

## PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

May 12, 2022 | Zoom | 9:30 a.m. – 11:30 p.m.

### Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
<b>1. Welcome</b> – Amanda Lance-Sexton	
<b>2. QM Updates (SOC)</b> (handout) – Danielle Rhinesmith, Jill Michalski <ul style="list-style-type: none"> <li>○ CalAIM <ul style="list-style-type: none"> <li>▪ DHCS Info Notice 22-026 Peer Support Services <a href="#">Behavioral Health Information Notice No: 22-026</a></li> <li>▪ CalAIM webinars and peer certification process - scholarship available <a href="https://www.calmhsa.org/transformation-webinars/">https://www.calmhsa.org/transformation-webinars/</a></li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Service Codes still being developed, roll out July 1</li> <li>○ March UTTM details the process for Certification or Legacy of Staff</li> <li>○ CalMHSA will be point of contact for Certification and on-going trainings of staff</li> <li>○ More to come on dates of trainings</li> <li>○ CalMHSA is finalizing their Documentation Guides – will publish as soon as DHCS approves, they have been submitted and should be approved for release in coming weeks; will be specific manuals for MH, SUD and clinical roles.</li> <li>○ LMS Webinars/CalAIM Courses Documentation will be available on CalMHSA website – these will be available for our SOC PM’s and providers, etc <ul style="list-style-type: none"> <li>• Register and automatically enrolled in all courses</li> <li>• Able to assign staff to pull reports to show who has completed trainings</li> <li>• Webinars: overview, standardized assessment, diagnosis/problem list</li> </ul> </li> </ul> <p>Key points to highlight when talking to staff:</p> <ul style="list-style-type: none"> <li>• Less time spent on documentation</li> <li>• More time to focus on direct service/client care</li> <li>• Fewer audit recoupments/disallowances</li> <li>• Reduced anxiety/stress</li> <li>• More focused/streamlined documentation</li> <li>• Increased alignment across counties</li> </ul> <p>QM is putting together a PowerPoint to share at QIP which will go over updates and information from our CalMHSA meetings/webinars</p>

<b>3. Pathways to Well-Being (PWB)/Continuum of Care Reform (CCR) (MH)</b> – Cynthia Roman <ul style="list-style-type: none"> <li>○ PWB documentation under review with CalAIM updates</li> </ul>	BHS is reviewing documentation for CalAIM updates, the Pathways team along with QM are reviewing Pathways to Well-Being documentation for any areas that can be reduced or streamlined, we will be seeking provider feedback on if they are beneficial.
<b>4. Accessible Depression and Anxiety Peripartum Treatment (ADAPT) (MH)</b> (handout) – Angela Rowe, Stacey Ann and, Vista Hill Foundation, Inc.	The goal of ADAPT is to increase access to treatment and decrease mental health challenges before and after pregnancy. Services include Individual and/or Family Therapy, Rehabilitation skill-building meetings, Skill Building Group, Case Management and Coordinated Care.
<b>5. La Maestra Youth Opioid Response (YOR) program (SUD)</b> (handout) – Megan Dunn, La Maestra Community Health Centers	Serving youth ages 12-24 with Substance Use Disorders. <ul style="list-style-type: none"> <li>○ The Wellness Clinic is a low level of care outpatient program that provides education, support and confidential treatment for teens/young adults struggling with current or past substance use and mental health issues.</li> <li>○ The Wellness Clinic offers individual psychotherapy, counseling, case management to secure necessary social supports in the community, group therapy, medication management, and Virtual Reality sessions to demonstrate the importance on mindfulness and emotional regulation.</li> </ul>
<b>6. Tools for Schools (SOC)</b> – Deirdre Kleske, Public Health Services <ul style="list-style-type: none"> <li>○ <a href="https://livewellsd.org">Tools for Schools Resources (livewellsd.org)</a></li> </ul>	Website includes searchable resource database for school partners needing an easier way to find free or low cost resources that are the most helpful in meeting immediate needs and to guide long-term planning.
<b>7. Pediatric Symptom Checklist Thresholds (MH)</b> (handout) - Emily Trask, CASRC, Eileen Quinn-O'Malley	<p>New Clinical Thresholds for existing PSC outcomes (reliable and clinically significant change) that will be reported on QSRs beginning July 1, 2022.</p> <p>Program managers should consistently review the QSR objectives data at a program and individual level with clinicians. The data can inform the program and clinicians if progress is being made during treatment and if interventions should be adjusted.</p>
<b>8. Lodge of La Mesa (SOC)</b> - Mark Bartlett, Urban Street Angels, Inc.	Services to end youth homelessness by providing supportive housing and employment opportunities to cultivate personal responsibility. Partnering with San Diego Youth Services and Homestart
<b>9. Annual CCISC Report (SOC)</b> (handout) - Shannon Jackson	Reviewed completion of FY21-22 report.

<b>10. Announcements (SOC)</b> <ul style="list-style-type: none"> <li>○ DCR grades and attendance outcomes (handout) – Wendy Maramba</li> <li>○ Harm Reduction Training Reminder (handout)</li> <li>○ BHS Fiscal Year End 2021-2022 Instructions (handout)</li> <li>○ Program Manager meeting schedule FY22-23 (handout)</li> <li>○ Holiday Schedule update (handout)</li> <li>○ CYFSOC Conference, May 26, 2022  <a href="#">Peers in Children, Youth and Families Services Conference</a></li> <li>○ 2022 Directing Change Award of Excellence for Mental Health Advocacy (handout)</li> </ul>	
<b>11. STRTP Breakout Session</b>	
<b>Next Meeting:</b> July 14, 2022   9:30 a.m. – 11:30 a.m.	

# ADAPT

*Accessible Depression and  
Anxiety Peripartum  
Treatment Program  
Vista Hill*



UC San Diego





# *What is ADAPT?*

- ❑ *Accessible*
- ❑ *Depression*
- ❑ *Anxiety*
- ❑ *Peripartum*
- ❑ *Treatment*



## *Addressing The Need*

- ❑ Failure to screen peripartum mental health symptoms has long-term consequences
- ❑ Maternal depression is the most common complication of childbearing
- ❑ **Gap** in care/screening of partners
- ❑ Perinatal mood and anxiety disorders **disproportionately affect underserved communities**. This may be attributed to increased **risk factors**, **barriers to accessing** treatment, and **inadequate social support**.





# Goal



- ❑ The ADAPT program was developed in response to concerns about the high prevalence of **unmet needs** for perinatal anxiety and depression among the woman served by the MCH and NFP Programs and the desire to **prevent negative consequences**.
- ❑ The goal of ADAPT is to **increase access** to treatment and **decrease mental health challenges** before and after pregnancy.



# *What do we do?*

Vista Hill's ADAPT Program provides in home, community, and virtual mental health services for pregnant and postpartum women and their families.

Services Include:

Individual and/or Family Therapy

Rehabilitation skill-building meetings with a Peer Support Partner with lived experience navigating services or recovering from their own mental health challenges

Skill Building Group

Case Management

Coordinated Care



# *Innovations (INN)*

Innovation programs are designed to:

- ❑ Develop and implement promising and proven practices
- ❑ Increase access to mental healthcare
- ❑ Novel, creative and/or ingenious mental health approaches
- ❑ Learning is focus
- ❑ Unserved and underserved individuals

- ❑ A unique element of the ADAPT program is the participation with the Innovations (INN) team in collaboration with UCSD.



# Who We Are

## Clinicians:

- ▣ Clinical staff who are licensed or licensed eligible provide evidenced based therapy services utilizing modalities including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, Eye Movement Desensitization Reprocessing, and Interpersonal Therapy.

## ▣ Peer Support Partners:

- ▣ Peer Support Partners are able to sit alongside clients in such a supportive and unique way to highlight and offer hopefulness through their shared and/or similar experiences. Peer Partners offer skill building education and case management based on the unique needs of each client.



# ADAPT

## Levels of Service

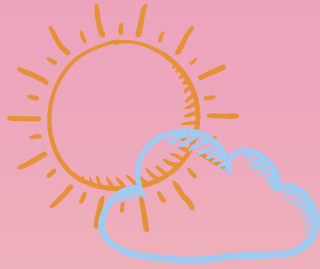
### Level One

- ❑ Eligibility for Level 1 requires that participants meet criteria for specialty mental health **diagnostic criteria**, evidenced in **significant functional impairments**, including but not limited to clinically significant depression and/or anxiety.
- ❑ Level 1 services include both therapy and Peer Support services.

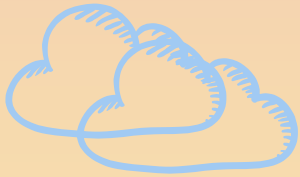
### Level Two

- ❑ Eligibility for Level 2 requires that participants demonstrate being **at risk** of perinatal mood and anxiety based on assessment of biological, psychological, and social factors, but do not meet full scope of diagnostic criteria. These participants demonstrate some impairment in functioning.
- ❑ Level 2 services include Peer Support services to increase linkage to existing community resources and supports through case management and skill building education with a Peer Support Partner.





# Program Eligibility



Potential clients are pregnant or postpartum and/or a family member of someone pregnant or postpartum.



Potential clients may have experienced a recent pregnancy loss and/or a family member.

Potential clients meet criteria for perinatal mood and anxiety and/or are at risk of a perinatal mood and anxiety disorder.

Potential clients are underinsured, have Medi-Cal, and/or are eligible for Medi-Cal.



Potential clients must reside in San Diego County.

Potential clients are not currently enrolled with another mental health provider.



# How to Refer:

Complete an ADAPT referral form

Required Items have an asterisk\*

Referral can be sent via secure server,  
encrypted to [adaptreferrals@vistahill.org](mailto:adaptreferrals@vistahill.org).

If programs do not have secure capabilities  
please reach out to Program Manager  
regarding setting up an accessible referral  
pathway at [sbaldwin@vistahill.org](mailto:sbaldwin@vistahill.org).



# Contact Information



*ADAPT Headquarters:*  
*(619) 333-4250*

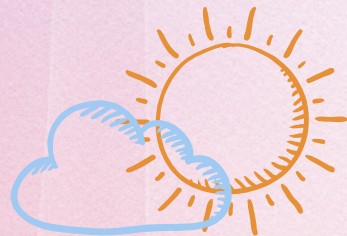
*Program Manager:*  
*Sarah Baldwin*  
*[sbaldwin@vistahill.org](mailto:sbaldwin@vistahill.org)*  
*619-909-9169*



“

*You are not alone  
You are not at fault  
With help, you will  
be well”*

*~ Postpartum Support International (PSI)*



# Thank You!







# Referral Form- ADAPT

## For PHN Referrals:

Referral Date: \_\_\_\_\_

Referral Source: Region \_\_\_\_\_

MCH

NFP

SIDS

Name of Nurse: \_\_\_\_\_

## For Hospital and Other Referrals:

Referral Source: \_\_\_\_\_

Hospital Birthing Center Other

Name of Referring Individual: \_\_\_\_\_

MCH/NFP Referral Status:

Pending

Referral not expected at this time

Complete

## Client Information (\*Fields marked with an asterisk are required)

\*Client Name: \_\_\_\_\_ \*Address: \_\_\_\_\_

\*Insurance: \_\_\_\_\_ \*DOB: \_\_\_\_\_ \*Phone Number: \_\_\_\_\_

\*Medi-Cal Number: \_\_\_\_\_ \*Social Security number: \_\_\_\_\_

What is the best way to contact client? \_\_\_\_\_ Who lives in residence? \_\_\_\_\_

**Child information:** \*Expected due date: \_\_\_\_\_ \*Date of Birth: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Other Agencies/Organizations Involved: \_\_\_\_\_

## Clinical Information

Is the person interested in mental health services? Yes No Current Safety Plan: Yes No Date: \_\_\_\_\_

Substance Use: Yes No Substances used: \_\_\_\_\_ Date of Last use: \_\_\_\_\_

Medical Problems (including mental health): \_\_\_\_\_

Medications (currently taking and meds prescribed but not taking): \_\_\_\_\_

Presenting Peripartum Symptoms or Concerns (Including, but not limited to, pregnancy status, date of onset of symptoms, barriers, challenges, past/current mental/physical health diagnosis, any medication prescribed, safety concerns, any other relevant information)

PHQ- 9 score: \_\_\_\_\_ Date Administered: \_\_\_\_\_ Other Assessments conducted? \_\_\_\_\_

Signature of Referring Individual: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please submit referrals to [adaptreferrals@vistahill.org](mailto:adaptreferrals@vistahill.org) via secure email

**ADAPT USE:** Family Number: \_\_\_\_\_ Participant Number: \_\_\_\_\_

ACE Score : \_\_\_\_\_ Date of administration: \_\_\_\_\_

Client Enrolled Yes No Date: \_\_\_\_\_ If no, why not? \_\_\_\_\_

Level of care recommended? Level 1 Level 2

Level of care assigned? Level 1 Level 2 Therapist/Peer Partner Assigned: \_\_\_\_\_



Stronger Families...Brighter Futures

SINCE 1957

## Information Sheet

### What is ADAPT?

Vista Hill's ADAPT Program provides in home/virtual mental health services for pregnant and postpartum women and their families who are referred by their Nurse Family Partnership or Maternal Child Health Nurse or other referral partner. The goal of ADAPT is to increase access to treatment and decrease mental health challenges before and after pregnancy. Services are provided for up to 6 months to individuals who are eligible. Due to COVID19, current services are offered in person outside, or via Telehealth, an electronic platform which includes video based sessions, to support safety and wellbeing.

