

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

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

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
1. Welcome – Fran Cooper	
2. Pathways to Well-Being (PWB) (MH) (handout) – Amanda “Mandy” Kaufman	<ul style="list-style-type: none"> Newly Launched - 7 Pathways to Well -Being Documentation Microlearnings are now available on the PWB/RIHS webpage. The trainings are approximately 10 minutes in length and provide information about PWB forms and procedures. Each microlearning covers what each form or procedure is, how to access the form, how and when to complete the form and helpful tips along the way. Please see the flyer handout for further information. Revised CFT Meeting Note and Explanation Sheet forms- Revisions in the Form Fill Template include removal of the EBP selection for CFT Meeting and Removal of collateral server information. Both the form fill and the CCBH template include an added functional impairments section as well as CANS information under the Functional Impairments and Meeting Summary sections as prompts for assistance in completing the form. PWB resources including revised forms and trainings can be accessed through the PWB/RIHS webpage. https://theacademy.sdsu.edu/programs/rihs/pathways/
3. Continuum of Care (CCR) (MH) – Seth Williams	Welcome newly contracted STRTPs to the CYF System of Care (Center for Positive Changes, Milestone House, Circle of Friends, Tiffany’s Place, New Haven)
4. Family Urgent Response System (FURS) State Hotline (SOC) (handout) – Jenny Rodriguez, CWS	<ul style="list-style-type: none"> Statewide hotline as well as local mobile response to provide immediate trauma-informed support to current and former foster youth Purpose is to prevent placement disruptions and preserve the relationship between the child or youth and their caregiver Available 24/7- Call or text 1-833-939-FURS (3877)
5. Birth of Brilliance Conference (SOC) (handout) – Aisha Pope, San Diego Center for Children, Melanie	The Birth of Brilliance Conference held on February 25, 2021 was conceived to raise the collective consciousness



Morones, San Diego Youth Services, Precious Jackson, San Diego Unified School District	around the effects of racial disparities and implicit bias in mental health, social services, developmental services, early childhood education, and medical care. The next conference will be February 24, 2022. BirthofBrilliance@gmail.com To review the playlist created by attendees. https://open.spotify.com/playlist/79RSoskm8lcUV5r2fLvWq6?si=VbCetHAqQBiiCOQfL7amvA
6. Center for Children and Youth Psychiatry (CCYP) Referral Process (MH) (handout) – Judy Whitcher, New Alternatives, Inc.	The Center for Child and Youth Psychiatry (CCYP) utilizes telepsychiatry/telehealth and face-to-face practices at multiple locations throughout San Diego County to provide outpatient psychiatric evaluation and medication support services. Services are available to children and youth who have successfully discharged from their outpatient mental health provider, yet have psychotropic medication needs that are too complex for their primary care physician and/or a Federally Qualified Health Center (FQHC) to manage.
7. Housing Our Youth (HOY) (SOC) (handout) – David Baker, YMCA Youth & Family Services	The Housing Our Youth (HOY) program is a pilot program that provides specialized housing assistance to youth and young adults ages 16-24 years old who are at-risk or experiencing homelessness. Includes services that are designed to increase wellness, self-sufficiency, and economic mobility
8. Youth Mental Health Well-Being Celebration (SOC) (handout) - Valerie Hebert, National Alliance on Mental Illness (NAMI)	May is Mental Health Awareness Month and the first week in May is dedicated to celebrating children and youth mental health well-being. The event provides opportunities to celebrate mental health well-being through different ways of community engagement and art expression. Save the date, May 7, 2021, 3-4:00 p.m. For more information call/text (858) 987-2980 or email CYFLiaison@nami.org
9. Outcomes Announcements (MH) (handout)– Eileen Quinn-O'Malley	<ul style="list-style-type: none">▪ <u>QSR Outcomes data tutorial</u>- POC with any challenges: CASRC- Antonia Nunez ann006@health.ucsd.edu▪ <u>CANS Assessment Summary</u> - Review importance of use during clinical supervision and CFT Meetings.▪ <u>Leveraging Identified CANS Strengths</u> -Review of <i>Utilizing CANS Strengths in Therapy</i>: outlines the importance of focusing on Strengths from the start of treatment and throughout the treatment episode.▪ <u>CANS Best Practice Group</u> - The group shares best practices and is looking for more CANS champions are that excited and eager to share recommendations for



	continued clinical integration - Please contact Adam Renteria RIHS arenteria@sdsu.edu for more info.
10. Announcements (SOC)	<ul style="list-style-type: none">▪ 6th Annual CICAMH (Critical Issues in Child and Adolescent Mental Health), Managing Change in a Changing World March 19, 2021 (handout) https://cicamh.com/▪ COVID-19 Vaccination – updates available https://www.sandiegocounty.gov/coronavirus.html▪ California Conservation Corps (CCC) (handout) The CCC's mission is to protect and enhance California's natural resources and communities while empowering and developing young adults through hard work and education.
Next Meeting: May 13, 2021 9:30 a.m. – 11:30 a.m.	



Pathways to Well-Being Documentation MicroLearnings

Designed to help you get just-in-time help with Pathways to Well-Being forms and other documentation.



Pathways to Well-Being Portion of the BHA Documentation Microlearning

This course will describe the Pathways to Well-Being portion of the Behavioral Health Assessment, and how and when to complete this portion of the assessment to record Pathways to Well-Being eligibility for youth involved in the Child Welfare system.

Eligibility for PWB and Enhanced Services Form Documentation Microlearning

This course will describe the Eligibility for Pathways to Well-Being and Enhanced Services form, and how and when to access and complete the form to ensure the youth you serve receive the appropriate Pathways to Well-Being designation.

Entering Pathways to Well-Being Eligibility in Cerner Community Behavioral Health Client Categories Maintenance Documentation Microlearning

This course will explain how to enter Pathways to Well-Being Eligibility in Cerner Community Behavioral Health (or CCBH).

PWB Child and Family Team Meeting Referral Form Documentation Microlearning

This course will describe the Child and Family Team Meeting Referral form, and how and when to access and complete the form to request a Child and Family Team meeting.

Pathways to Well-Being Progress Report to Child Welfare Services Form Documentation Microlearning

This course will introduce the Pathways to Well-Being Progress Report to Child Welfare Services form, a document that supports collaboration between Behavioral Health Services and Child Welfare Services.

Intensive Care Coordination Note Documentation Microlearning

This course will explain how and when to complete the Intensive Care Coordination Note form and includes guidance for completing each section of the form.

Child and Family Team Meeting Note Form Documentation Microlearning

This course will describe how and when to complete the Child and Family Team Meeting Note form and includes guidance for completing each section of the form.

[Click Here to access the microlearnings](#)



Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.



We create experiences that transform the heart, mind and practice.



Client:	Case #:	Program:		
Date of Service:	Unit:	SubUnit:		
Server ID:	Service Time:	Travel Time:	Documentation Time:	
Person Contacted:	Place:	Outside Facility:	Contact Type:	Appointment Type:
Focus of session Diagnosis ICD-10 Code(s):		Service:		

CHILD AND FAMILY TEAM MEETING/CFT MEETING NOTE

Traveled To/From (when applicable):

Participants (List all participants and role; if all team members were not present, explain reason):

Functional Impairment (Describe the current area(s) of client's life that are affected as a result of their mental health diagnosis; current mental health symptoms/behaviors and CANS actionable needs which impact functioning and are the focus of the CFT meeting):

Meeting Summary (Focus/purpose of meeting, natural supports/new team members identified, client/family goals and strengths identified including CANS centerpiece and well developed strengths, permanency/stabilization of client in home, progress towards goals, presenting problem(s), resources available, actions taken since last meeting, needs of client/family):

Intervention (Writer's unique role and contribution in meeting. May include active listening time supported by what information was shared, how it can/will be used in providing, planning, or coordinating services to the client and impact on client plan):

Client Response to Intervention/Observed Behavior(s) During Meeting

Progress (Include progress or barriers to progress toward meeting client plan goal):

If Wraparound CFT Meeting, Phase of Wraparound (Engagement, Planning, Implementation, Transition):

Overall Risk (Based on current service, including mitigating factors, evaluate and determine if the client is at an elevated risk for):

Danger to Self:

Danger to Others:

Additional Information (when applicable):

If CFT Meeting Facilitation Program was not utilized: CFT Summary and Action Plan Offered to Youth, Caregiver, PSW and/or Probation Officer (as applicable), and other team members on:

Signature/Credential _____ Date _____ Printed Name/Credential/Server ID# _____

Signature/Credential _____ Date _____ Printed Name/Credential/Server ID# _____

County of San Diego
Health and Human Services Agency
Mental Health Services

CHILD AND FAMILY TEAM MEETING/CFT MEETING NOTE
HHSA:MHS-925 1.14.21

Client:

Case #:

Program:

Pathways to Well-Being

CHILD AND FAMILY TEAM MEETING NOTE

2021

WHEN:	The Child and Family Team (CFT) Note is used when documenting a CFT Meeting.
ON WHOM:	Client who is the focus of CFT meeting.
COMPLETED BY:	Staff delivering services within scope of practice. Note: When more than one staff member attends the CFT meeting, <u>each staff member is required to complete a CFT Meeting Note.</u>
MODE OF COMPLETION:	Data must be entered into the Electronic Health Record (EHR), Cerner Community Behavioral Health (CCBH). Form-fill versions are available for programs that do not have access to CCBH and are filed in the hybrid chart.
REQUIRED ELEMENTS:	<p>The following elements of the CFT Meeting Note must be addressed, including:</p> <ul style="list-style-type: none">○ Service Indicators: Complete All Fields○ Travel To/From: Enter applicable location origin and applicable location destination.○ Participants: Identify the role of each participant and title if applicable. If any identified team member was not present, document the reason. This may also include a plan for including team members to be present at the next meeting.○ Functional Impairment: Describe the current areas of the client's life that are affected because of their mental health diagnosis. This also includes current mental health symptoms and/or behaviors and CANS actionable needs which impact functioning and are the focus of the CFT meeting.○ Meeting Summary: Outline the focus/purpose of the meeting, natural supports, new team members identified, client and/or family goals and strengths identified including CANS centerpiece, and well developed strengths, permanency/stabilization of the client in home, progress towards goals, presenting problem, resources available, actions taken since the last meeting, and the needs of the client and/or family.○ Intervention: Each provider must document their unique role that differs from that of other team members in the meeting. This may include active listening time supported by what information was shared, and how it can or will be used in providing planning or coordinating services to the client and how the intervention will impact the client plan.○ Client Response to Intervention/Observed Behavior(s) During Meeting: Include the client's observed mood and/or behavior during the CFT meeting and the client's response to any intervention utilized during the meeting.○ Progress: Include the client's progress in treatment and/or any barriers to progress toward meeting the client's plan goals and/or objectives. This may also include any plans or interventions implemented for the purpose of mitigating identified barriers.○ If Wraparound CFT Meeting: Indicate Phase of Wraparound: Engagement, Planning, Implementation, or Transition○ Overall Risk: Enter information pertaining to client risks such as suicidal attempt or ideation, self-injurious behavior, homicidal ideation, aggression, or other indicators of elevated risk. If client is deemed to be at elevated risk, the provider must document interventions including safety planning.○ Additional Information (when applicable): If applicable, provide any pertinent information that was not included in other sections of this progress note.

- **CFT Summary and Action Plan Offered:** For programs that have prior COR approval to facilitate their own CFT meetings, the provider will complete and offer the CFT Summary and Action Plan to the Child and Family Team members including the client, caregiver, Protective Services Worker, and/or Probation Officer (as applicable), and include the date form was offered. Programs utilizing the CFT Meeting Facilitation Program are not responsible for distributing the CFT Summary and Action Plan.

