

Program Manager Meeting Agenda
Outpatient Services for Children, Youth and Families
Behavioral Health Services
March 12, 2026 | Zoom | 9:30 - 11:30 am



- Welcome – Teresa Kang, LCSW
- Quality Assurance Updates (System of Care) – Elaine Mills, Diana Daitch-Weltsch
 - Mental Health Updates
 - [Ask-Me-About-ASAMI-Understanding-Legal-Requirements-for-BHPs-01.28.26-3.pdf](#)
 - Substance Use Updates
 - ASAM 4th edition: The State is working to identify if counties may be able to move forward with new ASAM without stat plan amendment between DHCS and CMS. This could be up for review in late February/March. Potential implementation of the 4th edition in July 2027. This may be extended due to complexities with DHCS and CMS.
- System Collaboration Updates – Shaun Goff & Cynthia Roman
Update to the CFT Meeting Summary and Action Plan
- Presentation – Drug Trends: James Fontaine, Chief, SDCDA, Major Narcotics Division
- News You Can Use
 - Client Engagement Tools – Autumn Gabin
 - IP CANS Training – Eileen Quinn-O’Malley
- Networking with Colleagues
- Announcements (System of Care)
 - Critical Issues in Child and Adolescent Mental Health (CICAMH) Conference – Dr. Charmi Patel
 - [CICAMH Conference, Friday, May 8, 2026](#)
 - [Voices of a Generation: Equity, Access, and Innovation in Youth Mental Health](#)
 - [Join Us at CICAMH + On-Site Professional Headshots for Attendees](#)
 - [Transportation for Medi-Cal Members](#)
 - Casa de Amparo Transitional Living Program
 - Safer Spaces Training
 - **Safer Spaces 1.0 Training**
Dates: April 15, 2026 | Time: 9:00 AM – 12:00 PM | Format: In-person | [Register Here](#)
 - **Safer Spaces 2.0 Training**
Dates: April 17, 2026 | Time: 9:00 AM – 12:00 PM | Format: In-person | [Register Here](#)
 - [Youth Town Hall: Your Health on the Line](#)
- Next Meeting: May 14, 2026 | 9:30 - 11:30 am

Note: Meeting packets are emailed prior to the meeting, distributed during the meeting, and can be requested from Rhonda.Crowder@sdcounty.ca.gov

ASCFI Form Training

Alice Leiter, Counsel

Manatt, Phelps & Phillips LLP

- **Introductions**
- **ASCFI Overview**
- **Administering the ASCFI Form**
- **FAQs**

ASCFI Overview

What is the ASCMI (“Ask-Me”) Form?

- The “Authorization to Share Confidential Member Information” (ASCMI) form is a release-of-information form that can be used to request individual’s consent to share a variety of types of information, held by a variety of provider types, when required by federal or state law.
- The ASCMI form is part of a statewide effort to promote and standardize the exchange of individuals’ health and social services information among care partners. California is in the process of developing an electronic consent management platform (the “CMP”), into which ASCMI consent preferences will be loaded, such that care partners can query the system to see if there is consent on file to share certain types of information.
- California behavioral health plans and managed care plans will be **required** to use the ASCMI form this year, but DHCS recommends that all care partners adopt the ASCMI form as their standard consent form.
- Benefits of the form include: (1) legal compliance; (2) plain language; and (3) reduction in administrative burden.

What is the ASCMI (“Ask-Me”) Form? (cont.)

AUTHORIZATION TO SHARE CONFIDENTIAL MEMBER INFORMATION (ASCMI) FORM: NON-AB 133 (VERSION 2.0)

Section 1: Overview of Sharing Your Personal Information

1.1 Purpose of Information-Sharing

Your personal information listed in Section 1.3 below may be shared for many reasons, including:

- » Coordinating your care. For example, helping you schedule an appointment, helping you request housing support, or helping you find a therapist.
- » Providing you with medical, dental, mental health, and substance use disorder treatment and services.
- » Obtaining payment from your insurance carrier for the treatment and services provided to you.
- » Connecting you to programs, services, and resources that can help improve your health and wellbeing.
- » Collecting information so that _____ can help improve the care you are receiving.

1.2 Who Can Share and Receive Your Information

Care Partners may share your information. Care Partners are providers and organizations you have seen before, are seeing now, or may see in the future. These Care Partners may include:

- » Health care providers, including primary care providers and mental health providers.
- » Substance use disorder providers, such as opioid treatment programs and residential treatment programs.
- » Community-based organizations and homeless service providers.
- » Health insurance plans, including Medi-Cal managed care plans and behavioral health plans.
- » County health and human services agencies.
- » Qualified health information organizations.
- » State health and human services agencies.

Why Does DHCS Have Two ASCMI Forms – AB 133 and non-AB 133?

