Program Manager Meeting

Children, Youth, and Families | Behavioral Health Services
July 10, 2025| Zoom | 9:30 – 11:30 a.m.

Agenda

- **Welcome** – Kelly Bordman

- **QA Updates** – Elaine Mills (MH), Diana Daitch-Welch (SUD)/County of San Diego — 15 minutes
  - SUD – Ambulatory Withdrawal Management tip sheet (Pg 3)
  - MH – General Updates
    - TADT Tip Sheet (Pg 5)
    - PCIT Modifier (Pg 10)
    - Group Billing Follow Up (Pg 12)

- **System Collaboration Updates** – Shaun Goff & Cynthia Roman/County of San Diego — 10 minutes
  - Pathways to Wellbeing (PTW) and Continuous Care Reform (CCR) Updates
  - PTW & CCR Training (Pg 13)

- **SchooLink –** Emily Gaines/ County of San Diego — 5 minutes
    - SB 1063 – Student ID CARD-QR Code (Pg 14)
    - CYBHI Fee Schedule and Behavioral Health Services (Pg 15)

- **Tipsheets for Talking to Youth about Drugs** – Terri Kang (Pg 17-36) — 5 minutes

- **CRF Healthy Connect Program Overview** – Michael Hammel & Rachel Selig (Pg 37) — 30 minutes

- **Nile Sisters Program Overview** – Dr. Elizabeth Lou & Dr. Abi Ogundeji (Pg 52-70) — 15 minutes
    - Nile Sisters Development Initiative, San Diego, California

- **Networking Breakout Groups** — 10 minutes
  1. SchooLink Providers
  2. Incredible Years (SBIY/PEI)
  3. Screening to Care
  4. Outpatient Specialty Programs
  5. Perinatal and 0 to 5

- **Announcements** (Pg 71 – 118)
  - BHS Info Notice: Certified AOD Counselor Provision of Specialty Mental Health Services
  - Tijuana River Impact Assessment
  - Emergency Screening Unit (ESU) has become "Children & Youth Crisis Stabilization Unit (CYCSU)"
  - BBS Law Change – "Notice to Clients" update required related to telehealth services and posting of license
  - Next Move Program Open House – 9:00am-11:00am
    - July 22nd at Southeast LiveWell Center – 5101 Market Street, San Diego, CA 92114
    - July 30th at North Coastal LiveWell Center – 1701 Mission Ave., Oceanside, CA 92058

- **Activities/Events** (Pg 119-124)
  - Parks After Dark

- June 14th-August 9th, 2025 | 5:00-8:00pm | City Heights, Linda Vista, Memorial, Skyline Hills, Silver Wing
- Emerging Tobacco/Nicotine Products: Opportunities for Intervention Among Youth and Young Adults: Zoom Training
  - July 22nd, 10:00am
- Human Trafficking and Fentanyl Forum
  - July 22nd, 3:00-7:00pm – One Safe Place1050 Los Vallecitos Blvd., San Marcos, CA 92069
- Scoop from You(th) Challenge: Piece of Mind Art Contest
  - Deadline to submit August 30th
- International Overdose Awareness Day Resource Fair
  - August 21st, 7:00am-12:30pm
- We Can't Wait Conference
  - September 18th – 19th – Registration Open!

➢ **Meeting Feedback Survey – Link**

➢ **Resources**

- Group Billing Links
  - How to Set Up a Group - 2023 CalMHSA
  - How to Add a New Client to a Group - 2023 CalMHSA
  - How to Add or Change a Staff Member in a Group - 2023 CalMHSA
  - How to Write a Group Progress Note - 2023 CalMHSA
  - Group Documentation Videos - 2023 CalMHSA
- Tips for talking to youth about drugs
- BHS all services webpage: All Services
- FY 25/26 OP2 Program Manager Meeting Schedule (Pg 125)
- SDAIM – Flyers for Enhanced Care Management (ECM), Community Supports, and Transportation for Medi-Cal members are now available at the links below.
  - Enhanced Care Management for Medi-Cal Members (English)
    - Spanish | Arabic | Chinese | Korean | Persian-Farsi | Somali | Tagalog | Vietnamese
  - Community Supports for Medi-Cal Members (English)
    - Spanish | Arabic | Chinese | Korean | Persian-Farsi | Somali | Tagalog | Vietnamese
  - Transportation for Medi-Cal Members (English)
    - Spanish | Arabic | Chinese | Korean | Persian-Farsi | Somali | Tagalog | Vietnamese

➢ **Next Meeting: September 11, 2025** | 9:30 - 11:30 a.m.

Ambulatory Withdrawal Management

Ambulatory Withdrawal Management (AWM) is a Withdrawal Management Service, as defined in BHIN 24-001, that is provided to members when medically necessary for maximum reduction of the SUD symptoms and restoration of the member to their best possible functional level in an outpatient setting. Withdrawal management services are considered urgent and provided on a short-term basis. When a member completes AWM services, a discharge summary and CalOMS discharge need to be entered before to the member transitioning to other OS/IOS services or a different level of care.

There are two levels of AWM:

AWM Level 1
AWM without extended on-site monitoring and mild withdrawal signs and symptoms with daily or less than daily outpatient supervision; at night has supportive family or living situation.

AWM Level 2
AWM with extended on-site monitoring and moderate withdrawal with daytime withdrawal management and support and supervision; at night has supportive family or living situation.

Per the DMC-ODS Billing Manual 2.1 and the DMC-ODS-Service-Table-24-25, H0014 is the code that can be used for Ambulatory Withdrawal Management. **(In SmartCare, procedure codes Ambulatory WM – Level 1 or Ambulatory WM – Level 2 will automatically link to H0014.)**

Services that fall under this code are:

- Assessment
- Care Coordination
- Medication Services
- MAT for OUD
- MAT for AUD and non-opioid SUDs
- Observation
- Recovery Services

AWM services fall under a "bundled rate." All services (listed above) and service times completed in a day will be represented in one note that any rendering staff can sign.

What other services can be billed on the same day as AWM?

Per the DMC-ODS Billing Manual 2.1, below are other services that can be **billed on the same day as Ambulatory Withdrawal Management at the AWM clinic or other clinics.**

- Additional MAT
- Methadone dosing
- Care Coordination*
- Physician consultation
- Peer Support Specialist services
- Mobile support
- Contingency management.

*AWM clinics cannot bill Care Coordination separately as this is included in the AWM code H0014.

When can a unit of time for this hourly code be claimed?

The 2024 CPT codebook, states: “A unit of time is attained when the mid-point is passed. For example, an hour is attained when 31 minutes have elapsed (more than midway between zero and 60 minutes). A second hour is attained when a total of 91 minutes has elapsed."

Please note that DHCS' rules may be more restrictive than the rules described in the CPT codebook. As a result, the CPT codebook should be used in conjunction with the billing manuals.

From: CalAIM Payment Reform FAQs (dhcs.ca.gov)

Units	Number of minutes
1	>= 31 minutes - 90 minutes
2	>=91 minutes - 150 minutes
3	>= 151 minutes - 210 minutes
4	>= 211 minutes - 270 minutes
5	>= 271 minutes - 330 minutes
6	>= 331 minutes - 390 minutes
7	>= 391 minutes - 450 minutes
8	>= 451 minutes - 510 minutes
9	>= 511 minutes - 570 minutes
10	>= 571 minutes - 630 minutes
11	>= 631 minutes - 690 minutes

For more information on Ambulatory Withdrawal Management:

- CoSD SUD Provider Operations Handbook: SUDPOH: Section B
- Definition of Withdrawal Management services: BHIN 24-001 (dhcs.ca.gov)
- Find the credentials that can bill for this hourly service: Procedure Code Definitions (CalMHSA)
- Verify unit information and for other billing questions, see (under the Billing/DMC-ODS only tabs): DMC-ODS Billing Manual 2.1; DMC-ODS-Service-Table-24-25,
- General Resource: The ASAM Clinical Practice Guideline on Alcohol Withdrawal Management: A Pocket Guide

MH Access Time

Access Time FAQ/Tip Sheet

- **What is access time?**
  - How long a client must wait to get a service at your program from the date the service was requested.
  - This means that there are limits on how long clients must wait to get care appointments:
    - Non-urgent with nonphysician MH care provider (routine) – within 10 business days from request
    - Non-urgent with specialist physicians (specialty/psychiatry) – within 15 business days to from request
    - Urgent – within 48 hours from request
  - Regulation: Cal. Health & Safety Code § 1367.03

- **Why do I have to document it?**
  - It is required at the State and Federal level for managed care plans to provide timely access to care, making it required for SMH Medi-Cal certified providers.
  - Short wait times to access services is a client right.

- **Why is it problematic if data is inaccurate, entered late, or missing?**
  - Counties are required to submit data to the State showing that we as a health plan, and our programs in the health plan, have adequate availability of services for clients seeking care. This is called Network Adequacy.
  - Inaccurate data affects the programs and county's ability to convey the true story of what clients and programs are experiencing. This in turn affects how the county plans for future system/network changes.
  - Additionally, DHCS updates Network Adequacy reporting requirements regularly, so there is a need to ensure the basic requirements are documented.

- **Why isn't the data matching our program's actual availability?**
  - Data entry errors, missing or incomplete data, arbitrary dates selected for next available appointments, or misunderstanding the requirements resulting in collecting the wrong information.

- **How do I make sure my data is accurate/correct?**
  - Programs shall develop processes to ensure information collected upon the initial request for services meets the minimum standards for access time reporting.
  - If programs have workflows that include staff having their own template to record client information and client access times vs entering information in SmartCare in real time during a call with a client, programs shall develop processes to ensure data documented on logs/templates entered in SmartCare timely and accurately.
  - Programs shall develop processes to reconcile data collected with data entered into SmartCare.
  - There are reports available on demand in SmartCare that can be used to monitor compliance internally. See the Q&A below for more information about available reports

- **What is different about capturing access times in SmartCare vs CCBH?**
  - The naming conventions, where the data is captured, reports, and workflows may be different,

but the regulations have not changed.

- In CCBH, access time data was collected in the Access to Services Journal (ASJ).
- In SmartCare:
  - We are no longer collecting the 2nd and 3rd available appointment data.
  - Access time reporting is referred to as "timely access", "timeliness record", and "TADT" *(Timely Access Data Tool*). The report is called "TADT".
  - There are two SmartCare screens for documenting access times, including one required for state reporting. See Q&A below outlining for more information.
  - The data fields include the term "offered" which may create confusion previously cleared up in past tip sheets. See Q&A below for explanation.
  - The SmartCare reports are different from CCBH. See Q&A below for explanation.
  - There are new data points required for additional county reporting for access time standards.
    - First follow-up appointment (includes option to indicate if not offered, date if offered, and date of the follow-up service)
    - Referring to an out of network (OON) provider when there is a lack of adequate access within our health plan network *(NOTE: If your program's next available appointment is not within timelines, you should provide warm handoffs to another network provider. If all warm handoff attempts are unsuccessful, this step of referring out of network is required. Resources for out of network providers is under review and will be shared once available.)*

- **How do I keep track of or document client access times? Is there a data entry standard?**
  - The local BHS data entry standard for documenting client access times in SmartCare is 3 days.
  - Client access times are captured in SmartCare in the Timeliness Record. It is also labeled or referred to as Timely Access and TADT.
  - CalMHSA guides are available on their website:
    - Non-Psychiatric SMHS Timeliness Record
    - Psychiatric SMHS Timeliness Record
    - Inquiry Overview

- **What is the difference between the Inquiry screen and the Timeliness Record/TADT screen?**
  - The initial expectation for SmartCare client workflow included documenting initial client contacts and requests for services starting with the Inquiry screen. Then the Timeliness Record/TADT screen would pull over and pre-populate client access time data for county required reporting. But the functionality is not working as planned.
  - The Timeliness Record/TADT is required for all requests for services and the Inquiry screen can be bypassed to avoid duplication of data.
  - The Inquiry screen required for:
    - Walk-in clinics
    - Program inquiries that do not result in a scheduled appointment
  - Programs should review internal processes to determine which workflow best meets the needs of your program. Noting that starting with the Inquiry screen for a client admitted into your program will require manually capturing some of the same data in the Timeliness Record.

- **What is the difference between first/next available vs first "offered" appointment?**

- DHCS guidance includes "offered" verbiage because the assumption is that programs are offering their first available appointment to clients requesting services.
- The CalMHSA explanation for the first offered field supports this assumption and further explains that this data point is for the first available appointment.
- Previously, QA identified that programs were documenting the dates clients requested as "offered" without considering the first available appointment requirements, and this was impacting compliance with the timelines.
- Example for "offered" date:
    - Client calls program on 4/1/25 to request services and indicates they are not available until 4/17/25.
        - Program documents the date the client requested because they have availability, and it was "offered".
        - The access time standard for MH non-specialty/routine services is 10 days from the date of request. By documenting the "offered" date of 4/17/25, the program's access time is recorded as 16 days and out of compliance.
- Example for "first/next available" date:
    - Client calls program on 4/1/25 to request services and indicates they are not available until 4/17/25.
        - Program documents the first available appointment they have open regardless of the client's availability, such as 4/3/25. Meaning on this date when the services were requested, this is when the program is available to see this client.
        - The access time standard for MH non-specialty/routine services is 10 days from the date of request. By documenting the "first/next available" date of 4/3/25, the program's access time is recorded as 2 days and compliant.

- **How do I figure out my next available appointment dates?**
    - Next available appointment date refers to when your program can provide a clinical contact to assess appropriateness for service and level of care.
    - Programs shall develop processes, tools or use software to assist with tracking and identifying next available appointments.

- **There are several reports in SmartCare for timeliness or TADT data; which report should programs use to track compliance and confirm accuracy of data?**
    - There are several reports available in SmartCare for timeliness data, but all do not meet the needs of our San Diego system of care.
    - A COSD specific report was developed and is available for use called COSD TADT. This report has two viewing options, Detail and Summary.
        - Detail – Provider client level data include dates of request, first available appointment, first rendered appointment and if the access time timelines were met.
        - Summary – Very limited summary of total records reported via TADT average timeline and % of compliance.
    - Additionally, there is an inquiry report called New Client Inquiries without Program TADT Report. This report should be used by programs when reviewing TADT reporting data to ensure all TADT reports required were completed.
    - NOTE – we are aware there is the term "offered" included in this report; we are working with leads to make changes to align with requirements to avoid ongoing confusion.

MH Access Time

- **My program is a specialty program; do access time requirements apply?**
  - Yes, all programs should fit into one of the requirements outlined above.

- **We do walk-in only; do access time requirements apply? And is documenting in SmartCare different?**
  - Yes, first available appointment is the first date a client is told to attend walk-in clinic.
  - If the individual attends on a walk-in day and is not seen and asked to return, that is no longer your first available appointment; first available is now the day a client is told to return for the next walk-in clinic time.
  - The expectation is that programs shall correct access time dates until the client is seen for services in order to report correct dates.
  - This should be documented using the Inquiry screen. The record can be corrected using the guidance outlined above, as long as its not "closed". It should be closed once a client is admitted, and then a TADT record will need to be initiated to capture the rest of the data points.

- **We offer two different services (psychiatric and routine services) at the same time back-to-back. Does this need to be documented in SmartCare as one journal entry or two?**
  - Each service requested needs to be documented as a separate entry. The access time limits for both services are different, therefore both need to be documented as separate entries.
  - In most cases, documenting access time requests for every level of care change is not necessary. It is only necessary and required if the client's request for services at the same program is different (routine vs specialty vs urgent).

- **We use interpreters; is access time based on when interpreters are available?**
  - No, access time is based on available appointments at your program, not when interpreters are available.
  - Interpreter services must be coordinated and provided with scheduled appointments without imposing delay on scheduling the appointment.
  - Regulation: Cal. Health & Safety Code § 1367.03(a)(4)

- **If a caller is inquiring about program information vs requesting an appointment to access clinical services, do I need to document this contact for access times reporting?**
  - Yes, but only to document an appropriate disposition to indicate an appointment was not offered, not made, or client was referred out.
  - This should be captured using the Inquiry screen.

- **We receive referrals from schools, community partners, law enforcement; do we need to document this information? What if we don't make contact with the client or they refuse services?**
  - Access times data is required for all referrals, regardless of whether a client or family is aware of or accepts the referral. This means it is no longer a requirement to have contact with a client/family for documenting access time data. This is due to SmartCare functionality.
  - Access times for referrals are based on when the referral was received versus when the program contacted the client/family or when the client/family agreed to services.
  - Programs should review internal workflows for processing referrals received to determine how referrals will be entered into SmartCare, Inquiry screen vs Timeliness record, ensuring the data entry standard is met.
  - In SmartCare, referrals should be documented directly in the TADT using the guidance outlined in

the previous Q&A provided in this document.

- **Do I have to issue an NOABD for access times?**
  - Yes, when the access time limits cannot be met, you must send the client an NOABD for timely access and document NOABD info on internal logs that later get submitted to QI Matters.
  - Lack of NOABD is a client rights issue that can result in a grievance.

PCIT Modifier in SmartCare

Pull in any other needed links

[DRAFT BHIN 25-XXX Medi-Cal Coverage of Parent-Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy for Children and Youth]

- [Enclosure 1: Practice Guidelines]
- [Enclosure 2: For County Member Handbooks]

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
Michelle Baass | Director

DATE:

Behavioral Health Information Notice No: 25-0XX

TO: California Alliance of Child and Family Services
California Association for Alcohol/Drug Educators
California Association of Alcohol & Drug Program Executives, Inc.
California Association of DUI Treatment Program
California Association of Mental Health Peer Run Organizations
California Association of Social Rehabilitation Agencies
California Consortium of Addiction Programs and Professional
California Council of Community Behavioral Health Agencies
California Hospital Association
California Opioid Maintenance Providers
California State Association of Counties
Coalition of Alcohol and Drug Associations
County Behavioral Health Directors
County Behavioral Health Directors Association of California
County Drug & Alcohol Administrators

SUBJECT: Medi-Cal Coverage of Parent-Child Interaction Therapy, Multisystemic Therapy, and Functional Family Therapy for Children and Youth

PURPOSE: To provide standards for required coverage of Parent-Child Interaction Therapy (PCIT), Multisystemic Therapy (MST), and Functional Family Therapy (FFT) pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate.

REFERENCE: California Welfare and Institutions (W&I) Code § 14184.102 (d) and 14184.400; W&I Code Sections 14059.5

PCIT Implementation

Description

Through PCIT, caregivers are taught therapeutic strategies to reduce challenging behaviors by a PCIT therapist. PCIT focuses on decreasing child behavior challenges (e.g., aggression, noncompliance, tantrums), increasing positive parent behaviors (e.g., therapeutic play, effective prompts), and improving the caregiver-child relationship through structured interactions.

Criteria

PCIT is medically necessary when a child who meets the access criteria for SMHS undergoes assessment in accordance with BHIN 23-068 and the service is recommended as an appropriate treatment intervention by a Licensed Mental Health Professional (LMHP) acting within their scope of practice.[3]

The following are indicators that PCIT may be medically necessary and appropriate:

- The child is aged 2 to 7 or of an appropriate developmental age to receive the service; and
- The child is acting out, exhibits aggression, or exhibits defiance that may be helped by PCIT; and
- The child resides with their primary caregiver and not within a residential facility.

