



Program Manager Meeting

Children, Youth and Families | Behavioral Health Services

March 13, 2025 | Zoom | 9:30 – 11:30 a.m.

SchooLink Mental Health/TRC Breakout Session Zoom | 11:30 am - 12:00 p.m.

Agenda

Welcome –	Autumn Gabin
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> QA Updates – Elaine Mills (MH), Glenda Baez (SUD)/County of San Diego

10 minutes

- SmartCare Downtime forms (Pg3)
 - o Smartcare Downtime Form
- BHIN 25-003 Certification of Alcohol and Other Drug Program (Pg4)
 - o Department of Health Care Services Certification for Alcohol and Other Drug Programs

System Collaboration Updates – Shaun Goff & Cynthia Roman/County of San Diego

15 minutes

- o Pathways to Well-Being: Website updates (Pg9)
- Special Population Identification (Pg17)
- Integrated Core Practice Model (Pg18)
- Group Therapy Feedback (Pg20)

► Immigration Resources for Schools – Heather Nemour/County Office of Education

15 minutes

- Immigration Resources for Educators and School Leaders (Pg21)
- > Immigration Services Luis Gonzalez/Emily Ortlieb, Jewish Family Services (Pg22)

45 minutes

> Self-Sufficiency Services – Mike Schmidt/County of San Diego (Pg37)

20 minutes

Incredible Families - Veronica Morales/New Alternatives (Pg48)

20 minutes

- Networking with colleagues (If time permits)
- Announcements/Learning Opportunities
 - Applied Suicide Intervention Skills Training (ASIST) (March 27th & 28th) (Pg64)
 - QPR Trainings (February through May dates) (Pg65)
 - Free Mental Health Webinar Series for Parents and Caregivers to Support the Youth in their Lives Mar 19th Stress, Resilience, and the Power of Support (Pg66)
 - SmartCare User Group: March 26, 2025 (Pg68)
 - Critical Issues in Children and Adolescent Mental Health: <u>CICAMH Home CICAMH</u> (Pg69)
 - o April 25, 2025; University of San Diego Joan B. Kroc Institute for Peach and Justice
 - 45th Annual California Mental Health Advocates for Children and Youth (CMHACY) Conference (Pg70)
 - o June 10-13, 2025

Resources

- Staff Recruitment and Retention Research & Recommendations (Pg73)
- Minor Consent Medi-Cal (Pg75)
- Program Advisory Group (Pg79)
- All requests for BHS Community Event presentations send to: BHS Community Request Form (Pg80)
 - Located on this page: Connect with BHS





- Outpatient 2 Program Manager landing Page(Pg82)
- Suicide Prevention Resources in San Diego County (Pg86)
 - You can request physical copies of many helpful resources the Suicide Prevention Council has to offer, including 12 different priority population resource guides.
- **▶ Break Out Session** (SchooLink & TRC providers only)

30 minutes

- o SchooLink: Students per School (Pg92)
- Next Meeting: May 8, 2025 | 9:30 11:30 a.m.

SmartCare Downtime Forms - 2023 CalMHSA



CalMHSA Learn (LMS System)

Help Desk Ticket (Admin)

EHR Bulletin

Home

Clinical Documentation Substance Use Documentation

Prescriber Documentation

Nursing Documentation

Inpatient Documentation

CSU Documentation

Residential Documentation

CalMHSA Rx

Front Desk Documentation

Patient Portal

Billing Documentation

RCM Counties

Accessing Data in SmartCare

Contract Provider Data Entry Only

QA/QI and State Reporting

System Administration Documentation

Reporting System Administration

Reports

EHR LMS PowerBi Dashboard (System Administrators Only)

Supervisor Workflows

SmartCare Downtime Forms

SmartCare EHR Go Live Migration

Frequently Asked Questions

Protocols

CalMHSA Connex

Events

SmartCare Known Issues

SmartCare Downtime Forms

- Client Face Sheet
- CSI Standalone Assessment
- CSI Standalone Collection
- California CANS
- California Pediatric Symptom Checklist Crisis Assessment

- D Progress Note Template
 D Downtime Narrative Service Note Template Psych Medical Service Note Template
- Mental Status Exam
- CalAIM Assessment
- CA ASAM
- Coordinated Care Consent Release of Information

- Consent to Treat (Updated 2025)
 Consent for Text Communication
 Consent for Email Communication
- Consent For Telehealth

Spanish Forms

- □ SPANISH Service Note
- SPANISH Mental Status Exam
 SPANISH Coordinated Care Consen
- D SPANISH Consent to Treat
- □ SPANISH Consent for Text Communication
- SPANISH Consent for Telehealth
- SPANISH CalAIM Asses
- D SPANISH Release of Information

Mobile Crisis Documents

- Mobile Crisis Assessment (MTAC Crisis Assessment Tool)
 Mobile Crisis Dispatch Screening Tool (MTAC Dispatch Screening Tool)
 Mobile Crisis Dispatch Screening Tool (MTAC Safety Plan Tool)
 Mobile Crisis Safety Plan (MTAC Safety Plan Tool)
 Companion Guide MTAC Crisis Assessment Tool
 Companion Guide: MTAC Dispatch Screening Tool

- Companion Guide: MTAC Safety Plan

Last updated: February 25, 2025



DATE: February 3, 2025

Behavioral Health Information Notice No: 25-003 Supersedes Behavioral Health Information Notice No: 23-058

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 Programs
California Association of Social Rehabilitation Agencies

California Consortium of Addiction Programs and Professionals 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: Certification of Alcohol and Other Drug Programs

PURPOSE: To notify alcohol and other drug programs, also known as outpatient

substance use disorder (SUD)¹ treatment programs of updates to mandatory certification requirements, and to provide guidance for SUD programs already certified by the Department of Health Care Service

(DHCS).

REFERENCE: Assembly Bill (AB) 118 (Health and Safety Code, Chapter 7.1

commencing with Section 11832)

BACKGROUND:

DHCS has the sole authority to license, certify, and monitor alcohol or other drug programs, also known as SUD treatment facilities (Health and Safety Code, Division 10.5, Chapter 7.5, Sections 11832, 11834.01, and 11834.30). DHCS is

¹ This BHIN uses "SUD" as preferred clinical terminology, consistent with the current edition of the Diagnostic and Statistical Manual of Mental Disorders, medical societies, professional organizations, recovery advocates, and <u>federal guidance</u> regarding the use of non-stigmatizing, person-centered language.



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responsible for all activities associated with facility² licensure and/or program certification, compliance with statutory and regulatory requirements, and client-related health and safety issues.

Prior to AB 118, certification for both residential and outpatient SUD treatment facilities or programs was voluntary. Many outpatient SUD treatment programs provided services without seeking voluntary certification from DHCS. These outpatient SUD treatment programs were not subject to any governmental oversight.

AB 118 amended HSC by removing Section 11830.1 which authorized DHCS to implement voluntary certification. AB 118 added HSC Chapter 7.1 (commencing with Section 11832) that requires all outpatient SUD treatment programs which offer treatment, recovery, detoxification, or medication for addiction treatment (MAT) services to obtain a certification from DHCS. In addition, HSC 11832.23(b) authorizes DHCS to implement Chapter 7.1 by provider bulletin. In accordance with this authority DHCS is releasing the enclosed Attachment 1: "DHCS Certification for Alcohol and Other Drug Programs." Outpatient SUD treatment programs are required to comply with the outlined requirements in Attachment 1:; these certification requirements are effective immediately, and supersede previous versions. These certification requirements expand DHCS' oversight of outpatient SUD treatment programs to improve the health and safety of clients seeking SUD treatment.

AB 118 maintains a pathway for licensed residential SUD facilities to obtain a voluntary certification if they meet program requirements outlined in the enclosed <u>Attachment 1</u>.

POLICY:

In accordance with HSC, Chapter 7.1 (commencing with Section 11832), DHCS has the sole authority to certify SUD treatment programs that provide one or more of the following services to clients: treatment services, recovery services, detoxification services and/or MAT services. Certification is issued to SUD treatment programs that meet the requirements outlined in "DHCS Certification for Alcohol and Other Drug Programs" (see Attachment 1).

² For purposes of this BHIN the term "facility" applies to a licensed alcoholism or drug abuse recovery or treatment residential facility. The term "program" applies to an outpatient SUD facility.

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Consistent with federal law, Indian Health Care Providers (IHCPs)³ enrolled as Medi-Cal providers are not required to obtain DHCS certification for Alcohol and Other Drug Programs if they meet all applicable standards.⁴

Attachment 1 outlines the requirements specified in HSC, Chapter 7.1 (commencing with Section 11832). These provisions address numerous areas including the program certification and renewal process, evaluation, administrative action, detoxification, MAT, and client care. The following are key provisions included in HSC Chapter 7.1 (commencing with Section 11832) and the DHCS Certification for Alcohol and Other Drug Programs:

- a. An individual health care practitioner licensed and regulated under Division 2 (commencing with Section 500) of the Business and Professions Code, acting within the scope of their license or certificate, does not require certification from DHCS.
- b. SUD treatment facilities operating in the following settings are exempt from certification by DHCS, but may voluntarily seek certification:
 - Adult alcoholism or drug abuse recovery or treatment facilities, driving-under- the-influence programs, and narcotic treatment programs licensed by DHCS.
 - (2) Clinics licensed by the State Department of Public Health in accordance with Chapter 1 (commencing with Section 1200) of Division 2.
 - (3) Health facilities licensed by the State Department of Public Health in accordance with Chapter 2 (commencing with Section 1250) of Division 2.
 - (4) Community care facilities licensed by the State Department of Social Services in accordance with Chapter 3 (commencing with Section 1500) of Division 2.
 - (5) Residential care facilities for persons with chronic, life-threatening illness licensed by the State Department of Social Services in accordance with Chapter 3.01 (commencing with Section 1568.01) of Division 2.
 - (6) Residential care facilities for the elderly licensed by the State Department of Social Services in accordance with Chapter 3.2 (commencing with Section 1569) of Division 2.

³ "Indian Health Care Providers" include Indian Health Service (HIS) facilities, facilities operated by Tribes or Tribal organizations (Tribal Facilities) under the Indian Self-Determination and Education Assistance Act, and facilities operated by Urban Indian Organizations (UIO) facilities under Title V of the Indian Health Care Improvement Act.

⁴U.S. Code, Title 25, Section 1647a.