- AB 133 is a California law that permits the sharing of health and social services information for purposes of implementing CalAIM, notwithstanding state laws that are more restrictive with respect to consent.
- This means that, for Medi-Cal members, authorization to share, for example, data covered by the Lanterman-Petris-Short Act, or California's SUD law, is **not** necessary.
- The ASCMI form, however, is intended for use both by Medi-Cal members and non-Medi-Cal members. As a result, there are two forms, for two different populations – AB 133 for Medi-Cal, and non-AB 133 for non-Medi-Cal.
- For organizations that treat clients who are not enrolled in Medi-Cal, or may go on and off Medi-Cal with some regularity, it is more administratively simple and efficient to use the non-AB 133 form. As a result, CalMHSA has elected to use **only** the non-AB 133 form, which has the more granular consent options.
- Importantly, even if consent is not required under AB 133, consent preferences expressed on the non-AB 133 form will be honored even if an individual is subsequently enrolled in Medi-Cal.

What Types of Information-Sharing Does the (non-AB 133) Form Authorize?

- Federal and state law require consent to disclose certain types of information held by certain providers.
- The ASCMI form can be used to authorize the sharing of:
 - Substance use disorder information protected by Part 2 (e.g., diagnoses, prescription details, treatment records).
 - Housing information collected by housing providers (e.g., housing assessment completed by a Coordinated Entry).
 - Mental health information protected by the Lanterman Petris Short Act (LPS) (e.g., treatment records, assessments).
 - Intellectual and developmental disability information protected by LPS (e.g., developmental service records, Individual Program Plan, Regional Center eligibility assessment).
 - HIV test results.
 - Genetic test results.

Administering the ASCMI Form

How to Deliver and Complete the ASCMI Form

- DHCS defers to individual care partners on how to administer the form, depending on workflows and the context in which services are being provided. For example, the form can be delivered at the point of intake, or in the course of providing services. It can also be administered when there has been a request for an individual's data to be shared.
- The form cannot be amended – it must be administered as-is. However, an organization-specific release of information form could be added to the ASCMI form as an addendum, or presented to an individual in conjunction with the ASCMI form.
- The individual care partner must fill out certain mandatory fields on the ASCMI form. Counties can populate fields with organization-level identifiers (e.g., county name, county NPI, county phone number), but an individual provider name should be included for care coordination purposes.
- ASCMI forms remain valid for **one year**.

How to Deliver and Complete the ASCMI Form, cont.

- Patient education is a key component of the ASCMI form, and DHCS envisions that the care provider administering the form will walk the individual through the form to help them understand what it is, what types of information require their consent to be shared, the benefits of signing, what happens if they don't sign the form, etc.
- The individual should understand that signing the form is **optional** and that they can change their mind and revoke the form at any time.
- Care partners should make clients aware that even if they decline to authorize the sharing of their information via the ASCMI form, some information may still be shared, and the client may be asked again to complete the form in the future.

Frequently Asked Questions

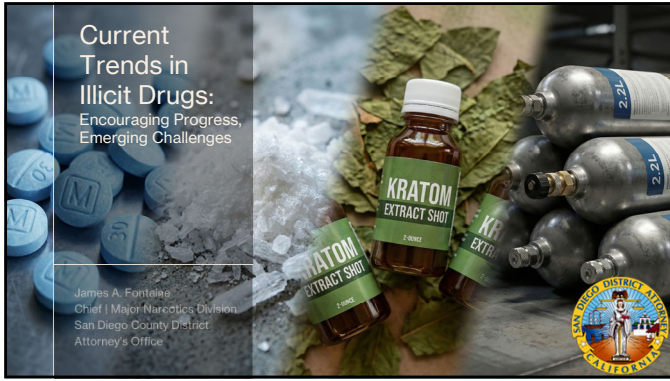
Does the Form Apply to Providers or Data?

- The form allows an individual to authorize the sharing of certain data types held by certain providers, even if the provider administering the form does not hold that type of information.
- **Example:** A mental health provider operating out of a mental health clinic treats a patient who has a substance use disorder. After administering the ASCMI form, the mental health provider sees that the individual checked “no” next to the “substance use disorder” box on the form. The individual also checked “yes” next to housing information.
 - The mental health provider is not a Part 2 provider, nor is she subject to California’s SUD law. As a result, the SUD-related information she obtained from the patient becomes part of the patient’s mental health record. Such information may be shared without consent, in accordance with HIPAA.
 - If a provider who IS subject to either Part 2 or California’s SUD law wants to disclose SUD information that they hold, and they check the CMP for ASCMI consent preferences, they cannot share that individual’s information without obtaining consent.
 - A housing provider operating out of a local Continuum of Care that requires individual consent to upload information into the HMIS can do so without obtaining additional consent.