### What services are provided?

Services might include some or all of the below, depending on your wants and needs:

- Individual and/or Family Therapy with a licensed or licensed eligible Therapist
- A skill building group with other participants with focus on skills related to parenting, coping skills, and other relevant topics
- Skill-building meetings with a Peer Partner who is an individual with personal experience navigating services or recovering from their own mental health challenges
- Case Management services which will assist you with linking to other services or resources you may need or be interested in

### Am I eligible for ADAPT services?

Eligibility criteria include:

- You are pregnant or postpartum and/or a family member of someone pregnant or post-partum.
- You are currently experiencing depression or sadness and/or worry and related challenges.
- You are underinsured, have Medi-Cal, and/or are eligible for Medi-Cal.
- You reside in San Diego County.

Additional Needs:

- Do you have the ability to meet in a private space weekly and/or biweekly for services?
- Do you have access to technology including internet and a device with video capabilities? If not, are you willing to collaborate on a plan for safe in person services depending on your needs?

### How do I get enrolled and what to expect?

- Ask your service provider to submit a referral to ADAPT!
- An ADAPT staff, the Intake Coordinator, will call you to introduce the program and to ask you some more questions about your experience and needs. Together you will determine if ADAPT is the right fit!
- Following this screening with this Coordinator you will be contacted by an ADAPT staff to schedule an assessment and to create a care plan to meet your needs.
- If determined that ADAPT is not the right fit, the Intake Coordinator will provide you and your Public Health Nurse or provider with other resources and referrals to best support your needs.

**Funded by the County of San Diego**

Vista Hill ADAPT Program

*To enhance and improve the quality of life for families and individuals of all ages, by providing an array of mental/behavioral health, education*



# La Maestra Community Health Centers Youth Opioid Response (YOR) Program

*Presented by:  
Megan Dunn, MA  
Youth Program Manager*



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# Agenda

- La Maestra Introduction
- Opioid Epidemic
- Youth Opioid Response overview
- Youth Staff and Program Goals
- Referrals



# La Maestra Community Health Centers

- Nonprofit, 501(c)(3) and Federally Qualified Health Center
- Serves low-income, uninsured, and underinsured populations.
- 5 primary care clinics, mobile medical and dental unit, 3 school-based health centers, and dental suites.
- Primary care, specialty care, and social services
- La Maestra Circle of Care™



# What is an Opioid?

The group of drugs called ***opioids*** includes:

Heroin

Morphine

Codeine

Oxycodone

Other prescription pain killers such as Vicodin or Percocet

Fentanyl (synthetic)

Carfentanyl (synthetic)

*(Not benzodiazepines)*

*\*source: A New PATH*

<https://www.sandiegoopioidproject.org/index.html>

# What is a Stimulant?

The group of drugs called ***stimulants*** includes:

**Cocaine**, an illegal drug made from the coca plant that's often snorted or smoked.

**Methamphetamine**, an illegal and particularly potent amphetamine drug.

**Prescription stimulants** such as Adderall, Dexadrine, Ritalin and Concerta, which are used to treat Attention Deficit Hyperactivity Disorder.

**MDMA**, commonly known as ecstasy or Molly, which has stimulant and hallucinogenic properties.

Sources:

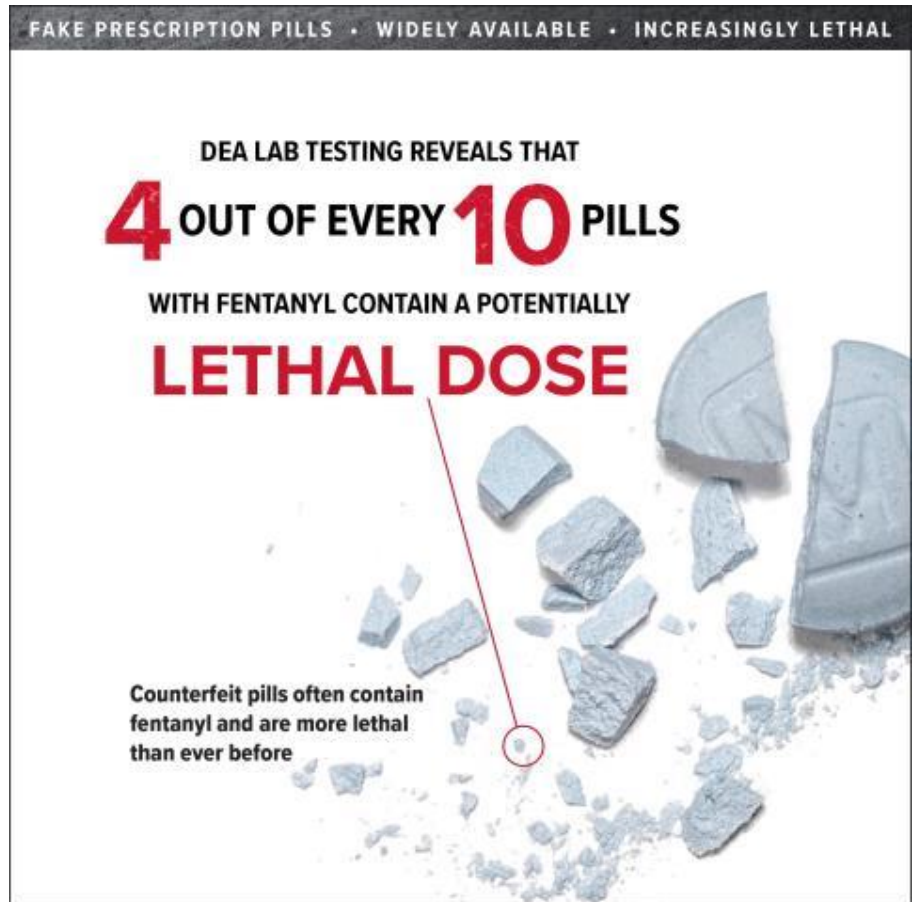
<https://skylab.cdph.ca.gov/ODdash/>

San Diego County Meth Strike Task Force: <https://www.no2meth.org/>

# Pills and Powders

- Counterfeit pills are easy to purchase, widely available, often contain Fentanyl or methamphetamine, and can be deadly.
- Fake prescription pills are easily accessible and often sold on social media and e-commerce platforms, making them available to anyone with a smartphone, including minors.
- Many counterfeit pills are made to look like prescription opioids such as oxycodone (Oxycontin<sup>®</sup>, Percocet<sup>®</sup>), hydrocodone (Vicodin<sup>®</sup>), and alprazolam (Xanax<sup>®</sup>); or stimulants like amphetamines (Adderall<sup>®</sup>).

Source: [www.dea.gov/onepill](http://www.dea.gov/onepill)





# San Diego County Opioid Epidemic

- 152 FENTANYL RELATED DEATHS IN SAN DIEGO COUNTY IN 2019
- 457 OPIOID DEATHS IN 2020
- ON TRACK FOR OVER 700 BY END OF 2021 PER SAN DIEGO COUNTY DISTRICT ATTORNEY AT DA CARE CENTER'S DAY OF ACTION AGAINST FENTANYL
- 722 METH RELATED DEATHS IN SD COUNTY IN 2020
- 92% INCREASE IN METH RELATED DEATHS FROM 2016-2020
- DRUG RELATED DEATHS HAVE GROWN BY 13% IN THE US SINCE COVID19 SHUT DOWNS
- OPIOID PRESCRIPTIONS IN CALIFORNIA IN 2020: 14,867,426

SOURCE:

[HTTPS://WWW.SANDIEGORXABUSETASKFORCE.ORG/RESOURCES-FOR-TEENS](https://www.sandiegorexabusetaaskforce.org/resources-for-teens)



# Signs of a potential overdose

REALLY HIGH	OVERDOSE
Muscles become relaxed	Deep snoring or gurgling (death rattle)
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Pale, clammy skin
Nodding	<b>Heavy</b> nod
Responsive to stimulation like yelling, sternum rub.	Not responsive to stimulation
	Slow heart beat/pulse



Source: GAO adaptation of U.S. Drug Enforcement Administration information. | GAO-21-499

# Teen and TAY Services

- Substance Use Disorders (SUDs) services for teens and transitional age youth (TAY)
- The YOR project expands SUDs services for the youth between the ages of 12 to 24. Including Medication Assisted Treatment (MAT) if deemed medically appropriate by the WSS provider to ages 16+.
- The Wellness Clinic is a low level of care outpatient program that provides education, support and confidential treatment for teens/young adults struggling with current or past substance use and mental health issues.
- The Wellness Clinic offers individual psychotherapy, counseling, case management to secure necessary social supports in the community, group therapy, medication management, and Virtual Reality sessions to demonstrate the importance on mindfulness and emotional regulation.

# Youth and YOR staff

- Youth Program Manager, Megan Dunn
- Youth Case Manager, Diana Vanessa Ramirez
- Social Media Specialist
- Mindfulness-Based Stress Reduction Instructor
- Youth Substance Use Counselor
- Peer Support Specialist
- Youth Psychiatrist
- Wellness Clinic's multidisciplinary outpatient team





# Youth Opioid Response Program Overview

- Only grantee in San Diego County
- One of only 4 public health center grantees in CA
- 12-24 years old teen and TAY
- OUD or StUD Diagnosis (opioid or stimulant drug of choice)
- County wide, telehealth available
- Youth Advisory Group
- Evidence Based Contingency Management
- Virtual Reality modality as treatment tool
- Mindfulness Based Stress Reduction
- WELL App texting to reach youth
- Harm reduction: Narcan distribution and Fentanyl testing strips and brief training to all referrals



# Addressing Challenges

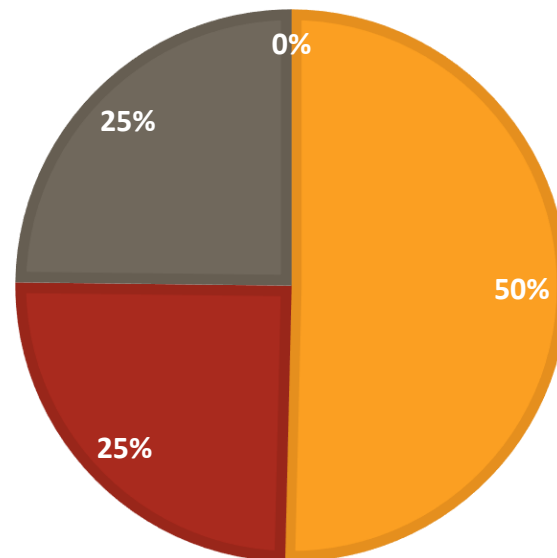
- Outreach!
- Retention!
- Stigma amongst family and peers
- Education about the dangers of opioids and Fentanyl
- Parental consents
- Insurance

# La Maestra YOR Demographics as of 2-28-21

- 90% are male patients, 10% female
- All over 18, under 25 years old
- Some partner program referrals, re-entry populations
- Some ER, Rady's, internal primary care

## RACE/ETHNICITY

■ Hispanic/Latino ■ Black ■ Caucasian ■ Asian





# Principles of Youth SUDs/YOR

- Respecting individuals uniqueness and distinct needs
- Encourage continual growth, wellness, and positive activities
- Encourage motivation in spite of an individuals setbacks
- Follow each teen's developmental stage
- Responsive and respectful to the health beliefs, practices, and cultural and linguistic needs of diverse individuals.
- Foster hope
- Team work



# Goals

- Wellness Clinic goals are to identify, prevent, educate and utilize evidence-based interventions to help teens overcome obstacles and succeed as they transition into adulthood
- Continue to offer a safe, positive and judgmental free environment
- Build strong relationships between the staff and the patient
- Increase housing options to support recovery
- Identify barriers to employment, education and life goals
- Personalize treatment or recovery plan

# Referrals



Anonymous Youth Line: 619-510-4644

Main Line: 619-285-7097

Other non-emergency questions contact:

Program Manager, Megan Dunn

619-285-7097 ext. 3848

[mdunn@lamaestra.org](mailto:mdunn@lamaestra.org)



- As always, La Maestra's YOR patients will continue to have access to all *La Maestra Circle of Care™* services.