BILLING:

- Note is to be completed after rendering this service.
- Providers will always utilize ICC Service Code 82 when billing for CFT Meeting participation.
- Programs will use the indicator of T – CFT Meeting located in the billing section under the “Provided To” field.
- Multiple participants from the same BHS program attending the same CFT Meeting may bill for the entire meeting time if each provider documents their unique role and contribution.



Family Urgent Response System (FURS)

Jenny Rodriguez, CWS Policy Analyst

Health and Human Services Agency, Child Welfare Services

March 11, 2021



Overview



LIVE WELL
SAN DIEGO

Enacted through SB 80 (2019) and Amended by AB 79 (2020)

State Phone-Based & County In-Person Responses

Provide Conflict Management & Resolution Skills

Stabilize Living Situation & Mitigate Distress

Connect to Community Services

FURS Intent



LIVE WELL
SAN DIEGO



Prevent placement disruptions and **preserve the relationship** between the child or youth and their caregiver

Prevent the need for a 911 call or **law enforcement involvement** and the needless criminalization of traumatized youth

Prevent hospitalization and placement into **congregate care**

Promote healing as a family

Who Does FURS Serve?



Caregivers:

- Is defined as a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.



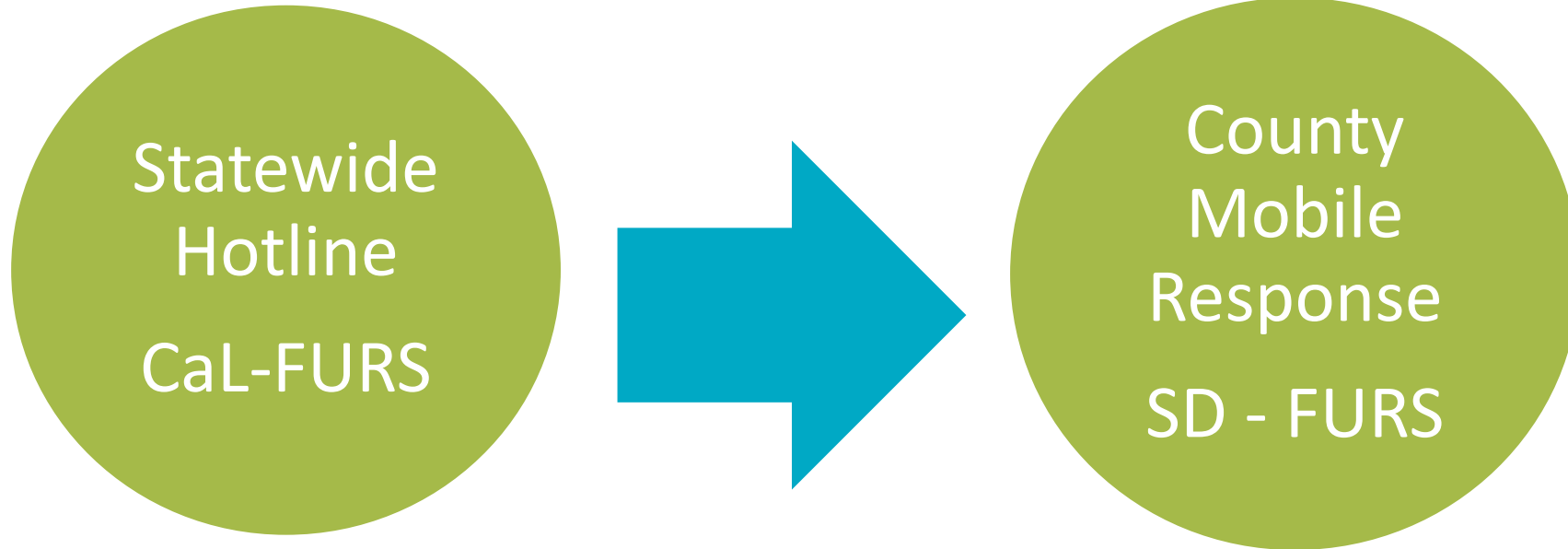
Current or Former Foster Youth :

- A child or youth adjudicated a dependent or ward of the court (under WIC 300, 601 or 602) and who is served by county child welfare agency or probation department.
- A child or youth who has exited foster care to reunification, guardianship, or adoption.
- A current or former foster child or youth who is eligible for services until they attain 21 years of age.

FURS Components



LIVE WELL
SAN DIEGO



- CAL-FURS provides phone supports and stabilization.
- If a local response is needed and consented to by the caregiver/youth, SD FURS is contacted for a mobile response.

- SD FURS hotline gathers information from the family and CAL-FURS via a warm handoff
- Activates the mobile response team within:
1 hour, 1-3 hours, 24 hours

State Hotline – Cal-FURS



LIVE WELL
SAN DIEGO

- Available **24/7** to respond to calls from a caregiver or current or former foster child or youth during situations of instability.
- Hotline workers **trained in conflict resolution and de-escalation** for children and youth impacted by trauma.
- Capacity to provide **mediation, relationship preservation** for the caregiver and the child or youth, and a **family-centered and developmentally appropriate** approach.



San Diego FURS



LIVE WELL
SAN DIEGO

- Collaboration with Child Welfare Services, Behavioral Health Services, and Probation.
- Implemented an Interim FURS Plan pending the completion of the Request for Proposal Process.
- CWS staff provide in-person responses within one hour, not to exceed three under extenuating circumstances, or same-day within 24 hours if scheduled by the youth/caregiver.
- CWS staff provide placement stability services including:
 - De-escalation, diffusing the immediate situation;
 - Coaching to preserve the family unit and placement;
 - Linkage to QPI ambassadors for respite support if needed; and
 - Developing a plan for or referral to appropriate community services and supports.



CDSS
CALIFORNIA
DEPARTMENT OF
SOCIAL SERVICES



LIVE WELL
SAN DIEGO

Are you a caregiver of a current or former foster youth?
Are you feeling frustrated? Would you like additional support?

FURS Support is Always Available

- 24/7 hotline support via phone, text, and chat.
- Local mobile response support with COVID-19 precautions in place.
- Personalized support and stabilization at the hotline and local level.
- Relevant aftercare support and follow-up.



Family Urgent Response System

The Family Urgent Response System (FURS) includes a statewide hotline as well as local mobile response teams to provide immediate trauma-informed support to current and former foster youth and their caregivers.

Local mobile response teams are comprised of compassionate, trained professionals who are available to provide face-to-face support during critical moments.

Both the statewide hotline and local mobile response teams are available 24/7/365.

FURS Provides
Support When
Needed Most

Call or Text:
1-833-939-FURS

Online:
CAL-FURS.ORG



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Caregiver Flyer

24/7 SUPPORT

Are you a current or former foster youth? Having problems at home? Frustrated? Need someone to talk to? The 24/7 FURS hotline is here to help.

CALL OR TEXT: 1-833-939-FURS | 1-833-939-3877

Family Urgent Response System (FURS) is a free 24/7/365 hotline for current or former foster youth and your caregivers to call and get **immediate** help for any big or small issues you may be having.

- You will be connected to a trained counselor or peer who will listen to you.
- FURS is a **safe, judgement-free, and private** space to talk about your worries and vent.
- If you want more support, a team can come directly to where you are to help you work on the problem and to create a plan to help stabilize your situation and keep you safe.
- The team will follow-up by helping connect you and your caregiver to local services and support.



CHECK OUT: CAL-FURS.ORG



www.cdss.ca.gov/inforesources/cdss-programs/foster-care/furs



LIVE WELL
SAN DIEGO

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Youth Flyer



THANK YOU!

Contact Information:

Jenny.Rodriguez@sdcounty.ca.gov



LIVE WELL
SAN DIEGO

24/7

SUPPORT

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CHECK OUT: CAL-FURS.ORG

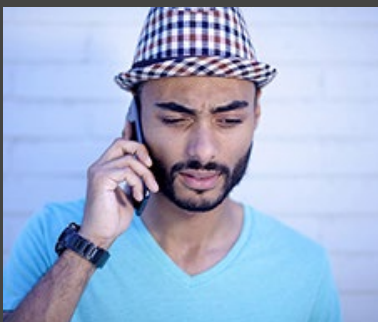




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Support When
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CAL-FURS.ORG



The Inaugural Birth of Brilliance Conference



It all started with an idea...

- Early Childhood Leader's Collaborative
- We Can't Wait Conference Committee



Enter....



Our mission is to help at-risk youth and their families become self-sufficient and reach their highest potential.

Add 3 nervous but brave tri-chairs....

- Melanie Morones, MFT – Program Manager SDYS Our Safe Place
- Precious Jackson-Hubbard – Principal Bell Middle School and Board Member SDYS
- Aisha Pope, LCSW – Program Manager San Diego Center for Children FFAST Program



Plus, an amazing
crew of
committee
members and
advisors...

Committee:

- Steven Jella (SDYS)
- Ludy Baclig-Passons (SDYS)
- Dr. Jeff Rowe
- Meg Olinger (YMCA)
- Marilee Burgeson (SLP)
- Dr. Pradeep Gidwani (AAPC3)
- Dr. Joshua Feder
- Dr. Charmi Patel (SD County BHS)
- Rosa Ana Lozada (Harmonium)
- Dr. Ruth Newton (NCAR)
- Ginger Bial (Rady's KidStart)

Advisors

- Vanessa Pulido with the Critical Issues in Child and Adolescent Mental Health
- Renee Sievert with the We Can't Wait Conference
- Dr. Jeff Rowe (We Can't Wait and CIACMH)

And finally,
our sponsors...





Put it all
together and
what do you
get?

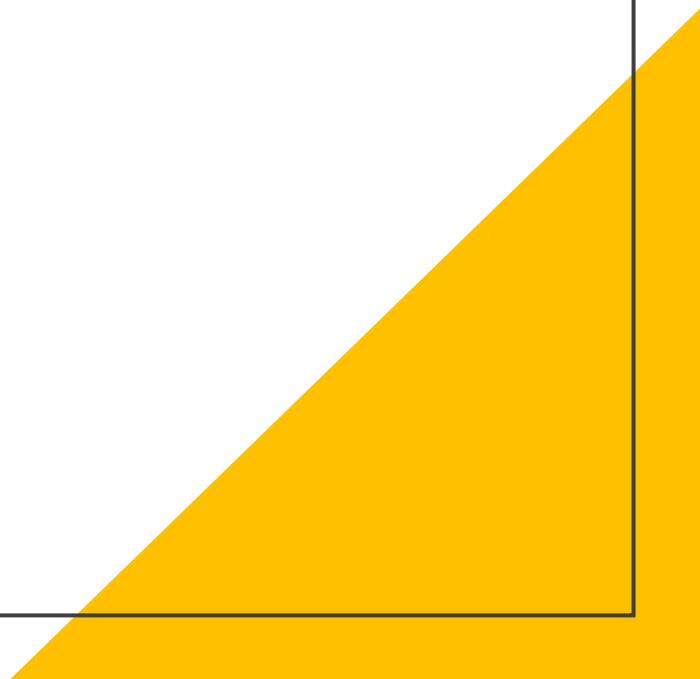


The Birth Of Brilliance: Challenging Us to Create Racial Equity In Early Childhood

The Birth of Brilliance Conference was conceived to raise the collective consciousness around the effects of racial disparities and implicit bias in mental health, social services, developmental services, early childhood education, and medical care.

All Children are born with **BRILLIANCE**, which according to Webster's Dictionary means:
intense brightness of light; vividness of color; & exceptional talent or intelligence.

Distinguished Speakers





Omar Passons, Esq.

Director of the County of San Diego Health and Human Services Agency's Division of Integrative Services

Welcome and Opening Remarks

Jessica Pryce, PhD. MSW

Assistant Professor at Florida State University and currently the Executive Director of the Florida Institute for Child Welfare.

**Morning Keynote:
Strengthening Families Using a Racial
Equity Lens**



5 Morning Breakout Sessions from San Diego Area Providers

- **Prescribing Psychiatric Medication for Young Children of Color**
 - Jeffrey Rowe, MD; Shavon Moore, MD
- **The Power of Reflective Practice to Promote Racial Equity in Early Childhood**
 - Kim Flowers, LCSW, IF-ECMH RPF-M
- **Exploring Your Role in a Biased Service Delivery System**
 - Charmaine Utz, LCSW
- **Undoing Institutional Harm: On Self-Care for Providers**
Madeleine Anderson, MSW, ASW (name/they/she); June Louis Cabales, MS, AMFT (he/him)
- **The Importance of Parent/Child Attachment in the Latino Community**
 - Edgar Sierra, LMFT; Leslie Manriquez, LMFT



5 Afternoon Breakout Sessions from San Diego Area Providers

- **Supporting Transcultural Foster and Adoptive Families**
 - Kaitlyn Nelson, LCSW; Meredith Leigh Mauze, LMFT
- **Disrupting Brilliance: Moving from Implicit Bias to Belonging and Significance**
 - LaTysa Flowers, CPDTC
- **Different Brains Matter: How to make life more fair for people of color with developmental challenges**
 - Joshua Feder, MD
- **Culture of One**
 - Pradeep Gidwani MD, MPH
- **The Brilliance of Culture: Discovery, Acculturation, Celebration**
 - Rosa Ana Lozada LCSW, IFMHS, RFP II



Akiea “Ki” Gross, MA, MS (they/them)

Founder of Woke Kindergarten and
Early Childhood Education Assembly’s
2020 Social Justice Award Recipient

Afternoon Keynote:
Woke Kindergarten Mixtape





IMPACT!

- 336 registrants
- From 11 States
- Attendees who were caregivers, educators, medical professionals, mental health providers, developmental services providers, AOD counselors, and Melanie's Mom!!!
- A 4-hour long inspirational Birth of Brilliance Spotify Playlist created by attendees
- Courageous conversations that led to growth, learning, and connections
- Inspired participants who want to continue the conversation

Not bad for 4 months work...

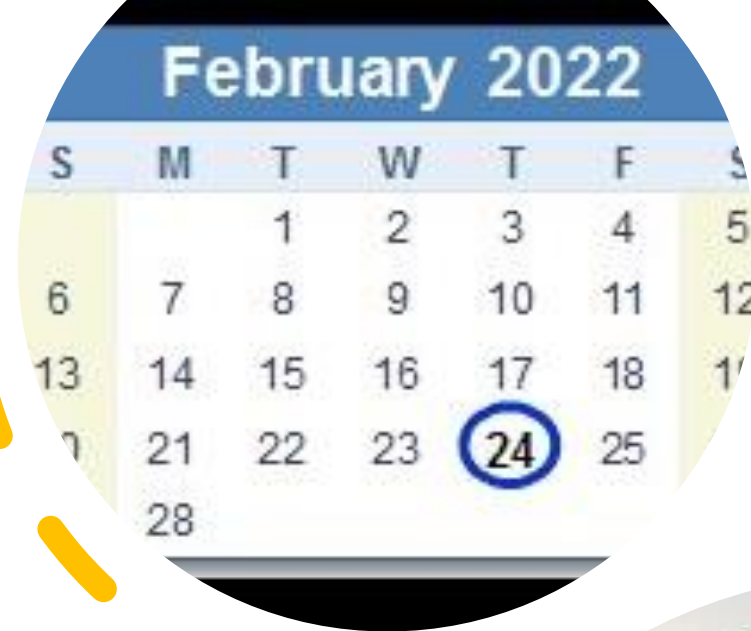
What people are saying...



- Wonderful and inspiring day!
- This was an exceptional conference. Thank you for putting your hearts, bravery and brilliance into it. Can't wait for 2/24/22!
- This Inaugural Conference was amazing. From the Opening Keynote to the breakout room, to the ending keynote. I learned so much and I am looking forward to the next one.
- This was such an uplifting conference. If I could sum it in two words, I would say it was Powerful and Inspiring.
- Thank you, the day was amazing. I learned a lot and am leaving with many questions to continue to process and take back to my work.
- The keynote speakers were divine, they held the space with bravery and conviction.
- Love, Love, Love... can't wait until the next one.

Next Steps...

- 2022 date is already set. Feb 24, 2022 – run, don't walk, to mark your calendar!
- Affinity Groups forming for those who want to continue the conversation between now and the next conference – email: BirthofBrilliance@gmail.com to request more information



Want to get involved?

Email: BirthofBrilliance@gmail.com

- if you want to join the committee
- if you want to present at the next conference
- if you have suggestions for speakers or topics you want to hear

FYI: Committee Members and Speakers get exclusive swag ☺



Questions?



Overview of CCYP Program and Referral Process

Judy Witcher, LPCC

CYF Program Manager Meeting

3/11/2021



Center for Child & Youth Psychiatry

A PROGRAM MANAGED BY NEW ALTERNATIVES

Overview

- + CCYP is an **outpatient** behavioral health medication clinic program
- + CCYP provides services primarily through Telehealth
- + CCYP serves children and youth up to 21 years
- + **CCYP serves children and youth who have completed mental health treatment with a County system of care provider.**
- + Acceptable referrals include children and youth who have psychotropic **medication prescribing needs that are too complex** for their primary care to manage.



Overview (cont.)

- + Clients should be able to be managed on a medication only basis. (CCYP does not provide therapy services)
- + CCYP serves Medi-Cal and uninsured clients
- + Program's length of stay is typically 6-9 months at which time clients are transitioned to primary care physician (PCP) for on-going med management



Referral Process

- + Fill out referral form and fax to 858-634-1101
- + Please include the clients CCBH number and name of referring program and clinician
- + Program Manager reviews referral form and client's medical record in CCBH to determine if client meets criteria for services
- + Administrative Assistant schedules an intake assessment for family and client with a Licensed Assessment Coordinator (LAC)
- + LAC completes BHA and Client Plan.
- + LAC schedules an appointment for client to meet with assigned psychiatrist
- + Client is scheduled for monthly sessions with assigned psychiatrist and checks in with LAC every 6 months, or as needed.



Partnerships

- + CCYP has partnerships with BHConnect, Cajon Valley Unified School District and Children's Primary Care Medical Group (CPCMG).
- + CCYP provides medication management services for clients at BHConnect and Cajon Valley Unified School District.
- + CCYP has developed a partnership with CPCMG which consists of primary care doctors who access Smart Care consultation services for managing psychiatric medications. Clients who are ready to terminate services with CCYP are referred to CPCMG for continued support with managing medications.



+ **Contact Information**

- + Judy Whitcher LPCC
- + Center for Child and Youth Psychiatry
- + 8755 Aero Dr Suite 306
- + San Diego CA 92123
- + Phone- 858-634-1100
- + Fax- 858-634-1101
- + Email- judy.whitcher@newalternatives.org





Center for Child & Youth Psychiatry

A PROGRAM MANAGED BY NEW ALTERNATIVES

CCYPsd.org

The Center for Child and Youth Psychiatry (CCYP) utilizes **telepsychiatry/telehealth** and **face-to-face** practices at multiple locations throughout San Diego County to provide outpatient psychiatric evaluation and medication support services.

- Services are available to children and youth who have successfully discharged from their outpatient mental health provider, yet have psychotropic medication needs that are too complex for their primary care physician and/or a Federally Qualified Health Center (FQHC) to manage.
- The Center provides linkage and facilitates access to psychotropic medication, including the administration of **long-acting injectable psychotropic medication**, when indicated and necessary for the youth's stability.
- In partnership with Rady Children's Hospital's **child specialty medical clinic**, CCYP provides integrated, coordinated, and co-located psychiatric care and consultation services for children and youth who are medically fragile with complex health care needs.



Licensed Clinicians will provide case management and crisis stabilization services as needed. Nursing staff will be available to provide education, medication support and gather necessary medical information.



Community Resource Fairs

Monthly fairs will feature relevant mental healthcare topics and education. Families can obtain videos, books, pamphlets, and web-site access to information and resources. You can go to the website to access current schedule of events: CCYPsd.org

Licensed Clinicians and Nurses are available to connect with families, caregivers and their youth.

Community Providers are invited to join us on a quarterly basis to keep up-to-date on the resources available to their clients.

Child Care and refreshments will be available.

Hours

Weekends and evening services are scheduled as needed.

Monday, Wednesday, Thursday
and Friday- 9 AM to 5 PM
Tuesday- 9 AM to 8 PM

Locations

With multiple offices throughout San Diego County, CCYP offers easy and convenient locations for children and families to access services in their communities.*

Main Office

8755 Aero Dr. Suite 306, San Diego, CA 92123

Central Region

2535 Kettner Blvd, Ste. 1A4, SD, CA 92101

5275 Market Street, Suite F, SD, CA 92114

North Central Region

3517 Camino del Rio South, SD, CA 92108

3944 Murphy Canyon Road, C205, SD, CA 92123

North Inland Region

17701 San Pasqual Valley Rd, Escondido, CA 92025

225 West Valley Parkway #100, Escondido, CA 92025

North Coastal Region

1020 S. Santa Fe Avenue, Suite B-1, Vista, CA

92084 1237 Green Oak Road, Vista, CA 92081

South Region

730 Medical Center Court, Chula Vista, CA 91911

847 Encina Ave, Imperial Beach, CA 91932

East Region

3602 Kenora Drive, Spring Valley, CA 91977

7739 Pacific Avenue, Lemon Grove, CA 91945

*Limited community and/or home based services are also available to meet client and family needs.

All appointments for psychiatry services can be made by calling the main line:

Phone: (858) 634-1100

Fax: (858) 634-1101

CCYPsd.org



**LIVE WELL
SAN DIEGO**



Centro de Psiquiatría Infantil y Juvenil

Un Programa administrado por New Alternatives

CCYPsd.org

El Centro de Psiquiatría Infantil y Juvenil (CCYP, por sus iniciales en inglés) utilizara diferentes modod de tratameinto como telepsiquiatría, telesalud y en persona. Las clínicas serán ubicadas en el todo el Condado de San Diego para brindar servicios para pacientes ambulatorios, evaluaciones psiquiátrica y servicios de medicamento.

- Los servicios están disponibles para niños y jóvenes que se han dado de alta exitosamente de su proveedor de salud mental, pero tienen necesidades de medicación psicotrópica que son demasiado complejas para su médico de atención primaria y / o un Centro de salud calificado federalmente (FQHC).
- El Centro también puede proporcionar enlaces y facilitar el acceso a la medicación psicotrópica, incluida la administración de medicación psicotrópica inyectable de acción prolongada, cuando se indique y sea necesaria para la estabilidad de el paciente.
- En asociación con la clínica médica especializada en niños de Rady Children's Hospital, CCYP brinda servicios de consulta y atención psiquiátrica integrados, coordinados y ubicados conjuntamente para niños y jóvenes que son médicamente frágiles con necesidades de atención médica complejas.



Los terapeutas con licencia proporcionarán servicios de administración de casos y estabilización de crisis según sea necesario. Enfermeras estarán disponibles para ofrecer educación sobre los medicamentos y solicitar la información medica que sea necesaria para atender a los pacientes.



Ferias para recursos de Comunidad

Ferias de recursos serán mensualmente de salud mental y educación. También habrá oportunidades para que las familias obtengan videos, libros y folletos. Acceso a la agenda y los recursos pueden ser obtenidos por nuestra pajina de internet.

Terapeutas con licencia, enfermeras estarán disponibles para las familias, los cuidadores y sus jóvenes.

Los proveedores de la comunidad están invitados a unirse cada 3 meses para mantenerlos actualizados sobre los recursos disponibles para sus pacientes.

Cuidado de niños y refrescos estarán disponibles.

Horarios

Los fines de semana y los servicios nocturnos se programan según sea necesario.

Lunes, Miércoles, Jueves y Viernes,

de 9 AM a 5 PM

Martes, de 9 AM a 8 PM

Ubicaciones

Con varias oficinas disponibles en todo el condado de San Diego, CCYP asegura que encuentre una ubicación fácil y conveniente para brindar servicios a niños acceso familias en sus comunidades. *

Oficina principal

8755 Aero Dr. Suite 306, San Diego, CA 92123

Región central

2535 Kettner Blvd, Ste. 1A4, SD, CA 92101

5275 Market Street, Suite F, SD, CA 92114

Región Central del Norte

3517 Camino del Rio South, SD, CA 92108

3944 Murphy Canyon Road, C205, SD, CA 92123

Región interior del Norte

17701 San Pasqual Valley Rd, Escondido, CA 92025

225 West Valley Pky # 100, Escondido, CA92025

Región costera del Norte

1020 S. Santa Fe Ave., Ste B-1, Vista, CA 92084

1237 Green Oak Road, Vista, CA 92081

Región Sur

730 Medical Center Court, Chula Vista, CA 91911

847 Encina Ave, Imperial Beach, CA 91932

Región Este

7739 Pacific Avenue, Lemon Grove, CA 91945

* Servicios comunitarios y / o domiciliarios limitados también están disponibles para satisfacer las necesidades del cliente y la familia

Para citas llame.

Telefono: (858) 634-1100

Fax: (858) 634-1101

CCYPsd.org



**LIVE WELL
SAN DIEGO**



Center for Child &
Youth Psychiatry

A PROGRAM MANAGED BY NEW ALTERNATIVES

New Alternatives, Inc. CCYP Program Referral

Email: CCYPreferrals@newalternatives.org

Fax to: 858-634-1101

Eligibility: MediCal and unfunded Children and Youth

Date: _____

Child or Youth's name: _____ Case ID #: _____

Placement: ☐ With Biological Family ☐ Resource Family ☐ Other _____

If foster parent, authorized to give consent? ☐ Yes ☐ No If no, who can give consent? _____

Sex: ☐ Male ☐ Female ☐ Other _____ Age: _____ DOB: _____

Ethnicity: _____ SSN: _____ Language: ☐ English ☐ Spanish ☐ Other: _____

CWS Contact: _____ Phone: _____ Fax: _____

Health Insurance- Medi-Cal #: _____ Other Health Insurance: _____

Reason for Referral: _____

Parent/Caregiver Name: _____

Home/Cell Phone: _____ Work Phone: _____ Best time to call: _____

Street Address: _____ City: _____ Zip: _____

Client's Strengths: _____

Current DSM-V diagnosis: _____

Current psychiatrist: _____ Phone: _____

List all Prescribed Medications:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Current JV220: ☐ No ☐ Yes Expiration Date: _____

Current behaviors/symptoms that are of concern, if any: _____

Alcohol/Drug Concerns: ☐ Yes ☐ No _____

Prior Mental Health Services

Program: _____ Program: _____

Program: _____ Program: _____

Additional Supportive Individuals:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

CCYP ADMIN:

Date Received: _____ Assigned Clinician: _____

Date Caregiver contacted: _____ Time: _____



LIVE WELL
SAN DIEGO

| HOUSING OUR YOUTH | YMCA YOUTH &
FAMILY SERVICES

Housing Our Youth



CONTENTS

- 1. Program Overview**
- 2. The HOY Collaborative**
- 3. Program Goals**
- 4. Care Coordination Teams**
- 5. Referral System**
- 6. Agency Specifics**
- 7. Overview of Services**

The Housing Our Youth program is a pilot program that provides specialized housing assistance to youth and young adults ages 16-24 years old who are at-risk or experiencing homelessness.

- Funded by San Diego County through the Health and Human Services Agency for a 2-year term**
- Seeks to prevent and divert youth from experiencing homelessness while connecting them to stable housing**
- Includes services that are designed to increase wellness, self-sufficiency, and economic mobility**

HOUSING OUR YOUTH COLLABORATIVE



PROGRAM GOALS

- **A minimum of 100 unduplicated youth will be enrolled in the program within first 6-months**
- **A minimum of 50 unduplicated youth will be permanently housed with the first 6-months**
- **90% of enrolled youth who are parenting and need childcare will receive navigation support finding and securing childcare**
- **75% of youth will become either employed, attending workforce training, enrolled in education, or engaged in a productive activity**
- **50% of youth who are employed will retain their employment for 6 consecutive months**
- **85% of permanently housed youth will retain their housing for 6 consecutive months**
- **80% of permanently housed youth will retain their housing for 12 consecutive months**

The Housing Our Youth Collaborative will provide enrolled youth with supportive services countywide by utilizing regional Care Coordination Teams to create a “no wrong door” approach.

Care Coordination Team

Peer Support
Specialist

Social Work
Case Manager

Housing
Navigator

Urban Street Angeles has included an Occupational Therapist in their Care Coordination Team to provide services across the county for all enrolled youth.

CARE COORDINATION TEAM ROLES

Peer Support Specialist

- **Coordinate supportive services**
- **Collect data & input case notes**
- **Support participants in times of crisis**
- **Maintain positive & affirming relationships with participants**
- **Advance participant satisfaction & success**

Social Work Case Manager

- **Accept incoming referrals**
Maintain participant's case files (paper/digital)
- **Conduct intake & base-line assessments**
- **Coordinating services with HOY partners**
- **Provide youth with supportive services including case management**

Housing Navigator

- **Maintain a diverse list of housing options**
- **Provide youth with supplemental information on topics including equal-opportunity housing regulations, lease signings and applications**
- **Refer participants to appropriate resources**

How do young people enter the Housing Our Youth program?



Contact Form

www.ymcasd.org/contacthoy



Referral Form

REFERRAL SYSTEM

STEP 1

YOUTH'S NEEDS ARE ACCESSED BY A SUPPORT SPECIALIST

STEP 2

YOUTH ARE PAIRED WITH A CARE COORDINATION TEAM BASED UPON NEEDS AND DESIRES

STEP 3

YOUTH BEGINS RECEIVING HOUSING NAVIGATION SERVICES AND CASE MANAGEMENT

AGENCY SPECIFICS

Agency	Region	Specialized Services
YMCA of San Diego County (YMCA)	North Inland	System Navigation
North County Lifeline (Lifeline)	North Coastal	Commercial Sexual Exploitation of Children/Human Trafficking
Urban Street Angels (USA)	North Central + Countywide	Serious Mental Illness and Substance Use
San Diego Youth Services (SDYS)	Central	Unaccompanied Minors
Home Start	East	Pregnant and Parenting Youth
South Bay Community Services (SBCS)	South	Employment
The San Diego LGBT Community Center	Countywide	LGBTQ+ Youth

OVERVIEW OF SERVICES

Housing

Personal Wellness

**Self-
Sufficiency**

Education

Employment

Entrepreneurship

THANK YOU!

For more information please visit our webpage...

www.ymcasd.org/transitionalhousing

HOUSING OUR YOUTH

YMCA YOUTH & FAMILY SERVICES



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

The Housing Our Youth (HOY) program provides specialized assistance to youth and young adults up to and including the age of 24 years throughout San Diego County who are at-risk or experiencing homelessness. HOY services will include housing, peer support, care coordination, service navigation, transportation, job preparation, subsidized employment, education assistance, tenant support, and other wrap-around services as needed to help youth remain stably housed and prepared for self-sufficiency.

WHO DO WE SERVE?

Young adults up to and including the age of 24, who are facing homelessness throughout San Diego County.



WHAT SERVICES DO WE OFFER?

Our goal is to interrupt poverty and provide youth with the skills and tools to lead a financially independent and successful life. Our services include the following:



MENTORING
& CASE
MANAGEMENT



PERSONAL
DEVELOPMENT
WORKSHOPS



EMPLOYMENT &
EDUCATIONAL
COORDINATION



PARENTING
SUPPORT



HOUSING
ASSISTANCE
& PLACEMENT



WORK
READINESS
TRAINING



FINANCIAL
LITERACY



BASIC NEEDS
SUPPORT

Youth & Family Services is the lead organization for this project. We are working in collaboration with youth-serving organizations across the entire San Diego County. Members of the Housing Our Youth Collaborative include:

- Home Start
- North County Lifeline
- San Diego LGBT Community Center
- San Diego Youth Services
- SBCS
- Urban Street Angels



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SAN DIEGO

Housing Our Youth is funded by the County of
San Diego Health and Human Services Agency.

FOR MORE INFORMATION:

Contact David Baker at (760) 908-9126
Referrals or questions can be sent to hoy@ymcasd.org

OUR MISSION:

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

HOUSING OUR YOUTH

YMCA YOUTH & FAMILY SERVICES



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WHY?

A homeless experience is traumatic for youth since shelters cater to adults instead of helping youth build living skills and employment history to become fully self-reliant. Compared to adults, homeless youth are at a tipping point where safe shelter and access to tailored services when they need it can be the difference between prolonged homelessness and having the stability to become self-sufficient.

San Diego County's population of unaccompanied homeless youth is the 7th largest in the country. In one year, youth homelessness has increased 33% with 1340 sheltered, unsheltered and unstably housed youth. The number of unsheltered youth alone increased 54%. Nearly 50% of chronically homeless adults report first becoming homeless as youth.

HOW?

The Housing Our Youth (HOY) program provides specialized assistance to youth and young adults up to and including the age of 24 years throughout San Diego County who are at-risk or experiencing homelessness. HOY services will include housing, peer support, care coordination, service navigation, transportation, job preparation, subsidized employment, education assistance, tenant support, and other wrap-around services as needed to help youth remain stably housed and prepared for self-sufficiency.

WHO DO WE SERVE?

Young adults up to and including the age of 24.
Population served may include:

- Current and former foster youth
- Pregnant and/or parenting youth
- Juvenile justice involved youth
- Unemployed or underemployed youth
- Youth experiencing barriers to education
- Youth experiencing instability with basic needs and housing

WHAT SERVICES DO WE OFFER?

Our goal is to interrupt poverty and provide youth with the skills and tools to lead a financially independent and successful life. Our services include the following:

- Mentoring & case management
- Housing assistance & placement
- Personal development workshops
- Work readiness training
- Employment & Educational coordination
- Financial literacy
- Parenting support
- Basic needs support

Youth & Family Services is the lead organization for this project. We are working in collaboration with youth-serving organizations across the entire San Diego County. Members of the Housing Our Youth Collaborative include:

- HomeStart
- North County Lifeline
- San Diego LGBTQ Community Center
- San Diego Youth Services
- Southbay Community Services
- Urban Street Angeles



LIVE WELL
SAN DIEGO

Housing Our Youth is funded by the County of
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FOR MORE INFORMATION:

Contact David Baker at (760) 908-9126
Referrals or questions can be sent to hoy@ymcasd.org

OUR MISSION:

The YMCA of San Diego County is dedicated to improving the quality of human life and to helping all people realize their fullest potential as children of God through the development of the spirit, mind and body.

Housing Our Youth Referral

Send Referral To: YMCA at HOY@ymcasd.org or fax to (760)-721-8034

What we do: The HOY program provides individualized wrap-around support services throughout San Diego County for youth up to age 24 who are at-risk of or experiencing homelessness. Once the referral is received, a HOY staff will contact you within 48 hours.

Referring Persons Information

Today's Date:

Referring Persons Name:

Agency Name:

Phone:

E-mail:

Agency referring to:

Participant Information

Name: _____ DOB: _____ Age: _____

Chosen Name/Pronouns: _____ Gender: _____

Sexual Orientation: _____ Race/Ethnicity: _____

Address Or Zip Code residing in:

Disabilities or Special Accommodations:

Preferred Language:

Participant Contact Information

Preferred Contact Method?

Phone Call ☐ yes Text ☐ yes Social Media ☐ E-mail ☐ Other ☐ _____

Phone Number: _____ E-mail Address: _____

Social Media Handles you would want to be contacted at:

Can we leave a voicemail at the provided number? Yes ☐ or No ☐

Alternative Contact? *Someone that would be able to get in touch with you?

Name: _____ Phone Number: _____

General Information

What city do you spend the most time in?

What is your current housing status?

Does anyone need to live with you including a service/emotional support pet?

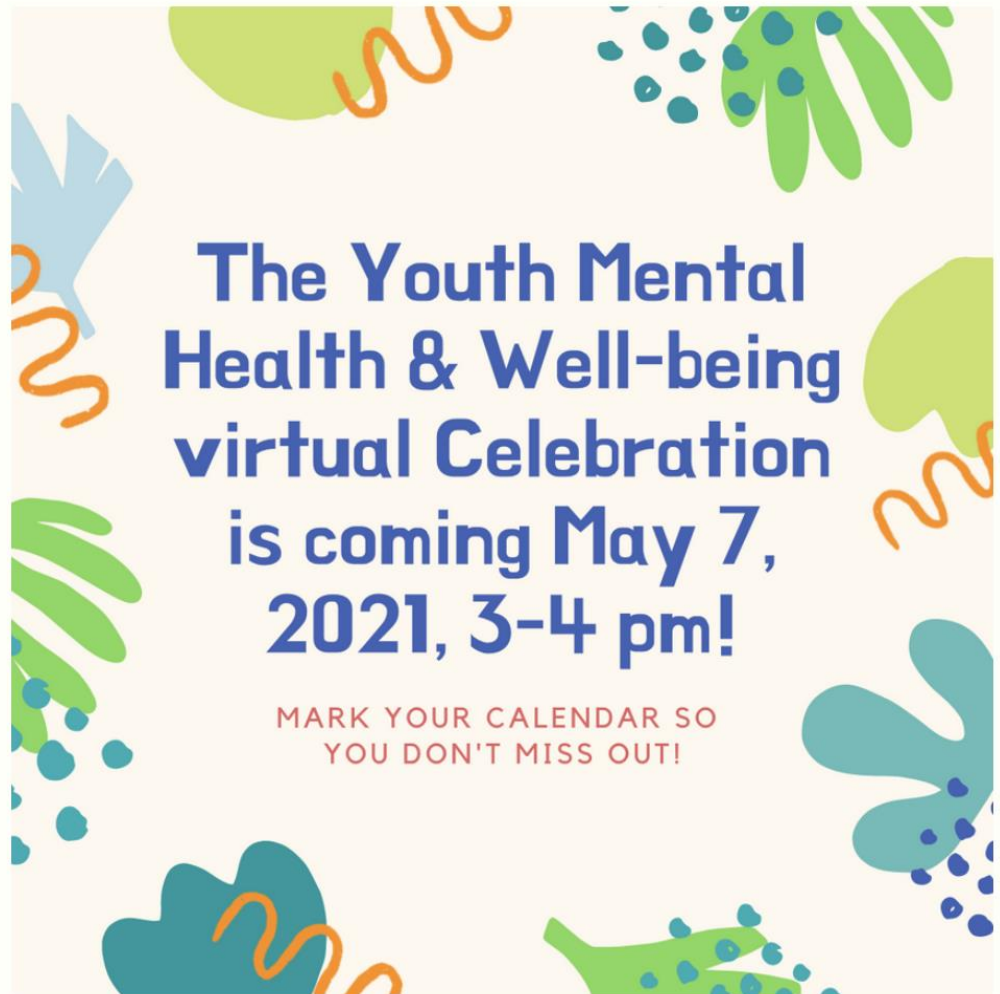
Do you need a place to sleep tonight? Yes ☐ or No ☐

Are you pregnant? Yes ☐ or No ☐ no Approximate Due Date: _____

Parenting? Yes ☐ or No ☐ no # of children _____

What services are you in need of? Anything you would like us to know?



A decorative border surrounds the central text, featuring stylized green leaves, blue and orange dots, and orange wavy lines.

The Youth Mental Health & Well-being virtual Celebration is coming May 7, 2021, 3-4 pm!

MARK YOUR CALENDAR SO
YOU DON'T MISS OUT!

Program Manager's Meeting - March 11, 2021

Presented by: Valerie Hebert, NAMI San Diego CYFL Program Manager

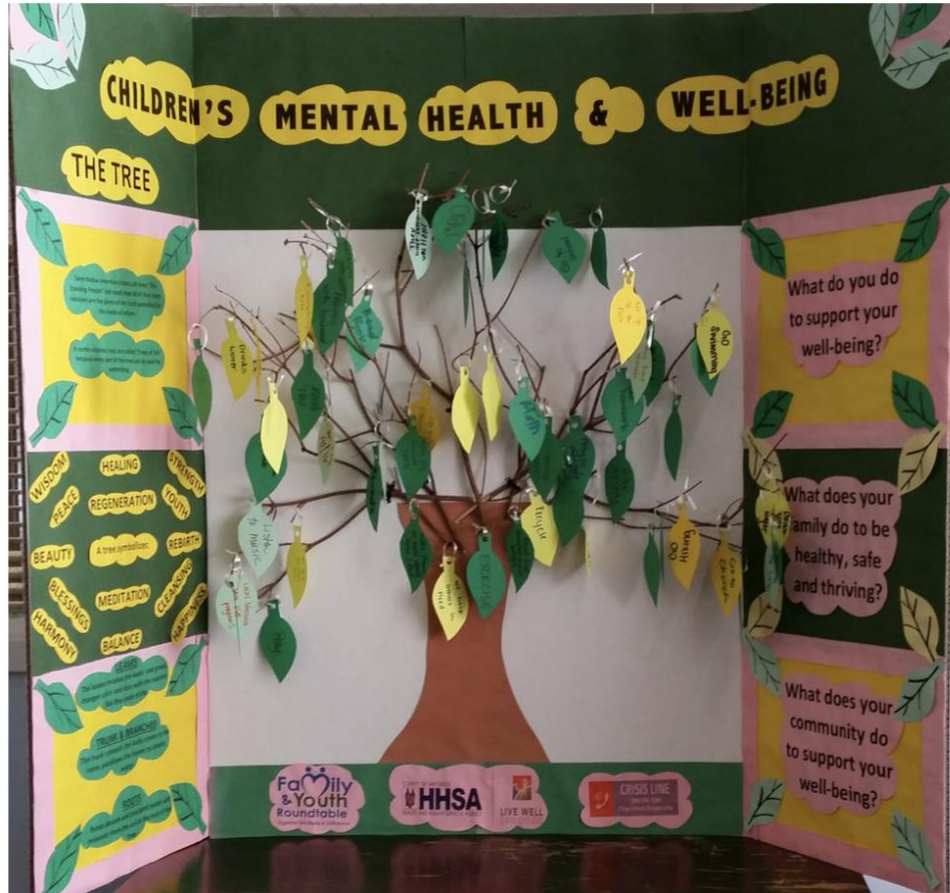
History of the May Celebration



May is Mental Health Awareness Month and the first week in May is dedicated to celebrating children and youth mental health well-being. Historically, organizations like the Substance Abuse and Mental Health Services Administration (SAMHSA) and the National Federation of Families for Children's Mental Health select a day and a theme within the first full week in May to observe as “National Children’s Mental Health Awareness Day”.

- The County of San Diego began celebrating children's mental health well-being according to the SAMHSA theme in 2015.
- Since 2017, NAMI San Diego's Children, Youth and Family Liaison has led the local children and youth mental health well-being celebration efforts.
- The event provides opportunities to celebrate mental health well-being through different ways of community engagement and art expression.
- The celebration is an opportunity for collaboration and outreach to the families of San Diego county.

2015

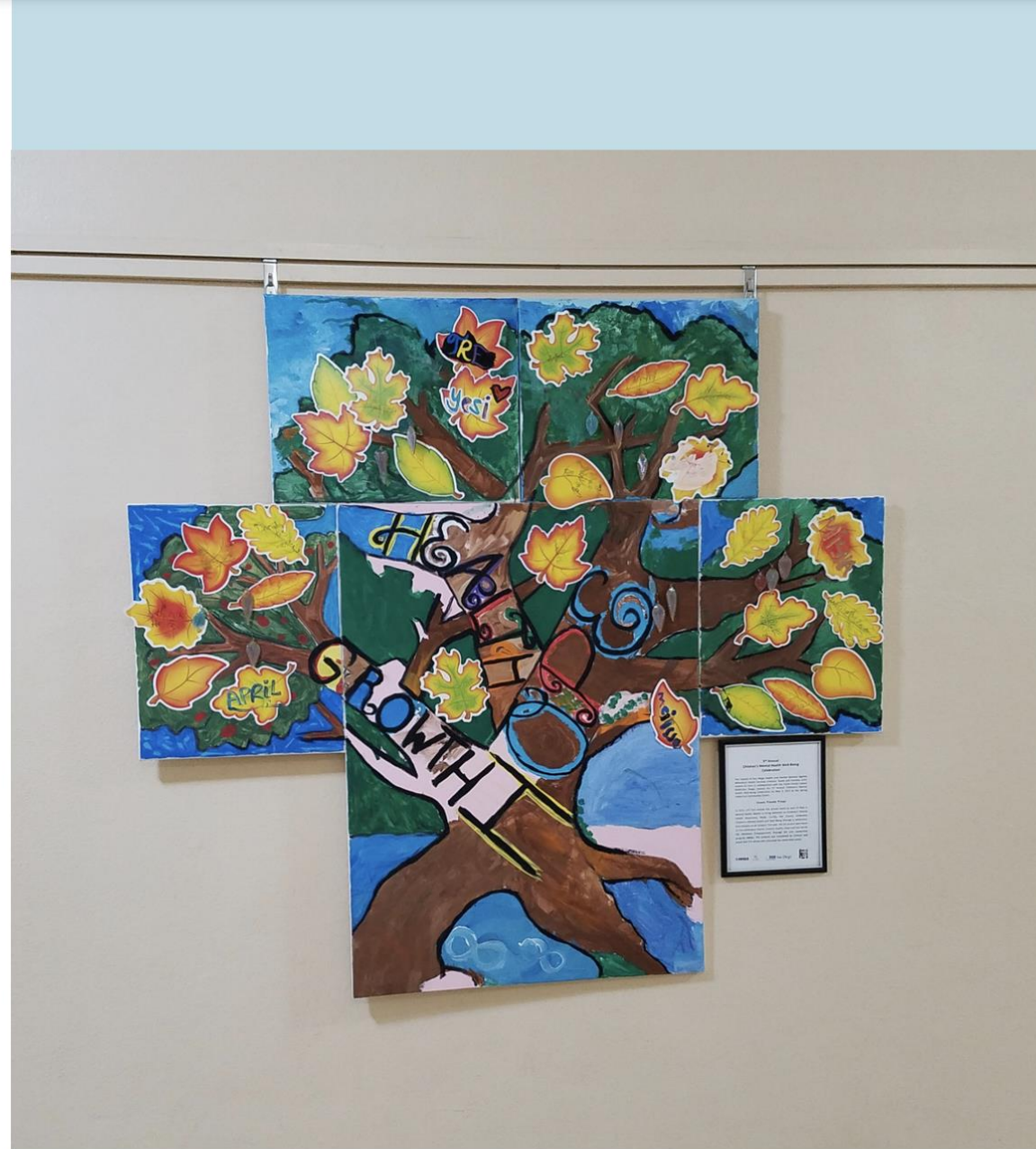


2016



2017

In 2017, the May Celebration was hosted at the SVECC (Spring Valley East Community Center). Each year, youth create an art piece that is given back to the community once completed. The 2017 art project was based on the tenants of “Health, Growth and Hope” and featured a community painting that now hangs in the County Administration Building on Pacific Highway. In addition, the project featured planting a Lemon Tree on the SVECC grounds for families to harvest lemons each year as they arrive and leave the complex.



2018

The May Celebration day dawned windy and rainy for our big event held outdoors in Azalea Park, but the sun was shining in time for the festivities to get underway. The interactive art project, based on the SAMHSA theme *Partnering for Health and Hope Following Trauma* was titled “Mental Health and Trauma Aren't Always Black and White” and now hangs in the County BHS Building on Camino del Rio South. Have you seen it?

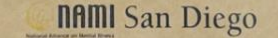
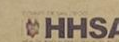


4th Annual Children's Mental Health Well-Being Celebration

The County of San Diego Health and Human Services Agency Behavioral Health Services Children, Youth and Families (CYF) System of Care, in collaboration with NAMI San Diego's Children, Youth & Family Liaison, hosted the 4th Annual Children's Mental Health Well-Being Celebration on May 2, 2018 at Azalea Park.

★ Mental Health and Trauma Aren't Always Black & White ★

In 2015, CYF first hosted this annual event as part of May is Mental Health Month to bring attention to Children's Mental Health Awareness Week, a SAMHSA national celebration. Locally, the County celebrates Children's Mental Health and Well-Being through a celebration that includes an art project. This year, the art project was based on the celebration theme: *Partnering for Health and Hope Following Trauma*. The artwork was completed by children and youth that CYF serves who attended the celebration event where silhouette photos of the attendees were paired with a quote when asked, “What does mental wellness mean to you?” Each person's quote can be found on the back side of their photo.



2019

The 2019 event was hosted at the ARTS (A Reason to Survive) Center in National City. Each year, the youth create an art piece that is given back to the community once completed. The art project was “miniature libraries” built by the youth at the ARTS Center and decorated by Celebration attendees. One library is located on the campus of San Diego Center for Children and the other is placed within the NAMI San Diego Resource office at Rady Children’s Hospital.



2020

THE PANDEMIC OFFERED A NEW VIRTUAL OPPORTUNITY TO CONNECT AND CELEBRATE YOUTH & FAMILY MENTAL WELLNESS

In 2020, planning committee youth recommended to change the name of the event from Children Mental Health Well Being Celebration to **Youth Mental Health Well Being Celebration** to be more inclusive of older children/youth.

The 2020 virtual gathering is available to view on the CYFL website, as well as view the Community Art Project:
<https://bit.ly/MayEvent2020>



2021

In 2021, the National Federation of Families for Children's Mental Health selected “**Flip the Script on Mental Health**” as the theme to “change hearts, minds, and attitudes regarding mental health.”

Please join us virtually on Friday, May 8 from 3-4 pm and help us flip the switch on youth mental health!



NAMI SAN DIEGO'S CYF LIAISON
& THE COUNTY OF SAN DIEGO
PRESENT THE 7TH ANNUAL

YOUTH MENTAL HEALTH WELL-BEING VIRTUAL GATHERING



Thank you!

SEE YOU ON MAY 7!



FINEST CITY ENTERTAINMENT



NAMI SAN DIEGO'S CYF LIAISON
& THE COUNTY OF SAN DIEGO
PRESENT THE 7TH ANNUAL

YOUTH MENTAL HEALTH WELL-BEING VIRTUAL GATHERING



PLEASE SAVE THE DATE!
MAY 7, 2021 | 3:00 - 4:00 PM

For more information call/text 858-987-2980
or email CYFLiaison@namisd.org

NAMI SAN DIEGO ENLACE DE NIÑOS, JÓVENES Y
FAMILIAS Y CONDADO DE SAN DIEGO TRAE PARA
USTED LA CELEBRACION ANNUAL NÚMERO 7

DE SALUD MENTAL Y BIENESTAR DE LOS JÓVENES



**¡APARTE LA FECHA PARA ESTA
CELEBRACION VIRTUAL!**

El 7 de mayo del 2021 | 3: 0 0 - 4: 0 0 P M

Para más información contáctenos llamando/texto al
(858) 987-2980 o por correo electrónico CYFLiaison@namisd.org

Expectation is that all youth in services are administered a CANS

Why don't the numbers match?? (See rationale below)

2. OUTCOMES DATA: Attach copies of YTD CYF mHOMS CANS and PSC QSR Reports [4 Reports Required]

SELECT REPORTS PROVIDED		<input checked="" type="checkbox"/> CANS	<input checked="" type="checkbox"/> CANS-EC	<input checked="" type="checkbox"/> PSC Parent	<input checked="" type="checkbox"/> PSC Youth	Total
A	YTD Discharges - ADC Report					70
B	YTD Discharges - CYF mHOMS CANS-EC Report (Ages 0-5)					2
C	YTD Discharges - CYF mHOMS CANS Report (Ages 6-21)					71
D	YTD Discharges - CYF mHOMS PSC Report (Ages 3-18)					71
E	YTD Discharges - CYF mHOMS Youth PSC Report (Ages 11-18)					61

Provide explanation if there is a discrepancy between discharges reported in CCBH Report and CYF mHOMS QSR Reports (For example: medication only, out-of-age range, still completing CAMS/CFARS or other reason).

The rationale for the discrepancy between the ADC discharges (70) and the CANS discharges (73) in the example above is that the program closed three youth near the end of the month. One could deduct that those discharges were not captured on the Optum report due to the timing (and possibly the holidays?) The individualized data in CYF mHOMS can assist with identifying discrepancies:

Subunit	Age ^b	CCBH Intake Date	60+ Days	Discharge Date	Number of AN ^c	Life Funct (I/D) ^d	Progress ^e	Risk Bhv (I/D) ^d	Progress ^e	Bhv/Emot Needs (I/D) ^d	Progress ^e
		2/27/2020	Y	12/30/2020	5	(2/1)	Y	(0/0)	N/A	(3/0)	Y
		8/22/2019	Y	10/7/2020	7	(5/0)	Y	(0/0)	N/A	(2/0)	Y
		10/20/2020	N	12/6/2020	3	(1/)		(0/)		(2/)	
		5/12/2020	Y	8/19/2020	7	(3/3)	N	(1/0)	Y	(3/2)	Y
		6/17/2020	Y	10/29/2020	2	(1/1)	N	(0/0)	N/A	(1/1)	N
		12/18/2019	Y	7/16/2020	8	(3/2)	Y	(1/0)	Y	(4/1)	Y
		7/20/2020	Y	10/6/2020	5	(4/4)	N	(0/0)	N/A	(1/1)	N
		10/3/2019	Y	10/7/2020	1	(0/0)	N/A	(0/0)	N/A	(1/0)	Y
		9/30/2019	Y	7/20/2020	5	(2/0)	Y	(0/0)	N/A	(3/1)	Y
		8/6/2019	Y	10/5/2020	6	(4/0)	Y	(0/0)	N/A	(2/0)	Y
		9/10/2019	Y	10/7/2020	8	(4/0)	Y	(1/0)	Y	(3/0)	Y
		10/17/2019	Y	12/29/2020	0	(0/0)	N/A	(0/0)	N/A	(0/0)	N/A

Discharge dates identifies clients that closed at the end of quarter; likely not captured on ADC report

Why does the 'Y' not match total CANS discharge totals (73)?

Number	OUTCOME OBJECTIVES	YTD Results		
		%	X of Y	
		Green = Meets Expectation Red = Provide Mitigation Plan		
1	CANS Completion Rate			
a)	At Discharge, 95% of clients ages 6-21 whose episode lasted 60 days or longer have CANS data available for both initial and discharge assessments.	98%	65	66
b)	At Discharge, 95% of clients ages 0-5 whose episode lasted 60 days or longer have CANS-EC data available for both initial and discharge assessments.	100%	1	1
c)	Please provide explanation below if completion rate is below 95% :			

3	PSC Completion Rate (Parent and Youth)			
a)	At Discharge, 75% of clients ages 3-18 whose episode lasted 60 days or longer have Parent PSC data available for both Initial and Discharge assessments demonstrating completion rate.	53%	35	66
b)	At Discharge, 75% of clients ages 11-18 whose episode lasted 60 days or longer have Youth PSC data available for both Initial and Discharge assessments demonstrating completion rate.	49%	28	57
c)	Please provide explanation below if completion rate is below 75% :			

The main reason why CANS discharge numbers do not match the denominator for completion rate is linked to the qualifier of the episode lasting 60 days longer.

If completion rate 'Y' (19) has a qualifier of episode lasting 60 days, why is impairment objective 'Y' (15) with a qualifier of just initial assessment lower?

3	PSC Completion Rate (Parent and Youth)			
a)	At Discharge, 75% of clients ages 3-18 whose episode lasted 60 days or longer have Parent PSC data available for both Initial and Discharge assessments demonstrating completion rate.	42%	8	19
b)	At Discharge, 75% of clients ages 11-18 whose episode lasted 60 days or longer have Youth PSC data available for both Initial and Discharge assessments demonstrating completion rate.	71%	12	17
c)	Please provide explanation below if completion rate is below 75% :			

4	IMPAIRMENT REFLECTED AT INTAKE (Item 4 in the CYF mHOMS PSC report)			
a)	Number of discharged clients at or above the clinical cutoff score (indicating impairment at intake) on any of the three Parent PSC subscales or total scale score at initial assessment.	60%	9	15
b)	Number of discharged clients at or above the clinical cutoff score (indicating impairment at intake) on any of the three Youth PSC subscales or total scale score at initial assessment.	38%	6	16

Subunit	Age ^b	CCBH Intake Date	Initial PSC SCORE	CCBH Discharge Date	Discharge PSC SCORE ^c	Change Score ^d	Open 60 days +	Above CO at Initial ^e	Clinically Significant Improvement ^f
		8/15/2019		8/13/2020			Y		
		2/24/2020	11	9/30/2020	7	-4	Y	N	N
		10/23/2019		11/6/2020	15		Y		
		5/27/2020	40	12/9/2020	9	-31	Y	Y	Y
		3/9/2020		12/21/2020			Y		
		3/3/2020	53	12/9/2020	41	-12	Y	Y	Y
		12/5/2019	30	12/2/2020			Y	Y	
		12/2/2019	9	10/22/2020			Y	N	
		4/2/2020	3	11/16/2020	8	5	Y	N	N
		3/2/2020		11/2/2020			Y		

The missing intake data impacts the 'Y' - All clients were open for more than 60 days

Assessment Summary

Initial

Client ID: 123456789

Name: Quinn-OMalley, Eileen

DOB: 1/18/2012

Assignment Number: 1

CCBH Intake Date: 6/5/2020

CCBH Discharge Date:

Unit: 1234

Subunit: 1234

Assigned Clinician: Emily Trask

CANS Date 6/5/2020

Reason Not Completed Completed

Administered by Emily Trask

Strengths to leverage to achieve goals

Strengths (item rated '0' or '1')	- Family Strengths - Resiliency
--	------------------------------------

Core Modules

	High Need: Act Immediately and/or Intensively (item rated a '3')	Help is Needed: Address in Services (item rated a '2')
Child Behavioral/ Emotional Needs		- Depression - Anxiety - Adjustment to Trauma
Caregiver Resources and Needs		
Life Functioning		- Family Functioning - Living Situation - Sleep
Cultural Factors		
Risk Behaviors		

**# OF 'HIGH NEEDS'
ITEMS = 0**

**# OF 'HELP IS NEEDED'
ITEMS = 6**

Follow-up Assessment Modules

Trauma Module Clinician endorsed 'Yes'	- Neglect - Emotional Abuse - Witness to Family Violence - Disruptions in Caregiving/Attachment Losses
---	---

	High Need: Act Immediately and/or Intensively (item rated a '3')	Help is Needed: Address in Services (item rated a '2')
Sexual Abuse		
Traumatic Stress		- Emotional/Physical Dysregulation
Substance Use		
Sexuality		
Juvenile Justice		

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Parent PSC Respondent	Biological Parent	Respondent DOB	MAY 16
Parent PSC Date	6/5/2020	Reason Not Completed	Completed
Administered by	Emily Trask		
PSC for Ages 6 and up			
	Score	Missing*	Clinical Cutoff Score
Attention Problems Subscale (0-10)^a	3	0	Not At-Risk (Under 7)
Internalizing Problems Subscale(0-10)^b	5	0	At-Risk (5 or higher)
Externalizing Problems Subscale (0-14)^c	3	0	Not At-Risk (Under 7)
Total Scale Score (0-70)^d	18	0	Not Impaired (Under 28)
Youth PSC Date	6/5/2020	Reason Not Completed	Youth age (under 11 or over 18)
Administered by	Emily Trask		

- a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
- b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
- c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
- d. IMPAIRED
- PSC Parent - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.
 - PSC Youth - Children ages 11-18 with scores of 30 or higher usually have psychological impairment.

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CANS 6-12 Item Definitions

Strengths:

FAMILY STRENGTHS: Families who have strength in this area display qualities or behaviors that give hope to the family as a whole. This could include showing love and respect for one another. There is at least one member of the family who has a strong, loving relationship with the child and is able to provide support.

RESILIENCY (PERSISTENCE AND ADAPTABILITY): Children who have strength in this area are able to adapt to new situations, manage difficult challenges successfully, and identify as well as use their own strengths.

Child Behavioral/Emotional Needs:

DEPRESSION: Children who need support in this area may have a range of symptoms including looking sad or reporting that they feel sad, preferring to be alone more often, problems falling or staying asleep, trouble getting along with others, crying more than usual, having little interest in doing fun things that were previously enjoyable, being more irritable or cranky than they have been in the past, and/or having thoughts of wanting to disappear, hide, or die.

ANXIETY: Children who need support in this area may seem nervous and fidgety. Even with support and coaching, they may avoid doing things children usually enjoy because they are too scared. Young children may have an especially hard time being away from their caregivers and may cling and cry more intensely or for longer than expected when they are away from their caregivers.

ADJUSTMENT TO TRAUMA: Children who need support in this area a) have experienced a stressful event that was perceived as having the ability to cause harm and b) show signs of difficulty coping with feelings that are triggered by the memory of that event. Some of these signs include nightmares, excessive clinginess, fear of things/people that remind them of the traumatic event, increased jumpiness, changes in their eating/sleeping/toileting habits, irritability, aggression to self and others, and difficulty calming down.

Life Functioning:

FAMILY FUNCTIONING: Children who need support in this area may struggle in developing or keeping positive relationships with family members. It may also refer to struggles with relationships within the family. It may look like the child or family member is cautious or uncertain when engaging in play with one other, the child or family member may struggle saying good-bye, or the child or family member may be hesitant to comfort or be comforted by one other. Relationships may not appear close. The child may become easily angered or hit, kick or throw things at the caregiver. In some cases, the relationship puts the child at risk of being emotionally harmed, physically injured, or sexually abused.

LIVING SITUATION: Children who need support in this area have problems in their current living situation. They may have inappropriate behavior, difficulty interacting with their caregiver, or may be at-risk for removal due to their difficult behavior.

SLEEP: Children who need support in this area have trouble with sleep for their developmental age. Examples include trouble falling asleep, waking multiple times at night, wetting the bed frequently, sleep walking, talking in their sleep, and having frequent nightmares or night terrors.

Trauma Module:

NEGLECT: Physical neglect happens when a child is not given the food, clothing, shelter, or supervision they need to grow and be safe. Medical neglect happens when a child does not get the medical care they need. Educational neglect happens when caregivers do not enroll a child in school or make sure that the child attends school and receives an

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education.

EMOTIONAL ABUSE: Emotional abuse involves saying or doing things that harm a child such as making a child feel humiliated or shamed, insulting or calling a child names, telling a child they are no good, and yelling or bullying. It can also involve not showing a child love or not giving them physical contact.

WITNESS TO FAMILY VIOLENCE: This occurs when children are exposed to violence in their home or in their family. A child may see the violence, they may hear sounds when it is happening, or they may later see things that happened because of the violence (for example, seeing broken furniture).

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES: This occurs when a child has had one or more major changes with their caregivers such as being separated because of separation or divorce, death of a caregiver or because a caregiver is being deported or sent to prison. Caregivers could be parents, grandparents, brothers or sisters, or other family members who help look after the child.

Traumatic Stress Submodule:

EMOTIONAL AND/OR PHYSICAL DYSREGULATION: Children who need support in this area have difficulty controlling their emotional and physical reactions. Youth may have mood swings.

Utilizing CANS Strengths in Therapy

Why Focus on Strengths?

- Increase self-efficacy and instill hope
- Enhance motivation and engagement - makes treatment more fun for the youth *and* provider
- Function like an "immune system": a strong immune system helps protect clients from problems
- Help youth feel seen and they may be more open to making changes
- Serve as a role-model for parents to focus on their child's positive attributes
- Identification and development of strengths among youth who have experienced trauma can mitigate future risk-taking behaviors, mental health symptoms, and functional difficulties [2,3]

Strength-focused Assessment

- Sharing feedback on youth strengths can engage them from the outset of the process. For instance, identifying activities that youth like to do, and do well, and showing them how these ratings look both as scores and graphs can be "effective as an engagement strategy" [3].
- One study found that strength-based assessments did not enhance youth and family engagement if providers merely administered strength-based assessments, and did not integrate the results into treatment [1].

Strength-focused Objectives for the Client Plan

- Develop or enhance youth strengths by focusing on areas for future growth (CANS Strength items with a score of '2' or '3')
- Generalize or expand youth use of strengths (e.g., applying a strength at home to school)

Strength-oriented Intervention(s):

- Raise client awareness of strengths (CANS Strengths items with a score of '0' or '1')
- Balance discussion of strengths with problems during therapy
- Explore and reinforce current strengths
- Amplify strengths
- Teach clients new skills to build strengths
- Utilize client strengths to enhance their prosocial behavior (e.g., joining band)
- Use strengths as reinforcers when progress is made towards a goal (e.g., playing piano for the therapist)

Strength-oriented Outcomes: Increasing youth strengths while also addressing his or her behavioral/emotional needs leads to better functioning and better outcomes at the end of treatment, than just focusing on the youth's needs [4].

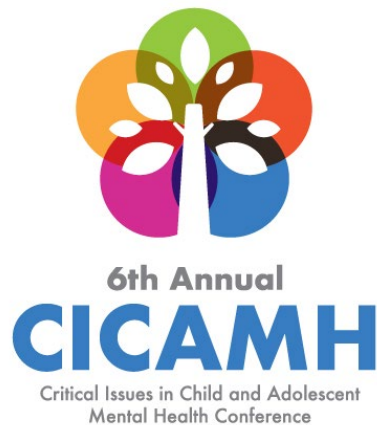
- Develop one strength (increase of a CANS Strength item to a rating of '0' or '1' at discharge). This represents a fully built strength, such as learning to play a musical instrument and joining band.
- Enhance one strength (For instance, a CANS Strength item moves from a '2' to a '1' at discharge). This represents a partially built strength, such as starting to take music lessons.
- Spend more time engaged in strengths at the end of treatment



Disclaimer: The county recognizes that documentation is based on the medical model of deficits, but our services are rooted in system of care principles, one of these is focusing on youth and family strengths.

References

1. Cox, K. F. (2006). Investigating the impact of strength-based assessment on youth with emotional or behavioural disorders. *Journal of Child and Family Studies*, 15, 287–301. <https://doi.org/10.1007/s10826-006-9021-5>.
2. Griffin, G., Martinovich, Z., Gawron, T., & Lyons, J. S. (2009). Strengths Moderate the Impact of Trauma on Risk Behaviors in Child Welfare. *Residential Treatment For Children & Youth*, 26(2), 105–118. <https://doi.org/10.1080/08865710902872994>.
3. Kisiel, C., Summersett-Ringgold, F., Weil, L. E. G., & McClelland, G. (2016). Understanding Strengths in Relation to Complex Trauma and Mental Health Symptoms within Child Welfare. *Journal of Child and Family Studies*, 26(2), 437–451. <https://doi.org/10.1007/s10826-016-0569-4>.
4. Praed Foundation. (2016). *Child and Adolescent Needs and Strengths [Standard CANS Comprehensive] – 2016 Reference Guide*. Chapin Hall at the University of Chicago.



Critical Issues in Child and Adolescent Mental Health Conference

March 19, 2021

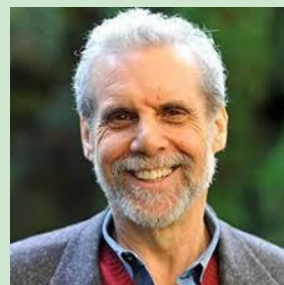
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An Internationally known science and psychology journalist, Daniel Goleman's Book entitled **Emotional Intelligence** was on The New York Times best seller for more than a year. The Harvard Business Review called his book "a revolutionary, paradigm-shattering idea". Goleman is a co-founder for Academic, Social, and Emotional Learning (www.casel.org), which originated at the Yale Child Studies Center and is now based at the University of Illinois in Chicago. CASEL's mission centers on bringing evidence-based programs in emotional literacy to schools worldwide



Keynotes:**Sleep in Children & Impact on health with the changed world of COVID-19****-David Gozal, M.D.**

Professor, Marie M. and Harry L. Smith Endowed Chair
Chairman, Department of Child Health and Pediatrician-in-Chief, University of Missouri
School of Medicine Women's and Children's Hospital

Seeing the Forest and the Trees – The Complexities of Diagnosing Autism in the Age of DSM-5**-Fred R Volkmar, M.D.,**

Irving B. Harris Professor, Child Study Center, Yale University School of Medicine

Mental Health Practice with Immigrant and Refugee Youth: A Socioecological Framework**-B. Heidi Ellis, Ph.D.**

Associate Professor of Psychology, Department of Psychiatry and Behavioral Science
Harvard University.

Empathy, Understanding, and Anti-Racism**-Jelani Memory**

Author and Entrepreneur

Immigration Issues: Impacts of Child and Family Separation in United States**-Shawn S Sidhu, M.D.**

Associate Physician in Psychiatry and Training Director, Child and Adolescent Psychiatry Training Program,
University of California at San Diego, CA

iGen & Covid**-Jean Twenge, Ph.D.**

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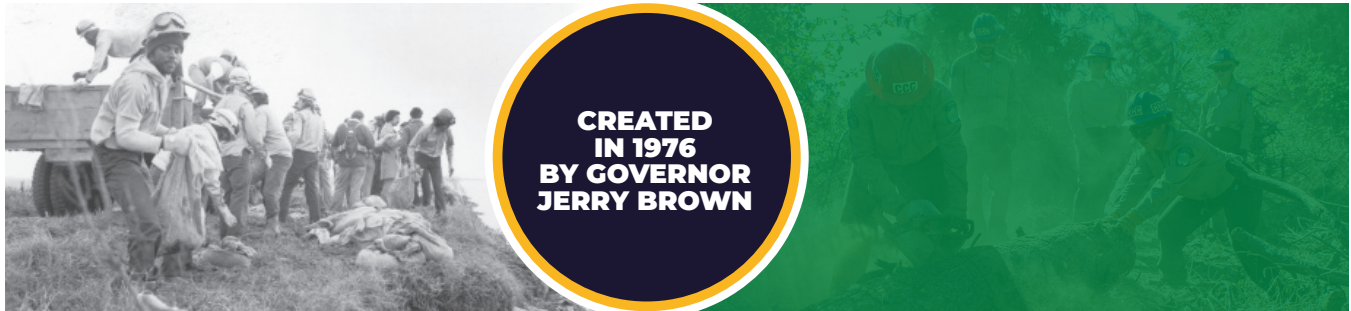
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CCC AT A GLANCE



ABOUT THE CCC

The California Conservation Corps (CCC) is the oldest and largest conservation corps in the nation. Created in 1976 by Governor Jerry Brown, it was soon made a permanent state department under the umbrella of the California Natural Resources Agency.

The CCC's mission is to protect and enhance California's natural resources and communities while empowering and developing young adults through hard work and education.

The work of the CCC falls primarily under three areas:

- Targeted Conservation Programs – from protecting California's environment to making public buildings more energy efficient, the programs include:
Backcountry Trails Program | Energy Corps | Foresty Health |
International Work Exchange Programs | Veterans Corps Fishery Program |
Watershed Stewards Program
- Emergency Response – legislatively mandated to respond to natural and man-made disasters, the CCC assists in a variety of emergencies:
earthquakes | fires | floods | hazardous materials/oil spills |
other emergency response
- Natural Resource Conservation Work – since its inception, the CCC has completed nearly 75 million hours of natural resource work throughout the state, including:
invasive species removal | public service conservation work | riparian and
watershed restoration | state responsibility area fire fuel reduction | statewide
trails program | tree mortality

THE CORPSMEMBERS

The CCC is dedicated to transforming the lives of California's young adults, ages 18 to 25, and military veterans through age 29, through hard work, education and training; enabling them to earn meaningful skills and hands-on experience for launching a career and becoming assets to our communities.

During their year of paid service to the State of California, Corpsmembers receive "basic" training called COMET (Corpsmember Orientation, Motivation Education and Training) which includes first aid, proper use of hand tools, water safety, roadside safety,

and emergency response training, as well as effective communication techniques, sexual harassment and violence prevention, life skills, team-building, educational assessments, and more.

Corpsmembers also benefit from the CCC's specialized training and certification programs ranging from firefighting techniques to chainsaw operation to food preparation to trail building.

Young men and women come from across California and represent the state's rich ethnic diversity. To date, more than 120,000 Corpsmembers have participated in the CCC, taking with them the skills, education and experience to become productive citizens of California.

THE WORK OF THE CCC

- Fire Response & Initial Camp Support – Initial attack and mop-up, base camp organization, sanitation and supply distribution
- Fire Prevention – brush removal, thinning, prescribed burns, fire line construction
- Emergency Response – hazardous materials/oil spills, weather disasters, earthquakes, snow removal, and more
- Public Service Conservation Work: landscaping public spaces/public works – park development, maintenance and restoration, including shade structure construction and ADA access to recreational facilities; median construction
- Trail Building & Maintenance – hiking, equestrian, interpretive, ADA access
- Energy Efficiency Surveys & Retrofitting – energy audits, light fixture replacement
- Forest & Timber Management – tree, brush and native vegetation planting, removal of non-native species, seed cone collection and propagation
- Tree Mortality/Tree Felling – removal of dead and dying trees, chipping and mulching
- Riparian Habitat Enhancement & Watershed Stewardship and Restoration

THE VALUE

The CCC provides exceptionally strong value to California's governmental agencies, public utilities, and non-profit organizations as well as counties and cities statewide by providing supervised, trained and equipped teams of Corpsmembers to work on a wide range of environmentally focused projects that might not otherwise be financially feasible.

Corpsmembers also volunteer a tremendous amount of time in their local communities. Volunteerism is part of our business model that encourages Corpsmembers to complete 48 hours of volunteer work to successfully finish their first year in the CCC.





CCC FACTS



THE CALIFORNIA CONSERVATION CORPS

- Established in 1976, by Governor Jerry Brown
- Became permanent state department in 1983 within the California Natural Resources Agency
- Oldest and largest conservation corps in the country

THE CORPSMEMBERS

- 120,000+ young men and women have participated in the CCC
- 3,000 join the Corps each year (approximately)
- 75% men, 25% women
- 1,529 Corpsmembers capacity
- 18 to 25 years old, and military veterans up to 29
- 9 months is average length of stay

THE WORK

- 76+ million hours of natural resource work throughout the state since 1976
- 250 local, state and federal agencies each year as project sponsors
- 900+ projects annually, generating more than \$45 million for the CCC
- \$134 million annual budget - 58% from general fund, 42% from project sponsors

Environmental/Conservation

- 4+ decades of energy conservation work
- 25+ million trees planted throughout the state
- 1.6 million hours of fish habitat improvement work
- 12,000+ square miles of backcountry trails built or maintained in California national parks and forests, with many more miles for trails in city, regional and state parks
- 11 million hours of work improving rural and urban parks and recreation areas
- Reduced fuel for fires on more than 4,100 acres and removed more than 61,000 dead or dying trees in 2019

Emergency Response

- 12+ million hours of service to date on nearly every major California natural disaster (floods, fires, earthquakes, snow removal, and more)
- 631,284 hours worked by Corpsmembers and staff at 170 fire incidents in California in 2019 alone
- More than 45 Corpsmembers worked 11,900+ hours responding to national emergencies, including recovery operations for Hurricane Michael in Florida and extreme flooding in Iowa in 2019

THE BENEFITS TO CORPSMEMBERS

- 3,000+ Corpsmembers worked to complete their high school diplomas in the last five years
- Corpsmembers learn interview skills, resume building, and how to apply to college programs, internships, and how to use scholarships
- \$8,000 available per year through AmeriCorps Segal Education Award and CCC Brad Duncan Scholarship upon completion of service
- Certification programs and specialized training, such as firefighting, food handling, tree felling, light retrofitting, among others
- Core curriculum educates Corpsmembers about critical thinking, personal presentation, financial literacy, and work readiness
- Specialized staff prepare Corpsmembers for life after the CCC, by connecting with them employers, educational opportunities, and a plan for the future

OUR LOCATIONS

4 Energy Centers

- Fresno
- Norwalk
- Sacramento
- Vista (North San Diego)

9 Residential Centers

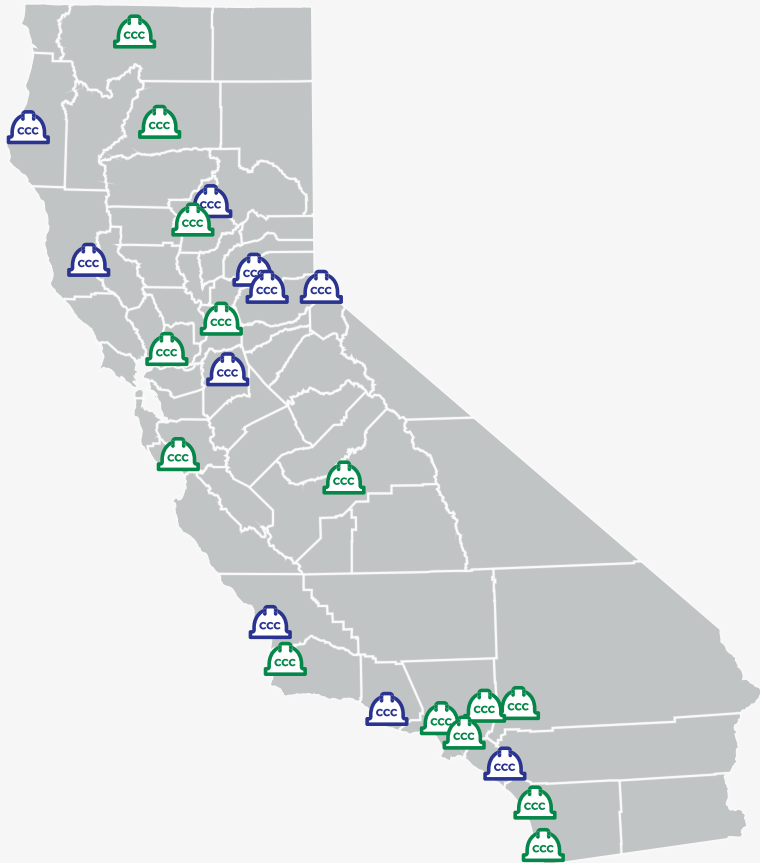
- Butte Fire Center
- Camarillo (Ventura County)
- Delta (Stockton)
- Fortuna (Humboldt County)
- Greenwood (El Dorado County)*
- Los Padres (San Luis Obispo)
- Los Piños (Lake Elsinore)
- Placer (Placer County)**
- Tahoe
- Ukiah

*Temporarily housing Placer Center Corpsmembers

**Under renovation, Corpsmembers moved to Greenwood Center

11 Non-residential Centers

- Chico
- Fresno
- Inland Empire (San Bernardino)
- Los Angeles
- Monterey Bay
- Pomona
- Redding – Shasta Cascade
- San Diego
- Santa Maria
- Solano (Fairfield)
- Yreka – Siskiyou





DIRECTOR'S BIO



Bruce Saito is leading the California Conservation Corps – the oldest and largest conservation corps in the nation – in its commitment to enhance the Corpsmember vocational experience and expand environmentally focused projects that make California an even better place to live.

Governor Jerry Brown appointed Bruce as CCC Director in September 2015 and Governor Gavin Newsom reappointed Bruce in February 2020. Bruce's career with the Corps goes back to 1977 during the CCC's earliest days. Bruce started as a supervisor/instructor at the Bret Harte Training Academy in Calaveras County, and over the next ten years, promoted his way up to director of the Los Angeles Urban Center and Conservationist Supervisor at the CCC Camarillo Center.

In 1986, Bruce helped establish the non-profit Los Angeles Conservation Corps (LACC). He later served as the LACC executive director – devoting 30 years to the program and growing it to be one of the country's largest local non-profit corps.

Bruce has also been active in the corps movement at the national level. He served as board president for the Corps Network, and in 2014, was honored with its Corps Legacy Achievement Award. In California, he served as president of the California Association of Local Conservation Corps that represents 14 certified local conservation corps programs.

Bruce grew up in Los Angeles, graduated from San Francisco State University, and resides in Long Beach, CA.





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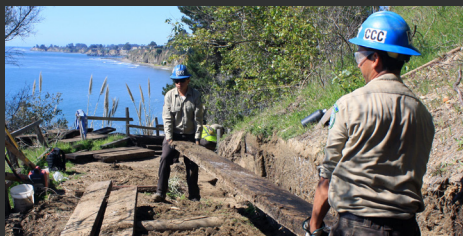
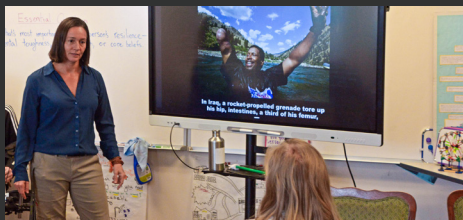
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MUST BE :

- 18 - 25 years old
- Willing and able to work outdoors
- Willing and able to respond to emergencies

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AULAS EN EL LUGAR



ÚNETE AL CCC

RECIBE UN PAGO MIENTRAS TE CAPACITAS Y TERMINA LA ESCUELA SECUNDARIA

DEBES TENER:

- 18 - 25 años
- Voluntad y capacidad para trabajar al aire libre
- Voluntad y capacidad para responder a situaciones de emergencia

GANA HASTA \$8,000 EN BECAS

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