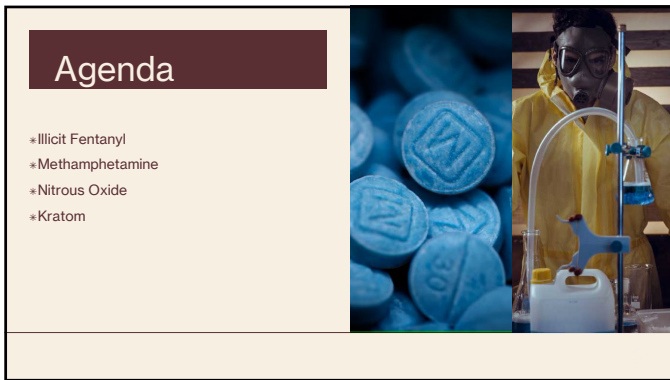
What Happens if There Are Multiple ASCMI Forms for a Single Client?

- The most recent ASCMI form governs.
- **Example:** A behavioral health provider, who is not a Part 2 provider, administers an ASCMI consent form for a client, who checks “yes” next to every category of health information, granting permission to disclose all types of data listed on the form. Several months later, the same client receives SUD treatment from a Part 2 provider. The behavioral health provider wants access to those records for care coordination purposes. The Part 2 provider sees that the client has previously granted consent to share Part 2 data, but wants to obtain her own, current consent rather than rely on the previous consent. She administers a new ASCMI form, on which the client checks “yes” to disclosing Part 2 information, mental health information, and HIV test results, but “no” to housing information.
 - The ASCMI form administered by the Part 2 provider governs.
 - If a housing provider providing services to the client wants to use his housing information for HMIS-related purposes, he cannot do so without obtaining the client’s consent.

The floor is yours!



1



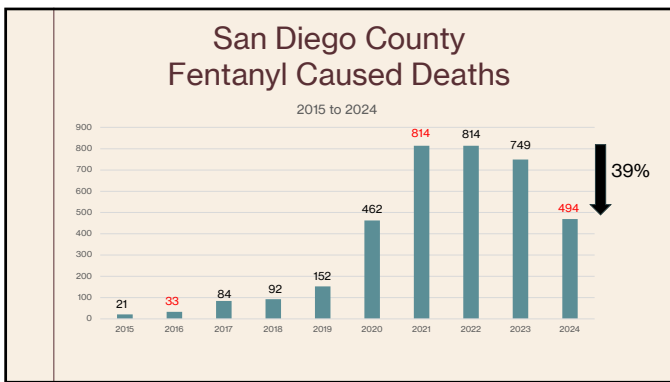
2



3



4



5

INCREASED ENFORCEMENT EDUCATION **INCREASED NALOXONE**

DECREASED POTENCY CARTEL WAR

LOSS OF MOST VULNERABLE **INTERNATIONAL PRESSURE**

6



7



8



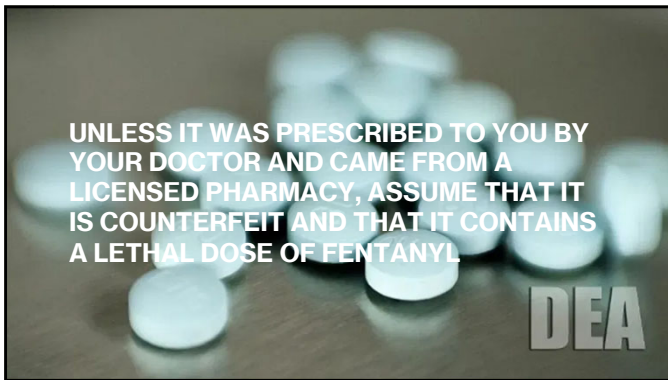
9



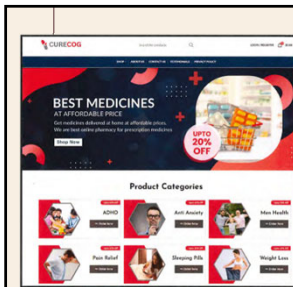
Social Media Drug Dealers

- With increasing frequency, drugs, including fentanyl, are being sold via social media apps such as Snapchat, Instagram, and Facebook.
- Some dealers are overt in their efforts to sell. Others are more nuanced, using coded language and emojis to represent the drugs being sold.
- Disappearing messages and heightened privacy policies encourage and facilitate drug dealing via social media.
- Drugs are being dropped off at or near a buyer's home. Often, that buyer is a kid between the ages of 12 and 18.

10



11



September 30, 2024

The U.S. Attorneys Office for the Southern District of New York, Homeland Security Investigations, Drug Enforcement Administration, and U.S. Postal Inspection Service announced charges against 18 defendants located in the United States, Dominican Republic, and India.

- Dozens of fake online pharmacies
- Selling counterfeit pills containing fentanyl or methamphetamine in all 50 states
- Pill mills producing 100,000 pills every 12 hours
- At least 9 victims dead

Only 5% of the approximate 35,000 active online pharmacies, comply with United States pharmacy laws and practice standards. – National Association of Boards of Pharmacy

12

Is the Online Pharmacy Legitimate?

Legitimate online pharmacies:

- ✓ Always require a doctor's prescription.
- ✓ Provide a physical address and telephone number in the U.S.
- ✓ Have a licensed pharmacist on staff to answer your questions.
- ✓ Are licensed with a state board of pharmacy.

