

CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING AGENDA

March 13, 2017 – 9:00-10:30 A.M.

Scottish Rite Masonic Center- Shell Room 1895 Camino Del Rio South, San Diego CA 92108-

- I. Welcome and Introductions (Delrena Swaggerty) 2 minutes**
 - Welcome New Council Members
 - ✓ Ken Mosey- Public Safety Group/Probation-Member
 - ✓ Heather Nemour- Regular Education Pupil Personnel Services-Alternate
 - ✓ Peggie Webb-San Diego Regional Center for Developmentally Disabled
- II. Approval of Minutes (Renee Cookson) 5 minutes**
 - February 12, 2017 minutes
 - Review action items from February 2017 meeting (see meeting minutes)
- III. Business Items 15 minutes**
 - Next meeting: CYF Council/TAY Workgroup/AOA Council Joint Meeting-April 10, 2017
 Transition Age Youth Status Report and Recommendations (Revised February 10, 2017) link:
[http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL Section 6/Transition Age Youth Status Report and Recommendations FY 15-16 .pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/Transition%20Age%20Youth%20Status%20Report%20and%20Recommendations%20FY%2015-16.pdf)
 - Children's Mental Health Well-Being Celebration Celebration Ad Hoc Sub-Committee-Update (Suzette Southfox) -Handout
 - Substance Use Disorder Ad Hoc Sub-Committee (Emma Rodriguez)
 - MHSA Innovation Ad Hoc Sub-Committee -(Rosa Ana Lozada and John Laidlaw)-Handout
 - MHSA Three Year Plan Ad Hoc Sub-Committee-Signing Sheet
 - CSOC Training Academy: California Mental Health Advocates for Children and Youth (CMHACY) Sponsorships-Handout
- IV. Mental Health Services Act (MHSA)- Update (Martin Dare) 10 minutes**
 - MHSA Three Year Plan Update
 - MHSA Innovation Plan Update
 - Mental Health Services Oversight & Accountability Commission (MHSOAC) Commission meeting
 Date: March 23, 2017
 Time: 8:30 A.M.
 Location: San Diego City College Corporate Education Center, Room MS140.
 Parking entrance at 1036 15th Street, San Diego, CA 92101
- V. Sectors "Hot Topics" 40 minutes**
Public Input/Discussion to follow (Delrena Swaggerty)
 - Continuum of Care Reform (CCR) (Amanda Lance-Sexton and Eileen Quinn-O'Malley) –Handout
 Placing agencies
 - o Child Welfare Services (Barry Fox)
 - o Probation (Lisa Sawin)
 - o San Diego Regional Center (Peggie Webb)
 - o Education (Angela McNeece)
- VI. Sub-Committee Update Reports- Handouts 6 minutes**
 - Trauma Informed Systems Integration-Shannon Jackson
 - Outcomes-Amy Chadwick-Trauma and Adjustment Disorder reports handouts
 - QI-Management Information Systems (MIS)- AnnLouise Conlow
- VII. Announcements 2 minutes**
 - Inclusion through Kindness and Compassion Summit-April 28, 2017-Handout
 - CSOC Academy Annual Conference: Honoring the Journey-Partnering with Refugee Families-June 1, 2017-Handout
- VIII. Director's Report (Alfredo Aguirre) 10 minutes**

Next Executive Committee Meeting:
 Joint Planning Meeting
 Date: Wednesday, March 15, 2017
 Time: 9:00-10:00 A.M.
 Location: Garden room-3255 Camino del Rio South, CA 92108

Next Meeting:
 CYF Council/TAY Workgroup/AOA Council Joint Meeting
 Date: Monday, April 10, 2017-
 Time: 9:30-11:30 A.M.
 Location: Health Services Complex-Coronado Room
 3851 Rosecrans Street, San Diego, CA 92110

Sub-Committees/Sectors/Workgroups Meetings Information:

Outcomes: Meets the 1st Tuesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M.
Early Childhood: Meets the 2nd Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108-at 11:00 A.M.
Education Advisory Ad Hoc: Meets As Needed.
TAY Workgroup: Meets the 4th Wed of the month-6160 Mission Gorge Rd. Ste. 100, San Diego, CA 92120 from 3:00 to 4:30 P.M.
CYF CADRE: Meets quarterly-2nd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M.
CCRT: Meets the 1st Friday of the month-3851 Rosecrans St.-Coronado Room, San Diego, CA 92110 from 10:00 to 11:30 A.M.
Family/Youth Sector: Meets quarterly on 4th Thursday of the month. Next meeting: April 27, 2017 at 8964 N Magnolia St, Santee, CA 92071 from 5:30 to 8:00 P.M.
Family and Youth As Partners: Meets the 3rd Thursday of the month- Del Mar Room from 2:00 to 3:30 P.M.
Private Sector: Meets the 3rd Wednesday of the month- 7535 Metropolitan Dr. San Diego, CA 92108 at 1:00 P.M.

CHILDREN'S SYSTEM OF CARE PRINCIPLES

CSOC Council Vision: *San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.*

Mission: *The purpose of the System of Care Council is to ensure that all agencies serving San Diego county youth from age 0 through age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles.*

1. **Collaboration of four sectors:** The cornerstone of the CSOC is a strong four sectors partnership between youth/families, public agencies, private organizations and education that ensure accountability to achieve System of Care (SOC) goals and quality outcomes consistent with SOC philosophy.
2. **Integrated:** Among the four sector partners services are comprehensive, accessible coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports,
3. **Youth guided, family driven:** Youth and families actively participate in service delivery, planning, and program and policy development.
4. **Individualized:** Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.
5. **Strength-based:** Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.
6. **Community-based:** Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources.
7. **Outcome driven:** Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.
8. **Culturally Competent:** Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.
9. **Trauma Informed:** Sector partners recognize that trauma and chronic stress influence coping strategies and behavior, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care and resilience.

CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

MEETING MINUTES

February 13, 2017 – 9:00-10:30 A.M.

Scottish Rite Masonic Center- 1895 Camino Del Rio South- Shell Room

+ = Member in Attendance O = Absent E = Excused

CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR				
1 Behavioral Health Advisory Board	Rebecca Hernandez	O	VACANT	
2 Behavioral Health Services	Dr. Laura Vleugels	+	Jean Avila	O
3 Public Safety Group/ Probation	Ken Mosey	O	Margie Deleon	O
4 Child Welfare Services	Cathi Palatella	O	Barry Fox	+
5 HHSA Regions	Dori Gilbert	+	Jennifer Sovay	+
6 Public Health	Dr. Dean Sidelinger	E	Rhonda Freeman	+
7 Juvenile Court	H. Judge Carolyn Caietti	O	Michelle Johnson	O
8 First 5 Commission	Kim Gallo	O	Jennifer Wheeler	O
EDUCATION SECTOR				
9 SELPA	Angela McNece	O	Carolyn Nunes	O
10 Regular Education Pupil Personnel Services	Mara Madrigal-Weiss	O	Heather Nemour	O
11 School Board	Barbara Ryan	O	Carol Skiljan	+
12 Special Education	Aidee Angulo	O	Yuka Sakamoto	+
PRIVATE SECTOR				
13 San Diego Regional Center for Developmentally Disabled	Carlos Flores	O	Judy Borchert	O
14 Alcohol and Drug Contractors Association	Angela Rowe	+	Marisa Varond	O
15 Mental Health Contractors Association	Steve Jella	+	Barent Mynderse	O
16 Mental Health Contractors Association	Angela Chen	+	Delrena Swaggerty	+
17 San Diego Nonprofit Association (SDNA)	Margaret Iwanaga-Penrose	O	Rosa Ana Lozada	+
18 Fee- For-Service Network	Dr. Sherry Casper	+	VACANT	
19 Managed Care Health Plan	George Scolari	O	Rogelio Lopez	O
20 Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+		
FAMILY AND YOUTH SECTOR				
21 Family and Youth Liaison	Renee Cookson	+	Suzette Southfox	+
22 Caregiver of child/youth served by the Public Health	Debbie Stolz	+	Pam Toohey	O

	System				
23	Youth served by the Public Health System (up to age 26)	Emma Rodriguez	+	VACANT	
24	Youth served by the public health system (up to age 26)	Travis Webster	+	VACANT	
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Outcomes Committee	Angela Chen Chair	+		
-	Executive Committee	Delrena Swaggerty Chair	+		
-	Early Childhood Committee	Stacey Annand Chair	+		
-	Education Committee	Mara Madrigal-Weiss Chair	O		
-	CYF CADRE	Julie McPherson/Marisa Varond	+/O		
-	Family and Youth as Partners	Renee Cookson	+		

CYF Council Staff: Yael Koenig, Edith Mohler, Darwin Espejo

I. Welcome and Introductions (Delrena Swaggerty)

- Yuka Sakamoto was introduced as Special Education Constituency alternate.

II. "Hot Topic" Discussion (Delrena Swaggerty)

- **Proposition 64 - Marijuana Legalization**
Overview/Update (Linda Bridgeman-Smith)

- ✓ Proposition 64, The Adult Use of Marijuana/AUMA, effective November 9, 2016, allows adults 21 and older to possess, transport, consume, and share up to an ounce of dried marijuana and up to eight grams of marijuana concentrate. Medical marijuana use continues to be legal for persons under 18 years old that possess a medical marijuana card. Commercial distribution of marijuana is set to start on January 1, 2018.
- ✓ On January 25, 2017, the County of San Diego Planning Commission is presenting an ordinance amending the San Diego County Zoning Ordinance to amend the Medical Marijuana Collective Facility Regulations and an ordinance amending the San Diego County Code of Regulatory Ordinance relating to operating requirements for medical marijuana collective facilities.

Discussion Summary

- ✓ Meeting attendees expressed concerns about:
 - Children and youth having access to "marijuana edibles".
 - The chemical components of marijuana potentially affecting brain development of children and youth.
 - Potential exposure of marijuana second-hand smoke in children and youth.

Next Steps

- ✓ Compilation of recommendations to the BHS Director via a Substance Use Disorder (SUD) Ad Hoc Committee. Emma Rodriguez and Steve Jella volunteered to chair this sub-committee. Areas of focus:
 - Holistic, Live Well perspective including Land Use
 - Prevention funds
 - Communication, outreach via social media
 - Educating parents-For example: How to talk to youth?
 - Letters through the schools (consider developmental markers/indicators)
 - Use existing laws/policies. (alcohol)

- Use this opportunity to address other drugs and alcohol and their effects
- Address physical health impacts of marijuana
- Emphasis on TAY and Independent Living Housing programs
- Use CADRE process/format – avoid fragmentation or stand-alone
- Engage BHS Director on next steps; Provide information on what it is needed
- Ultimate audience: Board of Supervisors
- Prevention contact – Friday Night Live and Club Live.

III. Approval of Minutes (Renee Cookson)

- Both December 12, 2016-Approved.
- January 9, 2017-Approved.

IV. Announcements (Yael Koenig)

- December 2016 CWS/Probation Group Homes and Foster Placement Agency Placements-handout (Barry Fox)
 - ✓ A revised information will be provided at the March 13, 2017 meeting. The information will include yearly goals and trends summary.
 - ✓ The update will also address changing trends due to the Continuum of Care Reform (CCR).
 - ✓ More information will be compiled to include information on all system of care placing agencies to further discuss this subject as a "Hot Topic" in the March 13, 2017 meeting.
- The 2nd Annual Critical Issues in Child and Adolescent Mental Health Conference-handout Conference is scheduled for March 11, 2017. The early bird registration has been extended to February 14, 2017. More information can be found at: <http://cicamh.com/>.
- CYFSOC Training Academy – Honoring the Journey, Partnering with Refugee Families handout Conference is scheduled for June 1, 2017. Registration to be available in early March through the BHETA website at: <https://theacademy.sdsu.edu/programs/bheta/>.

V. Mental Health Services Act (MHSA)-Handouts (Adrienne Yancey)

- Community Forums Update information can be found at: <http://sandiego.camhsa.org/>.
- Innovation Community Input Form-Review Period: January 30 to March 1, 2017. Innovation summaries are located at: <http://sandiego.camhsa.org/>.
- The Mental Health Services Oversight & Accountability Commission (MHSOAC) will have their March 23, 2017 meeting in San Diego. Meeting attendance is encouraged. Additional meeting information will be available at a later date. The MHSOAC staff will also made visits to several program sites.

VI. Sub-Committees Update Report

Handouts with updates provided in meeting packet.

- CADRE (Shannon Jackson)
 - ✓ CYF CADRE
 - ✓ Tobacco Free (Fran Cooper)
- CCRT (Edith Mohler)
- QI-Quality Management (QM) (Danielle Rhinesmith).

VII. Business Items

- Public Input: Request for yearly comparisons of Probation Group Home Summaries and placement goals/trends (Barry Fox, Ken Mosey and Margie Deleon). See first dot point of item IV.
- MHSA Innovations Ad Hoc Subcommittee will be meeting on February 16, 2017 from 3:30 to 4:30 P.M. in the La Vista room of the BHS Administration building to review the Innovation proposals.