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- (7) Adult day health care center's licensed by the State Department of Social Services in accordance with Chapter 3.3 (commencing with Section 1570) of Division 2.
- (8) Public elementary and secondary schools as defined in the Education Code.
- (9) County jails and state correctional institutions, including juvenile justice facilities.
- c. Applicants/providers are required to complete the specified forms below to obtain, renew or amend their certification. The following forms are incorporated by reference in the DHCS Certification for Alcohol and Other Drug Programs:
 - Initial Application for Certification form <u>DHCS 6040</u>
 - Application for Existing Certified Program to Obtain Initial Certification for New Program DHCS 6041
 - Application for Certification Renewal form <u>DHCS 6043</u>
 - Application for Certification Amendment(s) form <u>DHCS 6042</u>
 - Disclosure to the Department of Health Care Services (DHCS) form <u>DHCS 5140</u>
 - Staff and Health Care Practitioner (HCP) Information form DHCS 5050
 - Program Director Information form <u>DHCS 5082</u>
 - Administrative Organization Corporation, Nonprofit Corporation, Limited Liability Company, General Partnership or Limited Partnership form <u>DHCS 5083</u>
 - Administrative Organization Public Agency or Sole Proprietor form <u>DHCS 5084</u>
 - Designation of Administrative Responsibility form <u>DHCS 5085</u>
 - Schedule of Recovery and Treatment Services form <u>DHCS 5086</u>
 - Health Questionnaire and Screening form <u>DHCS 5103</u>
 - Detoxification Observation Physical Check Log form <u>DHCS 6046</u>
 - Detoxification Observation Vital Signs Check Log form <u>DHCS 6045</u>
 - Incident, Injury or Death Report form DHCS 5079
- d. In accordance with HSC Section 11832.11, certified SUD treatment programs are required to report the following events to DHCS within one (1) working day:
 - (1) Death of any person that occurs at the program.
 - (2) Injury of any client at the program that requires emergency medical treatment.
 - (3) Cases of communicable disease reportable under Sections 2500 and 2502 of Title 17, California Code of Regulations. These cases shall also be reported to the local health officer.

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- (4) Catastrophes such as flooding, tornado, earthquake, or any other natural disaster.
- (5) Fires or explosions which occur in or on the premises.
- e. In accordance with HSC Section 11832.20, DHCS can impose civil penalties on SUD treatment programs that violate the provisions outlined in the DHCS Certification for Alcohol and Other Drug Programs.

COMPLIANCE:

Pursuant to HSC Section 11832.24, all residential facilities and outpatient SUD treatment programs certified by DHCS pursuant to section 11830.1 as it read on June 30, 2023, are deemed certified under HSC Chapter 7.1 until the expiration date set forth on their current certification. All existing certified SUD treatment facilities and programs and initial applicants are subject to HSC Chapter 7.1 and the requirements of this BHIN.

Any SUD treatment facility that is not exempt from certification pursuant to HSC Section 11832.3 was required to submit an Initial Application for Certification form DHCS 6040 for certification by January 1, 2024, and must obtain certification by January 1, 2025.

SUD treatment facilities that are not exempt from certification and fail to obtain certification may be subject to an assessment of civil penalties of two thousand (\$2,000) dollars per day pursuant to HSC 11832.18.

More information on DHCS Licensing and Certification functions may be found on the Licensing and Certification Division <u>website</u>. Questions regarding this information notice should be directed the Substance Use Disorder Licensing and Certification Section by email at <u>LCDQuestions@DHCS.CA.gov</u>.

Sincerely,

Original signed by

Janelle Ito-Orille, Chief Licensing and Certification Division

Attachment

Pathways to Well-Being

The Katie A. class action suit was filed in 2002 against the County of Los Angeles and the State of California, alleging violations of multiple federal laws. The suit sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. The State of California settled its portion of the lawsuit in December 2011 and in March 2013 issued the Core Practice Model (CPM) Guide.

In San Diego County Behavioral Health Services, Child Welfare Services, Probation, and family and youth partners have worked collaboratively to develop a shared vision to meet the Katie A. settlement requirements. Local delivery of Pathways to Well-Being services began in August 2013 in an effort to ensure that the mental health needs of the youth involved in Child Welfare Services are met with the goals of safety, permanency, and well-being.

In May 2018, the CPM was revised and renamed the Integrated Core Practice Manual (ICPM). The ICPM provides practical guidance and direction to support county child welfare, juvenile probation, behavioral health and partners in the delivery of timely, effective, and collaborative services.

Continuum of Care Reform

Continuum of Care Reform (CCR)/AB 403, initiated across California on January 1, 2017, is a fundamental change in the state's delivery of services in Child Welfare and Probation. The principles of CCR are built around the right of all children to permanency in a family environment, access to a Child and Family Team (CFT) that includes collaborative service providers and natural supports with the youth's voice at the center, availability to trauma-informed, culturally relevant, and individualized mental health services regardless of placement, and an increase in support and training for resource families and caregivers. The fundamental principles of CCR mirror the values and principles outlined in the ICPM.

Helpful Links

- County of San Diego Home Page
- Health and Human Services Agency (HHSA)
- California Department of Social Services (CDSS)
- Integrated Core Practice Model (ICPM) 2024
- Department of Health Care Services (DHCS)

- Medi-Cal Manual Third Edition 2018
- CDSS CFT Resource Page
- Child and Family Team (CFT) Meeting Facilitation Program
- BHS Provider Portal
- CDSS CCR Webpage
- OPOH

Browse Resources

Select the topics below to view more.

Expand All | Collapse All

Tools and Forms

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Brochure

- Child and Family Team Brochure English (10-2-15)
- Child and Family Team Brochure Spanish (10-2-15)

Forms

- IHBS PRIOR AUTHORIZATION REQUEST FORM FILL (rv 2-1-24)
- IHBS PRIOR AUTHORIZATION REQUEST EXPLANATION (rv 2-1-24)
- IHBS Prior Auth Optum Web Based Electronic Form Submission Instructions (2-7-24)
- Child and Family Team (CFT) Meeting Note Form Fill (08-08-24) (Retired 08-31-24)
- Intensive Care Coordination (ICC) Note Form Fill (08-08-24) (Retired 08-31-24)
- Intensive Care Coordination (ICC) Note Explanation (08-08-24) (Retired 08-31-24)
- Eligibility for PWB and Enhanced Services Form Fill (08-08-24) (Retired Jan. 2018 with Medi-Cal Manual 3rd Edition)
- Eligibility for PWB and Enhanced Services Explanation (08-08-24) (Retired Jan. 2018 with Medi-Cal Manual 3rd Edition)
- PTW BHS CFWB Information Exchange Form Fill (10-30-23)
- PTW BHS CFWB Information Exchange Form Explanation (10-30-23)
- Form Fill Request for Education Representative at CFT Meeting Letter (08-13-24)

Service Codes

• Service Code: ICC 82 (10-19-17)

Glossary

• Glossary of Terms (12-23-20)

Tools

- BHS Provider Intake Checklist (Retired)
- BHS Provider Discharge Checklist (Retired)

Special Population Identification in SmartCare - ICC/IHBS & Katie-A ICC/IHBS

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Per QA Up 2 The Minute (Dated September 2024)

When ICC/IHBS services are assessed to be medically necessary, the youth should be entered into the appropriate Special Populations category in SmartCare – this will link the appropriate modifier for billing and tracking purposes when providing these services. **How To Identify a Client as Katie-A or Other Special Population - 2023 CalMHSA**

- Special populations "ICC/IHBS" is used for any youth receiving ICC/IHBS services.
- Special populations "Katie A ICC/IHBS" is used for any youth that would have been considered a "subclass" under previous PWB criteria.

Please note that while the Pathways to **Eligibility for Pathways to Well-Being and Enhanced Services** form is now retired, it remains a helpful guide for determining whether youth meet criteria for Special Populations indicators Katie-A. ICC/IHBS, formerly a Pathways to Well-Being subclass.

Documenting CFT Meetings in SmartCare

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Per QA Up 2 The Minute (Dated September 2024)

Youth identified as being eligible for ICC and/or IHBS services are required to be provided CFT meetings at minimum of every 90 days. Providers should utilize Procedure Code: CFT/MDT when documenting a CFT meeting. This procedure code has been updated on the SmartCare Service Code Crosswalk. There have been no changes to the documentation or claiming requirements for CFT meetings. Each treatment team member that plans to bill for their time spent discussing the client with other treatment team members must create their own service note. Additional guidance on documenting CFT/Treatment Team Meeting: **How to Document Treatment Team Meetings - 2023 CalMHSA**

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- To connect to the Fred Finch Youth Center, Child and Family Team (CFT) Meeting Facilitation Program **Referral** Form and Program information:
 - https://www.fredfinch.org/child-family-meeting-facilitation
- Fred Finch Youth Center, Child and Family Team (CFT) Meeting Facilitation Program Referral Form Explanation
 Sheet
- Pathways to Well-Being Bulletin 2018-7: Child and Family Team Meeting Facilitation Program Rollout
 Mandated Utilization
- For more information regarding Fred Finch Youth Center Child and Family Team (CFT) Meeting Facilitation Program referrals, please contact Fred Finch Youth Services Program Manager Laura McClarin at lauramcclarin@fredfinch.org or BHPM Shaun M Goff at Shaun.Goff@sdcounty.ca.gov.

Trainings

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Academy of Professional Excellence (APEX) Learning Management System (LMS) Trainings

To access the trainings below log in to the **SDSU Research Foundation APEX LMS** or create an account. For APEX LMS assistance, please contact **APEX Support**.

Pathways to Well-Being

Course	Туре
Pathways to Well-Being and Continuum of Care Reform (San Diego) eLearning	eLearning

Videos

Child and Family Team Meeting Video (October 2015) This video is a training tool that demonstrates preparation and facilitation of Child and Family Team (CFT) meetings. Please note, however, the roles of the Child Welfare Services (CWS) and Behavioral Health Services (BHS) staff members are not accurate representations of the County of San Diego CWS and BHS roles.

Microlearnings

- Pathways to Well-Being Documentation
- Microlearnings Flyer

Other

- 2021-08-04 BHS Provider Information Notice Education Representative at CFT Meeting
- 2021-07-02 BHS Information Notice- Obtaining Child Welfare Services Case Status Information
- 2020-06-19-BHS Provider Memo-Pathways to Well Being Bulletin-COVID-19 Updates
- 08-CYF MEMO IHBS Prior Authorization 8.16.19
- Pathways to Well-Being BHS Provider Q & A (1-9-18)
- Third Edition Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries (January 2018)
- The Foster Youth Bill of Rights
- MHSUDS Information Notice: ICC and IHBS Lockout Removal

Contact Us +

Pathways to Well-Being Roster

Pathways Bulletins +

NOTE: As of April 2023, links to the RIHS webpage are no longer live.