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# WELLNESS CLINIC

## *for Youth*

**Have you been feeling unheard, sad, lost, stressed, misunderstood or emotionally confused? As a result, have you started using opioids, unauthorized prescription pain medications or stimulants or other drugs to try to help?**

La Maestra's outpatient program is judgment free. We provide personalized and compassionate approaches to help you succeed. Our goal is to reduce overdose-related deaths and improve the health and well-being of youth and young adults, ages 12 to 24 throughout San Diego County.



### AFFORDABLE SERVICES AVAILABLE:

- Drug Education & Confidential Treatment
- Medication Assisted Treatment (MAT)
- Co-occurring Disorder Treatment
- Virtual Reality Sessions
- Mindfulness Interventions
- Individual Counseling
- Peer Support Services
- Individual & Group Therapy
- Recovery & After Care Services
- Advocacy & Resources
- Referrals to other La Maestra services

**This service is supported by a federal grant under the State Opioid Response program, with funding provided by the California Department of Health Care Services.**

**Call to make an appointment TODAY!:**  
**(619) 510-4644**



*According to DHCS, approximately 10.3 million people aged 12 or older have misused opioids in the past year. In response to the opioid epidemic, the La Maestra team is dedicated to increasing awareness and providing drug education to help you learn about the risks and affects to your brain and body.*

The brain, like other organs in the body, has specific functions like being awake, sleeping, moving, concentrating, thinking, and feeling. These functions can overwork or underperform when drugs enter the brain. This negatively affects your health and other parts of your life and makes it harder for you to reach your goals. Drug use can lead to addiction, a chronic brain disease.

### **What are opioids?**

Opioids are pain relievers that include prescription medications as well as illegal drugs like heroin.



### **What are stimulants?**

Stimulants are a group of drugs that result in increased activity in the body that include prescription medications as well as illegal drugs like cocaine and methamphetamine.

#### **Common Names for Opioids**

- |                |               |
|----------------|---------------|
| • Purple Drink | • OXY         |
| • Lean         | • Vike        |
| • M            | • Loads       |
| • Monkey       | • White Stuff |
| • O.C.         | • School Boy  |
| • Percs        | • Sizzurp     |

#### **Common Names for Stimulants**

- |                  |                 |
|------------------|-----------------|
| • Speed          | • Smarties      |
| • Uppers         | • Blue Pill     |
| • Black Beauties | • Study Buddies |
| • Vitamin R      | • R-Ball        |
| • Wake-Ups       | • Bennies       |
| • Red Pep        | • Red Dexies    |

***If you or someone you know is misusing opioids or stimulants, we can help!***



La Maestra Community Health Centers  
Comprehensive Community Behavioral Health  
& **Wellness Clinic**  
(Located in City Heights)  
Phone: (619) 510-4644



[www.lamaestra.org](http://www.lamaestra.org) • [@LaMaestraCHC](https://www.instagram.com/LaMaestraCHC)





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# CLINICA DE BIENESTAR

*para Jóvenes*

**¿Te has sentido triste, perdido, estresado, incomprendido, emocionalmente confundido o que no te prestan atención? Como resultado, ¿has comenzado a usar opioides, analgésicos recetados no autorizados o estimulantes u otras drogas para tratar que tu ayuden?**

El programa ambulatorio de La Maestra es libre de prejuicios. Brindamos enfoques personalizados y compasivo para ayudarte a tener éxito. Nuestro objetivo es reducir las muertes relacionadas con sobredosis y mejorar la salud y el bienestar de los jóvenes y adultos jóvenes de 12 a 24 años de edad en todo el condado de San Diego.



## SERVICIOS DISPONIBLES Y ASEQUIBLES:

- Educación sobre Drogas y Trato Confidencial
- Tratamiento Asistido por Medicamentos (MAT)
- Tratamiento para Trastorno Concurrente
- Sesiones de Realidad Virtual
- Intervenciones Conscientes
- Consejería Individual
- Servicios de Apoyo entre Parejas
- Terapia Individual y de grupo
- Servicios de Recuperación y cuidado Posterior
- Asistencia y el compartir Recursos
- Referencias a otros Servicios de La Maestra

**Este servicio cuenta con el apoyo de una subvención federal del Programa Respuesta a los Opioides, del Estado de California, con fondos proporcionados por el Departamento de Servicios de Atención Médica de California.**

**¡Llame para hacer una cita HOY!**

**(619) 510-4644**





**Según el DHCS, aproximadamente 10.3 millones de personas de 12 años o mas ha abusado de los opioides en el último año. En respuesta a la epidemia de opioides, el equipo de La Maestra se dedica a aumentar el conocimiento y brindar educación sobre las drogas para ayudarte a conocer los riesgos y efectos que causan en tu cerebro y en tu cuerpo.**

El cerebro, como otros órganos del cuerpo, tiene funciones específicas como mantenerte despierto, dormir, moverte, concentrarte, pensar y sentir. Cuando las drogas ingresan al cerebro, estas funciones pueden funcionar en exceso o tener un rendimiento deficiente. Esto afecta negativamente tu salud y otras facetas de tu vida haciendo que sea más difícil para ti alcanzar tus metas. El consumo de drogas puede provocar una adicción y una enfermedad crónica del cerebro.

### **¿Qué son los opioides?**

Los opioides son analgésicos que incluyen medicamentos recetados y drogas ilegales, como la heroína.



### **¿Qué son los estimulantes?**

Los estimulantes son un grupo de drogas que aumentan la actividad en el cuerpo que incluyen medicamentos recetados y drogas ilegales como la cocaína y la metanfetamina.

#### **Nombres comunes de los opioides**

- |                |               |
|----------------|---------------|
| • Purple Drink | • OXY         |
| • Lean         | • Vike        |
| • M            | • Loads       |
| • Monkey       | • White Stuff |
| • O.C.         | • School Boy  |
| • Percs        | • Sizzurp     |

#### **Nombres comunes de estimulantes**

- |                  |                 |
|------------------|-----------------|
| • Speed          | • Smarties      |
| • Uppers         | • Blue Pill     |
| • Black Beauties | • Study Buddies |
| • Vitamin R      | • R-Ball        |
| • Wake-Ups       | • Bennies       |
| • Red Pep        | • Red Dexies    |

**Si tu o alguien que conoces esta abusando de opioides o estimulantes, ¡podemos ayudarte!**



La Maestra Community Health Centers  
Clínica Comunitaria de Salud y Bienestar  
(Ubicado en City Heights)  
Teléfono: (619) 510- 4644



[www.lamaestra.org](http://www.lamaestra.org) • @LaMaestraCHC





**LA MAESTRA**  
**COMMUNITY HEALTH CENTERS**  
City Heights • El Cajon • National City • Lemon Grove

# WELLNESS CLINIC

## for Youth

هل كنت تشعر بأنك غير مسموع ، أو حزين ، أو تائه ، أو متوتر ، أو يساء فهمه ، أو مرتبك عاطفياً؟ نتيجة لذلك ، هل بدأت في استخدام المواد الأفيونية غير المصرح بها الأدوية الموصوفة للألم أو المنبهات أو الأدوية الأخرى لمحاولة المساعدة؟

مستوصف لا مايسترا لا يقدم مقاربات شخصية ورحيمة لمساعدتك على النجاح. هدفنا هو تقليل الوفيات المرتبطة بالجرعة الزائدة وتحسين صحة ورفاهية الشباب الذين تتراوح أعمارهم بين 12 و 24 عامًا في جميع أنحاء مقاطعة سان دييغو.



التثقيف بشأن المخدرات  
والعلاج بكل سرية

- العلاج بمساعدة الأدوية (MAT)
- علاج الاضطرابات المصاحبة
- جلسات الواقع الافتراضي
- تركيز كامل للذهن
- التدخلات
- الإرشاد الفردي - خدمات دعم الأقران - العلاج الفردي والجماعي
- التعافي والرعاية اللاحقة
- خدمات المناصرة والموارد
- الإحالات إلى جهات أخرى
- خدمات لا مايسترا

يتم دعم هذه الخدمة بمنحة اتحادية في إطار برنامج الاستجابة الأفيونية بالولاية، بتمويل مقدم من وزارة خدمات الرعاية الصحية في كاليفورنيا.

اتصل لتحديد موعد اليوم! (619) 510-4644



ما يقرب من 10.3 مليون شخص تتراوح أعمارهم بين 12 عاماً أو أكثر، DHCS، وفقاً لـ

أساءت استخدام المواد الأفيونية في العام الماضي. استجابة لوباء المواد الأفيونية، يكرس فريق لا مايسترا جهوداً لزيادة الوعي وتوفير التثقيف بشأن المخدرات

لمساعدتك في التعرف على المخاطر والتأثيرات على عقلك وجسمك.

الدماغ، مثل الأعضاء الأخرى في الجسم، له وظائف محددة مثل الاستيقاظ والنوم والتحرك والتركيز والتفكير والشعور. يمكن لهذه الوظائف أن تتهدد أو تنقص الأداء عندما تدخل الأدوية إلى الدماغ. يؤثر هذا سلباً على صحتك وأجزاء أخرى من حياتك ويجعل من الصعب عليك الوصول إلى أهدافك. يمكن أن يؤدي تعاطي المخدرات إلى الإدمان، وهو مرض مزمن في الدماغ

ما هي المواد الأفيونية؟

المواد الأفيونية هي مسكنات للألم تشمل الأدوية الموصوفة وكذلك الأدوية غير المشروعة مثل الهيروين.



ما هي المنشطات؟

المنشطات هي مجموعة من الأدوية التي تؤدي إلى زيادة النشاط في الجسم والتي تشمل الأدوية الموصوفة وكذلك المخدرات غير المشروعة مثل الكوكايين والميثامفيتامين.

الأسماء الشائعة للأبيد الأفيونية

مشروب أرجواني العجاف

ميم

Monkey O.C. شركة

بيركس

أوكتسي

فايك

الأحمال الأبيض الأشياء مدرسة بوي سيزورب

الأسماء الشائعة للمنشطات

سرعة

الأجزاء العلوية

الاستيقاظ R الجمال الأسود فيتامين

بيب أحمر

سمارتي

R-Ball Bennies أصدقاء دراسة حبوب منع الحمل الزرقاء

ريد ديكسيس

إذا كنت أنت أو أي شخص تعرفه يسيء استخدام المواد الأفيونية أو المنشطات، فيمكننا المساعدة!



La Maestra Community Health Centers  
Comprehensive Community Behavioral Health  
& Wellness Clinic  
(Located in City Heights)  
Phone: (619) 510-4644



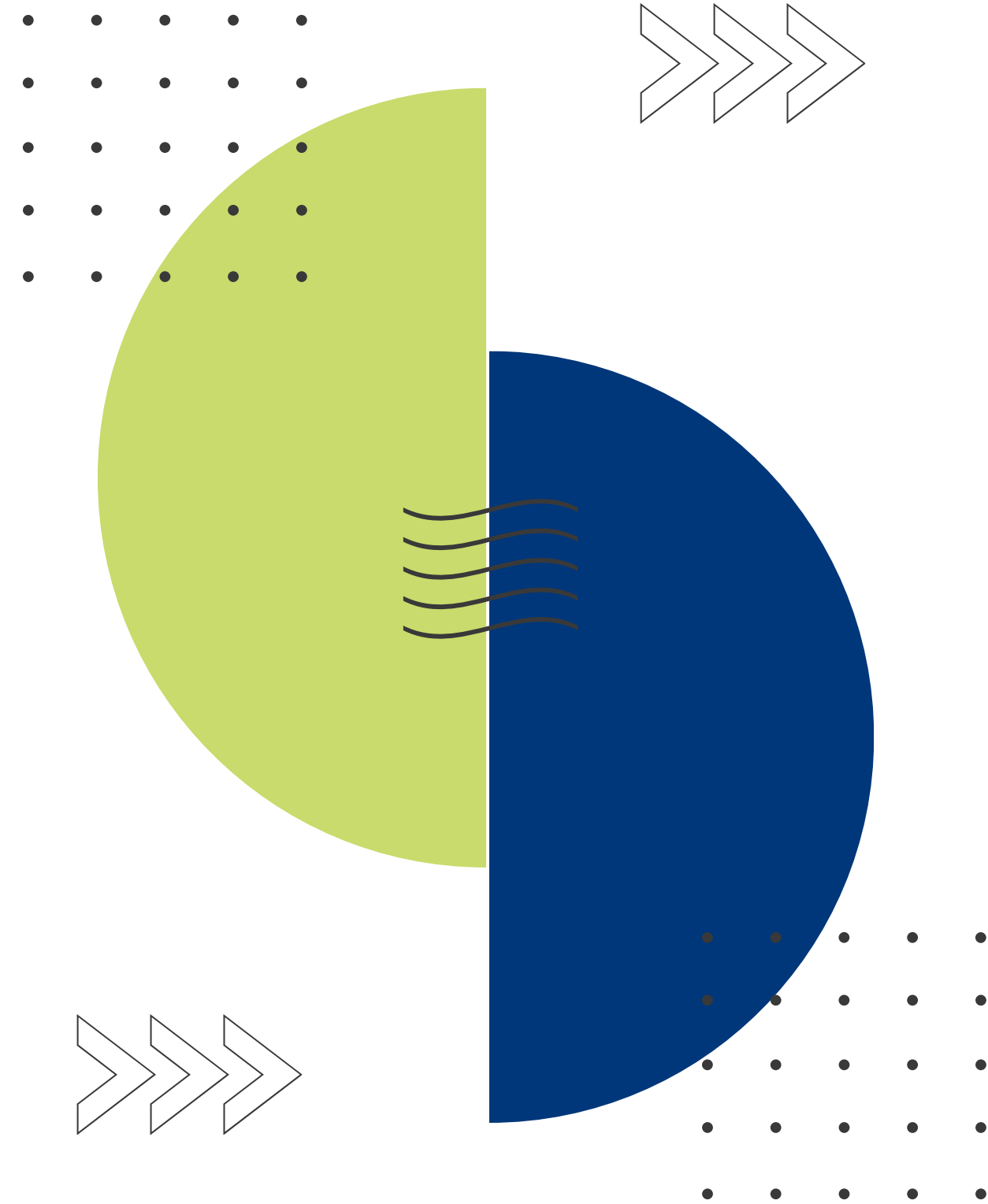
www.lamaestra.org • @LaMaestraCHC

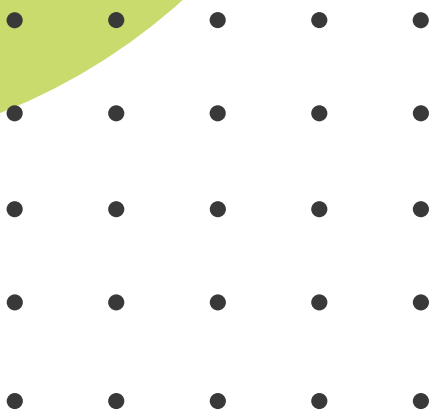
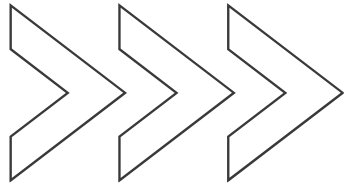




# New Clinical QSR Goals FY 2022-23

Emily Trask, Ph.D.  
May 12, 2022

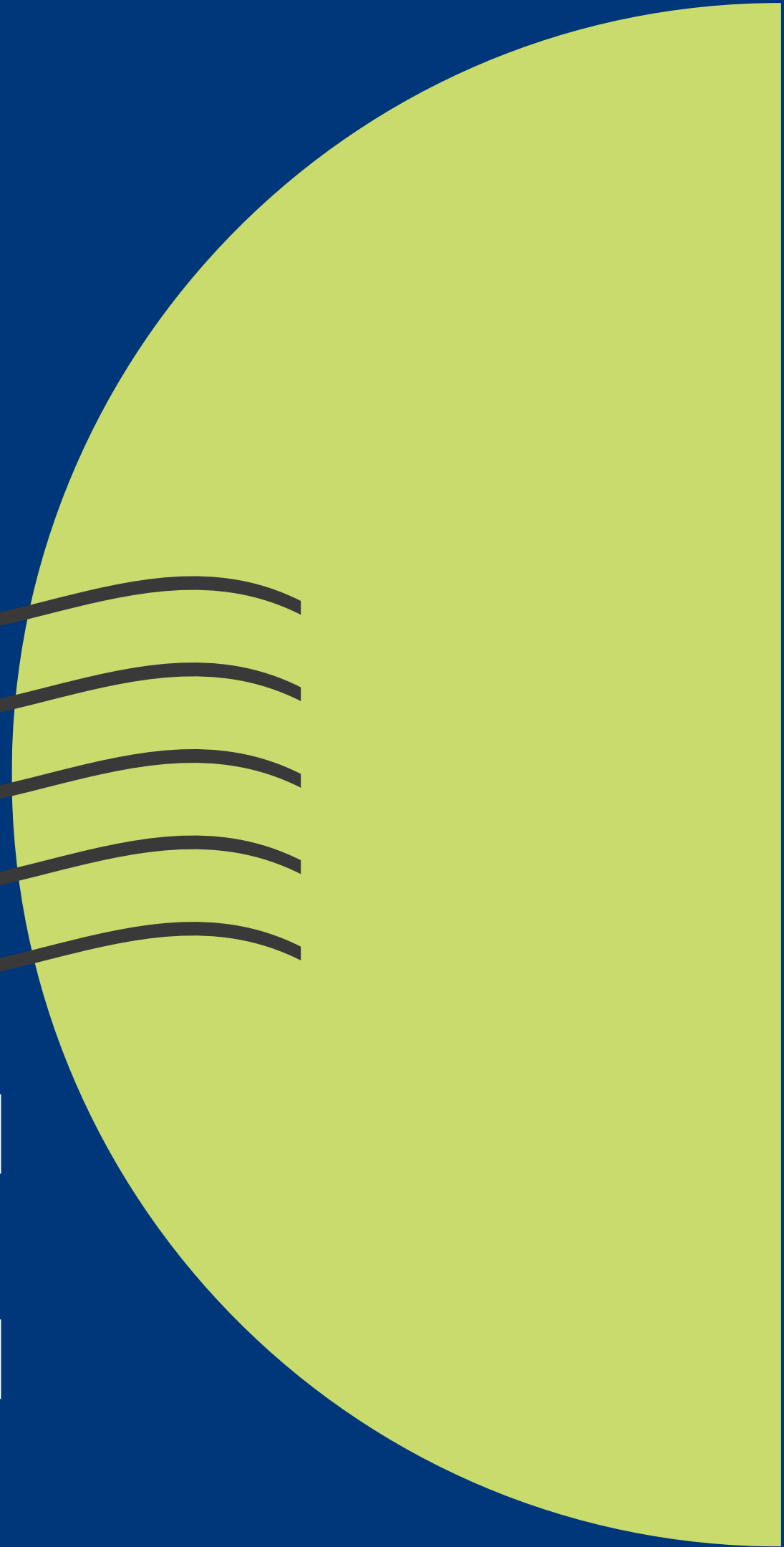
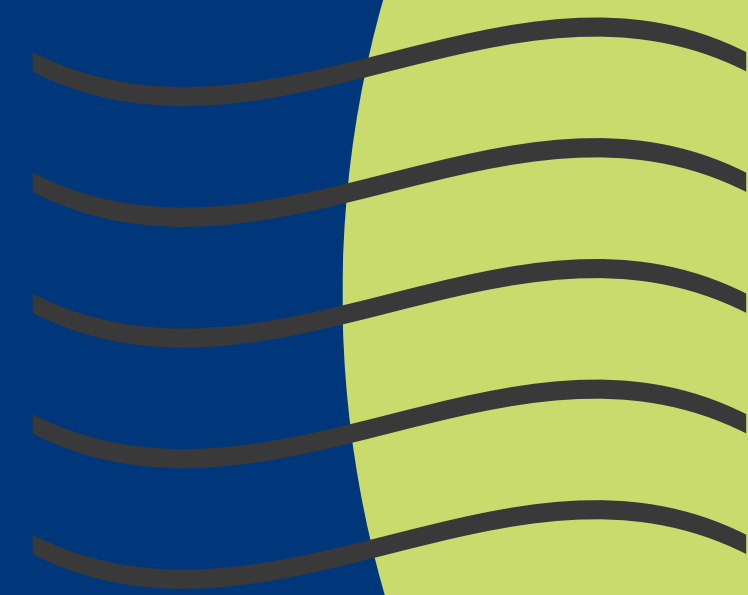




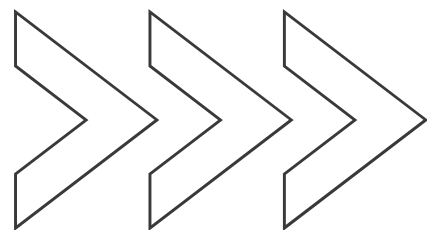
# Purpose

To establish clinical outcome standards, using the Pediatric Symptom Checklist (PSC), for San Diego County CYFBHS Programs

# Background



# History of the Pediatric Symptom Checklist

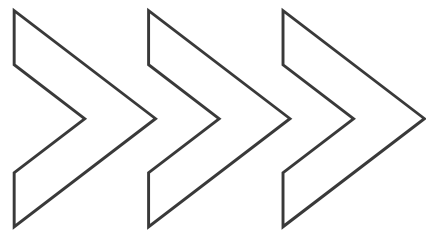


Implementation of the PSC occurred in FY 2018-19, as directed by the California Department of Health Care Services. The PSC has two versions: (1) the PSC: Caregiver report for youth ages 3-18, and (2) the PSC-Y: Self-report for youth ages 11-18.

For the past three and a half years this tool has been used to measure the mental health symptoms of youth clients receiving County Behavioral Health services.



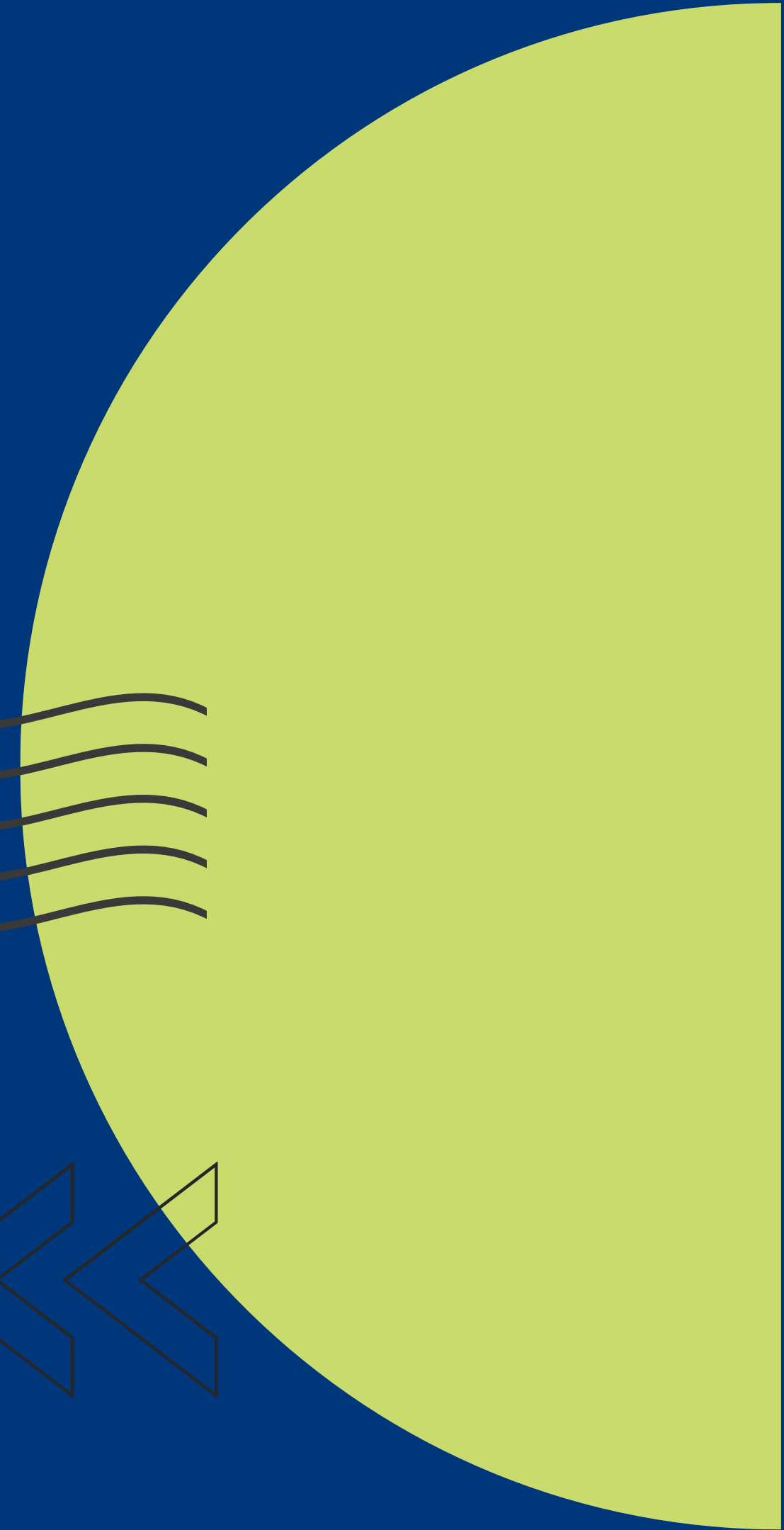
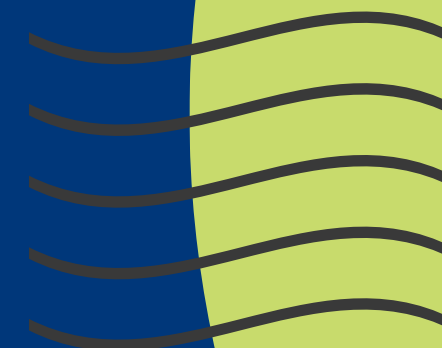
# Current QSR Objectives



In FY 2019-20, PSC completion rate objectives were established for the PSC and PSC-Y:

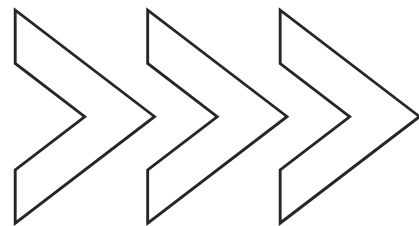
- 75% of discharged clients have two timepoints of data entered on the PSC and PSC-Y

# Adding Clinical QSR Standards





# New QSR Standards

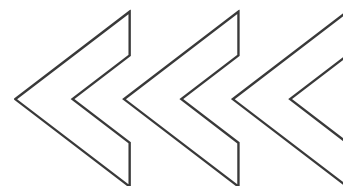
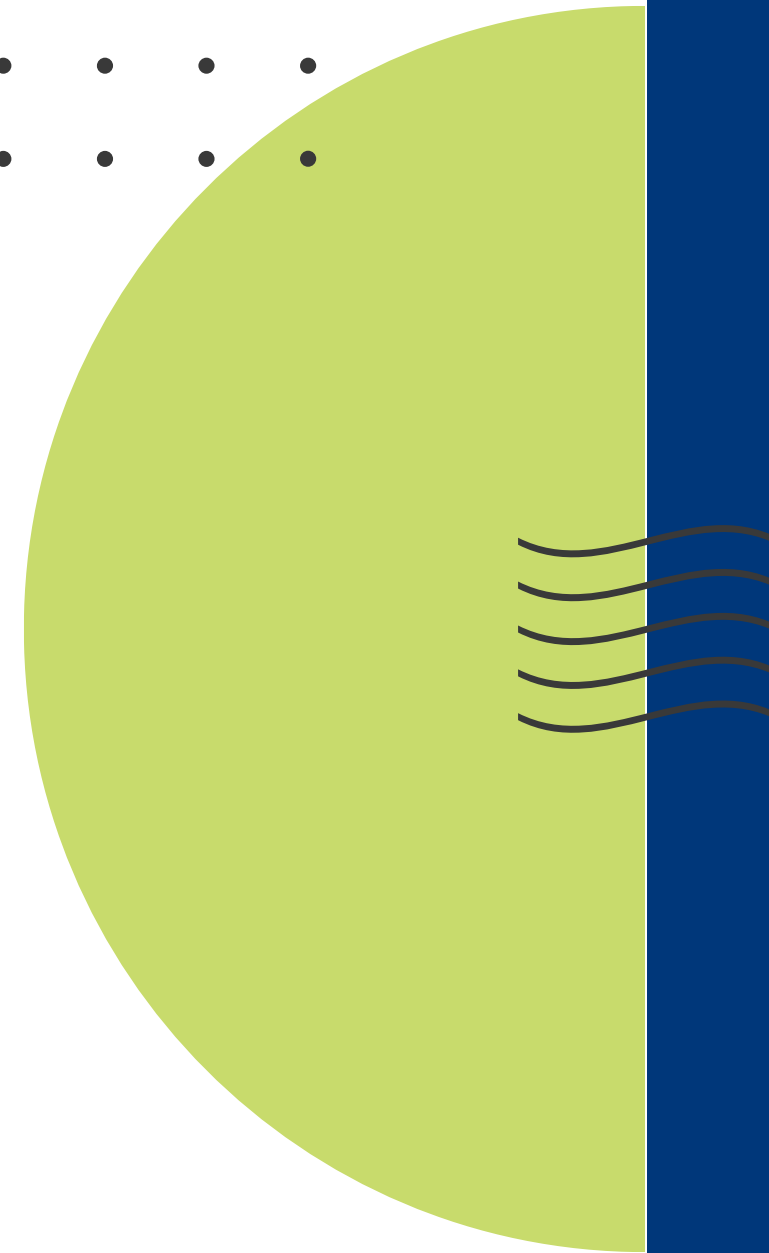
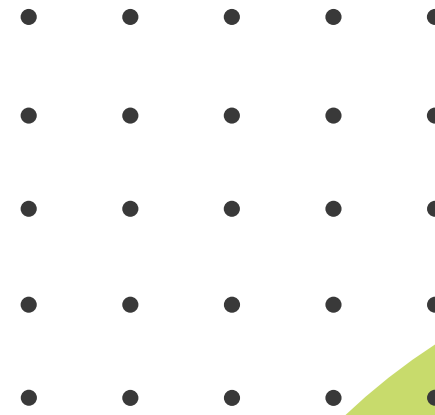


*Starting in FY 2022-23*, reporting on the QSR for the two PSC clinical outcomes will now be done in the context of county standards. These clinical outcomes are located on existing CYF mHOMS QSR reports, which are currently attached to the QSRs:

- 1. Reliable Improvement**
- 2. Clinically Significant Improvement**

# Reliable Improvement

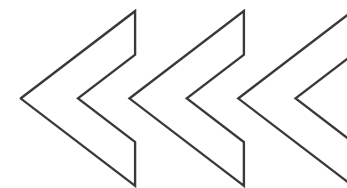
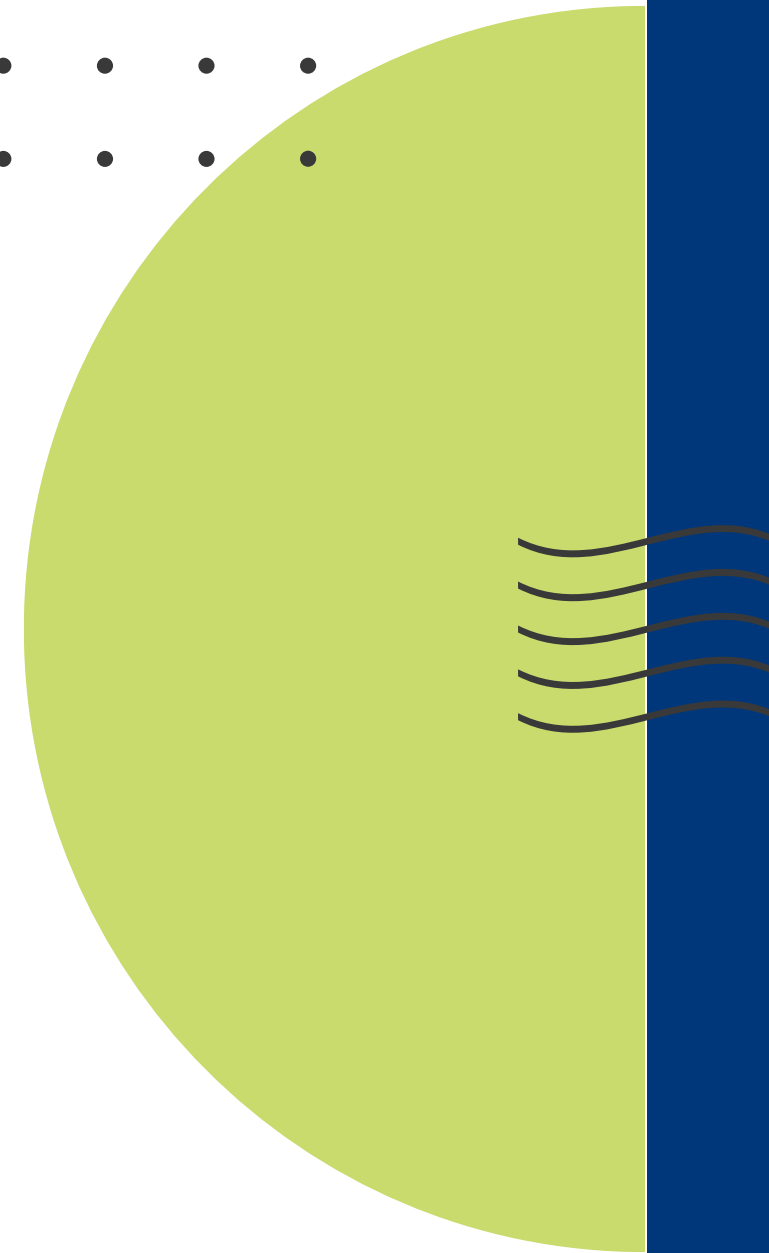
Reliable improvement means that the client improved by a *statistically* reliable amount and it wasn't due to chance.



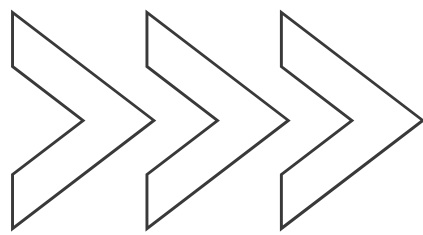


# Clinically Significant Improvement

Clinically significant improvement means that the treatment had a noticeable, genuine effect on a client's daily life. Those clients are now functioning like nonimpaired youth.



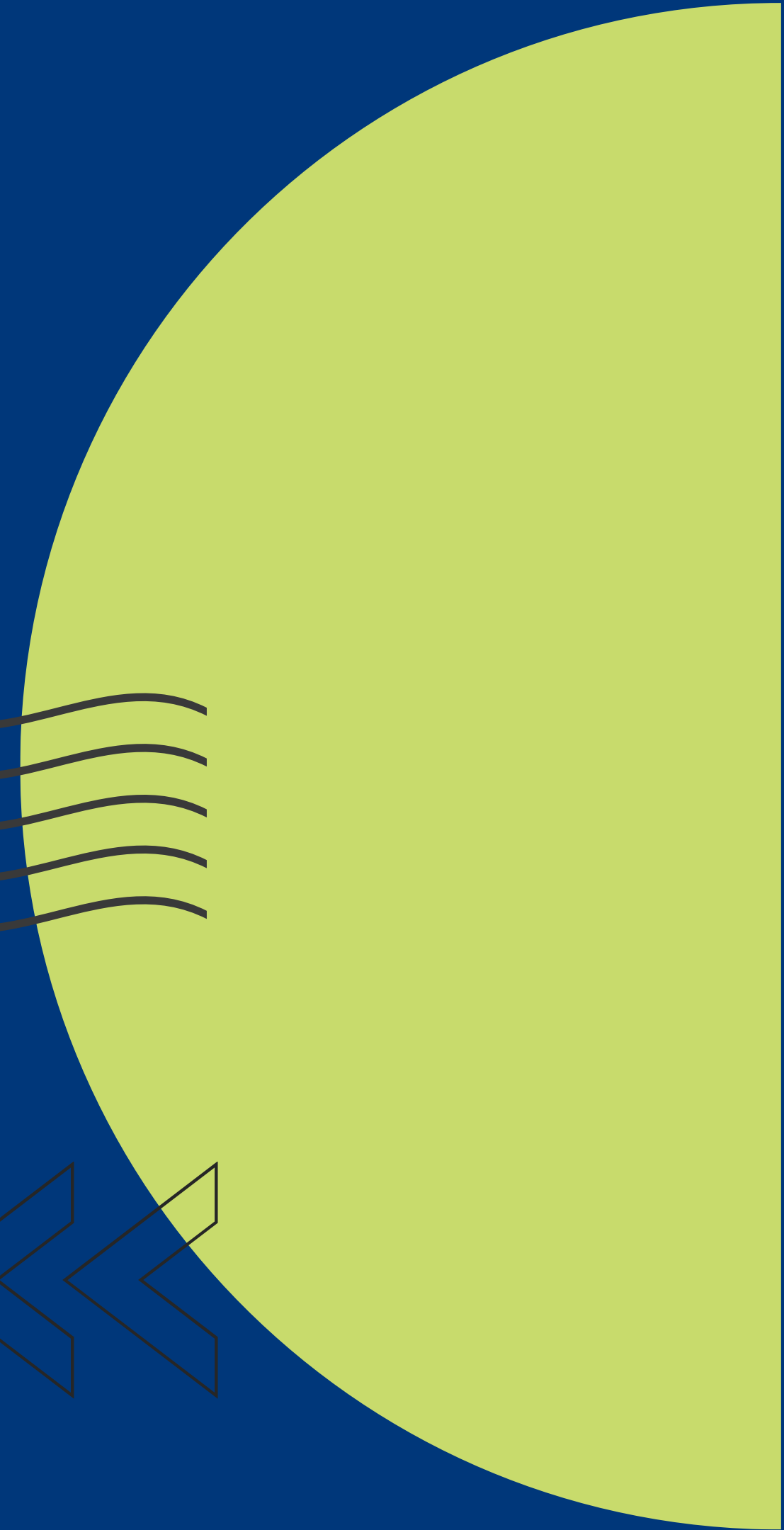
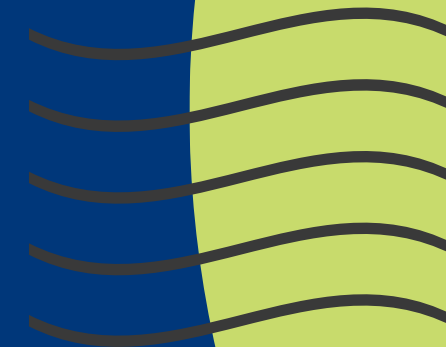
# What This Means for Programs



The county QSR standards for the percentage of clients that are expected to report improvement will be lower than in previous years when the CAMS was used. Achieving reliable and/or clinically significant improvement is not easy, though it is meaningful.

Reliable and clinically significant improvement are specific *levels* of improvement. Clients may still improve as a result of receiving services, but not reach these levels.

# What Are The New Standards?

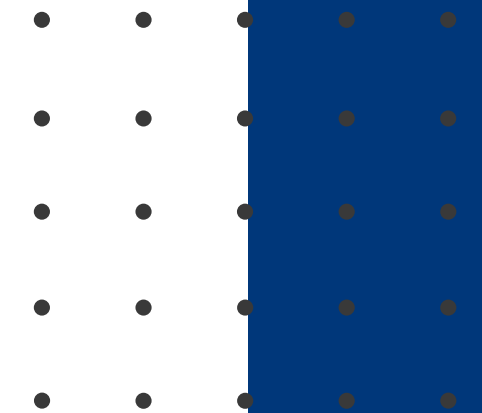




# Reliable Improvement Standard

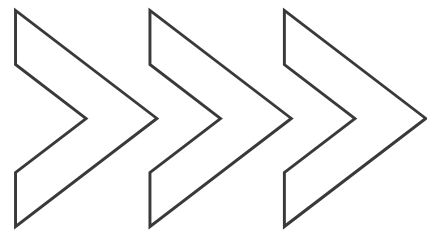
**50% reliable client improvement**  
PSC / PSC-Y

For example, if a program discharged 100 clients in quarter one, then the goal would be for at least 50 clients' caregivers to report reliable improvement on the PSC.





# Arriving at the QSR Clinical Standards for Reliable Improvement

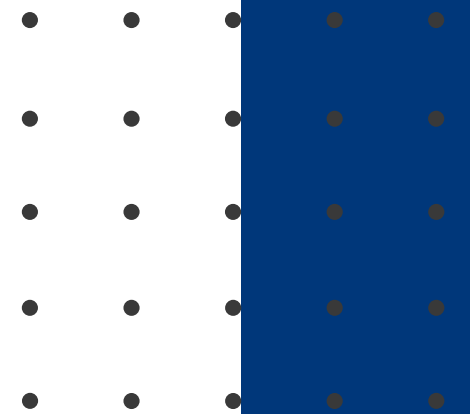


- In FY 2020-21, with three full fiscal years of PSC data available, client outcomes were analyzed.
- The majority of CYF programs met a 50% standard on the Youth *and* Caregiver PSC in FY 2020-21. Specifically:
  - 55% of programs had at least half of their discharged clients' caregivers report reliable improvement in mental health symptoms
  - 57% of programs had at least half of their discharged clients report reliable improvement





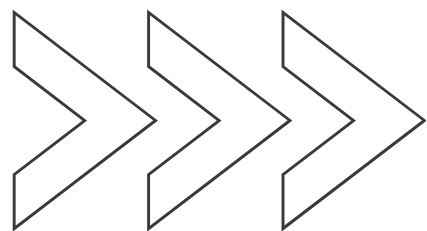
# Clinically Significant Improvement Standard



**50% clinically significant improvement**  
PSC / PSC-Y

For example, if a program discharged 100 clients in quarter one, then the goal would be for at least 50 clients' caregivers to report clinically significant improvement on the PSC.

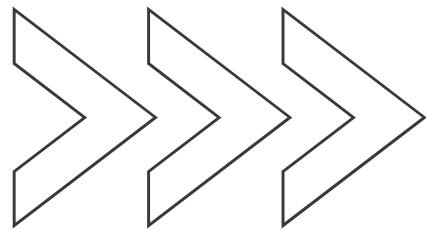
# Arriving at the QSR Clinical Standards for Clinically Significant Improvement



- In FY 2020-21, with three full fiscal years of PSC data available, client outcomes were analyzed
- The majority of CYF programs met a 50% standard on the Youth *and* Caregiver PSC in FY 2020-21
  - 66% of programs had at least half of their discharged clients' caregivers report reliable improvement in mental health symptoms
  - 71% of programs had at least half of their discharged clients report reliable improvement



# Where to Find this Information



CYF County QSR reports:

- Intake to Discharge Parent PSC (PSC-P) Summary
- Intake to Discharge Youth PSC (PSC-Y) Summary

\*Each program already prints these reports (usually quarterly) and attaches the back page to the QSR



- Insert percentages from items 3 and 5a into your QSR
- If your program is not at a percentage of 50% or greater on Reliable or Clinically Significant Improvement (items 3 and 5a), take this report to your treatment team to find solutions.
- Clinicians can also focus on using individual PSC graphs with clients, because true change is done at the client level

**SYSTEM OF CARE EVALUATION**  
**Discharged Clients - Initial to Discharge Assessment Parent PSC Summary**  
**(Administered to caregivers of youth ages 3 - 18 only)**  
 CCBH Discharge Date between 7/1/2021 and 3/31/2022

**Total CYF mHOMS Discharges N<sup>1</sup> = 310**

**9990 - SAMPLE UNIT**

**Subunits Specified: 9991, 9992, 9993**

Quarterly Status Report Objectives		Program YTD Results			
		%	X	of	Y
<b>Completion Rate for all clients</b>					
1. 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 <sup>2</sup> demonstrating <b>completion rate</b> .		<b>71.4 %</b>	<b>195</b>	<b>of</b>	<b>273</b>
<b>Improvement for all clients</b>					
2. Programs shall identify the number of discharged clients ages 3-18 whose episode lasted 60 days or longer, who had the following levels of <b>treatment improvement</b> , defined as reductions from initial to discharge on the Parent PSC total scale score.					
2a. Percent of caregivers who reported <b>no</b> improvement (0 or 1-point reduction).		<b>6.7 %</b>	<b>13</b>	<b>of</b>	<b>195</b>
2b. Percent of caregivers who reported a <b>small</b> improvement (2-4 point reduction).		<b>11.8 %</b>	<b>23</b>	<b>of</b>	<b>195</b>
2c. Percent of caregivers who reported a <b>medium</b> improvement (5-8 point reduction).		<b>14.9 %</b>	<b>29</b>	<b>of</b>	<b>195</b>
2d. Percent of caregivers who reported a <b>large</b> improvement (9+ point reduction).		<b>38.5 %</b>	<b>75</b>	<b>of</b>	<b>195</b>
2e. Percent of caregivers who reported an <b>increase in impairment</b> (1+ point increase).		<b>28.2 %</b>	<b>55</b>	<b>of</b>	<b>195</b>
<b>Reliable Improvement for all clients</b>					
3. Programs shall identify the number of discharged clients ages 3-18 whose episode lasted 60 days or longer who had at least a 6-point reduction on the Parent PSC total scale score, <b>demonstrating reliable improvement</b> .		<b>48.7 %</b>	<b>95</b>	<b>of</b>	<b>195</b>
<b>Impairment Reflected at Intake</b>					
4. Number of discharged clients at or above the clinical cutoff score ( <b>indicating impairment at intake</b> ) on any of the three Parent PSC subscales or total scale score at initial assessment. <sup>3</sup>		<b>68.7 %</b>	<b>200</b>	<b>of</b>	<b>291</b>
<b>Completion Rate for clients impaired at intake</b>					
5. Number of discharged clients ages 3-18 whose episode lasted 60 days or longer, who scored above the clinical cutoff on any Parent PSC subscale or total score at initial assessment AND had discharge data available, <b>demonstrating completion rate</b> .		<b>75.8 %</b>	<b>138</b>	<b>of</b>	<b>182</b>
<b>Clinically Significant Improvement for clients impaired at intake</b>					
5a. Number of discharged clients who scored below the clinical cutoff on at least one scale (which was elevated on their initial assessment) at discharge and who had at least a 6-point reduction on the Parent PSC total scale score demonstrating <b>clinically significant</b> improvement.		<b>57.2 %</b>	<b>79</b>	<b>of</b>	<b>138</b>

1. Clients with a CCBH discharge date in CYF mHOMS.

2. Discharge PSC score = discharge PSC or follow-up PSC score (if the measure was completed within 60 days prior to the client discharge date).

3. Clients who started at or above the clinical cutoff with a total score of 28 or higher (ages 6-18) or a total score of 24 or higher (for clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 5 or higher, or externalizing subscale score of 7 or higher.

Selection Criteria: Clients with CCBH Discharge Date between 7/1/2021 and 3/31/2022.

**For Internal Use Only**

Discharged Clients - Initial to Discharge Assessment Parent PSC Summary

Report Generated from mHOMS 5/4/2022 11:04:50 AM

Page 16 of 16



# Begin Tracking on QSRs in FY 2022-23

## Other Resources:

### Using the PSC Clinically:

- [https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Clinical%20Utility%20PSC\\_7.2018.pdf](https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Clinical%20Utility%20PSC_7.2018.pdf)

### Increasing completion rates of the PSC:

- [https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Tip%20Sheet%20for%20Obtaining%20a%20Discharge%20PSC\\_FINAL.pdf](https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/Tip%20Sheet%20for%20Obtaining%20a%20Discharge%20PSC_FINAL.pdf)





# Questions







USA Presentation 2022

# OUR MISSION



## Mission

End youth homelessness by providing supportive housing and employment opportunities to cultivate personal responsibility

## USA ECOSYSTEM



- Hotel/Motel Voucher Program
- TAY Emergency Shelter
- Transitional Housing Programs
- Joint TH/RRH Program
- Rapid Re-Housing Program
- Supportive Services Programs
- Job Training Programs



# Joint TH/RRH & Housing Our Youth Program



## **YHDP - Joint TH/RRH Program**

- TAY 18-24
- 24 Transitional Housing Beds
- 19 Scattered Site RRH Units
- CES Referral Required

## **Housing Our Youth Program (HOY)**

- TAY 18-24
- Caseload of 25 TAY
- 11 Transitional Housing Beds
- Supportive Services
- CES Referral NOT Required



# The Lodge of La Mesa

*“Housing first to establish safety, then to teach personal responsibility”*

- Converted Hotel that had the highest call volume in the city of La Mesa
- 60 Units - Single & Double Bed Occupancy
- Supportive Services & Program Staff On-Site 24/7
- Collaborative Effort with SDYS & Homestart





# Welcome to the Lodge

*"This feels like home!"*







**Lobby Area**





# **Front Desk Check-in Counter**





# Food Pantry





**Single Bed Room**





**Double Bed Room**





**Outdoor Patio Area**



# Rec-Room Lounge







**Rec-Room  
Kitchen**

# Partners

## Urban Street Angels | Selection of Partners



in partnership with



The Charitable Foundation of the Building Industry Association of San Diego County



NATIONAL UNIVERSITY



HEALTH AND HUMAN SERVICES AGENCY

RESIDENTIAL | COMMERCIAL | PLANNING | CONSULTING | ARCHITECTURAL DESIGN



d o u g l a s p a t e r s o n a r c h i t e c t  
4653 carmel mountain rd, ste 308/305 san diego california 92130 dwrpaterson@gmail.com 858.200.6864



"BECAUSE OF  
**ONE MOMENT**  
NOW MY LIFE IS  
**BETTER."**

- JEREMIAH



**Mark Bartlett**

(619) 510-9000

[mark.bartlett@urbanstreetangels.org](mailto:mark.bartlett@urbanstreetangels.org)



## Annual Report FY 21-22

### Comprehensive, Continuous, Integrated System of Care

The CCISC annual report serves as a summary of a program's efforts to provide care that aligns with the Comprehensive, Continuous, Integrated System of Care (CCISC) principles. Instructions are listed below on how to properly complete and submit this report.

Agency	
Program	
Contract Number	
Submitted by	
Job Title	
COR	

#### Instructions

- Report Due: July 15th, 2022
- Complete report cells in *blue*. Cells that are white or grey are either field labels, calculated fields or prepopulated fields and are not meant for manual entry.
- Complete the Agency, Program, Contract Number, and Submitted By fields above.
- These fields will populate the header in the Goals tab.
- All programs will complete the Goals and Trainings tab.
- The COMPASS, DDCMHT and DDCAT tools should be completed at the *program level*, not at the agency level.
- For more information, please visit the [CADRE San Diego](#) website.

#### Goals

- **Make sure to "Enable Content/Editing" when prompted by Excel. A yellow bar should appear prompting you to do so.**
- **Make sure to indicate if your program is in maintenance of its Action Plan goals or not by using the dropdown on the Goals tab in cell G10. This action will populate the necessary fields to be completed.**
- Select "Yes" to complete the Maintenance section if your program is in maintenance of your Action Plan goals, making sure to indicate the goals that are being maintained.
- Select "No" to complete the Action Plan section if your program has a plan and is currently working on goals.
- Action Plan goals are initially developed from your COMPASS results.
- Goals should address areas that have low scores.
- Programs should outline Goals and steps to be taken to achieve this goal.
- A minimum of 75% of the action items shall be completed within 12 months. If a Goal is not completed in the review year, this goal should be re-evaluated to determine if new action steps need to be taken to achieve the goal or if the goal is still appropriate.
- A follow up COMPASS should be completed to demonstrate improvement in scores.
- Once all the Goals developed from the COMPASS are completed, programs are encouraged to complete the DDMHT or DDCAT.

#### Trainings Tab

- List all CCISC/Co-occurring trainings that your staff has attended during the fiscal year this report covers.
- Trainings listed should include those that have expanded staff knowledge of mental health and substance use disorders.
- Trainings can include both in-house trainings or external trainings.

**CCISC Annual Report      FY 21-22**

Agency	Program	Submitted by	CCISC Report Completion Date
<i>Is your program in maintenance of Action Plan goals?</i>			

<a href="#">Click here for the Dual Capable/ Dual Enhanced Definitions and Criteria</a>		Select Tool Below	Enter Date Tool Completed	Tool Score
Score definition and ranges:	Dual Capable = 3.0 - 4.49			
	Dual Enhanced = 4.5 +	COMPASS (if applicable)		
TOOLS		Program Type		
		Note: The field below will populate once the appropriate tool and score is entered above. Please note only scores in the ranges defined for the DDCAT & DDMHT will populate the field below		
DDCMHT: Dual Diagnosis Capability in Mental Health Treatment				
DDCAT: Dual Diagnosis Capability in Addiction Treatment				



**\*\*Note: The trainings listed below should include those that have expanded staff knowledge of mental health and substance use disorders (co-occurring related).**

Contract:		0		
Program:				
	Name of Training	Date	Length of Training (hrs)	# of Staff Attended
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**Behavioral Health Services (BHS) – Information Notice**

<b>To:</b>	<b>BHS Children’s Mental Health Contracted Service Providers</b>
<b>From:</b>	<b>Behavioral Health Services</b>
<b>Date:</b>	<b>May 1, 2022</b>
<b>Title</b>	<b>School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades</b>

**Background**

In Fiscal Year (FY) 2021-22 many programs that serve students were enhanced, and two new data points collected by Full Service Partnership (FSP) programs via the Data Collection Reporting (DCR) system were pulled forward into a revised Statement of Work and reads as follows:

- Contractor shall ensure children who are receiving treatment service will have increased school attendance with a goal of consistent attendance, as recorded in the Quarterly Status Report (QSR) with FSP programs leveraging the data from the DCR to complete the QSR.
- Contractor shall ensure children who are receiving treatment service will have improved academic performance with a goal of sustaining or improving grades, as recorded in the QSR with FSP programs leveraging the data from the DCR to complete the QSR.

To effectively leverage these existing DCR variables, standardized definitions were established, and a reporting format was developed for school-based outcomes. Input by providers was a critical component of this process and obtained through FSP and Program Manager meetings.

**School-based FSP programs will begin to utilize the DCR to report academic outcomes on the QSR starting in FY 2022-23 (with the first report reflecting FY 2021-22 data).**

Given the delay in DCR data availability, these variables will be reported one quarter (Q) behind:

QSR Period Due Date	Attendance/ Grades Data Period	Obtain data from DCR Support Team
Q1 - Oct. 15	Prior FY DCR data (cumulative data for the entire prior FY)	Sept. 5
Q2 - Jan. 15	Q1 DCR data for the current FY	Nov. 20
Q3 - April 15	Q1 and Q2 DCR data for the current FY (cumulative YTD)	Feb. 20
Q4 - July 15	Q1, Q2 and Q3 DCR data for the current FY (cumulative YTD)	May 20

**Next Steps**

- Beginning FY 2022-23, the quarterly DCR reports generated by Child & Adolescent Services Research Center (CASRC) and obtained by the Program Managers through the Behavioral Health Services (BHS) DCR Support Team will include two additional pages that provide program and systemwide level data on these two outcome measures. The first report generated will be for FY 2021-22 data, recognizing that this report will not reflect the new uniform definitions.
- Each provider will populate program-level information into the QSR as done with other data points, such as the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC).

**For More Information:**

- Contact your Contracting Officer’s Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov

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- Non-FSP programs who report school attendance and grades will utilize the system definition, but will track the information independently, as this information is not entered into the DCR.

**School-based Outcome Definitions****Attendance:**

Attendance question from the DCR					
<b>Currently</b> , estimate the partner’s attendance level (excluding scheduled breaks and excused absence)	Always attends school (never truant)	Attends school most of the time	Sometimes attends school	Infrequently attends school	Never attends school
Clinicians should use these standards to complete the question					
<b>In the past month</b> , the partner had ...	No unexcused absences (never truant)	1 or 2 unexcused absences	3 to 10 unexcused absences	More than 10 unexcused absences	The partner was unexcused (truant) the entire month

**Unexcused Absence (Truancy):** A child is considered truant if they miss school, or are tardy for 30 minutes or more, and the absence is unexcused. Unexcused absences include absences due to transportation issues, going on vacation, oversleeping, skipping/ditching, or other unjustifiable circumstances. Suspensions and expulsions should be categorized with unexcused absences.

**Excused Absence:** A child is excused from school when the absence is due to an illness (including an absence for the benefit of the student’s mental or behavioral health), quarantine, medical or dental appointments, funeral services, court appearances, religious holidays or ceremonies, or other justifiable circumstances.

**Grades:**

Grades question from the DCR					
<b>Currently</b> His/her grades are:	Very Good	Good	Average	Below Average	Poor
Clinicians should use these standards to complete the question					
<b>In the past month</b> , the partner mostly received...	“As” (or equivalent)	“Bs” (or equivalent)	“Cs” (or equivalent)	“Ds” (or equivalent)	“Fs” (or equivalent)

**For More Information:**

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## Behavioral Health Services (BHS) – Information Notice

<b>To:</b>	<b>BHS Children’s Mental Health Contracted Service Providers</b>
<b>From:</b>	<b>Behavioral Health Services</b>
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**Frequently Asked Questions****Where are “attendance” and “grades” data collected?**

Attendance and grades outcomes are based on two existing questions in the DCR. The questions are included in the *Partnership Assessment Form (PAF)* and *3M Form* (quarterly assessment). Non-FSP programs collecting this data need to leverage the newly developed definitions and establish program-level tracking to be reported in the QSR.

**How often should the data be collected?**

The questions should be administered at new client intake using the *Partnership Assessment Form (PAF)* and updated quarterly (i.e., every three months) using the *3M Form*. Non-FSP programs will have intake and discharge data points.

**How should clinicians obtain the information?**

Clinicians may collect this data from parents/caregivers, students, and/or other collateral contacts (e.g., teachers).

**How should clinicians complete “attendance” and “grades” questions during a school break (e.g., winter vacation)?**

If the DCR assessment occurs during a scheduled school break, clinicians reference the month of school before the break began. Non-FSP programs would also reference the month of school before the break began.

**How should clinicians complete “attendance” and “grades” questions for clients who are not yet attending school?**

If a child is too young to be enrolled in school, clinicians leave the “grades” and “attendance” questions blank. If a child is enrolled in preschool, clinicians complete the “attendance” question, but leave the “grades” question blank.

**How should clinicians complete “attendance” and “grades” questions for youth who have already graduated from high school (or received their GED)?**

If a youth has graduated from high school (or received their GED) and is not enrolled in postsecondary education, clinicians leave the “grades” and “attendance” questions blank. If the youth is enrolled in postsecondary education, clinicians complete the “attendance” and “grades” questions.

**How should clinicians complete “attendance” and “grades” questions for youth who have “dropped out” of school?**

If a child has “dropped out” of school, clinicians assign the following rankings in the DCR:

- Attendance: “5. Never attends school”
- Grades: “5. Poor”

**For More Information:**

- Contact your Contracting Officer’s Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov



## Behavioral Health Services (BHS) – Information Notice

To:	BHS Children's Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Table 1. Attendance Performance Outcome Objectives for the QSR - FY 2020-21 FSP Systemwide

Number	OUTCOME OBJECTIVES	YTD Results*		
		%	X	of Y
1	Attendance compliance rates			
a)	At discharge, <b>95%</b> of clients between the ages of 5 and 18, whose episode lasted 120 days or longer have <b>school attendance data available</b> for both the initial and most recent quarterly (3M) assessment	86.2%	2,605	3,022
b)	Please provide explanation below if <b>compliance rate is below 95%</b> :			
2	<b>Percent of clients that sustained "high" school attendance or improved school attendance between intake and discharge</b> <ul style="list-style-type: none"> <li>○ <b>"High" School Attendance Sustained:</b> Clients who had ratings of "Always attends school (never truant)" or "Attends school most of the time" at both the initial assessment and the last quarterly (3M) assessment.</li> <li>○ <b>"Low" School Attendance Sustained:</b> Clients who had the same ratings of "Sometimes attends school "Infrequently attends school", or "Never attends school" at both the initial assessment and the last quarterly (3M) assessment.</li> <li>○ <b>School Attendance Improved:</b> Clients who had any improvement in attendance ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Infrequently attends school" to "Never attends school").</li> <li>○ <b>School Attendance Declined:</b> Clients who had any decline in attendance ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Infrequently attends school" to "Never attends school").</li> </ul>			
a)	<b>"High" School Attendance Sustained</b> (2 or fewer unexcused absences a month)	79.4%	2,068	2,605
b)	<b>"Low" School Attendance Sustained</b> (3 or more unexcused absences a month)	4.0%	106	2,605
c)	<b>School Attendance Improved</b> (movement on the 5-point rating scale)	6.5%	169	2,605
d)	<b>School Attendance Declined</b> (movement on the 5-point rating scale)	10.1%	262	2,605
	TOTAL	100%	2,605	2,605

\* Year-to-Date (YTD) Results are calculated using all FSP programs with data submitted to DCR/CCBH in FY 2020-21. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs are excluded); (e) Eligible to receive a *Partnership Assessment Form (PAF)* assessment at intake. These data are for demonstration purposes only and do not reflect the new uniform definitions.

## For More Information:

- Contact your Contracting Officer's Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov

## Behavioral Health Services (BHS) – Information Notice

To:	BHS Children's Mental Health Contracted Service Providers
From:	Behavioral Health Services
Date:	May 1, 2022
Title	School-Based Outcomes Definitions and Reporting Guidelines: School Attendance and Grades

Table 2. Academic Performance Outcome Objectives for the QSR – FY 2020-21 Systemwide

Number	OUTCOME OBJECTIVES	YTD Results*		
		%	X	of Y
1	<b>Academic performance compliance rates</b>			
a)	At discharge, <b>95%</b> of clients between the ages of 5 and 18, whose episode lasted 120 days or longer have <b>academic performance data available</b> for both the initial and most recent quarterly (3M) assessment	86.2%	2,605	3,022
b)	Please provide explanation below if <b>compliance rate is below 95%</b> :			
2	<b>Percent of clients that had sustained "high" academic performance or improved academic performance between intake and discharge</b> <ul style="list-style-type: none"> <li>○ <b>"High" Academic Performance Sustained:</b> Clients who had academic ratings of "Very Good" or "Good" at both the initial assessment and the last quarterly (3M) assessment.</li> <li>○ <b>"Average" Performance Sustained:</b> Clients who had academic ratings of "Average" at both the initial assessment and the last quarterly (3M) assessment.</li> <li>○ <b>"Low" Performance Sustained:</b> Clients who had the same academic ratings of "Below Average", or "Poor" at both the initial assessment and the last quarterly (3M) assessment.</li> <li>○ <b>Academic Performance Improved:</b> Clients who had any improvement in academic ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Below Average" to "Average").</li> <li>○ <b>Academic Performance Declined:</b> Clients who had any decline in academic ratings between the initial assessment and the last quarterly (3M) assessment (e.g., moving from a rating of "Average" to "Below Average").</li> </ul>			
a)	<b>"High" Academic Performance Sustained</b> (grades of "As", "Bs", or equivalent)	30.1%	783	2,605
b)	<b>"Average" Academic Performance Sustained</b> (grades of "Cs or equivalent)	15.4%	400	2,605
c)	<b>"Low" Academic Performance Sustained</b> (grades of "Ds", "Fs" or equivalent)	10.7%	278	2,605
d)	<b>Academic Performance Improved</b> (movement on the 5-point rating scale)	26.4%	687	2,605
e)	<b>Academic Performance Declined</b> (movement on the 5-point rating scale)	17.5%	457	2,605
	TOTAL	100%	2,605	2,605

\* Year-to-Date (YTD) Results are calculated using all FSP programs with data submitted to DCR/CCBH in FY 2020-21. Outcomes are calculated for clients who meet the following eligibility criteria: (a) Discharged within the current fiscal year; (b) In services for at least 120 days; (c) Between the ages of 5 and 18; (d) Served by a primary program (i.e., ancillary programs are excluded); (e) Eligible to receive a *Partnership Assessment Form (PAF)* assessment at intake. These data are for demonstration purposes only and do not reflect the new uniform definitions.

**For More Information:**

- Contact your Contracting Officer's Representative (COR) or
- DCR Support Team BHS.CYF.DCR.Support@sdcounty.ca.gov

**Behavioral Health Services (BHS) – Information Notice**

<b>To:</b>	<b>BHS Contracted Service Providers and County-Operated Mental Health Programs</b>
<b>From:</b>	<b>Behavioral Health Services</b>
<b>Date:</b>	<b>April 14, 2022</b>
<b>Title</b>	<b>Harm Reduction Training Requirement</b>

On June 8, 2021 the Board of Supervisors approved the launch of the [County's Comprehensive Harm Reduction Strategy](#) resulting in additional emphasis on leveraging peers in delivering client-centered care. To support the strategy, County Behavioral Health Services (BHS) is requiring all Peer Support Specialists employed in mental health and in Drug Medi-Cal treatment programs to complete a minimum of 4-hours of harm reduction training. Additionally, a minimum of 25% of treatment staff are expected to complete a 1-hour harm reduction training. These requirements are effective July 1, 2022.

**Operational Implementation**

- Treatment staff (including Certified Peer Support Specialists) hired on or after July 1, 2022 are expected to complete this one-time training requirement within 60 days of hire. Existing staff (or those hired prior to July 1, 2022) are expected to complete this one-time requirement by December 31, 2022.
- The requirement may be fulfilled via trainings offered by Responsive Integrated Health Solutions ([RIHS](#)) and/or National Harm Reduction Coalition ([NHRC](#))\* and/or other trainings provided by reputable sources that are approved by a Program Manager.

\*Note: The three initial trainings offered by NHRC were funded by the California Department of Public Health (CDPH) and are available for free to California organizations. Enter the access code **CASSP100** on the checkout screen and payment will not be required.

- The Program Manager is responsible in identifying staff who will need to complete the required trainings of either 4-hours or 1-hour, according to their hiring date.
- If staff participated in the Department of Health Care Services ([DHCS](#)) peer support specialist certification trainings offered by the California Mental Health Services Authority ([CalMHSA](#)) and it included a harm reduction course, the number of training hours dedicated to the harm reduction content would count toward the 4-hour requirement.
- Programs have the discretion to extend the requirement to other staff levels deemed appropriate by their organization.

**Upcoming Steps**

- Please be on the lookout for harm reduction language to be highlighted in the provider handbooks, Organizational Provider Operations Handbook ([OPOH](#)) and Substance Use Disorder Provider Operations Handbook ([SUDPOH](#)).
- Where relevant, harm reduction staffing and training requirements have been added to RFPs with contracts that are scheduled to be awarded and effective between July 1, 2022 and June 30, 2023.
- Existing treatment contracts will be updated with appropriate language through the amendment process.
- The timeline for ongoing monitoring of this requirement will be shared in future communications with providers. BHS is allowing ample time to implement and establish this important training as part of onboarding new team members.

**For More Information:**

- BHS Contractors: Contact your Contracting Officer's Representative (COR)
- County-Operated Mental Health Programs: Contact [Charity White-Voth](#) or [Nora David](#)

**Behavioral Health Services (BHS) – Contractor Information Notice**

<b>To:</b>	<b>BHS Contracted Service Providers</b>
<b>From:</b>	<b>Behavioral Health Services (BHS)</b>
<b>Date:</b>	<b>May 6, 2022</b>
<b>Title</b>	<b>BHS FISCAL YEAR END 2021-2022 INSTRUCTIONS</b>

Behavioral Health Services (BHS) is providing a list of year-end documents, including deadlines and where to submit them. To facilitate the timely payment of your invoices as the current fiscal year ends, please refer to this table when submitting the listed documents.

DEADLINE	ITEM	SUBMIT DOCUMENTS TO
May 23, 2022	<b>Preliminary Invoices for providers with <u>CalWORKs</u> funding/services</b> – submit invoices for May 2022 and June 2022, properly labeled as “ <b>Cash Basis</b> ” on top of invoice for ease in identification.  <i>(Note: Please do not include “<u>non-Cash Basis</u>” cost centers).</i>	<b>SUD Providers only:</b> <a href="mailto:ADS_Claims@sdcounty.ca.gov">ADS_Claims@sdcounty.ca.gov</a>  <b>MHS Providers</b> (or providers for both SUD & MHS): <a href="mailto:BHS.Claims@sdcounty.ca.gov">BHS.Claims@sdcounty.ca.gov</a>
June 20, 2022	<b>All Contract Invoices</b> – submit June 2022 preliminary invoices for payment processing.  The <u>preliminary invoices</u> submitted for June 2022 services should include expenses actually accrued <u>plus</u> any anticipated costs for all of June 2022.  If preliminary invoices are not available, a list of estimated amounts should be submitted for accrual. The list should include contract number, program name, and the estimated amounts for the unclaimed month. The estimated list <u>will not</u> be processed for payment but will only be used for County accrual purposes.  Invoices submitted for payments after the deadline date are expected to have a 2 to 3 week delay in processing due to system closure.	<b>SUD Providers only:</b> <a href="mailto:ADS_Claims@sdcounty.ca.gov">ADS_Claims@sdcounty.ca.gov</a>  <b>MHS Providers</b> (or providers for both SUD & MHS): <a href="mailto:BHS.Claims@sdcounty.ca.gov">BHS.Claims@sdcounty.ca.gov</a>  <hr/> Providers who opt to submit estimates (not processed for payments but for accrual purposes only):  Please submit estimates to: <a href="mailto:junida.bersabe@sdcounty.ca.gov">junida.bersabe@sdcounty.ca.gov</a> and <a href="mailto:jing.hua@sdcounty.ca.gov">jing.hua@sdcounty.ca.gov</a>
Sept. 15, 2022	<b>SUD Providers:</b> <ul style="list-style-type: none"> <li>• <b>Certification of Expenditures and Funding</b> (CEF) with trial balance.</li> <li>• <b>Drug/Medi-Cal (DMC) Worksheets</b> for DMC providers (subject to availability of State templates).</li> </ul> <b>MHS Providers:</b> <ul style="list-style-type: none"> <li>• <b>Final June 2022 Cost Report.</b></li> <li>• <b>Consolidated Cost Report</b> per Legal Entity. Must submit complete pages including the MH-Year End Report tab.</li> </ul>	<b>SUD Providers only:</b> <a href="mailto:ADS_Claims@sdcounty.ca.gov">ADS_Claims@sdcounty.ca.gov</a>  <b>MHS Providers</b> (or provider for both SUD & MHS): <a href="mailto:BHS.Claims@sdcounty.ca.gov">BHS.Claims@sdcounty.ca.gov</a>

**For More Information:**

- Contact your Contracting Officer’s Representative (COR) or
- Junida Bersabe, Principal Accountant, [junida.bersabe@sdcounty.ca.gov](mailto:junida.bersabe@sdcounty.ca.gov), (619) 584-5060



Behavioral Health Services  
Children, Youth and Families  
**Program Manager Meeting Schedule**  
FY22-23

<b>Meetings to be held virtually</b> 9:30 a.m. - 11:30 a.m. (Breakout Sessions 11:30 a.m. - 12:30 p.m.) * *topic specific as appropriate
July 14, 2022
September 8, 2022
November 10, 2022
January 12, 2023
March 9, 2023
May 11, 2023

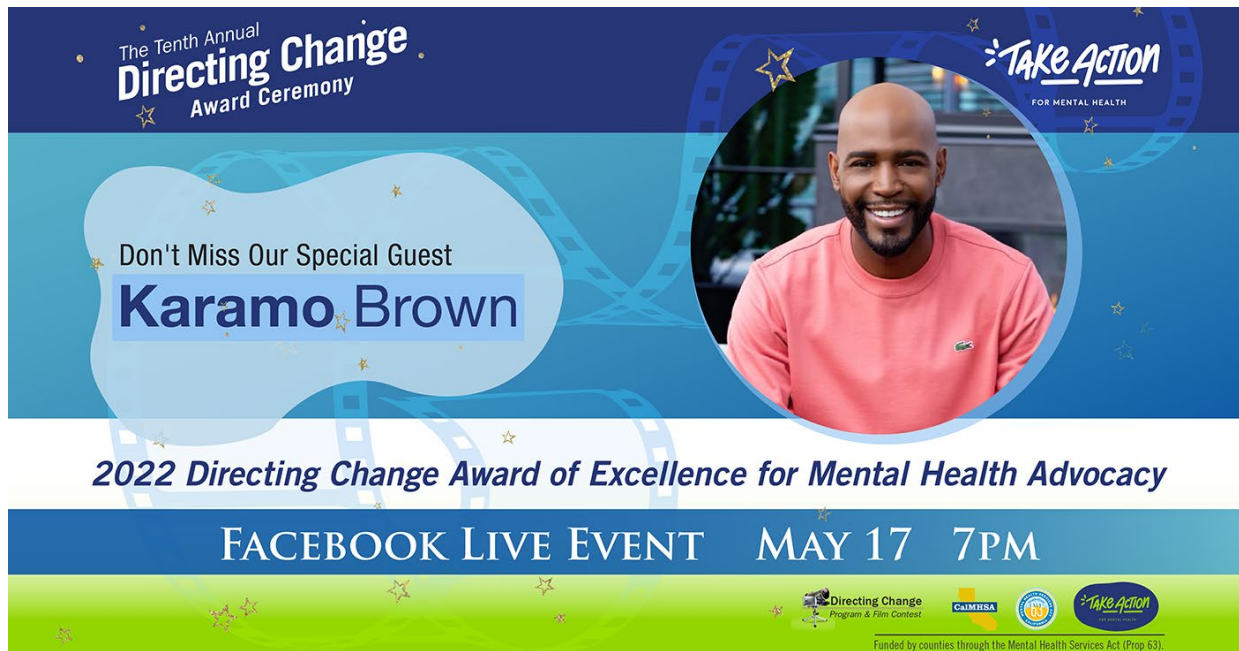
## County Holiday Schedule

### 2021

January 1	New Year's Day
January 18	Marin Luther King Jr. Day
February 15	President's Day
March 31	César Chávez Day
May 31	Memorial Day
July 5	Independence Day
September 6	Labor Day
November 11	Veterans Day
November 25 & 26	Thanksgiving Holiday
December 24	Christmas Day (observed)
December 31	New Year's Day

### 2022

January 17	Marin Luther King Jr. Day
February 21	President's Day
March 31	César Chávez Day
May 30	Memorial Day
June 20	Juneteenth (observed)
July 4	Independence Day
September 5	Labor Day
November 11	Veterans Day
November 24 & 25	Thanksgiving Holiday
December 26	Christmas Day (observed)



The 10th annual Directing Change Awards Ceremony is coming up! We will be there celebrating youth filmmakers from across the state who stepped up to tell stories about mental health, suicide prevention, and other social justice topics – join us!

The event will take place on Facebook Live at 7 pm PST on Tuesday, May 17th. All are welcome at this free virtual event. RSVP here: <https://fb.me/e/4iB3XD33p>

*#directingchange #filmcontest #TakeAction4MH*

Have a favorite Directing Change film from this year that you're hoping will win 1<sup>st</sup> place statewide? Let your voice be heard!

Vote for your favorite statewide contender in their People's Choice award here: <https://directingchange.org/2022-awards/> – be sure to share it & tag Directing Change, as every share earns a donation for the program.

Tune in on May 17th on Facebook Live to see who the judges picked for the top film awards of the year: <https://fb.me/e/4iB3XD33p>

*#directingchange #vote #filmcontest #TakeAction4MH*

[About | \(directingchange.org\)](#) | <https://directingchange.org/sandiegocounty/>