LIVE WELL SAN DIEGO

Program Manager Meeting
Behavioral Health Services | Children, Youth and Families
July 9, 2020| WebEx
9:30 a.m. – 11:30 a.m.

Breakout Sessions
STRTP Providers
CANS Superusers *(Cancelled)*
11:30 a.m. – 12:30 p.m. (or immediately following PM meeting)

Agenda - Notes

- **Welcome** – Amanda Lance-Sexton 10 minutes
  - Opening Remarks: Yael Koenig, Deputy Director
    - *Thank you to system providers*
    - *BHS are essential services and critical for the community at time of social isolation, distress, and family impacts*
    - *Please join BHS Tele-town halls and visit the HHSA & BHS Websites for updates*
    - *Recognition of impact of racism, discrimination and protests on the community, clients and workforce*
    - *Focus on increasing service levels and face to face services as appropriate*
    - *BHS Playbook and TA focus*
    - *Importance of self-care*
    - *Economic challenges ahead with CARES Act and Realignment support from the State to Counties*
  - Introducing *new* CYF BHPC: Terri Kang

- **Pathways to Well-Being (PWB)** *(MH)* – Amanda (Mandy) Kaufman 5 minutes
  - Progress Report to CWS form when youth is open to more than one provider
    - *If there is more than one provider serving a youth, each program will complete their own Progress Report to CWS form and include the attachments indicated on the form. As a reminder, collaboration must occur between programs to determine who will assume the role of Care Coordinator.*
  - CWS facilitated CFT Meetings update
    - *CWS is amending the CFT Meeting Facilitation Program contract to include facilitating CFT meetings for CWS involved youth that are living at home. Previously, the CFT Mtg Facilitation Program was only serving CWS out-of-home youth cases and CWS was facilitating CFT meetings for CWS in-home youth cases.*
  - CFT Meeting Survey Form update
    - *The CFT Meeting Survey form is being revised to include more family and youth friendly language. Once finalized, there will be a shift to having the survey available online to enable easier completion for CFT members.*

- Billing ICC SC 82 for CWS initiated CFT Meeting
  - *All CFT meeting attendance is documented utilizing the ICC Service Code 82. The ICC Service Code 82 is used anytime a BHS Provider attends a CFT meeting, regardless of whether CWS, BHS or Probation initiated the CFT Meeting.*
- Updating and Closing Katie A designation in CCBH CCM when CWS case close
  - *If a CWS involved youth has their case closed to CWS while still receiving services from a BHS provider, the youth would no longer be eligible for Pathways to Well-Being. If this occurs, the program will update the PWB status on the Eligibility for PWB and Enhanced Services form and enter an end date for the PWB designation in CCBH.*
- Upcoming Training Opportunities
  - *PWB is developing several on-line learning opportunities for this fiscal year. These trainings will include micro-learnings focused upon PWB documentation and a mini eLearning focused upon CFT Meeting Member Roles and Responsibilities.*

➢ **CANS** *(MH)* – Eileen Quinn O'Malley 10 minutes

- CYF mHOMS Superusers (handout)
  - *Site Superuser Account – Mental Health (MH) programs can make a request for two site superusers to be authorized to access data across the CYF MH programs*
  - *Four new clinician reports created to summarize PSC results for open clients (real time data)*
  - *Assessment Summary Report includes definitions for CANS items rated '2' or '3' (actionable items)*
  - *Client Information Sheet includes three new fields for discharge*
  - *Discharge review form includes new icon to view information that was entered*
- CANS Best practice group
  - *CANS Super User group has been renamed to CANS Best Practice group*
  - *CANSBPG would like to have a representative from every MH program; inclusive of program managers, clinical supervisors and clinicians*
  - *CANSBPG will focus on best practice and resources to enhance clinical integration of CANS in treatment*
  - *Please send name of CANSBPG program representative to Zach Shalit zshalit@sdsu.edu*
- CANS – ACES Crosswalk (handout)
  - *ACES questions cross walked to CANS Trauma Module items- both are static items ('yes' or 'no')*
  - *Developed to bring awareness for clinicians that ACES are assessed through the CANS trauma module*
- CANS presentation – September CYF PM meeting
  - *Presenter is a Family Advocate and will be sharing family story and experience with the CANS in treatment*

- **Human Trafficking** *(SOC)* (handout)– Carolyn Matzger, Deputy District Attorney 60 minutes
  - *Presentation is attached*
  - *San Diego Youth Services ICARE program serves County youth age up to 21 years, designed to support CSEC, Human trafficking. Contact Nicole Egan, Program Manager (619) 316-1144, negan@sdyouthservices.org. Referral form available at website: sdyouthservices.org*

- **Announcements** *(SOC)*- Amanda Lance-Sexton 10 minutes
  - COVID-19 positive process (QM Memo)
  - Evaluation of face to face services in program
    - *Please continue to evaluate the appropriateness and need of face to face services within your programs. It is important to Communicate and dialogue with your COR about shifts in services delivery*
  - Telehealth Services Reminder (handout)
    - *If programs are using temporary regs for telehealth services, it's important to move towards the full requirements issued by MIS (attached CYF memo)- if under COVID 19 exception, please consider working towards the standard as a more long term solution*
  - Tracking of No-Show Data
    - *It has come to our attention that some programs are not tracking no shows- Managers are to ensure staff are capturing no show data. State looks at no show data through EQRO data- very important that we have accurate numbers- currently looking to have this be a focus of the annual site visit*
  - Therapeutic Homework Apps for Youth & Families (handout)
    Link to resources is in the agenda and resources are included in the packet
    - *The list of the free **Therapeutic Homework Apps for Youth & Families** has been updated. These apps are particularly relevant while doing teletherapy, given the increased difficultly of giving families handouts and reviewing their work. All homework apps allow for **tracking** behaviors, emotions, the use of coping skills and more. SOCE has already emailed it to Program Managers and it is posted on the SOCE website*

https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/Reports.aspx

  - Tobacco cessation services via phone or video conference (handout)
    - *Resources are included in the packet- includes group programs via phone and video*
  - CYFSOC Council Orientation- July 13,2020 9-10:30am- via WebEx
  - CCISC Annual Report FY19-20 due July 15th
  - Q4 QSRs due July 15th
  - We Can't Wait Early Childhood Mental Health (Virtual) Conference, September 10-12th (handout)
  - Revised CYF Program Manager meeting schedule FY20-21 (handout)
    - *Attendance reminder – please let your COR know if you attended via telephone line*

- **Closing Remarks** – Yael Koenig
  - *The Annual CYF Council Member Orientation, July 13– open to all system of care participants, within virtual attendance limits. Information will be emailed to providers.*
  - *CYF Council meetings are also open to all – see BHS CYF Council Website for additional information*

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html

  - *Upcoming CYF Memos are shifting to a BHS style*

Meeting chat question answers:

- *Programs should report the following information to COR when a staff/client has a positive COVID test:*
  Program Name
  # Staff positives
  # Client positives
- *Reporting COVID positive clients to COR. Q2 only clients or caregivers – get direction from CORs*
- *Email COR when exposed to COVID during Telehealth*
- *A Playbook is an internal document for BHS team using various tools CORs have available*
- *TA focuses on technical assistance to identify areas a particular program may benefit*
- *EQRO is an annual external quality review done by a State hired team to evaluate the County focus groups system of care and report what is doing well and any areas needing improvement, gather input on how the County can may improve service to Medi-Cal clients*

- **Next Meeting: September 3, 2020**
  9:30 a.m. - 11:30 a.m.
  To be held in person and/or WebEx

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

TEL: 619 584-3016
EMAIL: Yvonne.Gage@sdcounty.ca.gov

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

System of Care Evaluation

CYF mHOMS Updates

Effective July 1, 2020

TOPICS COVERED IN THIS EMAIL UPDATE

I. **Site Superuser Account**

II. **Clinician Reports**

III. **Assessment Summary Definitions**

IV. **Client Information Sheet v.07/2020**

V. **Discharge - Review Form Icon**

I. Site Superuser Account

- To accommodate the need for data sharing between CYFBHS programs, two Site Superusers (usually one program manager and one program manager designee) per program will be authorized to access CYF mHOMS client outcomes data across the CYFBHS system
- Program Managers who would like their program to participate will need to submit the names of the two individuals to cyfmhoms@health.ucsd.edu
- Upon receipt of the email, detailed instructions on how to register in CYF mHOMS as a Site Superuser will be sent to each individual