Check the pharmacy's license in the state's board of pharmacy license database using the location tool on the FDA's BeSafeRx website:

<https://www.fda.gov/drugs/besaferrx-your-source-online-pharmacy-information/locate-state-licensed-online-pharmacy>

13



14



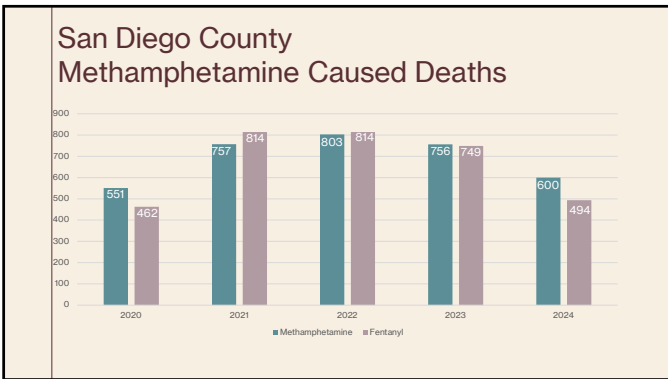
15



16



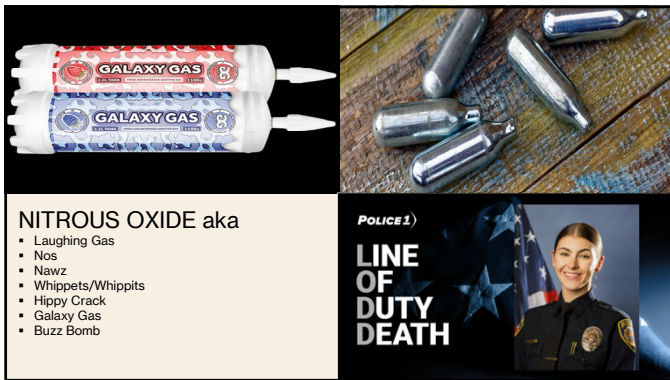
17



18



19



- NITROUS OXIDE aka
- Laughing Gas
 - Nos
 - Nawz
 - Whippets/Whippits
 - Hippy Crack
 - Galaxy Gas
 - Buzz Bomb



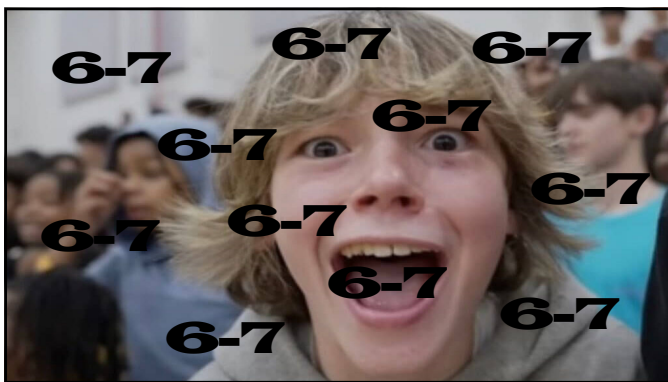
20



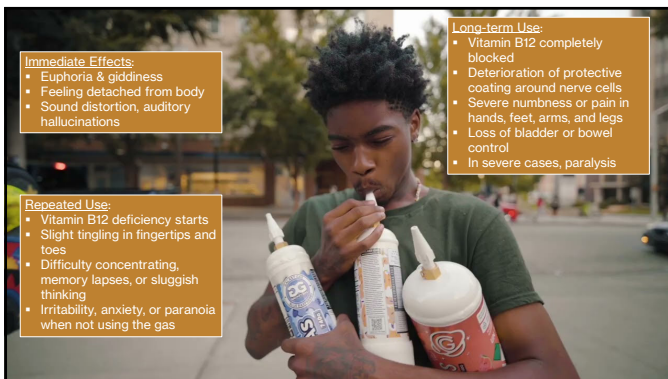
21



22



23

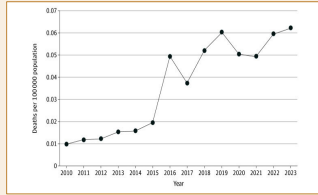


24

U.S. NITROUS OXIDE MORTALITY (PUBMED, JULY 1, 2025)

More than 13 million people in the U.S. report using the inhalant drug nitrous oxide (also known as laughing gas or whippets) in their lifetime. Nitrous oxide misuse poses serious health risks, such as oxygen deprivation, which may result in hypoxia, neurological damage, and even death.

From 2010 to 2023, there was a total of 1240 deaths attributable to nitrous oxide poisoning among people aged 15 to 74 years in the U.S., with 23 deaths observed in 2010 and 156 deaths in 2023, a 578% increase.



Yockey RA, Hoopsick RA. US Nitrous Oxide Mortality. JAMA Network Open. 2025 Jul 1

25

DA Issues Public Safety Warning About Dangers of Nitrous Oxide-Related DUIs

October 9, 2025



During an 11-month period, the DA filed charges in three fatality cases involving the use, or suspected use, of nitrous oxide.