- MHSa Three-Year Plan Ad Hoc Sub-Committee- Handout. This sub-committee still needs participants, including co-chairs to review the MHSa Three Year Plan expected to be available in May 2017.
- Updated BHS Children, Youth and Families System of Care eLearning via BHETA- Handout for information provided in meeting packet.

VIII. Director's Report (Alfredo Aguirre)

- **Fiscal Year 16-17 Budget Update**
 BHS budget is keeping stable and no major adjustments are expected in the current fiscal year.
- **Immigration Issues**
 In response to Alfredo Aguirre's inquiry regarding current immigration issues impacting the community the CSOC serves, meeting attendees responded that an increased anxiety has been observed. For example, a client reported being afraid to go to the emergency room for fear of deportation. It was also reported that offers of deceitful immigration services have increased. Alfredo Aguirre will forward this information to the San Diego County District Attorney Office.
- **Affordable Care Act (ACA)**
 There are still concern and uncertainty regarding the future of the current ACA. The County leadership is meeting to prepare for the potential changes.
- **Drug Medi-Cal Organized Delivery System Waiver**
 A decision to opt in is expected by May 2017. This waiver allows certain counties/states to waive certain federal rules while providing care to Medi-Cal recipients with alternative funding-saving programs. Availability of different funding sources continue to be explored, including general fund that could mitigate potential decreases in federal funding.

Action Items	Action By	Action Due
<u>Warm Handoff Training</u> - Additional slides/language are to be inserted into the PowerPoint include: SUD, San Diego Regional Center (SDRC), and Medi-Cal billing. Will work independently with the appropriate sector representative for each addition.	Shannon Jackson will communicate with Angela Rowe regarding SUD and Peggy Webb for information regarding SDRC.	TBD
<u>Formation of a SUD Ad Hoc subcommittee</u> to compile recommendations for the BHS Director's report in response to Proposition 64-Marijuana Legalization.	CYF Council.	Completed at the February 13, 2017 meeting: Emma Rodriguez and Steven Jella volunteered as Co-Chairs. Rosa Ana Lozada and Barbara Ryan.
Schedule first SUD Sub-committee meeting. Timeline for Ad Hoc SUD subcommittee: Three meetings.	CYF Council staff Ad Hoc subcommittee.	Completed: First meeting scheduled for March 3, 2017 from 11:00 A.M. to 1:30 P.M. in the La Jolla Room.
Information from the National Academy of Pediatrics regarding Counseling Parents and Teens About Marijuana Use in the Era of Legalization of Marijuana	Dr. Pradeep Gidwani.	Completed: http://pediatrics.aappublications.org/content/early/2017/02/23/peds.2016-4069
CCR Overview and update to the CYF Council.	Amanda Lance-Sexton and Eileen Quinn-O'Mailley.	March 13, 2017 meeting agenda item

<p>Public Input: Request for yearly comparisons of Regional Center, CWS, Probation Group Home Summaries and placement goals/trends. This action was revised at the February 13, 2017 meeting to address the changing trends due to CCR, and also include San Diego Regional Center data.</p>	<p>Barry Fox, Margie De Leon, Ken Mosey and Peggie Webb.</p>	<p>March 13, 2017 meeting agenda item.</p>
<p>Forward immigration related incidents reported by CYF meeting attendees to the District Attorney Office staff.</p>	<p>Alfredo Aguirre.</p>	<p>Completed: The Department of Homeland security- ICE looks into these matters. An agent will reach out to provider to see what is happening and provide tips on how clients can use to avoid being a victim. Phone cases are very difficult to solve and prove. Contact information: Damon Mosler: damon.mosler@sdca.org Chief Economics Crime Division 330 West Broadway, 7th Floor San Diego, CA 92101 619-531-3869</p>
<p>Information from the National Academy of Pediatrics regarding how Medicaid budget cuts can affect parents' ability to work will be sent/shared with the CYF Council membership and meeting attendees.</p>	<p>Dr. Pradeep Gidwani.</p>	<p>Completed:</p> <ol style="list-style-type: none"> 1. https://childrenshospitals.org/Issues-and-Advocacy/Medicaid/Fact-Sheets/2017/2017-State-Medicaid-Fact-Sheets 2. https://childrenshospitals.org/~media/Files/CHA/Main/Issues_and_Advocacy/Key_Issues/Medicaid/Fact_Sheets/2017/us_2017_mfs.pdf 3. Wall Street Journal Article: <u>Top Earners Would Pay Less Tax Under GOP Health-Care Proposal</u> 4. Washington Post Article: <u>ACA repeal: House Republicans' breathtaking recklessness</u> <p>Resources: ACA repeal and Medicaid changes:</p> <ol style="list-style-type: none"> 1. ZERO TO THREE:

		<p><u>America's Babies Need Affordable Health Care</u></p> <ol style="list-style-type: none"> 2. CLASP Webpage: Children, the Affordable Care Act, and Medicaid 3. New GCCF blog with CLASP: Top Five Ways Repeal and Medicaid Changes Would Harm our Youngest Children. 4. New Webinar Recording Threats to the ACA and Medicaid: What's at Stake for Children. <u>recording</u> 5. GCCF ED Joan Alker's take on plans for ACA and Medicaid in Congress: Nation's Success in Covering Kids in Peril 6. Op-ed in Real Clear Health on the education/health benefits of Medicaid coverage. 7. New blog and brief on how Medicaid financing restructuring would affect children (Blog summary and brief) 8. New GCCF state-level snapshots with AAP on kids coverage and threats 9. <u>Top Five Ways ACA Repeal and Medicaid Financing Changes Would Harm our Youngest Children</u> This article, coauthored by Georgetown University's Center for Children and Families and CLASP, outlines 5 troubling outcomes young children would experience if the ACA and Medicaid are rolled back. 10. <u>Top Five Threats to Child Welfare from ACA Repeal</u> In this article for <u>Georgetown University's Center for Children and Families</u>, Executive
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		Director Olivia Golden highlights how repealing the ACA and restructuring Medicaid would threaten abused and neglected children (along with their birth, adoptive, and foster parents) as well as state agencies and providers.
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Education Advisory Ad Hoc: Meets As Needed.

TAY Workgroup: Meets the 4th Wednesday of the month-
 6160 Mission Gorge Rd. San Diego, CA 92120 from 3:00 to 4:30 P.M.

CYF CADRE: Meets quarterly-2nd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M.

CCRT: Meets the 1st Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.

Family and Youth Sector: Meets the 4th Thursday of the month. Next meeting: April 27, 2017
 at 8964 N Magnolia Street, Santee, CA 92071 from 6:30 P.M. to 8:00 P.M.

Family and Youth As Partners: Meets the 3rd Thursday of the month-
 Del Mar Room from 2:00 to 3:30 P.M.

Private Sector: Meets the 3rd Wednesday of the month- 7535 Metropolitan Dr, San Diego, CA 92108
 at 1:00 P.M.



SAVE THE DATE



Children's Mental Health Well-Being Celebration

* Growth * Health * Hope *

Wednesday, May 3, 2017

4:00 - 6:00 P.M.

Spring Valley East Communities Campus (SVECC)

3845 Spring Dr., Spring Valley, CA 91977

RSVP will be required

Contact: CYFLiaison@namisd.org or text/call (858) 987-2980

The County of San Diego Children, Youth and Families (CYF), Behavioral Health System of Care Council (CYFBHSOCC) is hosting its third annual Children's Mental Health Well-Being event to celebrate the mental health & well-being of children, youth and their families engaged in the San Diego County Children's System of Care (CSOC).

Join a dynamic & creative planning team. Next meeting 3/23/17 from 1:00 to 3:00 p.m.

NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, SD CA 92123

**Behavioral Health Children Youth and Families System of Care Council
Ad Hoc Subcommittee**

Recommendations: Mental Health Services Act Innovations (Cycle 3 and 4)

February 27, 2017

Co-Chairs: Rosa Ana Lozada (Private Sector,) John Laidlaw (Private Sector)
Participants: Emma Rodriguez (Youth Sector,) Renee Cookson (Family Sector,) Mara Madrigal-Weiss (Education Sector,) Lisa Conradi (Private Sector)
County Support: Michael Miller, Martin Dare, Dr. Laura Vleugels

- I. **PURPOSE:** Review and provide recommendations on the Mental Health Services Act Innovations Plan for 2017 during the 30 day review period.

II. PROCESS OVERVIEW

On behalf of the Children's System of Care Ad Hoc Subcommittee, we would like to thank County Behavioral Health for giving us the opportunity to provide recommendations for Cycle 3 and Cycle 4 of the MHSA Innovation Plans, 2017. All Children Youth and Families Behavioral Health System of Care Council (CYFBHSOC) and community members were invited to participate on this Ad Hoc Subcommittee. The Ad Hoc Subcommittee met on February 16 and February 23, 2017 to review the proposals and provide recommendations. The report will be made available to the full CYFBHSOC for their review but not for discussion. The report will be submitted directly to the County Behavioral Health, Mental Health Services Act Team. These recommendations will be included as one of various opportunities to provide community input during the 30 day review period and will be included in the report to the Mental Health Services Oversight and Accountability Commission.

In order to make informed recommendation, the CYFBHSOC Ad Hoc Subcommittee had several clarifying questions of the County. Based on the information provided by the County about their vetting and oversight of expansions and extensions, the Ad Hoc Subcommittee determined that it did not need to address the budget, quality assurance, fiscal sustainability, or performance of existing providers. (see below VI). The CYFBHSOC Ad Hoc Subcommittee used the definitions of innovations as set forth by the Mental Health Services Act as the guiding criteria in making recommendations.

The following are the Ad Hoc Subcommittee's recommendations:

III. RECOMMENDATIONS: CYCLE 3 - expansion and extension

INN 11 - Caregiver Connection: Expansion and extension

Recommendations

- Given the delays in ramp up, establish and monitor metrics to ensure target numbers will be met.
- While outreach services and linkages are available, review the engagement strategies including culturally relevant approaches to connect clients and engage them in services.
- Include motivational interviewing techniques in the training for the licensed/licensed-eligible clinicians and the parent care coordinators.
- Ensure the hiring of parent care coordinators with lived experience relative to the needs of the families being served.
- Integrate the parent care coordinator with existing Family-Youth Partner CYFSOC.
 - The Parent Care Coordinators seem siloed from the larger system of care Family-Youth Partner efforts.
- Further define the model for onboarding, training, supporting, and coaching of the parent care coordinators.
- Further articulate the integration of the "specially trained" parent care coordinators, licensed/licensed-eligible clinicians, and the overall treatment team, as integrated members of the service team.
- Ensure that the activities for children and families served are age-appropriate, developmentally appropriate, and culturally appropriate. In particular, activities must be adjusted to the needs of the program's newly proposed age extension by 1.5 years.
- As needed, address barriers such as transportation and hours of service.

Recommendation - Extension:

- The provider must have strong experience and understanding of the unique psychosocial and developmental needs of the proposed age group to be served (6 - 12 year olds and the 13 - 18 year olds.)
 - It is imperative that specific models be tailored to the additional age groups served and not be automatically replicated based on the current services offered to the 0 - 5 population.
- Ensure that the licensed/licensed-eligible clinicians and the parent care coordinators are individuals who are able to effectively work with the identified age groups.
- Consider a setting outside of a traditional clinic where there is high utilization and easy access.
- Expand the concept of a family-focused model that is inclusive of the siblings, and not just on the single child of focus.
- As needed, address barriers such as transportation and hours of service.

INN 12- Family Therapy Participation Category: expansion and extension

Recommendations:

- Further define the criteria and expectations of the Parent Partners
- Ensure that the hired Parent Partners have lived experience specifically in the area of mental health.

- Require clinician training to ensure understanding of the unique role and boundaries for Parent Partners and how to best support them in their roles
- Further describe the strategy for team integration of the Parent Partners with the treatment team to avoid a siloed ancillary role.
- Ensure that the Parent Partners hired reflect the ethnic, cultural, and linguistic backgrounds of the families to be served in each region.
- Ensure adequate resources/funds are available to overcome barriers such as lack of transportation, interpreters, childcare, etc, that may hinder client participation.

INN 15 - Peer Assisted Transitions: expansion and extension

Recommendations:

- As appropriate, select an unserved/underserved population for the 3rd crisis house expansion
- Hire peer specialist coaches that reflect the values, norms and linguistically preferences of the population served.
- Ensure that the expansion of the 3rd crisis house is in an area that is easily accessible by public transportation.

INN 16 - Urban Beats: expansion and extension

Recommendations:

- Consider a different title for the program "Urban Beats". The committee opined that it was not trauma-informed.
- Further clarification of the role of the additional clinical staff.
 - Define the role of the clinician and their expertise in guiding the artistic component of the program.
 - Define the process to ensure an integrated clinical and non clinical program model.
- Further clarification is needed regarding the assessment process, connection to treatment, warm handoff and integrated services.
- Provide the reference for this as a best practice and/or evidence based model.
- Define how the Transition to Independence Process (TIP) Model supported by Behavioral Health is integrated into this program.
- Consider raising the required standards for client satisfaction surveys.
- Improve the defined goals and outcomes.
- Consider adding a "mentor" component to the program, to integrate those who have already gone through the program but can benefit from continued participation.