Table 1. PCIT Claiming Details

Service	Rate Structure	CPT/HCPCS Code	Code Description
Therapy	Outpatient rate plus session add-on	90832 (Modifier 22)	Psychotherapy with patient, 30 minutes
Therapy	Outpatient rate plus session add-on	90833 (Modifier 22)	Add-on for psychotherapy with patient when performed with an evaluation and management service, 30 minutes
Therapy	Outpatient rate plus session add-on	90834 (Modifier 22)	Psychotherapy with patient, 45 minutes
Therapy	Outpatient rate plus	90836 (Modifier 22)	Add-on for psychotherapy with patient when performed with an evaluation and management service, 45 minutes
Therapy	Outpatient rate plus session add-on	90837 (Modifier 22)	Psychotherapy with patient, 60 minutes
Therapy	Outpatient rate plus session add-on	90838 (Modifier 22)	Add-on for psychotherapy with patient and/or family member when performed with an evaluation and management service, 60 minutes
Therapy	Outpatient rate plus session add-on	90846 (Modifier 22)	Family psychotherapy (without patient present), 50 minutes
Therapy	Outpatient rate plus session add-on	90847 (Modifier 22)	Family psychotherapy (with patient present), 50 minutes
Therapy	Outpatient rate plus session add-on	T2021 (Modifier 22)	Therapy substitute, 15 minutes

PCIT is intended to be a standalone service; it shall not be combined with other therapeutic approaches unless determined to be appropriate by the treating LMHP.

Modifier 22 accounts for the additional expenses of administering PCIT, including the in-person facility space (for parent and child play and therapist observation through a one-

Per the Smarcare User Group on 6.26.25

Clinical Updates

Update:

- PCIT code (Parent-Child Interaction Therapy)
  - CalMHSA has attached a modifier to this mode of delivery option in SmartCare
  - Currently, there are no rates attached, however, in the near future, there will be and errors will need to be corrected if used incorrectly
    - Communication will be released when this feature is set to “go live”

Group Billing Question

Follow up to May 8, 2025 OP2 Program Manager Meeting

At the OP2 Program Manager meeting, the following question was raised:

If BHS could please provide written directives on how to bill groups when there are 2 providers facilitating (SmartCare makes group notes difficult) AND how billing works on the backend and are credited to the program, that would be very helpful. We are continuing to receive contradictory information on how billing works for groups and SmartCare reports are not particularly helpful for this. Not having this info is impacting accurate invoicing/budgeting and calculating internal productivity, both of which are crucial for survival in fee for service.

QA Input on 5.8.25: There are detailed instructions, complete with screenshots on the CalMHSA website in the Clinical Documentation section. Here is the link with these instructions: How to Write a Group Progress Note - 2023 CalMHSA It explains how to set up a group, add members, add/remove facilitators, and write the notes themselves.

My question is clarification on the billing side of groups:
How groups bill out in general and are credited to the program?
How groups should be billed if there are two providers facilitating group?

And then from a SmartCare documentation standpoint, who writes the notes? Both facilitators write their own? And if so, how do we do that?
What if the co-facilitators are in different billing categories, such as a Certified Peer Specialist and a LPHA? When the two facilitator's credentials are different, it makes the one of thier billing suspended for using the wrong billing code.

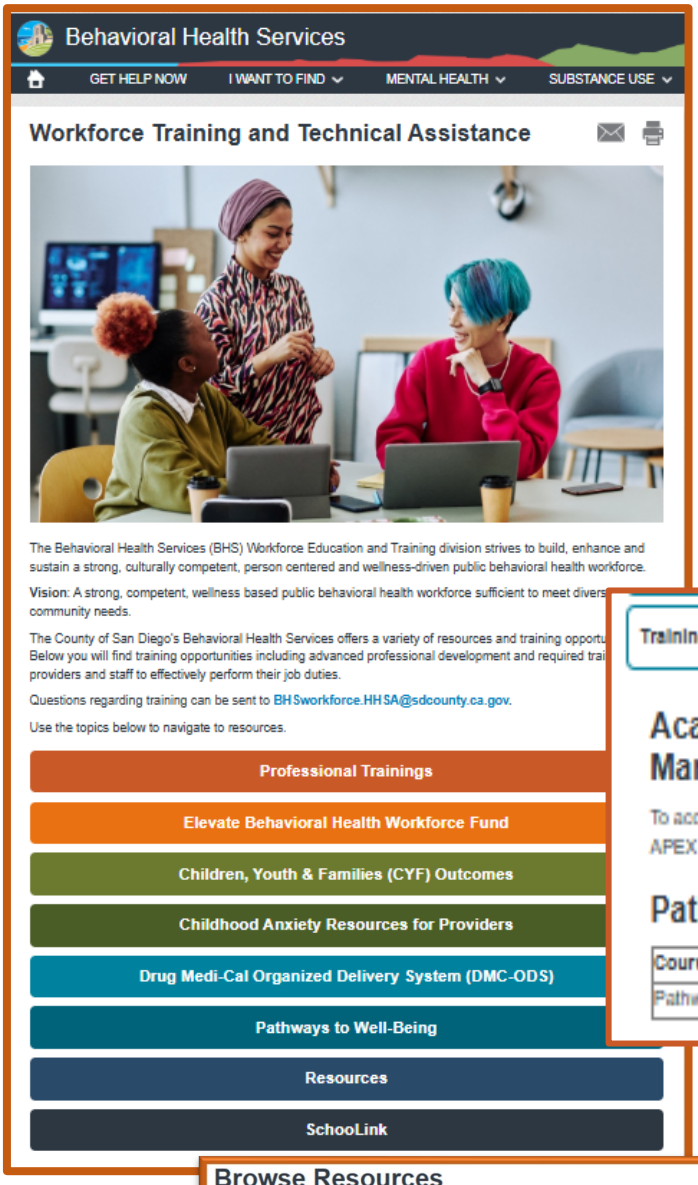
QA Input on 5.15.25: A PSS may only bill their group service code and so they would need to bill separately for their service if they co-facilitated a group with an LPHA or MHRS. For co-facilitators who have access to the same group services (i.e., LPHA and MHRS), they would be able to add the co-facilitators on the same notes. Both servers on the note “get credit” for the service.

Billing Unit obtained from CalMHSA on 5.23.25: There isn’t any calculation for groups any longer. DHCS provides a group rate now and that is how the rate is calculated, no longer requiring a division by the number in the group. Each member in the group bills out under the program for the group, with the total duration of the group and the rate is calculated based on that total duration. Some counties want every client in the group to be enrolled in the program where the group is rendered, however, some counties do not require the client to be enrolled in the program and want the program where the group was rendered to be the facility on the claim. **As for the staff facilitating the group, each staff would have their own service created and billed out for each client/member in the group. So, a client could have 2 group services created from the 1 group note, 1 from each staff facilitating the group and DHCS does allow this under the new CalAIM requirements.**

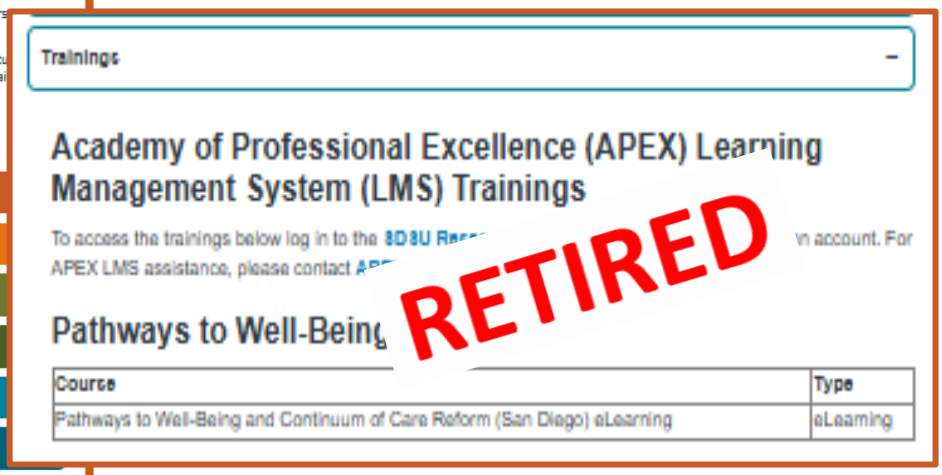
Pathways to Well Being (PTW) & Continuum of Care Reform (CCR) E-Learning

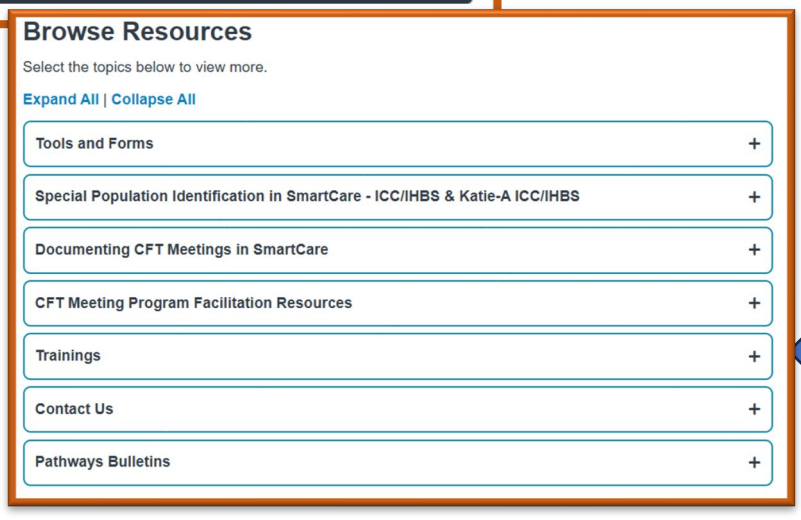
[BHS Workforce Trainings]

[Pathways to Well-Being]



Effective 7.1.25 the previously mandated Pathways to Well-Being training will sunset. The Pathways to Well-Being and Continuum of Care Reform eLearing available through APEX LMS has been retired and an updated training will be uploaded to the [BHS Workforce Trainings] landing page, under [Pathways to Well-Being] as an optional resource to child serving programs.





Updated Training will be located here as a resource- Date TBD

Student ID Card – QR Code per SB1063

[Bill Text: CA SB1063 | 2023-2024 | Regular Session | Chaptered | LegiScan]

[Student Wellness Resources]

Senate Bill No. 1063

CHAPTER 642

An act to amend, repeal, and add Section 215.5 of the Education Code, relating to pupil safety.

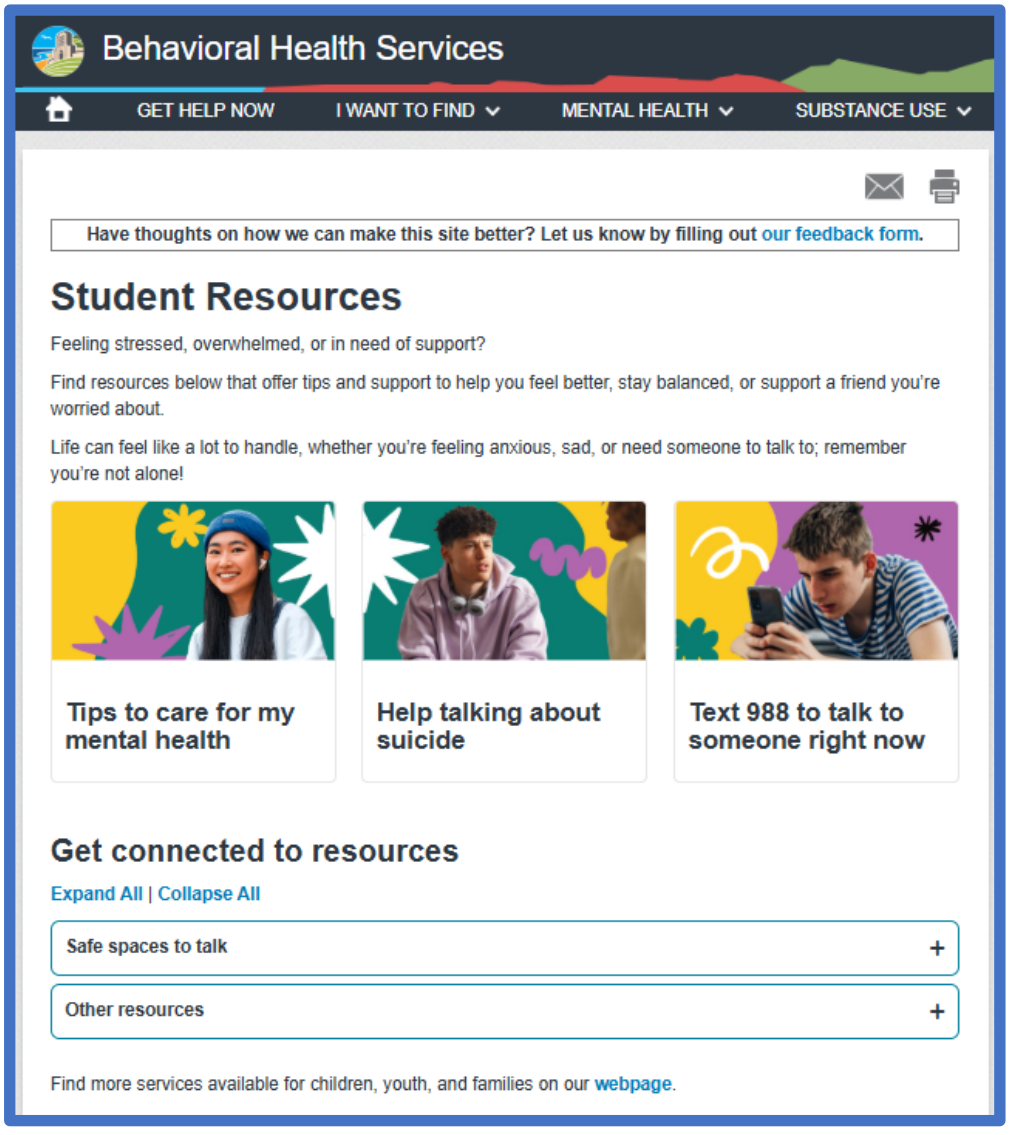
[Approved by Governor September 27, 2024. Filed with Secretary of State September 27, 2024.]

LEGISLATIVE COUNSEL'S DIGEST

SB 1063, Grove. Pupil safety: identification cards.

Existing law requires a public or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the telephone number for the National Suicide Prevention Lifeline, among other telephone numbers, and authorizes those schools to have printed on the identification cards certain other suicide-prevention and emergency-response numbers, as provided.

This bill, commencing July 1, 2025, would instead require a public or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the number for the 988 Suicide and Crisis Lifeline. The bill would require schools subject to this requirement that, as of July 1, 2025, have a supply of unissued identification cards that are noncompliant with this requirement to issue the noncompliant identification cards until that supply is depleted. The bill, commencing July 1, 2025, also would expressly authorize those schools to additionally have printed on either side of the identification card a quick response (QR) code that links to the mental health resources internet website of the county in which the school is located.



CYBHI Fee Schedule and Behavioral Health Services

Children and Youth Behavioral Health Initiative (CYBHI)

Also known as Fee-Schedule

SchooLink San Diego

Screening and Transition of Care Tools for Medi-Cal Mental Health Services

Youth Screening Tool for Medi-Cal Mental Health Services

DHCS Services Individuals Providers & Partners Laws & Regulations Data & Statistics Forms & Publications Search

Overview of the CYBHI Fee Schedule program

As part of the Children and Youth Behavioral Health Initiative (CYBHI), the California Department of Health Care Services launched the **CYBHI Fee Schedule program, a first-of-its kind effort to make it easier for students and families to get outpatient mental health and substance use disorder support when, where, and how they need it.** This program creates a sustainable reimbursement pathway for Local Educational Agencies (LEAs) and public institutions of higher education (IHEs) to receive funding for services rendered at a school or school-linked site. The program sets the reimbursement rate for a certain set of outpatient, school-linked services rendered to children and youth who are:

- Under the age of 26,
- Enrolled in public TK-12 schools or institutions of higher education (e.g., California Community Colleges), and
- Covered by Medi-Cal managed care plans, Medi-Cal Fee-for-Service, health care service plans, and disability insurers.

Children, youth, and families will not pay out-of-pocket expenses and there will not be any impact to their existing insurance plan nor deductibles.

Let's work together to improve the behavioral health of children, youth, and families in California by expanding their access to youth-centered, equitable, and prevention-orientated services.

Modules are in the process of being updated.
Be sure to pull most current information for annual meetings.

SchooLink providers hold ongoing dialog with schools about the various services the schools may be leveraging to care for the students. The Annual School Meeting is a critical opportunity to get an update on the CYBHI Fee Schedule plan for the school and inquire if the school would be open to inviting CYBHI Fee Schedule providers (likely school employees or contracted staff) to the meeting.

Services under the Fee Schedule will be billed through the school districts to the students' private or Medi-Cal insurance. Typically, the Fee Schedule will serve students with lower level of behavioral health needs with Behavioral Health Services (inclusive of SchooLink) continuing to provide specialty care. It would be atypical for students to require services through both systems during the same period and therefore coordination is critical. When simultaneous services are provided, documentation with need/rational and unique service provisions would be critical.