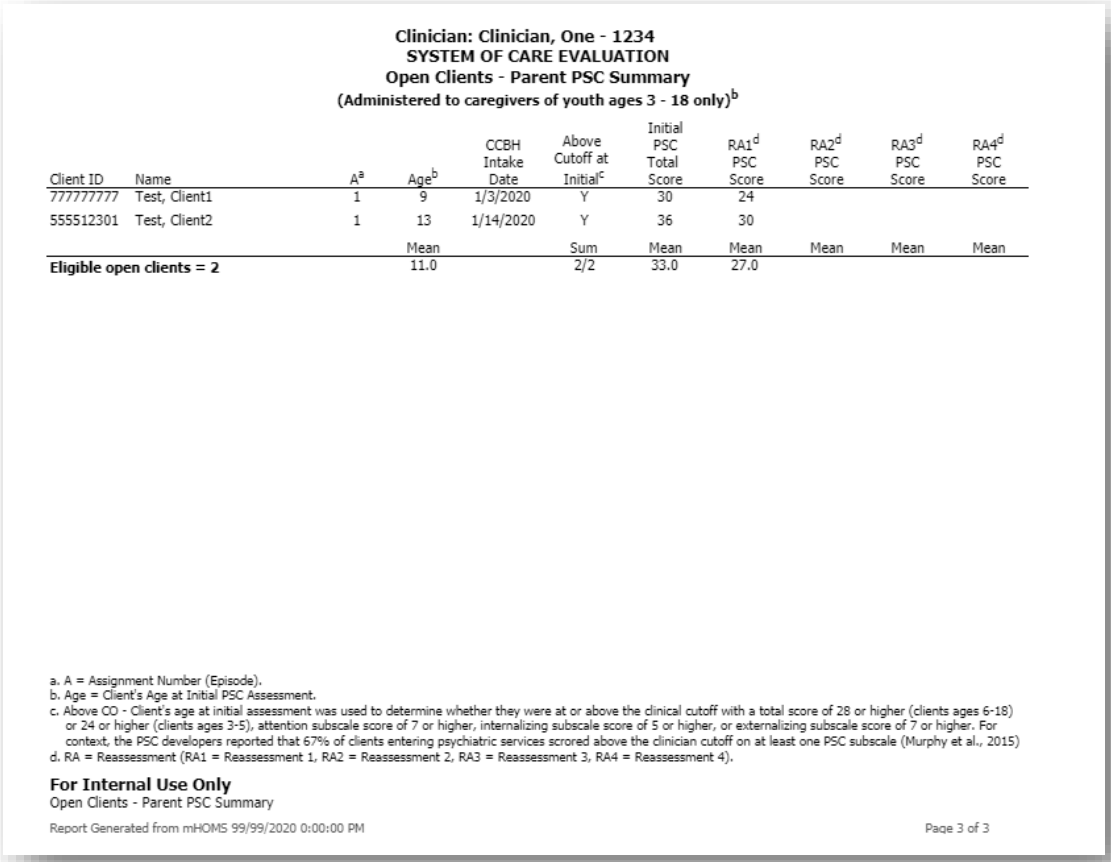
Disclosure: *To ensure HIPAA compliance and client data security, Site Superuser activity in CYF mHOMS will be logged in real time and audited regularly.*

II. Clinician Reports

- Four new reports were developed to summarize the PSC results for open clients

  - Parent/Youth PSC **Summary** will include *ALL* clinicians
  - Parent/Youth PSC Summary **by Clinician** will only include the *selected* clinician
- The purpose of these reports is to:
  - Evaluate client progress by clinician
  - Help assign cases by severity of caseload
  - Check completion rates for clients
  - Help establish need for additional services

- Printing Frequency:
  - Program Managers/QI Specialists – have data entry staff print the Parent/Youth PSC Summary quarterly, along with the QSR (large programs may experience a 4 minute delay when generating this report)
  - Supervisors – have data entry staff print the Parent/Youth PSC Summary by Clinician for the specific clinicians being supervised so that the information may be reviewed during supervision
  - Clinicians – request printout of the Parent/Youth PSC Summary by Clinician on a regular basis for the purpose of having a snapshot of PSC data for all their open cases



Clinician: Clinician, One - 1234
SYSTEM OF CARE EVALUATION
Open Clients - Parent PSC Summary
(Administered to caregivers of youth ages 3 - 18 only)[b]

Client ID	Name	A[a]	Age[b]	CCBH Intake Date	Above Cutoff at Initial[c]	Initial PSC Total Score	RA1[d] PSC Score	RA2[d] PSC Score	RA3[d] PSC Score	RA4[d] PSC Score
777777777	Test, Client1	1	9	1/3/2020	Y	30	24			
555512301	Test, Client2	1	13	1/14/2020	Y	36	30			
			Mean		Sum	Mean	Mean	Mean	Mean	Mean
Eligible open clients = 2			11.0		2/2	33.0	27.0			

a. A = Assignment Number (Episode).
b. Age = Client's Age at Initial PSC Assessment.
c. Above CO - Client's age at initial assessment was used to determine whether they were at or above the clinical cutoff with a total score of 28 or higher (clients ages 6-18) or 24 or higher (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. For context, the PSC developers reported that 67% of clients entering psychiatric services scrored above the clinician cutoff on at least one PSC subscale (Murphy et al., 2015)
d. RA = Reassessment (RA1 = Reassessment 1, RA2 = Reassessment 2, RA3 = Reassessment 3, RA4 = Reassessment 4).

For Internal Use Only
Open Clients - Parent PSC Summary
Report Generated from mHOMS 99/99/2020 0:00:00 PM
Page 3 of 3

III. Assessment Summary – Item Definitions

- The Assessment Summary will include definitions for all items scored as a need on the current CANS assessment. The purpose of this addition is to facilitate communication between families and providers about what the CANS items mean. Further, the Assessment Summary will be more understandable with accompanying definitions, and can be given to families to take home.

CANS 0-5 Item Definitions

Strengths:

PLAYFULNESS: Children who have strength in this area genuinely like to play and receive pleasure when playing. They participate joyfully in play without a lot of support from a caregiver. The child's play is similar to the play of other children of the same age.

Potentially Traumatic/Adverse Childhood Experiences:

PHYSICAL ABUSE: F
hurts the child.

WITNESS TO FAMIL
child may see the vi
because of the viole

Challenges:

ATTACHMENT DIFF
more comfortable w
people they don't kn
closeness than you
adults, or difficulty
being very clingy wi

ADJUSTMENT TO T
perceived as having
the memory of that
remind them of the
aggression to self a

Functioning:

EARLY EDUCATION
problems with trans
turns, sharing, maki
quick to cry or appe

MEDICAL/PHYSICAL
extensive hospitaliz
ability to learn, grow

Risk Behaviors &

EXPOSURE: Childre
or marijuana smoke
symptoms at birth s

FAILURE TO THRIV
age and sex or weig

For Internal U
Report Generated fro

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.

INTERPERSONAL: Children who have strength in this area are interested in and able to form relationships with other children or adults.

EDUCATIONAL SETTING: Children who have strength in this area do well and like school OR the school works closely with the youth to meet the child's educational needs.

Child Behavioral/Emotional Needs:

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.

Caregiver Resources and Needs:

KNOWLEDGE: Caregivers who need support in this area can benefit from additional information that has not yet been provided in order for the caregiver to be able to meet the child's needs to the best of their ability and support them in treatment.

SOCIAL RESOURCES: Caregivers who need support in this area could benefit from more access to other safe and supportive adults (such as friends or family) who are able and willing to help with caring for the child and meeting the child's needs.

RESIDENTIAL STABILITY: Caregivers who need support in this area might have experienced multiple moves in the past year, are experiencing housing instability, have recently experienced homelessness, or are currently homeless.

MEDICAL/PHYSICAL: Caregivers who need support in this area are experiencing health or physical challenges that are impacting their ability to care for the child.

MENTAL HEALTH: Caregivers who need support in this area are experiencing mental health challenges (including but not limited to identified disorders, troublesome symptoms, difficulty coping with stress or major life changes, or the impacts of current, past or family trauma).

SUBSTANCE USE: Caregivers who need support in this area are using substances in a way that affects the care of their child. This might include use of over-the-counter drugs, prescriptions, alcohol, or other substances.

DEVELOPMENTAL: Caregivers who need support in this area have been identified as having a developmental disability that affects their caregiving.

SAFETY: Caregivers who need support in this area might be at risk of harm from another person in their home or community, and are in need of support to keep the child safe at home.

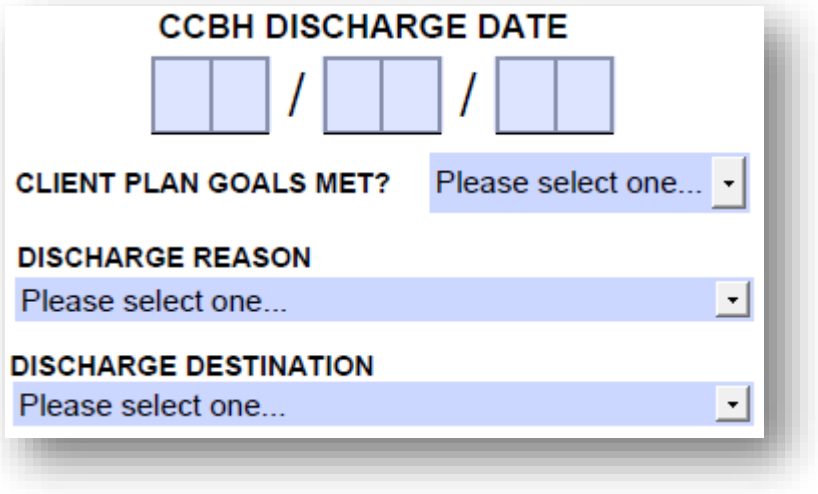
Life Functioning:

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

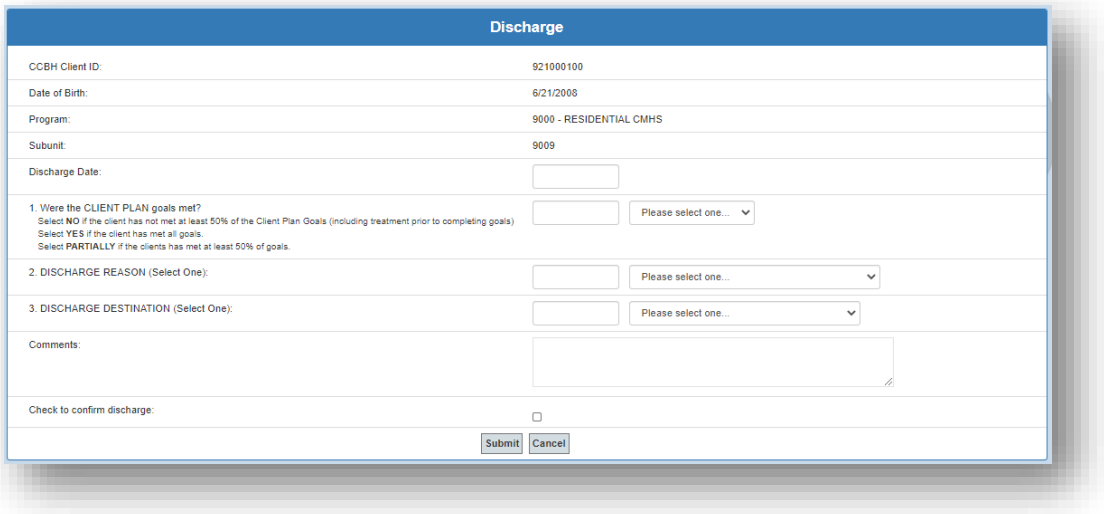
For Internal Use Only
Report Generated from mHOMS 6/23/2020 4:35:08 PM Page 3 of 4