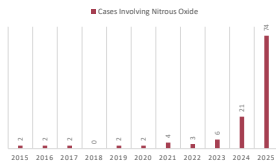
“The increase we’re seeing of drivers abusing this drug is extremely concerning and it’s important that we curb this trend before it gets worse. We’re currently prosecuting three cases that include evidence of DUI drivers believed to have done ‘whippets’ before the separate crashes that killed or seriously injured their passengers or other drivers.”

District Attorney Summer Stephan

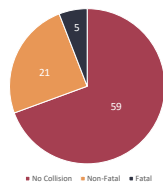
26

SDCDA CASE STUDY (2015-2025)

ADULT CASES INVOLVING NITROUS OXIDE 2015 - 2025



Adult Cases Involving Nitrous Oxide & Vehicles | 2015-2025



27



28

UNDERSTANDING ALKALOIDS

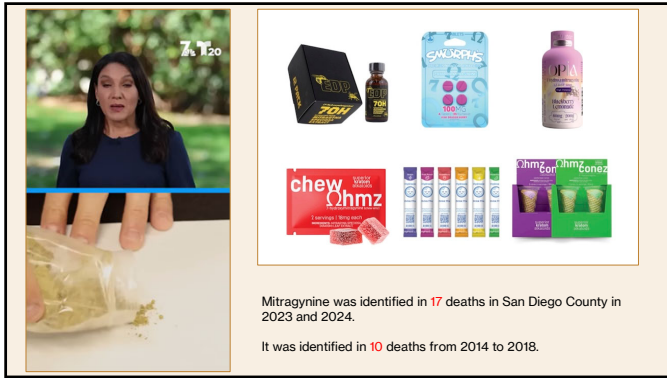
Plant	Primary Alkaloid	Purpose for the Plant	Effect on Humans (Low-Moderate Dose)	Risk at Higher Dose / Concentration
Coffee / Tea	Caffeine	Insect deterrent; toxic to insects	Increased alertness, focus	Anxiety, insomnia, tachycardia
Tobacco	Nicotine	Potent insect neurotoxin	Stimulation, dopamine release	Addiction, cardiovascular stress
Kratom (<i>Mitragyna speciosa</i>)	Mitragynine (primary)	Bitter, biologically active deterrent	Mild stimulation or analgesia (dose-dependent)	Nausea, sedation, dependence risk

29

UNDERSTANDING ALKALOIDS

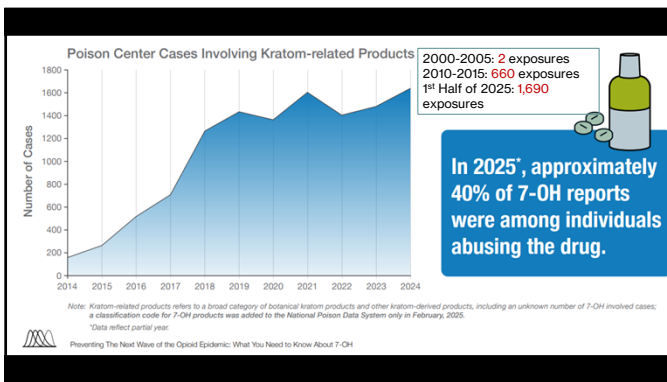
Plant Source	Alkaloid	Natural Abundance	Relative Potency	Primary Effect in Humans	Risk Profile
Opium poppy	Morphine	Naturally present	High	Powerful analgesia	High overdose & dependency risk
Kratom leaf	7-Hydroxymitragynine (7-OH)	Trace (near-undetectable)	Very high (vs. mitragynine)	Strong opioid-like activity	Disproportionate overdose risk
Kratom leaf	Mitragynine	Primary alkaloid	Moderate	Mixed stimulant/analgesic	Lower risk at traditional doses

30

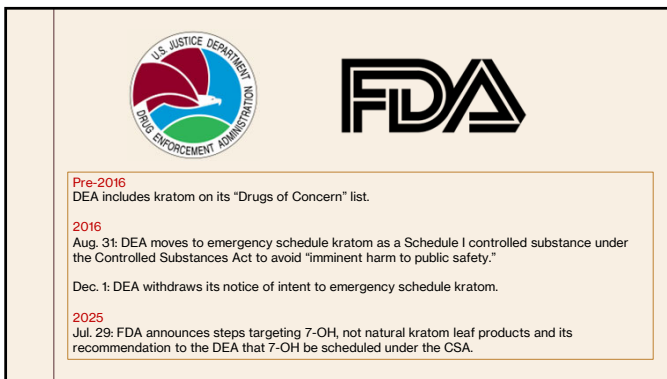


Mitragnine was identified in 17 deaths in San Diego County in 2023 and 2024.
It was identified in 10 deaths from 2014 to 2018.

31



32



U.S. JUSTICE DEPARTMENT
DRUG ENFORCEMENT ADMINISTRATION


FDA

Pre-2016
DEA includes kratom on its "Drugs of Concern" list.