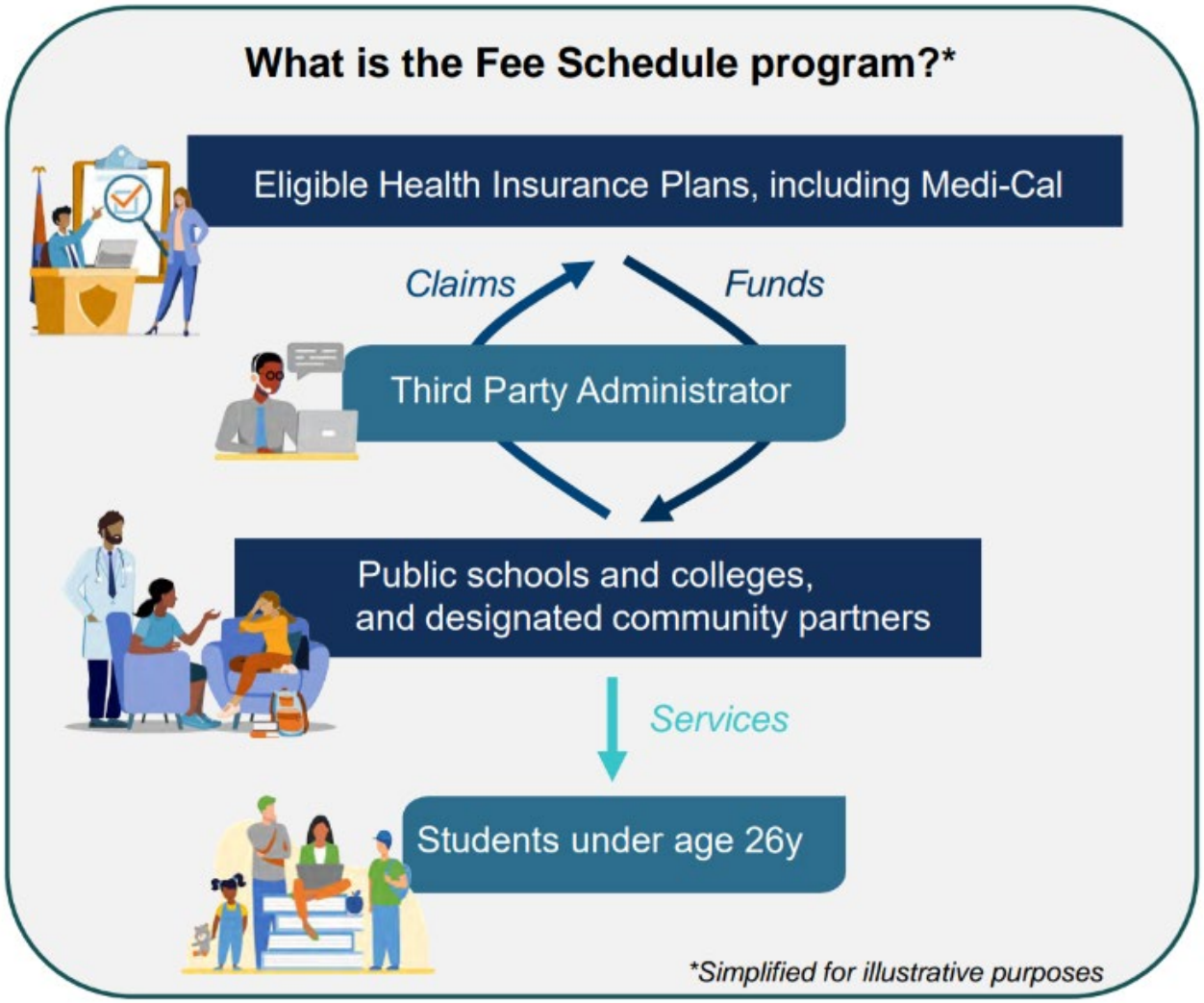
Potential questions for the annual SchooLink meeting (or during other phases):

- Is the school participating in the CYBHI Fee Schedule?
- Will the school be offering mental health services to students through the CYBHI Fee Schedule (or other means)?
- Who will be providing the CYBHI Fee Schedule services (school staff, community-based organization, other)?
- How can we coordinate services, to optimize care and avoid duplication?
- Schools may utilize the Department of Helath Care Services **Screening and Transition of Care Tools for Medi-Cal Mental Health Services**. The **Youth Screening Tool for Medi-Cal Mental Health Services** guides when to utilize the Managed Care Plan vs. the Behavioral Health Plan which is inclusive of SchooLink.

FY2526 Quarterly Status Report (QSR) Tracking

3. CLIENTS SERVED AT DESIGNATED SCHOOLS
[Threshold Goals: Minimum of 5 active clients and 10 annual clients served by SchoolLink provider at each School]
SchoolLink Threshold Guidelines [CYF Memo: 01-19/20]
COR team completes Assigned School and School District aligned with SOW - program obtains pre-approval to add or remove school.
If assigned school is not listed, alert COR team to add to template.

Number	Assigned School [COR Team Completes]	School District [COR Team Completes]	Fee Schedule services on campus (Yes/No/Unknown)	YTD No. of Unduplicated Clients who received min 1 service at school Program completes using the monthly communication log	Hours/Week at School Site (as of end of report period)	If no or minimal services/thresholds provided at Designated Schools YTD, provide an explanation:
1						
2			Yes			
3			No Unknown			



TIPS FOR TALKING TO PRESCHOOLERS

Young children ask many questions. Your response lets them know you can be trusted to provide honest answers.

- Do not worry that talking about drugs will give your child ideas about using drugs or tempt them to experiment.
- The early attitudes your children form help them make healthy decisions when they are older. Talk often with preschoolers and listen to what they say.
- Young children mimic adults, so use every opportunity you can to share your feelings about substance use.
- Caution them never to take a drug unless you, a grandparent, caregiver, or medical professional like a nurse or doctor gives it to them.
- Preschoolers have short attention spans, so give short, honest answers.
- Teach your child to make their own good choices. If they love a fictional character or famous athlete, encourage them to eat healthy foods so they will grow up to be strong like their idol.
- Let them make decisions (for example, what to wear in the morning) that build confidence in their ability to do so.

For more information, go to Chapter 4 of *Growing Up Drug Free: A Parent's Guide to Substance Use Prevention.*

HOW DO I TALK TO MY CHILD ABOUT DRUGS? – CONVERSATION STARTERS

Some parents find it difficult to talk with their children about alcohol and other drugs. But it is important to teach them about these substances and about your expectations if they are offered drugs.

These conversations are not a one-time event. Start talking with your children when they are young; continue as they grow older and their level of interest and understanding changes. Your willingness to talk (and listen) tells them you care about what they are interested in, and it provides you with insight into their world.

DO	DON'T
Explain the dangers using language they understand.	React in anger—even if your child makes statements that shock you.
Explain why you do not want them to use the substance(s). For example, explain that substances can mess up their concentration, memory, and motor skills and can lead to poor grades.	Expect all conversations with your children to be perfect. They won't be.
Be there when your child wants to talk, no matter the time of day or night or other demands on your time.	Assume your children know how to handle temptation. Instead, educate them about risks and alternatives so they can make healthy decisions. Encourage them to practice saying no ahead of time so they're prepared.
Believe in your own power to help your child grow up without using drugs, including alcohol.	Talk without listening.
Praise your children when they deserve it. This builds their self-esteem and makes them feel good without using drugs, including alcohol.	Make stuff up. If your child asks a question you can't answer, promise to find the answer so you can learn together. Then follow up.

CONVERSATION STARTERS

Talking to your children about alcohol and other drugs does not have to be hard. The following opportunities can serve as teaching moments:

If you see a young person smoking, talk about the negative effects of tobacco.

If you see an interesting news story, discuss it with your child. Ask how your child feels about situations and the potential consequences.

While watching a movie or TV show with your children, ask if they think it makes using drugs, including alcohol, look fun. Talk about what happens to those characters, or what happens in reality.

If you read, hear about, or know someone affected by substance use, remind your child almost anyone can develop a substance use disorder. Discuss the importance of treatment and supporting people in recovery from their substance use disorder.

TIPS FOR TALKING TO ELEMENTARY SCHOOL STUDENTS (6-10 YEARS OLD)

- Children this age are eager to learn. You can talk to them about the consequences of using substances, such as how it can lead to misuse and a substance use disorder. You can continue to teach and encourage good choices around healthy living.
- Establish rituals that afford uninterrupted conversations with your child. Having dinner or other meals together provides a rich opportunity to listen and talk.
- Explain good drugs versus bad drugs. Let them know that children should only take medication when the adult in charge tells them to.
- Repeat your message regularly. Remind children that some drugs can harm the brain or cause life-threatening overdoses.
- Children crave praise, so give it out freely when deserved. Tell them that you trust their ability to avoid peer pressure and make good decisions.
- If your child does not start conversations about alcohol or other drugs with you, take the lead. Begin discussions using real-life events in the news or in your own lives. This is true no matter your child's age.

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TIPS FOR TALKING TO MIDDLE SCHOOL STUDENTS (11-14 YEARS OLD)

- Starting middle school (or junior high) is a big step. If you began talking with your children about alcohol or other drugs at a young age, they probably know how you feel and have a good foundation of information. If you did not start earlier, this is a great time to begin.
- As with children at earlier ages, encourage your middle school-aged children to share their dreams. Ask what activities they enjoy and help them nurture those interests in positive ways, such as participating in art, music, sports, community service, and academic clubs.
- At this age, young teens start to care more about how they look. Find ways to help boost their confidence and manage stress and talk about how drugs can harm them.
- Friends become very influential at this age, so get to know your children's friends. If you drive them somewhere or carpool, for example, you can listen in to learn current issues and trends, as well as learn how your child interacts with others.
- When you meet your child's friends, let them know your rules about underage drinking, smoking/e-cigarettes, and other drug use. Get to know their parents and share with them your desire to raise a child who understands the risks of substance use.
- Discuss what they would do or say if they saw alcohol or other substance use at a party. Work with them to come up with phrases they could say if someone offered alcohol or other drugs to them, such as "No thanks, it's not my thing."
- Tell your children often that you will come get them any time if they need to leave a place where alcohol or other drugs are being used—even if it's the middle of the night. You can also decide on a "code word" they can text you if they need your help and calling is not an option.
- Your child may be on social media by this point. Emphasize the dangers of buying pills or any medicine through social media, which is where criminal drug networks are advertising deadly fake pills.
- You might have to assume the role of a teacher. For example, your child may think it is okay if they only drink alcohol but stay away from other drugs. Discuss with them the risks of using all kinds of substances, including alcohol.

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TIPS FOR TALKING TO HIGH SCHOOL STUDENTS (15-18 YEARS OLD)

- By this age, most youth have had many opportunities to try alcohol or other drugs. Even if they haven't tried, they have probably seen others do it, sometimes to excess and perhaps with serious consequences, whether in person or on social media.
- Teens this age typically understand what can happen if they use drugs. As they think about their future, remind them that substance use can jeopardize their dreams.
- Teens want independence but still need appropriate limits. Have them help you set those limits (such as curfews). Ask them what consequences they think are fair for breaking the rules.
- Tell your children often that you care about them, and they are important to you. A strong bond will make your child more likely to come to you with questions or concerns about drugs, including alcohol, or other issues.
- Know what's trending. Ask your teen about drugs that are an issue at their school, in friends' homes, and at parties.
- Emphasize the dangers of buying pills or any medicine through Facebook, Instagram, Snapchat, TikTok, X, YouTube, or other social media platforms. Visit DEA.gov/onepill with your teen to learn more about the prevalence of fake pills.
- Your children may try to draw you into a debate about marijuana use for medical or other reasons. Use this opportunity to have an informed conversation with them. Make sure your child knows that marijuana use in any form is illegal for youth and young adults under 21, has harmful effects on the developing teen brain, and is prohibited by federal law.
- As with youth at any age, praise them for making good choices. If they know you support them and care about their health and well-being, it can motivate them to stay drug free. Parenting does not stop when your child goes to college or moves out. Many colleges have programs for first-year students that cover the school's alcohol and other drug misuse prevention policies, programs, and services. If so, attend with your child; if not, find out which office is responsible for providing that information and go with your child to obtain it.

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TIPS FOR TALKING TO YOUNG ADULTS (18-21 YEARS OLD)

- At this age, your young adult may be finishing high school and facing important decisions about the rest of their life, such as whether to pursue a college degree immediately, join the workforce or military, or follow another path. This can be a stressful time for many young adults and can often lead to an increase in substance use. It can also be an exciting time when young adults may have more freedom and opportunities to meet new people and have new experiences—which may involve being offered certain substances for the first time.
- Conversations with your young adult may look significantly different as they mature and gain independence. They may not be living at home anymore, or they may be working a job with hours that keep them from seeing you often. When you do see them, look for everyday opportunities to raise the topic of substance use.
- By this point in their lives, young adults may have witnessed substance use disorders in some way, whether it's seeing a friend go through recovery, observing binge drinking in college, or having a coworker who died from a fentanyl overdose. Talk with your young adult about their experiences and how glad you are that they have chosen not to drink or use other drugs.
- If they are already in college, remind them that avoiding drugs can help them keep their studies and future career options on track. If they are already in the workforce, discuss job loss due to infractions and safety concerns.
- Young adults entering the workforce may be exposed to older coworkers who drink or use other drugs. Talk to your child about their career choices, coworkers, and workplace challenges. In these conversations, look for openings to discuss the pressure to drink and use other drugs.
- Whether they're away at college, working, or seeking another pursuit, your young adult may be making new friends, different from the childhood and high school friends they grew up with (and whose parents and values you might have known). If your child still lives nearby, encourage them to invite their friends over for a meal. If your child is away from home, take them and some of their friends out to eat the next time you visit. This can be a great way to get to know your young adult's new friends and stay connected to their life.

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CONSEJOS PARA HABLAR CON NIÑOS EN EDAD PREESCOLAR

Los niños pequeños hacen muchas preguntas. Su forma de responder les demuestra que pueden confiar en usted y que les habla con sinceridad.

- No se preocupe: hablar sobre las drogas no hará que su hijo quiera probarlas.
- Las actitudes que desarrollan desde temprana edad les ayudan a tomar decisiones saludables al crecer. Hable con ellos con frecuencia y escuche lo que tienen para decir.
- Los niños pequeños imitan a los adultos, así que aproveche cada oportunidad para expresar lo que piensa sobre el consumo de sustancias.
- Adviértales que nunca deben tomar medicamentos, a menos que se lo dé usted, un abuelo, un cuidador o un profesional de la salud como una enfermera o un médico.
- Como los niños de esta edad se distraen fácilmente, es mejor dar respuestas breves y sinceras.
- Enséñeles a tomar buenas decisiones. Si admiran a un personaje o deportista famoso, anímelos a comer sano para crecer fuertes como su ídolo.
- Permítales tomar decisiones (por ejemplo, elegir qué ponerse por la mañana), ya que eso fortalece su confianza y autonomía.

Para obtener más información, consulte el Capítulo 4 de *Crecer sin drogas: Guía para padres sobre la prevención del consumo de sustancias.*

¿CÓMO HABLAR CON MI HIJO SOBRE LAS DROGAS? IDEAS PARA COMENZAR

A muchos padres les resulta difícil hablar con sus hijos sobre el alcohol y otras drogas. Es esencial que conozcan los riesgos y que tengan claro lo que usted espera de ellos si alguien les ofrece drogas.

Estas conversaciones no deben ocurrir una sola vez. Comience a hablar con sus hijos desde pequeños y mantenga el diálogo a medida que crecen y cambia su nivel de interés y comprensión. Estar dispuesto a hablar y escuchar les demuestra que usted se preocupa por ellos, y esto ayuda a comprenderlos mejor.

QUÉ HACER	LO QUE NO DEBE HACER
Explique los riesgos con un vocabulario que entiendan.	No reaccione con enojo, aunque su hijo diga algo que lo sorprenda.
Explique por qué no quiere que consuman esas sustancias. Por ejemplo, algunas sustancias afectan la concentración, la memoria y la coordinación, lo que puede reflejarse en malas calificaciones.	No espere que todas las conversaciones con su hijo sean perfectas. No lo serán.
Esté presente cuando su hijo quiera hablar, sin importar la hora del día o de la noche u otras ocupaciones.	No asuma que su hijo sabe resistir la tentación. En su lugar, hable de los riesgos y las opciones para que tomen buenas decisiones. Practique cómo decir que no por si alguna vez se encuentran en esa situación.
Confíe en su capacidad para ayudar a su hijo a crecer lejos del consumo de drogas, incluido el alcohol.	Hablar sin escuchar.
Elógielos cuando lo merezcan. Esto fortalece su autoestima y les demuestra que pueden estar bien sin recurrir a las drogas, ni al alcohol.	Inventar cosas. Si su hijo le pregunta algo que no sabe responder, dígale que buscarán la información juntos. Luego retome el tema.

IDEAS PARA INICIAR LA CONVERSACIÓN

Hablar con sus hijos sobre el alcohol y otras drogas no tiene que ser difícil. Las siguientes situaciones pueden servir como oportunidades para enseñarles:

Si ve a un joven fumando, aproveche para hablar sobre los efectos negativos del tabaco.

Si ve una noticia interesante, coméntela con su hijo. Pregúntele cómo se siente al respecto y qué piensa sobre las consecuencias.

Mientras ven una película o serie juntos, pregúntele si cree que consumir drogas o alcohol parece divertido. Hablen sobre lo que les pasa a esos personajes o sobre lo que ocurre en la vida real.

Si leen, escuchan o conocen a alguien afectado por el consumo de sustancias, recuérdele a su hijo que esto le puede pasar a cualquiera. Hablen sobre la importancia del tratamiento y del acompañamiento en la recuperación.

CONSEJOS PARA HABLAR CON ESTUDIANTES DE PRIMARIA (DE 6 A 10 AÑOS)

- A esta edad, los niños tienen muchas ganas de aprender. Hable con ellos sobre las consecuencias de consumir sustancias, como el uso indebido y el desarrollo de trastornos por consumo de sustancias. Puede enseñarles y orientarlos para que adopten un estilo de vida saludable.
- Defina rutinas que le permitan mantener conversaciones sin interrupciones con su hijo. Cenar o compartir otras comidas es una buena oportunidad para escuchar y hablar.
- Explique la diferencia entre los medicamentos y las drogas peligrosas. Recuérdeles que solo deben tomar medicamentos cuando un adulto se lo indique.
- Repita el mensaje con regularidad. Los niños deben comprender que ciertas drogas afectan el cerebro y pueden provocar una sobredosis fatal.
- A los niños les gusta recibir elogios, así que felicítelos cuando se los merezcan. Dígales que confía en su capacidad para resistir la presión de grupo y tomar buenas decisiones.
- Si su hijo no inicia la conversación sobre el alcohol u otras drogas, tome la iniciativa. Use hechos reales para empezar el diálogo: algo que haya pasado en su comunidad o que haya visto en las noticias. Esto es válido sin importar la edad de su hijo.

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Si leen, escuchan o conocen a alguien afectado por el consumo de sustancias, recuérdele a su hijo que esto le puede pasar a cualquiera. Hablen sobre la importancia del tratamiento y del acompañamiento en la recuperación.

CONSEJOS PARA HABLAR CON ESTUDIANTES DE SECUNDARIA (11 A 14 AÑOS)

- Comenzar la secundaria es un gran cambio. Si ya venía hablando con su hijo sobre el alcohol o las drogas desde que era más chico, es probable que él ya sepa cuál es su postura y tenga una buena base de información. Y si aún no lo ha hecho, este es un muy buen momento para empezar.
- Al igual que con los niños más pequeños, anime a su hijo en edad de secundaria a compartir sus sueños. Pregúntele qué actividades le gustan y ayúdelo a desarrollar esos intereses de forma positiva, por ejemplo, a través del arte, la música, los deportes, el voluntariado o clubes académicos.
- A esta edad, los adolescentes comienzan a preocuparse más por su apariencia. Busque formas de fortalecer su autoestima, ayudarlos a manejar el estrés y conversar sobre los daños que pueden causar las drogas.
- En esta etapa, las amistades influyen mucho. Conozca a los amigos de su hijo. Si lo lleva a algún lugar o hace viajes compartidos, aproveche para escuchar y enterarse de lo que pasa entre ellos, conocer tendencias actuales y observar cómo se relaciona con los demás.
- Cuando conozca a los amigos de su hijo, aproveche para dejar claras sus reglas sobre el consumo de alcohol en menores, los cigarrillos electrónicos y otras drogas. Conozca también a sus padres y coméntenles que su objetivo es criar a un hijo que entienda los riesgos del consumo.
- Hable con su hijo sobre qué haría o qué diría si ve que hay alcohol u otras sustancias en una fiesta. Pueden pensar juntos en frases que podría usar si alguien le ofrece algo, como: “No, gracias, no es lo mío”.
- Recuérdele que siempre puede contar con usted si necesita irse de un lugar donde haya consumo de alcohol o drogas, incluso si es de madrugada. También pueden acordar una palabra clave para que la use por mensaje si necesita ayuda y no puede llamar.
- A esta edad, su hijo ya puede estar usando redes sociales. Hable con él sobre los peligros de comprar pastillas o cualquier medicamento a través de esas plataformas, donde las redes criminales ofrecen píldoras falsas y letales.
- Es posible que tenga que asumir el de un guía o maestro. Por ejemplo, su hijo podría pensar que no hay problema en consumir solo alcohol mientras evite otras drogas. Hable con él sobre los riesgos que implica el consumo de cualquier sustancia, incluido el alcohol.