IV. Client Information Sheet – New version 07/2020

- The form has been updated with the following fields for the purpose of aligning with CCBH:
  - Client plan goals met?
  - Discharge Reason
  - Discharge Destination



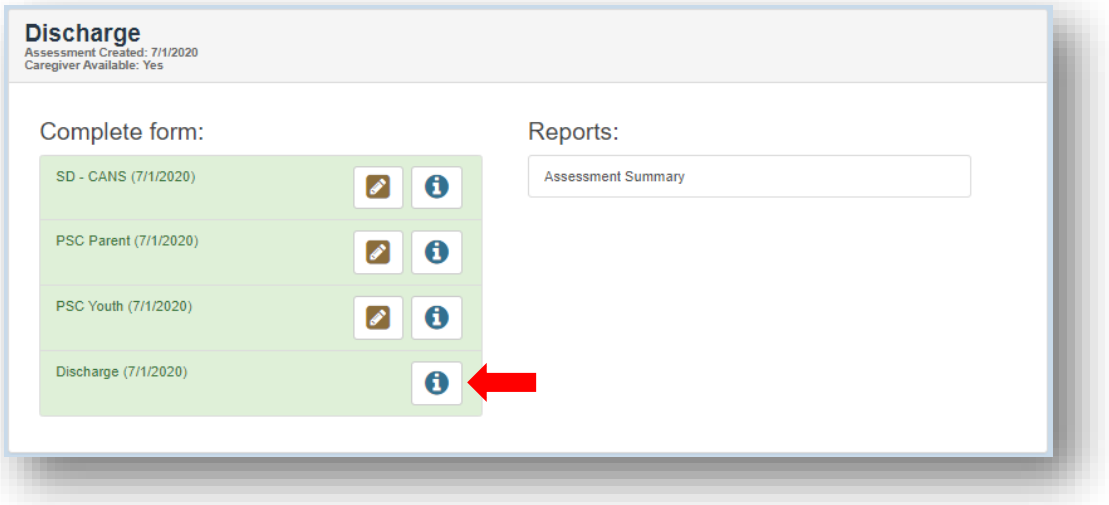
- On 7/1/2020, the CYF mHOMS Discharge form will also include the new fields:

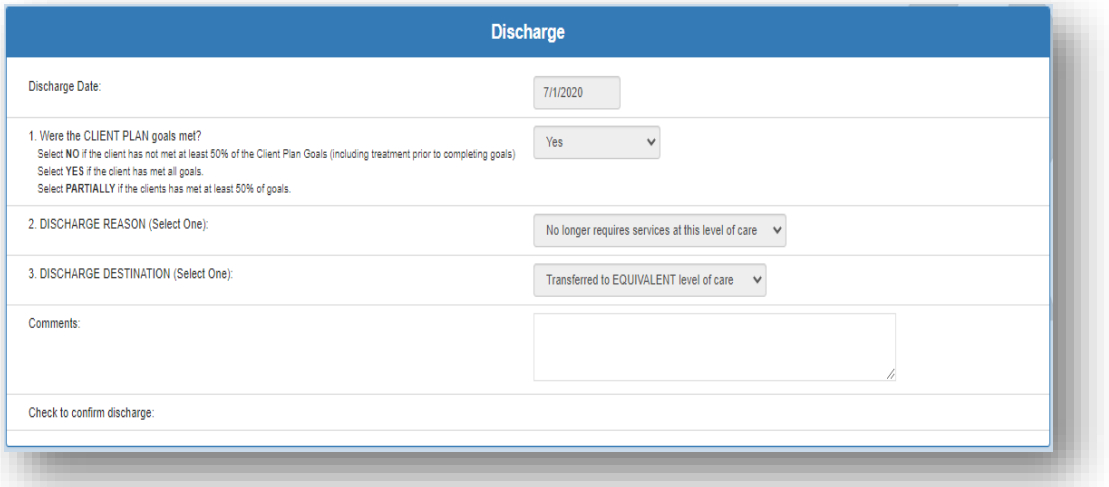


- The CYF Client Information Sheet v.07/2020 is available on the CASRC website: https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Pages/CYFmHOMS-DES.aspx

V. Discharge - Review Form Icon

- The Review Form icon will allow staff to view the information that was entered on the Discharge form: *(Editing not permitted)*





ACES Questions	CANS Trauma Module Item
1. Did a parent or other adult in the household often or very often… Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	3. Emotional Abuse
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?	2. Physical Abuse
3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?	1. Risk Abuse
4. Did you often or very often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?	4. Neglect
5. Did you often or very often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?	4. Neglect
6. Were your parents ever separated or divorced?	11. Disruption in Caregiving/Attachment Losses
7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	6. Witness to Family Violence
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?	10. Victim/Witness to Criminal Activity
9. Was a household member depressed or mentally ill, or did a household member attempt suicide?	9. Natural or manmade disasters
10. Did a household member go to prison?	12. Parental Criminal Behavior

Combatting Human Trafficking in San Diego County – NI TRC

Carolyn Matzger
Deputy District Attorney
Email: carolyn.matzger@sdcda.org
Phone: 858-583-7231

Summer Stephan
San Diego County District Attorney

Scope of Problem – San Diego

- California: In the top 4 destination states for HT
- San Diego: In the top 13 cities for High Intensity Child Prostitution

Chicago
Dallas
Detroit
Las Vegas
Los Angeles
Miami
Minneapolis
New York
San Diego
San Francisco Bay Area
St. Louis
Tampa
Washington, D.C.

Groundbreaking NIJ 2015 Study: *"Measuring the Nature and Extent of Gang Involvement in Sex Trafficking in San Diego"*

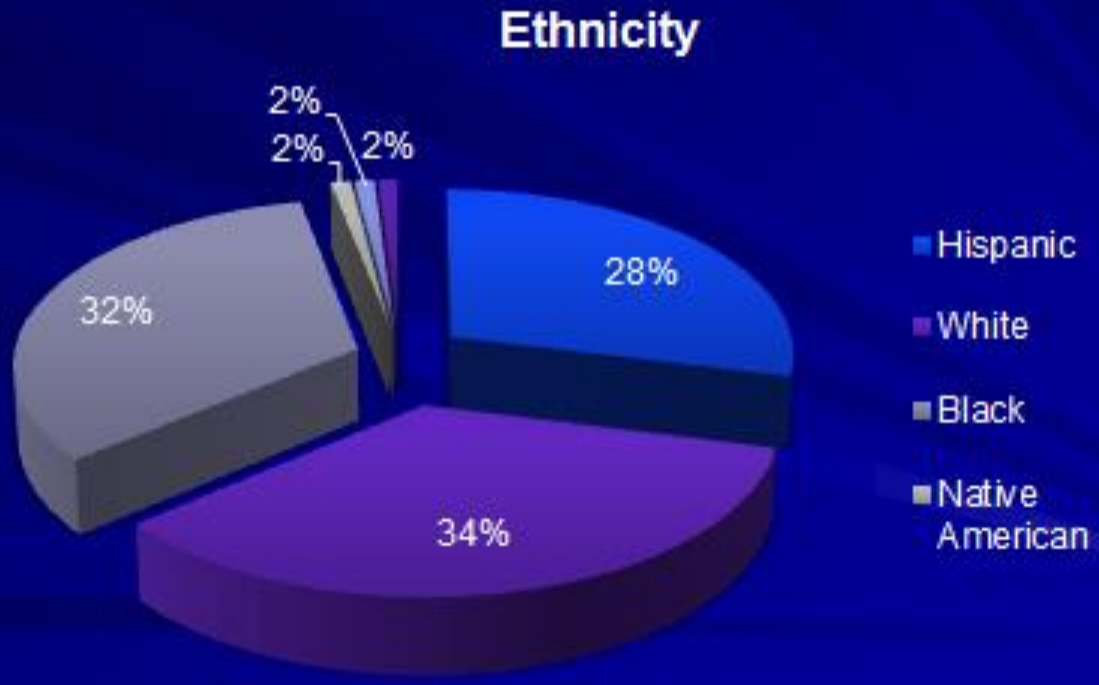
- Dr. Ami Carpenter, University of San Diego and Dr. Jamie Gates, Point Loma Nazarene University
- National Institute of Justice Grant
- *The Next slides are adapted with some modifications from Power Point from Researchers Carpenter & Gates 2015*

Study: How Big is San Diego's Underground Sex Economy?

