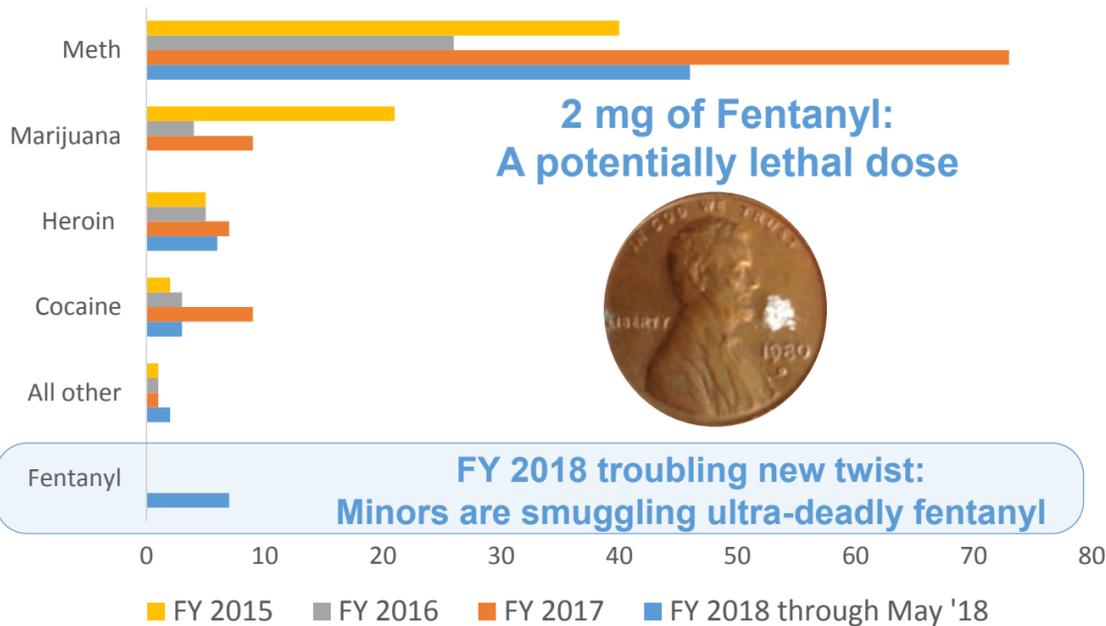
Juvenile Drug Smuggling in San Diego County

Due to a recent uptick in juveniles smuggling drugs across the border, law enforcement partners (U.S. Attorney, Drug Enforcement Administration, San Diego District Attorney, Homeland Security Investigations, and Customs and Border Protection) are working together to inform the community of the dangers. Drug traffickers abuse the naïve immaturity of juveniles by offering them money, electronics, and other incentives in exchange for illegally crossing drugs into the U.S. While the juveniles are being told that they won't receive severe legal punishments because of their age, that is simply not true. There is a potential for custody in juvenile hall, probation, and revocation of their driving privileges. Additionally their family's Senti pass will be in jeopardy, along with their eligibility to become a U.S. citizen. An arrest for smuggling can also jeopardize their future job and schooling chances. They may be ineligible for government-funded student loans and financial aid due to a juvenile arrest. Military, Law Enforcement, and Government jobs will also require disclosure of such an arrest, which could prevent employment.

All Port of Entry Drug Seizures from Minors



Drug Seizures at Ports of Entry from Minors by Drug Type



While traffickers using juveniles to smuggle drugs across the border is not a new issue, drug traffickers are now recruiting juveniles to smuggle the deadly opioid fentanyl. This is a very dangerous substance because it only takes a few milligrams, less than the size of a few grains of sugar, to cause respiratory depression, overdose, and possibly death. Fentanyl exposure can occur through the drug becoming airborne, for instance if the package were to open, or it can be absorbed through the skin if the package is not sealed well enough and the drug is exposed directly to the skin. The dangers of fentanyl are not limited to the person carrying it. If the powder were to become airborne, anyone in the area could breathe it in and risk fentanyl poisoning.

Many of these juveniles are recruited at the high schools they attend, some even by their own classmates. Parents, teachers, caretakers, school administrators and youth need to be aware that recruiting efforts of traffickers pose a constant threat. Not only will drug traffickers attempt recruiting juveniles at schools, but they may also approach them at after-school functions, camps, libraries, on public transportation, via social media outlets, and over electronic communications like gaming consoles, text messages, or chat rooms. Recruiters could be other juveniles, parents, familiar adults, or complete strangers. Our goal is to raise awareness of the issue and equip youth with both knowledge and resources so that they can stay safely out of harm's way and refuse to smuggle drugs.

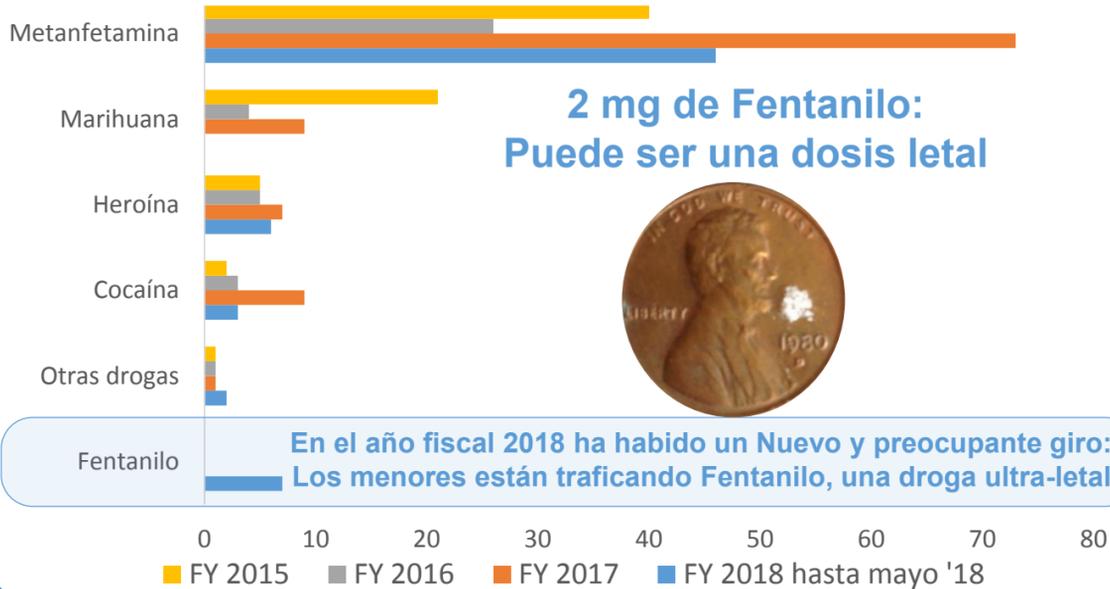
If you are aware of recruiting and smuggling taking place, you can **ANONYMOUSLY** report a tip to SD Crime Stoppers (reward up to \$1,000) by:
Call: 888-580-8477
Web: studentsspeakingout.org
Mobile App: Download "P3 Tips" from the app store and follow prompts to submit information

Get Help from South Bay Community Services
SouthBayCommunityServices.org
 Main Line: 619-420-3620
 24-Hour Hotline: 1-800-640-2933

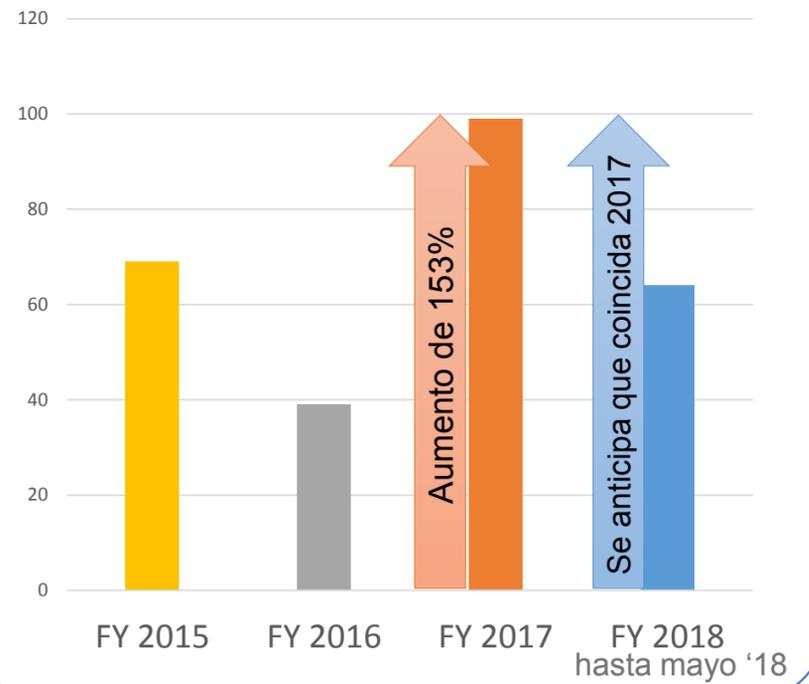
Tráfico de Drogas Realizado por Menores de Edad en el Condado de San Diego

Debido al reciente repunte en el tráfico de drogas que realizan los jóvenes por la frontera, las organizaciones de seguridad pública (U.S. Attorney, Drug Enforcement Administration, San Diego District Attorney, Homeland Security Investigations y Customs and Border Protection) están trabajando conjuntamente para informar a la comunidad sobre los peligros. Los narcotraficantes abusan de la inmadurez e inocencia de los menores ofreciéndoles dinero, aparatos electrónicos y otros incentivos a cambio de que crucen drogas ilegalmente a los EE.UU. Aunque se les dice a los jóvenes que no habrá consecuencias legales severas por ser menores de edad, eso sencillamente no es cierto. Existe la posibilidad de ser detenido en la cárcel de menores, estar en libertad condicional y que se les revoque el privilegio de manejar. Además, la familia puede perder su pase SENTRI, así como perder la posibilidad de convertirse en ciudadano estadounidense. Un arresto por tráfico de drogas puede poner en peligro la posibilidad de obtener un empleo e ingresar a la universidad. Esto también puede limitar las posibilidades de obtener préstamos financiados por el gobierno y ayuda económica debido a un arresto siendo menor de edad. Los empleos con las fuerzas militares, las autoridades del orden público y el gobierno requieren la divulgación de tal arresto, lo que puede impedir conseguir un empleo.

Decomisos de Drogas a Menores de Edad en las Garitas por Categoría de Drogas



Todos los Decomisos de Drogas a Menores de Edad en las Garitas



Aunque el uso de jóvenes para traficar drogas por la frontera no es un problema nuevo, ahora los narcotraficantes están reclutando a jóvenes para traficar fentanilo, que es un opioide mortal. Esta es una sustancia muy peligrosa porque nada más se necesitan unos cuantos miligramos, menos que el equivalente a unos granos de azúcar, que causa depresión respiratoria, sobredosis y posiblemente la muerte. La exposición al fentanilo puede ocurrir cuando la droga es transportada por el aire. Por ejemplo, si se abriera el paquete o se puede absorber por medio de la piel si el paquete no está bien sellado y si la piel está expuesta directamente a la droga. Los peligros del fentanilo no se limitan a la persona que transporta la droga. Si el polvo llegase a ser transportado por el aire, cualquier persona en el área podría respirarlo y arriesgarse a envenenamiento por fentanilo.

Muchos de estos jóvenes son reclutados en las escuelas preparatorias a las que asisten, algunos incluso por sus propios compañeros de clase. Los padres de familia, los maestros, las personas que cuidan a los jóvenes, la administración escolar y los jóvenes mismos necesitan estar al tanto de los esfuerzos de reclutamiento de los narcotraficantes y la amenaza constante que presentan. Los narcotraficantes no sólo reclutan a los jóvenes en las escuelas, sino también se acercan a ellos durante funciones después de escuela, campamentos, bibliotecas, transporte público, a través de las redes sociales, comunicaciones electrónicas como juegos de video, mensajes de texto o salas de chat. Los reclutadores pueden ser otros jóvenes, padres de familia, conocidos, o desconocidos. Nuestra meta es educar a la comunidad sobre el problema que ocurre. También queremos equipar a los jóvenes con herramientas y recursos para que puedan mantenerse fuera de peligro y se nieguen a contrabandear drogas.

Si sabes de algo que tenga que ver con reclutamiento o contrabando de drogas puedes hablar **ANÓNIMAMENTE** a Crime Stoppers de San Diego para reportar la situación. (podrías recibir una recompensa de hasta \$1,000 dólares)

Llama: 888-580-8477

Página web: studentsspeakingout.org

Aplicación para celular: "P3 Tips" descárgala de la "app store" y sigue las instrucciones para enviar información.

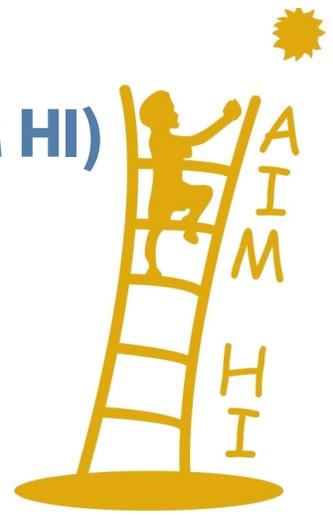
Obtén ayuda de South Bay Community Services

SouthBayCommunityServices.org
 Línea principal: 619-420-3620
 Línea las 24 horas: 1-800-640-2933

An Individualized Mental Health Intervention for Children with ASD (AIM HI)

(Brookman-Frazee & Drahota, 2010; Brookman-Frazee, Chlebowski, & Drahota, 2016)

AIM HI is a package of evidence-based intervention strategies designed to reduce challenging behaviors in children with autism spectrum disorder ages 5 to 13. The AIM HI clinical intervention is paired with a mental health provider training model.



About AIM HI

- ✓ Can be delivered in clinic and school-based mental health programs providing ongoing psychotherapy or counseling services.
- ✓ Can be used by providers both with and without previous ASD experience.
- ✓ Includes a series of protocol steps and within-session elements aimed to help providers teach children to use positive alternative skills and caregivers complementary strategies to support child skill-building and manage challenging behaviors.
- ✓ Sessions are structured to maximize child and caregiver engagement and skill-building.
- ✓ Requires approximately 6 months to complete the steps in the treatment protocol.
- ✓ Learning AIM HI involves participation in an introductory workshop and delivering the intervention to at least one family with ongoing consultation and coaching from an expert trainer.

What will providers learn in AIM HI?

Providers will learn to develop treatment plans for clients with ASD, actively engage children with ASD in therapy sessions, collaborate with caregivers, and use “active teaching” strategies to teach children and caregivers new skills.

How was AIM HI developed?

1

The need for AIM HI was identified through a community needs assessment and a review of the literature on evidence-based mental health interventions for children with ASD.

2

Community stakeholders partnered with researchers and ASD experts to create the intervention and therapist training materials.

3

Materials were refined based on therapist and parent feedback in a pilot study.

What providers say about AIM HI

AIM HI gave me a very good language to understand and break down what is going on with my patients, how to structure things, and a way to get the family involved...It's changed the model of how I'm working with the kids.

It definitely helped to structure the sessions knowing that I had a specific skill that I was targeting that session. I liked being more focused, especially with these kids who need that structure.

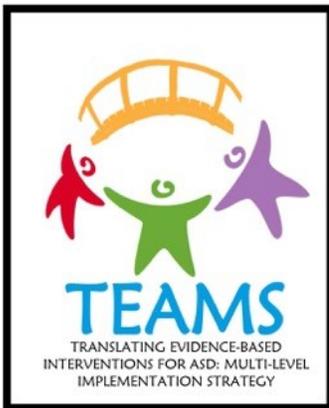
It definitely helped because I deal with a lot of kids who have externalizing behavior where behavioral interventions are really relevant. It's given me a framework, a place to start, and a progression of intervention that I appreciate.

AIM HI Newsletter

“An Individualized Mental Health Intervention for ASD”:
Collaborating to Build Capacity of Mental Health Services for ASD

INSIDE THIS ISSUE:

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AIM HI Summary	2
Research Brief	2
Training Opportunity	2
Publications	3



Questions?
Please Contact us!

Project Manager:
Allison Jobin
858 966-7703, Ext. 7148
teams-study@ucsd.edu

www.TEAMSASDstudy.org

Dear Friends of AIM HI,

I am very pleased to share an update on recent AIM HI activities. AIM HI was developed in response to *requests from mental health providers for tools to adapt psychotherapy/counseling for children with autism spectrum disorder (ASD)*. Therapists shared that they frequently had children with ASD on their caseloads and limited training on the unique needs of this population. Since 2007, we have been funded by the National Institute of Mental Health to develop and test the AIM HI intervention protocol and corresponding therapist model. Please see below for highlights of recent activities:

- **Effectiveness Study.** In January, 2018, we completed an effectiveness trial in 29 mental health programs demonstrating the positive impacts of training therapists in AIM HI on child outcomes and on therapist practice. See Page 2 for a summary of initial findings. Analyses are ongoing.
- **Implementation Study.** In 2017, we received funding to test implementation strategies to support providers in their learning and delivery of AIM HI. This “TEAMS” study is linked to another project examining ways to support teachers using a classroom intervention for ASD. We also received funding to develop and test AIM HI enhancements specifically for ethnic/language minority families.
 - In the **‘17-18 training cohort**, 12 outpatient and school-based mental health programs enrolled. Within these programs 64 therapist/family dyads and over 40 leaders have participated.
 - We are currently **enrolling programs for the ‘18-19 training cohort**. Participation in the study includes training and consultation in the AIM HI intervention at no charge and implementation leadership training for subset of programs. If your agency or school district is potentially interested in receiving AIM HI training through this project, please visit our website and submit an initial interest form: www.TEAMSASDstudy.org

Thank you for supporting research that will help to improve the lives of children with autism spectrum disorder and their families and provide ongoing professional development opportunities to the amazing and dedicated therapists and program leaders who care for them!

Sincerely,

Lauren Brookman-Frazee, Ph.D., AIM HI Project Director, UC San Diego

	Completed Effectiveness Trial	Current Implementation Trial (“TEAMS” study)
Purpose	What is the impact of training therapists to deliver AIM HI on child outcomes and therapist practice?	What are the impacts of different implementation strategies for AIM HI on therapist training outcomes and child outcomes?
CA Regions	San Diego, Los Angeles	San Diego, Los Angeles, Sacramento
Enrollment	Closed	Ongoing
Programs	29	12
Providers	172	64
Families	202	64

AIM HI Intervention Summary

What is AIM HI?

- AIM HI is a package of evidence-based parent-mediated and child focused strategies to **reduce challenging behaviors** in children with ASD ages 5 to 13 **receiving mental health services**.

Who should use AIM HI?

- AIM HI was designed to be **delivered by mental health providers** who may have limited experience with ASD or behavioral interventions.

How was AIM HI Developed?

- AIM HI was developed in **collaboration** with mental health providers, families and ASD experts **based on an assessment of routine practice, child clinical needs and provider training needs**.

Initial Findings from the AIM HI Effectiveness Trial

- ✓ **Understanding mental health needs of children with ASD!** On average, children aged 5-13 with ASD receiving publicly-funded mental health services meet criteria for approximately *3 non-ASD psychiatric diagnoses*, most commonly ADHD.
- ✓ **Training success!** Approximately 75% of therapists successfully completed the AIM HI certification process during the 6 month training period.
- ✓ **Positive perceptions!** Therapists perceived AIM HI as highly *useful and effective* in their practice and reported intentions to *continue using AIM HI* following initial training. Therapists *individualized AIM HI* for child/family and service setting characteristics.
- ✓ **Changing practice!** Compared to therapists delivering usual care, therapists trained in AIM HI were *observed to deliver more evidence-based strategies* to structure sessions, engage children and caregivers, and actively teach new caregiver and child skills.
- ✓ **Improving family outcomes!** Compared to usual care, children whose therapists received AIM HI training demonstrated:
 - Significantly greater *reductions in child challenging behaviors* over 18 months
 - Significantly greater *increases in caregiver sense of competence* over 18 months

Interested in AIM HI Training? We are currently inviting publicly-funded outpatient and school-based mental health programs to enroll in this project! If your agency or school district is potentially interested in receiving AIM HI training through this project, please visit our website and submit an initial interest form: www.TEAMSASDstudy.org

AIM HI Funding & Publications

TEAMS Implementation Trial (NIMH Grants R01MH111950 & Disparities Supplement, 2017-2021)

New Brookman-Frazee, L. & Stahmer, A.C. (2018). Effectiveness of a multi-level implementation strategy for ASD interventions: Study protocol for two linked cluster randomized trials. *Implementation Science*, 13 (1), 66. <https://doi.org/10.1186/s13012-018-0757-2>

New Stahmer, A.C. & Brookman-Frazee, L. (2018). Testing a multi-level implementation model for translating evidence-based interventions for ASD (TEAMS): Methods and interventions. *Implementation Science*, 13(Suppl 3), A38, doi: 10.1186/s13012-018-0715-z.

Effectiveness Trial (NIMH Grant R01MH094317 & R01MH094317-Disparities Supplement, 2012-2018)

New Chlebowski, C., Magana, S., Wright, B., & Brookman-Frazee, L. (in press). Implementing an intervention to address challenging behaviors for Autism Spectrum Disorder in publicly-funded mental health services: Therapist and parent perceptions of delivery with Latinx families. *Cultural Diversity and Ethnic Minority Psychology*.

New Dyson, M. W., Chlebowski, C., Wright, B., & Brookman-Frazee, L. (2017). How do certified and uncertified therapists differ in their perceptions of a mental health intervention for ASD?. *Evidence-Based Practice in Child and Adolescent Mental Health* 2(3-4), 179-194. <https://doi.org/10.1080/23794925.2017.1389319>

Brookman-Frazee, L., Stadnick, N., Chlebowski, C. Baker-Ericzen, & Ganger, W. (2016). Characterizing psychiatric comorbidity in children with autism spectrum disorder receiving publicly-funded mental health services. *Autism: International Journal of Research and Practice*. <https://www.ncbi.nlm.nih.gov/pubmed/28914082>

Stadnick, N., Chlebowski, C., Baker- Ericzen, M., Dyson, M., Garland, A., & Brookman-Frazee, L. (2016). Psychiatric comorbidity in ASD: Correspondence between mental health clinician report and structured parent interview. *Autism: International Journal of Research and Practice*. <https://www.ncbi.nlm.nih.gov/pubmed/27407039>

Stadnick, N., Chlebowski, C., & Brookman-Frazee, L. (2017). Caregiver-teacher concordance of challenging behaviors in children with autism spectrum disorder served in community mental health settings. *Journal of Autism and Developmental Disorders* 47(6), 1780-1790. <https://www.ncbi.nlm.nih.gov/pubmed/28343342>

AIM HI Development and Pilot Study (NIMH Grant K23 MH077584, 2007-2012)

Drahota, A., Stadnick, N. & Brookman-Frazee, L. (2014). Therapist perspectives on training in a package of evidence-based practice strategies for children with autism spectrum disorders served in community mental health clinics. *Administration and Policy in Mental Health and Mental Health Services Research*. 41(1), 114-125. DOI 10.1007/s10488-012-0441-9

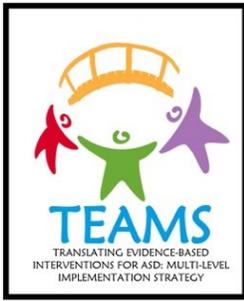
Stadnick, N., Drahota, A., & Brookman-Frazee, L. (2013). Parent perspectives of an evidence-based intervention for children with autism served in community mental health clinics. *Journal of Child and Family Studies*, 22, 414-422. DOI 10.1007/s10826-012-9594-0

Brookman-Frazee, L., Drahota, A., & Stadnick, N. (2012). Training community mental health therapists to deliver a package of evidence-based practice strategies for school-age children with autism spectrum disorders: A pilot study. *Journal of Autism and Developmental Disorders*, 42, 1651-1661. DOI: 10.1007/s10803-011-1406-7

Brookman-Frazee, L., Drahota, A., Stadnick, N., & Palinkas, L. A. (2012). Therapist perspectives on community mental health services for children with autism spectrum disorders. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 365-373. DOI 10.1007/s10488-011-0355-y

Brookman-Frazee, L., Taylor, R., & Garland, A.F. (2010). Characterizing community-based mental health services for children with autism spectrum disorders. *Journal of Autism and Developmental Disorders*, 40, 1188-1201. DOI 10.1007/s10803-010-0976-0.

Brookman-Frazee, L., Baker- Ericzen, M., Stahmer, A., Mandell, D., Haine, R.A., & Hough, R.L. (2009). Involvement of youths with autism spectrum disorders or intellectual disabilities in multiple public service systems. *Mental Health Research in Intellectual Disabilities*, 2, 201-219.



Project Summary: Translating Evidence-Based Interventions for ASD: A Multi-Level Implementation Strategy (TEAMS)

Project Directors

San Diego: Lauren Brookman-Frazee, Ph.D. (Mental Health Director; AIM HI)

Sacramento: Aubyn Stahmer, Ph.D. (Education Director; CPRT)

Los Angeles: Anna Lau, Ph.D.

FUNDING

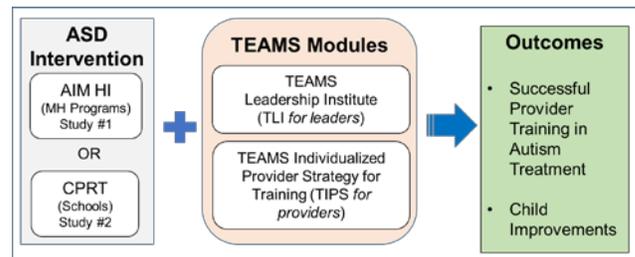
National Institute of Mental Health (2017- 2021)

BACKGROUND

Schools and mental health programs are faced with the challenge of serving growing numbers of children with autism spectrum disorder (ASD). With the annual cost of ASD in the U.S. estimated to be \$236 billion, developing and testing effective ways to scale up use of evidence-based treatments for ASD is critical.

PURPOSE

To improve provider training in evidence based treatments. We are current conducting two coordinated studies testing ways to support providers in their learning and delivery of ASD treatments. Study #1 tests the TEAMS model with *An Individualized Mental Health Intervention for ASD (AIM HI)* in publicly-funded outpatient and school-based mental health services. Study #2 tests TEAMS with *Classroom Pivotal Response Teaching (CPRT)* in classrooms. The TEAMS model includes – TEAMS Leadership Institute (TLI) and TEAMS Individualized Provider Strategy for training (TIPS). Both studies are being conducted in San Diego, Sacramento, and Los Angeles counties.



SETTINGS AND PARTICIPANTS

Mental health programs and school districts are invited to participate in this voluntary study and will be randomized to receive different components of TEAMS. Leaders and Providers (mental health therapists or teachers) from participating districts/programs can participate; all participating providers will receive training and coaching/consultation for no cost in AIM HI or CPRT over 6-10 months.

Study	AIM HI Study	CPRT Study
ASD Intervention	An Individualized Mental Health Intervention for ASD (AIM HI; Brookman-Frazee & Drahota, 2010) is a package of evidence-based behavioral strategies designed to reduce challenging behaviors in children with ASD ages 5 to 13 <u>within mental health services.</u>	Classroom Pivotal Response Teaching (CPRT; Stahmer et al., 2011) is an evidence-based naturalistic behavioral intervention designed to target a range of skills in children with ASD (e.g., communication, play, academic skills) during <u>classroom instruction.</u>
Program/District Eligibility	Provides publicly-funded outpatient and school-based psychotherapy or counseling services to children; at least 5 current cases with ASD served by different clinicians; capacity for parent involvement in services.	Provides educational services to students with an educational classification of autism in preschool through 5 th grade; at least 5 current studetns with ASD served by different teachers.
Leader Eligibility	Provides administrative oversight of mental health services program.	Provides consultation, supervision or oversight of autism programming (e.g., program specialist, autism or behavior specialist, school psychologist).
Provider Eligibility	Trainee or staff clinician providing psychotherapy/counseling services; has a potentially eligible child on current caseload.	Teacher employed for at least one year in a participating district; has at least one potentially eligible student with a primary educational classification of autism in their classroom/program.
Family Eligibility	Parent of a child 5-13 years old with documented ASD diagnosis and is receiving care from participating clinician.	Parent of a child 3-10 years old with primary educational classification of autism and receiving educational services from a participating teacher.

ROLES & BENEFITS FOR STAKEHOLDERS

	Role/Activities of Participants	Researcher Activities / Knowledge to Be Gained
Systems	<p><u>Mental Health System Leader</u></p> <ul style="list-style-type: none"> Introduce the research team to programs contracted to provide child mental health services Review and approve research and privacy procedures <p><u>Local Education Agencies/SELPA Directors</u></p> <ul style="list-style-type: none"> Introduce the research team to local school districts Consider mental health program participation if appropriate 	<p>Enhances system capacity to effectively serve growing population of children with ASD</p> <p>Provides generalizable guidance and tools to improve the design of future implementation efforts</p> <p><i>When and with whom should we use provider and organization-level enhancement strategies in future EBP Implementation?</i></p>
Mental Health Programs and School Districts	<ul style="list-style-type: none"> Provide approval for program/district to participate in study activities Allow leaders to participate in implementation planning activities (for subset of programs) and data collection via brief, online surveys Facilitate access to providers (therapists or teachers) to recruit for voluntary participation 	<p>Provides <u>free training in evidence-based ASD practice</u> to providers (AIM HI and/or CPRT)</p> <p>Provides guidance on enhancing implementation support planning and provider effectiveness</p> <p>Receive gift cards for data collection activities</p> <p><i>What should agencies/district like ours do to best support providers in implementing practices?</i></p>
Providers (Therapists & Teachers)	<ul style="list-style-type: none"> Refer eligible families Participate in AIM HI or CPRT training over a 6 month training period Complete research data collection via brief, online surveys Provide permission for video recording of practice 	<p>Provides <u>free training and support</u> in evidence-based ASD practice with opportunity for certification</p> <p>Receive gift cards for data collection activities</p> <p><i>What evidence-based strategies can I use with my clients/students with ASD?</i></p>
Families of client/students with ASD	<ul style="list-style-type: none"> Parents to provide permission for video recording of child in program/school Parents complete brief, online surveys on child behaviors 	<p>Provides opportunity to receive state of the art treatment for ASD from community providers</p> <p>Parents receive gift cards for data collection activities</p> <p><i>What evidence-based strategies might work well for my child?</i></p>

For information on participation:

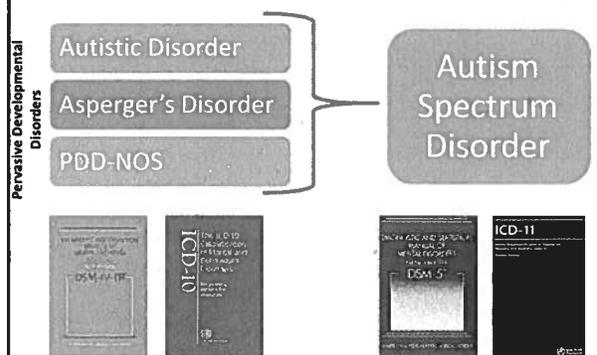
www.teamsasdstudy.org

teams-study@ucsd.edu

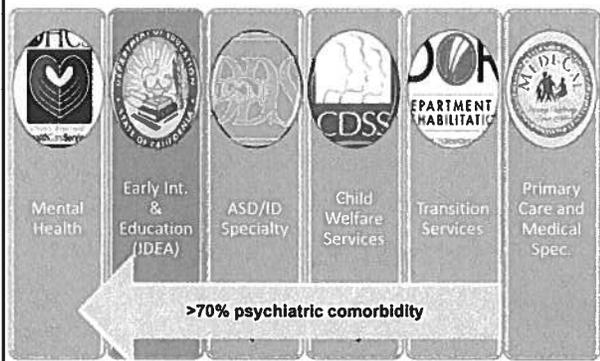
Supporting Mental Health Providers in Caring for Children with ASD: AIM HI Update

Lauren Brookman-Fraze, Ph.D.
 Professor, UCSD Department of Psychiatry
 Associate Director, Child & Adolescent Services Research Center
 Research Director, Autism Discovery Institute at Rady Children's Hospital-San Diego

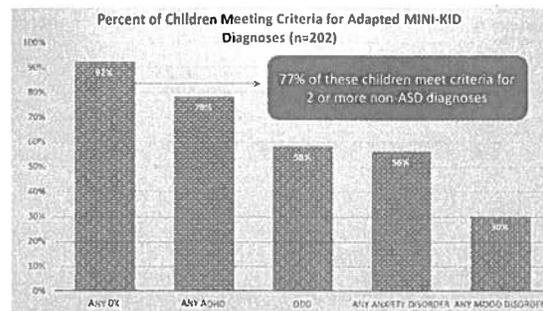
What do we mean by ASD?



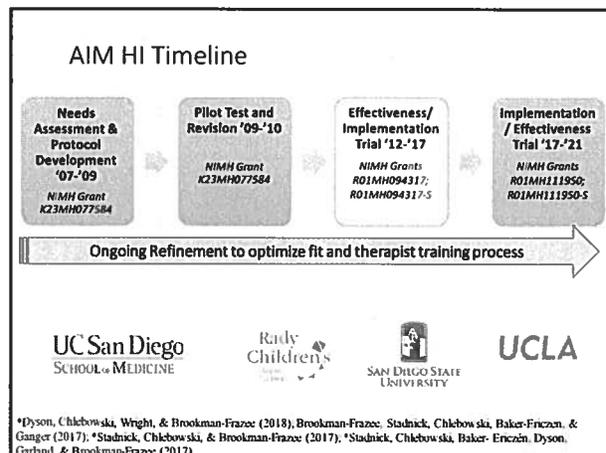
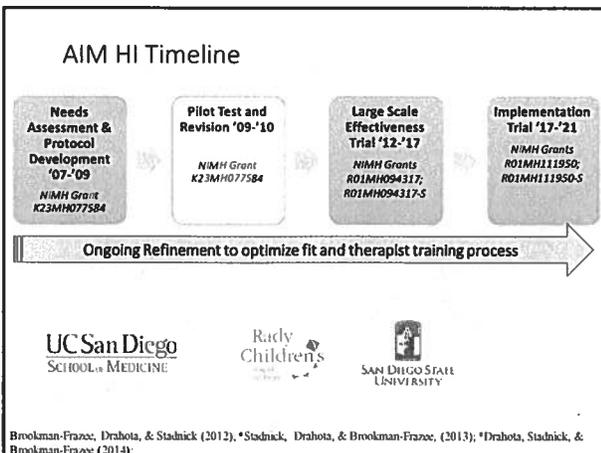
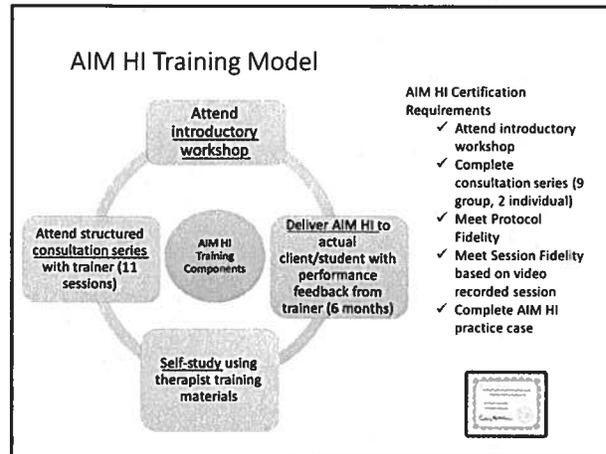
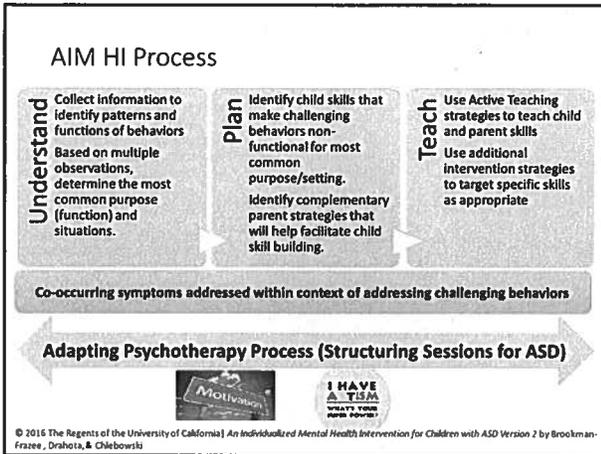
Community Service Systems Caring for Children with ASD



Psychiatric Conditions in Children Ages 5 to 13 with ASD Receiving MH Services (Outpatient & School-Based)



Brookman-Fraze, L., Sładnicki, N., Chlebowski, C., Baker-Finnegan, M., & Ganger, W. (2017). Characterizing psychiatric comorbidity in children with autism spectrum disorder receiving publicly-funded mental health services. *Autism*.



AIM HI Community Effectiveness Trial

 1) What is the impact of AIM HI on child/family outcomes?

 2) Do any child/family characteristics or therapist fidelity influence effects of AIM HI?

 3) Characterize implementation process and outcomes and identify influences on these outcomes.

 4) Are there differences in treatment process by child/family ethnicity?

- Randomized waitlist control design
- Programs randomized:
 - 1) Immediate (Wave 1) AIM HI training
 - 2) Usual Care Control/ Wave 2 AIM HI Training
- Therapist and child dyads recruited from participating programs

NIMH Grants R01MH094317 and R01MH094317-S (Disparities)

Participants

29 Programs

172 Therapists

86% Female
34% Latino
36% Bilingual
42% MFT; 27% SW

202 Children Receiving MH Services

84% Male
60% Latino
M = 9.1 years old

- Outpatient and school-based programs within 19 participating agencies with therapist/child dyads enrolled in San Diego and LA Counties
- Unique therapists providing psychotherapy services in participating programs and enrolled with a child
- Children ages 5 to 13 with existing ASD diagnosis served by participant therapist

Therapist Outcomes



74% successfully complete AIM HI certification process

High rates of therapist intentions for sustained use*

Strong therapist perceptions of utility and effectiveness*

Increased observed use of evidence-based strategies

*Dyson, Chlebowski, Wright, & Brookman-Frazee (2018);

Child Outcomes Trajectories (ECBI)



Significantly greater reductions in child challenging behaviors over 18 months greater when therapists receive AIM HI training compared to delivering routine care

Therapist fidelity associated with child outcome trajectories

Potential Refinements to Optimize Fit, Training and Delivery

- Modifying materials and pacing to facilitate parent engagement and learning ✓
- Modifying training process: Individualization to maximize therapist engagement and persistence
- Systematically plan for local implementation supports: Engaging leaders to support therapist training

AIM HI Timeline

Needs Assessment & Protocol Development '07-'09
NIMH Grant K23MH077584

Pilot Test and Revision '09-'10
NIMH Grant K23MH077584

Effectiveness/Implementation Trial '12-'17
NIMH Grants R01MH094317; R01MH094317-S

Implementation / Effectiveness Trial '17-'21
NIMH Grants R01MH111950; R01MH111950-S

Ongoing Refinement to optimize fit and therapist training process

UC San Diego SCHOOL OF MEDICINE UC DAVIS MIND INSTITUTE UCLA SAN DIEGO STATE UNIVERSITY

Testing Implementation Strategies for ASD Interventions

- Two Collaborative R01s
- 3 CA sites

CPRT

- Lauren Brookman-Frazer, Ph.D. (UC San Diego), Mental Health Project Director & San Diego Site Director
- Aubyn Stahmer, Ph.D. (UC Davis), Education Project Director & Sacramento Site Director
- Anna Lau, Ph.D. (UCLA), LA Site Director

Translating Evidence-based Interventions for ASD: A Multi-Level Implementation Strategy (TEAMS)

ASD Intervention
AIM HI (Mh Programs) Study #1
OR
CPRT (Schools) Study #2

TEAMS Modules
TEAMS Leadership Institute (TLI for leaders)
TEAMS Individualized Provider Strategy for Training (TIPS for providers)

Outcomes
• Successful Provider Training in Autism Treatment
• Child Improvements

AIM HI Study: R01MH111950; R01MH111950-S (Disparities)
CPRT Study: R01MH1198101

Benefits & Next Steps

Systems/Agencies

- Enhanced system capacity to serve children with ASD
- Guidance and tools for future implementation efforts

Providers

- Training in evidence-based ASD intervention(s) designed for setting
- Opportunity for certification

Families

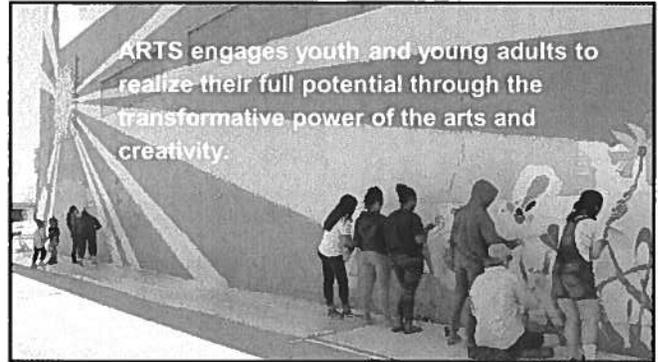
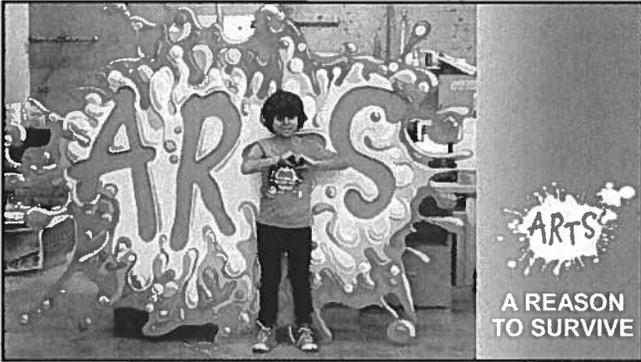
- Opportunity to receive evidence-based ASD intervention



<https://www.teamsasdstudy.org/research-opportunities>

For families, learn and participate in TEASD's virtual quality improvement for early and later elementary schools.





Bread + Butter
(Arts Education)

Heart + Soul
(Student Services)



A REASON TO SURVIVE

Arts Education

- After-school Classes
- Paid Internships
- Community Projects
- Teaching Assistantships

Students Services

- Leadership Training
- Mental & Behavioral Health
- Family Resources
- College & Career Readiness

Teaching Artists & Staff Support
in areas such as mental health awareness, LGBTQIA+, strength-based practices and trauma-informed approach

ARTS Programs



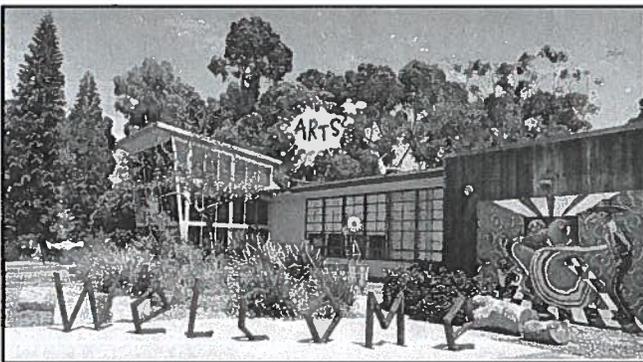
Students Served since 2001:
50,000

Students served since 2012:
10,000

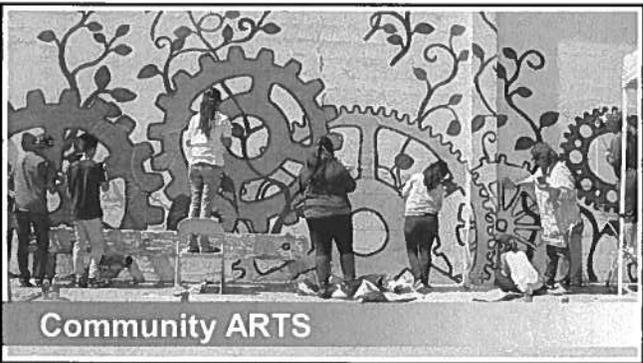
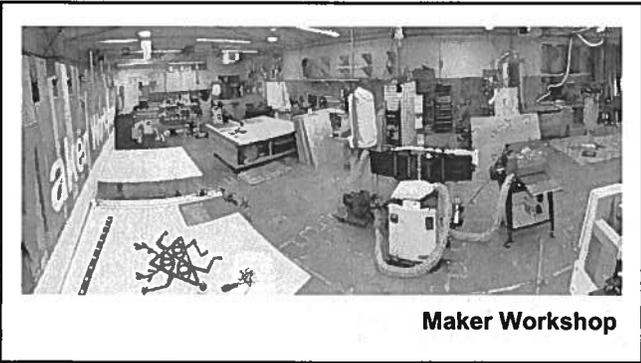
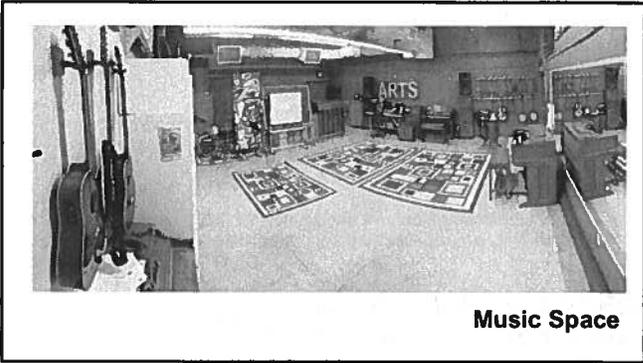
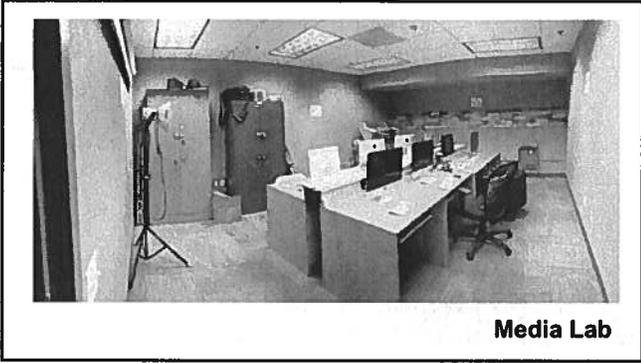
Total Workshops since 2012:
1,500



Young Artists In Harmony: A collaboration between ARTS and Art of Elan



Visual Arts Space



Creative placemaking uses the power of the arts to serve a community

- to include residents in creating public spaces,
- to generate shared ownership and responsibility to sustain healthy vibrant communities
- to ensure that the culture and identity of the community are represented and celebrated

Butterfly Park
National City, 2013

Creative Placemaking

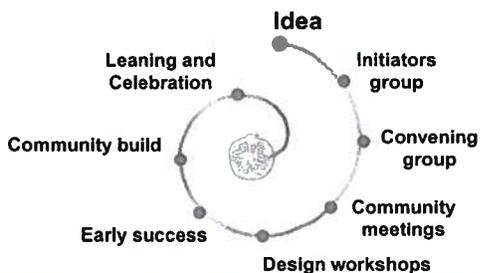
**Youth employed
35**

**Artists employed
30**

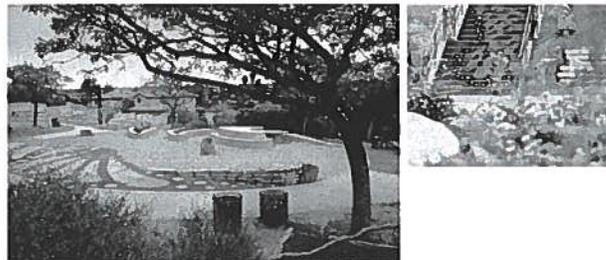
**Community
Participants
1500**



Our Impact (so far)



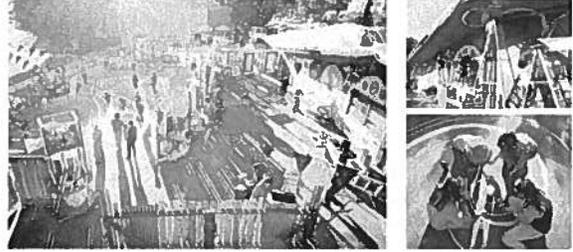
Pomegranate Method



Butterfly Park



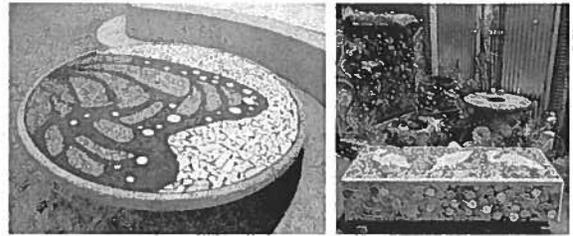
Manzanita Gathering Place



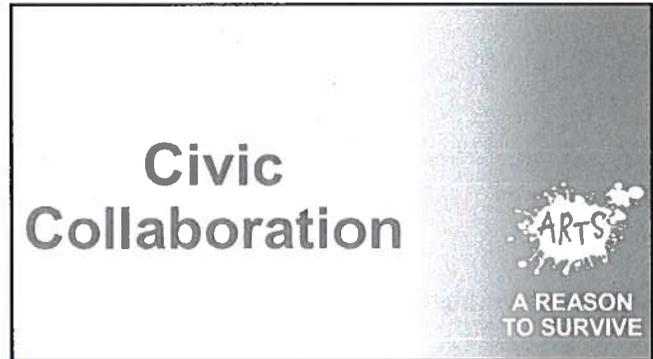
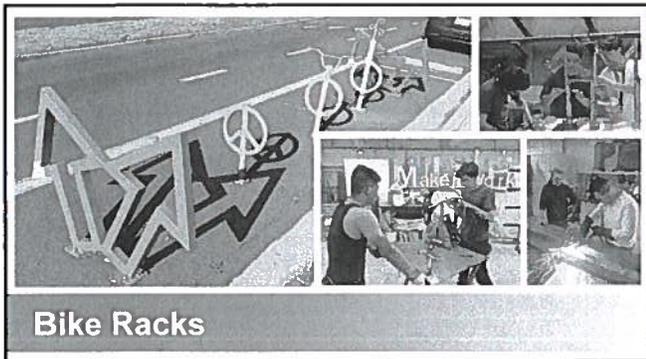
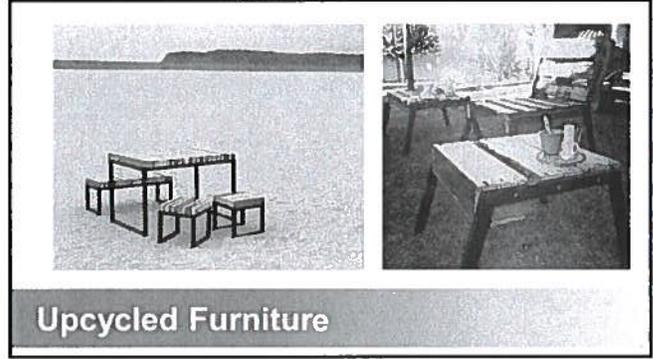
Park n Lot @ ARTS



Paradise Creek House Mural



Mosaic Tables and Benches



*Closing the Opportunity Gap
in the Creative Economy*

ARTS + NATIONAL CITY

**TOGETHER
WE
CAN!**

Civic Innovation
+
Creative Placemaking

City of National City

**20% Poverty
persistence level**

**Highest % of
Disconnected
Youth in SD**

**Extreme
environmental
degradation
from 'dirty'
industries**

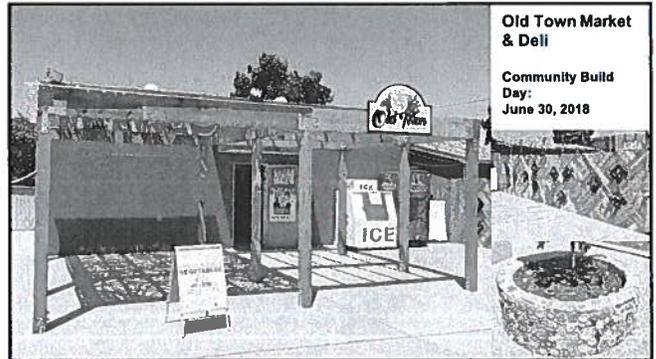
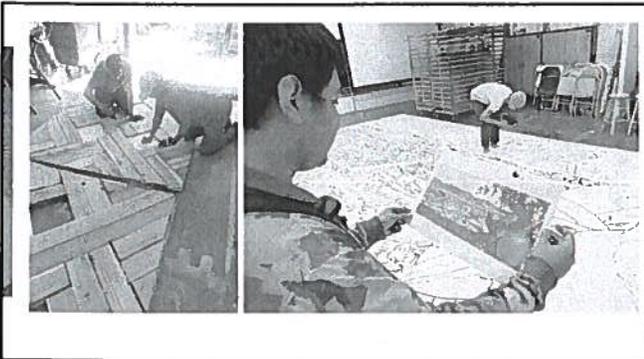
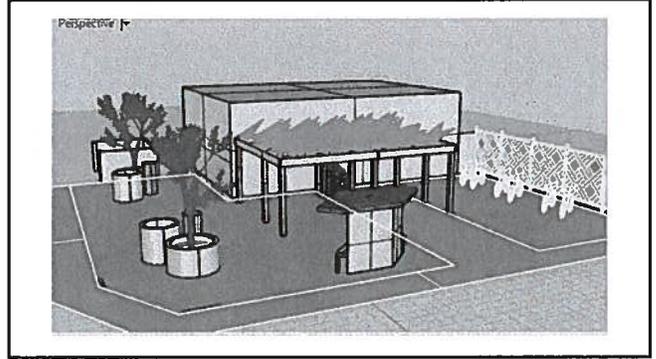
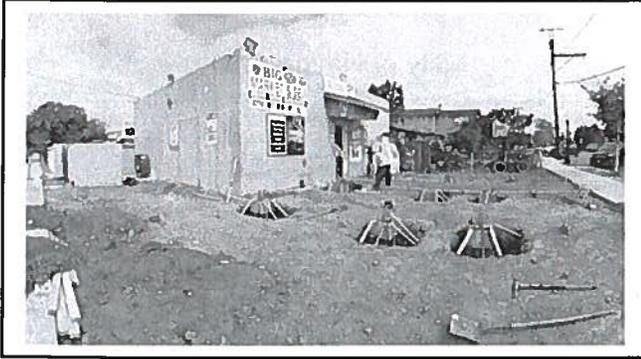
**TOGETHER
WE
CAN!**

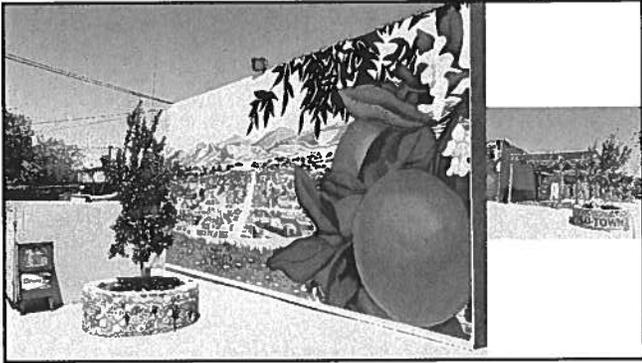
**SF
IP** Signage & Facade
Improvement Program

**ADOPT
-A-
PLACE** Neighborhood
Beautification
Program

**A
A.R.O.W.** ACTIVATE THE RIGHT OF WAY

Big B Market - National City





SchoolLink™

to BEHAVIORAL HEALTH SERVICES | access • communicate • connect



BHS CYF Program Manager Meeting
9-20-18

WELCOME



SchoolLink™

to BEHAVIORAL HEALTH SERVICES | access • communicate • connect

The SchoolLink logo is centered on a white background. It consists of a large, colorful geometric pattern of overlapping triangles in shades of blue, green, and red. The text "SchoolLink™" is overlaid on this pattern in a white, sans-serif font. Below the main text, the tagline "to BEHAVIORAL HEALTH SERVICES | access • communicate • connect" is written in a smaller, white, sans-serif font.



Figuring out the right place to refer students to behavioral health services can be a big challenge. Below are the outpatient behavioral health services for youth in the County of San Diego. There are 7 different ways to access care.

1. SchoolLink (County-Funded School-Based Behavioral Health Services)
2. County-funded community-based mental health providers
3. Medi-Cal Health Plans
4. Private Insurance
5. Federally Qualified Health Centers
6. Primary Care Providers
7. Special Education Related Services

If a student is experiencing a behavioral health crisis, call 911.



Requests to add, remove or change behavioral health provider organizations can be initiated by a school district or provider organization and are approved by the County of San Diego's Behavioral Health Services' Children, Youth & Family Administration (County).

School districts have the authority to dismiss a provider from a school at any time; however, a replacement provider is not guaranteed.



- Click the tabs to learn more
- To Add a School
 - To Remove a School
 - To Change a Provider Organization

Annual Plan

List of key contacts, decisions and processes that need to be decided and documented during the Annual School Meeting.



Annual Plan
Date: _____

School _____ BHS Provider _____
School Year _____ Attendees _____

Liasons:

1 School Liaisons: The primary liaison is responsible for answering referral questions from staff and parents, and reinforcing the referral process. The secondary liaison serves as back up if the primary liaison is unavailable.

Primary school liaison (name/title) _____
Email _____ Phone _____

Secondary school liaison (name/title) _____
Email _____ Phone _____

2 Behavioral Health Provider

Onsite Provider (name/title) _____
Email _____ Phone _____

Provider's Supervisor (name/title) _____
Email _____ Phone _____

School Access and Sign:

3 What are the school access procedures?

Parking _____ Sign in/out _____
Other _____

4 Where will the provider meet with students?

Primary _____ Backup _____

Referral Process:

4 Who at the school can make referrals (i.e. complete and submit the referral form)?

Counselors School psychologist(s) Nurse(s)
 Teachers Other(s) _____

HHSA

Student Referral Form

School staff initiates the referral process using the SchoolLink Referral Form.

Steps required for a successful referral process:

1. Complete referral form
2. Follow submission protocol
3. Document referral was made



Referral Form for Behavioral Health Services

Insert School Name _____

insert agency name Phone _____ insert agency name Phone _____ insert agency name Phone _____
Fax: _____ Fax: _____ Fax: _____

Student Name: _____ **Student ID:** _____

Date of Referral: _____ **Current School:** _____

Type of Insurance _____ Med-Cal # (if applicable) _____

DOB _____ Gender _____ Ethnicity _____

Street Address _____
Home Phone _____

Referring Party/Title _____ Phone _____

Teacher/Grade _____ IEP Y or N SWS Services on IEP Y or N

Parent/Legal Guardian's Name (who provided consent): _____
Street Address & Telephone Number(s) (if different from above) _____

Primary Language Caretaker _____ Language Preferred Caretaker _____

Has Legal Guardian provided consent to provide this referral information to community based providers?
 If written consent obtained: Attach the Authorization for Use or Disclosure of Information
 If verbal consent provided to Staff by Parent/Guardian. List Staff Name _____
Staff Signature _____ Date Obtained Consent: _____

Presenting Problems (including family concerns, changes in behavior, academic concerns): _____

Health/Physical Symptoms: _____

Mood/Danger to Self or Others: _____

Substance Use History: _____

Recent Changes/Transitions in Student Life: _____

HHSA

Brochure

Customize brochure with school name and SchoolLink provider information.

Place brochures in key locations in the school. It can also be sent home with students.

All materials must be approved by the school prior to distribution.

SchoolLink
A SERVICE OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO

Access to Behavioral Health Services

SCHOOL
INSERT SCHOOL NAME

SCHOOL/CLER PROVIDER
Insert SchoolLink Provider Name
Two Lines If Needed

T: (609) 000-0000
F: (609) 000-0000
W: provider@net.net

**SAN DIEGO COUNTY
ACCESS & CRISIS LINE**
24 HOURS A DAY, 7 DAYS A WEEK
688-724-7240
A SERVICE OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO

ABOUT
SchoolLink is a partnership between the County of San Diego and local school districts to provide County-funded behavioral health services at schools.

SERVICES
An individual plan is developed for every student, based on their needs. Services are offered in many languages and can include:

- Mental health & substance abuse services
- Individual, family and group therapy
- Medication support
- Crisis management
- Collateral services
- Behavioral services

ELIGIBILITY
The student must meet medical necessity criteria for specialty mental health services or Drug Medi-Cal. Generally, this means:

- The student has a mental health or substance use diagnosis
- The health care provider has determined that the student's condition is serious and requires an ongoing plan of care
- There is a reasonable expectation that intervention will help

HOW DO I ACCESS SCHOOLLINK?
SchoolLink can submit a student referral form. Families can also contact their SchoolLink provider and request an assessment.

Where to Find SchoolLink

<https://theacademy.sdsu.edu/programs/beta/schoolink/>

Behavioral Health Services for Youth in San Diego County

SAN DIEGO COUNTY ACCESS & CRISIS LINE

888-724-7240

7 DAYS A WEEK | 24 HOURS

If a student is experiencing a behavioral health crisis, call **911**. If you aren't sure where to refer a student, you can call the **Access & Crisis Line** above or refer the student to the SchoolLink provider on-campus.



County-Funded Behavioral Health Services

OVERVIEW

- Services are provided at no or low cost to the family as authorized by the behavioral health provider's contract with the County of San Diego.
- Services can be provided during or outside of school hours, on-campus or in a community setting, based on the student's and family's needs.

HOW TO ACCESS

- Submit SchoolLink referral form to designated contact on campus or call the SchoolLink provider directly
- Call the Access & Crisis Line at 888-724-7240 for a community-based provider referral

ELIGIBILITY CRITERIA

- Medi-Cal enrolled or low income and uninsured or underinsured youth
- Meets medical necessity criteria for specialty mental health services or Drug Medi-Cal. Generally, this means:
 - > *The student has a mental health or substance use diagnosis*
 - > *The behavioral health disorder is or will impact an important area of life functioning*
 - > *There is a reasonable expectation that intervention will help*

Medi-Cal Health Plans

Medi-Cal health plans can help their members identify a behavioral health provider in their network. Call their behavioral health line for a referral or more information.

AETNA
855-772-9076

KAISER PERMANENTE
877-496-0450

CARE 1ST
855-321-2211A

MOLINA HEALTHCARE
888-665-4621

COMMUNITY HEALTH GROUP
800-404-3332

HEALTHNET
888-426-0030

UNITEDHEALTHCARE
866-270-5785

Private Insurance

Private insurance plans, often provided through a parent's employer, can help their members identify a behavioral health provider in their network. Call the plan's behavioral health line for a referral or more information. The number is usually listed on the insurance card.

Federally Qualified Health Centers

Many federally qualified health centers (also known as community health centers) provide no or low cost behavioral health services. Search online at: findahealthcenter.hrsa.gov or call 211 to find a convenient location.

Primary Care Providers

Primary care providers can provide behavioral health services and/or refer their patients for care.

Educationally Related Services

School districts are responsible for providing special education and related services identified as needed in Individualized Education Plans (IEPs). IEPs may include mental health services. Teachers, administrators, school psychologists and school counselors can provide guidance on the IEP referral and assessment process.



Access to Behavioral Health Services

SCHOOL

SCHOOLINK PROVIDER

T:

F:

W:

SAN DIEGO COUNTY ACCESS & CRISIS LINE

Additional information and support is available through the San Diego County Access & Crisis Line

888-724-7240

7 DAYS A WEEK | 24 HOURS



ABOUT

SchoolLink is a partnership between the County of San Diego and local school districts to provide County-funded behavioral health services at schools.

- Services are provided at no or low cost to the family as authorized by the behavioral health provider's contract with the County of San Diego
- No one is turned away due to inability to pay
- Services can be provided during or outside of school hours, on-campus or in a community setting, based on the student's and family's needs at schools with a significant number of Medi-Cal and uninsured students

SERVICES

An individualized plan is developed for every student, based on their needs. Services are offered in many languages and can include:

- Mental health & substance abuse services
- Individual, family and group therapy
- Medication support
- Case management
- Collateral services
- Rehabilitative services

ELIGIBILITY

The student must meet medical necessity criteria for specialty mental health services or Drug Medi-Cal.

Generally, this means:

- The student has a mental health or substance use diagnosis
- The behavioral health disorder is or will impair an important area of life functioning
- There is a reasonable expectation that intervention will help

In addition, the student must be:

- Medi-Cal enrolled; or
- Low income and uninsured; or
- Low income and underinsured

HOW DO I ACCESS SCHOOLINK?

School staff can submit a student referral form. Families can also contact their SchoolLink provider and request an assessment.



SchoolLink is a longstanding partnership between the County of San Diego and local school districts to provide behavioral health services at schools.

SchoolLink is a longstanding partnership between the County of San Diego and local school districts to provide behavioral health services at schools.

New **SchoolLink** training and tools are available at:
<https://theacademy.sdsu.edu/programs/bheta/schoolink/>

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<https://theacademy.sdsu.edu/programs/bheta/schoolink/>

Check out the website for:

- ❖ Best practices for connecting students to care
- ❖ Eligibility guidelines
- ❖ Referral and treatment information
- ❖ Standardized forms & processes
- ❖ *and more...*

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- ❖ Best practices for connecting students to care
- ❖ Eligibility guidelines
- ❖ Referral and treatment information
- ❖ Standardized forms & processes
- ❖ *and more...*



Date: September 19, 2018
CYF Memo: # 03 - 18/19
To: CYF Mental Health Treatment Programs
From: Yael Koenig, CYF Deputy Director
Re: **CANS Family Letter**

In an effort to continuously share pertinent behavioral health assessment information with children/youth and families, Behavioral Health Services (BHS) has developed a **CANS Family Letter** which will be offered with the Child and Adolescents Needs and Strengths (CANS) results. The CANS Family letter will support programs with providing a consistent and standardized way of explaining and sharing CANS results with children/ youth and families. The County will have the CANS Family Letter available in all threshold languages and will distribute once complete.

For children and youth involved in Child Welfare Services (CWS), the California Department of Health Care Services (DHCS) disseminated an All County Letter (ACL) [No. 18-85](#) mandating that the CANS assessments be shared between County placing agencies and Mental Health Plans (MHPs).

The ACL identifies parameters around sharing specific CANS items. When an Authorization to Disclose Protected Health Information (including the 04-24A; 04-29) is in place, our local process allows for the providers to release the full CANS to the placing agency.

Please start utilizing the CANS Family Letter as soon as your program has a process in place and no later than November 1, 2018.

Attachments: CANS Family Letter
CANS Family Letter Explanation

CC: County of San Diego Child Welfare Services
County of San Diego Probation Department
Child and Adolescent Research Center (CASRC)
Health Services Research Center (HSRC)
County of San Diego Performance Improvement Team
County of San Diego Quality Management
Optum Health

County of San Diego Mental Health Plan
**CHILD AND ADOLESCENT NEEDS AND
STRENGTHS (CANS) FAMILY LETTER**

2018

COMPLETED BY:

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Clinicians
3. Licensed/Registered Professional Clinical Counselor
4. Physician (MD or DO)
5. Nurse Practitioner

COMPLIANCE REQUIREMENTS:

1. CANS certified clinical staff will offer CANS Family Letter with CANS results to caregiver(s) upon each completion of the CANS assessment.
2. CANS certified clinical staff will offer CANS Family Letter with CANS results to the child/youth (as appropriate considering age and developmental capability) upon each completion of the CANS assessment.
3. CANS assessments are completed at admission; UM cycle or every 6 months; discharge.

DOCUMENTATION STANDARDS:

1. Clinician shall document on the CANS Family Letter (page 2 of 2) the date the CANS Family Letter and CANS results were offered to the:
 - a. Child/Youth
 - b. Parent/Caregiver
 - c. Child Welfare
 - d. Probation
 - e. Date of CFT discussion
2. Offering of the CANS Family Letter shall be documented in a progress note.
3. Clinician shall document on the CANS Family Letter (page 2 of 2) the corresponding date for the progress note documenting offering the CANS Family Letter and CANS results to:
 - a. Child/Youth
 - b. Parent/Caregiver
 - c. Child Welfare
 - d. Probation
 - e. Date of CFT discussion

** Note: For children and youth involved in Child Welfare Services (CWS), the California Department of Health Care Services (DHCS) disseminated an All County Letter (ACL) [No. 18-85](#) mandating that the CANS assessments be shared between County placing agencies and Mental Health Plans (MHPs). The ACL identifies parameters around sharing specific CANS items. When an Authorization to Disclose Protected Health Information (including the 04-24A; 04-29) is in place, our local process allows for the providers to release the full CANS to the placing agency.

CANS FAMILY LETTER

Dear Family,

To help us in the work we do together, I have completed the **Child and Adolescent Needs and Strengths (CANS)** assessment based on the information shared with me. The attached CANS is considered an assessment tool that helps us to figure out your strengths and to identify the areas that we will work on together. Over time, we will be making updates to the assessment to reflect the changes in your life. The CANS helps us to:

- Identify your strengths so we can leverage them for positive change
- Determine what we need to work on
- Explore if there are any educational needs
- Identify any supports the family may need
- If applicable, support placement decisions
- Develop a comprehensive plan to support safety, permanency, and well-being

If you are a part of a **Child and Family Team (CFT)**, the CANS results are shared with team members which may include the Child Welfare Protective Services Worker or Probation Officer. In the CFT meeting we will talk about the CANS so we can all work together.

Thank you.

(Clinician Name)

(Date)



CANS FAMILY LETTER

Page 2 of 2 for office use only

File in Client Record

Copy of the CANS Family Letter and CANS results were offered to:

- | | | |
|--|--|-----------------------------|
| <input type="checkbox"/> Child/Youth on _____ | <input type="checkbox"/> Documented in Progress Note _____ | <input type="checkbox"/> NA |
| <input type="checkbox"/> Parent/Caregiver on _____ | <input type="checkbox"/> Documented in Progress Note _____ | <input type="checkbox"/> NA |
| <input type="checkbox"/> Child Welfare on _____ | <input type="checkbox"/> Documented in Progress Note _____ | <input type="checkbox"/> NA |
| <input type="checkbox"/> Probation on _____ | <input type="checkbox"/> Documented in Progress Note _____ | <input type="checkbox"/> NA |
| <input type="checkbox"/> CFT Discussion on _____ | <input type="checkbox"/> Documented in Progress Note _____ | <input type="checkbox"/> NA |

Comments: _____

For children and youth involved in Child Welfare Services (CWS), the California Department of Health Care Services (DHCS) disseminated an All County Letter (ACL) No. 18-85 mandating that the CANS assessments be shared between County placing agencies and Mental Health Plans (MHPs).

The ACL identifies parameters around sharing specific CANS items. When an Authorization to Disclose Protected Health Information (including the 04-24A; 04-29) is in place, our local process allows for the providers to release the full CANS to the placing agency.

County of San Diego
Health and Human Services Agency
Mental Health Services

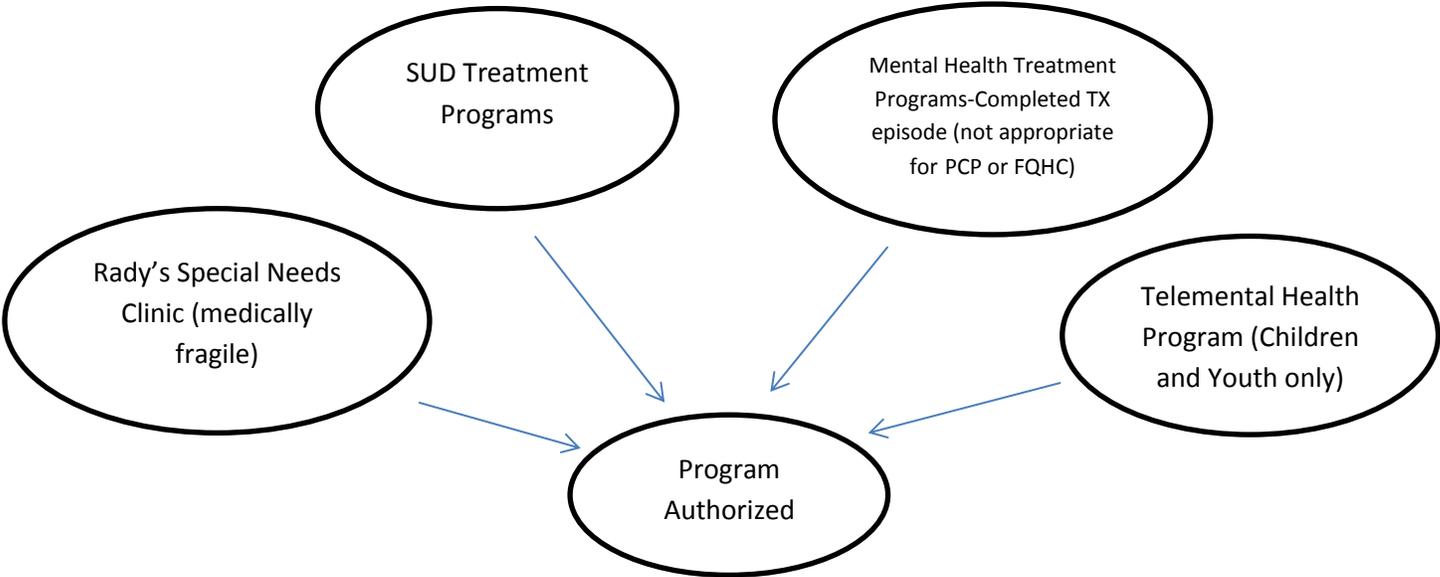
9/19/18

Client:

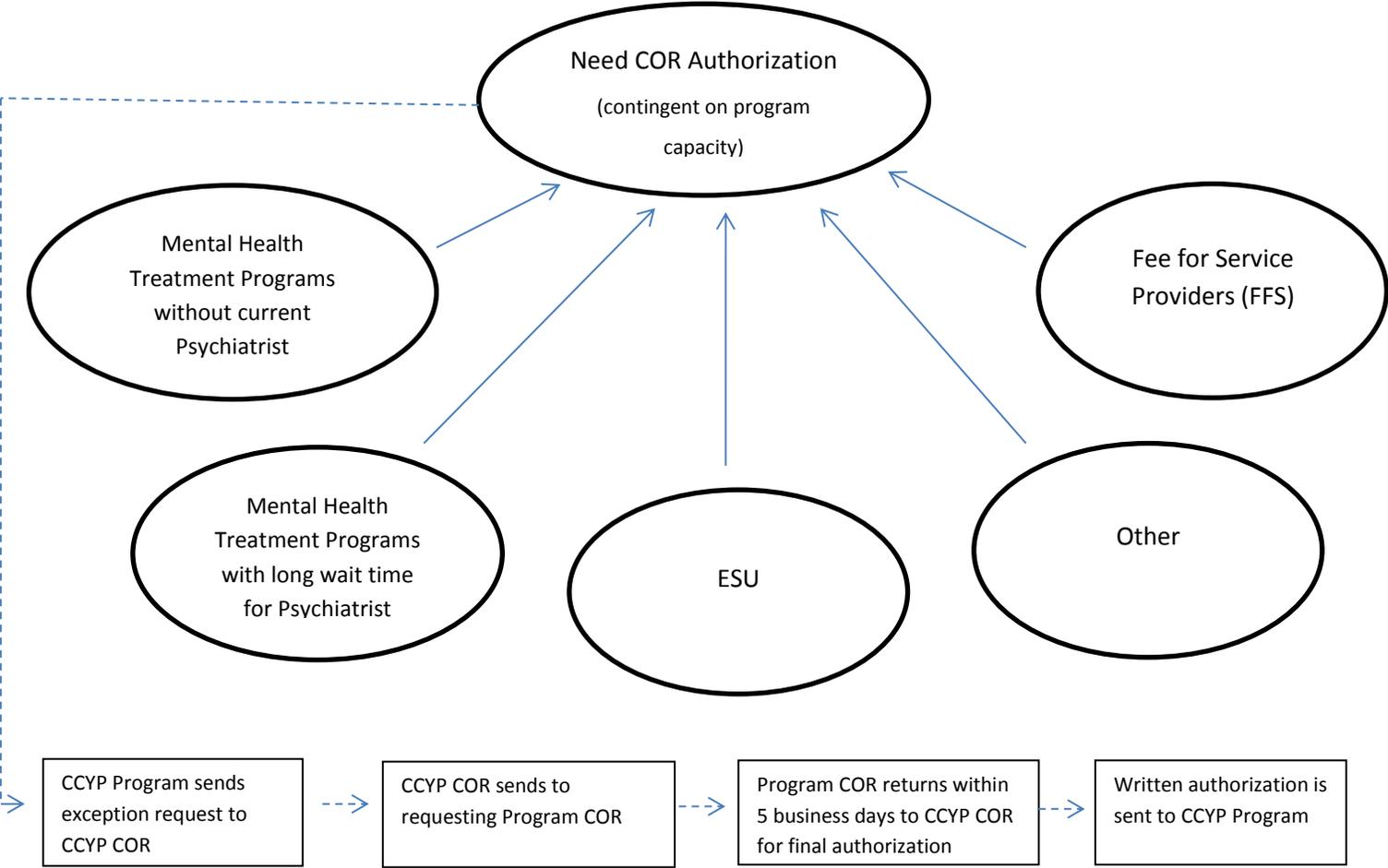
Case#:

Program:

CCYP Referral Process



CCYP Medication Clinic



**Exceptions will accompany a time limited written plan to requesting program*

CCYP EXCEPTION REQUEST FORM

The CCYP Exception Request form must be authorized by requesting program's COR and the CCYP COR before CCYP can begin the delivery of services.

REQUESTING PROGRAM NAME: _____ DATE OF PROGRAM REQUEST: _____
REQUESTOR LEGAL ENTITY: _____ CONTRACT NO. (IF APPLICABLE): _____
PROGRAM MANAGER: _____ PHONE: _____
EXCEPTION REQUEST FOR (Child/Youth initial): _____

REASON EXISTING PROGRAM CANNOT MEET NEED:

- PROGRAM DOES NOT HAVE PSYCHIATRIST LONG WAIT TIME FOR PSYCHIATRY SERVICES
 FEE FOR SERVICE PROVIDER (FFS) ESU
 OTHER (SPECIFY): _____

CCYP PROGRAM MANAGER

CCYP REQUESTOR: _____ DATE: _____
ACTION TAKEN (PLEASE CHECK BOX):
CCYP COMMUNICATED TO REQUESTING PARTY ON (DATE) _____ TO INFORM THEM THAT:
 REQUEST HAS BEEN ELEVATED TO COUNTY FOR CONSIDERATION ON (DATE) _____
 CCYP CURRENTLY HAS NO CAPACITY TO ACCOMMODATE REQUEST.
 REQUEST IS BEYOND TARGET POPULATION

COUNTY OF SAN DIEGO USE ONLY

CYF PROGRAM COR

PROGRAM ACTION PLAN TO MITIGATE THE ISSUE:
OUTLINED THE FOLLOWING MITIGATION PLAN FOR CYF COR APPROVAL: _____

TIMELINE FOR MITIGATION PLAN: _____
MITIGATION PLAN: APPROVED NOT APPROVED COMMENTS: _____
CYF COR SIGNATURE: _____ DATE: _____

CYF CCYP PROGRAM COR AUTHORIZATION

EXCEPTION REQUEST:
 AUTHORIZED NOT AUTHORIZED NO PROGRAM CAPACITY OTHER: _____
CYF CCYP PROGRAM COR SIGNATURE: _____ DATE OF APPROVAL: _____

CYF COR OFFICE USE ONLY

Distributed to:
 CCYP Program Date: _____ Requesting Program Date: _____ Program COR Date: _____



Student Services and Programs
 Student Attendance, Safety, and Well-Being
www.sdcoe.net/S3

ANNUAL SUMMIT

on Student Engagement and Attendance
EVERY STUDENT, EVERY DAY!



OCT
12 2018

Marina Village Conference Center

1936 Quivira Way, San Diego

8 a.m. to 2 p.m.

RESOURCE FAIR
9 to 10 a.m.

EDUCATORS SCHOOLS CHARTER SCHOOLS

- Attendance staff
- Counselors
- Nurses
- Principals
- Psychologists
- School safety personnel
- School social workers
- Superintendents
- Wellness committee members
- Parent Leaders



Marco Gonzalez

858-292-3532

mgonzalez@sdcoe.net

Hello New BHS Provider,

Welcome to Behavioral Health Services!

We are [Behavioral Health Education & Training Academy \(BHETA\)](#). BHETA's goal is to support you and your staff in your work to improve the quality of life in our communities. We appreciate the hard work that you do and want to help make this process as smooth as possible.

We would like to help you and your staff get started right away with training from BHETA, we are happy to gather and input all of your current eligible employees to our system at once. We have attached a spreadsheet in which you can enter your staff's information.

When you have completed the attached form, simply email it back to BHETA@sdsu.edu and we will be able to establish accounts for you and your staff within 1 business day.

We recommend you and your staff access BHETA trainings using either the Google Chrome or Mozilla Firefox browser to mitigate technical issues.

For your convenience, we have listed the training titles and codes of the most requested trainings for new hires. To register for these trainings, see our registration guides below.

- **Overview of Behavioral Health Services** (Code: BHE0029)
- **Cultural Competence as a Process** (Code: BHE0100)
- **BHS Disaster Training** (Code: BHED0101)
- **CLAS Standards eLearning** (Code: BHE0086)

If you provide CYF services, these additional eLearnings are often required:

- **BHS Children Youth and Families System of Care eLearning**(Code: BHE0028)
- **CWS 101: An Overview of Child Welfare Services in San Diego County eLearning** (Code: PCWTADL049)
- **An Introduction to Pathways to Well-Being: Understanding the Katie A. Lawsuit and the Core Practice Model (San Diego)** (Code: PCWTADL0043)

If you are a DMC-ODS provider, please click [here](#) for a list of our upcoming DMC-ODS trainings.

For a list of BHETA's upcoming in person trainings, click [here](#) for our Training Calendar.

To help you get familiar with the training process from start to finish, you may visit our [FAQ](#) page or check out the guides below:

- [Registering for In Person Trainings](#)
- [Registering for eLearnings](#)
- [Accessing eLearnings](#)
- [Getting Your Certificates](#)

Please do not hesitate to [contact us](#) with any questions.

Sincerely,
BHETA Staff