Para obtener más información, consulte el Capítulo 4 de *Crecer sin drogas: Guía para padres sobre la prevención del consumo de sustancias.*

¿CÓMO HABLAR CON MI HIJO SOBRE LAS DROGAS? IDEAS PARA COMENZAR

A muchos padres les resulta difícil hablar con sus hijos sobre el alcohol y otras drogas. Es esencial que conozcan los riesgos y que tengan claro lo que usted espera de ellos si alguien les ofrece drogas.

Estas conversaciones no deben ocurrir una sola vez. Comience a hablar con sus hijos desde pequeños y mantenga el diálogo a medida que crecen y cambia su nivel de interés y comprensión. Estar dispuesto a hablar y escuchar les demuestra que usted se preocupa por ellos, y esto ayuda a comprenderlos mejor.

QUÉ HACER	LO QUE NO DEBE HACER
Explique los riesgos con un vocabulario que entiendan.	No reaccione con enojo, aunque su hijo diga algo que lo sorprenda.
Explique por qué no quiere que consuman esas sustancias. Por ejemplo, algunas sustancias afectan la concentración, la memoria y la coordinación, lo que puede reflejarse en malas calificaciones.	No espere que todas las conversaciones con su hijo sean perfectas. No lo serán.
Esté presente cuando su hijo quiera hablar, sin importar la hora del día o de la noche u otras ocupaciones.	No asuma que su hijo sabe resistir la tentación. En su lugar, hable de los riesgos y las opciones para que tomen buenas decisiones. Practique cómo decir que no por si alguna vez se encuentran en esa situación.
Confíe en su capacidad para ayudar a su hijo a crecer lejos del consumo de drogas, incluido el alcohol.	Hablar sin escuchar.
Elógielos cuando lo merezcan. Esto fortalece su autoestima y les demuestra que pueden estar bien sin recurrir a las drogas, ni al alcohol.	Inventar cosas. Si su hijo le pregunta algo que no sabe responder, dígale que buscarán la información juntos. Luego retome el tema.

IDEAS PARA INICIAR LA CONVERSACIÓN

Hablar con sus hijos sobre el alcohol y otras drogas no tiene que ser difícil. Las siguientes situaciones pueden servir como oportunidades para enseñarles:

Si ve a un joven fumando, aproveche para hablar sobre los efectos negativos del tabaco.

Si ve una noticia interesante, coméntela con su hijo. Pregúntele cómo se siente al respecto y qué piensa sobre las consecuencias.

Mientras ven una película o serie juntos, pregúntele si cree que consumir drogas o alcohol parece divertido. Hablen sobre lo que les pasa a esos personajes o sobre lo que ocurre en la vida real.

Si leen, escuchan o conocen a alguien afectado por el consumo de sustancias, recuérdele a su hijo que esto le puede pasar a cualquiera. Hablen sobre la importancia del tratamiento y del acompañamiento en la recuperación.

CONSEJOS PARA HABLAR CON ESTUDIANTES DE SECUNDARIA (15 A 18 AÑOS)

- A esta edad, la mayoría de los jóvenes ya ha tenido múltiples oportunidades de probar alcohol u otras drogas. Incluso si no las han probado, es muy posible que hayan visto a otras personas consumir, a veces en exceso y con consecuencias graves, ya sea en persona o a través de las redes sociales.
- A esta edad, los adolescentes suelen entender las consecuencias del consumo de drogas. Mientras piensan en su futuro, recuérdeles que usar sustancias puede poner en riesgo sus sueños.
- Buscan independencia, pero todavía necesitan límites claros. Pídale a su hijo que lo ayude a definir esos límites, como la hora de llegada. Pregúntele qué consecuencias considera justas si no los respeta.
- No deje de decirle cuánto le importa y lo importante que es para usted. Si tiene una buena relación con su hijo, será más fácil que acuda a usted cuando tenga dudas o inquietudes sobre las drogas, el alcohol u otros temas.
- Manténgase informado sobre lo que está de moda. Pregúntele qué drogas circulan en su escuela, en casas de amigos o en fiestas.
- Adviértale con firmeza sobre los riesgos de comprar pastillas o cualquier medicamento por Facebook, Instagram, Snapchat, TikTok, X, YouTube u otras redes sociales. Visiten juntos DEA.gov/onepill para informarse sobre la cantidad de pastillas falsas que circulan.
- Es posible que su hijo saque el tema de la marihuana para debatir sobre su uso médico o recreativo. Aproveche esa oportunidad para tener una conversación informada. Recalque que el consumo de marihuana, en cualquier forma, es ilegal para menores de 21 años, perjudica el desarrollo del cerebro adolescente y está prohibido por la ley federal.
- Como en cualquier etapa, reconozca cuando su hijo toma buenas decisiones. Saber que cuenta con su apoyo y que usted se preocupa por su salud y bienestar puede motivarlo a mantenerse libre de drogas. La responsabilidad de los padres no termina cuando su hijo entra a la universidad o se va de casa. Muchas universidades tienen programas para estudiantes de primer año que explican sus políticas, servicios y acciones de prevención frente al consumo de alcohol y otras drogas. Si la universidad cuenta con un programa así, participe con su hijo. Si no, consulten juntos qué oficina ofrece esa información.

Para obtener más información, consulte el Capítulo 4 de *Crecer sin drogas: Guía para padres sobre la prevención del consumo de sustancias.*

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Estas conversaciones no deben ocurrir una sola vez. Comience a hablar con sus hijos desde pequeños y mantenga el diálogo a medida que crecen y cambia su nivel de interés y comprensión. Estar dispuesto a hablar y escuchar les demuestra que usted se preocupa por ellos, y esto ayuda a comprenderlos mejor.

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Hablar con sus hijos sobre el alcohol y otras drogas no tiene que ser difícil. Las siguientes situaciones pueden servir como oportunidades para enseñarles:

Si ve a un joven fumando, aproveche para hablar sobre los efectos negativos del tabaco.

Si ve una noticia interesante, coméntela con su hijo. Pregúntele cómo se siente al respecto y qué piensa sobre las consecuencias.

Mientras ven una película o serie juntos, pregúntele si cree que consumir drogas o alcohol parece divertido. Hablen sobre lo que les pasa a esos personajes o sobre lo que ocurre en la vida real.

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CONSEJOS PARA HABLAR CON JÓVENES ADULTOS (DE 18 A 21 AÑOS)

- A esta edad, su hijo puede estar terminando la preparatoria y tomando decisiones importantes sobre su futuro: seguir una carrera, empezar a trabajar, ingresar al ejército o elegir otro camino. Es una etapa que puede generar estrés y aumentar el riesgo de consumo de sustancias. También puede ser un momento emocionante, con más libertad y oportunidades para conocer gente nueva y vivir experiencias distintas, donde no es raro que alguien les ofrezca alguna sustancia por primera vez.
- Las conversaciones con su hijo pueden cambiar mucho a medida que madura y gana independencia. Tal vez ya no viva en casa o tenga un trabajo con horarios que no le permiten verlo con frecuencia. Cuando se vean, aproveche los momentos cotidianos para hablar sobre el consumo de sustancias.
- A esta altura de sus vidas, muchos jóvenes ya han visto de cerca los efectos del consumo problemático de sustancias: un amigo en recuperación, borracheras en la universidad o incluso un compañero de trabajo que murió por sobredosis de fentanilo. Hable con su hijo sobre lo que ha vivido y exprésele lo importante que es para usted que haya decidido no consumir alcohol ni otras drogas.
- Si ya están en la universidad, recuérdeles que evitar las drogas les permite concentrarse en sus estudios y cuidar su futuro profesional. Si ya están trabajando, hablen sobre la posibilidad de perder el empleo por infracciones o por cuestiones de seguridad.
- Los jóvenes que empiezan a trabajar pueden encontrarse con compañeros mayores que consumen alcohol u otras drogas. Hable con su hijo sobre sus decisiones laborales, el ambiente en el que trabaja y las dificultades que pueden surgir. Esas charlas pueden ser una buena oportunidad para hablar sobre la presión social ligada al consumo.
- Si su hijo está en la universidad, trabajando o dedicado a otra actividad, es probable que esté conociendo nuevos amigos, muy distintos a los amigos de la infancia o la secundaria, junto a quienes creció y cuyos padres y valores usted conocía. Si aún vive cerca, anímelo a invitar a sus amigos a casa para compartir una comida. Y si vive lejos, la próxima vez que lo visite, propóngale salir a comer con algunos de ellos. Es una buena manera de conocer a sus nuevos amigos y mantenerse conectado con su vida.

Para obtener más información, consulte el Capítulo 4 de *Crecer sin drogas: Guía para padres sobre la prevención del consumo de sustancias.*

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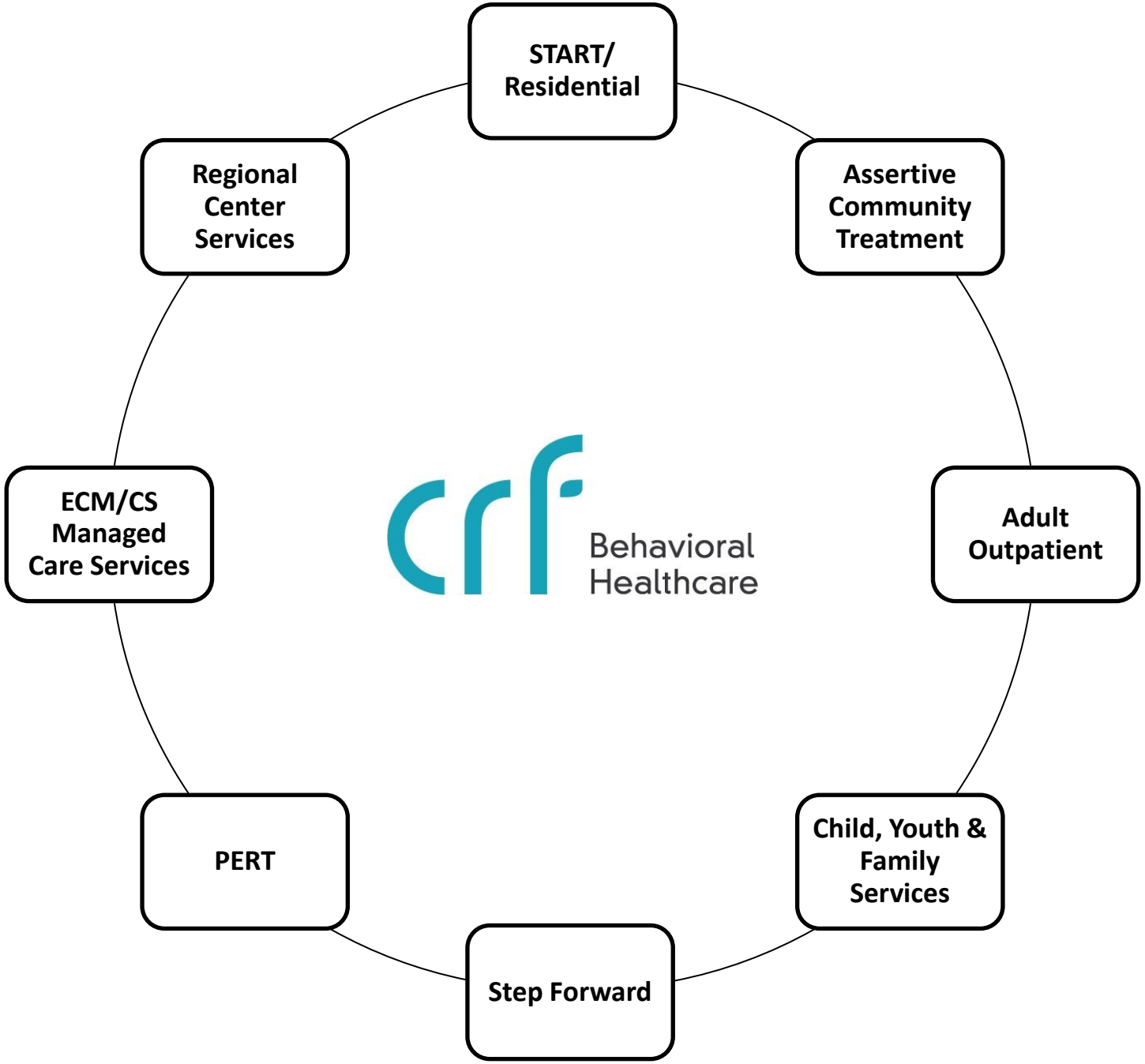
Healthy
Connect
San Diego


START/
Residential
Assertive
Community
Treatment
Adult
Outpatient
Child, Youth &
Family
Services
Step Forward
PERT
ECM/CS
Managed
Care Services
Regional
Center
Services
crf
Behavioral
Healthcare

What is Healthy Connect?

A PROGRAM OF **CRF BEHAVIORAL HEALTHCARE**

PROGRAM UNDER CALAIM, PREVIOUSLY HEALTH HOMES

ENHANCED CARE MANAGEMENT (ECM)

COMMUNITY SUPPORTS (CS)

SERVE MEDI-CAL BENEFICIARIES WITH COMPLEX AND CHRONICAL MEDICAL CONDITIONS

QUALIFY BY MEETING “POPULATIONS OF FOCUS" CRITERIA

FIELD BASED SERVICES

Blue Shield Promise

Molina Health Care

Community Health Group

Healthy Connect Managed Care Plan Partners

Populations We Serve

Population of Focus	Adults (21+)	Youth (under 21)
Individuals experiencing homelessness	✓	✓
Individuals who are at risk of avoidable ER/hospital visits.	✓	✓
Individuals with Serious Mental Illness (SMI) and/or SUD needs	✓	✓
Birth Equity - Currently Pregnant or Postpartum	✓	✓
Individuals enrolled in California Children's Services (CCS) or the CCS Whole Child Model with additional needs beyond the CCS Condition.		✓
Individual is involved in (or with a history of involvement in) Child Welfare		✓
Individuals Living in the Community and at Risk for LTC Institutionalization	✓	
Nursing Facility Residents Transitioning to the Community	✓	

Enhanced Care Management (ECM)

- Assigned Lead Care Manager
- Health Assessment and Care Plan
- Health promotion and education
- Coordinating with providers and pharmacy
- Appointment management
- Health care liaison
- Transition of Care
- Referrals and authorizations
- Transportation Services
- Applying for public benefits
- Housing Support

Youth Engagement

- Juvenile justice support
- Planning with, not for, the family
- Coordinating with schools
- Establishing daycare services
- Coordinating with foster care and CWS
- Linkage to legal support
- Community Resources
- After-school activities
- Independent Living Skills

Community Supports (CS)

Housing Support

Housing Navigation Services

- Sign up for eligible housing lists
- Identify and secure appropriate housing

Deposits

- Must be involved in Transition Navigation Services
- Pays up to $5,000 deposit towards housing

Housing Tenancy Services

- Budgeting
- Problem-solve issues related to maintaining current housing
- Tenants' rights education and advocacy

Linkage to other CS services and providers

1. Short-term post-hospitalization housing
2. Medically-tailored meals
3. Recuperative Care
4. Respite Care
5. Homemaker services
6. Nursing Facility Transition
7. Nursing Facility Diversion
8. Home Modification
9. Asthma Remediation
10. Day Habitation
11. Sobering Center

How we can help!

- Our services are non-duplicative
- Providing community-based care liaison outside of the clinic
- Advocating for housing and providing access to funds for rental deposits, furnishings, and utilities
- Reducing program administrative burden
- Reducing non-emergent ER / Hospitalization use
- Managing physical health needs
- Scheduling transport, interpreters, and medication
- Meeting members in the field
- Managing referrals to specialty providers and resources

Referral Process

- Submit a referral to:
  - Email:
    - **HealthyConnectReferrals@comresearch.org**
  - Fax: 619-467-4595
- We will confirm receipt and contact you with questions
- If the MCP is unknown, we can assist in locating member and assigning
- Authorization times vary by managed care plan
- We reach out to member directly
- Disenrollment criteria:
  - Graduation
  - Loss of coverage
  - Non-Engagement

Questions?

Jeremy King, MPH

- Program Director – Adult Services (21+)
- dking@comresearch.org
- For Providers: 619-514-8288
- For Clients (mainline): 619-507-9333

Rachel Selig

- Program Director – Youth Services (under 21)
- rselig@comresearch.org
- For Providers: 619-936-7019
- For Clients (mainline): 619-874-0600

Morgan Tucker

- Referral and Authorization Specialist
- mtucker@comresearch.org
- For Providers: 619-541-2364

Michael Hammel, MPH

- Vice President of Care Management
- mhammel@comresearch.org
- For Providers: 619-787-8716

crf | Healthy Connect San Diego

Healthy Connect San Diego

Healthy Connect Adult Mainline 619-507-9333

Healthy Connect Youth Mainline 619-874-0600

Enhanced Care Management (ECM) Member Referral Form

Please send your completed referral form to CRF Healthy Connect to
Fax: 619-467-4595
Secure email: **HealthyConnectReferrals@comresearch.org**

Use this form to refer a member who would benefit from ECM Services. We will assess the submitted member's eligibility and respond with next steps or request more information within 48 hours.

Member Information	
Date	
Member's full name	
Member's Date of Birth	
Member's Medi-Cal Client Identification # (8 digit plus a letter at the end)	
Member's Address	
Member's Primary Phone Number	
Best time to contact	
Member's Preferred Language	
Caregiver's Name (if applicable)	
Caregiver's Phone Number (if applicable)	

Medi-Cal Eligibility	Is the member enrolled in Medi-Cal Managed Care? ☐ Yes ☐ No
	Is the member enrolled in DNSP or DSNP-EAE benefit? ☐ Yes ☐ No ☐ Unknown If **yes**, member is not eligible for ECM services.
	What is member's Managed Care Plan? Leave blank if unknown ☐ BlueShield Promise ☐ Community Health Group ☐ Molina HealthCare

Healthy Connect San Diego

Healthy Connect Adult Mainline 619-507-9333

Healthy Connect Youth Mainline 619-874-0600

Referring Party Information	
Date	
Organization	
Name	
Email	
Phone Number	
Fax	

Has the member expressed interest in enrolling in ECM services?

☐ Yes ☐ No, I would like to verify member's eligibility prior to discussing ECM services with the member

Is the member currently being followed by a health plan case manager or is part of a case management program?

☐ Yes ☐ No

If yes, please provide contact information as available.