2016
Aug. 31: DEA moves to emergency schedule kratom as a Schedule I controlled substance under the Controlled Substances Act to avoid "imminent harm to public safety."
Dec. 1: DEA withdraws its notice of intent to emergency schedule kratom.



2025
Jul. 29: FDA announces steps targeting 7-OH, not natural kratom leaf products and its recommendation to the DEA that 7-OH be scheduled under the CSA.

33

<p>FDA Takes Steps to Restrict 7-OH Opioid Products Threatening American Consumers</p> <p><small>Agency alerts health care professionals and consumers of 7-hydroxythebaine risks</small></p>	<p><small>CBS Morning</small></p> <p>Popular supplement kratom faces scrutiny over addiction concerns: "It's ruining people's lives"</p> <p><small>By Lilla Luciano, Nicole Busch, Lauren Fichten</small></p>
<p>Foods, Dietary Supplements and Medical Drugs containing Kratom and 7-OH are Dangerous and Illegal to Sell or Manufacture</p> <p><small>October 24, 2025</small></p> 	
<p><small>Kratom was linked to 6 L.A. deaths and banned in the county. But the supplement's actual health risks remain a mystery</small></p>	<p>Is kratom safe? Rising health concerns explained</p> <p><small>Director of the Virginia Poison Center at VCU Health warns consumers about the hidden health risks associated with kratom and 7-OH products.</small></p> <p><small>November 14, 2025</small></p>

34


WHAT HAVEN'T WE TALKED ABOUT?

35

Thank You

James A. Fontaine
Chief | Major Narcotics Division
San Diego County
District Attorney's Office
james.fontaine@sdcca.org
(619) 531-4227 / (619) 886-0277



36

Engagement Tools to Strengthen Client Participation

Cultural Formulation Interview & Participation Enhancement Interview



[APA DSM5 Cultural-Formulation-Interview.pdf](#)

[Supplementary modules to the core cultural formulation interview](#)

[Microsoft Word - Participation Enhancement Intervention Brief Manual.doc](#)

[Microsoft Word - Participation Enhancement Intervention Change Plan](#)

Purpose: Optional tools to support programs in improving client engagement, trust, and treatment completion by integrating two brief, no-cost tools into routine care: the **Cultural Formulation Interview (CFI)** and the **Participation Enhancement Intervention (PEI) Worksheet**. Evidence shows these tools improve communication, appointment retention, and treatment progression.

CFI (DSM-5-TR): A 16-item, person-centered cultural assessment used at intake or early sessions; consistently associated with better rapport, more meaningful clinical information, and improved treatment planning. CFI and modules are available directly from APA and are free to copy and use in clinical setting.

Cultural Formulation Interview (CFI)	
Supplementary modules used to expand each CFI subtopic are noted in parentheses.	
GUIDE TO INTERVIEWER	INSTRUCTIONS TO THE INTERVIEWER ARE <i>ITALICIZED</i>.
<p><i>The following questions aim to clarify key aspects of the presenting clinical problem from the point of view of the individual and other members of the individual's social network (i.e., family, friends, or others involved in current problem). This includes the problem's meaning, potential sources of help, and expectations for services.</i></p>	<p><i>INTRODUCTION FOR THE INDIVIDUAL:</i> I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about your experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.</p>
CULTURAL DEFINITION OF THE PROBLEM	
CULTURAL DEFINITION OF THE PROBLEM	
(Explanatory Model, Level of Functioning)	
<p><i>Elicit the individual's view of core problems and key concerns.</i></p> <p><i>Focus on the individual's own way of understanding the problem.</i></p> <p><i>Use the term, expression, or brief description elicited in question 1 to identify the problem in subsequent questions (e.g., "your conflict with your son").</i></p> <p><i>Ask how individual frames the problem for members of the social network.</i></p> <p><i>Focus on the aspects of the problem that matter most to the individual.</i></p>	<p>1. What brings you here today? <i>IF INDIVIDUAL GIVES FEW DETAILS OR ONLY MENTIONS SYMPTOMS OR A MEDICAL DIAGNOSIS, PROBE:</i> People often understand their problems in their own way, which may be similar to or different from how doctors describe the problem. How would you describe your problem?</p> <p>2. Sometimes people have different ways of describing their problem to their family, friends, or others in their community. How would you describe your problem to them?</p> <p>3. What troubles you most about your problem?</p>

PEI Worksheet: A brief, motivationally informed tool that helps clients identify barriers, set goals, and plan for adherence; related strategies have increased session attendance and adherence. The PEI is structured to be delivered in 5-45 minutes and is designed to be used before or during early sessions to promote participation in ongoing therapy.