INN 17 - Crest Mobile Hoarding

Recommendations -

- This is a highly specialized area with limited clinical expertise. Add an educational component for clinicians throughout the county to learn at least about the basics, including identification, treatment modalities, and referrals.
- Further describe the model for an integration of a treatment team that includes case management, peer support, family services, and other treatment professionals.
 - Further define the role of peer support staff, the training and supervision of peers, and the cross training of the team.
 - Include a description of the training specific to this specialty area.
- Define the process for adding staff who have knowledge and/or expertise in the specific area of hoarding, and reflect the cultural and linguistic backgrounds of the individuals to be served.

IV. RECOMMENDATIONS: CYCLE 4 - NEW INNOVATIVE PROGRAMS

INN 18 - Perinatal: new

Recommendations -

- Further define the model by articulating an integrated, comprehensive role between the Mental Health Clinician and Public Health Nurse;
 - Clarify the cross-sector training between the Mental Health Clinician and Public Health Nurse to establish a comprehensive team and program.
- Review the current screening tool, consider specific screenings for perinatal/postnatal depression, and make adaptation as needed; identify the specific behavioral health assessment.
 - Ensure fathers are screened and not just the mothers.
- Define the mental health referral and linkage process.

INN 19 - Telemental Health: new

Recommendations -

- Consider comparison outcomes for those receiving face to face vs telepsychiatry services
- Consider comparison outcomes for those receiving face to face vs telepsychiatry
- Include research questions to determine if individuals with a particular diagnosis benefit more from telepsychiatry rather than face to face psychiatry
- Since psychiatrists may be more available in psychiatric hospitals and screening units, consider providing telepsychiatry in outpatient clinics where psychiatrists may be less available.

INN 20 - Roaming Outpatient Access Mobile (ROAM) Clinics: new

Recommendations -

The Committee expressed reservations regarding this proposal. Without the pre-established relationships with the Native American leadership and community, it is anticipated that this project will face significant challenges in effectively implementing the proposal.

Therefore, the Committee recommends that this proposal move forward only if the following caveats are in place:

- Define the relationships with the Native American leadership and how the designated communities have been identified.
- Define the culturally appropriate engagement and outreach strategies tailored for the each specific tribe/reservation to be served.
- Define the culturally relevant strategies that will be used to destigmatize mental health services, and treatment.
- Even with the focus on North Inland and East County, the geographical area is very broad. Narrow the focus of service within each of those regions and establish a roll out plan for the mobile services
- Establish a plan to benchmark goals for the specific numbers of clients to be served on a monthly/annual basis.
- Define when and how telemental health will be used
- Describe the hiring and training of the treatment team and cultural brokers that includes:
 - Specifics on mental health
 - Co-Occurring disorders
 - Use of telemental health
 - Understand age appropriate interventions across the lifespan since all ages will be served.

**INN 21 - ReST Recuperative Housing: new
Recommendations -**

- The Committee recognizes Transition-Age Youth who are homeless and disconnected with SMI as a high risk population. It is recommended that the participants be provided 6 months to one year of continued peer support after they have left ResCare rather than the proposed 30 to 60 day post-completion of ReSt Support.
- Define how the services will adhere to the Transition to Independence Process (TIP) Model supported by Behavioral Health to ensure integration into this program.
- Further define how the TIP Transition domains will be integrated into the program
- Define the connection of the referral, linkage, and/warm hand off to comprehensive programs, services, support.
- Define the hiring, training, and supervision of the peer support specialist
- Articulate the criteria for the treatment team including the peer support specialist to ensure appropriate services meet the unique needs of transition age youth with SMI.
- Define the process to ensure integration of the treatment team and peer support specialist.

INN 22 - Medication Clinic: new

Recommendations -

- Further define the peer and community support to be hired for this program
- Define how the additional peers will be integrated into the treatment team
- Define the hiring, training, and supervision of the peer(s).
- Confirm that every client will receive a mental health assessment and treatment as appropriate and not start at the medication clinic for mental health services.
- Include criteria for eligible youth; those who require complex psychotropic medication regimens.

V. GENERAL RECOMMENDATIONS - from the Children Youth and Families

Behavioral Health System of Care Ad Hoc Subcommittee:

- 1) The variance in titles for peer support (cultural brokers, peer support, peer support specialist, peer specialist coaches, parent partners, parent core coordinators) reflected in the proposals may fragment current efforts to advance integration of peers into the Children and Adult System of Care. The Ad Hoc Subcommittee recommends that County Behavioral Health continue with current discussions for how to address this to advance a more comprehensive integrated role of peers.
- 2) We recommend further integration of current System of Care initiatives and priorities. For example, there was a void of co-occurring, Transition to Independence Process (TIP) Model, cultural competence, and trauma-informed practice consistently woven in each proposal.
- 3) The Ad Hoc Subcommittee recognizes that some of the project overviews may have incorporated language from prior years. With the current advancement of trauma-informed practice, the Ad Hoc Subcommittee recommends a review of proposals to ensure that the language is trauma-informed.
 - For example, "TAY have been difficult to engage and retain in mental health" could instead be worded: "The mental health system is still identifying strategies to effectively engage and retain TAY in the system."
- 4) The Ad Hoc Subcommittee felt most informed when a COR and data was available to provide information on proposals. While not all proposals had research available, we recommend that all proposals for expansion and extension include at least minimal data such as monthly reports and a summary from the COR to help inform program considerations.
- 5) The Ad Hoc Subcommittee understands that the information reviewed was a project overview and not the full proposal. It is recommended in the future that more detailed information be provided which may address some of the initial concerns such as plans for implementation, establishment of timelines, measurable outcomes, and plans to address delays in achieving goals.

VI. COUNTY BEHAVIORAL HEALTH CLARIFICATION - The County Behavioral Health Mental Health Services Act Team provided the Ad Hoc Subcommittee with a 1-2 page project overview of each proposal. The Ad Hoc Subcommittee had a number of questions regarding the

review process and the content of each proposal. County staff assisted in providing clarification. The following is a summary of the County's clarifications:

- The proposals that are being reviewed for expansion/extension had been reviewed in 2015 and were determined to have met the criteria.
- The County has already vetted the expansion/extension proposals submitted and have determined that those currently being implemented are in good standing.

Cycle 3

- The proposals to be expanded/extended are projects that are currently in progress.
- The expansion/extension may or may not be granted to the existing provider.
- The extension/expansion is for a new component of an existing program that contributes to learning.
- County Behavioral Health has been tracking the existing programs. Based on their performance, program expansion/extension is proposed.
- County Behavioral Health has vetted the budgets. The allocation of funds is based on program need and design and is not just a prorated amount based on the existing program.
- While the expansion/extensions are still to follow a time limited guideline, the State has extended the time from three years to five years.
- County Behavioral Health has reviewed the programs to ensure the inclusion of a sustainability plan post-funding period, and continues to track the contractor's performance in this area.
- While there is research being completed on each of the expansion/extension programs, the data may not yet be available. There is varying data available on the outcomes of each of the expansion/extension programs based on their time of award and actual implementation. However, at a minimum the CORs are tracking the monthly/quarterly reports as a performance indicator.
 - Some of the programs have already made modifications to enhance their services.

Cycle 4

- Introduces a new and innovative item.

In summary, as stated above in the Process Overview section, the Ad Hoc Subcommittee determined that it did not need to address the budget, quality assurance, fiscal sustainability, or performance of existing providers based on the information provided by the County on their vetting and oversight of expansions and extensions.

18

- The Ad Hoc Subcommittee will be tasked with submitting input document to the Executive Committee by June 2017 so it can be finalized by closing of the public comment.**

[illegible]

COUNTY OF SAN DIEGO
HHS
HEALTH AND HUMAN SERVICES AGENCY

Children, Youth, & Families System of Care Training Academy

Family & Youth Conference Sponsorship Application CMHACY Conference

This is an opportunity for a Family Partner, Parent Partner, or Youth Support Partner to receive a full sponsorship to attend the California Mental Health Advocates for Children and Youth (CMHACY) Conference in Asilomar, CA this coming May 17-19, 2017. Full sponsorship to this event includes conference fees, lodging, travel, and meals. If you are a Family Partner, Parent Partner, or Youth Support Partner, and would like to be sponsored to attend this conference, please complete this application and fax the completed form to (619) 594-1118 or e-mail to CYFSOCacademyBHETA@mail.sdsu.edu.

Name: _____

Mailing Address: _____

Phone: _____ Email: _____

Are you over 18? (Check one): ☐ Yes ☐ No (For travel arrangements) Date & Year of Birth: _____

Are you currently employed by a BHS-CYF funded contract as a Family Partner or Youth Support Partner?

(Check one) ☐ Yes ☐ No

If yes, what is your Program name and Legal Entity:

Job Title and Employer: _____ Supervisor's name: _____

How did you find out about this sponsorship opportunity?

How do you think you will benefit from attending this conference?

Sponsorship recipients will be required to create a ten (10) minute PowerPoint presentation sharing how they intend to use the information they receive at the conference. The presentation will be presented at a future CYFSOC Council meeting or future CYF Program Managers meetings. A signature from your supervisor is required to confirm that your employer will cover the costs of your attendance at one (1) of these meetings.

Supervisor Signature: _____

Would you like to be connected with other family or youth from San Diego County who are also attending this conference? If so, what contact information would you like them to have?

Would you like to speak with a Family/Youth Partner before attending the conference? Contact County of San Diego, Children, Youth, and Families Family & Youth Liaison at 619-546-5852 ext.868. If you prefer for the Liaison to contact you prior to attending, please share your preferred contact information.

The application process closes April 14, 2017, sponsorship recipients will be contacted by April 21, 2017.

**Please note a Parent or Guardian must accompany youth under the age of 18. If selected, Parent will also receive a full sponsorship. If under 18, please request a Parent or Guardian Consent Form from Elisa Barnett (619) 594-3753 or ebarnett@mail.sdsu.edu.*



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



School of Social Work



COUNTY OF SAN DIEGO
CHILDREN'S SYSTEM OF
CARE TRAINING ACADEMY





BHS PROVIDER UPDATES

2017-2

Continuum of Care Reform and Child and Family Team Meetings

BHS providers have been involved in Child and Family Team (CFT) meetings through Pathways to Well-Being since 2013. California's Continuum of Care Reform (CCR), set to improve outcomes for children and families, is guided by the principle that all children deserve to live with a committed, nurturing, and permanent family. CCR will increase the scope of information that is included in the CFT meeting and the number of youth receiving CFT meetings.

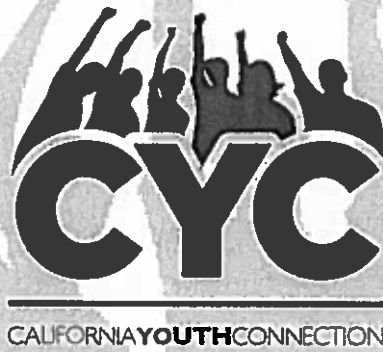
Beginning in April 2017, BHS providers can expect to receive invitations from CWS for meetings beyond the required CFT meeting for youth identified as Enhanced/Subclass. A CFT meeting will be called by CWS to have the team make recommendations when:

- A child has been removed from his or her home and a plan is needed for the youth and family.
- A child is in out of home care and a change in placement is required or requested. (*in place of a Team Decision Making Meeting)
- A child may be returning home.
- A permanent plan for a child needs to be made.
- A child/youth's mental health needs or placement in a group home should be assessed.
- Prior to a court hearing where recommendations about placement or services are being made.
- Any family member involved in a child's case requests to meet to talk about the child's placement or the family's service plan.

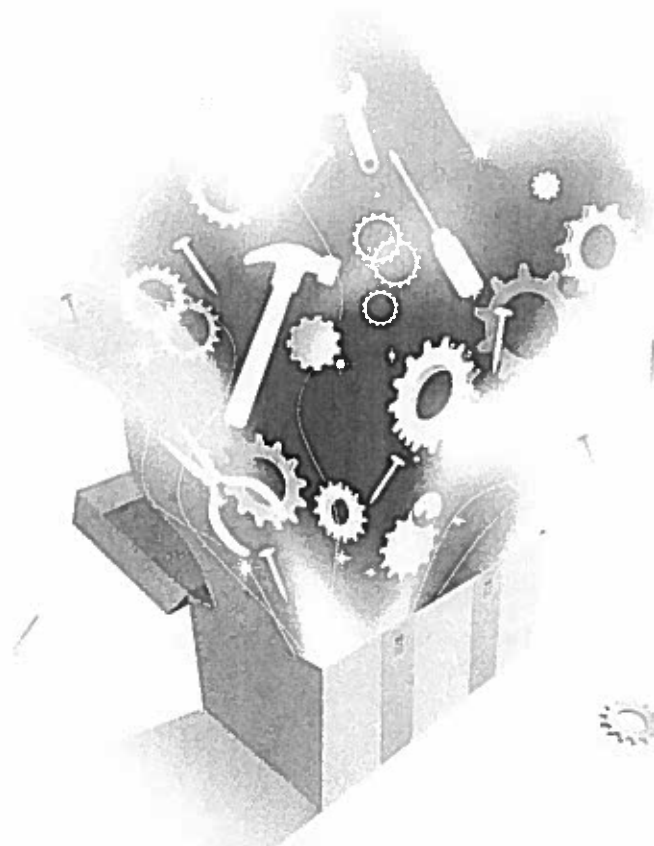
CFT meetings will be held for all foster youth in out-of-home care, regardless of whether a youth is identified as Enhanced/Subclass. It is critical that providers remain within their scope and contribute based on their expertise, recognizing that placement related safety issues are the responsibility of partner agencies. Behavioral Health providers continue to be an essential part of the team with the expansion of CFTs under CCR. When being invited to a CFT meeting, the CWS meeting facilitator will reach out to the provider, explain the meeting structure, the purpose of the meeting, who will be attending, and how the provider can participate. It is expected that the provider will participate in the meeting either in-person or through a telephonic option. All previous mandates around the facilitation and timeline of CFT meetings organized by BHS providers for youth identified as Enhanced/Subclass remain in place.