Is the member experiencing any housing insecurities/homelessness?

☐ Yes ☐ No

If Yes, please provide information

Additional comments

Healthy Connect San Diego

Healthy Connect Adult Mainline 619-507-9333

Healthy Connect Youth Mainline 619-874-0600

Please select all Populations of Focus that are applicable to the member. If unknown, you can leave blank.

Adult Populations of Focus	
Individuals experiencing homelessness (with or without their families) and having at least one complex physical, behavioral, or developmental health need.	☐

Individuals with Serious Mental Illness or Substance Use Disorder who:
• Are experiencing at least one complex social influencing their health
AND
• Meet one of the following:
  ○ High risk of institutionalization, overdose, and/or suicide
  ○ Use crisis services, emergency rooms, urgent care, or inpatient as only source of care
  ○ Two or more ED/hospital visits sue to SMI or SUD in the last 12 months
  ○ Pregnant or post-partum
	☐

Individuals who are at risk of having avoidable ER visits or hospital stays: • 5 or more avoidable ER visits in the last 6 months **OR** • 3 or more unplanned and avoidable hospital/nursing facility stay in the last 6 months	☐
Individuals living in the community and at risk of Long-Term Care Institutionalization	☐
Individuals living in Nursing Facility who are interested in transitioning back to the community	☐
Birth Equity, Individuals who • Are pregnant or postpartum (12 months following birth) **AND** • Subject to racial and ethnic disparities (example from DHCS: Black, American Indian, Alaskan Native, or Pacific Islander)	☐

Healthy Connect San Diego

Healthy Connect Adult Mainline 619-507-9333

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Children and Youth Populations of Focus	
Unaccompanied Children and Youth experiencing homelessness or living in unstable housing settings	☐
Children and Youth and their families experiencing homelessness or living in unstable housing settings	☐
Children and Youth with Serious Mental Illness or Substance Use Disorder who meet criteria to receive services through: • Specialty Mental health delivered by Mental health Plans **OR** • Drug Medi-Cal Organized Delivery System or Drug Medi-Cal Program	☐
Children and Youth who are at risk of having avoidable ER visits or hospital stays: • 5 or more avoidable ER visits in the last 6 months **OR** • 3 or more unplanned and avoidable hospital/nursing facility stay in the last 6 months	☐
Children and Youth enrolled in CCS and CCS WCM with Additional needs beyond their CCS conditions	☐
Children and Youth Involved in Child Welfare • Currently receiving foster care **OR** • Under 21 and previously received foster care in the last 12 months **OR** • Under 26 and aged out of foster care (having been in foster care on their 18th birthday) **OR** • Under 18 and eligible for CA's Adoption Assistance Program **OR** • Under 18 and currently receiving or has received services from CA's Family Maintenance program in the last 12th months	☐
Birth Equity, Children and Youth who • Are pregnant or postpartum (12 months following birth)	☐

Nile Sisters
DEVELOPMENT INITIATIVE

A 501 (c)(3) nonprofit organization

Overview of Nile Sisters Development Initiative

Mission Statement

The NSDI (Nile Sisters Development Initiative) mission is to educate, support, and offer training to refugee and immigrant women and their families to help them overcome barriers to social and economic self-reliance.

Nile Sisters
DEVELOPMENT INITIATIVE

About NSDI

1. NSDI was established in April 2001 under the guidance of Ms. Elizabeth Lou, a refugee from South Sudan.
2. She initiated the organization after she observed the disparities in care within the refugee community, specifically of those that were from parts of Africa who had language difficulties as well as cultural codes that impacted their abilities to seek support or clearly communicate their needs.
3. NSDI has worked to close gaps, but there are still huge gaps, one of them is in the educational success of children of refugees.

NileSisters
DEVELOPMENT INITIATIVE

Our Aim

- Promote health, protect and support women, children, families, and communities.

- Address needs by fostering collaborative relationships between all stakeholders

  Schools, School Districts, Families, Healthcare Service Providers

  Ethnic Communities, resettlement organization

NileSisters
DEVELOPMENT INITIATIVE

The Refugee Experience

- High exposure to trauma
  - Disruption of familial and social networks
  - Exposure or witnessing of violence
  - Gender-based violence
  - Sexual assault
  - Torture and detention
- Post migration stressors

NileSisters
DEVELOPMENT INITIATIVE

The Triple Trauma Paradigm

Resettled refugees and immigrants are believed to be “in the midst of a chronological interactions of three distinct traumatic periods.”

- Center for Victims of Torture

3 Phases:

- Pre-Flight
- Flight
- Post Flight

NileSisters DEVELOPMENT INITIATIVE

NSDI Program Offerings

Our program offerings include:

Emergency Relief

Family Education & Advocacy

Employment Facilitation

NileSisters DEVELOPMENT INITIATIVE

NSDI Program Offerings

Our program offerings include:

A vocational school that offers Nurse Assistant training, Home Care Aide, and working on receiving certification to train Community Health Workers

NSDI Program Offerings

Our program offerings include:

NSDI has participated in a program called CalNew as a subject matter expert in a roundtable discussion on bridging the gap between the school, families, and support providers.

Families Uniting Locally to Solve Problems – A community-based Initiative to reduce drug use

Office of Refugee Settlement B2B Skill Development Program

NileSisters DEVELOPMENT INITIATIVE

NSDI Program Offerings

Our program offerings include:

In a project through the MIND (Matters Involving Neuro-Disorders), NSDI was able to provide support for refugees and their children who developed varying degrees of emotional reaction to the stress of navigating the existing system of education and support.

hileSisters
EVELOPMENT INITIATIVE

NSDI Program Offerings

NSDI has over 24 years of experience engaging and serving immigrant and refugee families from various regions of the world. Within the organization eight (8) languages are spoken, four (4) of which are among the most common languages spoken in the San Diego immigrant and refugee communities: Arabic, Amharic, Swahili, and Spanish.

In serving San Diego's refugee and immigrant communities, NSDI has established robust and longstanding partnerships with many other ethnic community-based organizations (ECBO's) and works closely with them to provide additional supportive services or other specific resources when necessary to immigrant and refugee families.

- Close the gap
- Target audience
- Supportive-across life domains and languages
- Engaging through community work
- Experienced culturally competent professionals
- Additional in-house services like vocational education and behavioral and mental wellness

NileSisters
DEVELOPMENT INITIATIVE

Behavioral and Mental Wellness

Nile Sisters Development Initiative
Behavioral and Mental Wellness Department

- The Behavioral and Mental Wellness Department completes a needs assessment on entry to treatment.
- Identify areas where patient is failing—housing, healthcare, family support, childcare, etc., and refer to case management or family advocacy
- Advocates comes alongside client in treatment

Nile Sisters Development Initiative

Maternal, Child, and Family Health Services

- Maternal, Child, and Family Health Services (MCFHS)-health education – black infant death remains high among African Americans, among which are African Refuges and immigrants
- NSDI identified this disparity in the community and created Learnmore, a vocational education program. Through this program, many refugees receive education to help other refugees navigate the health care system.
- Expanding Learnmore would be beneficial to improving maternal health in refugees communities.

NileSisters
DEVELOPMENT INITIATIVE

Current Problems

- Parents and families' employment, housing, and other environmental situations affect students' educational progress.
- Parents need support in advocating for their children at school, especially when there is a language barrier.
- Navigating the system and trying to access resources for both parents and students is always a major problem, besides language barriers, there are socio-economic barriers that impact both students and families
- Many refugees from Africa are reserved about asking for help for their children and sometimes believe the child should be able to figure it out on their own. This often results in the child giving up.
- There is an increase in the number of students that are dropping out of school.
- Black infant death remains high among African Americans, among which are African Refuges and immigrants.

NileSisters
DEVELOPMENT INITIATIVE

Our Plan for Supporting Families

- There is a need for holistic services for families to be able to support students in schools, pregnant mothers
- Ethnic community-based organizations like NSDI are trusted messengers in the community and are well positioned to work with these families and offer services that support entire families as an integral part of helping students improve school participation
- They act as the bridge between the community members and the schools and school district and are in the best position to do this work with current students and newcomer students.
- Work in collaboration with District partners, such as the International Rescue Committee, Karen Organization, and Alliance for African Assistance, to coordinate community education and outreach events that support the successful engagement of refugee families in their child's education.
- Establish Partnerships with existing school programs
- Assist in the assessment, planning, and evaluation of the peer navigation and community health outreach program.

NileSisters
DEVELOPMENT INITIATIVE

Proposed Program Overview

- **Unique**
- **Multiple languages**
- **Tested**
- **Authentic**

- Specifically dedicated to the population of refugees and immigrants
- Functional program with the combination of Behavioral and Mental wellness through psychoeducation and resiliency workshops for identified participants
- MIND Institute was designed with the help and input of experts in the field of both education and psychology
- Work in collaboration with District partners, such as the International Rescue Committee, Karen Organization, and Alliance for African Assistance, to coordinate community education and outreach events that support the successful engagement of refugee families in their child's education.
- Quarterly focus group with community members to understand their needs for their children's success

NileSisters
DEVELOPMENT INITIATIVE

Our Strategy

- Complete an ongoing focus group to discuss at the community level what the families are experiencing regarding education and health needs for student support.
- Train Family Support partners from members of the community; these support partners will be the advocates between families and the school.
- Complete ongoing assessment of the program to ensure that the goals are on track and being met as indicated.
- Culturally competent coordinated care for pregnant women, older adults, and students in crisis.

NileSisters
DEVELOPMENT INITIATIVE

Our Strategy (Continued)

- Track progress by completing CYT's Google tracking sheet and update tracking sheet monthly. Maintain regular communication with CYT staff.
- Establish a direct line of communication with the school, specifically schools within the identified target areas –Hoover, Horace Mann, etc.
- Establish partnerships with existing school programs like Wellness together and other youth community services.
- Engage students in career development discussions using programs like LearnMore.

NileSisters
DEVELOPMENT INITIATIVE

Thank You

Dr. Abimbola Ogundeji, PhD; LMFT
Consultant

NileSisters
DEVELOPMENT INITIATIVE

To:	**BHS Contracted Mental Health Service Providers**
From:	**Liberty Donnelly, Acting Assistant Director, Chief Strategy & Finance Officer**
Date:	**July 3, 2025**
Title	**Certified AOD Counselor Provision of Specialty Mental Health Services**

This memo provides an update regarding the implementation of the Certified alcohol or other drug (AOD) Counselor credential within the Mental Health (MH) system. BHS is currently awaiting further guidance from the Department of Health Care Services (DHCS) to move forward with the next steps needed for integrating this role into contracts and rate schedules moving forward.

Background
Historically, AOD Counselor staff could provide and claim for services within the MH system under the Mental Health Rehabilitation Specialist (MHRS) or Other Qualified Practitioner (OQP) designations, based on their qualifications. They were required to provide services under a primary MH diagnosis and meet specific documentation standards despite the actual "Certified AOD Counselor" taxonomy not being available for use.

The State recently released the FY 2025-26 Specialty Mental Health Services (SMHS) Fee Schedule, which now includes rates for Certified AOD Counselors for various SMHS activities following the approval of a State Plan Amendment (SPA) 24-0042. BHS subsequently incorporated these rates into its own FY 2025-26 fee schedule and shared with providers to reflect locally adopted rates based on the state framework. However, there are outstanding issues that need to be addressed before moving forward:

1. **Rate Schedule Alignment**: The current DHCS rate schedule reflects rates for specialty mental health services that do not align with the allowable service components for Certified AOD Counselors outlined in the SPA.
2. **Documentation and Supervision Requirements**: DHCS has not yet provided the required guidelines on diagnosis or documentation standards for Certified AOD Counselors and required supervision requirements within SMHS roles.
3. **EHR Updates:** SmartCare is in the process of being updated to support appropriate claiming.

Next Steps
BHS has reached out to DHCS regarding these concerns and will provide further updates. Our goal is to operationalize this new workstream as DHCS direction is received. In the interim, the County FY 2025-26 Rate Schedule posted on Optum was revised to remove the Certified AOD Counselor as a provider type.

Action Items for Providers

- **Pause on Integration of the Certified AOD Counselor Credential**: Although this credential may be included in the SMHS fee schedule and BHS Invoice/Budget documents, the request is for providers to pause on the integration of this credential and not include this credential within proposed budgets or submit ARFs to modify staff credentials for this role until further notice.
- **Exhibit C**: Upon DHCS and County operationalization of Certified AOD Counselor provision of SMHS, the contract Exhibit C will need to be amended to include the provider type prior to provision of services.

For More Information:

- Contact your Contracting Officer's Representative (COR)

To:	**BHS Contracted Mental Health Service Providers**
From:	**Liberty Donnelly, Acting Assistant Director, Chief Strategy & Finance Officer**
Date:	**July 3, 2025**
Title	**Certified AOD Counselor Provision of Specialty Mental Health Services**

Additionally, you may have also spotted the addition of Enhanced Community Health Workers (CHWs) within the FY 2025-26 fee schedules and BHS Invoice/Budget documents. Additional guidance on this new credential role and certification requirements will be shared with all providers shortly. Resources will be posted on Optum alongside the impending communication. Providers will be required to consult with CORs to determine if CHWs are suitable for their programs, and Exhibit C will need to be amended to include the provider type prior to provision of services.

For More Information:

- Contact your Contracting Officer's Representative (COR)

Tijuana River Valley Sewage Emergency: Assessment of Chemical Exposure (ACE) Results

County of San Diego HHSA

SANDIEGOCOUNTY.GOV/HHSA


SEWAGE/CHEMICAL
CONTAMINATED WATER
WATER CONTACT
MAY CAUSE ILLNESS
BY ORDER OF THE HEALTH OFFICER
COUNTY OF SAN DIEGO
ENVIRONMENTAL HEALTH & QUA
(619) 338-2073 sdbeachinfo.com
THE NOBLEST MOTIVE IS THE PUBLIC GOOD
COUNTY OF SAN DIEGO

ACE Goals and Objectives

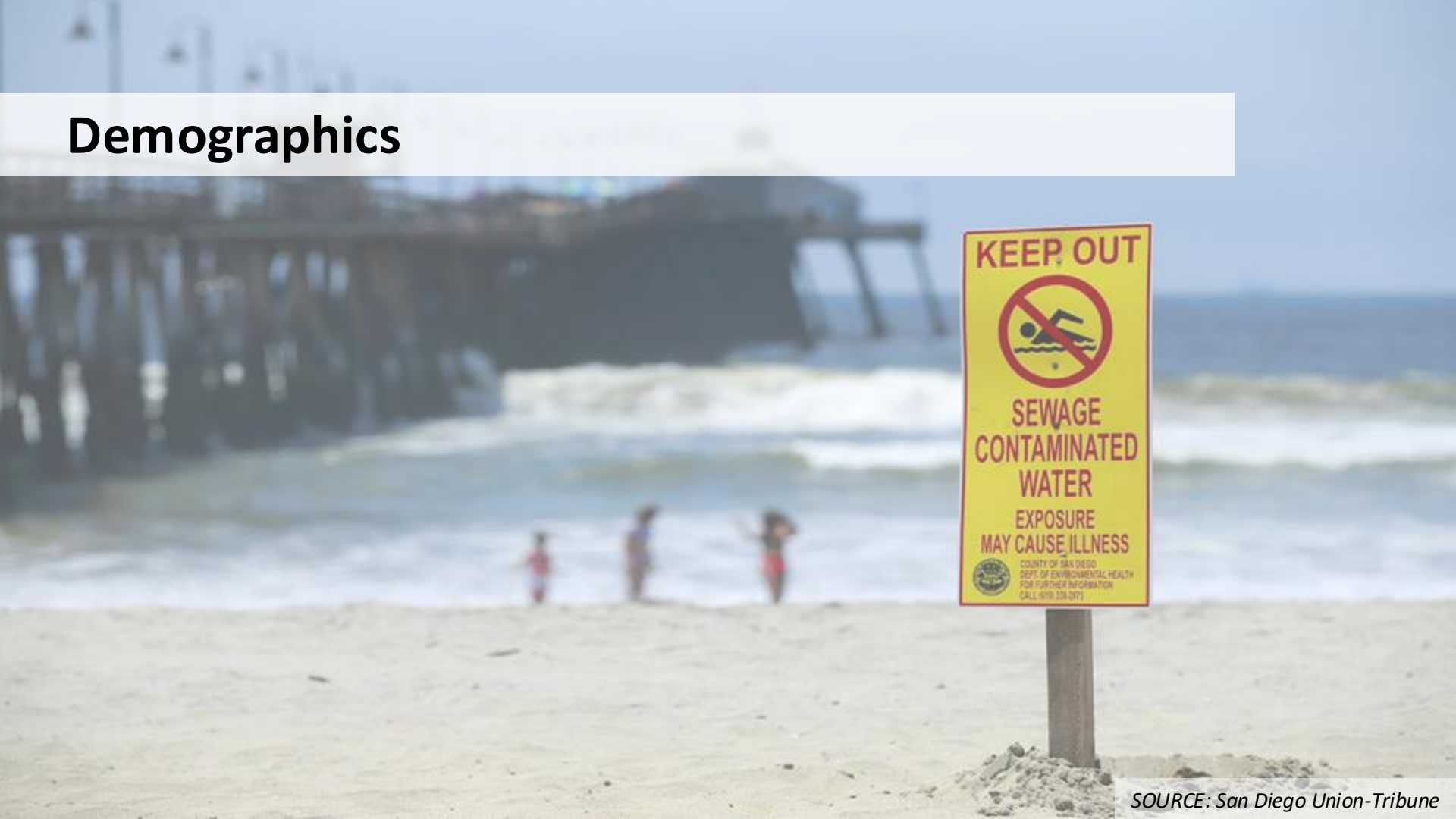
- **Goal:** Assess individual-level impacts through an ***on-line survey*** related to sewage exposure from the Tijuana River Valley
- **Objectives:**
  - Understand concerns of air and water exposure from contamination
  - Explore concerns about residential, occupational, recreational and other environmental exposures and health effects
  - Obtain parents' responses on behalf of children under age 18

CASPER* vs. ACE

	CASPER	ACE
Level	**Household** summary responses	**Individual-level** responses
Method	In person interview	Self-administered on-line survey
Eligibility	Residents only	Residents, workers, visitors
Children	Child data captured as part of household response	Parents/guardians could answer for individual children
Timing	October 18 -20, 2024	October 21 - November 25, 2024
Sample	189 households interviewed	2099 completed surveys
Locations	Imperial Beach, Nestor, San Ysidro	Imperial Beach, Nestor, San Ysidro, Otay Mesa West, Silver Strand, Coronado

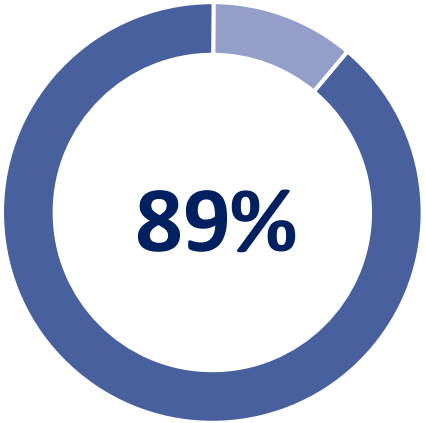
*Community Assessment for Public Health Emergency Response