Study: Gang Members Involvement

- 85% of facilitators were gang-affiliated
- **110 gangs** involved in underground sex economy

Study: Gang Ethnicity



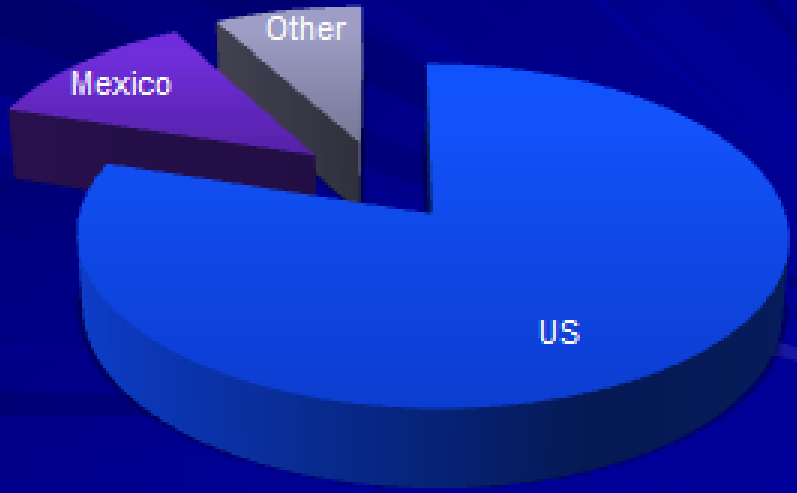
Study: Victim Ethnicity and Nationality

Country Of Origin	Percentage
United States:	80%
Mexico:	12%
Other:	8%

Including: Taiwan, Russia, China, Korea Philippines, Honduras, Germany, Puerto Rico, Colombia, Cameroon

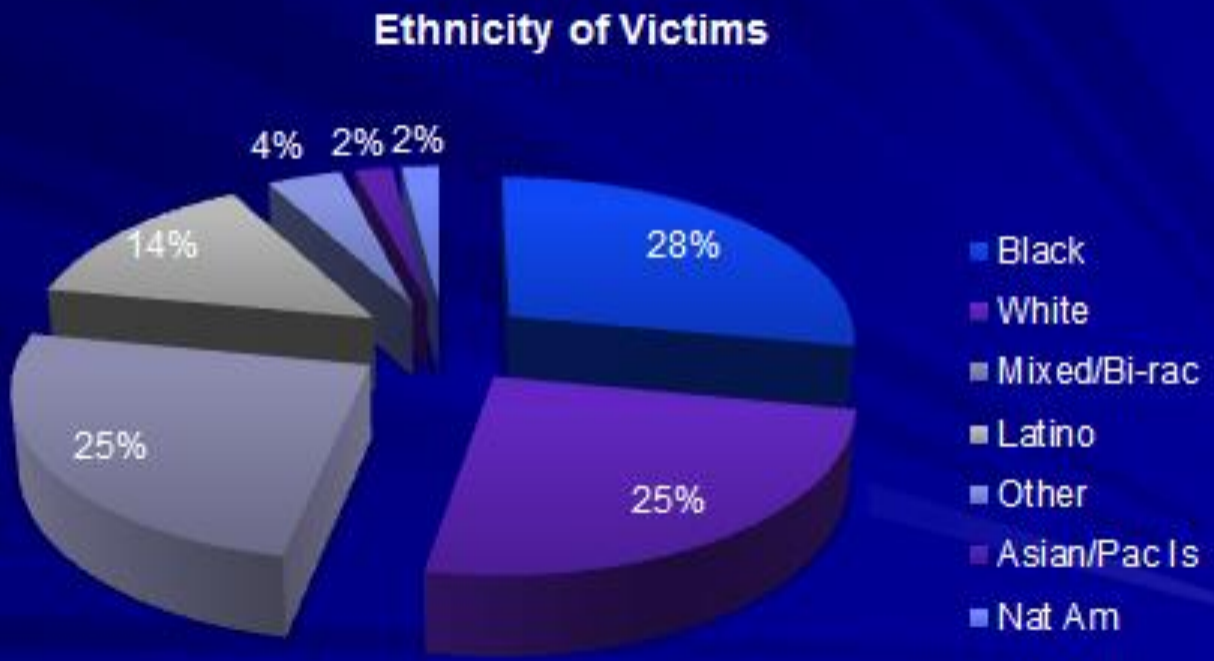
80% of sex-trafficking victim/survivors are **domestically trafficked**

20% are foreign born



Study: Ethnicity of Victims

The majority are Black, White and mixed ethnicity



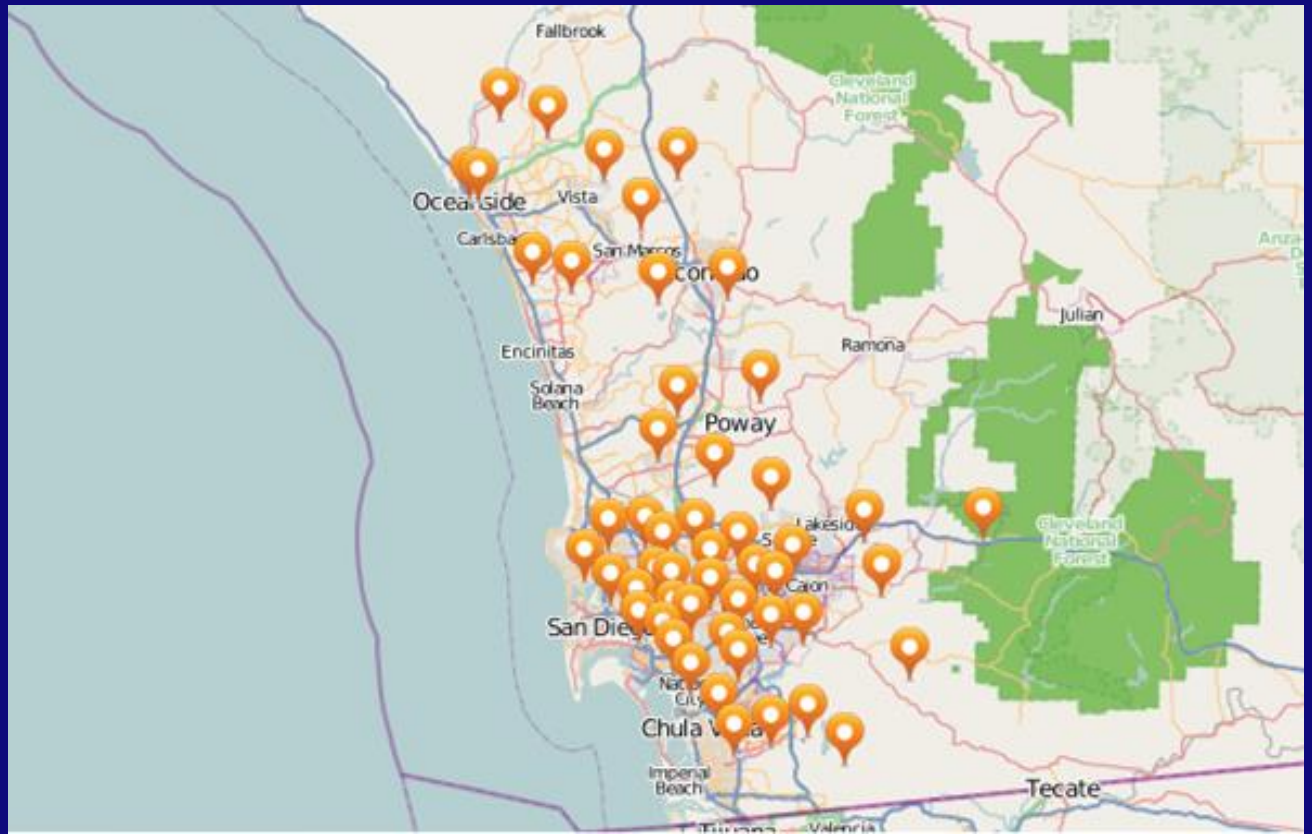
Study: Victims

- 16 years old – average age of entry into sex trafficking
- 3417-8108 victims annually

HTTF

- Younger kids trafficking and being trafficked

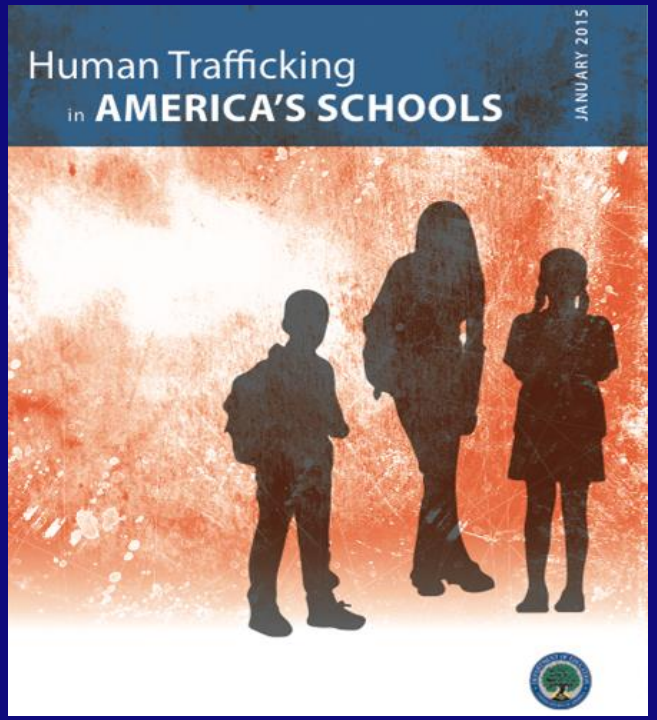
Study: County-Wide Problem
Residence of Victims/Survivors



Study: Human Trafficking in San Diego's Schools

County-wide recruitment in middle schools and high schools

- Focus groups from all **20 schools** identified suspected victims; **90% confirmed CSEC cases**
- **30% of facilitators** witnessed or participated in sex trafficking recruitment related to schools



Risk Factors in San Diego (CSEC):

- Runaway/homeless youth
- Drugs/alcohol
- Mental health
- Lack of parental involvement
- Financial problems
- Prior trauma – sexual abuse, family violence/neglect
- Involvement with child welfare
- Any neighborhood and any family

---

20 high schools in San Diego County had suspected victims of human trafficking (90% confirmed cases)

Study: Recruitment in San Diego

- "Boyfriend" asks his girl "just this one time"...
- Social Media
- Girl recruiters
- Material enticements
- Involvement with drugs, payment for drugs
- Fraudulent job offers
- Parents offering their kids to friends/associates for money
- Family members (generational or cultural ties)
- Some gang-organized massage parlors

Study: Recruitment in San Diego

Trolley/Bus Stops
House Parties
Schools
Malls
Churches
Social Media

Acts Are Happening

Track

Internet Ads

Motels

Massage Parlors

What to Look For With Children

- Multiple cell phones
- Unexplained luxuries (purses, hair, nails)
- Bruises / STDs / Pregnancy / Tattoos
- Dropping grades / Truancy / Overly tired
- Changing friend groups
- Older boyfriend / Secretive
- Use of alcohol / drugs
- Depression / isolation
- Excessive use of internet chat rooms

California Law on Human Trafficking

- Pimping 266h PC (3, 4 or 6 yrs - Non probation eligible)
  - Knows a person is a prostitute, and
  - Gets support from that person's prostitution proceeds.
- Pandering 266i PC (3, 4 or 6 yrs - Non probation eligible)
  - Gets a person for purposes of prostitution.