2020-4 Pathways to Well-Being Monthly Update Bulletin 5-18-20

2020-3 Pathways to Well-Being Monthly Update Bulletin 2-21-20

2020-2 Tracking CFT Meetings Bulletin 2-11-20

2020-1 Pathways to Well-Being Monthly Update Bulletin 1-30-20

2019-10 Pathways to Well-Being Monthly Update Bulletin 12-30-19

2019-9 Pathways to Well-Being Monthly Update Bulletin 11-12-19

2019-8 Pathways to Well-Being Monthly Update Bulletin 10-7-19

2019-7 Pathways to Well-Being Monthly Update Bulletin 9-11-19

2019-6 Pathways to Well-Being Monthly Update Bulletin 8-8-19

2019-5 Pathways to Well-Being Monthly Update Bulletin 7-18-19 **2019-4 PWB Medical Record Review 7-8-19** (retired) 2019-3 Updated PWB Procedure for CFT Meeting Referral Form 6-25-19 2019-2 Pathways to Well-Being Monthly Update Bulletin 6-7-19 2019-1 NEW: Pathways to Well-Being Monthly Update Bulletin 5-3-19 (retired) 2018-7 Part Two CFT Meeting Facilitation Rollout 12-14-18 (retired) 2018-6 New Progress Report to Child Welfare Services 10-4-18 (retired) 2018-5 Child and Family Team (CFT) Meeting Facilitation Program Rollout Mandated Utilization 8-29-18 (retired) 2018-4 New Child and Family Team Meeting Note and Intensive Care Coordination Note 6-20-18 (retired) **2018-3 Integrated Core Practice Model 2018** (*retired*) 2018-2 Medi-Cal Manual 3rd Edition 1-19-18 (retired) **2018-1 EBP Indicator for CFT Mtgs Bulletin Revised 1-9-18** (retired) 2017-11 CWS Phone Number Change For Identifying PSW 10-25-17 2017-10 Revised SC Definitions ICC and IHBS (retired) 2017-9 MHSUDS 17-055 ICC and IHBS Lockout Removal (retired) 2017-8 Tracking of All CFT Mtgs in CCBH Bulletin 7-5-17 (retired) **2017-7 CWS CCR CFT Forms Bulletin 6-15-17** (retired) 2017-6 New Eligibility Form PWB and Enhanced Services Bulletin 6-14-17 2017-5 Revised Individual Progress Note-ICC Note Bulletin 6-8-17 (retired) 2017-4 PWB Progress Report to CWS bulletin 4-14-17 (retired) 2017-3 Updated Version of the PWB CFT Progress Summary and Action Plan 3-14-17 (retired) 2017-2 CCR and CFT Meetings 3-10-17 2017-1 Care Coordination of Out-of-County Katie A. Subclass Youth 2-10-17 2016-10 PWB- ICC and IHBS QSR Walkthrough Bulletin 12-21-16 (retired)

2016-9 Entering End Date in CCM at Discharge 9-7-16

2016-8 Discontinuation of Monthly Tracking Log 7-8-16 (*retired*)

2016-7 Foster Youth Bill of Rights Bulletin 6-24-16

2016-6 ICC and IHBS Service Code Expansion Training 6-10-16 (retired)

2016-5 Cases In Investigations Status 5-10-16

2016-4 Identifying the Assigned PSW 5-5-16 (*retired*)

2016-3 ICC AND IHBS Information Alert 2-16-16 (retired)

2016-2 eLearning Booster Reminder 2-01-16 (retired)

2016-1 New Service Indicator – CFT meetings 1-26-16 (*retired*)

2015-12 FY 15-16 Monthly Tracking Log Update 12-02-15 (*retired*)

2015-11 Client Categories Maintenance Bulletin 10-14-15 (*retired*)

2015-10 eLearning Booster 10-14-15

2015-9 FY 15-16 Monthly Tracking Log Changes 8-24-15 (*retired*)

2015-8 Education Letter 7-10-15 (*retired*)

2015-7 CFT Meeting Time Lines 7-06-15

2015-6 FY 15-16 Monthly Tracking Log Changes 6-16-15 (*retired*)

2015-5 Warm handoff Bulletin 4-23-15

2015-4 CWS Consent to Treat Bulletin 4-16-15 (retired)

2015-3 Making Changes in Client Categories Maintenance 4-7-15 (retired)

2015-2 Flipping the Switch (Anasazi) Bulletin 1-26-15 (retired)

2015-1 KTA Service Summary Codes 1-21-15

2014-6 Pathways Website Bulletin 11-25-14 – Copy (retired)

2014-5 Eligibility Determination Form Bulletin 10-22-14 (*retired*)

2014-4 Teaming Training Bulletin 9-11-14 (retired)

2014-3 FY 14-15 Pathways Trainings Bulletin 9-10-14 (retired)

2014-2 Client Categories Maintenance Bulletin 9-3-14 (retired)

2014-1 Blanket Court Order Bulletin 9-3-14 (retired)

Special Population Identification KTA ICC/IHBS and ICC/IHBS & Documenting and Billing CFT Meetings in SmartCare





Excerpts from QA MH- Up to The Minute September 2024 &

Pathways to Well-Being County Webpage

QA MH - UP TO THE MINUTE September 2024

Special Populations Selection for Children/Youth receiving ICC and/or IHBS Services

MHPs are obligated to provide ICC and IHBS through the EPSDT benefit to all children and youth under the age of 21 who are eligible for the full scope of Medi-Cal services and who meet medical necessity criteria for these services. Neither membership in the *Katie A.* class nor subclass is a prerequisite to consideration for receipt of ICC and IHBS, and therefore a child does not need to have an open child welfare services case to be considered for receipt of these services. All children and youth should be screened for ICC and IHBS services as part of the Assessment process, and these services should be provided to youth when medically necessary. (Medi-Cal Manual for ICC/IHBS/TFC Services Third Edition DHCS no longer requires the identification of class or subclass when determining eligibility for ICC/IHBS services, however, counties are recommended to continue tracking of those youth who would have been subclass.

When ICC/IHBS services are assessed to be medically necessary, these youth should be entered into the appropriate Special Populations category in SmartCare – this will link the appropriate modifier for billing and tracking purposes when providing these services. <u>How To Identify a Client as Katie-A or Other Special Population - 2023 CalMHSA</u>

- Special populations "ICC/IHBS" is used for any youth receiving ICC/IHBS services.
- Special populations "Katie A ICC/IHBS" is used for any youth that would have been considered "subclass" under previous PWB criteria.

Documenting and Billing for CFT Meetings in SmartCare



Youth identified as being eligible for ICC and/or IHBS services are required to be provided CFT meetings at minimum of every 90 days. Providers should utilize **Procedure Code: CFT/MDT** when documenting a CFT meeting. This procedure code has been updated on the SmartCare Service Code Crosswalk. There have been no changes to the documentation or claiming requirements for CFT meetings. Each treatment team member that plans to bill for their time spent discussing the client with other treatment team members must create their own service note. Additional guidance on documenting CFT/Treatment Team Meeting: How to Document Treatment Team Meetings - 2023 CalMHSA

Providers should also ensure that youth receiving these services have been identified in the appropriate **Special Populations** category in SmartCare which will link the appropriate required modifier (HK) to the service for billing purposes as well allowing for tracking of these youth/services.

- Special populations "ICC/IHBS" is used for any youth receiving ICC/IHBS services.
- Special populations "Katie A ICC/IHBS" is used for any youth that would have been considered "subclass" under previous PWB criteria.

BHIN 24-021: The California Children, Youth, and Families Integrated Core Practice Model (ICPM) and the California Integrated Training Guide (ITG)





Excerpts from BHIN 24-021 - Critical to Review Full BHIN

https://www.dhcs.ca.gov/services/MH/Pages/Manuals And Guides.aspx

- Medi-Cal Manual for ICC, IHBS, & TFC Third Edition January 2018
- Integrated Core Practice Model (ICPM) Guide August 2024
- Integrated Training Guide (ITG) August 2024
- TFC Training Resources Toolkit December 2017



The purpose of this All County Information Notice (ACIN) and Behavioral Health Information Notice (BHIN) is to provide all Assembly Bill (AB) 2083 Children and Youth System of Care (CYSOC) partner agencies and other providers, partners, and stakeholders with the recently revised California Integrated Core Practice Model (ICPM) and updated California Integrated Training Guide (ITG).

What's New in the Integrated Core Practice Model (ICPM) 2024

- Race, Equity and Access to Care Focus—Content has been enhanced to support the need for attention to disproportionality and over-representation, and how the System of Care and high collaborative services support social justice pursuits.
- Prevention Focus—Content reflects the value and need to engage early, offer resources and supports that prevent entry into the system of care, including services based in empirically established programs such as "Family Strengthening."
- The Voice of Lived Expertise—Content supports the role and inclusion of parents and foster youth.
- 4. <u>Tribal Emphasis</u>—With the help of high level input from tribes, many improvements are now present reflecting connections to the Indian Child Welfare Act (ICWA) and providing support for how public agencies should work with tribes in effective ICPM-based service delivery to ensure the protection of the rights of tribes and their children.
- Community-Based Organizations and/or Providers
 —Content references the role of providers in teaming and service delivery.
- <u>Developmental Connections</u>—Content provides context for the critical role for teaming and planning with regional centers and the Intellectual and Developmental Disabilities (I/DD) system, to support the coordination of personcentered services and supports.
- System of Care—Content has been added to anchor the ICPM within the AB 2083 partnerships. As AB 2083 was not law in 2018, the need to frame the practice model as the shared practice of the system was necessary. This 2023 version establishes that it's a practice model intended for all System of Care partners.
- Practice Behaviors —Content has been updated based on stakeholder input to more fully align to the five elements of care.
- New Practice Principles

 Two practice principles have been added based on national System of Care research and the stakeholder input. These are "equity based" and "trauma Informed."
- 10. <u>The Role of Neuroscience</u>—Based on cutting edge practice research and the impact of trauma and secondary trauma, content was added to support the relational and emotional intelligence demands of staff in the systems.

California's Integrated Training Guide (ITG) 2024

In addition to the updates in the ICPM 2024, the state issued California's Integrated Training Guide (ITG), which includes information and resources to assist counties in developing best practices for implementing the ICPM. It provides guidance for key areas of collaborative leadership, workforce development, the development of parent and youth leaders, and considerations for evaluating the effectiveness of training. Integrated Training Guide, Guiding Principles include:

1 IMPLEMENTATION SCIENCE

Application of methods and principles derived from implementation science research to successfully enact training plans at the local and state levels and to sustain fidelity to the ICPM's System of Care approach in order to achieve measurable, positive outcomes for children, youth, and parents.

2 COLLABORATION

Advancement of collaborative processes in the development and adaptation of training materials by enlisting parents, youth, tribal nations, social service agencies, and the systems of child welfare, behavioral health, education, juvenile probation, and regional centers. Collaborative processes should also be engaged in the development and provision of technical assistance to service providers in the System of Care.

3 JOINT TRAINING AUDIENCES

Audiences comprised of participants from two or more groups from across the spectrum of systems, service providers, parents, youth, tribal nations, and support networks. Training environments that include individuals from multiple sectors are likely to inspire trusting relationships and enhance shared knowledge, values, and collaboration in the coordination of care.

4 MEANINGFUL LEADERSHIP OPPORTUNITIES FOR PARENTS, YOUTH, AND TRIBAL PARTNERS

Supporting parents, youth, and tribal partners through mentoring and other assistance, in meaningful leadership roles in the curriculum development process and in their work as co-trainers, including the sharing of their lived experiences in accessing and receiving services.

5 ENGAGEMENT OF RESOURCE FAMILIES

Inclusion of kin and non-related caregivers in the development of curriculum and the delivery of training for topics pertinent to caregiving; providing mentorship for such contributors.

6 ADVOCACY

Supporting parents, youth, and caregivers to access trainings to enhance their knowledge and skills, facilitate their self-empowerment, resiliency, and well-being, and to assist them in navigating the System of Care. Such training may include the issuance of training certifications.

7 TRAUMA-INFORMED SYSTEMS AND PRACTICE

Emphasis on the cultivation of skillful, individual, and systemic responses to the prevalent and pervasive influences of trauma on children's and adults' behavioral health and overall development, and the effects of secondary trauma on staff.

8 ANTI-RACISM

Attending to aspects of the training content and the integrated training infrastructure in one's organization and across collaborating systems to ensure that curriculum content and organizational or systemic policies do not disadvantage racial/ethnic groups, but instead foster an inclusive, equitable social environment in which bias can be openly identified and rectified.

9 EVIDENCE-BASED PRACTICE

Promotion of the use of available evidence-based and evidence-informed interventions appropriate to the target populations and their social and cultural contexts, with emphasis on values, principles, and practices. As the evidence base grows, training topics and content should be updated accordingly.

10 TEAMING

Promotion of content about team-based approaches with parents, youth, and families, the agency staff of child welfare, behavioral health, education, juvenile probation, and regional centers, and other involved organizations and supportive individuals. Teaming underlies the collaborative, coordinated, and transparent development of plans for integrated service delivery through the provision of consistent care management and quality services that address children's behavioral health and other needs to improve their outcomes for safety, permanence, and well-being. Teaming relationships are built on trust.





Background

County of San Diego (COSD) Behavioral Health Services (BHS) Pathways to Well-Being (PWB) facilitated feedback sessions with youth and caregivers receiving services at BHS contracted SchooLink outpatient programs during FY 23-24. The sessions were focused on obtaining feedback regarding therapeutic services with an emphasis on group therapy, including what is working well and what could improve overall experience as consumers. Research¹ has indicated that group therapy can be as effective as individual therapy due to reduction of stigma and the sense of connection that youth may feel from being a part of a group.

Summary & Recommendations

Communication from Therapist about Group Therapy: A number of youth indicated that their therapist had not initiated conversation about the group therapy process during their course of individual treatment, but would have been interested, if it had been offered. It is recommended that therapists engage in active dialogue and educate their clients regarding What is Group Therapy, What to Expect in Group Therapy, Benefits of Group Therapy, while also discussing any concerns the youth or caregiver may have regarding attendance in group therapy. This sets a solid foundation for youth to begin the group therapy process.

Group Topics & Names: Youth noted significant interest in the following group therapy topics: Social Skills, Depression, Anxiety, School Stress, and How to Manage Feelings/Frustrations. However, the youth attendees also noted that group names can be stigmatizing and impact their feelings about attendance. It is recommended to consider group names that represent the youth and/or their identities, goals, and inspiration, rather than names that focus on the challenges that the youth are experiencing.

Support & Education Groups for Caregivers: Parents & caregivers expressed interest in attending Support & Education Groups in conjunction with their child's services. They noted that groups in which they could learn new ways to support their child, learn about different diagnosis and medication, and to have access to connect with other parents/caregivers having similar experiences, would be highly beneficial. It is recommended that Support & Education Groups for Caregivers be made available regularly as a part of the overall treatment session.

Connection and Community: The youth who had previously participated in group therapy in their current or previous treatment setting, reported an increased level of social connection to their peers who attended group with them. Social connectivity and community building is one of the many benefits of group therapy and youth clearly expressed that was a motivator for continued attendance in past experiences. Building these support networks can be particularly beneficial for individuals from marginalized communities, fostering understanding and solidarity with others who share comparable experiences. It is recommended that group cohesion is considered as a part of building the group, including having the facilitator provide clear structure, establishing group norms, infusing icebreaker activities that build trust, highlighting commonalities of group members, and incorporating interactive and fun activities during the group "forming" stage.

Resources

- Group Therapy as Effective as Individual Therapy- How to Do it Successfully (American Psychological Association 2023)
- Keys to Great Group Therapy (American Psychological Association 2019)
- Comparing the effectiveness of individual and group therapy for students with symptoms of anxiety and depression: A randomized pilot study (National Institutes of Health(NIH) (2020)

¹Fawcett, E., Neary, M., Ginsburg, R., Cornish, P., Comparing the effectiveness of individual and group therapy for students with symptoms of anxiety and depression: A randomized pilot study; Journal of American College Health; 2020.

IMMIGRATION RESOURCES FOR EDUCATORS AND SCHOOL LEADERS

President Trump has stated that his administration will make sweeping changes on immigration and that he will launch the largest mass deportation effort in American history. The purpose of the materials linked here is to help school leaders identify the enforcement policies and tactics that have been proposed, anticipate the potential impacts for school communities, and offer recommendations on how schools may be able to address needs stemming from these impacts.

These materials are subject to change as the administration begins implementing immigration policy. In addition, the United States Congress and the California Legislature may pass bills that affect local educational agencies either in anticipation of or in response to such policy changes. These materials are not intended as legal advice, local educational agencies are encouraged to contact legal counsel for further guidance.

We will provide timely updates as the policy landscape changes.

Quick Links:

Tools and Resources Training for School Employees Response Guidance for Policies or Impacts

Resources for Families and Students

inglish >

TRUMP ADMINISTRATION PROPOSED IMMIGRATION POLICIES

• <u>Proposed Policies and Tactics (PDF)</u>: These include policies and tactics that have been identified through campaign statements and interviews as being under consideration by the incoming administration.

PLANNING FOR POTENTIAL IMPACTS FOR SCHOOL COMMUNITIES

- Potential Impacts (PDF): Any combination of proposed changes to immigration enforcement are likely to create prolonged, successive, and overlapping crises for school communities. These potential impacts are based on previous administration policies and their impacts. Updated on Jan. 13 with additional impacts on identifying students who qualify for McKinney-Vento protections.
- Planning Considerations (PDF): These planning considerations include partnering with community groups and local law enforcement
 to discuss and plan for specific possible scenarios involving students and families. Updated on Jan. 13 with additional considerations on
 McKinney-Vento protections and mental health.
- Planning for Immigration Enforcement On or Near School Grounds: These planning considerations include the difference between
 public and non-public areas and possible scenarios to consider before, during, and in the days after enforcement activity on or near a
 school campus.

TOOLS AND RESOURCES

Student Privacy

- General Messaging on Immigration and Student Privacy (PDF): These general message points align with state and federal law and follow the attorney general's guidance.
- General Parent Letter on Immigration and Student Privacy (PDF): This letter, available in English and Spanish, can be customized.

During Enforcement Activity

Immigration Resources for Educators and School Leaders | Resource Guide - San Diego County
Office of Education



Moving Forward Together

HELPING PEOPLE MOVE FORWARD

JFS is a people-centered, impact-driven organization working to create a stronger, healthier community where everyone can thrive.

Founded in 1918, today JFS is considered one of San Diego's most impactful nonprofit human services agencies, providing compassionate care and supportive services to more than 70,000 people every year.

Our diverse network of staff, volunteers, supporters, and community partners are committed to the pursuit of one shared goal: helping individuals and families in our community move forward.



Moving Forward Together



Luis Gonzalez
Executive Director of Immigration Services
luisg@jfssd.org

Meet the Presenters



Emily Ortlieb

Director of Immigration Policy & External Affairs emilyo@jfssd.org

NOTE: This information is not intended to be legal advice. Every person's situation is different, and you should speak to a trusted immigration service provider.



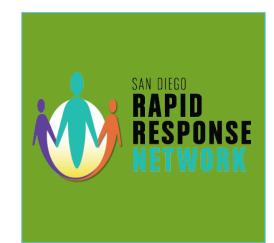
JFS Immigration Department

San Diego Community

Affirmative Services

Immigration Court

Removal Defense **Detention**



College Community





Affirmative Services

Services include but are not limited to:

- General immigration consultations (ask us anything related to immigration)
- DACA applications
- Family-based immigration applications and petitions
- Naturalization
- Applications for asylum and other asylee/refugee-related applications and petitions
- Victim-based relief through VAWA, T visa, U visa, and Special Immigrant Juvenile petitions
- Adjustment of status applications ("green card" applications)



Removal Defense

Free & low cost legal assistance for individuals, families, and minor children in deportation proceedings

Services include:

- Legal consultations to analyze each person's case and identify potential forms of immigration relief
- > Legal representation of immigrants before immigration adjudicatory bodies:
 - **EOIR/immigration court**
 - **Board of Immigration Appeals**
 - **USCIS**

Call (858) 637-3365

Email immigration@jfssd.org

San Diego Rapid Response Network (SDRRN)



No One Stands Alone in Our Community

Our Core Partners





At this time, the SDRRN phone line is being answered with limited capacity. We are currently only responding to requests for legal services for people who can be identified as being detained by immigration enforcement. If you receive voice mail, please leave a message and a team member will return your call.

SDRRN Immigration Legal Services number:

(619) 536-0823





As a core partner and fiscal agent for the San Diego Rapid Response Network, Jewish Family Service of San Diego manages the Rapid Response Network Fund to support the coalition's work.



Higher Education Legal Services (HELS)



Free legal services for students, faculty, staff, affiliated with a CA university in San Diego and Imperial counties.

* CSU includes their immediate family members, Alumni (up to 2 years of graduation) and intent to enroll students



Legal Services are **CONFIDENTIAL** and with **NO COST** for affiliates.



Funding available for DACA (Initial and Renewal) and Naturalization applications

Email -

helsimmigration@jfssd.org

Phone - (858) 637-3345 Website - jfssd.org/HELS Instagram - @hels_sd





Policy Updates

Helpful to remember:

- Anyone referred for a consultation will get up-to-date policy information that affects their individual case
- This is a rapidly-changing environment; information that's true today may not be true tomorrow
- Immigrant Legal Resource Center (ILRC) www.ilrc.org



RESOURCES

Immigration Relief Toolkit for Criminal Defenders

Publication Date: 12/10/2024

Many noncitizen defendants are already deportable ("removable"). This includes all undocumented people, as well as lawful permanent residents (green card-holders) who have become deportable because of a conviction. If immigration authorities find these people – which is likely to happen – they will be deported unless they are granted some kind of immigration relief. For these defendants, staying eligible to apply for immigration relief is their most important immigration goal, and may be their highest priority in the criminal defense.





Toolkit to Assist People Facing Expanded Expedited Removal

Publication Date: 02/21/2025

Last month, DHS issued a notice expanding the reach of expedited removal to individuals living in the interior of the United States. This would allow certain noncitizens to be deported without an opportunity og other evidence, contact an attorney, or to present their case to a judge. Because of the devastating impact of expanded expedited removal, noncitizens should be informed of the risks of expedited removal and learn how to assert their rights in the face of possible removal under this changed enforcement policy. This toolkit is designed to help legal services practitioners and know-your-rights presenters assist and counsel people who might be subject to expedited removal in an encounter with ICE or CBP.

RESOURCES



Trump's Executive Actions: Impact on Immigration Benefits and Processing

Publication Date: 02/18/2025

In its first month, the Trump administration has issued dozens of executive orders (EO) that seek to limit access to the immigration system, target foreign nationals for political gain and sow chaos and fear among immigrant and advocate communities. This explainer focuses on aspects of the EOs that target immigration benefits, processing and adjudication.



JFS Additional Programs and Services





Services for Families & Individuals

Food Assistance

Community Distribution

The community distributions are offered throughout San Diego County and offer fresh produce, canned/dried goods, groceries, and pet food when available.

Lieber's Corner Market at JFS

Lieber's Corner Market is a point-based grocery store, where you can choose items free of charge based on family size and need. It offers plenty of healthy choices, including fresh fruits and vegetables, meats and dairy, baked goods, prepared meals, hygiene, and baby items.

CalFresh Enrollment Assistance

If you need help applying for CalFresh, also known as SNAP benefits, we can help walk you through the application process and assist with submitting supporting documentation and annual recertification.









Services for Families & Individuals

Breaking Down Barriers



Raise your voice. End the stigma.



This is strictly an educational program, and we do not provide diagnoses or serve as licensed therapists.

Breaking Down Barriers is an outreach and education program that works with Black, Indigenous, and People of Color (BIPOC) and the LGBTQIA+ community to talk about mental wellness.

Through educational workshops and events, we discuss the stigma of mental health and connect participants to helpful resources. We also provide cultural humility/cultural competency training to community members and providers who work with these populations. We want to normalize conversations about mental wellness so everyone can thrive.



Services for Families & Individuals

Positive Parenting Program

The Positive Parenting Program helps parents in San Diego County find positive solutions to common childhood behavior issues using strategies proven by more than 35 years of research. The curriculum is based on Triple P, an evidence-based program that has been shown to promote family harmony, reduce parent-child conflict, foster successful peer relationships, and prepare children for successful experiences at school.

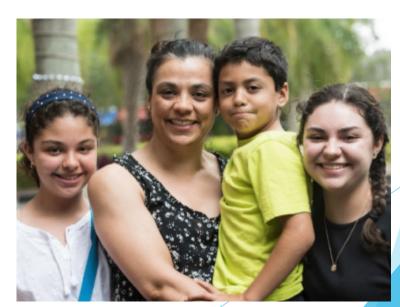




Services for Families & Individuals Community Case Management

These services are designed to support individuals and families facing challenges through connection to necessary resources and services. Resource navigators help identify unique needs, then design action plans that build solutions to meet those needs. Services may include the following:

- Stabilization support for basic needs, such as food and hygiene
- Connection to community resources
- Support in meeting goals
- Basic financial assistance
- Diaper bank





Services for Families & Individuals Safe Parking

Meeting people where they are with safety, security, and support

The Safe Parking Program offers a pathway out of homelessness and a return to stable housing. Every night, we provide safety, security, and support for unsheltered San Diegans living out of their vehicles, many of whom are experiencing homelessness for the first time. As these individuals and families work to lift themselves up out of a difficult situation, many are making a nightly choice between buying food or purchasing gas to get to work and school—creating further barriers to stability are the isolation and lack of social support that so many experiencing homelessness often face.

The Safe Parking Program provides a welcoming environment, meaningful resources and tools, and dignified support to help families stabilize and transition back into permanent housing. With wraparound services focused on basic needs assistance, employment, family wellness, school success, financial education, credit repair, and most importantly, a return to housing.

The program operates seven nights per week at six secured lots at Balboa Avenue, Aero Drive, Mission Village Drive (open 24 hours), Rose Canyon, Encinitas, and Vista. Enrollment is required for all locations. To enroll, call (858) 637-3373 or start the process online.





Get in touch with us

www.jfssd.org

Immigration Services

TAKE THE NEXT STEP

Contact Us Online

Call (858) 637-3365

Email immigration@jfssd.org

Find Know Your Rights, Family Preparedness, and support resources.

Find Resources

Individual and Family Services

Call the JFS Access Line

(858) 637-3210

Confidential helpline for JFS programs and services



Self-Sufficiency Services





Behavioral Health Services Providers | March 13th, 2025

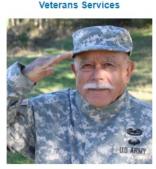


Self-Sufficiency Services

- Self-Sufficiency Services, as a department, is responsible for administering various public safety net programs
- The largest and most significant of them are:
 - Medi-Cal (health coverage)
 - CalFresh (food assistance)
 - CalWORKs (cash aid for families w/ children)

Food Assistance (CalFresh)





Public Charge



Medical Assistance



Housing Assistance



Other Services



Work and Money



Refugee Assistance



Contact Us



SANDIEGOCOUNTY.GOV

How to Apply

ColEvech	Madi Cal		
CalFresh	Medi-Cal	CalWORKs	
Online: BenefitsCal.com	Online: BenefitsCal.com or	Online: BenefitsCal.com	
	CoveredCA.com		
Phone: 2-1-1 San Diego		In Person: Visit SanDiegoCounty.gov	
Mail Q In Danaga Visit	Mail: Applications can be requested	to see a listing of local offices	
Mail & In Person: Visit SanDiegoCounty.gov to download an	by calling 2-1-1 San Diego or connecting with our Access		
application or see a listing of local	Customer Service Center at: 1-866-		
offices	262-9881		
	Mailing Address:		
	County of San Diego		
	Health and Human Services Agency		
	APPLICATIONS		
	P.O. Box 939044		
	San Diego, CA 92193-9005		
	In Person: Visit SanDiegoCounty.gov		
	to see a listing of local offices		
	_		





CalFresh Expedited Service means you can get CalFresh in three days

You are eligible to CalFresh Expedited Service if:

- Your household has less than \$150.00 in monthly gross income and does not have assets (resources) over \$100.00; or
- Your household's total monthly income and resources are less than the monthly rent or mortgage, and utilities; or
- You are a seasonal farm worker and you do not have assets (resources) over \$100.00.





Hospital & Community Support Services

Our Purpose: Enhance service delivery and fill critical gaps in accessibility for San Diego County residents.

- Hospital & Community Support Services (HCSS) has a combined workforce of 100+ staff
- We **partner** with schools, universities, hospitals, food banks, and various Community-Based Organizations for collective impact.
- **Services** provided range from workshops and educational presentations, to direct support with application processing.
- In addition, HCSS as a division is equipped to provide onsite support with our Live Well on Wheels, free informational material and flyers, and scheduled staff presence at events and other community engagement activities.

SANDIEGOCOUNTY.GOV



Live Well on Wheels

The Live Well on Wheels (Live WoW) bus provides San Diego County residents access to a variety of health and community services – on the go!

Request the bus today!



https://www.livewellsd.org/i-want-to/find-resources/live-well-on-wheels-bus

SANDIEGOCOUNTY.GOV

How to Request the Live Well Mobile Office



Scan Here:





SUN	MON	TUE	WED	THU	FRI	SAT
29	30	31	Jan 1	2	3	4
1 Vehicle Offline			The Park College	1907/04/09	_ Indicates	
	8am FRC Support E		County Holiday	8am FRC Support E	8am FRC Support I	
5	6	7	8	9	10	11
1 Vehicle Offline	policina di periodi	18-18-18-18-18-18-18-18-18-18-18-18-18-1	Jamie 6 to aller	professional de	niek kreinaan	194-419-10-111-11
	Second Vehicle Offline		• 3pm Fiesta Street I		8am FRC Support E	
12	13	14	15	16	17	18
Vehicle Offline		TW Wild World	8am Community C	8am Community C.	• 10am ASCENDKen	
	• 9:30am CalFresh O	8am FRC Support E	8am Community C	• 10am Older Adult N	11am Community w	
19	20	21	22	23	24	25
9:30am San Diego	County Holiday	10am Community (8am FRC Support E 3pm Fiesta Street I	• 2pm Linda Vista Fa	9am Homeless cou	10am Resource F 11am 15th Annua
26	27	28	29	30	31	Feb 1
	• 9:30am CalFresh O	8am FRC Support E		• 2pm Linda Vista Fa	8am FRC Support I	
Approved Live V	low Events					Google Calend



The Live WoW buses are fully equipped to offer a variety of resources and are available by request to provide services at your office, school, or community event.

Meeting the community where they are!



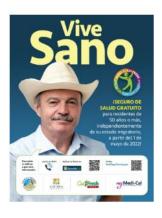










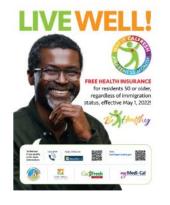








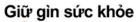


























THANK YOU

Michael Schmidt, Human Services Program Manager Self-Sufficiency Services County of San Diego Health & Human Services Agency O: 619-767-5322 C: 619-787-1329 Michael.Schmidt@sdcounty.ca.gov



Did you know that trauma-informed parenting can be the key to successful family reunification?





Welcome to

Incredible Families





About Us

- Incredible Families is a referral-based program for parents and youth on the reunification track with Child Family Well-Being (CFWB) due to CPS involvement.
- We're committed to providing family-focused, client-centered, strength-based, trauma-informed support for reunification.



Our Approach

Strengths-Based, Family-Centered Care

- Multidisciplinary team offering therapeutic support to families.
- Focus on empowering parents and youth through evidence-based strategies.

Services offered:

 Clinic, community, and homebased options to meet families where they are.



Serving the Entire County WIDE REACH:

South, Central, North

- Chula Vista
- Kearny Mesa
- Vista

 Parenting groups and family visits offered in various community locations (community centers, churches, libraries).



Core Services

THERAPEUTIC SUPPORT:

- Individual Therapy
- Family Therapy
- 15-week Parenting Skills Group (Incredible Years curriculum).

ADDITIONAL SERVICES:

- Family Visitation with meals
- Peer Support Specialist
- Transportation Assistance
- Intensive Case Management
- CFT collaboration









Additional Support Services

- Family Partnership and Safety Planning
- School Advocacy
- Psychiatric Consultation
- Drug & Alcohol Resources
- Crisis Support
- Discharge and Aftercare Planning





Parenting Skills Group – What to Expect

Curriculum Highlights:

- Evidence-based strategies from the Incredible Years program.
- Focus on improving parenting skills.
- Weekly sessions that reinforce skills in real-life scenarios.

Curriculum Focus:

- Child-directed play
- Academic persistence
- Social and emotional coaching
- Praise and encouragement
- Predictable routines
- Effective limit setting
- Non Physical discipline alternatives
- Problem solving, and supporting children's education.







PARENTING PRACTICE INTERVIEW (PPI) RESULTS Standardized tool utilized at pre and post parenting groups

Assessed Parenting Skills

Appropriate Discipline – shows improvement in appropriate discipline

Harsh and Inconsistent Discipline – shows decrease in harsh and inconsistent discipline

Positive Verbal Discipline – shows increase in positive verbal discipline

Monitoring – shows improvement in supervising their children

Physical Punishment – shows decrease in physical punishment

Praise and Incentives – shows increase in praise and incentives

Clear Expectations – shows improvement in setting clear expectations





Parenting Success: Incredible Years Impact

Positive impact on child behavior:

- Studies consistently show that Incredible Years training leads to significant reductions in maladaptive child behavior.
- The program is designed to teach parents positive parenting strategies like praise, active listening, and limit setting, which can lead to observable changes in their interactions with children.

Long-term benefits:

 Research indicates that the positive effects of Incredible Years training can persist over time, with improvements in child behavior maintained even after the intervention ends. 75% of parents report improved behavior management and emotional regulation after completing the Incredible Years program.

Families served in North Region 49.1%

Families served in Central Region 35.8%

Families served in South Region 15.1%



Family Visitation & Support

Therapeutic Family Visitation

- Focus on restoring relationships and building trust.
- Meals provided to create a supportive, family-centered environment.
- Allow for organic clinical support and skill-building



Support

Integrated Approach:

- We work closely with PSWs to reinforce case plans
- Provide weekly updates
- Attend CFT meetings

Crisis Support:

 Immediate assistance for families in distress, ensuring their well-being and stability.





Incredible Years Trainings

Overview of Incredible Years Trainings:

 Incredible Years offers a range of highquality, evidence-based programs designed to support educators, parents, and children in improving social-emotional development, behavior, and academic success.

Custom Training Requests:

If there is a specific training program you're interested in, please let us know! We'll do our best to accommodate your requests and offer the training you need.

Upcoming Training Schedule:

Please note that we hosted a longer training session this year, so we will not be offering another training until **July**.

Key Training Programs:

- Parent Training Programs: Focusing on building effective parenting skills.
- Teacher/Child Care Provider Programs: Empowering educators to create supportive, nurturing environments.
- **Child Training Programs:** Designed to promote social and emotional skills among young children.
- Advanced Facilitator Training: For those wanting to deepen their expertise in facilitating Incredible Years programs.

How We Support CFWB

One Stop-Shop for PSWs

- Daily or weekly family contact and updates
- Support for safety plans
- CFT meetings
- Parent progress tracking
- Medication evaluations for youth, if applicable
- Crisis support
- Collaborative discharge planning





Eligibility for Referral

Who is Eligible for Services:

- Children ages 2-14
- Full scope Medi-Cal, low income uninsured/underinsured, and indigent children
- CFWB cases in reunification, family maintenance or voluntary stage





How to Refer:

- Complete the referral form (electronic or physical)
- Send to
 - ifreferral@newalternatives.org
- Note: Referrals must come from a CFWB/PSW worker.

Let's Build Stronger Families Together

Your Role in this Success:

By referring families to Incredible Families, you are helping create lasting change for children and parents.

Thank you for partnering with us to support reunification and family well-being.





Contact Us

Program Inquiries:
Veronica Morales, Program Director



Phone: 619-857-2612 | Email: veronica.morales@newalternatives.org

Referral Inquiries: Aneida Valencia Ramirez, Admin Assistant



Phone: 619-207-0396 | Email: ifreferral@newalternatives.org

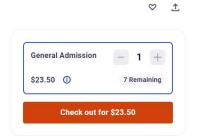








Applied Suicide Intervention Skills Training (ASIST)Workshop- March 2025



Get ready for our ASIST Workshop coming to you in March 2025! Where you'll learn valuable life-saving skills!



Date and time

March 27 · 8:30am - March 28 · 4:30pm PDT

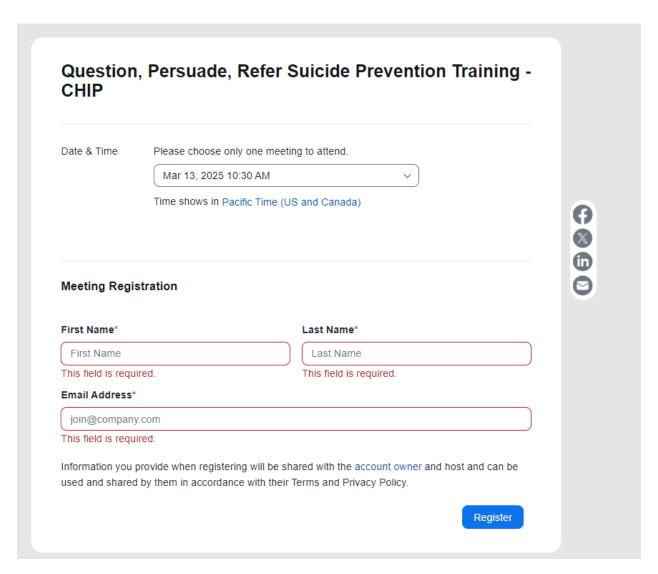
Location

Marina Village Conference Center

1936 Quivira Way San Diego, CA 92109

Show map v

Applied Suicide Intervention Skills Training (ASIST)Workshop- March 2025 Tickets, Thu, Mar 27, 2025 at 8:30 AM | Eventbrite



QPR Trainings (February through May dates)

Student Attendance, Safety, and Well-Being Event Calendar



 Search Calendar

Go

Parent/Caregiver MH Series - Stress, Resilience, and the Power of Support 03/19/2025

5:30 pm - 6:45 pm

Speaker: Katherine Nguyen Williams, PhD

Youth can feel overwhelmed by stress from school, relationships, and world events, but resilience built through Positive Childhood Experiences (PCEs) and the power of hope can help ease these challenges. Join Katherine Nguyen-Williams, PhD, as she emphasizes the vital role of caregiver support in reducing distress and enhancing well-being.

Event Details

Audience Parents/Caregivers

Facilitator(s) Heather Nemour

Katherine Nguyen William, PhD

Calli Kelsay

Partners Transforming Mental Health Rady Children's Hospital-San Diego and SDCOE

Location Online (Webinar, Online Class, Etc.)

Note: The Zoom link will be emailed to participants two days prior to the webinar.

All registrations will be accepted. However, space during the webinars is limited to the

Register

Click Here to Register

Registration Deadline: 03/19/2025

OMS Account Holders



Login Here to Register for Event

Don't have an OMS account? Click here to create one.

Share

Add to Calendar | Help

first 500 people who sign on. The recording and slides will be available in English to the general public after the event on our website (no registration required to access): https://www.sdcoe.net/students/health-well-being/mental-health-supports

Contact Donald Ojeda

donald.ojeda@sdcoe.net P: (858) 292-3898

Sponsor Student Attendance, Safety, and Well-Being



Event Registration Management Software Designed by and for K12 Education OMS v7.1 © 2003-2025 - All Rights Reserved Use of this site signifies your agreement to our <u>Terms of Use</u>. Web Site Requirements

Join the meeting now

(updated) SmartCare User Group - March 2025 Session





Sent on behalf of Heather Rey, LMFT, Behavioral Health Program Coordinator, Health Plan Operations

Daniel Bulle Bassadana (bassada)

BHS wishes to invite you to an ongoing SmartCare operational discussion. This forum will allow for representation from multiple county teams to share knowledge and engage in discussion and feedback with the users of the electronic health record through highlights, discussion points and upcoming releases. This meeting will be held monthly, all are invited to attend.

Please open the attached file to add a reminder for this event to your calendar. The virtual event link will be in the reminder.

Thanks,

Heather Rey, LMFT, Behavioral Health Program Coordinator Health Plan Operations Behavioral Health Services County of San Diego Health and Human Services Agency Cell: 619-849-0305









Register for the Conference!

You Are Invited! CMHACY's 45th Annual Conference COME AS YOU ARE Tuesday, June 10 – Friday, June 13, 2025

The **California Mental Health Advocates for Children & Youth** conference is the most recognized and longest-standing conference in the state of California focused upon the social, emotional and behavioral health of children, youth and their families. Our annual conference is one of the state's most powerful events for those interested in advocating and promoting the policies, programs, and practices that enhance the well-being of vulnerable children, youth and families.

Asilomar Hotel & Conference Grounds

About this Year's Conference

The theme of the 45th annual CMHACY Conference is

COME AS YOU ARE

CMHACY is a unique opportunity for attendees from multiple perspectives and backgrounds to meaningfully connect with one another while participating in interactive conversations on topics relevant to the mental wellness of youth and families. We aim to hold space for youth, advocates, parents, policymakers, and providers to ensure that voice and choice remains foundational to the conversations around California's changing healthcare system. We believe that all voices need to be heard, all stories need to be told, and that we all must work together to keep our finger on the pulse of California's rapidly changing mental and behavioral healthcare landscape.

Sponsor the 2025 CMHACY Conference

Your sponsorship is *crucial* in funding the 2025 CMHACY annual conference. As our largest event – and only fundraiser – of the year, we *always* aim to make the table bigger with scholarships and aid for as many youth and families to travel to and attend the conference as possible.

Sponsorship Kit

Questions regarding sponsorship? Please email: info@cmhacy.org

We look forward to partnering with you!



2025 CMHACY CONFERENCE

Register for the Conference!

The 2025 CMHACY room block is available through Asilomar

Asilomar Room Block

Brought to you by our partners at Training Grounds. More information coming soon!

SCHEDULE

FULL SCHEDULE TO COME

sday, June 11

Thursday, June 12

Friday, June 13

STAFF RECRUITMENT AND RETENTION

Research and Recommendations for County of San Diego Behavioral Health Service Providers

BACKGROUND

San Diego Behavioral Health Services (SDBHS) is dedicated to providing culturally competent, community-based care. Recruiting and retaining behavioral health clinical staff, especially bilingual Spanish speakers, has been challenging for service providers. The difficulty lies not only in finding qualified personnel but also in maintaining their commitment due to the demanding nature of the work. The scarcity of bilingual staff in particular further limits access to quality care for linguistically diverse populations, perpetuating mental health service disparities.

To address this, the Child & Adolescent Services Research Center (CASRC) engaged with clinical leaders and line staff to collaboratively set goals for recruitment and retention practices. This approach fosters investment and alignment among stakeholders, aiming to bring about meaningful change in staffing processes.

RESEARCH

Research indicates that recognition of high rates of reported burnout among healthcare workers is essential for organizations to provide comprehensive support to their staff. Reitz et al. found that greater perceived organizational support is linked to lower burnout and reduced psychological distress among providers (2021, "Healthcare providers' perceived support from their organization is associated with lower burnout and anxiety amid the COVID-19 pandemic," PLOS One). Research also suggests that promoting diversity among behavioral health professionals and researchers enhances effectiveness in serving the community. Castro-Hosteler et al. recommend implementing systemic measures, such as collaboration with culturally diverse community organizations and increased cultural representation among organizational leadership, to improve the recruitment and retention of Latinx employees (2021, "Increasing Access and Quality of Behavior-Analytic Services for the Latinx Population," Behavior and Social Issues). The appointment of Latinx individuals to leadership positions can promote inclusivity and boost retention rates among Latinx staff. Furthermore, Fuman et al. propose providing financial incentives for multilingual skills, such as increased compensation for bilingual staff managing heavier caseloads, to facilitate recruitment and retention efforts (2009, "Social work practice with Latinos: Key issues for social workers," Social Work). Embracing a diverse workforce and drawing from the community is crucial, as shortages of providers from underrepresented communities can perpetuate disparity.

RECOMMENDATIONS

Based on provider report and review of best practices, CASRC developed the following recommendations.









RECRUITMENT

- Broaden employment search to include additional licensure such as Clinical Social Workers,
 Professional Clinical Counselors, and Marriage and Family Therapists.
- Improve the internal recruitment process, including promoting from within.
- Post positions in Spanish to enhance inclusivity and increase bilingual applicant pools.
- Focus on recruiting recent graduates and leverage partnerships with schools to provide internship-to-employment opportunities.
- Expand outreach at local high schools.
- To increase job visibility and attract a diverse pool of candidates, consider posting job openings in Latinx social media groups such as <u>Latinx Therapists</u> and <u>National Latino Behavioral Health Association</u>.
- we're HIRING
- Increase recruitment visibility by simultaneously posting job openings on hiring platforms such as <u>Indeed</u>, <u>LinkedIn</u>, <u>SimplyHired</u>, and <u>PsychologyJobs</u>.
- Consider hiring bonuses and/or wage premiums for bilingual staff.
- Facilitate training for in-demand certifications such as EMDR and PCIT.
- Provide incentives such as supervision, professional development, continuing education benefits, and tuition reimbursement programs.

RETENTION

- Incorporate Stay Interviews into the annual review process to enhance employee support and implement necessary changes or adjustments.
- Introduce Exit Interviews for departing staff members to understand staff experience and identify opportunities to improve engagement.



- Boost staff support by prioritizing regular scheduled check-ins, implementing weekly staff self-care meetings, and providing administrative assistance to address burnout.
- Establish a longevity bonus to reward employees for their loyalty and commitment to the company over time.
- Offer flexible work schedules to support work-life balance.
- Provide incentives such as student loan repayment programs, continuing education, and health and wellness programs, to demonstrate the company's commitment to their personal and professional well-being.

QUESTIONS OR SUPPORT

For more information or additional support, please contact Amy Chadwick at aechadwick@health.ucsd.edu.









Minor Consent Medi-Cal Flyer.pdf

Excerpts Eligibility









Minor Consent Services

Eligible minors may receive temporary confidential Medi-Cal benefits without parental consent for services outlined below.

Services Covered Under Minor

Consent:

- Sexually transmitted infection treatment and prevention*
- Drug and alcohol use treatment and counseling*
- Mental health outpatient care*
- · Pregnancy and pregnancy related care
- Family planning services
- Sexual assault services

*services available to minors 12 years and older

Minimum Eligibility

Requirements:

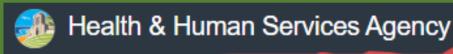
- Be a California resident
- · Under the age of 21
- Living in the home with parent(s)
- If temporarily living out of the home (i.e. attending school), parent(s) continue to be financially and legally responsible for them

Income Requirements:

Your monthly income must not be more than 100% of the current <u>Federal Poverty Level (FPL)</u>. Your parents income is not counted towards your evaluation.

How to Apply:

Contact Access Customer Service at 1-866-262-9881 to complete an application (Request for Eligibility Limited Services) or visit one of our Family Resource Centers (Family Resource Centers)





MENU ~

PROGRAMS

ALL SERVICES A-Z

FACILITIES

ADVISORY BOARDS

CONT

Eligibility





Individuals listed below may qualify for Medi-Cal:

- Adults ages 19-64 whose income is at or below 138% of the Federal Poverty Level: Expanded Medi-Cal
- Under 19
- 65 or older
- Blind
- Disabled
- Pregnant
- · Diagnosed with breast or cervical cancer
- · In a skilled nursing or intermediate care facility
- Parent or caretaker relative of a child under 21
- Eligible minors may receive temporary Medi-Cal benefits for certain services under the Minor Consent Program

You may be eligible for Medi-Cal if you receive cash assistance under one of the following programs:

- SSI/SSP (Supplemental Security Income/State Supplemental Program)
- CalWORKs (California Work Opportunity and Responsibility to Kids). Previously called Aid to Families with Dependent Children (AFDC)
- Refugee Assistance
- Foster Care or Adoption Assistance Program.

For more information on Medi-Cal eligibility and benefits please see My Medi-Cal: How to Get the Health Care You Need - PUB 68 (pdf).

<u>FAQ - Minor Consent for Mental Health Care — Implementing Assembly Bill 665 | California Alliance of Child and Family Services</u>

Bill Text - AB-665 Minors: consent to mental health services.

Assembly Bill No. 665

CHAPTER 338

An act to amend, repeal, and add Section 6924 of the Family Code, relating to minors.

[Approved by Governor October 07, 2023. Filed with Secretary of State October 07, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 665, Wendy Carrillo. Minors: consent to mental health services.

Existing law, for some purposes, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, existing law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services.

This bill would align the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.

Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor's parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate.

This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor's parent or guardian would be inappropriate.

Existing law defines professional person for these purposes to include, among other things, a mental health professional, a marriage and family therapist, a licensed educational psychologist, a clinical psychologist, the chief administrator of an agency, and a licensed professional clinical counselor, as defined.

This bill would add a registered psychologist, a registered psychological assistant, a psychological trainee, an associate clinical social worker, a social work intern, a clinical counselor trainee working under the supervision of a licensed professional, and a board-certified psychiatrist to the definition of professional person for these purposes.

This bill would make all of the above changes operative on July 1, 2024.

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

<u>Legislative Advisory: AB 665 - California Board of Psychology</u>

Text Size Small Medium Large

LEGISLATIVE ADVISORY: AB 665 (CARRILLO), MINORS: CONSENT TO MENTAL HEALTH SERVICES (EFFECTIVE JULY 1, 2024).

AB 665 (Carrillo, Chapter 338, Statutes of 2023) was signed by Governor Newsom on October 7, 2023, and becomes effective on July 1, 2024.

Existing law, authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, current law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services.

This bill aligns the existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, the minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.

Existing law, for some purposes, requires that the mental health treatment or counseling include involvement of the minor's parent or guardian unless the professional person treating or counseling the minor determines that the involvement would be inappropriate. For other purposes, existing law requires the involvement of the parent or guardian unless the professional person who is treating or counseling the minor, after consulting with the minor, determines that the involvement would be inappropriate.

This bill would also align the existing laws by requiring the professional person treating or counseling the minor to consult with the minor before determining whether involvement of the minor's parent or guardian would be inappropriate.

Existing law defines professional person for these purposes to include, among other things, a mental health professional, a marriage and family therapist, a licensed educational psychologist, a clinical psychologist, the chief administrator of an agency, and a licensed professional clinical counselor, as defined.

This bill expands the definition of professional persons who can provide services to minors who are seeking mental health treatment or counseling.

Program Advisory Groups (PAG)





Excerpts from Statement of Work (SOW) and QSR

3.19 Contractor shall implement and maintain a Program Advisory Group (PAG). The PAG will meet at least 2 times per year to advise Contractor on program design, practice, and policies. The PAG membership shall consist of at least 6 members, at least 50% of whom shall be individuals served by the program and shall reflect the ages and cultures of the client population. Meeting minutes and action items based on PAG input shall be reported quarterly to the Contracting Officer's Representative (COR).

4. PROGRAM ADVISORY GROUP (PAG) - Shall meet at least 2 times a year										
Meeting Date	Topic of Discussion	Action Item/Impact	Program Staff		Participants (Non-Staff)					
			No of Peer Support Specialists	excluding	No. of Family Participant	No. of Youth Participant	Total			
							0			
							0			
Comments:										



HHSA Behavioral Health Services (BHS) Community Request Form

This online form can be used in three ways:

- Request a behavioral health professional to participate in a resource event (tabling), OR
- Request a behavioral health, mental health, or substance use-related presentation for my group or organization, OR
- Request materials/resources from BHS for your team or organization to share with the community at an upcoming activity.

STEPS TO SUBMIT A REQUEST:

To submit a request, please complete the **Contact Information** fields below and select your **Request Type** from the drop-down menu.

Upon selection from the drop-down menu, additional fields for your request will appear for you to complete. Please complete these fields to provide BHS with details specific for your activity (e.g., time frame needed).

Please submit requests <u>at least two weeks in advance</u> to allow our team sufficient time to complete your request. Once submitted, you will receive a confirmation email and will be connected with a liaison within 3-5 business days.

To accommodate requests, BHS may identify a department representative, staff from another HHSA or County team, and/or a community contractor or partner. In the event resources to address an initial request are unavailable, the department will provide any available options aligned to the original inquiry received for consideration.

If you need to follow-up with BHS regarding your request, you may email Engage.BHS@sdcounty.ca.gov.

Please submit ONE request at a time

Contact Information

Contact Name *
Contact Email *
Contact Phone Number *
+1 ()
Affiliation *
Select ▼
Organization/Group *
Request Type *
Select ▼
Send me a copy of my responses
Submit

Powered by **▼** smartsheet
Privacy Notice | Report Abuse

Program Manager Meetings

Outpatient Services for Children and Youth (OP2)

The Program Manager Meeting is for contract provider program managers and their designated support staff. The meetings are held on the 2nd Thursday every two months each fiscal year beginning in July from 9:30 a.m. - 11:30 a.m. Topic specific breakout sessions are held as needed from 11:30 a.m. - 12:30 p.m.. Meetings are through a virtual platform. Program managers receive an email confirmation and meeting link prior to each meeting.

Meeting Schedule

Outpatient Two County Contacts:

Yael Koenig, Deputy Director (Yael.Koenig@sdcounty.ca.gov)

Fran Cooper, Assistant Medical Services (Frances.Cooper@sdcounty.ca.gov)

Amanda Lance-Sexton, Assistant Medical Services (Amanda.Lance-Sexton@sdcounty.ca.gov)

Eileen Quinn-O'Malley, BH Program Coordinator (Eileen.Quinn-OMalley@sdcounty.ca.gov)

Terri Kang, BH Program Coordinator (Teresa.Kang@sdcounty.ca.gov)

Emily Gaines, BH Program Coordinator (Emily.Gaines@sdcounty.ca.gov)

Kelly Bordman, BH Program Coordinator (Kelly.Bordman@sdcounty.ca.gov)

Autumn Gabin, BH Program Coordinator (Autumn.Gabin@sdcounty.ca.gov)

Rhonda Crowder, Administrative Support (Rhonda.Crowder@sdcounty.ca.gov)

For questions regarding the Program Manager Meeting, please contact **Rhonda Crowder** (**Rhonda.Crowder@sdcounty.ca.gov**) or your Behavioral Health Program Coordinator (BHPC).

FY 24-25

January 2025

November 2024

September 2024

July 2024

FY 23-24

May 2024

March 2024

January 2024

November 2023

September 2023

July 2023

FY 22-23

May 2023

March 2023

November 2022

September 2022

July 2022

FY 21-22

May 2022

March 2022

January 2022

November 2021

September 2021

July 2021

FY 20-21

May 2021

March 2021

January 2021

November 2020

September 2020

July 2020

FY 19-20

May 2020

March 2020

January 2020

November 2019

September 2019

July 2019

FY 18-19

May 2019

March 2019

November 2018

September 2018

July 2018

Suicide Prevention Resources

The County of San Diego offers a variety of services and programs to meet people where they are and prevent and address suicide. These include resources designed for the entire community to promote mental health awareness and reduce stigma, programs tailored to groups at higher risk, and crisis response services for people with immediate needs. This page features helpful guides, training tools, prevention programs, and ways to engage with local suicide prevention efforts.

If you need help managing emotional challenges and life's daily stressors, explore the resources and tools available on the **Managing Your Mental Wellness page**.

If you or someone you know may be thinking about suicide, call 9-8-8 or the Access and Crisis Line at 1-888-724-7240

Behavioral Health Services (BHS) offers many programs and treatment options for people in need of immediate crisis support. Refer to the **Emergency and Crisis Services page** for more information on services and treatment for people of all ages.

Tailored Programs

BHS provides support through programs tailored to specific populations throughout the county. Expand the sections below to learn more about each program.



LGBTQ+ Youth and Young Adults

The program below provides necessary mental health services and drop-in centers for LGBTQ+ youth up to age 21 and their families.

Our Safe Place

+

Our Safe Place provides clinical and supportive services to LGBTQ+ youth up to age 21 and their families through an outpatient, community-based mental health clinic located in Hillcrest, and five drop-in centers located throughout San Diego County. The clinic requires an appointment to begin services and offers group therapy, medication support services, case management, and crisis intervention. The five drop-in centers offer supportive services to LGBTQ+ youth and their families including case management, school and employment support, support with transitioning, mentorship opportunities, and more.

Military and Veterans

The program below offers supportive services to current and former service members and their families.

Courage to Call

+

Courage to Call provides veteran peer support, community outreach, access to resources through information and referrals, and solution-focused brief counseling to Veterans, Active Duty, Reservists, National Guard, and their families. The free, confidential, Veteran-staffed helpline can be reached at 877-698-7838 from 8am-8pm.

School-Based

The programs below focus on addressing and preventing suicide among school-age children and youth. BHS offers an array of services to meet the unique needs of children and youth, you can find more programs on the **Behavioral Health Service Directories for Children, Youth, and Families** page. To find out if a program is offered on your campus, explore the **Live Well Schools Program Map** or reach out directly to your school or district.

Creating Opportunities in Preventing & Eliminating Suicide (COPES)

+ |

The **COPES** initiative build the capacity of local education agencies to support school communities that champion mental wellness of students, staff, and families. COPES activites include suicide prevention, intervention, and postvention; health promotion and stigma reduction trainings and programs; and collaboration between schools and service providers.

Helping, Engaging, Reconnecting, and Educating Now (HERE Now)



HERE Now focuses on increasing awareness, promoting conversations, and inspiring connections to prevent suicide. The program provides suicide prevention and early intervention services delivered in school settings for middle and high school students, and in the community for transition age youth across the county.

Community Resources

See below for resources and ongoing efforts to prevent suicide in San Diego County.

Expand All | Collapse All

Suicide Prevention Council



The **Suicide Prevention Council** (SPC) coordinates stakeholders in San Diego County to increate awareness, reduce stigma, and engage the community in action planning to prevent suicide. The SPC facilitates a regional effort dedicated to collaboratively preventing suicide and addressing the impacts on families and communities.

- Access free trainings available to help community organizations, groups, and individuals be prepared to prevent suicide.
- Become involved by attending a suicide prevention council meeting or joining a subcommittee.
- View the 2024 SPC Report to the Community to learn more about the status of suicide and suicide prevention
 efforts in the County.

It's Up to Us Campaign

+

The *It's Up to Us* (IU2U) campaign is dedicated to increasing awareness of symptoms of mental illness and warning signs for suicide while inspiring mental wellness and reducing stigma. The campaign provides resources, information, and support for individuals struggling with mental health challenges, as well as their families and communities. Explore IU2U resources available for addressing mental health, suicide prevention, and substance use concerns.

- · Resources for specific populations.
- Community bulletins on different mental health topics.

Suicide Prevention Awareness Month



September is Suicide Prevention Awareness Month. During this month, organizations, schools, survivors, mental health advocates, and community members join forces to bring awareness to the topic and resources available. See 2024 Suicide Prevention Awareness Month community events that took place around San Diego.

Check Your Mood



The **Check Your Mood** event is held annually in October in conjunction with **National Depression Screening Day**. The purpose of this event is to engage and encourage San Diegans to monitor and assess their emotional well-being. Getting screened for depression is an important part of healthcare checkups, much like getting your blood pressure checked or being screened for heart disease.

• Take the online mental health test today!

Never a Bother



Whether it's a low point, a crisis, or something you can't quite explain, the **Never a Bother** campaign provides helpful information to help prevent suicide among California youth and young adults.

Community Toolkit

Expand the library of outreach materials below for community use.

Expand All | Collapse All

It's Up to Us | Know the Signs

+ |

Recognizing the warning signs is the first step in being able to offer support to the people we care about. Check out the **It's Up to Us Suicide Prevention webpage** for suicide risk factors and warning signs, and tips for what to do if you spot them.

Suicide Prevention Trainings

- |

Know the signs and be prepared. Check out **suicide prevention and mental health trainings** available to you and your community.

Suicide Intervention Toolkit



Protocols, templates, and resources for school-based suicide intervention, including helpful guides for parents and students.

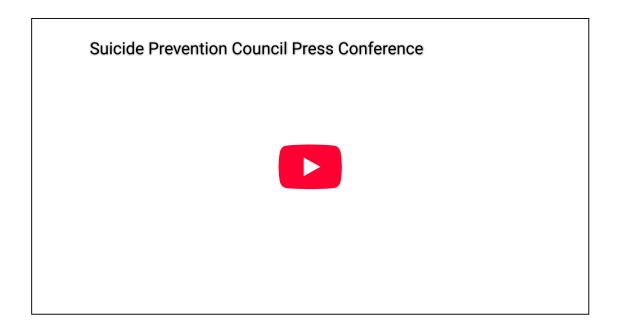
30-Day Mental Wellness Practice



The 30-Day Mental Wellness Practice is designed to provide you with *choices* so you can match self-care practices to fit your unique needs and lifestyle. Download the **30-Day Mental Wellness Practice material**.

Learn More

Watch the Suicide Prevention Council press conference to hear from speakers who share their personal stories and learn more about the most recent data on suicide.



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. If you are experiencing an emergency, please call **9-1-1**.

<u>SchooLink San Diego</u> – Students per School







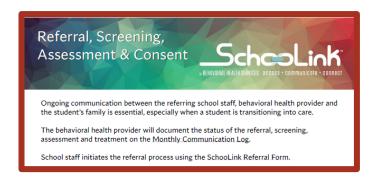
SchooLink programs provide behavioral health treatment to students on designated school campuses, under a joint commitment to serve a minimum of 10 students per school year. CCBH offered the opportunity to pull program data on the number of students served on a school campus. County COR teams provided a Power BI report to programs and information was reflected in the Quarterly Status Report (QSR). The transition to SmartCare paused this practice in FY2425, and reports continue to be unavailable. The County is exploring future functionality through SmartCare enhancements or through an independent SchooLink portal.

The number of students served on each school campus is vital information that assists in the ongoing evaluation and mapping of system utilization and need. Intent is to utilize the final FY2425 QSR to capture school data through program submission of the school campus is vital information that assists in the ongoing evaluation and mapping of system utilization and need. Intent is to utilize the final FY2425 QSR to capture school data through program submission of the school campus is vital information that assists in the ongoing evaluation and mapping of system utilization and need. Intent is to utilize the final FY2425 QSR to capture school data through program submission of the school campus is vital information that assists in the ongoing evaluation and mapping of system utilization and need. Intent is to utilize the final FY2425 QSR to capture school data through program submission of the schoolink monthly communication log.xlsx from each assigned school. The County COR teams will sort the data and complete column H on the QSR.

Programs who have the data through internal tracking are encouraged to complete column H (cells will be unlocked for Q4 submission) by entering the number of clients who received school site services (SSS).

The County is exploring how to best capture this school data and COR teams' welcome dialog and input pertaining to this item.

А	В	С	D	E	F	G	Н	I	J	K	L	
29												
3. CLIENTS SERVED AT DESIGNATED SCHOOL [Threshold Goals: Minimum of 5 active clients and 10 annual clients served by Schoolink provider at each School] Schoolink Threshold Guidelines [CYF Memo: 01-19/20] PowerBI Dashboard MH CYF Schoolink Site Service Report - to be completed by COR teams - NUMEROUS FIELDS WITH * ON HOLD DUE TO SMARTCARE TRANSITION - please complete column I If assigned school is not listed, alert COR team to add to template												
School Site Service [SSS]				Appointment Type: Scheduled or Walk In Service Location: School Contact Type: Face to Face			k In	 Person Description: Client, Client & Family, Family or Legal Guardian, Child, Family Team 				
Number		signed Schoo Team Comple			ichool Distric Team Comple	-	*YTD No. of Unduplicate d Clients who received minimum one SSS [COR Team Completes]	Hours/Week at School Site (as of end of report period)	provid	ed at Design provide an o	services/threshol nated Schools YT explanation: OR Q1 DUE TO TRANSITION	
1												
2												





3. CLIENTS SERVED AT DESIGNATED SCHOOL [Threshold Goals: Minimum of 5 active clients and 10 annual clients served by SchooLink provider at each School]									
SchooLink Threshold Guidelines [CYF Memo: 01-19/20]									
COR team completes Ass	signed School and School District aligned with S	OW - program obtains pre-approv	al to add or remove school.						
If assigned school is not listed, alert COR team to add template. Please submit the monthly log for each designated school with an end date of 6.30.25.									
Number	Assigned School [COR Team Completes]	School District [COR Team Complete	YTD No. of Unduplicated Clients who received min 1 service at school [COR will utilize logs] Programs may complete	Unduplicated Clients who received min 1 service at school [COR will utilize logs] Programs may SchooLink Monthly Communicatio n Log through June 30, 2025 was submitted		If no or minimal services/thresholds provided at Designated Schools YTD, provide an explanation:			
1									
2									
Only completed in Q4. Please provide explanation if less than 10 unduplicated clients were served by end of Q4.									
Please provide rationale for any missing communication logs.									
4. CLIENTS SERVED AT NON-DESIGNATED SCHOOLS YES NO									
As per SchooLink guidance, onsite school services are limited to designated schools. If services have been provided on non-designated schools, please outline information with rationale below.									
Number	School (Highlight Designated Schools)	No. of YTD Unduplicated Clients	Provide a rationale for providing services on non-designated schools						
1	1								
2	2								