Demographics

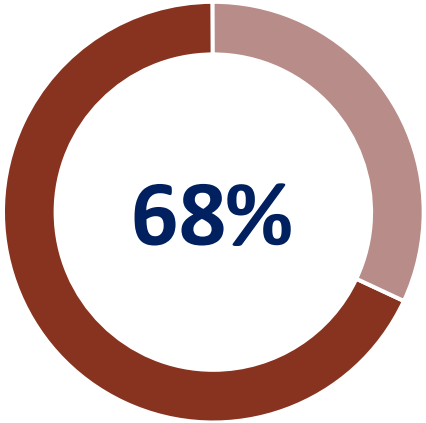


SOURCE: San Diego Union-Tribune

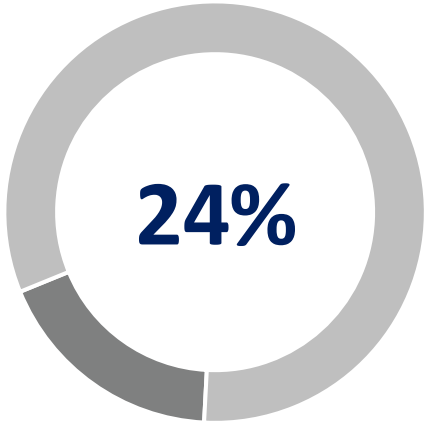
Summary of 2,099 participants



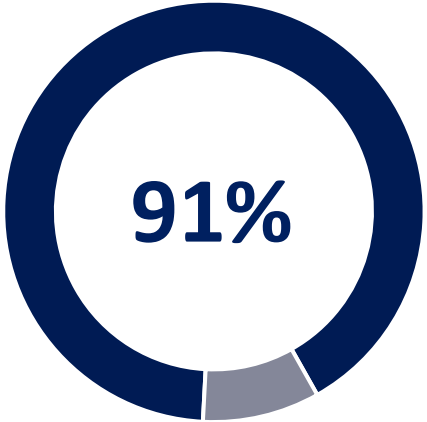
18 years or older



Female*



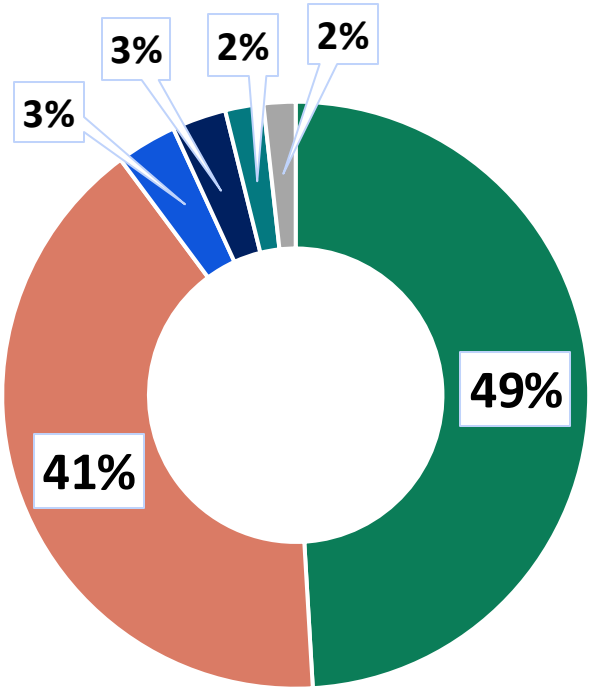
High School or less



Have health insurance

*13 women reported being pregnant: 2 in their first trimester, 6 in the second and 5 in the third.

Race and Ethnicity



- Hispanic/Latino (n = 1,003)
- White* (n = 833)
- Asian* (n = 68)
- Multiracial*(n = 61)
- Black/African American* (n = 43)
- Other** (n = 36)

172 Spanish surveys taken

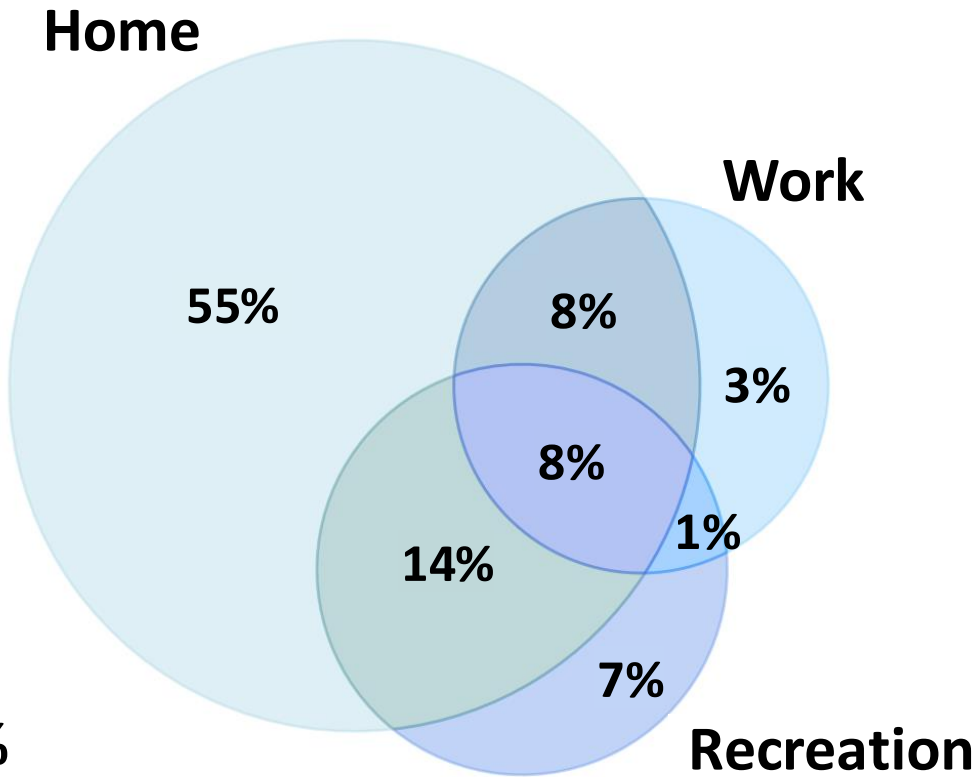
*Non-Hispanic; **Includes non-Hispanic Native Hawaiian or Pacific Islander, American Indian or Alaska Native, and Middle Eastern or North African

Reasons for Time Spent in the Affected Area

Home - 86%

Work - 21%

Recreation - 31%



Home (H): 1,158 (55.2%); Work (W): 69 (3.3%); Recreation (R): 156 (7.4%); H + R: 300 (14.3%); H + W: 171 (8.2%); H + W + R: 177 (8.4%); W + R: 26 (1.2%)*Other reasons for spending time in the affected area were excluded from this analysis: 42 (2.0%)

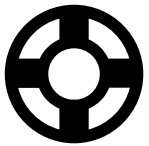
Among Those Working in the Affected Area (n=443)

25%

of workers had direct contact with contaminated river or beach water

Occupations with direct water contact:

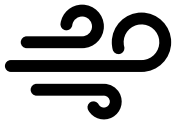
- Protective services: Lifeguards, firefighters, and law enforcement including park rangers
- Construction and extraction
- Building and grounds maintenance
- Architects and engineers



Thoughts, Concerns, and Experiences

SOURCE: Getty Images

92% of Respondents Were Very Concerned about the Sewage Crisis



97%

air quality

96%

beach water quality

94%

Tijuana River water quality

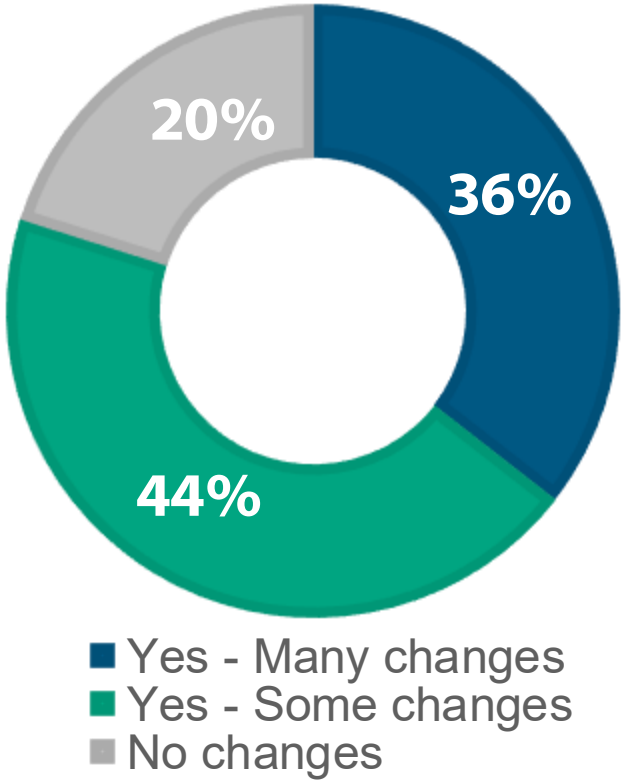
86%

drinking water quality

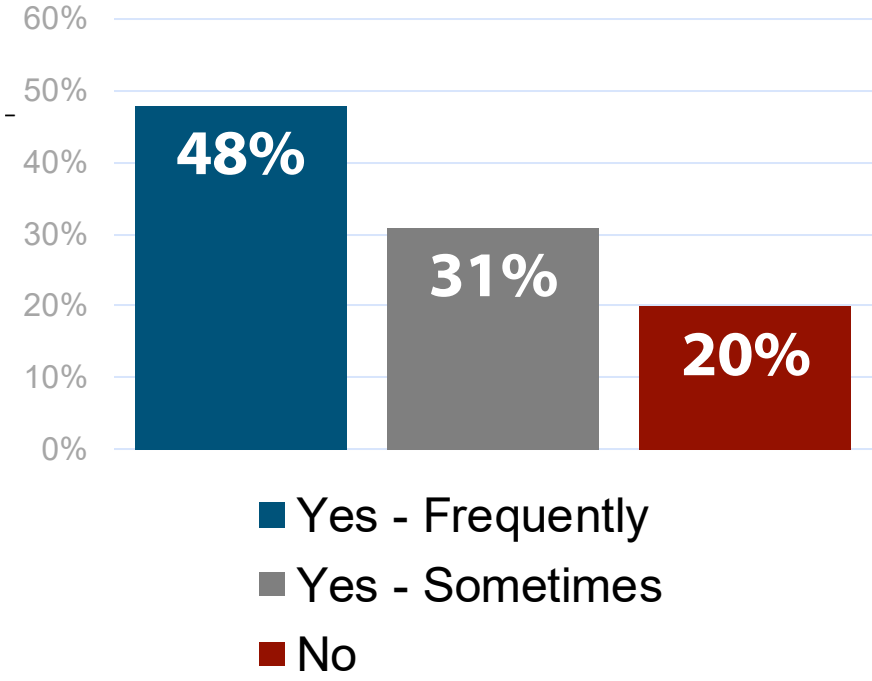
82% of respondents reported concerns on all categories

Impact on Daily Life in the Last 30 Days

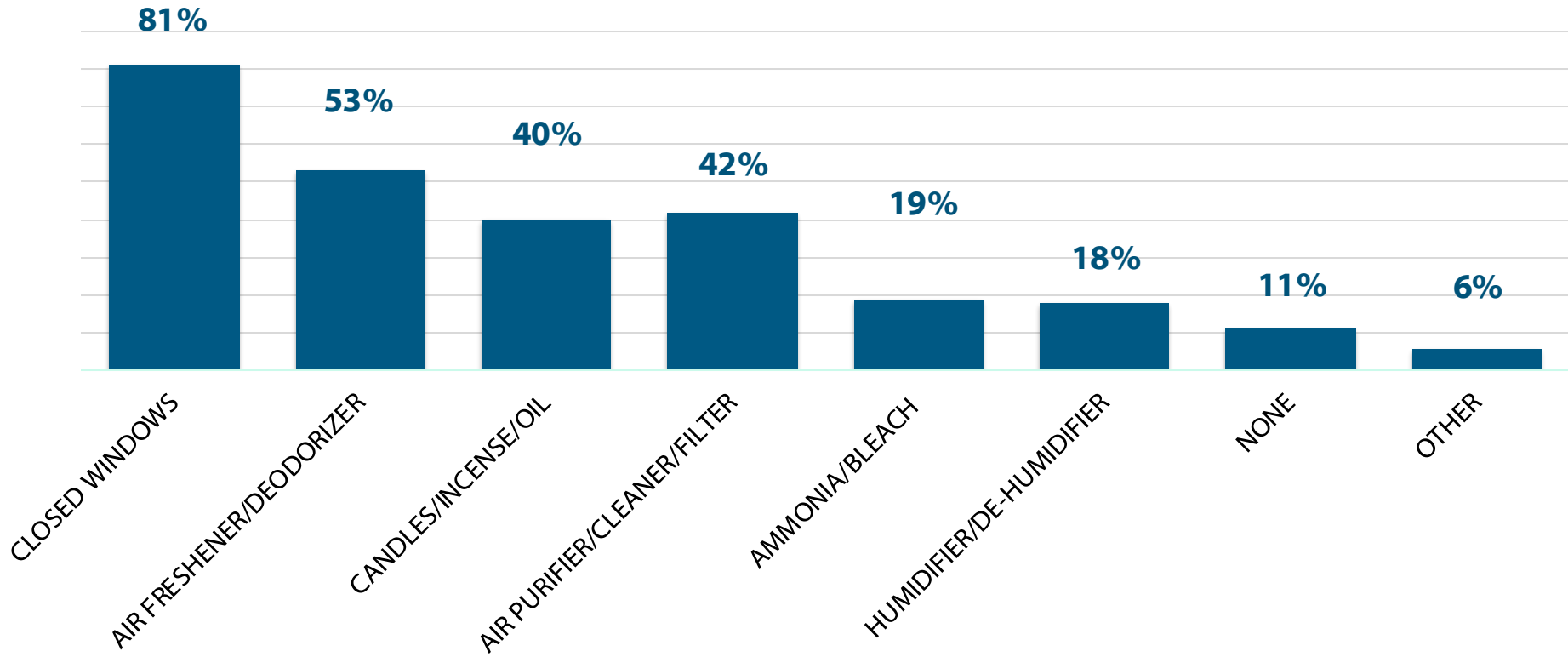
Changed Activities/Routines



Extra Steps Taken to Avoid Area



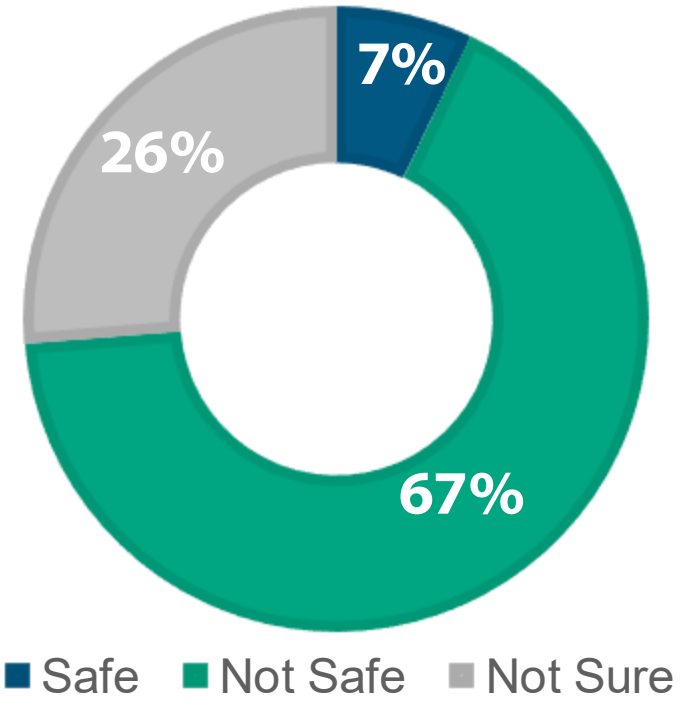
Action Taken to Reduce Sewage Smell* (n=1935)