California Law on Human Trafficking

- (a) Deprives the liberty of a person with intent to obtain forced labor or services (5, 8, 12 yrs) (ADULT OR CHILD)
- (b) Deprives the liberty of a person by force, fear, fraud, etc. with intent to pimp or pander (8, 14, 20 yrs) (ADULT OR CHILD);
- (c) If V is a MINOR:
  - Causes or attempts to cause a MINOR to engage in commercial sex act w/ intent to pimp, pander, make child pornography, etc. (5, 8, 12 yrs)
  - If done w/force, fear, violence, fraud, etc. (15 yrs to Life)

Laws on Human Trafficking - Federal

- 2000 Congress passed Trafficking Victims Protection Act

Laws on Human Trafficking - California

- 2005 Enacted HT law (before just P & P)
- 2012 Made them more similar to the Federal Laws
- 2016 Mandated reporting of CSEC
- 2017 Prostitution statute separated buyers
- 2017 Vacatur for non-violent offenses
- 2017 Juveniles cannot be charged with prostitution
- 2018 Similar acts evidence

SAN DIEGO'S COMBAT PLAN

Always Victim-Centered

- Prevention
- Protection
- Prosecution
- Partnerships

Combat Strategies

- **SD County Regional HT and CSEC Advisory Council (2011)**
  - **Child Welfare**
  - **Prosecution**
  - **Law Enforcement**
  - **Education**
  - **Victim Services**
  - **Survivor-Leaders**
  - **Research and Data**
  - **Strategic blueprint presented to BOS & adopted 2014**
  - **Updated Outcomes Report presented to BOS & adopted 2016**

Combat Strategies

- San Diego Human Trafficking Task Force (2015)
  - State, Federal and Local Law Enforcement
  - Work in 1 office, includes a dedicated Deputy DA
- Build cases together & help victims
- Provide advice during operations
  - John Operations – reduce demand
  - Prostitution Stings – rescue
- Provide training to LE

Combat Strategies

- SD District Attorney Sex Crimes & Human Trafficking Division
  - Established 2003 by DA Summer Stephan
  - Focus for HT:
    - Prosecuting traffickers
    - Treating prostituted people as victims
    - Reducing demand and holding Johns accountable
      - Now get booked
      - No reduction in charge

Prosecution

Traffickers (SCHT DDAs)

- HT, Pimping, Pandering (Prison)
  - Typical case:
    - 1 pimp
    - 2 or more adult victims
    - Backpage ad
    - Sex in a motel
  - Prove:
    - Branding
    - Cell phones – texts, photos
    - Jail calls

Prosecution – Cellphone Texts

99	2146505693	* Kitty	28/03/14 12:11:16 (GMT-7)		Sent	Sent	Phone	Outgoing	Aite. How long
100	2146505693	* Kitty	28/03/14 12:11:54 (GMT-7)		Read	Inbox	Phone	Incoming	Half
101	2146505693	* Kitty	28/03/14 12:12:02 (GMT-7)		Sent	Sent	Phone	Outgoing	Aite
102	2146505693	* Kitty	28/03/14 12:18:45 (GMT-7)		Sent	Sent	Phone	Outgoing	You aite
103	2146505693	* Kitty	28/03/14 12:19:40 (GMT-7)		Read	Inbox	Phone	Incoming	Yessir
104	2146505693	* Kitty	28/03/14 12:24:01 (GMT-7)		Read	Inbox	Phone	Incoming	Dne gettin dresses

Prosecution

Sends Out Text Blasts Trying to Recruit Others

2	(619)359-7948	N/A	24/03/14 02:21:45 (GMT-7)		Sent	Sent	Phone	Outgoing	You ready to make a move to improve
3	(512)508-9577	N/A	24/03/14 02:24:56 (GMT-7)		Sent	Sent	Phone	Outgoing	Ready to make a move to improve

With Photos of Cash

#63	
Folder: Se	us: Sent Timestamp: 24/03/14 02:22:03 (GMT-7) Priority: Normal
To:	6193597948
Attachmer	PART_1395652917124 MD5: 88FA7289AC04D0E7C95B045E6FBC1479 SHA256: BC775DFF2CC4F497BFB63436F9087B94A47DA39CB3F9D4DB764F2D3DBA1AB4A9

#61	
Folder: Sent	Status: Sent Timestamp: 24/03/14 02:25:21 (GMT-7) Priority: Normal
To:	5125089577
Attachments:	PART_1395653114183 MD5: 747721C7B54928A29446722B796F6283 SHA256: 7B325F9CD94FA709C780D553887ED4E07905FF2EC17E62F83E37002B8A88A055

Prosecution – Pimping Lingo

54	(619)537-9762	N/A	26/03/14 16:49:14 (GMT-7)		Sent	Sent	Phone	Outgoing	You rea[illegible] make a move to i[illegible]rove. Come get this road money with me. Youll be very secure with me. No worries.
69	(619)841-8449	N/A	26/03/14 18:53:01 (GMT-7)		Sent	Sent	Phone	Outgoing	Ready to make a move to improve. Choose up and move up.
24	16199668779	N/A	24/03/14 19:43:10 (GMT-7)		Sent	Sent	Phone	Outgoing	Never mind. A bitch that laugh at money aint fit for my team. B e z
59	16195379762	N/A	26/03/14 17:24:15 (GMT-7)		Sent	Sent	Phone	Outgoing	Don't denie me till you try me. Come check me out, you don't like me and how I run my operation go back to doin you. No harm no foul

Prosecution – Jail Calls – CT (pimp) & JT/"Kitty" (victim)

CT: Hello.

JT: Hello.

CT: Kitty, what else did you say?

JT: That was it, they kept trying, they just basically they just kept trying to get me to say that you are my pimp and I kept telling them "no". I said, I go, I uh split it, I split the money with him. They were askin' more more personal questions really about me though than- than anything they, it was really more about me.

CT: So you really, so you really told them we split it?

JT: Huh?

CT: You told, you really told them people that?

JT: Really told them what?

CT: You you you might as well go on go back to Dallas man 'cause that just turned it into a felony man, so I'm gonna be here for a minute. I'm gonna be here a good (unin) motherfuckin' shit man

Prosecution

- Law enforcement gave me reports
- Charged pimping and pandering - proof BARD
- Made an offer, but defendant didn't want to plead guilty
- Preliminary hearing – put on evidence and judge found there was PC to believe defendant committed the crimes
- Defendant didn't want to plead guilty
- Trial – victim didn't testify (she was posting in another state) but jury convicted him.
- Sentencing – victim wrote a letter telling the judge he wasn't guilty. Judge gave him the maximum sentence.

Prosecution

Buyers/Customers/Johns

- 3 years probation
- 1 day jail
- Prostitution impact panel
- HIV class/testing
- Street conditions

Prosecution

Victims/Survivors

- LE immediately offers services, including relocation
- Adults
  - Plead guilty -> take advantage of services -> dismissal
    - 6 Survivor of Streets classes
    - HIV/AIDS class/testing
    - Street conditions
    - Resources handout

Prosecution

Victims/Survivors

- Juveniles
  - Cannot be arrested or prosecuted
  - RISE Court – helps juvenile HT victims who committed other crimes
- Vacatur

Operation Reclaim and Rebuild

Education – Prevention by DDAs

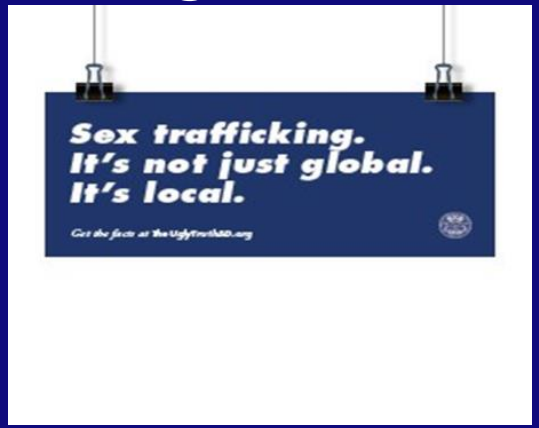
- **Speak about the dangers & signs of HT:**
  - **High school classes**
  - **Parents**
  - **Community organizations**
  - **Professional organizations**
  - **Hotel/motel workers**
  - **Airport employees**
  - **DA Summer Stephan gives interviews**