(Nock, 2005)

Parent name: _____ Chart#: _____ Date: _____ Therapist: _____

Change Plan Worksheet

1) The changes I want to make are:

In my child: (e.g., decrease tantrums)

In me: (e.g., learn and use new parenting skills)

2) The most important reasons I want to make these changes are:

(e.g., child's future, family functioning)

3) The steps I plan to take in changing are:

(e.g., come to sessions, try skills at home, practice)

Research Shows:

- Community clinic pilot: After one training, clinicians using the CFI with diverse patients observed improved appointment retention (Aggarwal et al., 2022).
- Randomized child-services trial: Families receiving CFI-enhanced intake were more likely to complete the first phase of treatment and had better attendance (Sanchez et al., 2022).
- The Cultural Formulation Interview (CFI) consistently found to enhance rapport, yield meaningful clinical information, and aid in treatment planning. Those who completed the CFI were more likely to complete treatment. (Sanchez et al. 2022)
- CFI use improved trust and communication, particularly among BIPOC clients (Aggarwal et al., 2016).
- International findings show CFI enhances rapport and supports culturally informed treatment planning (Lewis-Fernández et al., 2017).
- PEI-related interventions in randomized trials increased motivation, session attendance, and adherence (Nock & Kazdin, 2005).

IP CANS Training

CYF Outcomes

CANS User Guide



QA MH - UP TO THE MINUTE
January 2026

Important Update: CANS Certification Name Change

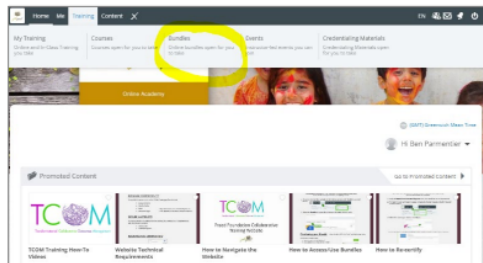
Effective 1/13/26, providers will complete the Integrated Practice (IP) CANS, which aligns with SmartCare (California CANS). This training replaces the former San Diego CANS 1.0. If you have previously certified in the CANS 50 or San Diego CANS 1.0, you are not required to recertify with the IP CANS until your current certification expires.

CANS User Guide

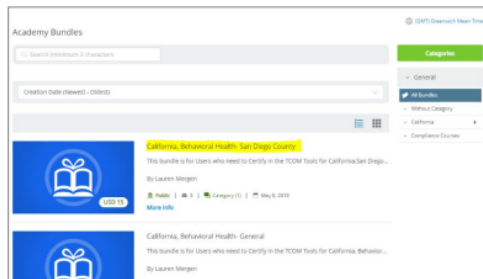


Step 3 Redeem Coupon and Navigate to Course

Using the top menu bar, locate "training" and select "bundles" from the drop-down menu



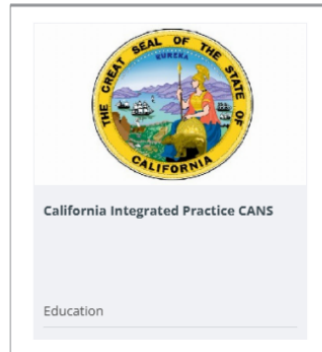
Click on California, Behavioral Health - San Diego County



Enter the coupon code you were emailed from the BHS Workforce Email address (BHSworkforce.HHSA@sdcounty.ca.gov) in the box on the left of the screen
Then hit "Redeem"



Select the California Integrated Practice CANS course





Voices of a Generation: Equity, Access, and Innovation in Youth Mental Health

Friday, May 8, 2026

**Joan B. Kroc School of Peace Studies
University of San Diego**



KEYNOTE SPEAKERS

**Kymerberly Garrett, SPHR MBA
Jessica Jackson, Ph.D.**

**<https://cicamh.com/>
cicamh.conference@gmail.com**



Transportation for Medi-Cal Members






San Diego County



You can get transportation (rides) covered by your Medi-Cal Health Plan at no cost to you!

- This includes rides to any doctor, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.
- Your Medi-Cal Health Plan can help you get round-trip rides depending on your needs. This may include;
 - Rides by car, taxi, bus, or train
 - Bus passes and taxi vouchers
 - Money back for driving your own car

Call your Medi-Cal Health Plan to get a ride!

Medi-Cal Health Plan	Contact Information	Prepare to Call
 Promise Health Plan	<p><u>Blue Shield Promise</u> 1-855-699-5557 Two (2) days advance notice required</p>	 <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Medi-Cal ID number <input checked="" type="checkbox"/> Home address <input checked="" type="checkbox"/> Mailing address <input checked="" type="checkbox"/> Phone number <input checked="" type="checkbox"/> Day, time, and location of appointment <input checked="" type="checkbox"/> Caregiver/provider's name
	<p><u>Community Health Group</u> 1-800-224-7766 Two (2) days advance notice required</p>	
	<p><u>Kaiser Permanente</u> 1-800-464-4000 Three (3) business days advance notice required</p>	
	<p><u>Molina Healthcare</u> 1-888-665-4621 / (844) 292-2688 Two (2) business days advance notice required</p>	

For questions about Medi-Cal or to apply for Medi-Cal benefits, please call 866-262-9881.



NEED A SAFE PLACE TO STAY?

Are you age 18–21 without safe housing?

Casa de Amparo's Transitional Living Program can help.

We provide housing and support for **young women** experiencing homelessness or housing instability.

WHAT YOU GET:



Safe Housing

A **furnished apartment** with **your own bedroom and bathroom**, plus shared kitchen and living space, for up to **18 months** or more with possible extensions.



Support & Care

Caring staff who **listen and treat you with respect**, plus access to **safe medical care**, **mental health support**, and help when things feel overwhelming.



Life & Ongoing Support

Help with school or your GED, jobs and career planning, everyday life skills, and **continued support even after you leave the program.**

You may qualify if you are a woman ages 18–21, and:

Don't have a place to stay,
Were asked to leave home,
Are couch-surfing or living on the street, or
Are at risk of becoming homeless.



Scan to complete
eligibility assessment.

WANT TO LEARN MORE?

Call: 760-295-4600

Email: housing@casadeamparo.org

Visit: www.casadeamparo.org

You don't have to figure this out alone.
We're here to help.

¿NECESITAS UN LUGAR SEGURO DONDE QUEDARTE?

¿Tienes entre 18 y 21 años y no cuentas con una vivienda segura?

El Programa de Vivienda Transitoria de Casa de Amparo puede ayudarte.

Ofrecemos vivienda y apoyo para **mujeres jóvenes** que están pasando por momentos difíciles como falta de vivienda o inestabilidad habitacional.

¿QUÉ OFRECEMOS?



Vivienda Segura

Un apartamento amueblado con tu propio dormitorio y baño, además de cocina y sala compartidas, por hasta 18 meses o más con posibles extensiones.



Apoyo y Cuidado

Personal atento que te escucha y te trata con respeto, además de acceso a atención médica segura, apoyo de salud mental y ayuda cuando las cosas se sienten abrumadoras.



Habilidades para la Vida y Apoyo Continuo

Ayuda con la escuela o tu GED, empleos y planificación de carrera, habilidades para la vida diaria y apoyo continuo incluso después de que salgas del programa.

Podrías calificar si eres una mujer de 18–21 años y:

No tienes un lugar donde quedarte
Te pidieron que dejaras tu hogar
Estás quedándote con amigos o viviendo en la calle
Estás en riesgo de quedarte sin hogar

Todos los servicios son gratuitos.

Ubicado en San Marcos.



Escanea para completar la evaluación de elegibilidad.

¿QUIERES SABER MÁS?

LLama: 760-295-4600

Correro electrónico: housing@casadeamparo.org

Visita: www.casadeamparo.org

No tienes que enfrentar esto sola.

Estamos aquí para ayudarte.

SPC LGBTQIA+

Safer Spaces 1.0 & 2.0

In-Person Training



- 1.0 In-Person Training
Apr. 15, 2026
9:00 AM - 12:00 PM
SDCOE- South County Regional Education Center
800 National City Blvd., Comm Labs 1-2
Registration [LINK](#)
- 2.0 In-Person Training
Apr. 17, 2026
9:00 AM - 12:00 PM
SDCOE- Main Campus
6401 Linda Vista Road, Annex B
Registration [LINK](#)

This training provides participants with the following:

1.0 Training:

- Relevant terms/concepts
- Lived experiences of LGBTQIA+ youth
- Federal and state laws protecting LGBTQIA+ youth
- Importance of inclusive curriculum
- How to be an ally to LGBTQIA+ youth
- Resources from the Suicide Prevention Council

2.0 Training:

- Review 4 pillars
- Reflections on your allyship and going beyond
- Intersectionality
- Inclusive sex education
- Transgender and gender non-binary experiences

Questions? Contact: Elizabeth Campos
ecampos@sdcoe.net
858-295-8992

NO COST!

Target Audience: All who have contact with K-12 students in an educational setting to create a safer learning environment.

In partnership with the San Diego County Suicide Prevention Council and the County of San Diego.



Participants may be photographed for use in promotional and/or news materials.

The San Diego County Office of Education is committed to ensuring equal, fair, and meaningful access to employment and education services. SDCOE does not discriminate in its employment practices or educational programs and activities on the basis of race, color, national or ethnic origin, ancestry, age, religion or religious creed, marital status, pregnancy or parental status, physical or mental disability or handicap, sex or gender, gender/transgender identity and expression, sexual orientation, military or veteran status, political affiliation, genetic information, a perception of one or more of such characteristics, association with a person or group with one or more of these actual or perceived characteristics, or any other characteristic protected under applicable federal, state or local law as applicable to educational services and/or employment. More detailed SDCOE policies and regulations can be found at www.sdcoe.net/nondiscrimination.



California Pan-Ethnic
HEALTH NETWORK



OUR TIME TO ACT

**youth
will**

YOUTH HEALTH ON THE LINE



**MARCH 14
11AM-1PM**

At the North County
LGBTQ Resource
Center

**RSVP:
bit.ly/YouthTH**

Join us in learning
more about
upcoming changes
to Medi-Cal and
how it's impacting
youth!