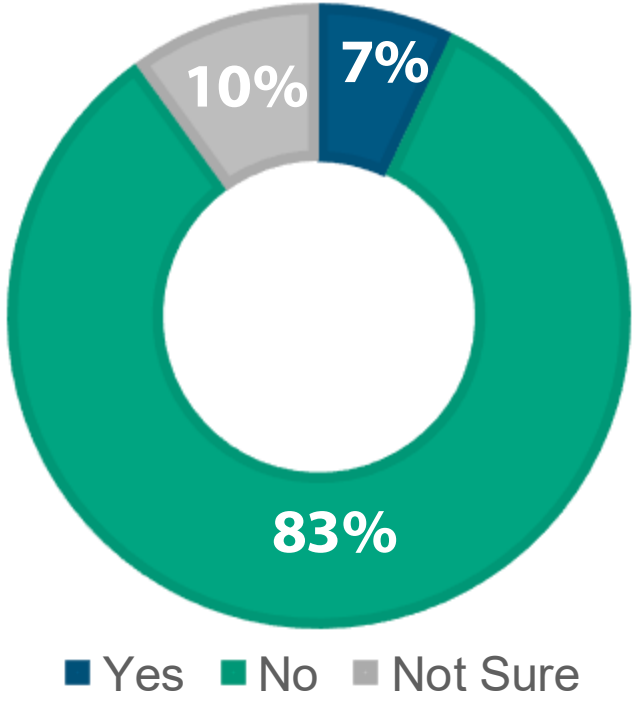
*Not mutually exclusive

Beliefs about the Sewage Crisis

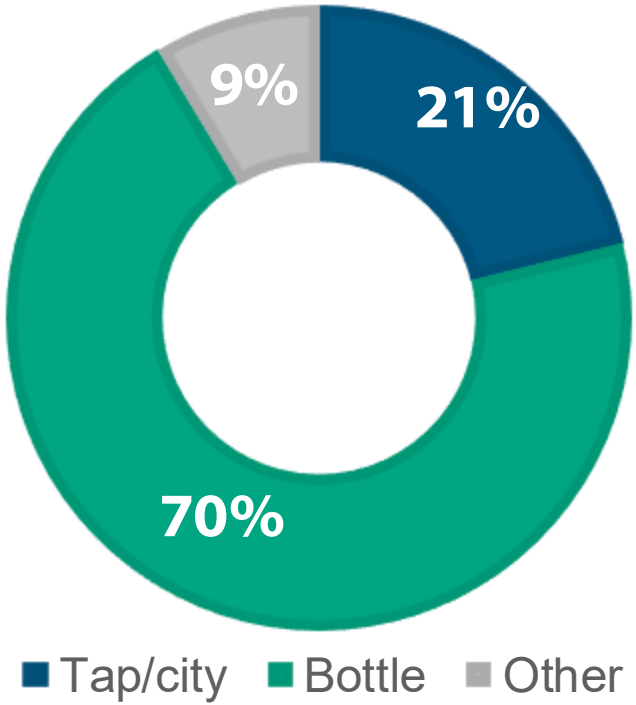
Safe to Visit, Work or Live



Sewage Clean Up Adequate



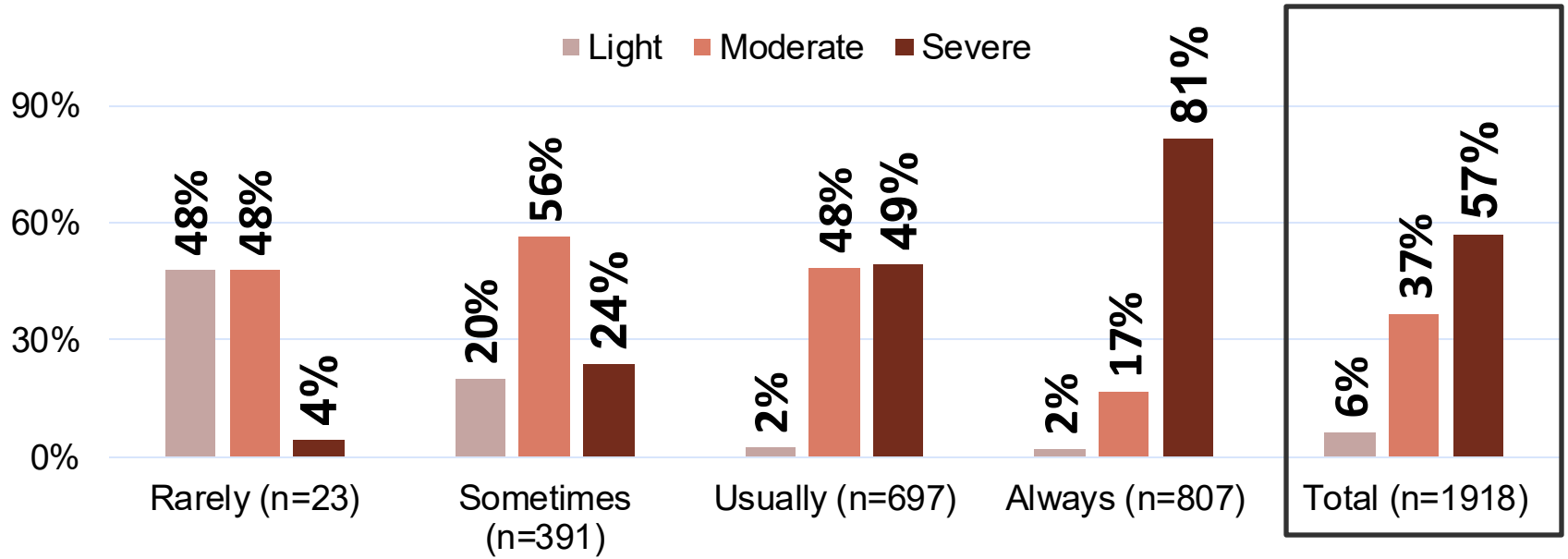
Drinking Water When in the Affected Area



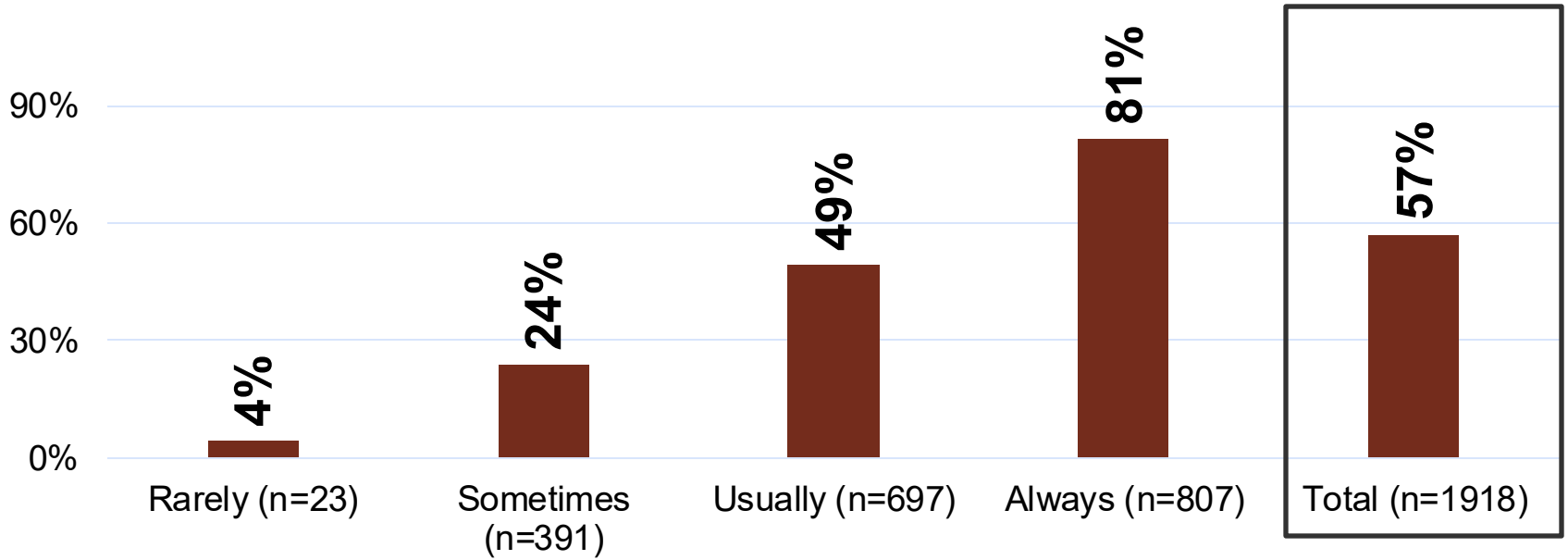
Primary Source of Drinking Water

63% filter their drinking water

92% Noticed Sewage Smell in Last 30 Days

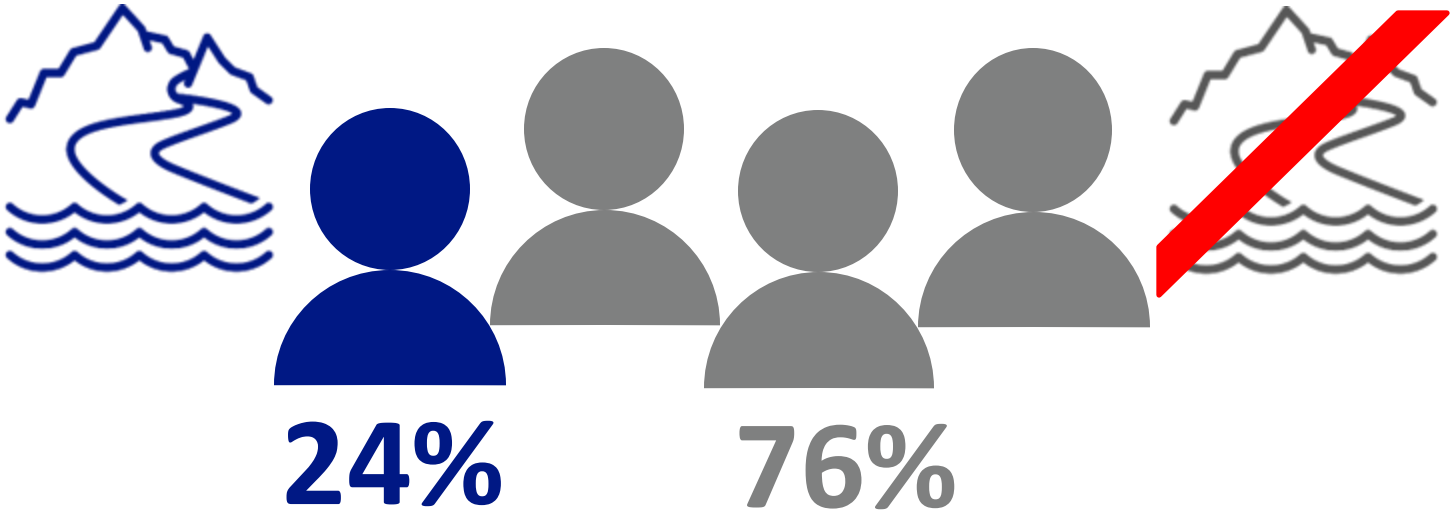


92% Noticed Sewage Smell in Last 30 Days



The more frequent the smell was reported; the more likely it was to be severe

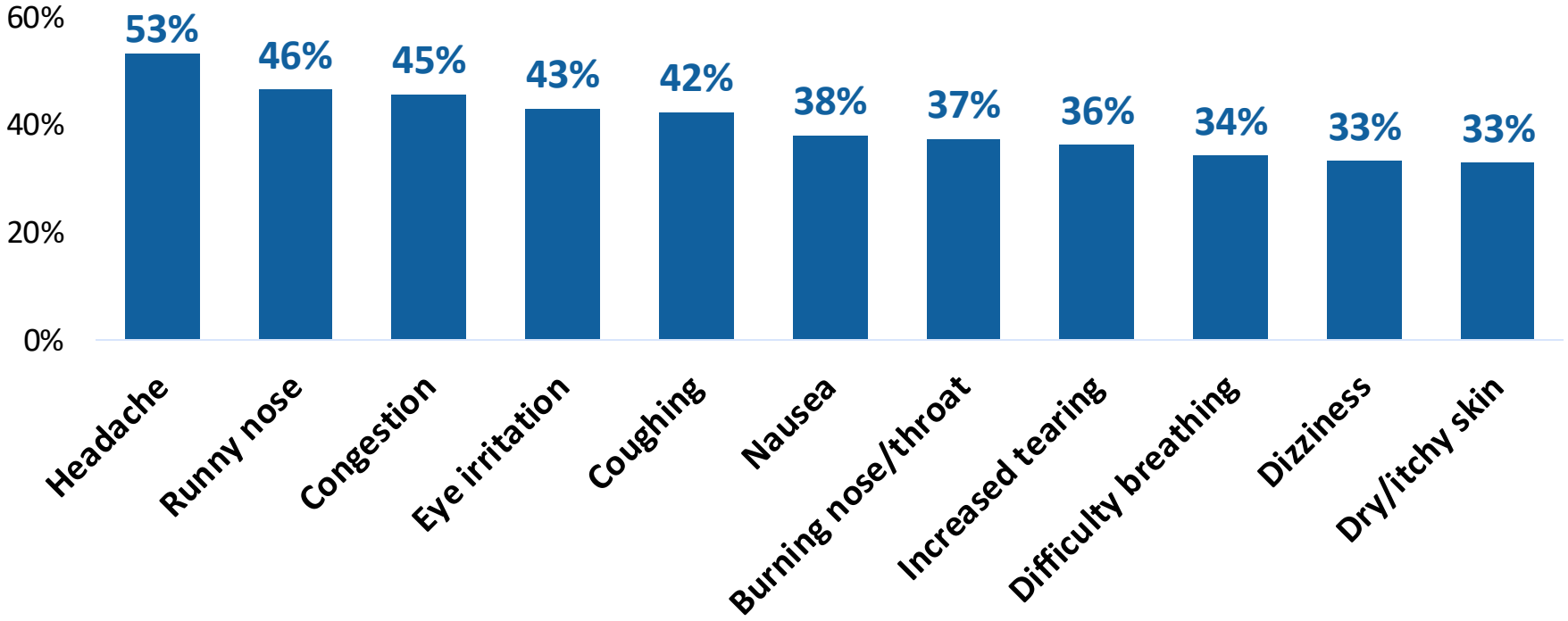
Almost 1 in 4 Participants Reported Direct Contact with Contaminated River or Beach Water



Physical Health

SOURCE: Newslab.org

64%* Reported At Least One New or Worsening Physical Health Symptom They Attributed to the Sewage Crisis in the Past 30 Days



*1,352/2099

Medical Care Because of Sewage Crisis

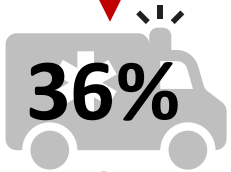
31%

Sought medical care because of sewage crisis symptoms

n=412/1351

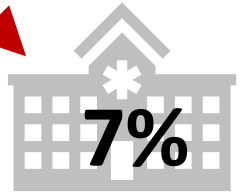
72%

Primary Care/HCP (outpatient)



36%

Hospital/emergency room/urgent care and released



7%

Hospital/emergency room/urgent care and admitted

(Categories Are Not Mutually Exclusive)

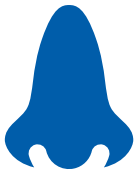
Behavioral & Mental Health

SOURCE: Rawpixel.com

65%
feel like their mental health symptoms are related to the Sewage Crisis
(n=1200/1850)

Image source: Getty Images

Overall, 28% of participants* scored 3 or more on Generalized Anxiety Disorder 2-item (GAD-2) screen indicating possible clinical anxiety in the last 2 weeks



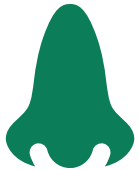
Participants reporting severe sewage smell tended to score higher on the GAD-2

35% participants who reported severe sewage smell, reported anxiety symptoms

*n=495/1798

GAD-2: Cureus 2020:21;12(5) doi: 10.7759/cureus.8224

Overall, 21% of participants* scored 3 or more on Patient Health Questionnaire-2 (PHQ-2) screen indicating likely major depression in the last 2 weeks



Participants reporting severe sewage smell tended to score higher on the PHQ-2

27% of participants who reported severe sewage smell, reported depression symptoms

***n=383/1825**

PHQ-2: Patient Health Questionnaire-2 (PHQ-2) - Mental Health Screening

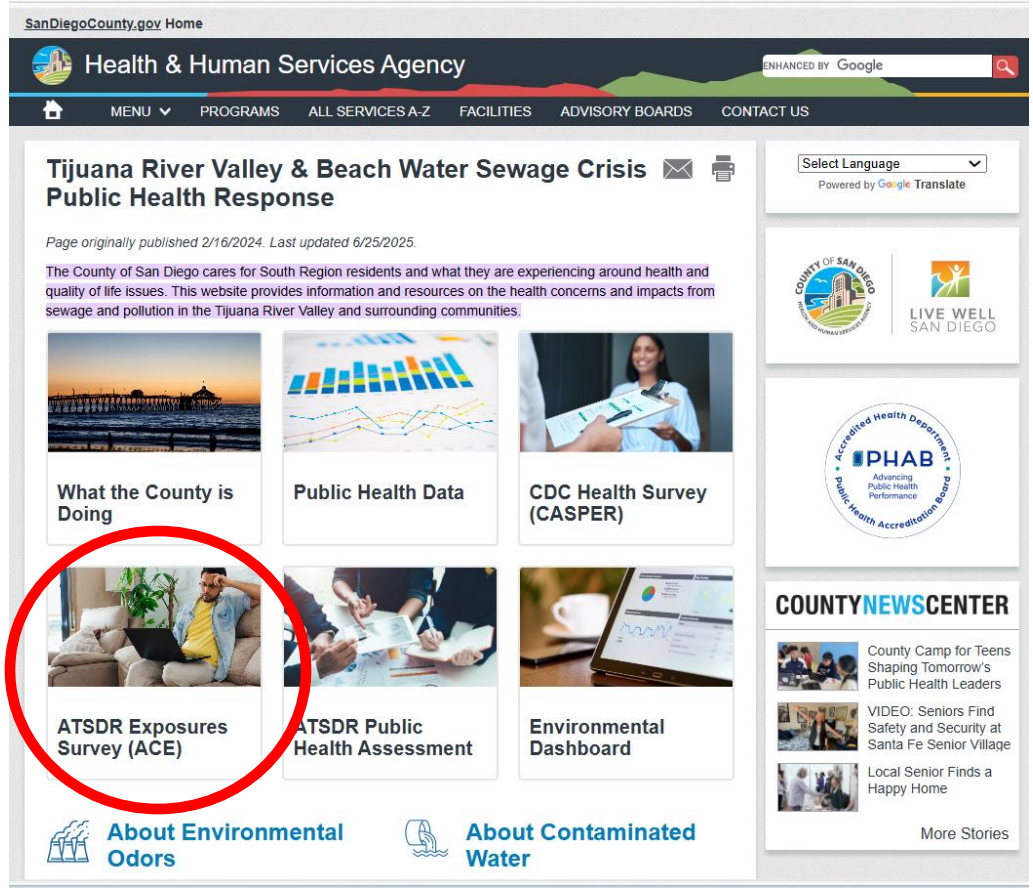
Key Findings: ACE

- 92% were concerned about air quality; 86% were concerned about tap water quality
- 95% reported noticing a sewage smell in the preceding 30 days; 57% said it was severe
- 24% reported direct contact with contaminated river or beach water inclu ding workers
- 64% reported at least one new or worsening physical health symptom they attributed to the Sewage Crisis in the past 30 days
- Most common symptoms attributed to the Crisis were headache or respiratory symptoms; 31% of those reporting sought medical care
- 28% of participants reported anxiety; 21% reported depression. Rates were higher among those reporting severe sewage smell

ACE Findings Similar to CASPER

- Widespread community concern about the sewage crisis, including air and drinking water quality concerns
- Most respondents use bottled water in the affected area
- Most respondents reported physical health symptom(s) they attributed to the sewage crisis
- Respondents also attributed mental health symptoms to the sewage crisis
- Preferred communications channels: word of mouth, TV, internet news, email, and text message
- Needs of respondents: action, water, medical or mental health care or supplies, improve water/air quality

ACE Dashboard



[Tijuana River Valley & Beach Water Sewage Crisis Public Health Response]

County of San Diego: Actions Already Being Taken

County of San Diego Action

- **Collaboration, Coordination, & Advocacy for South Bay Communities**
  - South Bay School Districts Leadership
  - South Bay Health Care Clinics
  - All Agency Meeting- Ongoing Monthly meeting with local, state, and federal governmental partners

Local
- San Diego Air Pollution Control District
- County of San Diego
- San Diego Regional Water Quality Control Board
- Imperial Beach, Chula Vista, San Diego, and Coronado Cities

State
- California Environmental Protection Agency
- State Water Resource Control Board
- California Department of Public Health
- Coastal Commission
- California Air Resources Board (CARB)

Federal
- US Environmental Protection Agency (EPA)
- Agency for TOXIC Substances and Disease Registry (ATSDR)
- Office of Community Health Hazard Assessment (OCHHA)
- National Center for Environmental Health
- International Boundary & Water Commission (IBWC)

County of San Diego Action

- **Collaboration, Coordination, & Advocacy: Public Health Assessment**
  - In June 2025, ATSDR confirmed a Public Health Assessment (PHA) will be conducted. Activities include:
    - Conduct a public health assessment of hydrogen sulfide in air
    - Analyze air monitoring data to determine whether breathing hydrogen sulfide in air near the Tijuana River could harm people's health.
  - Final report will be available in 2026-27
  - Sign up to receive email updates about ATSDR's public health assessment by contacting Ben Gerhardstein (**bgerhardstein@cdc.gov**) in the ATSDR Region 9 office.
  - For more information on the PHA visit ATSDR Public Health Assessment

ATSDR
AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY

County of San Diego Action

- Collaboration, Coordination, & Advocacy: State of Emergency Request

CDPH
California Department of Public Health

County of San Diego Actions

- **Drinking Water Concerns**
  - In October 2024, a letter was sent by Public Health Officer to State Water Board, Deputy Secretary and Special Council on Water Policy with specific actions:
    - **Educate the community** through proactive outreach, media, and social media on how drinking water is tested and kept safe in their community
    - Explore increasing the **frequency of testing of drinking water** to ensure the water remains safe and share these results with the community
  - Met with the four water agencies and CDPH to share the CASPER results to advocate for increased messaging on the safety of their water to residents
  - Follow-up meeting is scheduled to share ACE results

County of San Diego Actions

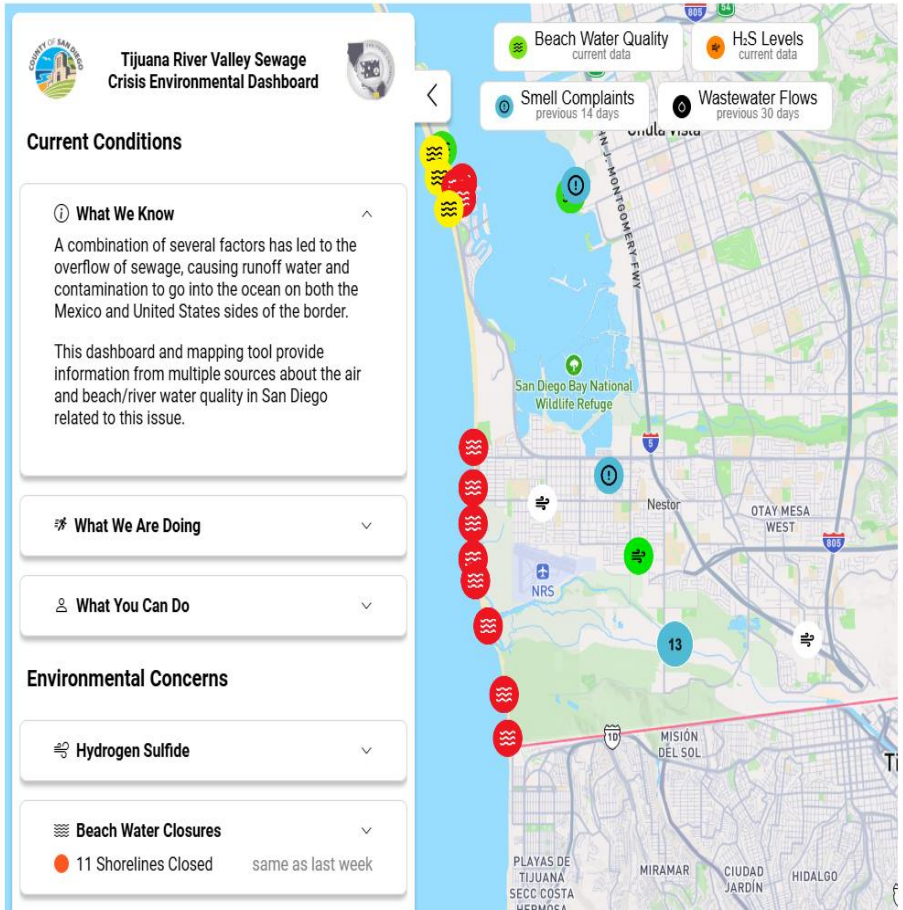
- **Mental Health Concerns**
  - Working with County Behavioral Health Services (BHS) on education and health promotion
    - Mental Wellness Resource Directory
    - Community Toolkit available in multiple languages
    - Distributed mental health resources during ACE survey to South Bay
  - Promote 988 crisis line for resources and mental health evaluations
  - Focused partnership with South Region Outpatient Providers
    - BHS' Communication & Engagement Team
    - South Region Collaborative

County of San Diego Actions

- **Other Efforts**
  - Air Purifier Distribution by Air Pollution Control District
    - AIRE Program
      - Online Registration Portal
      - Direct Delivery from Manufacturer
      - Additional Partner Distribution Events

County of San Diego Actions: Communications

- **TJRV Environmental Dashboard**
- Pulls multiple data sources into one:
  - Beach water quality
  - H2S levels
  - Smell/Odor complaints
  - Wastewater flows
  - Environmental Dashboard

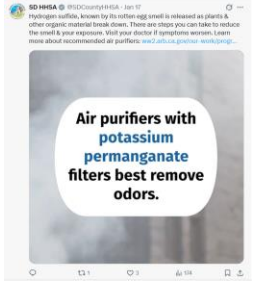


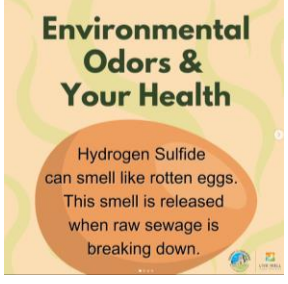
County of San Diego Actions: Communications

- **More than 231,000 social media impressions**

- Targeted South Bay zip codes on Facebook, Instagram and and NextDoor in English and Spanish
  - May: Odor Level Guidance - 74.562
  - April: Free Air Purifiers - 66,477
  - October ACE Survey participation - 49,844
  - October ACE Survey participation in Spanish - 5,200

Beach/Bay Water | **Air Purifiers** | **Odors and Your Health** | **ACE Survey** | **CASPER**





County of San Diego: Communication Plan

County News Center, Media, Social Media
Website Update w/Dashboard
Mass email to ACE respondents
All Agencies (Local, State, Federal)
South County Task Force
South Region Healthcare Agencies
Water Agencies
South Region Superintendents & School Leadership
South Region Community Leadership Team
Chamber of Commerce
Border Health Collaborative
K-12 Schools

Cities: Imperial Beach, San Diego, Coronado, & Chula Vista
Legislative & Elected Groups
Healthy San Diego
APCD's IBC Steering Committee
Impacted Community Based Organizations
Coastal Commission

Hot Spot Mitigation

- Visibly foamy area near Saturn Boulevard, with increased levels of hydrogen sulfide, likely due to turbidity
- Fall 2024 – mitigation by City of SD in conjunction with Navy after County initiated discussions
- Restarted urgent discussions with City of SD, Navy, and IBWC due to ongoing foam and increased detections

Picture from site visit w/partners 7/1/2025

Closing

- **Focus on the Root Cause while supporting the Health of the Community**

  - Significant Funding has been acquired to fix sewage infrastructure
  - On May 20, 2025, USIBWC and EPA announced the acceleration of the expansion of the South Bay International Wastewater Treatment Plant from 25 to 35 million gallons per day.
    - Originally planned to take 2 years, the upgrade will be completed in 100 days (August 28, 2025)

USIBWC Water Data

THANK YOU

ANY QUESTIONS?

All Services | Crisis Services

Children and Youth Crisis Stabilization Unit

(formerly the Emergency Screening Unit [ESU])

4309 Third Avenue, San Diego, CA, 92103
Telephone: 619-876-4502
Open 24 hours a day, 7 days a week

What is the Children and Youth Crisis Stabilization Unit?

The Children and Youth Crisis Stabilization Unit (CYCSU) is open 24 hours a day, seven days a week to provide psychiatric crisis stabilization for children and adolescents under age 18 who are experiencing a mental health emergency. Services are contracted through New Alternatives Inc. and are for Medi-Cal beneficiaries.

Services include:

- Emergency psychiatric evaluations,
- Crisis intervention and stabilization,
- Brief outpatient counseling,
- Case management,
- Emergency medication management, and
- Referrals and linkage to community-based services.

The CYCSU team evaluates children and youth for the types of services they need, with special attention to mental health, physical health, and substance-related issues. When needed, the CYCSU team facilitates an admission to a psychiatric hospital. When hospitalization is not required, appropriate community referrals are made.

Who does the CYCSU serve?

The CYCSU operates a 24/7 outpatient clinic which may be accessed as a walk-in. Clients can be brought by parents or guardians, social workers, law enforcement or ambulance from their family residence or from shelters, Juvenile Hall, hospital emergency rooms, schools, foster homes, group homes, or residential facilities.

If you have any questions, contact your primary insurer or call the CYCSU at 619-876-4502.

Not sure where to start?

Call or text **9-8-8** or dial **1-888-724-7240** to speak to someone who can help find the right service for you or someone you care about. Both numbers are operated 24 hours a day, 7 days a week with support available in over 200 languages. For more information visit **Get Help Now** or **All Services**. If you are experiencing an emergency, please call **9-1-1**.

Board of Behavioral Sciences

1625 North Market Blvd., Suite S-200
Sacramento, CA 95834
(916) 574-7830
www.bbs.ca.gov

Gavin Newsom, Governor
State of California

Business, Consumer Services and Housing Agency
Department of Consumer Affairs

LAW CHANGE: DISPLAY OF LICENSE/REGISTRATION REQUIREMENTS AND REQUIRED NOTICE TO CONSUMERS

A new law, SB 1024, sponsored by the Board of Behavioral Sciences (Board), implements a change to the legal requirement that mandates licensees and registrants display their license or registration in a conspicuous location at their primary place of practice.

To account for the increasing use of telehealth, and the difficulty of physically displaying a license or registration when providing telehealth services, effective January 1, 2025, licensees and registrants are only required to display their license or registration in a conspicuous place in their primary place of practice when rendering professional clinical services in person. The license or registration does not need to physically be on display when services are provided via telehealth.

However, to ensure that all clients maintain access to essential information confirming their therapist's licensure, the law now requires additional information to be included in the required "Notice to Clients" that a Board licensee or registrant must provide each of their clients upon initiating psychotherapy services. For all new clients on and after July 1, 2025, the "Notice to Clients" must contain the following additional information:

- The licensee or registrant's full name as filed with the Board.
- Their license or registration number.
- The type of license or registration (for example, licensed marriage and family therapist, associate clinical social worker, etc.).
- The expiration date of their license or registration number.

(Please note the date by which this additional information must be included in the notice is delayed six months, until July 1, 2025, to allow practitioners time to make the update.)

Do I have to give my existing clients a new "Notice to Clients" that includes the newly required information?

No. The "Notice to Clients" containing the new information must only be provided to new clients whom you begin serving on and after July 1, 2025. There is no requirement to provide an updated notice to your current clients.

When do I provide this Notice?

You are required to provide the "Notice to Clients" prior to initiating psychotherapy services with a new client, or as soon as practicably possible thereafter.

I am licensed or registered with the Board of Behavioral Sciences (Board). What does the Notice need to say?

If you are a Board licensee or registrant, you must provide your clients with a notice in at least 12-point font, that substantially states the following (this has not changed):

> *NOTICE TO CLIENTS*
> *The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830.*

For all new clients on and after July 1, 2025, the "Notice to Clients" must also contain the following additional information:

- Your full name as filed with the Board.
- Your license or registration number.
- The type of license or registration (for example, licensed marriage and family therapist, associate clinical social worker, etc.).
- The expiration date of your license or registration number.

You must document that you delivered the Notice in your client records.

Can I provide the notice electronically via email?

The law requires that the notice be written, and it requires that it be in at least 12-point type. However, as long as it is written, the law does not prohibit it from being provided to the client via electronic means, such as email.

If I am not licensed or registered with the Board of Behavioral Sciences (Board), but providing counseling in an exempt setting. Do I still need to provide a Notice to clients? What does it need to say?

If you are unlicensed or unregistered with the Board but providing services within the scope of practice of Board licensees in an exempt setting (a governmental entity, a school, college, or university, or an institution that is both nonprofit and charitable), you are required to provide your clients with a notice about how to file a complaint with your agency. (There has been no change to this requirement.) The fact that your setting is considered exempt is conditional upon you providing this notice to clients.

The Notice must be provided to the client prior to initiating psychotherapy services, or as soon as practicably possible thereafter. It must be in at least 12-point font, and must be in substantially the following form:

NOTICE TO CLIENTS

The (Name of office or unit) of the (Name of agency) receives and responds to complaints regarding the practice of psychotherapy by any unlicensed or unregistered practitioner providing services at (Name of agency). To file a complaint, contact (Telephone number, email address, internet website, or mailing address of agency).

The Board of Behavioral Sciences receives and responds to complaints regarding services provided by individuals licensed and registered by the board. If you have a complaint and are unsure if your practitioner is licensed or registered, please contact the Board of Behavioral Sciences at 916-574-7830 for assistance or utilize the board's online license verification feature by visiting www.bbs.ca.gov.

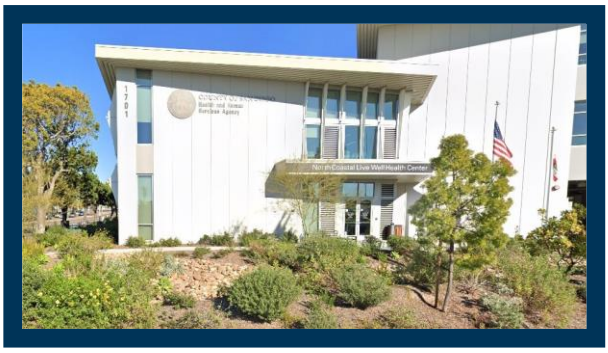
You must document that you delivered the Notice in your client records.

Behavioral Health Services
Next Move
Supporting Justice-Involved Youth

Please Join Us for Two Open House Events!

Tuesday, July 22, 2025

9am-11am
Southeastern Live Well Center
5101 Market St, Suite 2100
San Diego, CA 92114



Wednesday, July 30, 2025

9am-11am
North Coastal Live Well Center
1701 Mission Ave, Suite 110
Oceanside, CA 92058

What to Expect:
Enjoy light refreshments, meet the teams, and tour our program. Parking is free. Scan the QR code to learn more about the Next Move program.

If you have questions, please call (858) 351-6400.

COME PLAY OUTSIDE PRESENTS:

PARKS AFTER DARK

🗓️ When?

June 14 – August 9, 2025
5PM – 8PM
(No events June 19, July 3, 4 & 5)

📍 Where?

LOCATIONS:

- City Heights Rec Center
- Linda Vista Rec Center
- Memorial Rec Center *(plus June 13)*
- Skyline Hills Rec Center
- Silver Wing *(June 14 – July 26 only)*

UC DAVIS HEALTH

Emerging Tobacco/Nicotine Products: Opportunities for Intervention and Treatment Among Youth and Young Adults

Date & Time: Jul 22, 2025 10:00 AM in Pacific Time (US and Canada)

Description: This webinar is designed to:

- Identify emerging tobacco/nicotine products;
- Understand the current tobacco/nicotine use prevalence among youth and young adults; and
- Identify interventions and treatment among youth and young adults.

Guest Speakers:

- Kimberlee Homer Vagadori, M.P.H., California Youth Advocacy Network
- Rina Edi, M.D., Medical Director, Kick It California & Associate Clinical Professor, Dept. of Family Medicine & Public Health, UC San Diego School of Medicine

We encourage health systems, public health departments, and Medi-Cal managed care plans to attend.

Webinar Registration

First Name* First Name

Last Name* Last Name

https://youcanstophumantrafficking.us/register

BE PART OF THE SOLUTION

HOME COMMUNITY RESOURCES ENDORSEMENT MORE

REGISTER & FOR VENDOR/SPONSORSHIP OPPORTUNITIES SEE INVITE

July 22, 2025 You Can Stop Human Trafficking & Fentanyl

Name*

Email*

Business/ Agency/ Non-profit Name*

Guest Name

Guest Email

Guest Name (2)

Guest (2) Email

SEND

https://www.livewellsd.org/i-want-to/get-involved/sector-engagement/youth/scoop-from-you-th

Virtual Connection Hub | County Services | Contact Us | Translate

LIVE WELL SAN DIEGO

About | Events | I Want To...

Youth and Young Adult Video & Visual Art Challenge

Scoop from You(th) Challenge: Piece of Mind

The 2025 Scoop From You(th) Challenge: Piece of Mind invites youth and young adults (ages 12-25) across San Diego County to use art as a medium to **share personal experiences with mental health to reduce stigma, built a supportive network, and empower themselves and others to seek help and resources.**

OPEN FOR SUBMISSIONS NOW

Submission Period Closes: August 30th, 2025

Complete the Notifications and Updates Form to stay up-to date!

Submit your Video or Visual Art Piece

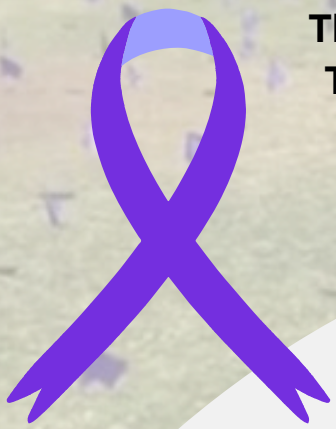
Entrega su Video o Arte Visual

Information One-Pager | **Requirements and Submission Checklist** | **Registration & Release Form**

How Can I Participate?

ONE BIG FAMILY

SAN DIEGO IS UNITING TO RAISE AWARENESS FOR INTERNATIONAL OVERDOSE AWARENESS DAY



The overdose crisis shatters families and communities.
Together, as one big family we can make a difference.
Overdose is preventable and addiction is treatable.

JOIN US FOR A

RESOURCE FAIR

AUGUST 21, 2025
7:00AM-12:30PM

County Administration Center,
1600 Pacific Coast Highway, San Diego, CA,
Northwest Corner

Come learn about ongoing prevention and education efforts in San Diego, treatment options, ways to support loved ones struggling with substance use, get naloxone and much more.

#ENDOVERDOSE

https://ecmh.ce-go.com/ecmh2025/home

HOME AGENDA SPEAKERS VENUE CE INFO SPONSORS → REGISTER

September 18-19

The Power Of Presence:

Building a Supportive Environment

2025 Early Childhood Mental Health Conference

We Can't Wait

The Power of Presence: Building a Supportive Environment

We are excited to welcome you to the 16th Annual Early Childhood Mental Health Conference, hosted by the ECMH Conference Committee, taking place at the Crowne Plaza in Mission Valley.

This year's conference, centered on The Power of Presence: Building a Supportive Environment, will bring together a dynamic blend of nationally and locally recognized experts. These leaders in mental health, education, and social services will explore critical strategies for engaging young children and their families—both in direct clinical work and through broader systemic efforts.

Our event is designed for professionals dedicated to nurturing the well-being of children and families. Whether you work in healthcare, education, mental health, or community advocacy, this conference offers valuable insights and connections. We invite a wide range of practitioners: from psychologists, psychiatrists, social workers, therapists, educators, and nurses to child welfare staff, developmental specialists, and early childhood educators.

Behavioral Health Services

Outpatient Services for Children & Youth (OP2)

Program Manager Meeting Schedule

Fiscal Year 2025-26

Meetings to be held virtually 9:30 - 11:30 a.m. (Breakout Sessions 11:30 a.m. - 12:30 p.m.) * *Topic specific as appropriate
July 10, 2025
September 11, 2025
November 13, 2025
January 8, 2026
March 12, 2026
May 14, 2026

3255 Camino del Rio South
San Diego, CA 92108 | MS P531-C

Rhonda.Crowder@sdcounty.ca.gov