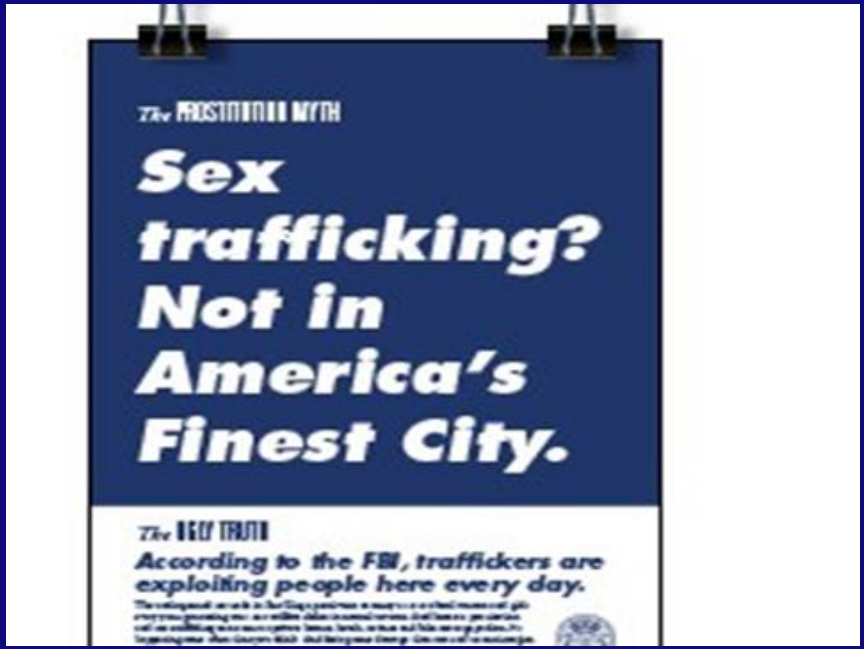
Combat Strategies

- **Collaborate with NGOs to help victims**
- **Put up posters and billboards to raise pubic awareness**

The Ugly Truth

- Award winning Survivor based messages
- Radio, health clubs, bus-trolley, mobile, movie theatres
- Millions of impressions
- TheUglyTruthSD.org





2018 Campaign with Abolitionist Mom Genice Jacobs

- HHSA paid for billboards, posters, radio ads.
- DA's office spread the word through social media.
- DA's Office is paying for posters for SD schools with curricula.

To Report Human Trafficking

- If V is under 18, call Child Abuse Hotline 1-800-344-6000

- Call local LE agency or text BeFree

- Find community organizations that fight human trafficking and help victims

www.protectsandiegokids.org/

(there are links to 20 organizations

at the bottom of this link)

CONCLUSION

We are working to:

- Prosecute traffickers
- Help victim/survivors
- Prevent others from becoming victims
- Reduce demand

Carolyn Matzger
Deputy District Attorney
Email: carolyn.matzger@sdcda.org
Phone: 858-583-7231

From: Soriano, Christian
Subject: Unusual Occurrences
Date: Wednesday, March 25, 2020 3:58:09 PM
Attachments: image001.png

Sent on behalf of Heather Parson, LMFT, Interim Behavioral Health Program Coordinator, MH QM, and Tim Tormey, Psy.D., LMFT, Behavioral Health Program Coordinator, SUD QM

Dear AOA and CYF SOC teams (bcc'd),

Reporting by programs of potential incidents of COVID-19 exposure or confirmed diagnosis do not, at this time, meet the guidelines for Serious Incident Reporting. Rather, programs should follow the Unusual Occurrences process as defined in the OPOH or SUDPOH and report this information to the COR. For tracking purposes, however, the QM teams have created a mechanism to capture this information for the systems of care for future reporting as needed.

Please forward any Unusual Occurrence reporting information you receive to QI Matters (**qimatters.hhsa@sdcounty.ca.gov**) and we will maintain the tracking mechanism.

If you have any questions, please contact Heather Parson for Mental Health programs or Tim Tormey for SUD programs.

Thank you,

Christian Soriano, Office Support Specialist
Behavioral Health Services
County of San Diego Health & Human Services Agency
O: 619-584-5087

For local information and daily updates on COVID-19, please visit **www.coronavirus-sd.com.** To receive updates via text, send **COSD COVID19** to **468-311.**

******Please tell me how I am doing by completing a 1-Minute Customer Experience Survey here. I appreciate your feedback.***

******Please tell me how I am doing by completing a 1-Minute Customer Experience Survey here.***

Date: September 26, 2019

CYF Memo: #12 -19/20

To: CYF Telehealth Services

Mental Health (MH) and Substance Use Disorder (SUD) Treatment Providers

From: Yael Koenig, CYF Deputy Director

Re: **Telehealth Services**

In an effort to support programs opting to utilize telehealth service, BHS QI and BHS CYF provided implementation and compliance guidance, and tracking templates via MSR/QSR reporting, respectively. This Memo serves as a summary of the key implementation components and tracking procedures that programs follow if providing telehealth services:

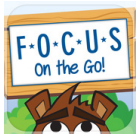
- **COR notification** – All programs wanting to establish telehealth services are to submit a written plan/procedure outlining the program protocols prior to implementation. Programs that are already using telehealth, are to submit their existing written plan/procedure.
    - Elements of the brief plan/procedures include items such as: funding, confidentiality compliance, utilization parameters, adherence to client choice, etc.
- **Program tracking and reporting** – A report template is available via Cerner Community Behavioral Health (CCBH) to document current program telehealth utilization data on MSR/QSR. *Telehealth Services Report Template.*
    - The data from the Telehealth Services Report Template is pulled directly from the dropdown options selected by staff completing data entry. Program runs the report at the end of the applicable month/quarter, reviews report outcomes, and addresses any data entry errors or staff training needs as per standard protocols pertaining to CCBH data clean-up. The report can be run as often as needed for program monitoring.
    - CYF review of FY1819 telehealth reports indicates that one of the most common data entry reporting errors is by contact type; indicating telephone verses telehealth and/or vice versa in the dropdown.
- **Guidelines for Contracted Telehealth/Videoconferencing** – BHS QI MIS Memo issued 2019.05.10 outlines guidelines for videoconferencing services.
- **Annual Attestation** – Program, per BHS QI MIS Memo issued 2019.05.10, submits an annual attestation statement to COR/COR Teams to attest to appropriate levels of HIPPA compliance.

Please contact your Contracting Officer Representative (COR) with any questions.

Attachments: County of San Diego, BHS, QI MIS memo – Issued 2019.05.10
Telehealth Services Report Template – Instruction Sheet
CYF MSR/QSR Telehealth Services Tab

Cc: County of San Diego Quality Management (QM)
County of San Diego Clinical Directors Office (CDO)

List of Mental Health Resource Apps for Youth, Caregivers, or Therapists*

Name of the App	HW features	Tracking feature?	Target Problem	Age Group	How can therapists use this app?	App info ‡	User experience Rating†	Credibility Rating†	Evaluation
FOCUS On the Go! 	• Identifying emotions • Problem-solving techniques	Limited: The Family Check-up section has caregiver surveys (one of them is about the kids' emotion and behaviors), which can be emailed to the therapists.	Anxiety Disorders, Disruptive Behavior disorders	6-12, parents of 0-5, 6-12	• Therapists can use this app to teach parents and kids CBT techniques (deep breathing, problem solving, etc.) via the videos and resources. There are parent handouts, which they can email to themselves (e.g., feelings charts, feelings thermometers, list of pleasurable events, relaxation exercises for young children). • The app also has some fun, emotion identification learning games for kids. Likely best as an adjunct to therapy to teach children about emotions.	• Developed by: UCLA • Platform: Apple iOS and Android	Not yet available	Not yet available	• The app is easy to use and works consistently. • Completion of the emotion learning games is not tracked, but they can be used in between sessions to reinforce what was learned in therapy. • Kids need to be able to read to use some of the games, otherwise they can be completed with parental support.
FOCUS on Foster Families	• Identifying and tracking emotions Problem-solving techniques (focus on family interaction)	No	Anxiety disorders, Disruptive Behavior disorders	6-12, 13+, and parents of 6-12, 13+ (focus on foster youth)	• This app is similar to Focus on the Go app with focus on foster youth and families. Therapists can use this app as a resource for foster youth.	• Developed by: UCLA • Platform: Apple iOS and Android	Not yet available	Not yet available	• Similar to Focus on the Go app.
TF-CBT Triangle of Life	• Cognitive restructuring • Problem solving	Limited: Tracks progress on game chapters, which will erase if the game is started over.	Depression, Anxiety disorders, Trauma	6-12, parents of 0-5	• Therapists can use this app in-session to teach kids about understanding the connection between thoughts, feelings and behaviors. • Could also be used in between sessions to reinforce concept of cognitive restructuring (track how many chapters clients completed).	• Developed by: Allegheny Health Network • Platform: Apple iOS and Android	3.75/5.00	2.86/5.00	• Fun interactive game. • Best for readers, otherwise non-readers can complete the game with their parents. Take about 45 minutes to do entire game. • Occasional software glitches.
Breathe, Think, Do with Sesame Street	• Problem solving • Relaxation/ breathing	No	Disruptive Behavior Disorders, Anxiety disorders, or Depression	0-5	• Therapists can use this app in session to teach young children skills such as problem solving, and deep breathing. • This app can also be used in between sessions to reinforce concepts learned in therapy.	• Developed by: Sesame Street • Platform: Apple iOS and Android	Not yet available	2.50/5.00	• Appealing app for young children. • Like the Triangle of Life it isn't technically HW because of no tracking, but parents can download app so young children can practice problem-solving in between sessions. Parents could track on a separate document the number of times this app was used when the child was upset and if it helped them calm down.

