

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

January 14, 2021 | WebEx| 9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Amanda Lance-Sexton	
2. Pathways to Well-Being (PWB) (MH) (handout) – Amanda “Mandy” Kaufman	<ul style="list-style-type: none"> ▪ BHS Provider Intake and Discharge Checklists: Guide for providers serving youth that have an open CWS case ▪ Pathways to Well-Being Glossary of Terms: PWB definitions and acronyms used by BHS as well as system partners including CWS and Probation https://theacademy.sdsu.edu/programs/rihs/pathways/ ▪ BHS Meet and Greet with CWS: To increase CWS PSWs understanding of BHS programs and ensure access to services during the pandemic. If your program is interested in presenting about your services, please reach out to your assigned BHS PWB liaison
3. CFT Meeting Facilitation (MH) (handout) – Laura McClarin, Anthony Calderon, Fred Finch Youth Center	The Child and Family Team (CFT) Meeting Facilitation Program works closely with youth and families to promote their overall well-being with the persons most important in their lives (neighbors, relatives, family friends, religious leaders, sports coach, etc. The meeting may include Protective Social Workers, Protective Social Worker Supervisors, Probation Officers, CASAs, teachers, psychiatrists, therapists, and any other formal provider of services.
4. ACES: Prevention and Intervention (SOC) (handout) – Mark MacMillin, PsyD, John Macfie, The Chicago School of Professional Psychology	ACES is a 10 question questionnaire designed to study risk factors & origins for disease within 3 categories: Abuse, Neglect, Domestic Environment.
5. Social Determinants of Health Graph (MH) (handout) – Eileen Quinn-O’Malley	Highlights from a new report evaluating whether CYFBHS is impacting San Diego's Areas of Influence. CANS data was used in this evaluation.
6. Kickstart (MH) (handout) – Joseph Edwards, Elise Blanton-Hubbard, Pathways Community Service	Provides services to youth age 10-25 years who are at risk of Psychosis related to Mental Health conditions. Provides education to the general public. Can present to any CYF program upon request.



	<p>Dr. Laura Vleugels: The goal is to bring in all the natural supports to client. It is important to continue ongoing connections to services, the foundation of treatment. CYF has programs to refer.</p>
10. Announcements (SOC)	<ul style="list-style-type: none">▪ COVID-19 Temporary Lodging (handout) The County of San Diego has a Temporary Lodging Program for individuals affected by COVID-19 who need to isolate or quarantine and do not need a higher level of care.▪ SDCOE School Reopening Dashboard For current reopening status go to https://covid-19.sdcOE.net/Reopening-Plan/School-Reopening-Dashboard▪ NAMI (handout) Working Together Virtual Training, January 28, 2021 Training the CYFSOC on using lived experience for MH professionals▪ All BHS Providers Bi-Monthly Tele-Town Hall, January 28, 2021 WebEx 12:30-2:00 p.m.▪ Birth of Brilliance Conference (handout) February 25, 2021 Creating racial equity in early childhood https://app.ce-go.com/birth-of-brilliance-virtual-conference▪ 6th Annual CICAMH (Critical Issues in Child and Adolescent Mental Health), Managing Change in a Changing World, Save the date, March 19, 2021 https://cicamh.com/▪ NBC7's STOLEN Documentary on NBCLX (handout) NBS 7 has produced a documentary series on child sex trafficking and exploitation in San Diego County. The series chronicles stories of survivors and from multiple perspectives and explains the dynamics of why this is such a problem in San Diego https://www.lx.com/where-to-watch/▪ COVID-19 Vaccine eligibility website https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/vaccines.html
Next Meeting: March 11, 2021	

Pathways to Well-Being Organizational Provider Intake Checklist

CERNER COMMUNITY BEHAVIORAL HEALTH

- ☐ **Complete Eligibility for Pathways to Well-Being (PWB) and Enhanced Services form** in Cerner Community Behavioral Health (CCBH) within 30 days of intake for all clients 0-21 years old, with an open court-involved or a voluntary Child Welfare Services (CWS) case. The form is found in CCBH under "Assessment Type."
 - The Eligibility form is completed at intake, after reassessment (during any noted changes throughout the course of treatment), and at discharge.
 - See Explanation for Eligibility for PWB and Enhanced Services form for instructions on completing the form and entering designation under Client Categories Maintenance (CCM) tab in CCBH.
 - Refer to RIHS website for all PWB related information: <https://theacademy.sdsu.edu/programs/rihs/pathways>

CLIENT CATEGORIES MAINTENANCE REMINDERS

- ☐ **Click the "All" radio button** whenever viewing data in the CCM, this will reflect all current and previous Class or Subclass designations.
- ☐ **Always tab** to a new row when entering information in CCM to ensure the data entered will be saved.
 - Start/end dates cannot be the same date or overlap.
 - Never delete any information in CCM.
 - Contact a PWB Liaison if the youth is not open to another program and has an open designation in the CCM that is inconsistent with what you believe the youth's designation should be.

PATHWAYS TO WELL-BEING REQUIRED DOCUMENTATION

- ☐ **Verify current Behavioral Health Assessment** reflects the client's PWB status.
- ☐ **Verify current Client Plan** includes Intensive Care Coordination (ICC) and when applicable, Intensive Home-Based Services (IHBS) Service Codes for clients that receive these services.
- ☐ **Complete Pathways to Well-Being Progress Report to Child Welfare Services form** within 30 days of designating a youth as Eligible for Enhanced Services (Subclass) or Eligible for Pathways (Class); attach all relevant forms.
- ☐ **Fax to HEP OA** as instructed on the top of the Pathways to Well-Being Progress Report to Child Welfare Services form.

PATHWAYS TO WELL-BEING ENHANCED SERVICES

- ☐ **Meet with the client and caregiver** to provide education on PWB, including purpose of the Child and Family Team (CFT) and CFT meetings, member roles and responsibilities, and to identify natural supports.
- ☐ **Contact Child Welfare Services Protective Services Worker** to discuss meeting focus and to clear CFT members before scheduling a CFT meeting.
- ☐ **Submit the Child and Family Team Referral Form to the CFT Meeting Facilitation Program at least 2 weeks prior to requested meeting date for coordination and facilitation of CFT meeting.**
 - **Initial CFT meeting must be held within 30 days** of identifying the client as eligible for Enhanced (Subclass) Services and then at a **minimum every 90 days thereafter.**
 - **CFT meeting Facilitation Program will complete CFT meeting Summary and Action Plan form** at each CFT meeting and provide a copy to all team members after each meeting. File copy in youth's hybrid chart.

CERNER COMMUNITY BEHAVIORAL HEALTH REMINDERS FOR ENHANCED YOUTH

- ☐ **Complete Child and Family Team Meeting Note** for unique participation in CFT meetings, utilize ICC SC 82
- ☐ **When completing a service entry for a CFT meeting**, enter indicator of T- CFT Meeting located in the billing section under the "Provided To" field.
- ☐ **Complete Intensive Care Coordination (ICC) Note** to document ICC service conducted outside CFT meeting.

Pathways to Well-Being Organizational Provider Discharge Checklist

BEFORE DISCHARGE
<ul style="list-style-type: none"> <input type="checkbox"/> Collaborate with Child and Family Team (CFT) regarding continued mental health needs. <input type="checkbox"/> If clinically indicated, make referral recommendations in collaboration with the Protective Services Worker. <input type="checkbox"/> Submit referral to CFT Meeting Facilitation Program to coordinate and facilitate all CFT meetings including warm-hand off/discharge CFT Meeting.
DISCHARGE
<ul style="list-style-type: none"> <input type="checkbox"/> Complete Eligibility for Pathways to Well-Being and Enhanced Services form in Cerner Community Behavioral Health (CCBH). <input type="checkbox"/> If open to a single Behavioral Health Services (BHS) program (your agency only) while still eligible for Class or Subclass, put an “End Date” in the Client Categories Maintenance (CCM). The “End Date” in CCM should match the client’s discharge date from the BHS Program. <input type="checkbox"/> If upon discharge from a BHS Program (your agency), the client will be open to another BHS Program, collaboration must occur between providers to determine if eligibility criteria are still met. Once collaborative decision-making occurs, new BHS program will enter or keep the agreed upon eligibility status in CCM. <input type="checkbox"/> Complete the Progress Report to Child Welfare Services form and fax to HEP OA; attach all relevant forms.
CLIENT CATEGORIES MAINTENANCE REMINDERS
<ul style="list-style-type: none"> <input type="checkbox"/> Click the “All” radio button when viewing data in CCM to display current and previous Pathways to Well-Being eligibility status designations. <input type="checkbox"/> Always tab to a new row when entering information in CCM to ensure the data entered will be saved. <ul style="list-style-type: none"> • Start/end dates cannot be the same date or overlap. • Never delete any information in CCM. • Contact your program’s assigned PWB liaison or PWB Program Manager if you have any questions regarding PWB. • See RIHS website for a list of BHS PWB Liaisons contact information and all PWB related information: https://theacademy.sdsu.edu/programs/rihs/pathways

FRED FINCH YOUTH & FAMILY SERVICES

Child and Family Team (CFT) Meeting Facilitation Program

For more information, call (619) 797-1090 or visit
<https://www.fredfinch.org/child-family-meeting-facilitation>



FredFinch
Youth & Family Services

Fred Finch Youth & Family Services is a leading mental health agency that delivers services across systems of care. Our mission is to provide innovative, effective services supporting children, youth, young adults, and families to heal from trauma and lead healthier, productive lives.

At Fred Finch, we welcome and invite people from all backgrounds to address life challenges in a safe and compassionate environment. We commit ourselves to working together with participants to navigate complex challenges that may include traumatic experience, mental health concerns, drug and alcohol use, or other disabilities. We provide innovative, effective services to support participants and their families to reach their goals.

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FredFinch
Youth & Family Services

Child and Family Team (CFT) Meeting Facilitation Program



The CFT facilitation team works with participants 0 to 21 years of age in San Diego county. We schedule, organize, and facilitate meetings regarding participants case and/or treatment plans. We collaborate with the youth and family alongside their support network to encourage coordination of services.

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY


LIVE WELL
SAN DIEGO

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OVERVIEW

Fred Finch Youth and Family Services Child and Family Team (CFT) Meeting Facilitation Program works closely with youth and families to promote their overall well-being through enhanced communication and collaboration with the persons most important in their lives. When a specific need surfaces, the CFT program takes the lead in organizing, scheduling, and facilitating a meeting. A CFT meeting is usually needed to respond to concerns that must be addressed by multiple parties, including problem solving, preparing for an upcoming court date, and/or if a change of placement is needed. Meetings are typically scheduled at times and locations that are convenient and accommodating to all participants such as in the home, county offices, and/or community settings such as schools, or libraries.

The CFT Facilitator works with the youth and family to discuss who specifically needs to participate in the CFT meeting and may include Protective Social Workers (PSW's), Protective Social Worker Supervisors, Probation officers (PO), CASAs, teachers, psychiatrists, therapists and any other formal provider of services. The Facilitator also identifies natural supports and participants important to the family and youth such as neighbors, relatives, family friends, religious leaders, sports coach, etc.

REFERRALS

Direct any questions to [Laura McClarin, Senior Director](mailto:lauramccclarin@fredfinch.org) at lauramccclarin@fredfinch.org.

cftreferrals@fredfinch.org

Fax: (858) 335-3949

Eligibility

- Children and youth 0-21 years of age with an active San Diego County Child Welfare Services (CWS) case (voluntary or court-involved) residing in an out-of-home placement.
- CWS children/youth eligible for Enhanced Services.
- CWS/Probation involved children/youth up to 21 years of age identified as dual jurisdiction who are eligible for Enhanced Services.
- Children/youth up to 21 years of age in an active San Diego County Probation case residing in an out of home placement and their families.
- Probation youth up to 18 years of age, at risk of removal to foster care.
- Children/youth within the Behavioral Health Services CYF system of care who are included in the expansion of ICC and IHBS services, who are not involved in the child welfare system.
- As of 7/1/2020, CFT accommodates the Family Maintenance cases for youths who previously had an out-of-home CFT meeting run by Fred Finch CFT Facilitators.

PHILOSOPHY

The Child and Family Team (CFT) Meeting Facilitation program is a partnership between Fred Finch, San Diego County Child Welfare Services, Behavioral Health Services, and Probation. CFT promotes the overall well-being of youth up to 21 years old through enhanced communication and collaboration with the people most important in their lives.



TheChicagoSchool®
of Professional Psychology

EDUCATION
INNOVATION
SERVICE
COMMUNITY

ACES: Prevention & Intervention

Mark MacMillin, PsyD

mmacmillin@thechicagoschool.edu

Introduction

- 1998 ACES study: Kaiser-Permanente & CDC
- Definition: Adverse Childhood Events
- 17,500 subjects (1995-1998)
- Began as weight loss study

ACES (Felitti & Anda, 1998/2009)

- Designed to study risk factors & origins for disease
- 3 Categories of ACES:
 - Abuse: emotional, physical or Sexual
 - Neglect: emotional or physical
 - Domestic Environment (Household Dysfunction): DV, mental illness, drug or alcohol abuse, household criminal, divorce/separation

ACE Questionnaire

ACES Results

- Results:
 - 67% have at least one
 - 20% have 3 or more
 - 17% have 4 or more
 - 11% have 5 or more (woman 50% more)

Impact of ACES

- Psychological increased risk of: depression, hallucinations, **PTSD**, suicide attempts, unplanned pregnancies
- Physical increased risk of: morbidity, premature mortality, obesity, hypertension, alcoholism & other substance abuse, cigarette smoking, lung disease, liver disease, heart disease
- Pre-adolescents: increased risk of asthma, infections, pneumonia, learning difficulties, behavior problems
- Adolescents: increased risk of obesity, bullying, violence, smoking, teen pregnancy/paternity, risky behaviors

Contemporary Health Risks (2009)

- Smoking
- Alcohol/drug abuse
- Obesity
- Promiscuity

ACES Biopsychosocial Damage

ACES in childhood are related to adult disease by two basic etiologic mechanisms:

1. Impact of conventional risk factors (attempts at self-help, solution becomes problem)
2. Effects of chronic stress (chronic stress & inflammation)

Attempts at Solutions

- Smoking: SB
- Obesity: SB
- Alcohol/drug abuse: JL
- Promiscuity: “Eventually we’ll have an affair”
- Aggression (DV/IPV): “pussy” guy

Trauma

- van der Kolk: big T & little t
- Interpersonal trauma (IT): damaged & healed in relationship
- ACES: pointing towards trauma

Porges: stress response

1. Reptilian brain: freeze (dorsal vagal nerve)
 - trauma response: shut down
 - parasympathetic response
2. Mammalian brain: fight or flight
 - middle ear deactivated (hi and low range)
 - sympathetic response
3. Social brain: engagement (ventral vagal nerve)
 - middle ear muscles activated (middle range)
 - second parasympathetic response

Polyvagal Theory

- Vagus nerve connects brain stem to gut
- Two vagus nerves: dorsal & ventral vagal nerve
- Mobilize (sympathetic NS)
 - Danger: cortisol & adrenaline
 - Activate
 - Reach out
- Socialize (parasympathetic NS)
 - Safety: oxytocin released
 - Connect with safe people
 - Meditate & breath

Video: Resilience

<https://www.youtube.com/watch?v=We2BqmjHN0k>

KPJR Films 2015, All Rights Reserved

Treatment & Prevention

1. Prevention: pediatrician/PCP biopsychosocial assessment
 - non-specific screening (option)
2. Two-generation screening
3. TIC: educating parents and providers on the impact of trauma/ACES
4. Support parents/caregivers
 - mobilize and socialize

Treatment & Prevention

5. Provide: Witness within secure attachment

- follow up question: How has that affected you?

- meeting with psychiatrist (Tx): "Talking about the worst secret of one's life with an experienced person, being understood, and coming away feeling still accepted as a human being, seems to be remarkably important and beneficial" (2009, p. 16-17)

6. Narrative formation: create coherent narrative from life story

- grieving

7. Agency

Treatment Notes

Morath (2014) Center of Excellence for Psychotraumatology:

- Study 1: found higher levels of DNA breakage in individuals with trauma-exposed subjects than in controls, indicating traumatic stress associated with DNA breakage.
- In study 2, we found that psychotherapy reversed not only PTSD symptoms, but also DNA strand break accumulation.

Treatment Notes

Joseph LeDoux

- memory consolidated from short term to long term memory, and then each time the memory is retrieved it's reconsolidated, and slightly changed, and less arousing and less troubling.
- traumatic experience is stored either somatically or as visual images that routinely return as physical symptoms or flashbacks that startle (without any cognition or meaning due to having never been made sense of via the hippocampus)

Treatment Notes

- **Kintsugi** means "golden joinery" or “golden repair” in Japanese
- History: from Chinese metal staples (15th C)
- Treats breakage and repair as part of history of an object, rather than something to disguise.
- Embracing/seeing beauty in flawed or imperfect
- Stoney

Case Example- CD

- PP: depression, anxiety
- Adult impact: Arthritis @ 28, beer, no intimates, OCD
- ACES: emotional abuse & neglect
- Therapy: first witness to his internal world, develop secure attachment, gay?

Case Example- JS

- Single mother: who he took care of
 - ACES: emotional neglect, substance abuse in home, parental separation
- Tried to emancipate himself
- Adult impact: body focus, asexual, reluctant dating
- Therapy: forgiveness for his lack of self-forgiveness, developing boundaries (internal & external), witness to his life

Questions?

References

- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., & Marks, J. (1998). Childhood trauma tied to adult illness. *American Journal of Preventative Medicine*, 14(6), 245-258.
- Felitti, V. J., & Anda, R. F. (2010). The relationship of adverse childhood experiences to adult medical disease, psychiatric disorders, and sexual behavior: Implications for healthcare. *The impact of early life trauma on health and disease: The hidden epidemic*, 77-87.
- Harris, N. B. (2018). *The deepest well: Healing the long-term effects of childhood adversity*. Houghton Mifflin Harcourt.
- Murphy, A., Steele, M., Dube, S. R., Bate, J., Bonuck, K., Meissner, P., ... & Steele, H. (2014). Adverse childhood experiences (ACEs) questionnaire and adult attachment interview (AAI): Implications for parent child relationships. *Child abuse & neglect*, 38(2), 224-233.

References-2

Porges, S. W. (2011). *The polyvagal theory: neurophysiological foundations of emotions, attachment, communication, and self-regulation (Norton Series on Interpersonal Neurobiology)*. WW Norton & Company.

Van der Kolk, B. A. (1994). The body keeps the score: Memory and the evolving psychobiology of posttraumatic stress. *Harvard review of psychiatry*, 1(5), 253-265.

Kintsugi: (<https://en.wikipedia.org/wiki/Kintsugi>)

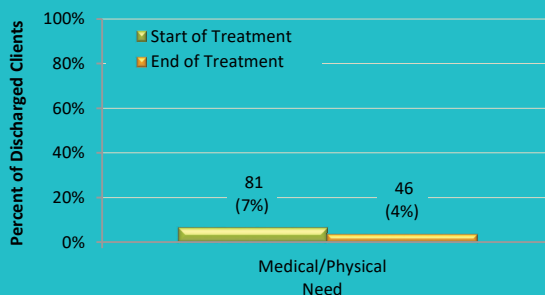
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

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

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

HEALTH (N=1,223)

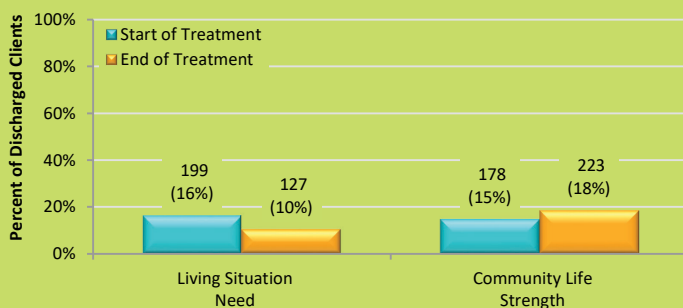
Physical Activity
Connection to Health Home
Healthy Food
Immunizations



[CANS items](#)
Medical/Physical Need



[CANS items](#)
Living Situation Need
Community Life Strength

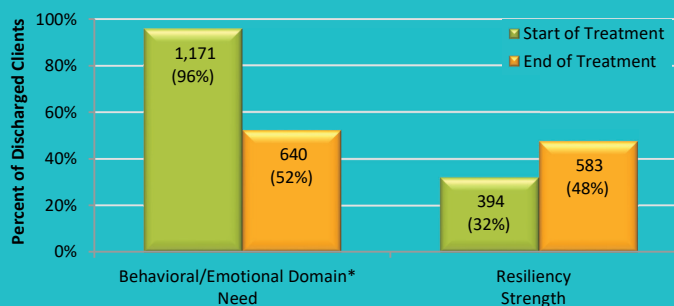


COMMUNITY (N= 1,223)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

STANDARD OF LIVING (N= 1,223)

Access to Healthcare
Access to Behavioral Health Services

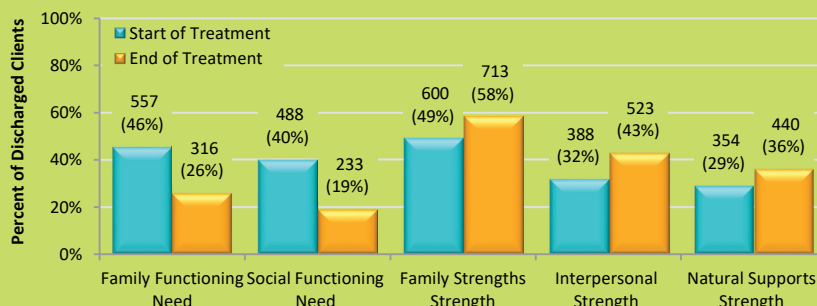


[CANS items](#)
Behavioral/Emotional Need
Resiliency Strength

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



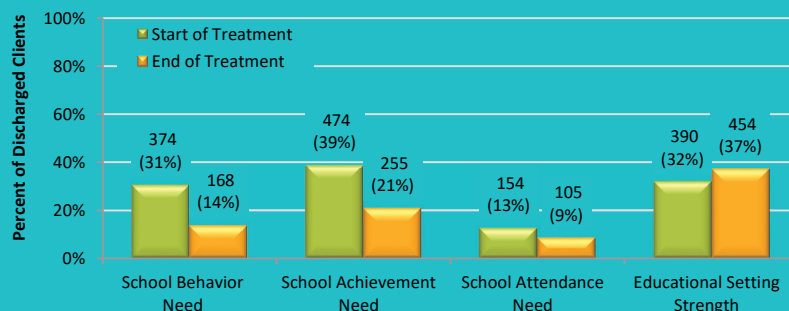
[CANS items](#)
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength



SOCIAL (N= 1,223)
Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N= 1,223)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



[CANS items](#)
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: All changes from intake to discharge were statistically significant. However, due to large sample sizes, they were not necessarily clinically meaningful.

Kickstart: Prevention and Early Intervention of Psychosis

Prevention Today for a Better Tomorrow

Joseph Edwards LMFT - Clinical Supervisor/Assistant Director

Elise Blanton-Hubbord- Licensed Occupational Therapist

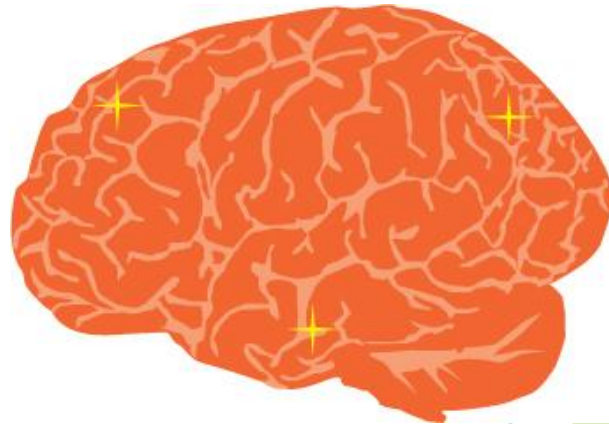


The Kickstart Program

- Psychosis Identification and Early Referral (PIER) model treatment
- Funded partially through San Diego County and MHSA (Mental Health Services Act)
- Funded largely through Medi-Cal
- Community education to the general public
- Services to youth age 10-25 who are at risk for Psychosis related Mental Health conditions.

What is Psychosis?

- ▶ A brain based illness with a number of symptoms that suggest a *loss of contact with reality*
- ▶ 3 in 100 individuals.
- ▶ Starts in teens or early adulthood



What is Psychosis?

- ▶ Positive Symptoms (things added to the person)
 - . Hallucinations
 - . Delusions
 - . Bizarre Behaviors
- ▶ Negative Symptoms (things taken away)
 - . Disorganized thinking/speech
 - . “Flat” affect, or reduced expressiveness
- ▶ Those with Psychosis are unable to tell the difference between positive symptoms and reality.

Conditions that involve Psychosis

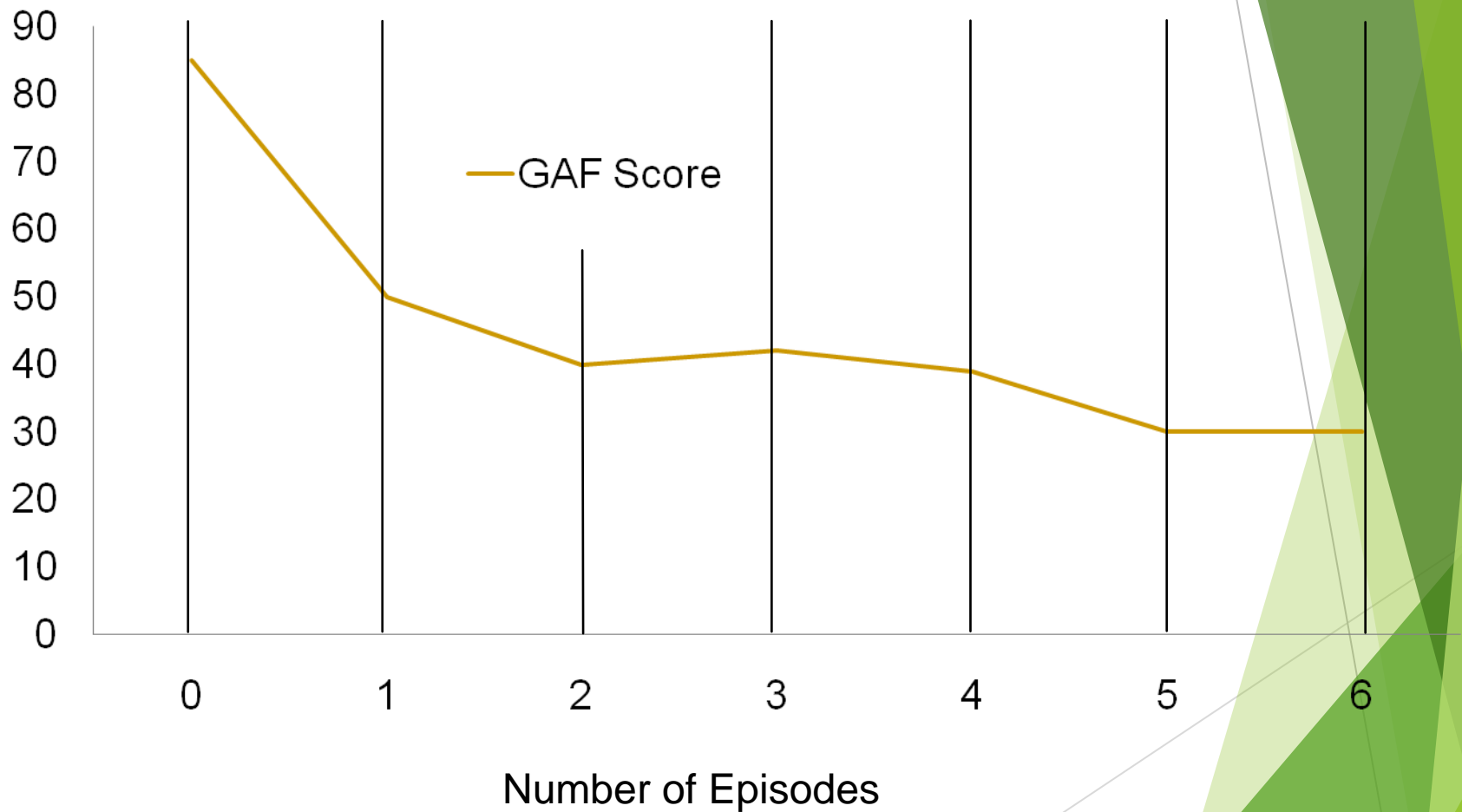
- ▶ Schizophrenia Spectrum Disorders
- ▶ Bipolar disorder with Psychotic features
- ▶ Major Depression with Psychotic features
- ▶ Substance Induced Psychosis
- ▶ Brain Injury, Organic Infection, PTSD, OCD, Panic Attacks

Psychosis Risk vs. Full Psychosis

- ▶ Look for INSIGHT!!
- ▶ They Might Say....
 - “I think it’s my imagination.”
 - “I know it’s not real.”
- ▶ You Can Ask...
 - “What do you think this is coming from?”
 - “Do you think it’s part of your imagination?”



Effect of Psychotic Episodes on Functioning



Signs of Clinical High Risk for Psychosis

1. Changes in behavior, thoughts, and emotions
(**with preservation of insight**) such as:
 - **Magical thinking/Unusual Thought Content**
 - **Unusual fears**
 - **Heightened perceptual sensitivity**
 - **Unusual perceptual experiences**
 - **Disorganized or digressive speech**
 - **Uncharacteristic, peculiar behavior**
 - **Reduced emotional or social responsiveness**

Signs of Clinical High Risk for Psychosis

2. A significant deterioration in functioning

- Unexplained decrease in work or school performance
- Decreased concentration and motivation
- Decrease in personal hygiene
- Decrease in the ability to cope with life events and stressors

3. Withdrawal from family and friends

- Loss of interest in friends, extracurricular sports/hobbies
- Increasing sense of disconnection, alienation
- Family alienation, resentment, increasing hostility, paranoia

What happens in referral process:

- ▶ Phone Screen: Brief phone interview referred youth, consultation with family/professionals, info on program, eligibility & criteria
- ▶ Confidential SIPS Assessment by certified professionals
- ▶ Individualized Treatment planning



What happens at Kickstart?

▶ EARLY & EVIDENCE-BASED TREATMENT

- Intensive team: 24 hour availability
 - ▶ Multi-family groups
 - ▶ Psycho-education/Problem-Solving
 - ▶ Individual/Family psychotherapy
 - ▶ Psychiatric services/Medication options
 - ▶ Occupational Therapy
 - ▶ Education & Employment support
 - ▶ Substance abuse support
 - ▶ Nursing services
 - ▶ Peer support/mentoring
 - ▶ Office and home-based services



Kickstart Data FY 18/19

- ▶ 292 individuals/families treated
- ▶ Illness Management and Recovery Scale (IMR)
 - Functional Status: 80.6% improved
 - Clinical Status: 85.5% improved
 - Progress toward education goals: 67%
 - Progress toward employment goals: 62%



Phone - 619.481.3790

Hours - 8:30-5pm

Email - Joseph.Edwards@pathways.com;

Hope.Graven@pathways.com;

6160 Mission George Road Suite 100

San Diego, Ca. 92120

Temporary Lodging Program

The County of San Diego has a **Temporary Lodging Program** for individuals affected by COVID-19 who do not have a place to safely quarantine or isolate. Individuals may qualify for the program if they:



- Need to isolate – have been confirmed or are suspected of having COVID-19; **OR**
- Need to quarantine – have been identified as a close contact of someone who has tested positive for COVID-19;
- **AND** do not require a higher level of care.



HOW TO ACCESS

People meeting any of the above criteria should consult with a doctor to see if they meet all requirements to qualify for lodging. A referral from a medical provider is required to participate. Individuals without a medical provider can **call 2-1-1** to be connected to a medical provider near them.



GUEST SERVICES

The Temporary Lodging Program is conducted in partnership with local hotels. Rooms are comfortable, clean, and secure, and guests are provided with three daily meals during their stay. Laundry, trash service, and hospitality amenities are also available.



HEALTH SERVICES

Daily wellness checks are performed for each room by registered nurses. Checks are completed via phone or in-person, as needed. Guests also have access to behavioral health services.

Programa de Alojamiento Temporal

El Condado de San Diego tiene un **Programa de Alojamiento Temporal** para las personas afectadas por COVID-19 que no tienen un lugar para ponerse en cuarentena o aislar de manera segura. Las personas pueden calificar para el programa si:



- Necesitan aislamiento – se ha confirmado o se sospecha que tiene COVID-19; **O**
- Necesitan hacer cuarentena – ha sido identificado como un contacto cercano de alguien que dio positivo por COVID-19;
- **Y** no requieren de mayor cuidado.



COMO ACCEDER

Las personas que cumplan con cualquiera de los criterios anteriores deben consultar con un médico para ver si cumplen con todos los requisitos para calificar para el alojamiento. Se requiere una remisión de un proveedor médico para participar. Las personas sin un proveedor médico pueden **llamar al 2-1-1** para conectarse con un proveedor médico cerca de ellos.



SERVICIOS AL HUÉSPED

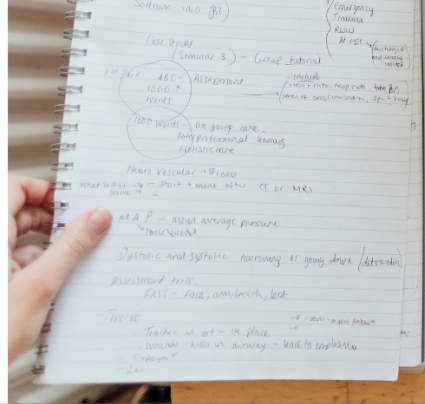
El Programa de Alojamiento Temporal se lleva a cabo en asociación con hoteles locales. Las habitaciones son cómodas, limpias y seguras, y los huéspedes reciben tres comidas diarias durante su estadía. También hay servicios de lavandería, recolección de residuos y servicios de hospitalidad.



SERVICIOS DE SALUD

Las enfermeras registradas realizan controles de bienestar diarios en cada habitación. Se completan por teléfono o en persona, según sea necesario. Los huéspedes también tienen acceso a servicios de salud conductual.

CHILDREN, YOUTH & FAMILY LIAISON



Working Together

A VIRTUAL TRAINING
Thurs, Jan 28, 2021 9am-1pm

Training the Children, Youth and Families System of Care on using Lived Experience as a powerful tool for Mental Health Professionals.

Working Together Virtual Training

**Thursday, January 28, 2021
from 9:00 am - 1:00 pm**

Limited Space. RSVP via email CYFLiaison@namisd.org to secure placement and receive Zoom link for training. For additional information, call or text (858) 987-2980

Working Together is a vibrant and meaningful learning experience that builds the foundation for a strong, positive collaboration between clinicians, mental health workers, therapists, program staff and Youth/Family Support Partners, Children, Youth and Families System of Care Peer Staff with Lived Experience. Now reformatted as a virtual training experience.

Working Together, a training of the Children, Youth & Family Liaison, is approved by the CA Board of Registered Nursing, BRN Provider # 16262, for (4) CEH contract hours CFAAP/CAADAC (4) CEH contract hours, California Association for Alcohol/Drug Educators (CAADE) (4) contract hours, California Association of DUI Treatment Programs (CADTP) (4) CEH contract hours.



VIRTUAL CONFERENCE

CHALLENGING US TO CREATE RACIAL
EQUITY IN EARLY CHILDHOOD

SAVE THE DATE!

FEB. 25, 2021 | 8:30 AM-4:30 PM

\$80 | [REGISTRATION OPENS 1/11](#)

For more information, contact Ludy:
lbaclig-passons@sdyouthservices.org

Conference supported by the San Diego Early Childhood Mental Health Leaders Collaborative & San Diego Youth Services.

ABOUT THE EVENT

**ALL CHILDREN ARE BORN WITH BRILLIANCE,
WHICH ACCORDING TO WEBSTERS
DICTIONARY MEANS: INTENSE BRIGHTNESS OF
LIGHT; VIVIDNESS OF COLOR; AND
EXCEPTIONAL TALENT OR INTELLIGENCE.**

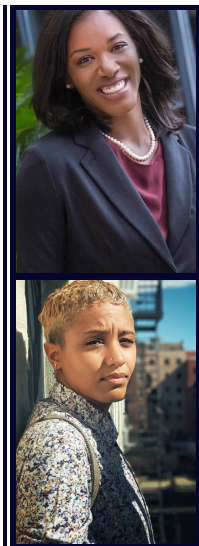
Imagine a world where every child's brilliance is
acknowledged and nurtured from birth.

Racial inequity flies in the face of this brilliance
and it is our responsibility to rewrite the narrative.

**Event features Dr. Jessica Pryce, Assistant
Professor at Florida State University and
Executive Director of the Florida Institute
for Child Welfare, and Akiea Gross,
founder of Woke Kindergarten and Early
Childhood Education Assembly's 2020
Social Justice Award Recipient.**

Also featuring breakout groups from San Diego
local experts in Early Childhood, this virtual
one-day conference was conceived to raise the
collective consciousness around the effects
of racial disparities and implicit bias in mental
health, social services, developmental services,
early childhood education, and medical care.

This is a can't miss event!



WATCH THE FEATURE LENGTH DOCUMENTARY

STOLEN



SATURDAY, JANUARY 9
7PM

OVER-THE-AIR CHANNEL 39.3
COX CABLE CHANNELS 104 & 1104
CHARTER CHANNEL 1246
STREAM ON THE PEACOCK APP