Questions? Contact info for the Pathways to Well-Being team and other important information can be found on the Pathways to Well-Being BHETA webpage at <https://theacademy.sdsu.edu/programs/bheta/pathways/>

Reminder: CFT participation may be a billable activity if it meets medical necessity Medi-Cal requirements



CONTINUUM OF CARE REFORM (CCR) TOOLKIT



WHAT'S INSIDE?

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WHAT IS CCR AND WHAT IS YOUR ROLE?

Continuum of Care Reform (CCR) is an initiative to drastically change policy and practice in California's foster care system.

CCR aims to ensure that all youth have the chance to live in a family environment where they can get their needs met. Once CCR is fully implemented, group homes will be a thing of the past, and new Short-Term Residential Therapeutic Programs (STRTPs) will be used only as a last resort intervention to help youth get back home as soon as possible. Through these and other changes, CCR could transform the system so that all youth are better served.

CYC members have been involved in the development of CCR since the beginning, and have created this guide to help educate current and former foster youth and equip them with the tools they need to engage in CCR themselves.

CONNECT WITH CYC

POLICY COORDINATOR:

Joy Anderson
joy@calyouthconn.org

LEGISLATIVE COORDINATOR:

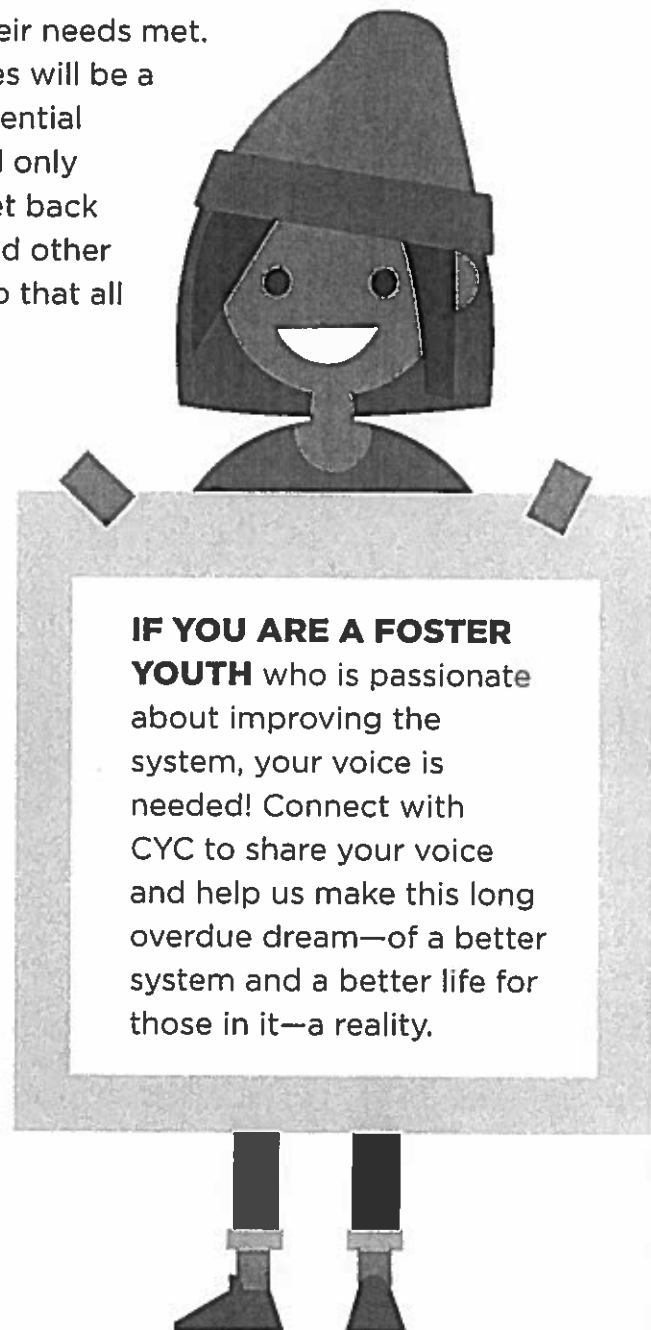
Vanessa Hernandez
vanessa@calyouthconn.org

POLICY DIRECTOR

Kyle Sporleder
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FACEBOOK:

<https://www.facebook.com/CalYouthConn/>



WHAT YOU NEED TO KNOW

- ✓ Youth will not be kicked out of their placement on January 1, 2017.
- ✓ There will be a **Child and Family Team (CFT)** to help make the best decisions for each youth's unique needs.
- ✓ Youth voice is critical in the **CFT**
- ✓ Youth will have the supports needed to gain permanency and lifelong relationships.
- ✓ Youth will get individualized care and treatment no matter what type of placement they are in.
- ✓ Foster Families are now called **Resource Families**. Kinship caregivers are now also considered Resource Families.
- ✓ **Resource Family Approval** means new training standards.
- ✓ All Resource Families will undergo the same trainings and be held to the same standards.
- ✓ Youth will get individualized care and treatment.
- ✓ Group homes are transitioning into **Short-Term Residential Therapeutic Programs (STRTP)**.
- ✓ STRTPs provide more intensive and individualized services and supports for youth.
- ✓ It is expected that youth will be placed with a Resource Family. STRTPs are used as a last resort.
- ✓ STRTPs are short term and youth will have the supports to be placed with a Resource Family.
- ✓ Fewer group homes mean more foster parents are needed.

WHERE WE HAVE BEEN

An original skit to illustrate the origins and history of CCR.

SCENE I: IDEA TO ACTION (PRE-2012)

Governor Brown (GB): "After so many years governing, I've dealt with countless issues facing California. But something still eludes me...what are we doing to take care of the 65,000 foster youth in our state, especially those living in group homes? We need to address this and I know just the man for the job! I'm going to sign Senate Bill 1013 to help him get started! Let me get him on the phone."

Calls Director Will Lightbourne, Department of Social Services

GB: "Will, I have a little project for you. And by 'little,' I mean..."

...I'm going to need you to revolutionize the way our state's foster care system operates. You game?"

Director Lightbourne (DL): "No problem. I got this, Jerry."

SCENE II: ASSEMBLING THE A-TEAM

DL gets off the phone and muses to himself

DL: "Hmm, how am I ever going to be able to accomplish such a huge task? If only we knew the right people to help us plan... Maybe a handful of strong advocates, a foster parent or two, some social workers, a few providers, and even a bunch of passionate foster youth.

But where could we find a group like that? I know! I'll assemble a group of smart stakeholders to get their heads together and brainstorm solutions!"

SENATE BILL 1013

Just the beginning of California's Child Welfare Reform, SB 1013 established accountability and oversight measures to monitor county performance. The bill allows counties more flexibility by making some county programs optional. However, this bill also expanded some programs to be statewide, and expanded services for non-minor dependents and former dependents. The bill established a platform for AB 403 Continuum of Care Reform (CCR) by revising how placements operate and exploring how best to meet the needs of youth in care.

shouts out his office door

DL: "Greg, I need a steering committee ASAP!"

SCENE III: ACTION TO...MORE IDEAS?

(Workgroup Meeting #1)

Stakeholders: "Wow, there is A LOT we need to accomplish. Where do we even start?"

2 years later

(Workgroup Meeting #236)

Stakeholders: "Well, that was productive, painless, and totally noncontentious. What a piece of cake!"

SCENE IV: NICE AND SHINY WITH A BOW

(January 2015. The Department of Social Services releases THE REPORT.)

DL: "These 19 Recommendations will be the pillars of Continuum of Care Reform in California moving forward! Now, let's get this into law."

** Assemblymember Mark Stone introduces AB 403 and starts the legislative process**

SCENE V: GETTING THE BAND BACK TOGETHER

(October 2015)

GB signs AB 403

GB: "Hear ye, hear ye! This bill, AB 403, will now be the law of the land! Fixing California's foster care system starts now!"

after seeing that AB 403 has been signed, DL makes a call to...

DL: "Hello, this is Director Lightbourne. Thanks for taking my call. I wanted to let you know that it's time to start figuring out implementation for CCR. Are you ready?"

California Youth Connection (CYC):

"We were born ready."

END

WHERE WE ARE NOW

CYC'S VISION AND TOP CCR RECOMMENDATIONS

YOUTH-CENTERED PRACTICE

Youth are involved in the decision-making process.

Acknowledged as member and participant of the Child and Family Team.

GROUP HOMES

The use of group homes is reduced.

Group home staff and services meet a higher standard.

CAREGIVER EVALUATIONS

Youth have the opportunity to give constructive feedback about their placements.

REDEFINING PERMANENCY

Recognizing that permanency does not always look like adoption, permanency is redefined. It is a lifelong connection with someone the youth includes in their "family."

"Foster youth will be equal partners in contributing to all policies and decisions made in their lives. All youth in foster care will have their needs met and the support to grow into healthy and vibrant adults."

HOLISTIC SERVICES

Services include a variety of supports and treatments, aside from medication, that fit the individual needs of the youth.

Holistic services may include art therapy, meditation, pet therapy, and other extracurricular activities.

PLACEMENT STABILITY

Supports are provided for both family and youth.

Seven day notice is not the only option.

FOSTER YOUTH & CAREGIVER COMPATIBILITY

Through a streamlined process, foster parents and youth are matched based on needs, interests, culture, family environment, and location.

TRANSITION SUPPORTS

Youth are kept informed during the process of placement changes.

Youth are provided support with closure from previous placement and introduction to new placement.

UNIVERSAL ASSESSMENTS

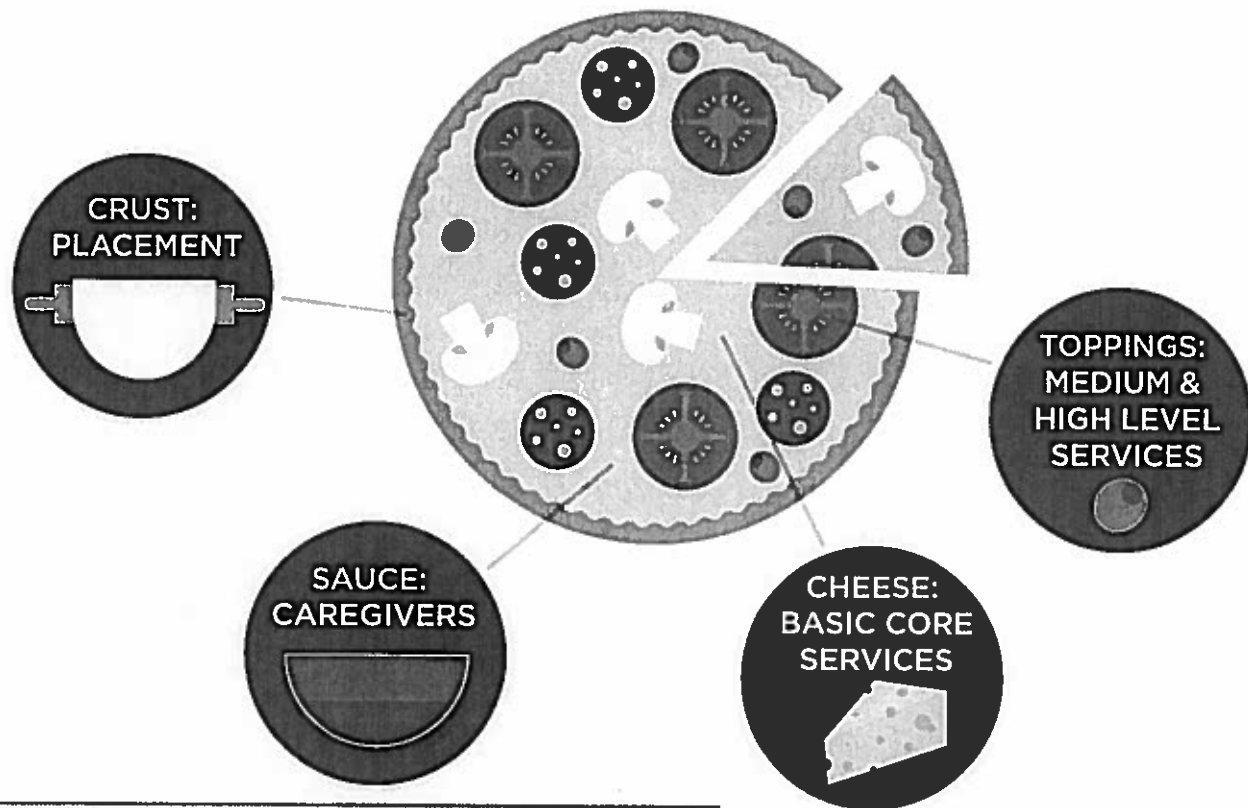
Youth perspective is included in the assessment process.

All placing agencies are held to the same standard of services provided to youth.

COMPONENT A: CORE SERVICES PIZZA

CCR VALUE: Services and supports are tailored to meet the needs of the individual child and family being served with the ultimate goal of maintaining a stable placement with the family.

KIND OF LIKE: A BUILD YOUR OWN PIZZA!!



GUIDING QUESTIONS:

1. What are some of the core service toppings you'd want on your personal pizza?
2. The amount of time it will take for your pizza to be done (permanency) may depend on the type of pizza and toppings (core services). When would you know your pizza is done?

In this analogy, **PERMANENCY** is an oven. The oven is crucial in bringing the pizza to life and making it edible.

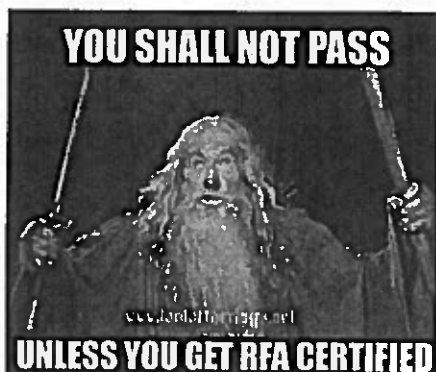
There are even different types of ovens—wood, brick, and conventional—just as there are different forms of permanency.

As all great pizza chefs know, it takes great skill and training to know the right temperature and baking time to make the best pizza!

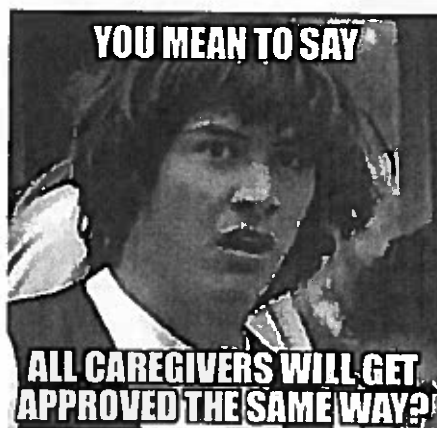
COMPONENT B: RFA AS TOLD THROUGH INTERNET MEMES



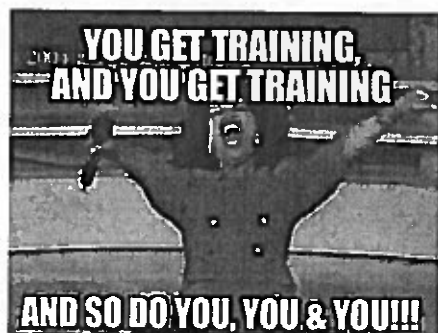
RFA stands for Resource Family Approval! This is the system that California will use to license all foster parents and other caregivers.



That's correct, Gandalf. Once certified under RFA, caregivers will be known as resource families forevermore.



Yes! Under CCR, all caregivers will undergo this process by statewide mandate starting in 2017.



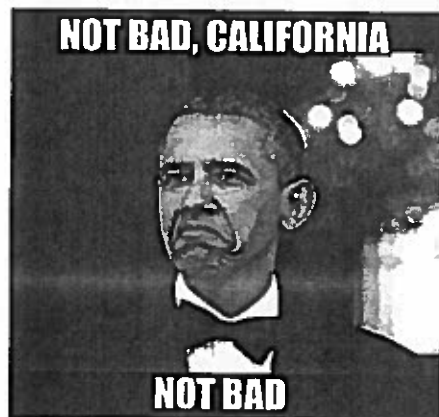
A major component of RFA is that all caregivers will receive upfront training. This includes adoptive and kinship. Thanks, Oprah!



RFA goes statewide in 2017! Currently eight counties have a head start on this. The rest are coming...



Yes, yes it is.



GUIDING QUESTIONS

1. Can you think of a few different types of families? What do all families need to provide to youth in their care?
2. Why is it important for foster youth to live in a family setting? How can we recruit enough foster parents to make that a reality for all youth?

COMPONENT C:

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAM

Before foster youth begin their journey to wellness some youth may need to stop by a Short-Term Residential Therapeutic Program (STRTP) to gather the resources they need to be well within a family setting. STRTPs are replacing the group home system and the name says it all. These are intended to be:

Short-Term—not a multi-year placement

Residential—placement

Therapeutic—in order to heal and get well

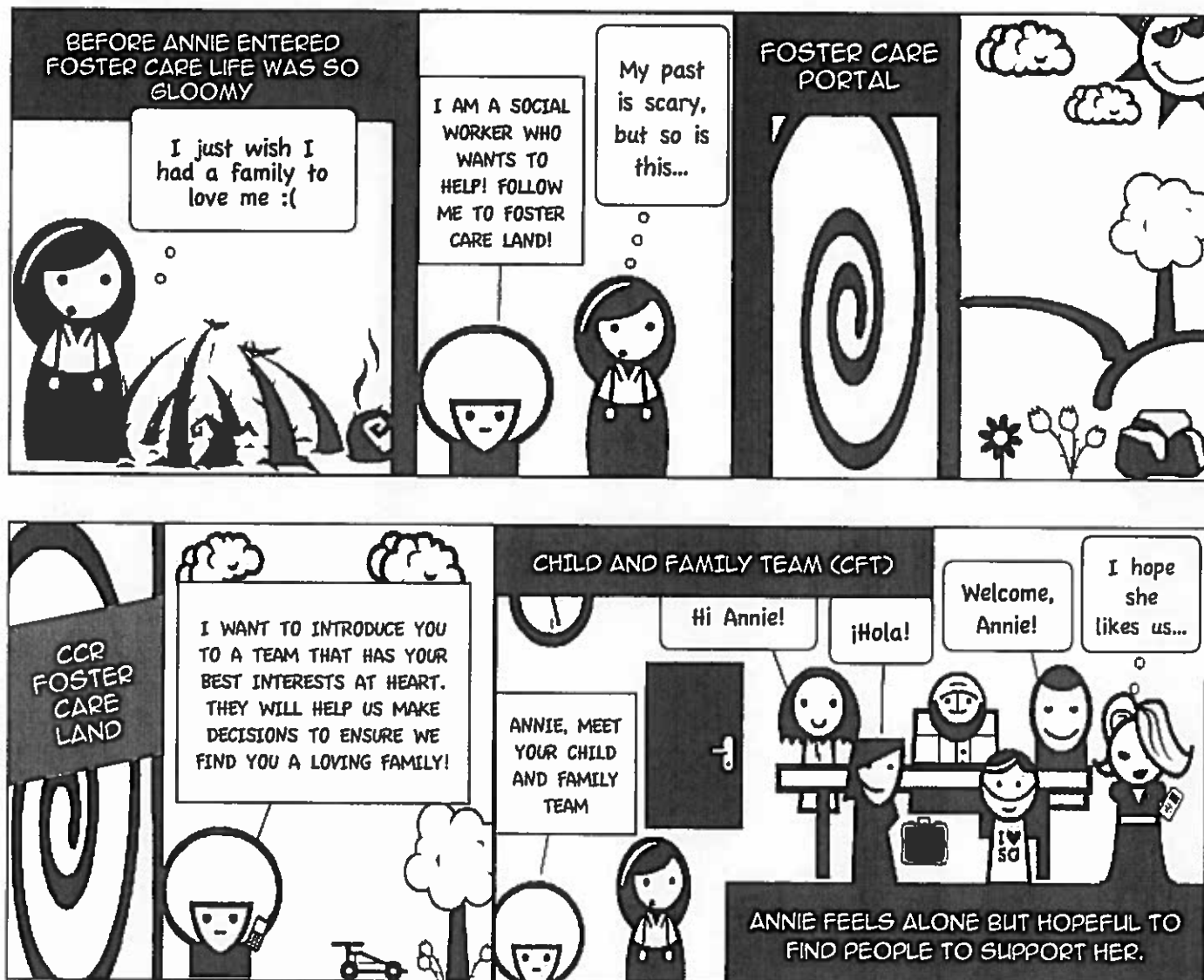
Program—a specific process to support youth

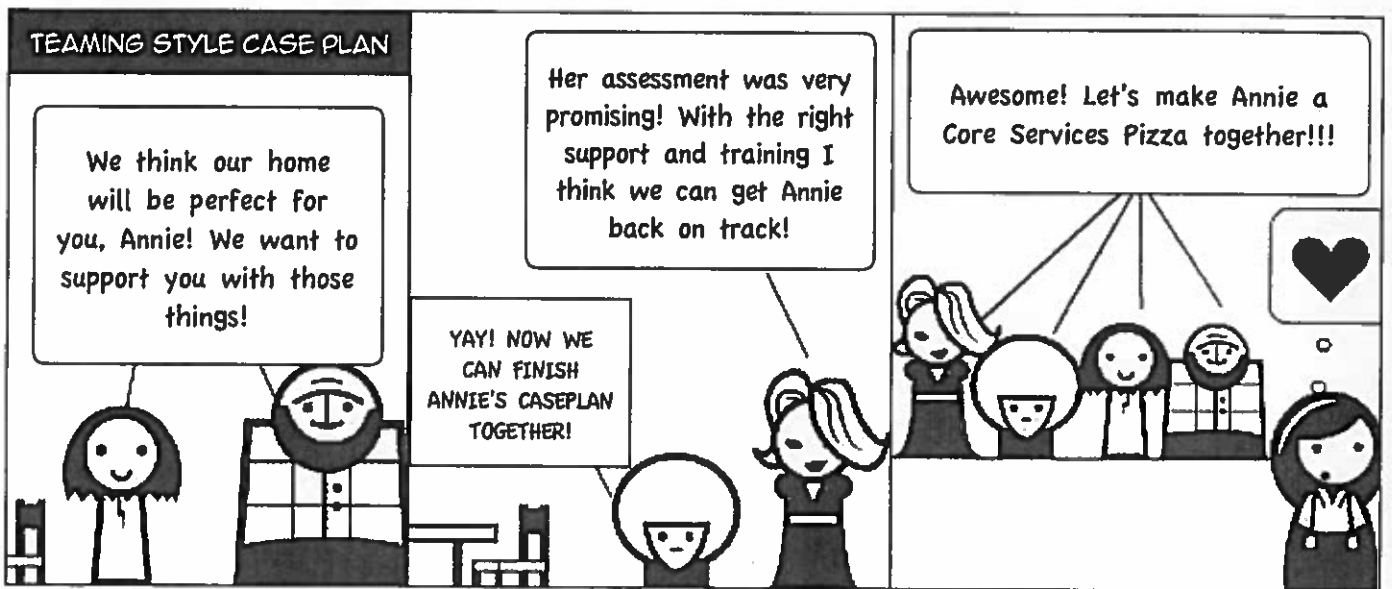
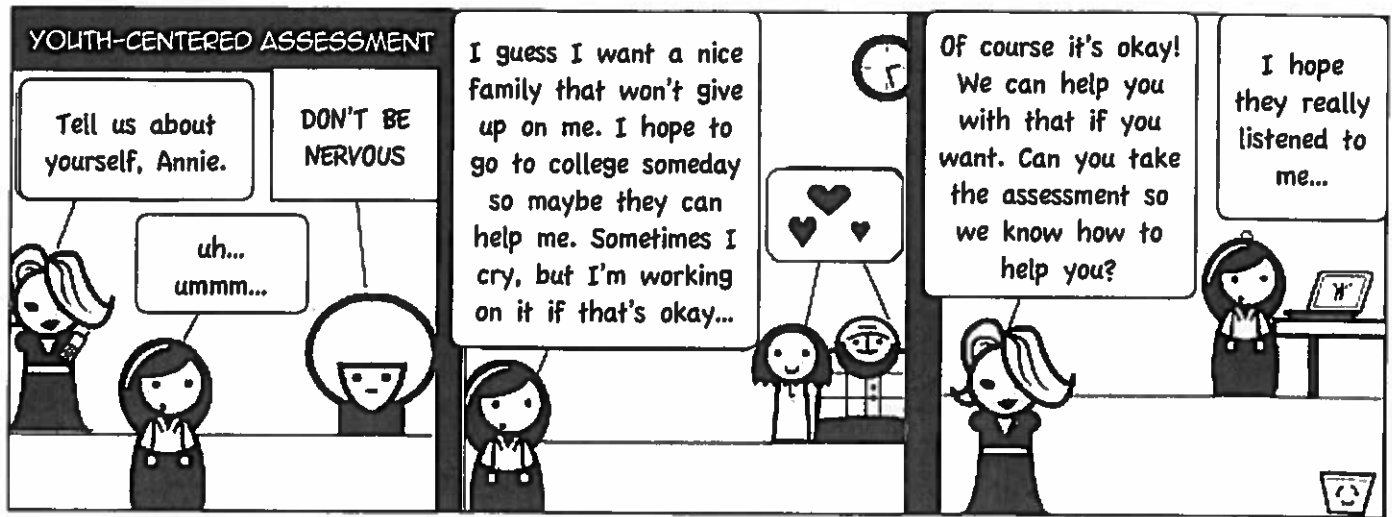
GUIDING QUESTIONS

1. Which supplies (supports and services) would go into your personal wellness pack?
2. What does being physically, mentally, and emotionally well mean to you?



FLASH FORWARD TO 2018, WHEN CCR IS FULLY IMPLEMENTED





GUIDING QUESTIONS

1. Who would you want in your Child & Family Team (CFT)?
2. Can you think of an obstacle that a team might help you overcome?

WHAT THE REGS SAY IS DIFFERENT UNDER CCR

SHORT-TERM RESIDENTIAL THERAPEUTIC PROGRAMS (STRTP)

Instead of Group Homes with levels of care, Short-Term Residential Therapeutic (STRTP) Programs will provide individualized treatment services.

- Must obtain and maintain national accreditation.
- Must demonstrate the capacity to meet the treatment level needs of children/youth and Non-Minor Dependents (NMDs).
- Must make available core services including mental health services to transition children/youth and NMDs quickly back to a home-based family setting.
- Must be certified by the county mental health department and directly deliver or arrange for the EPSDT specialty mental health services that children/youth and NMDs in their care need.
- A standardized assessment process will promote better coordination of services.
- A new rate structure will reflect the changes to STRTPs.
- There will be improved transparency with new plans of operation, training plans, and program statements reflecting changes in practices and services.
- A coordinated monitoring and oversight system will be developed between the Department of Social Services and the Department of Health Care Services.

FOSTER FAMILY AGENCIES (FFA)

FFAs will provide more services and a variety of placement options.

- The California Department of Social Services will establish new licensure and rate systems.
- Plan of Operation and Program Statement requirements including core services, accreditation, RFA standards, will include supervision, evaluation, and training plan to meet the needs of children/youth.
- Core Services and support that are trauma-informed and culturally relevant, including specialty mental health services, must be made available to children, youth, and nonminor dependents either directly or secured through formal agreements with other agencies.
- At the request of a county, FFAs may provide supports and services to county-approved families, including relatives.
- All FFAs must be accredited by a national accrediting body.
- FFAs must have mental health certification by the State Department of Health Care Services or by a county mental health plan or must provide access to mental health services.
- Training plan must also be consistent with the training provided to resource families.

Adapted from All County Letter (ACL) NO. 16-79, dated September 22, 2016

- Must collaborate with the Child and Family Team (CFT).
- Must meet Resource Family Approval (RFA) standards and requirements.
- Oversight and accountability indicators through the national accrediting body, consumer satisfaction survey, cross-departmental state oversight, and publicly available provider performance measures.

CORE SERVICES

There is now a statewide standard for base core services.

According to SEC. 85. Section 11463, added to the Welfare and Institutions Code, the following Core Services are to be made available to children and nonminor dependents either directly or secured through formal agreements with other agencies, which are trauma-informed and culturally relevant and include:

(A) Specialty mental health services “for children who meet medical necessity criteria for specialty mental health services under the Medi-Cal Early and Periodic Screening, Diagnosis, and Treatment program.”

(B) Transition Services “for children, youth, and families upon initial entry and placement changes and for families who assume permanency through reunification, adoption, or guardianship.”

(C) Education, Physical, Behavioral, Mental Health, Extracurricular Supports such as “educational and physical, behavioral, and mental health supports, including

extracurricular activities and social supports.”

(D) Transition to Adulthood Services: “to support transition-age youth and nonminor dependents in achieving a successful adulthood.”

(E) Permanency Support Services “to achieve permanency, including supporting efforts to reunify or achieve adoption or guardianship and efforts to maintain or establish relationships with parents, siblings, extended family members, tribes, or others important to the child or youth, as appropriate.”

(F) Indian Child Services: core services A-E above will be provided to eligible children.

Adapted from All County Information Notice No. 1-50-16 dated July 8, 2016

CHILD AND FAMILY TEAM (CFT)

There are statewide guidelines for Child and Family Teams, a group of individuals that includes the child or youth, family members, professionals, natural community supports, and other individuals identified by the family who are invested in the child, youth, and family's success.

- CFT shares responsibility to assess, plan, intervene, monitor and refine services over time.
- County placing agencies must convene a CFT meeting as defined to identify supports and services needed to achieve permanency, enable a child to live in the least restrictive family setting, and promote normal childhood experiences.

- In addition to mandated participation of involved public agency representatives, the composition of the team is driven by family members' preferences. Successful CFTs include persons with natural supportive relationships with the family, so that the family's support system will continue to exist after formal services are completed.
- The CFT's role is to include family members in defining and reaching identified goals for the child.
- The individuals on the team work together to identify each family member's strengths and needs, based on relevant life domains, to develop a child, youth, and family-centered case plan. The plan articulates specific strategies for achieving the child, youth, and/or family's goals based on addressing identified needs, public safety, including following related court orders, and building on or developing functional strengths.
- The CFT typically conducts and coordinates its work through a CFT meeting.
- The CFT process reflects a belief that families have the capacity to address their problems and achieve success if given the opportunity and supports to do so. Engagement with families is fundamental to the CFT process.
- Working with children, youth, and families as partners results in plans that are developed collaboratively and in a shared decision-making process. The family members hold significant power of choice when strategies are defined.
- The CFT process reflects the culture and preferences of children, youth, and families, building on their unique values and capacities, and eliciting the participation of everyone on the team.
- Team members should help children, youth, and families recognize their strengths, and encourage them and support them to develop solutions that match their preferences. The team must respect and support the power of learning from mistakes when strategies do not work as intended so that the plan can be revised to improve outcomes.
- For children or youth in placement who are receiving Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS) or Therapeutic Foster Care (TFC), a CFT meeting must occur at least every 90 days.
- For children and youth who are not receiving Specialty Mental Health Services, the placing agency will convene a CFT meeting no less than once every six months. Best practice dictates that meetings should be held as frequently as needed to address emerging issues, provide integrated and coordinated interventions, and refine the plan as needed and, therefore, frequency of meetings and timeframes should be decided by CFT members.

Adapted from All County Letter (ACL) NO. 16-84, dated October 7, 2016

ABOUT CYC

MISSION

The mission of California Youth Connection, a youth-led organization, is to develop leaders who empower each other and their communities to transform the foster care system through legislative and policy change.

VISION

Our vision is that all foster youth will be equal partners in contributing to all policies and decisions made in their lives. All youth in foster care will have their needs met and the support to grow into healthy and vibrant adults.

For more information about CYC, visit www.calyouthconn.org.



CALIFORNIA **YOUTH** CONNECTION

www.calyouthconn.org

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CWS Cases in out of home placement on 3/7/2017, by placement type.

Placement Type	0 to 17	18 and older	Total	
			n	%
Foster Family Home	590	6	596	21%
Group Home	211	27	238	9%
Relative/NREFM Home	1077	6	1083	39%
Foster Family Agency	199	145	344	12%
SILP	0	177	177	6%
Guardian Home - Voluntary	264	33	297	11%
Guardian Home - Dependent	6	0	6	0%
Other	40	3	43	2%
Total	2387	397	2784	100%

CMS Foster Family Agency Homes			
Agency Name	License No	Placement Count	Children Count
ALLIANCE HUMAN SERVICES, INC.	197806287	1	1
ANGELS FOSTER FAMILY AGENCY	374603866	66	65
CASEY FAMILY PROGRAM, THE	370603103	5	5
EGGLESTON FAMILY SERVICES, FFA	197805862	3	3
ENVIRONMENTAL ALTERNATIVES LAKEPORT	175002501	1	1
FAMILY CONNECTIONS CHRISTIAN ADOPTIONS-FFA	500318115	1	1
FIVE ACRES	197805113	1	1
KAMALI'I FOSTER FAMILY AGENCY	336407693	17	17
KOINONIA FOSTER HOMES, INC	374603502	26	24
KOINONIA FOSTER HOMES, INC.	336426848	5	5
NEW ALTERNATIVES INC FOSTER FAMILY AGENCY(NAI-FFA)	374603503	17	17
OLIVE CREST	336425183	2	2
OLIVE CREST FOSTER FAMILY AGENCY-SUB-OFFICE	374600985	10	10
SAN DIEGO YOUTH SERVICES	370602725	29	25
SPECIAL FAMILIES: A PROGRAM OF SDCC	370600001	14	14
TOWARD MAXIMUM INDEPENDENCE INC.	370603102	12	12
WALDEN FAMILY SERVICES	374603904	11	11
Grand Total		221	214

THP+ FC	License No	Placement Count	Children Count
CASA DE AMPARO	374603568	22	22
SAN DIEGO YOUTH SERVICES - MID-CITY YOUTH CENTER	374603662	28	26
SBGS - TROLLEY TRESTLE TRANSITIONAL LIVING PROGRAM	374603854	15	15
WALDEN FAMILY SERVICES	374603903	20	20
YMCA YOUTH & FAMILY SERVICES	374603488	22	22
NEW ALTERNATIVES, INC.	374603479	41	37
CREATIVE ALTERNATIVES, INC.	507206800	0	0
Total		148	142

CWS Group Home Summary			
Facility Name	License No	Placement Count	Children Count
ALPHA CONNECTION GROUP HOME FOR CHILDREN	366412000	1	1
ALPHA CONNECTION-ANOKA RANCH, THE	366401649	2	2
ASSOCIATED RESIDENTIAL SVCS INC I	374602285	14	13
CASA DE AMPARO	374603234	14	13
CENTER FOR POSITIVE CHANGES 3	374603292	3	3
CENTER FOR POSITIVE CHANGES 5	374602641	1	1
CENTER FOR POSITIVE CHANGES II	374601477	1	1
CFLC-HEMET RANCH	330908390	1	
CIRCLE OF FRIENDS	374602611	7	7
CIRCLE OF FRIENDS II	374602603	6	5
CLARINDA ACADEMY	602300055	3	3
CRITTENTON SVCS FOR CHILDREN AND FAMILIES	300612972	1	1
DEVEREUX VIERA	602300049	1	1
DEVEREUX-VICTORIA	602300087	2	2
FATHER'S HEART RANCH	336406377	1	1
FIRST STEP TREATMENT HOME	374602535	1	1
FRED FINCH YOUTH CENTER-SAN DIEGO	374602631	1	1
GROUP HOME SPECIALISTS	336426796	2	2
JACK & CAROL CLARK ADOLESCENT TREATMENT PROGE	374602245	2	2
KIDSPACE: ORCHARD HILLS CAMPUS	602300048	2	2
LAUGHERY HOUSE	374603441	1	1
MILESTONE GROUP HOME	372008440	2	2
NEW ALTERNATIVES INC. #18	374600056	15	13
NEW ALTERNATIVES, INC. #16	374600197	21	21
NEW ALTERNATIVES, INC. NO 1	370801541	11	9
RITE OF PASSAGE: SIERRA SAGE ACADEMY	602300001	1	1
ROP/ATCS: SIERRA RIDGE	57001447	3	3
S.A.M.'S	374601272	3	3
S.D.C.F.C.-SAN DIEGO CENTER FOR CHILDREN	370808583	15	15
SAN DIEGO CENTER FOR CHILDREN	374600859	9	9
STAR VIEW COMMUNITY TREATMENT FACILITY	197803340	2	1
VALLEY TEEN RANCH	200404880	1	
VARSITY TEAM INC.#3	134603562	1	1
VARSITY TEAM, INC. #2	374603865	5	5
VARSITY TEAM, INCORPORATED #1	374603652	6	6
VICTOR YOUTH SERVICES - OASIS	455001953	1	1
VICTOR YOUTH SERVICES (ALTA MESA)	455002568	1	
WOODWARD ACADEMY	602300054	1	1
Grand Total		165	154

Probation Group Home Summary			
Facility Name	License No	Placement Count	Children Count
ALPHA CONNECTION-NISQUALLY NEST, THE	366403207	1	1
ALPHA CONNECTION-SHOSHONEE PLACE, THE	366402331	1	1
ASSOCIATED RESIDENTIAL SVCS INC I	374602285	2	2
CASA DE AMPARO	374603234	10	10
CENTER FOR POSITIVE CHANGES	374601510	5	5
CENTER FOR POSITIVE CHANGES 3	374603292	2	2
CENTER FOR POSITIVE CHANGES 5	374602641	2	2
CENTER FOR POSITIVE CHANGES II	374601477	6	6
CFLC-HEMET HOUSE	330908393	2	2
CFLC-HEMET RANCH	330908390	1	1
CFLC-SUNSET HOUSE	330908391	1	1
CLARINDA ACADEMY	602300055	1	1
CLEAR VIEW TREATMENT CENTER - CROW HOUSE	366409043	2	2
CLEAR VIEW TREATMENT CENTER - MONDAMON HOUSE	366409042	4	4
DAVID AND MARGARET YOUTH AND FAMILY SERVICES	191500192	1	1
DEVEREUX VIERA	602300049	2	2
DNA GROUP HOME	107200453	1	1
FIRST STEP TREATMENT HOME	374602535	3	3
LYON	336403698	1	1
MILESTONE GROUP HOME	372008440	1	1
NEW ALTERNATIVES INC. #18	374600056	6	6
NEW ALTERNATIVES, INC. #16	374600197	7	7
NEW HAVEN-CONNIE GAYLE	374600210	1	1
OAK GROVE INSTITUTE	330911240	3	3
Oak Grove Institute/accounting	330911240	1	1
OPTIMIST BOYS HOME & RANCH	191801986	1	1
PHOENIX ACADEMY AT LAKEVIEW TERRACE	191222731	1	1
RANCH CREEK - CALIFORNIA FAMILY LIFE CENTER	374603206	1	1
RITE OF PASSAGE: SIERRA SAGE ACADEMY	602300001	1	1
ROP QUALIFYING HOUSE MOUNT RUBY	27005048	1	1
ROP/ATCS: SIERRA RIDGE	57001447	3	2
RTC	107200940	4	4
S.A.M.'S	374601272	4	4
STARSHINE TREATMENT CENTER, INC.	366402532	1	1
STARSHINE-GARDEN DRIVE	360910261	1	1
TRINITY - EL MONTE	191591941	1	1
TRINITY - YUCAIPA	360900416	2	2
VARSITY TEAM INC. #4	134603561	1	1
VARSITY TEAM, INC. #2	374603865	1	1
VICTOR YOUTH SERVICES - OASIS	455001953	1	1
VICTOR YOUTH SERVICES (ALTA MESA)	455002568	1	
WOODWARD ACADEMY	602300054	2	2
Grand Total		94	92

San Diego Regional Center Housing Placements

Facility Type	Under 18 years old 1/4/16	Under 18 years old 1/3/17	Difference as of 1/3/17 over two years
Foster Home /Family Home Agency	246	222	-24
CCL Facility	73	60	-13
Health Facility	13	11	-2
Home with parent or relative	11965	12865	+900
ICF/DD/H	1	0	-1
Other	13	17	+4
Developmental Center	0	0	0

**Sub-Committee Update Report to CYFBHSOC Council
March 13, 201**

Sub-committee: Trauma Informed Systems Integration (TISI)
Lead: Shannon Jackson

Update from the Agency's TISI team:

We have assisted with two screenings of the documentary film "Resilience – the Biology of Stress and the Science of Hope". One was held at Cherokee Point Elementary School in June, and another was held last week at one of the breakout sessions of the Live Well San Diego Partners' Advance. San Diego Foundation has committed to supporting additional screenings throughout the county in the coming year.

A brief basic introductory LMS training suitable for all county employees, and including the short video "ACEs Primer", is under development by a TISI team work group headed up by Karen Harris of The Knowledge Center. The group will then focus on developing a more in-depth training for HHSA staff that may include the "Resilience" film if permission is obtained.

Several HHSA staff have recently completed the instructor training for Mental Health First Aid (MHFA); this will help support an agency wide objective for the 16/17 TISI action plan to increase the number of agency staff who are trained in MHFA.

Another TISI work group is focused on training resources for facilities managers to support TI workplace environments; using materials developed by Dr. Dawn Griffin.

FY16/17 Goals/Focus Areas

- Engaging leadership at all levels regarding the importance of becoming a trauma-informed system
- Involving consumers in all activities including service development, delivery and evaluation
- Creating and instituting policies, practices, and standards to support access to evidenced-supported and emerging practice for consumers
- Developing a trauma-informed workforce based on the unique mandates of each of the six programs within HHSA: Aging and Independence Services; Behavioral Health Services; Child Welfare Services; Public Administrator/Public Guardian; Public Health Services; and Self-Sufficiency Programs
- Ensuring that HHSA staff and providers receive support to prevent, diminish, and treat the vicarious or secondary trauma which they may experience through serving our families

☒ Sub-Committee has 4 sector representation

☐ Sub-Committee is recruiting for 4 sector representation and specifically looking for committee members to represent:

- ☐ Private Sector
- ☐ Public Sector
- ☐ Education Sector
- ☐ Family/Youth Sector

This committee is by invitation through HHSA

**Sub-Committee Update Report to CYFBHSOC Council
March 13, 2017**

Sub-committee: Outcomes

Lead: Angela Chen

Update

- CWS is continuing with piloting a State required outcome measure TOP (Treatment Outcome Package). The pilot started on 10/10/16 and will occur for 6 months (end April 2017). BHS Clinicians (in mental health treatment contracts) who work with youth in the pilot will be asked by CWS to complete the TOP Clinical Scale Form.
- The State POS plan continues to be in the planning phase.
- Summary sheet from CASRC on rates of Trauma in our System of care provided at 3/13/17 CYFBHSOC meeting and March Program Manager's meeting.
- Adjustment Disorder rates in our system of care reviewed. Summary sheet of findings in development.
- PIP Project of utilizing homework in treatment is in the development phase of the pilot with CRF Douglas Young program.
- Review of Wraparound Principles and its alignment with SOC's Principles. 9 out of 10 Wraparound Principles are aligned with the SOC Principles. Wraparound Principle of Persistence is not as strongly aligned. Committee recommends adding principle #10 to the SOC Principles to address Persistence. Committee recommends that the SOC Principles Ad Hoc Committee to review and recommend the language for the 10th principle to address Persistence.

FY16/17 Goals/Focus Areas

- Continue to check in on the State POS plans
- Insert Help Text in the BHA with SAMHSA's definition of Trauma - Goal Met
- Literature review of prevalence rate of trauma in the general public and other public serving systems – Goal Met
- Review the rate of the diagnosis of Adjustment Disorder in the system of care - Goal Met
- Follow up with PIP Project of utilization of Homework in treatment
- Review of Wraparound Principles within the System of Care

☒ Sub-Committee has 4 sector representation

☐ Sub-Committee is recruiting for 4 sector representation and specifically looking for committee members to represent:

- ☐ Private Sector
- ☐ Public Sector
- ☐ Education Sector
- ☐ Family/Youth Sector

To join the sub-committee please contact Angela Chen at achen@upacsd.com

Sub-Committee meets 1st Tuesday of each month from 11:30 A.M. to 1:00 P.M. in the La Vista Room- 3255 Camino Del Rio South, San Diego, CA 92108. Next meeting scheduled for April 4th.



Trauma Rates and Reporting

County of San Diego Children, Youth & Family Behavioral Health Services (CYFBHS)

PURPOSE OF THIS REPORT

CYFBHS places high value on provision of a trauma-informed system of care. The CYFBHS System of Care Council's Outcomes Committee was tasked with review of the CYFBHS definition of trauma, systemwide trauma rates, and comparison of these rates to other mental health systems.

REVIEWING AND SELECTING A DEFINITION OF TRAUMA

The Outcomes Committee determined that no formal, consistent definition of trauma existed in CYFBHS. After reviewing several definitions of trauma, the following definition from SAMHSA's Trauma and Justice Strategic Initiative was selected, and was added to the *Help Text* for the "Experience of Trauma" question on the Behavioral Health Assessment (BHA):

"Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being."

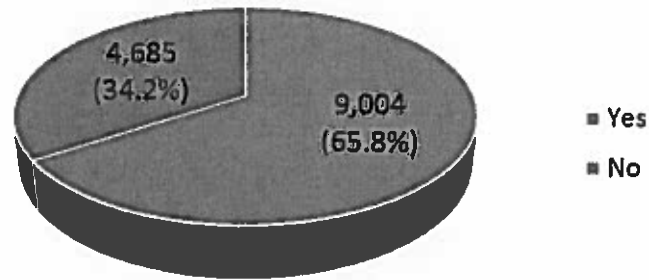
This definition, adopted by the Health and Human Services Agency (HHS), was selected because it focuses not only on the experience of an adverse event, but on the long-lasting impact it has on a person's functioning. The goal of establishing a systemwide definition of trauma was to enhance clinician accuracy and consistency when assessing clients for trauma.

EVALUATING SYSTEMWIDE TRAUMA RATES

The Outcomes Committee reviewed the FY 2014-15 CCBH data on the usage of the trauma question located on the CYF BHA. The goals of this review were to determine whether clinicians were asking this question, and to identify the rates of trauma in the Children's System of Care. (Trauma Report for CYF, Data Source: CCBH FY 2014-15 billable services by Organizational Providers).

- For clients with a completed behavioral health assessment, over 90% of clinicians answered the trauma question on the BHA in FY 2014-15, which indicates that the large majority of clinicians are assessing for trauma.
- Of the 13,689 clients for whom trauma data were available in FY 2014-15, clinicians reported that 66% (n = 9,004) had experienced trauma (Figure 1).

***Figure 1. Client Experienced Trauma, FY 2014-15**



**Responses shown only for clients who had data on this item.*

PREVALENCE RATES OF TRAUMA NATIONWIDE

A literature review was conducted to determine what the prevalence rates of trauma are in the general population as well as in other mental health populations. Note: The methodology for assessing trauma differed across studies (e.g., rates of maltreatment in last year versus lifetime), therefore prevalence rates are not directly comparable.

- The National Survey of Children's Exposure to Violence surveyed children (and/or their caregiver) ages 1 month to 17 years old and found that 25.6% had experienced some form of maltreatment by a caregiver during their lifetime, and 14% in the last year (Finkelhor, et al., 2013).
- A 2016 report by the US DHHS pulled child maltreatment rates from the National Child Abuse and Neglect Data System (NCANDS) and found that 1% of children were maltreated in 2014 (U.S. Department of Health & Human Services, 2016).
- In a sample of children ages 7–17 referred to community mental health agencies, 45.6% were classified as maltreated in their lifetime through a review of CPS records (Lau & Weisz, 2003).
- As part of a 1997 study in San Diego county, a sample of youth (N=224) ages 11-18 involved in the mental health service system completed the Childhood Trauma Questionnaire. 75% reported experiencing child maltreatment during their lifetime (Miller et al., 2011).

SUMMARY OF ACTIONS TAKEN

- CYF adopted the SAMHSA definition of trauma and added it to the BHA Help Text for more consistent reporting.
- The Outcomes Committee reviewed systemwide rates of trauma.
- The Outcomes Committee conducted a literature search on nationwide trauma rates.
- In November, 2016, the Children's System of Care Council incorporated a trauma informed principle which recognizes that trauma and chronic stress influence coping strategies and behavior, requires compassionate responses and a commitment to the prevention of re-traumatization and the promotion of self-care and resilience.

Children, Youth & Families Behavioral Health Services (CYFBHS)

Adjustment Disorder: Trends and Comparisons

BACKGROUND

Beginning January 1, 2014 Managed Care Plans (MCP) became responsible for the delivery of mental health services through their provider network to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning (ALL PLAN LETTER 13-021). The Mental Health Plan (MHP / known as 'County') continued to provide the Specialty Mental Health Services and focused on serving children and youth with complex and severe levels of need.

QUESTIONS OF INTEREST

1. Did rates of adjustment disorders (which are traditionally considered mild-moderate) through the MHP change following the expansion of outpatient mental health services through the Managed Care Plans?
2. What characteristics (e.g., age, type of provider, new client status) are related to a diagnosis of adjustment disorder?
3. How do County of San Diego CYFBHS rates of adjustment disorders compare to other public mental health systems?

RESULTS

Rates of Adjustment Disorder across Years in CYFBHS

	FY 2014-15		FY 2013-14		FY 2012-13	
	N	%	N	%	N	%
<i>Primary Diagnosis of Adjustment Disorder</i>	3,505	20.3%	3,543	20.4%	2,932	19.1%
TOTAL VALID DIAGNOSES	17,256	100%	17,346	100%	15,372	100%

Rates of Adjustment Disorder Diagnosis by Characteristics (FY 2014-15)

1. Fee For Service (FFS) providers utilized this diagnosis more frequently
 - County providers = 18%
 - FFS providers = 32%
2. New clients received this diagnosis more frequently
 - New clients only = 27.3% (excluded clients with services in the past)
 - Returning clients = 16.1%
3. Younger clients received this diagnosis more frequently (FFS excluded)
 - 27% percent of 0-5 year olds received this diagnosis
 - 26% percent of 6-11 year olds received this diagnosis
 - 13% percent of 12-15 year olds received this diagnosis
 - 8% percent of 16-17 year olds received this diagnosis
 - 6% percent of youth 18 and older received this diagnosis
4. Mental health clients who are also in the Child Welfare System (CWS) received this diagnosis more frequently (35.7% with CWS involvement versus 17.8% without)

Rates of Adjustment Disorder in Other Public Mental Health Systems

1. A National Evaluation (the Comprehensive Community Mental Health for Children and Their Families Program) of 34,811 youth ages 1-23 was conducted in 22 communities. The evaluators found that **6.4% of the children with serious emotional disturbances who received services were diagnosed with an adjustment disorder** (Manteuffel, Stephens, & Santiago, 2002).
2. A study of 936 youth ages 4-17 receiving services in one public community mental health system located in the western United States, evaluated change trajectories and reported that **8.6% of youth were diagnosed with an adjustment disorder** (Warren, Nelson, Mondragon, Baldwin, & Burlingame, 2010).
3. Among 2,405 youth (average age 13.6 years) receiving public mental health services in Hawaii, **10% were diagnosed with an adjustment disorder** (Hawaii State Department of Health - Child and Adolescent Mental Health Division, 2016).

KEY FINDINGS

1. Systemwide rates of adjustment disorders remained relatively stable from FY 2012-13 to FY 2014-15.
2. FFS providers were more likely to give an adjustment disorder diagnosis; new clients, clients age 0-11, and clients who are also in the CWS were more likely to receive an adjustment disorder diagnosis.
3. Rates of adjustment disorders in other child-serving public mental health systems range from 6-10 percent, far less than San Diego's CYFBHS systemwide rate of 20 percent.

WHAT DOES THIS MEAN?

Adjustment disorders remained one of the highest diagnosed mental health disorders in CYFBHS over the last three years, second only to depressive disorders. This was unanticipated with the Managed Care Plans (MCPs) expanded responsibility to provide mental health services to beneficiaries with mild to moderate needs effective 1-1-14. Assuming that clinics are serving children and youth with a severe emotional disturbance, the high rate of adjustment disorders in San Diego County points to the need for programs to evaluate their diagnostic assignment practices. It is imperative that clients receive an accurate diagnosis, because this guides the treatment plan as well as assumptions about the client's prognosis (e.g., prognosis is generally different for adjustment disorders than for other relapsing-remitting illnesses). Please note that due to data system limitations, only the most current priority 1 (primary) diagnoses were examined. Thus, youth with a primary diagnosis of adjustment disorder may have had additional diagnoses.

NEXT STEPS

1. At intake *and* utilization management review, supervisors should review adjustment disorder diagnostic criteria with clinicians (especially trainees) to confirm clients meet criteria, rule out other diagnoses, and update diagnoses as needed.
2. A team approach to clinical diagnosis may facilitate more accurate client diagnosis.
3. Program managers are encouraged to run a 'diagnosis report by server' and utilize this information in clinical supervision and/or team meetings.
4. CYFBHS has developed a specialized training on diagnosing complex clinical cases. The classroom-style training is available, and is work being done towards creating e-learning modules. Programs are encouraged to prioritize sending clinicians and clinical supervisors to this training.
5. Adjustment disorder diagnosis should be used as one piece of information to help determine if specific clients are the right fit for the CYFBHS system, or whether they would be better served by their health plans.
6. CYFBHS will work with the Administrative Services Organization to disseminate critical elements of this report to the Fee-for-Service network.
7. MHSUDS Information Notice 16-061 released on 12/9/2016 intends to provide clarification on the Mental Health Plan (MHP) responsibility for providing Medi-Cal Specialty Mental Health Services to beneficiaries enrolled in Medi-Cal Managed Care Health Plans. Mental Health Plan is assessing the system impact.

REFERENCES

- Hawaii State Department of Health - Child and Adolescent Mental Health Division. (2016). *Fiscal Year 2015 Annual Factbook*. Retrieved from <http://health.hawaii.gov/camhd/files/2013/07/Annual-Factbook-%E2%80%93Fiscal-Year-2015.pdf>
- Manteuffel, B., Stephens, R. L., & Santiago, R. (2002). Overview of the national evaluation of the comprehensive community mental health services for children and their families program and summary of current findings. *Children's Services: Social Policy, Research, and Practice*, 5(1), 3-20.
- Warren, J. S., Nelson, P. L., Mondragon, S. A., Baldwin, S. A., & Burlingame, G. M. (2010). Youth psychotherapy change trajectories and outcomes in usual care: Community Mental Health Versus Managed Care Settings. *Journal of consulting and clinical psychology*, 78(2), 144.

QI Provider Updates

March 2017

QUALITY MANAGEMENT TEAM UPDATES:

Peer Partner Training

Date/Time: March 10, 2017, 1 pm to 4 pm

Root Cause Analysis Training

Date/Time: April 13, 2017, 8am to 11:30am

Adult Documentation Training

Date/Time: April 21, 2017, 1pm to 4pm.

Location:

The trainings will be held at the 2-1-1 Connections Center, 3860 Calle Fortunada, San Diego 92123.

For directions to 3860 Calle Fortunada, San Diego 92123, please use this link: <https://binged.it/29lQQ4W>. Parking information: Ample parking is available behind the building. Access to the building is through the front doors, and the doors are labeled as Suite 101. Once you enter the foyer, you will be required to check in and will be given a badge. Please allow a little extra time when arriving to park, walk to the entrance, and check in. An extra 15 minutes should be more than enough time.

To register, please include the following:

- Name of Person(s) Attending
- Program Name
- E-mail Address for Each Individual

The maximum amount of people for this training is 40. If you register and need to cancel, please contact Linda Oliver, Linda.Oliver@sdcounty.ca.gov to allow for others to attend who may be on waiting list. Space is limited. This training fills up quickly. A confirmation e-mail will be sent to you upon registration.

Interpreter Services

The Department of Health Care Services (DHCS) requires providers to capture the use of interpreter services and in what language services are provided. Quality Management is working to get this data captured when the new Progress Note functionality is implemented in June 2017. Language and interpreter services will be tracked in CCBH beginning July 1, 2017.

CCBH Service Entry, Place of Service

Looking forward to April 2017, the Place of Service (POS) Indicator table descriptions will be updated. In addition several new POS indicators will be added. A communication with details will be forthcoming.

Progress Note Rewrite

New progress note promotion coming in 2017. Internal work groups to help redesign progress notes are underway. Several providers participated in a demonstration and will be providing feedback about the new product.

Update on WebEx Trainings

The QM "live" documentation training materials are in the process of being updated. QM will have the new webinar versions in the near future.

OPOH Updates

Section J- Revision reflects changes to locations of forms for minor equipment disposal. These updates are posted on the Optum website under "Organizational Providers" under the "OPOH" tab.

QI Provider Updates

March 2017

Appointment Reminder Calls - Program Managers, if you are interested in your program using the automated appointment reminder system for your client appointments, e-mail a request to QIMatters.hhsa@sdcounty.ca.gov.

Quality Improvement Partners Meeting will take place on Tuesday, March 28 from 2:30-4:30 pm.
Location: 2-1-1 Connections Center, Suite 115, 3860 Calle Fortunada, San Diego 92123.

SUBSTANCE USE DISORDERS (SUDS) UPDATES:

County Continuing to Explore 1115 Waiver Opt-in

- The County is continuing to explore the fiscal implications of opting-in to the 1115 Waiver Drug Medical Organized Delivery System.
- Research into proposed changes at the Federal level, and the impact on sustainability of expanded services, is part of this current process.
- Information from other counties (both "opt-in" and those still deciding) is also under review.
- Look for continued communications via meetings and this newsletter. As more information becomes available, it will be shared with all stakeholders.

42 CFR Part 2 Final Rule Implementation Delay

- Implementation of the recently released 42 CFR Part 2 Final Rule has been delayed by the Federal Government until at least March 20, 2017.
- QM is awaiting further information and will relay that as soon as it becomes available.

Upcoming SanWITS 3rd Quarterly Users Group Meeting on March 20, 2017

- New location: j2-1-1 Connections Center, 3860 Calle Fortunado, San Diego, CA 92123
- Time: 9:00 – 12:00 pm
- Attendance: At least one representative from each facility is highly encouraged

PERFORMANCE IMPROVEMENT TEAM (PIT) UPDATES:

No updates for this month.

MANAGEMENT INFORMATION SYSTEM (MIS) UPDATES:

Quality Improvement has approved specific client documents for capturing client signatures through the use of Signature Pads in CCBH. Signature Patterns are currently being distributed to programs. Tip sheets will be available on the Optum website to assist with learning the functionality. (Memo 3/3/2017)

To: BHS MH Providers

Date: 3/3/17

From: AnnLouise Conlow, BHS Senior MIS Manager

Re: Cerner Community Behavioral Health (CCBH) Signature Pads and Available Forms

County of San Diego Behavioral Health Services Quality Improvement has approved the following client documents for capturing client signatures through the use of Signature Pads in CCBH:

- Consent for Services
- Informed Consent for Taking Psychotropic Medication
- Authorization to Use or Disclose of Protected Health Information

Signature Pads are currently being distributed to programs. The forms, as stated above, are now available as of March 1, 2017. Tip sheets will be available on the Optum website to assist with learning the functionality. In the future, other forms identified to capture client signature will be added to CCBH. The use of signature pads is not required, however, is strongly encouraged as the County works to continue progress to the fully functional use of an electronic health record system.

Please direct any questions regarding signature pads to:

Kris Summit
619-584-3018
Kristopher.summit@sdcounty.ca.gov

The San Diego County Office of Education, in partnership with the International Bullying Prevention Association and working in collaboration with the San Diego County Suicide Prevention Council's School Collaborative presents:

Inclusion through Kindness and Compassion

One-day summit supporting our LGBTQ youth

8am - 4pm, Friday, April 28, 2017

Marina Village Conference Center

San Diego, California

Topics include:

- Culture Change Strategies for Addressing Bias

- Suicide Prevention among LGBTQ Youth

- Trauma Informed Practices

- Creating a Culture of Compassion

6 contact hours available!

\$50 registration fee

includes continental breakfast and lunch PLUS CEUS thanks to the amazing sponsors!

Jenny Betz with GLSEN will host this day packed with inspiration, practical strategies and connections to support your work with youth.

Sponsored by San Diego County Office of Education through Project Cal-Well, San Diego Youth Services, County of San Diego Health and Human Service Agency, Community Health Improvement Partners, and the International Bullying Prevention Association.



INTERNATIONAL BULLYING
PREVENTION ASSOCIATION



Register TODAY- space is limited! www.ibpaworld.org

Questions? Call 800-929-0397 or email Lynn at info@ibpaworld.org

All participants must pre-register. Onsite registration is not available for this summit.

Honoring the Journey

PARTNERING WITH REFUGEE FAMILIES



DO YOU
WANT TO KNOW
MORE ABOUT
HOW TO
RESPECTFULLY
CONNECT WITH
REFUGEE
FAMILIES?

ARE YOU LOOKING FOR TOOLS TO
ENHANCE YOUR JOURNEY IN PARTNERING
WITH REFUGEE FAMILIES THROUGH
CULTURALLY RESPONSIVE SERVICES?

The number of refugee families in San Diego is growing every year. They are a varied and resilient community. In this conference presentations will address the recognition of resilience and the impact of trauma, the effects and challenges of forced migration, and identify culturally responsive interventions, tools and available resources for refugee families.

For more information click [here](#).

CONFERENCE DETAILS

THURSDAY, JUNE 1, 2017

8:00am – 8:30am
Registration & Breakfast

8:30am – 4:30pm
Conference

**CROWNE PLAZA
MISSION VALLEY**

2270 Hotel Circle North
San Diego, CA 92108

REGISTRATION FEE: \$75

Fee includes: Parking, continental
breakfast, lunch, and CEs

Scholarships available for Family &
Youth Support Partners. Contact

CYPSCAcademy@BHETA@mail.sdsu.edu



This conference has the qualifications for 7 hours of continuing education credit pending for MFTs, LPCCs, LEPs and/or LCSWs as required by the California Board of Behavioral Sciences, PCE 3776. The Academy is approved by the California Board of Registered Nursing, Provider Number BRN CEP-15014; CCAPP-EI, Provider Number 15-98-398-0818, and CAADE Provider Number CP10-906-C0317 for 7 contact hours/CEHs. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists. The Academy maintains responsibility for this program and its content. CE certificates will be available for download 3-5 business days after course completion. Click here for [information on how to obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).



County of San Diego
Children's System of
Care Training Academy





CHILDREN, YOUTH AND FAMILIES SYSTEM OF CARE TRAINING ACADEMY

Honoring the Journey
PARTNERING WITH REFUGEE FAMILIES

Registration Form (a separate registration form is required for each participant)

Please indicate the division of Children's System of Care you work with:

- | | | |
|---|--|--|
| <input type="checkbox"/> Family and Youth Members | <input type="checkbox"/> Probation | <input type="checkbox"/> Community Partner |
| <input type="checkbox"/> Family and Youth Partners | <input type="checkbox"/> Child Welfare | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Children Youth and Families Behavioral Health Services | <input type="checkbox"/> Education | |

Name: _____

Program: _____

Position/Job Title: _____

Phone: _____ Work Email: _____

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Supervisor: _____ Supervisor E-mail: _____

☐ I am a psychologist. Psychologist license # _____

☐ Vegetarian Meal

Please email your completed registration form to:

CYFSCAcademyBHETA@mail.sdsu.edu or FAX (619) 594-1118

Your registration is not complete until payment is processed.

Group payments must include a registration form for each participant.

Registration is nontransferable without the submission of a new registration form.

Only payment by check or credit card will be accepted. Checks submitted for multiple registrants must include a list of all registrant names. Payments must be received by May 25, 2017.

PAY BY CHECK

Please make checks payable to SDSU Research Foundation,
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Scroll to the bottom to the dot point that reads *Training above Academy for Professional Excellence*

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Enter the amount you are paying. Registration fee is \$75.00 per person.

Enter the amount with no \$ symbol (for example 75.00).

You will receive an e-mail confirmation upon receipt of your payment.

If you have any questions or trouble processing payment, please e-mail CYFSCAcademyBHETA@mail.sdsu.edu.