Name of the App	HW features	Tracking feature?	Target Problem	Age Group	How can therapists use this app?	App info ‡	User experience Rating†	Credibility Rating†	Evaluation
SBT Kids	*relaxation/ deep breathing/ mindfulness	Somewhat. It awards a sticker when activities are completed.	Depression, Anxiety disorders, DBD	5-10	* Features 15 short video mindfulness "missions," each of which last between 2 - 8 minutes. The videos feature audio that guides kids through meditations and animations featuring cute animals. Kids can reflect on their emotions and then choose a mission recommended by the app, or they can browse all available missions and pick one. *Therapists can help youth choose activities to complete; they can view how many sticker obtained (activities completed) and use this to start the conversation aobut how the youth felt before and after the exercises.	*Developed by Stop, Breathe & Think *Platforms: Apple iOS	Not yet available	Not yet available	*Good app for kids to practice breathing and meditation. The lesson videos are short and kid-appropriate. *May work best if parents do it with their children *Technical issues: only view horizontally; Have to touch the base to get the videos to start; *If you want to track number of activities completed by a specfic child, then only one child can use the app.
Boosterbuddy	Crisis Management; medication reminders	no	teens and young adults with more serious mental health problems (e.g., suicidality, psychosis, bipolar)	13+	Therapists should set it up with their clients (e.g., setting up a crisis plan with emergency information, coping statements/strategies, crisis contacts)	* Developed by Island Health *Platform: Apple iOS and Android	3.53/5.00	2.50/5.00	*Need parent approval to download. *Need therapist guidance to set it up in accordance with their program's crisis management policies such as crisis contact and activities. *There are symptom and medication assessments at the beginning for the app to suggest activities. Discuss with therapist about choosing and setting up activities is recommended. *Great resource for youth with SMI and/or who need reminders to use coping skills and take their medication. *The app is interactive and fun to use.

*This list is not an endorsement of the applications for their functionality, each user should do their own assessment of the pros and cons of each app. The creators of the list have no commercial ties to the developers of the applications.
**Updated date: 06/11/2020
†User experience Rating measures the design, accessibility of information, and overall experience that the app provides. Credibility Rating measures the strength of the scientific research support for the app and the therapeutic interventions the app provides. The details of rating information can be found at https://psyberguide.org/
‡ Apple iOS apps can be downloaded at iTunes. Android apps can be downloaded at Google Play.

List of Free Therapeutic Homework Apps for Youth*

Name of the App	HW features	Tracking feature?	Target Problem	Age Group	How can therapists use this app?	App info ‡	User experience Rating†	Credibility Rating†	Evaluation
Smiling Mind	• Relaxation • Deep breathing • Mindfulness	Yes. The Dashboard tracks sessions of practicing relaxation exercises.	• Anxiety Disorders • Depression	• 6 - 12 years • 13+ years	• There are a variety of breathing and mindfulness exercises tailored to different age groups (7-9, 10-12, 13-15, 16-18, and adults). • There is a Daily Reminder Alarm to help clients remember to use the app.	• Developed by: Smiling Mind • Platform: Apple iOS and Android	4.00/5.00	2.85/5.00	• Graphics are appealing. • Age-specific activities for a variety of novel relaxation/mindfulness activities. • Rated highly by mental health consumer. • The app might want you to create account (linking to Google, Facebook, or register with email) but it's optional. • Android Phones - As of May 2020, an account may be required for Android users who want to use the app.
Breathe2Relax	• Deep breathing	Yes. There is a daily tracking feature (in results section) that tracks stress and relaxation levels before and after the breathing exercise. Generates a graph to track over time.	• Anxiety Disorders	• 13+ years	• Therapists can assign this app to practice deep breathing. • The app also records levels of stress and relaxation before and after practicing breathing exercise via visual analogue scale.	• Developed by: The National Center for Telehealth and Technology • Platform: Android and Apple	3.95/5.00	2.85/5.00	• Very easy to follow and clients can personalize the app (change background, music, etc.). • Short, so it can be completed during commutes or short breaks at school. • The app might want access to your phone's photos/media/files but it's optional. • The app might ask you to set a password and create password security questions.
Chore Pad Lite+A5:K5	• Token economy system	Yes	• Disruptive Behavior Disorders	• Parents of 0-5 years • Parents of 6-12 years	• Therapists can set up this token economy system with the family. • The child earns stars as chores are completed, and uses those stars to redeem rewards that the parents created.	• Developed by: Nannek • Platform: Apple iOS and Android	Not rated	Not rated	• Older children can fill out the customizable reward chart themselves. Parents can do it for younger children. Parents can set up a passcode. • Takes a few minutes to set up and learn how to assign points. Best done in conjunction with youth / parent. * The Lite version is used for one child only.
BestBehavior	• Tracks ABC data	Yes. It saves progress and provides a graph of tracked behaviors over time.	• Disruptive Behavior Disorders	• Parents of 0-5 years • Parents of 6-12 years • Parents of 13+ years	Therapists can have parents use this app to track problematic behaviors, determine triggers, and develop interventions to target triggers of undesirable behaviors.	• Developed by: eKrios Consulting, LLC • Platform: Apple iOS	Not rated	Not rated	• Difficult for a parent to use. Therapists would need to spend significant amount of time teaching parents how to use the app (e.g., what all the terminology means, set up, and identifying situations to use it). • Client would be considered a "student" in the app.

Name of the App	HW features	Tracking feature?	Target Problem	Age Group	How can therapists use this app?	App info ‡	User experience Rating†	Credibility Rating†	Evaluation
T2 Mood Tracker	• Identifying and tracking emotions	Yes. The ratings are displayed on graphs to help users track their moods over time.	• Anxiety Disorders • Depression	• 13+ years	• Clients can track their moods and accompanying symptoms on six scales (anxiety, stress, depression, head or brain injury, post-traumatic stress, general well-being). • Notes can be recorded to document anything notable that might be associated with mood changes.	• Developed by: The National Center for Telehealth and Technology • Platform: Apple iOS and Android	3.51/5.00	2.50/5.00	• Many different symptoms within 6 categories to rate. Therapist should guide client as to which categories to complete. • The rating scale may be best for older adolescents. • The graph is not easy to read. • Might want to access to photo/media/files. • The app might ask you to set a password and create password security questions.
MyLife Meditation by Stop, Breathe & Think	* Identifying and tracking emotions * Relaxation/deep breathing	Yes, tracks feelings before and after meditation; tracks mindfulness activities complete through provision of stickers.	• Anxiety Disorders • Depression	Adults and some older more mature / capable adolescents	• Adolescents can use this app to receive a "curated list" of recommended meditations based current emotional state or to select a particular meditation (20 are available, all 10 minutes long or less). • Therapists can view how their clients felt before and after doing the exercises to see if they were effective.	*Developed by Stop, Breathe & Think *Platform: Apple iOS and Android	4.75/5.00	2.50/5.00	* May be best for older adolescents. * Takes time to learn how to use the app. May require step-by-step instructions. * Language may be too complicated for many youth (e.g., unsettledness, equanimous, non-judgmental). * Has great tracking capacity if youth clicks "Begin" before completing any exercises to track their emotions. * At startup, there is an option to to create an account to save progress or use "just browsing" option without an account.
Daylio	• Identifying and tracking emotions	Yes	• Anxiety Disorders • Depression	• 6 - 12 years • 13+ years	• This app is like a mood dairy. Clinicians can assign it to clients to track their mood and activities. • Clinicians can also customize the activities for behavioral activation. • There are daily and monthly reports of the user's mood and activities. • There is a reminder function to create daily entries. • Also, available in Spanish.	*Developed by: Super Easy Diary with Stats *Platform: Apple iOS and Android	4.14/5.00	2.1/5.00	*The app is easy to use. It is best for tracking moods, identifying patterns of moods associated with specific activities and tracking behavioral activaction activities for depressed clients. * The reports are helpful to see the progress. * Has pop up ads to sell the premium version of the app and to get you to back-up your data.
OurHome	• Token economy system	Yes	• Disruptive Behavior Disorders	• Parents of 0-13+ years	Parents can use this app to assign and schedule tasks and chores for their children and reward them for motivation.	*Developed by: Cape Horizon Pty. Ltd. *Platform: Apple iOS and Android	Not rated	Not rated	* Very interesting token economy app with many suggestions for activities and rewards * A bit complicated to set up. * Therapist may really need to spend time explaining this to the family and helping them with the setup. * Family members can share the app by creating individual profiles within family account.

Name of the App	HW features	Tracking feature?	Target Problem	Age Group	How can therapists use this app?	App info ‡	User experience Rating†	Credibility Rating†	Evaluation
Moodtools	• Cognitive restructuring • Pleasurable event scheduling • Distress tolerance for intense moods	Yes	• Depression	• 13+ years	* The "Thought Diary" part of this app can be used to help clients analyze their negative thoughts and restructure them. * The "Activities" part of this app can be used to track changes in mood before/after performing healthy activities.	*Developed by: Eddie Liu *Platform: Apple iOS and Android	3.18/5.00	2.85/5.00	* Easy to use and it has lots of resources. * Has a list of suggestions for clients to use to help with mood. * No free password protection (requires upgrade to paid Pro Mode).
Catch It	*Identifying and tracking emotions, cognitive restructuring	Yes	• Anxiety Disorders • Depression	• 6 - 12 years • 13+ years	* Clinicians can use this app with clients to track moods and thoughts around any specific situation. * Clients can be assigned this everyday or during specific instances during the week.	*Developed by: University of Liverpool *Platform: Apple iOS and Android	3.20/5.00	3.20/5.00	* Easy to use and log a emotions/thoughts. * Privacy setting- setting up pin to your own access. * Sharing logs with clinician is available via email. * The app might want access to your phone's location but it's optional.
eMoods Bipolar Mood Tracker	*Mood Log *Sleep Log *Medication Log *Small section for Daily Note	Yes	• Anxiety Disorders • Depression	• 13+ years	• This app can be used daily to track clients mood, sleep and medication use. • Clinicians can look at this report weekly with clients to see what particular areas need to be focused on (mood wise).	*Developed by: emoodtracker.com *Platform: Apple iOS and Android	2.84/5.00	2.15/5.00	* Easy to use with chart to track your daily highs and lows, sleep, medications, and symtoms. * Mood entry is very straight forward. * Clinicians can receive a summary if it is shared by the client. * Client can receive daily reminders to fill out their mood log. * Able to add/delete/customize medications as needed. * The in-app upgrade purchase is optional if you want to track custom symptoms and store multiple time-stamped notes per day.
Hopster Saturday Club for Kids	*Daily mood tracking	Yes	Disruptive Behavior Disorders, Anxiety, and Depression	* Kids ages 4+	* The app helps young kids to learn about different types of emotions through short scenario questions * It has a basic daily mood tracking that includes an option for kids to record a narrative along with their rating	* Developed by: Hopster * Platform: Apple iOS	Not rated	Not rated	*Appealing app for young children, or older children on the autism spectrum *Easy to use * Need parents to log in for their kids

Name of the App	HW features	Tracking feature?	Target Problem	Age Group	How can therapists use this app?	App info ‡	User experience Rating†	Credibility Rating†	Evaluation
Calm Harm	*Extensive: Tracks daily self-harm urges; monitors activities completed; tracks journal entries	Yes	Self-Harm Behavior; Borderline Personality Disorder	*13+	* This app teaches distress tolerance skills of Dialectical Behavior Therapy to manage self-harm urges in youth *It also has a tracking function that allows users to view their progress and take note of patterns and trends in their thoughts, feelings, and behaviors related to self-harm.	* Developed by: Stem4 * Platform: Apple iOS and Android	4.28/5.00	2.14/5.00	* The app includes many helpful activities to regulate self-harm urges * Activity types provide options of 5 or 15 minutes activities * It also has a pssword-protected function
MindShift	• Cognitive restructuring • Problem solving • Relaxation/ deep breathing	Yes	Anxiety disorders	13+	• Therapists can use this app to teach adolescents CBT techniques to deal with different situations. The app includes detailed steps and techniques to choose. Therapist would need to guide adolescent on what sections to use based on their presenting issues. • The app has 10 different topics/situations related to anxiety with six steps to tackle each one: Psychoeducation, self-assessment, identifying helpful thoughts, mindfulness & relaxation exercises, and identifying active steps you can take (e.g., "worry time").	• Developed by: Anxiety Disorders Association of British Columbia • Platform: Apple iOS and Android	3.74/5.00	3.20/5.00	• Users are able to choose & save favorite coping strategies for specific situations. Really clear situation-based choices. Gives many options for alternative thoughts. • Best set up in-session first, as it requires some guidance. Can be used in conjunction with cognitive restructuring worksheets.

*This list is not an endorsement of the applications for their functionality, each user should do their own assessment of the pros and cons of each app. The creators of the list have no commercial ties to the developers of the applications.

**Updated date: 06/11/2020

†User experience Rating measures the design, accessibility of information, and overall experience that the app provides. Credibility Rating measures the strength of the scientific research support for the app and the therapeutic interventions the app provides. The details of rating information can be found at https://psyberguide.org/

‡ Apple iOS apps can be downloaded at iTunes. Android apps can be downloaded at Google Play.

San Diego County Tobacco Control Coalition
County of San Diego
c/o American Lung Association in California
2020 Camino Del Rio North, Suite 200
San Diego, CA 92108
CAInfo@lung.org
(619) 213.1328

SAN DIEGO COUNTY - QUIT SMOKING HELP & RESOURCES

Phone or Video Platforms

INDIVIDUAL TELEPHONE COUNSELING

California Smokers Helpline – Free telephone support and counseling for all Californians who are thinking about, or simply have questions about quitting smoking or vaping.

Services in English	Services in Other Languages
Adult and Teen Smokers 1-800-NO-BUTTS (1-800-662-8887)	**Chinese** 1-800-838-8917
Vape Users 1-844-8-NO-VAPE (1-800-844-8668)	**Vietnamese** 1-800-778-8440
Tobacco Chewers 1-800-844- CHEW (1-800-844-2439)	**Korean** 1-800-556-5564
	Spanish 1-800-45-NO-FUME (1-800-456-6386)

Kaiser Permanente – Free, 20-minute Individual wellness coaching sessions provided to members. Call (866) 862-4295.
https://healthy.kaiserpermanente.org/southern-california/health-wellness/classes-programs

Southern Indian Health Council – Individual counseling provided by phone. Call (619) 445-1188 x770.
https://sihc.org/wellness-services/kumeyaay-family-services/lpsac/

VA Healthcare System (San Diego and Nationwide – Provides free telephone counseling to veterans.

- **San Diego VA Pharmacy Telephone Tobacco Cessation Clinic –** Provides telephone counseling and medications for quitting tobacco use. To enroll call: 1-800-331-838 x3903 or 1-858-642-3903.
- **Nationwide VA Telephone Counseling** – Call 1-855-QUIT-VET (1-855-774-8838).

GROUP PROGRAMS AVAILABLE VIA PHONE OR VIDEO PLATFORMS

City Heights Family Health Center
Free Smoking Cessation Classes (phone)
English and Spanish
(619) 515-2526
http://www.fhcsd.org/city-heights/

Diamond Neighborhoods Family Health Center
Free Smoking Cessation Classes (phone)
English and Spanish
(619) 515-2526
http://www.fhcsd.org/diamondneighborhoods/

Kaiser Permanente
Freedom From Tobacco (video)
Free, available for members only
(619) 641-4194
https://healthy.kaiserpermanente.org/oregon-washington/health-wellness/classes-programs/details/freedom-from-tobacco-webinar

Lemon Grove Family Health Center
Free Smoking Cessation Classes (phone)
English and Spanish
(619) 515-2526
https://www.fhcsd.org/lemon-grove-family-health-center/

Logan Heights Family Health Center
Free Smoking Cessation Classes (phone)
English and Spanish
(619) 515-2526
http://www.fhcsd.org/logan-heights/

Nicotine Anonymous (NA)
Free 12-step group program for people who want to become nicotine free. (video)
(877) 879-6422
https://nicotine-anonymous.org/video-conference-meetings.html)

Sharp HealthCare
Second Breath
Free 6-week Program (video)
(858) 505-1400
https://www.sharp.com/health-classes/second-breath-tobacco-cessation-webinar-1990/section-39966

This work is part of *Live Well San Diego:* Healthy Works and is implemented by the County of San Diego Health and Human Services Agency in support of a region that is Building Better Health, Living Safely, and Thriving. For more information, visit www.LiveWellSD.org. © 2020. California Department of Public Health. Funded under contract # CTCP-17-37.

Join us in September 2020 at this Virtual Event!

11th Annual Early Childhood Mental Health Conference – We Can't Wait!

Hope in Relationships – Bridging Science to Practice

September 10-12, 2020

Virtual Conference

Register Today

Forward to a friend

Join us in September 2020 at this Virtual Event!

This **11th Annual Early Childhood Mental Health (ECMH) Conference** will focus on the progress made in the past few years around relationships, resilience and protective factors, and will address the unique and complex needs of children and families living in very challenging circumstances. Distinguished speakers will provide updates on evidence-based practices, trauma-informed care, child welfare services, and advances in early education programs that address improving social-emotional development. In addition, attendees will examine the impact of COVID-19 and community violence on children and families.

Register Online
Easy & secure online registration

Our knowledge about how to make children more resilient has dramatically increased even though children and families continue to face many challenges. Bridging science to practice and implementing new and innovative practices can include barriers and challenges. The goal of this educational activity is to weave together a review of the most current scientific findings in early childhood mental health, highlight the latest progress in translating the research into interventions, and clearly outline what we can and must do to collaborate and close the gaps in our educational and clinical services for children and families.

Why attend?

- This conference brings together physicians, clinicians, social workers, early childhood educators, health and human service personnel, childcare providers, child welfare workers and many more professionals who wish to improve quality of care and implement innovative programs.
- **Thursday and Friday** will feature updates on the developing brain, evidence-based practices, trauma-informed care, child welfare services, and advances in early education programs designed to improve social-emotional development.
- **Saturday's program** features topics related to the skills, knowledge, collaboration, and cooperation needed between behavioral health providers and early childhood educators. Presentations include trauma-informed practices in early childhood education settings, creative strategies for behavior management, and interventions to support social-emotional competence in children.
- No commute, no traffic, and no line into the parking lot! The conference is 100% Virtual this year on Zoom!

You do not want to miss this conference!
Online registration is open now!

Click here for agenda

Click here for FAQ's about using our Zoom virtual conference

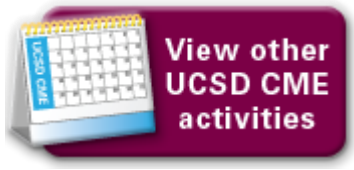
Registration Fees

Full Fee (2 Days, Thursday and Friday)...$149

One Day (Thursday or Friday)...$89

Saturday...$25

Continuing Education Credits...$35/day



LIVE WELL SAN DIEGO

Behavioral Health Services
Children, Youth and Families

Program Manager Meeting Schedule

FY20-21

Meetings to be held in person and/or WebEx 9:30 a.m. - 11:30 a.m. (Breakout Sessions 11:30 a.m. - 12:30 p.m.) * *topic specific as appropriate
July 9, 2020
September 3, 2020
November 12, 2020
January 14, 2021
March 11, 2021
May 13, 2021

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

TEL: 619 584-3016
EMAIL: Yvonne.Gage@sdcounty.ca.gov

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY