

PROGRAM MANAGER MEETING

Children, Youth and Families | Behavioral Health Services

November 12, 2020 | WebEx| 9:30 a.m. – 11:30 p.m.

Meeting Summary

ITEM	SUMMARY/ ACTION ITEMS
<p>1. Welcome – Fran Cooper</p> <p>2. QI Update (SOC) (handout) – Lisa O’Connor</p> <ul style="list-style-type: none"> ○ Serious Incident Reports (SIR) 	<p>Serious Incident Report (SIR) Any posting on social media requires a Level One SIR. Many of the postings are shared with several other people. Children often share incidents of suicide attempts or self-harm on social media. Parents have shared information about their children on social media. This information is shared with all their followers and often many people will comment on the incident.</p> <p>While this has always been considered a Level One SIR, incidents on social media have been increasing. Many people have open accounts which are shared by several others and risk being reported in the news media as well.</p> <p>Record the link on the SIR to the post on social media much like you do a news media link so that we can find and review the posting. Record the client’s specific social media account information. Copy and paste the link into the SIR.</p> <p>If the account is closed and you do not have access to the link, email QI Matters gimatters.hhsa@sdcounty.ca.gov or leave a message on the SIR line and we will discuss the incident with you.</p>
<p>3. Pathways to Well-Being (PWB) (MH) – Amanda “Mandy” Kaufman</p> <ul style="list-style-type: none"> ○ CFT Meeting Survey Online ○ BHS/PWB and CCR Focus Groups ○ Telephone and Virtual CFT Meeting Data ○ BHS Meet and Greets with CWS ○ The Roles and Responsibilities eLearning 	<p>CFT Meeting Survey Online: Most recent updates: https://www.surveymonkey.com/r/CFTSurveySD.</p> <p>Focus Groups: PWB and CCR teams conducted 5 focus groups for process improvement about virtual CFT meetings and Provider participation in IPC.</p> <p>Telephone and Virtual CFT Meeting Data: CFT meeting data reflects a successful transition from face to face CFT meetings to telephone and virtual CFT meetings.</p>

	<p>BHS Meet and Greet with CWS: If your program is interested in presenting to CWS, please reach out to your assigned BHS PWB liaison or Mandy Kaufman.</p> <p>The Roles and Responsibilities eLearning is now live and can be found on the RIHS website here: https://theacademy.sdsu.edu/programs/rihs/pathways/pathways-online-learning/</p>
4. YSS Systemwide reports (MH) (handout) – Amy Chadwick, Emily Trask, CASRC	CASRC shared the Youth Services Survey (YSS) June 2020 Survey including Key Findings summary.
5. mHoms (MH) (handout) - Amy Chadwick, Emily Trask, CASRC	CASRC shared the System of Care Evaluation (SOCE), CYF mHOMS Outcomes Report, July 2019 – June 2020 including Key Findings summary.
6. Social Determinants of Health Graph (MH) (handout) - Emily Trask, CASRC	Discussed highlights from a new report evaluating whether CYFBHS is impacting San Diego's Areas of Influence. CANS data was used in this evaluation".
7. Out and About (SOC) (handout) – Laura Beadles, San Diego Youth Services	Outdoor Outreach program for County youth and young adults ages 5 to 25 to explore the outdoors while safely creating friendships, building community, and developing leadership skills for all of life's explorations. Refer to flyer attached.
8. CYF School Services Annual Trend (SOC) (handout) - Fran Cooper	The report will be shared on an annual basis and highlights trend data from several FYs.
9. System of Care (SOC) Application (SOC) (handout) – Jane Maldonado, Skylar Hayes, Optum	<p>An overview and demonstration were provided on the System of Care (SOC) application available at https://optumsandiego.com/</p> <p>The overview explained the importance of provider and program manager compliance to meet State and Federal requirements. The in-depth demonstration was provided on registering for access and the following steps needed to complete a provider profile and site attestation.</p>
10. Announcements (SOC)	<p>Directing Change 2021 Hope & Justice Category (handout) – entries due by March 1, 2021</p> <p>Annual LWSD Advance (Virtual) , December 3, 2020 (handout)-</p> <p>CADRE Meeting Schedule FY20-21 (handout)</p> <p>Holiday Closure memo (handout) – Memo emailed to providers on November 10, 2020. Please contact your COR with any questions.</p>
Next Meeting: January 14, 2021	

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SERIOUS INCIDENT REPORT (SIR)

County of San Diego Behavioral Health Services (BHS)
FAX: 619-236-1953 Serious Incident Report Line 619-584-3022
Fax LEVEL ONE SIR within 24 hours. Fax Level Two SIR within 72 hours.

SIR INSTRUCTIONS

LEVEL ONE incident shall be reported to the BHS Serious Incident Report Line **immediately**, upon knowledge of the incident. **Level Two** incident shall be reported to the BHS Serious Incident Report Line within **24 hours**, upon knowledge of the incident.

NOTE: Reporting of a serious incident is based on criteria and determined severity of the serious incident.

A **LEVEL ONE** Serious Incident is the most severe type of incident. A level one incident must include at least one of the following:

- Any event that has been reported in the media current or recent past regardless of type of incident.
- The event has resulted in a death or serious physical injury **on the program's premises**.
- The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.

A **LEVEL ONE** Serious Incident that occurs on the weekend or holiday shall be reported in accordance with the procedure documented in the Organizational Provider Operations Handbook (OPOH) and the Substance Use Disorder Provider Operations Handbook (SUDPOH).

All other serious incidents are reported as Level Two incidents. For consultation, call QM Program Manager, see below

Privacy Incident Reporting (PIR): Report only to HHSA Compliance Office within one business day via on-line portal.

Report of Findings shall include a thorough review of the serious incident, relevant findings and interventions/ recommendations. The Report of Findings shall be submitted within 30 days of the reported serious incident. If a RCA was completed, then complete the RCA section only.

A **Root Cause Analysis (RCA)** is required for any serious incident that results in 1) a death by suicide, 2) alleged homicide committed by client, or 3) as requested by QM. The RCA and RCA Report of Findings shall be completed and submitted to QM within 30 days of the reported serious incident.

NOTE: The SIR form must be typed. Handwritten reports will be returned to programs for a typed report.

ALL FIELDS ARE REQUIRED AND MUST BE COMPLETED UNLESS OTHERWISE NOTED. INCOMPLETE FORMS MAY BE RETURNED.

NOTIFICATIONS: Certain reports require additional notifications to other parties (i.e. APS and DHCS). Please see specifications on the SIR form.

If you have questions about any serious incident, please contact the QM Behavioral Health Program Coordinator Mental Health Programs: 619-584-5016 Substance Use Disorder Programs: 619-584-3061.

Questions? Call for a Consultation.

This report contains Protected Health Information and is for the sole use of the intended recipient(s) and may contain information protected by the attorney-client privilege, the attorney work product doctrine or other applicable privileges or confidentiality laws or regulations. If you are not an intended recipient, you may not review, use, copy, disclose or distribute any of the information contained in this report to anyone. If you are not the intended recipient, please contact the sender and destroy all copies of this report. **THIS IS A CONFIDENTIAL QUALITY IMPROVEMENT REPORT AND MAY NOT BE RELEASED TO ANY OTHER PARTY OR INDIVIDUAL WITHOUT THE PERMISSION OF THE COUNTY OF SAN DIEGO QUALITY IMPROVEMENT UNIT.** Revised 10/5/2020.

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SERIOUS INCIDENT REPORT (SIR)

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Fax LEVEL ONE SIR within 24 hours. Fax Level Two SIR within 72 hours.

*Program Name:	*Legal Entity:	*Type <input type="checkbox"/> : LEVEL ONE <input type="checkbox"/> Level Two
*Client Name:	SanWITS Number:	
*DOB:	CCBH Number:	
Date of Last Service:	*DSM-5 Diagnosis:	
MediCal: <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, MediCal Number:		
Staff Involved with incident:		
Date/Time/Location of Incident:	Date Reported to Provider:	
BHS – Mental Health Program Select Appropriate Option Other:	BHS – SUD Program Select Appropriate Option Other:	
Program County Region Location: Select Appropriate Option		Contracting Officer's Representative (COR):

1. INCIDENT TYPE (You may check more than one if applicable):

Select Appropriate Option

Media Information:

Other:

2. NOTIFICATIONS:

MH and SUD programs may require additional notifications to other parties (i.e., APS, CWS, Law Enforcement, DHCS, SUD Credentialing Organization, etc).

***SUD Residential Programs only**, report to DHCS SIRs related to: death, injury that requires medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on premises. See [DHCS 5079 titled "Unusual Incident/Injury/Death Report"](#) for a copy of the DHCS form and directions.

****** The SUD Compliance Division investigates violations of the code of conduct of registered or certified AOD counselors. Alcohol or Drug Abuse Recovery or Treatment Facilities licensed or certified by DHCS are required to report counselor misconduct to DHCS within 24 hours of the violation. See [DHCS Substance Use Disorders Services – Complaints](#), for further details about regulations and how to file a complaint with DHCS (SUD only).

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SERIOUS INCIDENT REPORT (SIR)

County of San Diego Behavioral Health Services (BHS)

FAX: 619-236-1953 Serious Incident Report Line 619-584-3022

Fax LEVEL ONE SIR within 24 hours. Fax Level Two SIR within 72 hours.

Type: Select Appropriate Option

Entity: Select Appropriate Option

Other:

SUD Residential Programs, reported to DHCS (SIR related to: Death, Injury that required medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on the premise): ☐ Yes ☐ No

☐ Telephonic Report (916) 322-2911 (within 24 hours).

Date:

Time:

☐ If Applicable, Written (Within 7 days of the Event): [DHCS 5079 titled "Unusual Incident/Injury/Death Report"](#)

☐ If Applicable, death report submitted via fax to the DHCS

Complaints and Counselor Certification Division at (916) 445-5084
or by email to DHCSLCBcomp@DHCS.ca.gov

Date:

Time:

3. DESCRIBE THE SERIOUS INCIDENT: (ADDRESS ALL ITEMS BELOW)

1. Include people involved, precipitating factors, and details of incident; 2. Indicate if client was admitted for medical or psychiatric care; 3. Describe any physical, medical or other concerns:

4. OTHER BEHAVIORAL HEALTH CLIENT SERVICES: (Outpatient, FSP/ACT, WRAP, SBCM, medication management, day treatment, residential, recovery services, etc.)

5. MEDICAL/PHYSICAL HEALTH:

Current prescribed medication(s):

Name of prescribing physician:

Physical or medical concerns:

This report contains Protected Health Information and is for the sole use of the intended recipient(s) and may contain information protected by the attorney-client privilege, the attorney work product doctrine or other applicable privileges or confidentiality laws or regulations. If you are not an intended recipient, you may not review, use, copy, disclose or distribute any of the information contained in this report to anyone. If you are not the intended recipient, please contact the sender and destroy all copies of this report. **THIS IS A CONFIDENTIAL QUALITY IMPROVEMENT REPORT AND MAY NOT BE RELEASED TO ANY OTHER PARTY OR INDIVIDUAL WITHOUT THE PERMISSION OF THE COUNTY OF SAN DIEGO QUALITY IMPROVEMENT UNIT.** Revised 10/5/2020.

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SERIOUS INCIDENT REPORT (SIR)

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Fax LEVEL ONE SIR within 24 hours. Fax Level Two SIR within 72 hours.

6. TARASOFF REPORT OF FINDINGS INDICATED? ☐ No ☐ Yes

Program is not required to submit a report of findings for Tarasoff reports unless it is relevant to an identified systemic issue in program operations or to client's treatment.

7. Date & Time of phone report to QM: Date: _____ Time: _____

Form Completed By: _____

This section to be completed by Program Manager or Designee Only

Program Manager's Email: _____

Program Manager's Phone: _____

Program Manager's Name: _____ Date: _____

Serious Incident Report



BHS
SIR

Please be sure to check the Optum website to ensure you are using the most up to date forms.

1. Submitted forms are to be typed. Handwritten forms will be returned for completion.
2. Incidents regarding discharged clients are only required if the incident occurred within 30 days of the date of discharge from the program.
3. A Level One Incident is to be called into the SIR Line immediately upon knowledge of the incident. A Level Two incident is to be called into the SIR Line within 24hrs of knowledge of the incident.
4. A Level One SIR is to be faxed in within 24 hours of knowledge of the incident. A Level Two SIR is to be faxed in within 72 hours of knowledge of the incident
5. The Report of Findings is due within 30 days of knowledge of the incident.
6. Refer to Section G in either the OPOH (for MH programs) and SUDPOH (for SUD programs) for further information.

Level One

1. Any event that has been reported in the media (including social media), current or recent past regardless of the type of incident.
2. The event has resulted in a death or serious physical injury **on the program's premises**.
3. The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.

All other serious incidents are reported as Level Two.

The County of San Diego QM defines Serious Physical Injury as: an injury involving extreme physical pain, substantial risk of death, or protracted loss or impairment of function of a bodily member, limb, organ or of mental faculty (i.e. fracture, loss of consciousness), or requiring medical intervention, including, but not limited to, hospitalization, surgery, transportation via ambulance, or physical rehabilitation.

An RCA (Root Cause Analysis) is required for any death by suicide, alleged homicide or as requested by County Quality Management.

Completing the SIR

Top Portion of Form

- **All sections** are to be completed thoroughly, including the name of your legal entity and your COR.
- SanWITS Number refers to SUD programs and CCBH Number refers to Mental Health programs. For programs that provide both Mental Health and DMC-ODS services, provide both numbers if applicable.
- You may select only BHS-Mental Health Program and/or BHS SUD Program, as applicable.

Item 1

- “Incident Type” is **required**. Select the drop-down which best describes the incident.
- Media information – refers to incidents reported in the media. Provide the media outlet where the incident was reported including any relevant links to news stories
- If the selection in the “Incident Type” drop-down is “21-Other,” please explain in the “Other” field directly below the “Media Information” field.

Item 2

- “Type” and “Entity” fields – Select the appropriate option from the drop-down

Serious Incident Report



BHS
SIR

- If “Other” is selected in the “Entity” field, please provide additional information in the “Other” text box.
- Also, if multiple agencies are notified provide this information in the “Other” field.
- **Only SUD Residential Programs** are required to fill out the DHCS report information in SIRs related to: death, injury that requires medical treatment, communicable diseases, poisonings, natural disaster and/or fires or explosions on premises. Respond to all prompts as appropriate.

Item 3

- Answer the 3 prompts for this item to describe the incident in detail. Describe in detail the serious incident. Identify all the people involved in the incident (staff, client, community members). Identify any precipitating factors which lead to the event. Indicate whether the client was admitted for medical or psychiatric care as a result of the incident and where they were admitted. Describe any physical or medical concerns as a result of the incident.

Item 4

- List other programs that the client is involved in (Mental Health and SUD).

Item 5

- List any known medications the client is prescribed, the name of the prescribing physician, and any medical conditions.

Item 6

- Select the appropriate response for the Tarasoff question
- Note: A Report of Findings is not required for a Tarasoff related incident unless it is relevant to an identified systemic issue in program operations or to client’s treatment.

Item 7

- Indicate the date and time the SIR was called in to the Quality Management SIR Line, as well as who completed the SIR Form

Bottom Portion of Form

The form **must** have the program managers (or designee) name, email address, phone number, and date.

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SERIOUS INCIDENT REPORT OF FINDINGS (SIROF)

County of San Diego Behavioral Health Services (BHS)
QM Confidential FAX: 619-236-1953

A **SIROF** shall include a thorough review of the serious incident and relevant findings and interventions/recommendations. The Report of Findings shall be submitted within 30 days of the reported incident. If a RCA was completed, then complete the RCA section only.

Program Name:

COR:

Client Name:

Client Case Number:

Date of Incident:

RCA Required? ☐ YES ☐ NO

Date RCA Completed:

For Serious Incident Reports related to an **Overdose**, the following is required:

1. Substance involved in the overdose: Select One.
2. If Opioid was involved, was the client receiving Medication Assisted Treatment (MAT) services: ☐
Yes ☐ No
3. If #2 is No, was the client referred to MAT:
☐ Yes, referred to:
☐ Client declined referral
☐ No/Other
4. If #3 is Declined/No/Other, please explain:

1. Serious Incident Summary of Findings: (Document the results of your investigation and analysis of the Serious Incident).
2. Recommendations/Planned Improvements: (Document a summary of quality/system improvements as a result of the analysis of the Serious Incident)

A **Root Cause Analysis (RCA)** is required for any serious incident that results in 1) a death by suicide, 2) alleged homicide committed by client, or 3) as requested by QM. The RCA shall be completed within 30 days of the reported incident. Please complete the section below **only** if you have completed an RCA.

1. Was a root cause identified? ☐ YES ☐ NO
2. RCA Summary of Findings:
3. RCA Summary of Action Items:

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SERIOUS INCIDENT REPORT OF FINDINGS (SIROF)

County of San Diego Behavioral Health Services (BHS)
QM Confidential FAX: 619-236-1953

Was the SIROF sent to QM within 30 days of the reported incident? ☐ YES ☐ NO

If no, why?

Report Completed By:

This section to be completed by the Program Manager or Designee Only

Program Manager or Designee's Email:

Program Manager or Designee's Phone:

Program Manager or Designee's Name:

Date:

Serious Incident Report of Findings (SIROF)

The logo consists of three concentric blue circles. The text "BHS" is centered in the middle circle, and "SIROF" is centered in the outermost circle.

BHS
SIROF

Please be sure to check the Optum website to ensure you are using the most up to date forms.

1. A SIROF is required within 30 days for all Serious Incident Reports excluding Tarasoff Reports and for SUD programs Death By Natural Causes
2. A SIROF is required within thirty calendar days of the serious incident or knowledge of the incident (Refer to Section G of the OPOH or SUDPOH)
3. If completing a Root Cause Analysis (RCA), the Serious Incident Summary of Findings Sections (Section 1 and 2) may be skipped in order to complete the RCA Section

A Root Cause Analysis (RCA) must be completed under the following circumstances:

1. Death by suicide
2. An alleged homicide committed by the client
3. As requested by QM
4. May be completed for any other Serious Incident event

Serious Incident related to an Overdose

1. Select the substance involved in the overdose.
2. Answer only if an opioid was involved in the overdose if the client was previously receiving Medication Assisted Treatment. If Polysubstance was selected in #1 and an opioid was involved, prompts 2-4 must be answered.
3. Document if the client has been referred to MAT services following the incident and the name of the program where the client was referred.
4. Explain the reason the client was not referred to MAT if the client is not currently receiving MAT services.

Medication Assisted Treatment

- Clients diagnosed with a primary or co-occurring opioid and/or alcohol use disorder should be offered a referral for an assessment for Medication Assisted Treatment (MAT). Clients with an opioid and/or stimulant use disorder should be referred or linked to naloxone treatment to prevent overdose risk.
- Providers can obtain information on referrals to MAT through use of the Access and Crisis Line and the County of San Diego Behavioral Health Services Provider Directory. This information can be found on the Optum Website at:
<https://www.optumsandiego.com/>

Serious Incident Summary of Findings

1. Briefly describe the incident, including information from the Serious Incident report and any additional information gathered during the investigation.
2. Document your investigation into the events leading up to the incident (i.e. review of chart and any relevant Policy and Procedures, interviews of staff and/or client, etc.)
3. Document your analysis of the investigation (i.e. identify any precipitating factors, follow up service, response to treatment).

Recommendations/Planned Improvements

Serious Incident Report of Findings (SIROF)

BHS
SIROF

1. Changes in Policies and Procedures-Identify and new policies and procedures which will be implemented in order to reduce risk to the clients and the program.
2. Quality improvement practices-Identify ongoing strategies which the program will implement in order measure the effectiveness of the policies and procedures.
3. Clinical supervision/oversight
4. Trainings, etc.

Root Cause Analysis (RCA)

1. **Was a root cause identified?** Yes/No
2. **RCA Summary of Finding**-Describe the incident, the results of the investigation and analysis of the incident. Describe the root cause if one was identified.
3. **RCA Summary of Action Items**-Create a plan of action items the program will implement which will reduce the risk to the clients and program. Identify the measures that will be used to determine the effectiveness of the plan.

-
- **Report of Finding sent to QM within 30 days Yes/No, If Not Why.**
 - Document why the ROF was not sent to QM within 30 days.
 - If an extension is needed a request may be made to the QM Program Manager.

Bottom Portion of Form

The form **must** have the program managers (or designee) name, email address, phone number, signature and date.

Youth Services Survey (YSS)

June 2020 Survey Period

San Diego County

Children, Youth & Families Behavioral Health Services



Report prepared by the
Child & Adolescent Services Research Center (CASRC)

September 2020

FOR INTERNAL USE ONLY

Overview

One way to ensure that services are responsive to consumer needs is to collect information from youth and families about their satisfaction with services and their perspectives on the quality of services. In San Diego County, data on consumer satisfaction was collected through the Youth Services Survey (YSS), which is completed by **all youth (ages 13+)** and **all available parents/caregivers**, regardless of the youth/client age. The majority of questions on the YSS focus on satisfaction with the provision and results of services.

This report focuses on results of the YSS from the June 22-26, 2020 survey administration period. Two YSS measures were independently evaluated: **YSS compliance** and **YSS results**.

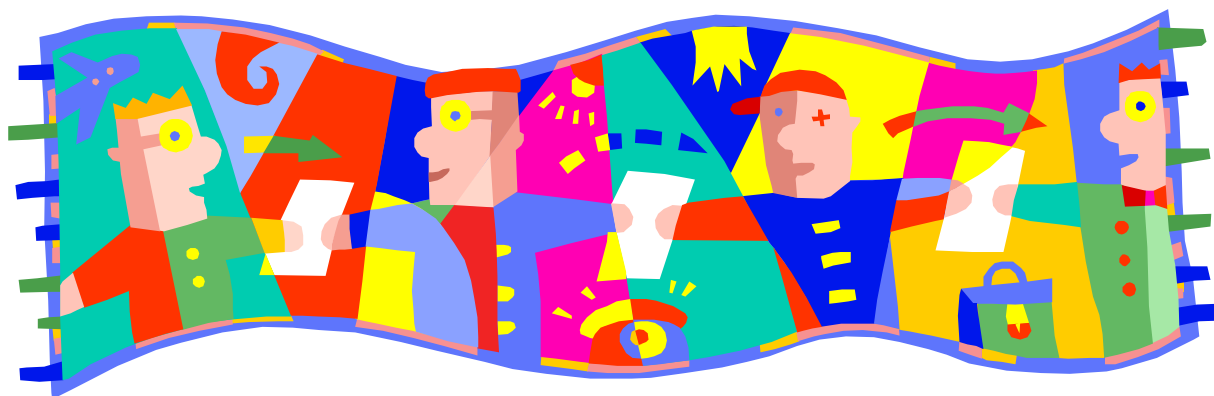
YSS compliance is determined by using Client ID numbers to compare the number of clients receiving services as reported in Cerner Community Behavioral Health system (CCBH) to the number of clients who submitted surveys during the June 2020 YSS period. During the survey period, 230 (17.1%) of the 1,342 completed forms did not match to a client with a billed service. There are several reasons why this may have occurred: 1) Client ID number error on the survey, 2) delays in billing data entered into CCBH; i.e., client got a billed service, but it had not yet been entered in CCBH at the time of data download, or 3) client should not have been given a survey (client had an open treatment episode, but did not receive a billed service during the YSS period).

YSS results are calculated directly from submitted surveys. The YSS gives a snapshot in time of youth receiving behavioral health services, and whether client data changes with duration of services received. Specifically, the YSS provides data regarding consumer perception of services received.

Individual items on the YSS are grouped into seven domains for analysis:

1. General Satisfaction
2. Perception of Access
3. Perception of Cultural Sensitivity
4. Perception of Participation in Treatment Planning
5. Perception of Outcomes of Services
6. Perception of Functioning
7. Perception of Social Connectedness

Clients may receive multiple services from more than one program during the YSS period; therefore, a single client may submit multiple forms. Results are evaluated by item and by domain, at the systemwide, level of care, and program levels.



Key Findings—June 2020

1. June 2020 was the first online administration of the YSS in San Diego County. It was delivered amid the COVID-19 pandemic, two months after the majority of service providers transitioned to teletherapy. This dual shift (online survey administered virtually) resulted in fewer completed surveys received, and a sample that may not be generalizable to the larger population. Among clients and families who did complete the survey, parent/caregiver satisfaction in the *Perception of Access* domain increased nearly four percentage points, as compared to May 2019. Satisfaction in the *Perception of Functioning* domain increased five percentage points among both parent/caregivers and youth.
2. The County process objective of 80% of clients submitting a YSS form was not met in June 2020: 54% of the 2,808 clients receiving a service during the administration period submitted a YSS form. **Response rates for this inaugural online administration period will not be used for program evaluation purposes.**
3. The County outcome objective of 80% of clients responding “agree” or “strongly agree” for at least 75% of the satisfaction survey items was met for parents/caregivers and youth.
4. Both parents/caregivers and youth were most satisfied with the *Perception of Cultural Sensitivity* domain. Parents/caregivers and youth were least satisfied with the *Perception of Outcomes of Services* domain.
5. Parents/caregivers reported higher satisfaction than youth on every domain except *Perception of Functioning*.
6. The greatest disparity in satisfaction between youth and parents/caregivers was found on the *Perception of Access* domain.
7. Satisfaction and perception of outcomes varied among different levels of care in the Children, Youth and Families Behavioral Health Services (CYFBHS) system. On average, parents/caregivers of youth receiving or Outpatient services were most satisfied, and youth receiving Therapeutic Behavioral Services (TBS) services were most satisfied. However, only 5 completed surveys were submitted for youth in TBS, which means the averages may not be generalizable to the population. Lowest satisfaction was reported by youth and parents/caregivers of youth receiving Day Treatment services.
8. Satisfaction and perception of outcomes also varied widely among different racial/ethnic groups. Overall, Hispanic youth and their parents/caregivers reported the highest satisfaction averaged across domains. White youth and their parents/caregivers reported the lowest satisfaction averaged across domains. Across all race/ethnicity categories, highest levels of satisfaction were reported on the *Perception of Cultural Sensitivity* domain and lowest levels of satisfaction were reported on the *Perception of Outcomes* domain.
9. On average, satisfaction was highest among parents/caregivers of children ages 0 to 11 years.

CYFBHS Process Objective

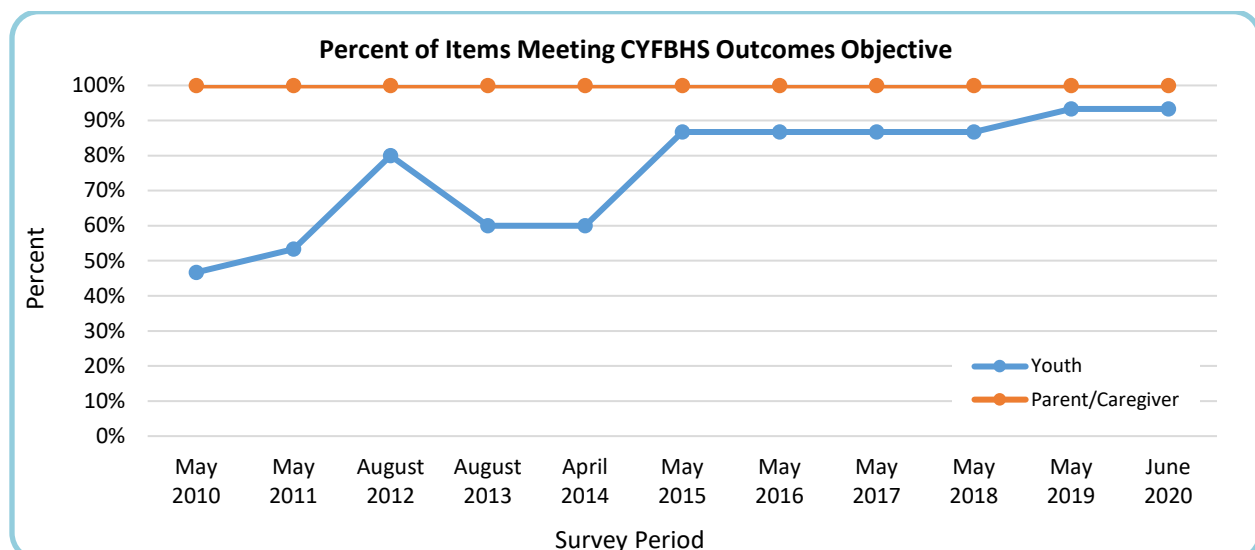
Providers are tasked with the administration of a YSS survey to every client (and/or parent/caregiver) receiving a service during the survey period. The process objective set by the County is 80% of eligible clients submitting a YSS form; this objective was not met in June 2020. The process objective is calculated using the number of clients served during the survey period, as opposed to the number of forms received. In the current survey period, **1,505 (54%) of 2,808 clients receiving a service submitted a YSS form**, and 947 (34%) of 2,808 clients receiving a service *completed* a YSS form.

CYFBHS Outcomes Objective

Approximately 2,500 survey forms were submitted for the June 2020 YSS (1,613 forms from parents/caregivers and 891 forms from youth). More than 1,300 of the forms were completed and had useable data (871 forms from parents/caregivers and 471 forms from youth). Overall, **54% of the forms that were turned in were completed**. Reasons for non-completion include refusals, access/technical issues, parent/caregiver not available (e.g., for a child in out-of-home care), and parent/caregiver or child not showing up for a scheduled appointment.

The first 15 items on the YSS address satisfaction, while the remaining items cover client demographics, outcomes of services, and involvement with police and schools. The County has established an **outcome objective for the satisfaction items** which applies to all contractors: Aggregated scores on the Youth Services Survey (YSS) and the Youth Services Survey Family (YSS-F) shall show an average of 80% or more of clients responding in the two most favorable categories (Agree and Strongly Agree) for at least 75% of the individual survey items. Countywide data on the outcomes objective are presented in this report.

Parents/caregivers were more satisfied with services than Youth respondents. Since the outcomes objective was initiated in November 2006, **parent/caregiver scores have been above 80% for all of the satisfaction items on the survey**, and the objective has been satisfied. For youth respondents, the scores are lower; this has been true since the inception of these YSS measures. The County's objective was met during the June 2020 YSS; at least 80% of youth responded in the two most favorable categories for 93% of the individual survey items. Only one individual item fell below the threshold of 80% of youth responding favorably: "I helped to choose my services."



Survey Response Rate

	Parent/Caregiver	Youth	TOTAL
Forms Submitted	1,613	891	2,504
Forms Completed	871	471	1,342

Satisfaction by Item Response: Systemwide

Parent/Caregiver Satisfaction by Item*		
Questions based on services received in last 6 months:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
1. Overall, I am satisfied with the services my child received	1.8%	95.1%
2. I helped to choose my child's services	3.9%	92.4%
3. I helped to choose my child's treatment goals	2.7%	93.6%
4. The people helping my child stuck with us no matter what	2.1%	94.3%
5. I felt my child had someone to talk to when he/she was troubled	1.4%	95.0%
6. I participated in my child's treatment	1.2%	97.6%
7. The services my child and/or family received were right for us	1.0%	92.5%
8. The location of services was convenient for us	2.0%	96.0%
9. Services were available at times that were convenient for us	2.4%	96.1%
10. My family got the help we wanted for my child	1.2%	90.1%
11. My family got as much help as we needed for my child	2.9%	87.2%
12. Staff treated me with respect	0.7%	98.9%
13. Staff respected my family's religious/spiritual beliefs	1.0%	97.4%
14. Staff spoke with me in a way that I understood	1.0%	98.8%
15. Staff were sensitive to my cultural/ethnic background	1.1%	98.3%
At least 80% of clients responded "Agree" or "Strongly Agree" to 15 of 15 questions – 100%		
As a result of the services received:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
16. My child is better at handling daily life	3.6%	77.2%
17. My child gets along better with family members	4.8%	76.2%
18. My child gets along better with friends and other people	3.4%	75.2%
19. My child is doing better in school and/or work	5.9%	66.0%
20. My child is better able to cope when things go wrong	4.9%	70.0%
21. I am satisfied with our family life right now	9.4%	74.1%
22. My child is better able to do things he or she wants to do	3.6%	74.9%
23. I know people who will listen and understand me when I need to talk	2.1%	92.4%
24. I have people that I am comfortable talking with about my child's problem(s)	3.3%	90.7%
25. In a crisis, I would have the support I need from family or friends	3.0%	91.7%
26. I have people with whom I can do enjoyable things	1.6%	93.9%

*Percent may not add up to 100, as "Undecided" response is not reported here.

Youth Satisfaction by Item*		
Questions based on services received in last 6 months:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
1. Overall, I am satisfied with the services I received	4.0%	91.7%
2. I helped to choose my services	12.3%	74.9%
3. I helped to choose my treatment goals	4.8%	91.0%
4. The people helping me stuck with me no matter what	4.3%	86.3%
5. I felt I had someone to talk to when I was troubled	6.3%	83.8%
6. I participated in my own treatment	2.0%	91.2%
7. I received services that were right for me	4.3%	88.3%
8. The location of services was convenient for me	5.2%	85.7%
9. Services were available at times that were convenient for me	4.9%	85.7%
10. I got the help I wanted	4.5%	82.5%
11. I got as much help as I needed	5.4%	82.1%
12. Staff treated me with respect	3.3%	91.5%
13. Staff respected my religious/spiritual beliefs	1.9%	94.7%
14. Staff spoke with me in a way that I understood	2.0%	93.9%
15. Staff were sensitive to my cultural/ethnic background	6.9%	84.6%
At least 80% of clients responded "Agree" or "Strongly Agree" to 14 of 15 questions – 93%		
As a result of the services received:	% Strongly Disagree/Disagree	% Strongly Agree/Agree
16. I am better at handling daily life	5.0%	80.7%
17. I get along better with family members	9.5%	69.7%
18. I get along better with friends and other people	5.3%	78.5%
19. I am doing better in school and/or work	10.0%	65.8%
20. I am better able to cope when things go wrong	7.1%	74.9%
21. I am satisfied with my family life right now	14.6%	62.2%
22. I am better able to do things I want to do	7.1%	76.9%
23. I know people who will listen and understand me when I need to talk	4.5%	86.9%
24. I have people that I am comfortable talking with about my problem(s)	6.8%	82.2%
25. In a crisis, I would have the support I need from family or friends	4.7%	83.5%
26. I have people with whom I can do enjoyable things	2.9%	91.2%

*Percent may not add up to 100, as "Undecided" response is not reported here.

Satisfaction by Domain: Systemwide

DOMAIN	Percent Stating Agree or Strongly Agree	
	Parent/Caregiver (N=871)	Youth (N=471)
General Satisfaction (Items 1, 4, 5, 7, 10, 11)	93.1%	86.1%
Perception of Access (Items 8, 9)	94.7%	81.5%
Perception of Cultural Sensitivity (Items 12, 13, 14, 15)	98.7%	91.9%
Perception of Participation in Treatment Planning (Items 2, 3, 6)	94.3%	86.9%
Perception of Outcomes of Services (Items 16, 17, 18, 19, 20, 21)	72.8%	71.2%
Perception of Functioning (Items 16, 17, 18, 20, 22)	76.8%	77.2%
Perception of Social Connectedness (Items 23, 24, 25, 26)	91.6%	83.6%

Satisfaction by Level of Care

Parent/Caregiver Satisfaction by Level of Care			
DOMAIN	Percent Stating Agree or Strongly Agree		
	Outpatient (N=826)	Day Treatment (N=6)	TBS (N=31)
General Satisfaction	93.8%	66.7%	82.1%
Perception of Access	95.0%	66.7%	96.3%
Perception of Cultural Sensitivity	99.0%	83.3%	96.2%
Perception of Participation in Treatment Planning	95.2%	66.7%	78.6%
Perception of Outcomes of Services	73.6%	66.7%	51.9%
Perception of Functioning	77.7%	66.7%	59.3%
Perception of Social Connectedness	91.7%	83.3%	89.3%

Youth Satisfaction by Level of Care			
DOMAIN	Percent Stating Agree or Strongly Agree		
	Outpatient (N=407)	Day Treatment (N=56)	TBS (N=5)
General Satisfaction	88.1%	70.4%	100.0%
Perception of Access	83.8%	62.3%	100.0%
Perception of Cultural Sensitivity	94.4%	72.5%	100.0%
Perception of Participation in Treatment Planning	88.3%	75.9%	100.0%
Perception of Outcomes of Services	71.4%	66.7%	100.0%
Perception of Functioning	79.1%	61.1%	100.0%
Perception of Social Connectedness	84.3%	79.6%	100.0%

NOTE: Not every youth/caregiver completed responses for every domain.

Satisfaction by Client Race/Ethnicity

DOMAIN	Percent Stating Agree or Strongly Agree							
	White (N=180)	Hispanic (N=847)	African-American (N=58)	Asian/Pacific Islander (N=27)	Native American (N=5)	Mixed Race/Ethnicity (N=91)	Other (N=16)	Unknown/Missing (N=118)
General Satisfaction	83.1%	93.2%	87.7%	81.5%	100.0%	86.8%	93.8%	88.5%
Perception of Access	84.8%	92.3%	91.2%	81.5%	100.0%	80.2%	100.0%	88.2%
Perception of Cultural Sensitivity	94.3%	96.9%	96.2%	92.0%	100.0%	93.8%	100.0%	96.1%
Perception of Participation in Treatment Planning	91.1%	93.6%	91.4%	84.6%	80.0%	81.1%	81.3%	90.0%
Perception of Outcomes of Services	59.7%	76.5%	75.4%	77.8%	60.0%	56.3%	68.8%	69.8%
Perception of Functioning	67.1%	80.3%	80.4%	77.8%	80.0%	62.1%	81.3%	76.7%
Perception of Social Connectedness	88.8%	88.6%	89.7%	85.2%	100.0%	86.8%	87.5%	95.3%

Satisfaction by Client Age

DOMAIN	Percent Stating Agree or Strongly Agree				
	0-5 years (N=108)	6-11 years (N=318)	12-15 years (N=433)	16-17 years (N=288)	18-25 years (N=74)
General Satisfaction	94.3%	93.0%	89.0%	88.8%	91.8%
Perception of Access	92.4%	94.5%	88.9%	87.9%	84.1%
Perception of Cultural Sensitivity	100.0%	99.0%	95.4%	94.2%	94.2%
Perception of Participation in Treatment Planning	93.3%	95.6%	89.9%	89.4%	91.7%
Perception of Outcomes of Services	80.2%	67.2%	72.7%	71.8%	84.9%
Perception of Functioning	84.0%	73.8%	76.5%	75.2%	87.7%
Perception of Social Connectedness	95.3%	91.7%	87.4%	85.4%	88.9%

NOTE: Not every youth/caregiver completed responses for every domain.

The Child and Adolescent Services Research Center (CASRC) is a consortium of over 100 investigators and staff from multiple research organizations in San Diego County and Southern California, including: Rady Children's Hospital, University of California San Diego, San Diego State University, University of San Diego and University of Southern California. The mission of CASRC is to improve publicly-funded behavioral health service delivery and quality of treatment for children and adolescents who have or are at high risk for the development of mental health problems or disorders.

System of Care Evaluation (SOCE)

CYF mHOMS Outcomes Report

July 2019—June 2020

Children, Youth & Families Behavioral Health Services



Report prepared by the
Child & Adolescent Services Research Center (CASRC)

September 2020

FOR INTERNAL USE ONLY

Overview

All County-contracted and County-run mental health treatment programs for children are collecting outcomes measures on their clients on a regular basis. Data are entered into the Children, Youth & Families Mental Health Outcomes Measurement System (CYF mHOMS) created and maintained by the System of Care Evaluation (SOCE) project at the Child & Adolescent Services Research Center (CASRC) in collaboration with the Health Services Research Center (HSRC). Program staff can use CYF mHOMS to generate data to populate relevant items on their Quarterly Status Report, monitor treatment progress, and for program planning.

Beginning in FY 2018-19, the following measures are collected by SOCE for the County of San Diego Children, Youth & Families Behavioral Health Services (CYFBHS) system:

- Pediatric Symptom Checklist for caregivers (PSC), a psychosocial screening tool to identify emotional and behavioral problems, completed by caregivers of clients ages 3 through 18.
- Pediatric Symptom Checklist for youth (PSC-Y), a psychosocial screening tool to identify emotional and behavioral problems, completed by clients ages 11 through 18.
- San Diego Child and Adolescent Needs and Strengths (CANS), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 6 through 21.
- Personal Experiences Screening Questionnaire (PESQ), a substance use assessment administered by alcohol and drug counselors at Full Service Partnership (FSP) programs.
- **Implemented in FY 2019-20:** San Diego Child and Adolescent Needs and Strengths—Early Childhood (CANS-EC), a structured assessment to identify youth and family strengths and needs, completed by clinicians for clients ages 0-5.

CYF mHOMS program data are merged to generate County-wide reports on the County's process and outcomes objectives. This report provides information on the July 15, 2020 data download, which covers data on clients served during Q1-4 of FY 2019-20. A summary of the results is provided below, followed by the full reports at the end of the document. **The COVID-19 pandemic and accompanying stay-at-home order began March of 2020, requiring the majority of services to shift to telehealth. This may have impacted programs' ability to collect outcomes and enter data in a timely manner.**

Key Findings

1. Seventy-five percent of eligible clients discharged from CCBH in Q1-4 FY 2019-20 also had a record of discharge in CYF mHOMS.
2. Ninety-six percent of clients ages 6 to 21 had at least one actionable need on the initial CANS and 91% of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC. This suggests that the majority of clients are meeting the minimum threshold for County service need.
3. The County Completion objective (95% of discharged clients with two timepoints entered) was met for the CANS (97%) and nearly met for the CANS-EC (94%).
4. The percentage of discharged clients with two timepoints entered for the PSC and PSC-Y was 60% and 57%, respectively. The County Completion objectives of 75% completion was not met for these measures.
5. A medium to large amount of improvement (5+ point reduction from intake to discharge) was reported by caregivers on the PSC for 57% of clients, and by youth on the PSC-Y for 56% of clients. Reliable improvement was reported for slightly more than half of clients on both the PSC and the PSC-Y. Clinically significant improvement of clients who scored above the clinical cutoff on the initial assessment was reported on the PSC for 59% of clients, and on the PSC-Y for 62% of clients.
6. Approximately 73% of clients were reported to have a reduction of at least one need across the risk behaviors, life functioning, and child emotional/behavioral domains on the CANS.
7. Approximately 69% of clients were reported to have a reduction of at least one need across the risk behaviors, life functioning, and challenges domains on the CANS-EC. It is important to consider the small number of clients assessed with this measure (255 clients in Q1-4 FY 2019-20, as compared to 5,245 clients assessed with the CANS in the same timeframe).

Section I. Number of Clients

Measures being entered for every eligible client: SOCE measures should be completed on all eligible clients in the CYFBHS system, including eligible Prevention & Early Intervention (PEI) and Innovation programs. To assess this, the number of clients discharging in CCBH is compared to the number of clients discharging in CYF mHOMS with the same inclusion criteria applied: youth client received service from an eligible program and was open to the system at least 60 days.

Results

CYFBHS Eligible Clients – Systemwide*

Number of Clients Discharged in CCBH (YTD)	8,225
Number of Clients Discharged in CYF mHOMS (YTD)	6,139
Approximate Percentage of Discharged CCBH Clients Entered in CYF mHOMS†	75% (6,139 of 8,225)

*Clients may have been served in more than one eligible program.

†Possible reasons for the discrepancy include outcomes-exempt services received or data entry delays.

Section II. Severity of Clients Served

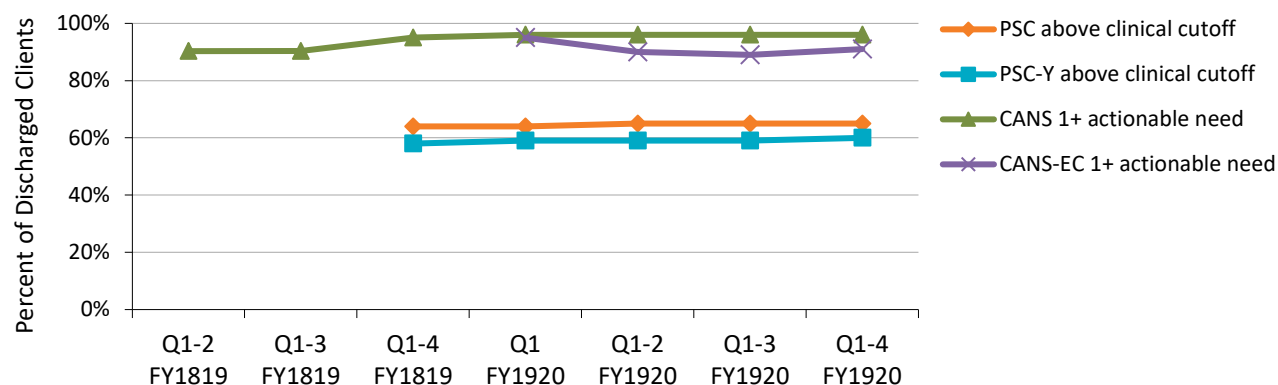
Clients served meet the threshold for need: The majority of clients receiving services from CYFBHS are expected to meet a minimum threshold of need. Initial PSC/PSC-Y scores above the clinical cutoff and having at least one actionable need on the Child Behavioral and Emotional Needs, Risk Behaviors, or Life Functioning domains on the initial CANS are markers for service threshold.

Results

Discharged clients: Clients with intake data entered in CYF mHOMS who had a CCBH discharge date between July 1, 2019 and June 30, 2020:

- **PSC: 65%** (4,150 of 6,380) of clients ages 3 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC subscales or total scale. This is comparable to the developers' data. For instance, one study reported that 67% of clients at an outpatient psychiatry clinic scored above the clinical cutpoint on at least one of the four PSC scales at intake (N = 531; Murphy et al., 2015).
- **PSC-Y: 60%** (2,367 of 3,969) of clients ages 11 to 18 scored above the clinical cutoff on at least one of the 3 initial PSC-Y subscales or total scale.
- **CANS: 96%** (6,044 of 6,271) of clients ages 6 to 21 had at least one actionable need on the initial CANS.
- **CANS-EC: 91%** (348 of 381) of clients ages 0 to 5 had at least one actionable need on the initial CANS-EC.

Client Need Threshold at Intake



NOTE: Measurement of client need on the PSC and PSC-Y was modified in Q4 FY 2018-19; data from previous quarters are not comparable.

Section III. Completion Objectives

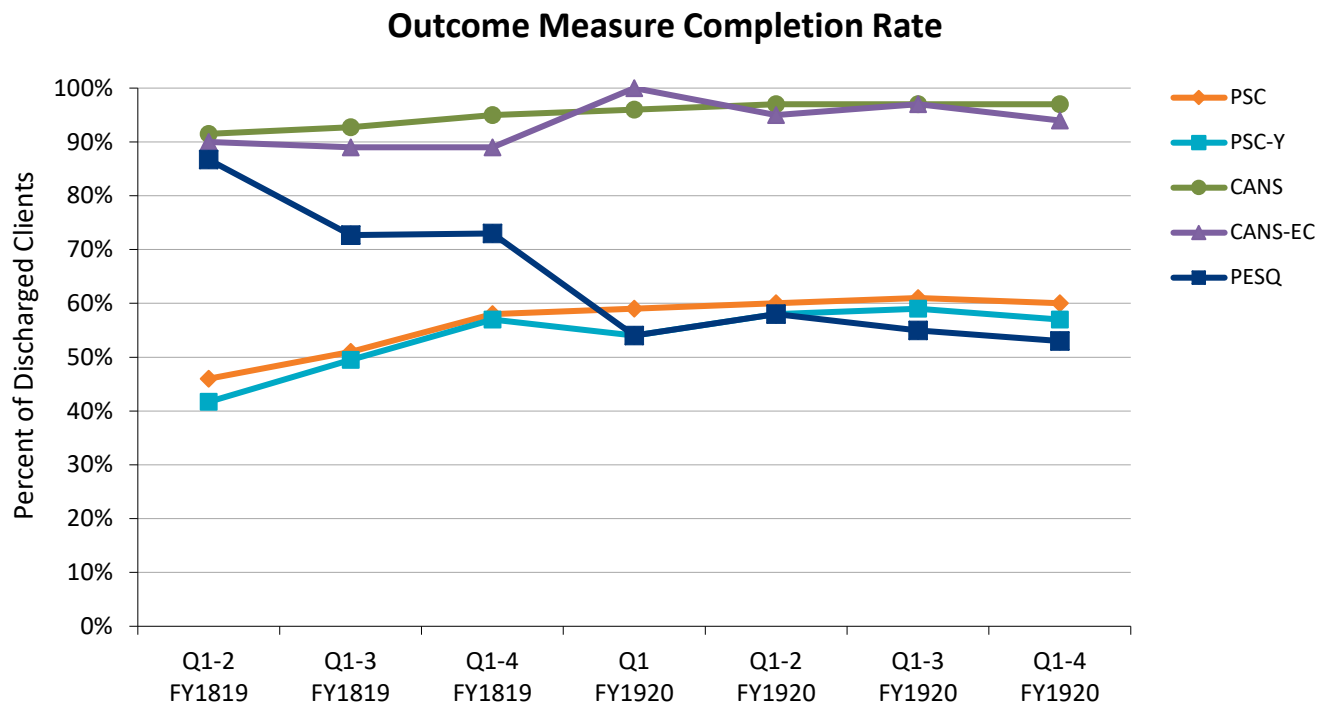
Measures being entered at appropriate timeframes: SOCE measures should be completed on all eligible clients at intake, at UM/UR or every 6 months (if applicable, whichever comes first), and at discharge. In order to accurately examine system and program level outcomes, data from as many clients as possible needs to be collected. Missing data make the results less representative and may skew the analyses. The standard for completion is 75% for the PSC and the PSC-Y, 80% for the PESQ, 95% for the CANS/CANS-EC.

Results

Discharged clients: Clients open for 60+ days with a CCBH discharge date between July 1, 2019 and June 30, 2020:

- **PSC: 60%** (3,524 of 5,874) had an initial and a discharge PSC score entered.
- **PSC-Y: 57%** (2,030 of 3,543) had an initial and a discharge PSC-Y score entered.
- **CANS: 97%** (5,245 of 5,396) had an initial and discharge CANS score entered.
- **CANS-EC: 94%** (255 of 272) had an initial and discharge CANS-EC score entered.
- **PESQ: 53%** (50 of 94) had an initial and discharge PESQ score entered.

Note: If a discharge CANS/PSC/PSC-Y score was not collected and a follow-up CANS/PSC/PSC-Y was completed within 60 days of discharge, the most recent CANS/PSC/PSC-Y score was used as the discharge score.



Section IV. Outcomes Measurement

Discharge Outcomes, PSC/PSC-Y:

Level of improvement on the **PSC/PSC-Y** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2019 and June 30, 2020. For the PSC/PSC-Y, “improvement” is evaluated three ways:

Amount of Improvement

Percentage of all clients who reported an increase in impairment (1+ increase), no improvement (0 or 1-point reduction), small improvement (2-4 point reduction), medium improvement (5-8 point reduction), and a large improvement (9+ point reduction). This reflects the amount of change youth and their caregivers report from intake to discharge on the symptoms evaluated by the PSC/PSC-Y. Amount of improvement was calculated using Cohen’s d effect size.

Reliable Improvement

Percentage of all clients who had at least a 6-point reduction on the PSC/PSC-Y total scale score. Reliable improvement was defined by the developers and means that the clients improved by a statistically reliable amount.

Clinically Significant Improvement

Percentage of clients who started above the clinical cutoff on at least one of the three subscales or total scale score at intake and ended below the cutoff at discharge. Additionally, these clients **must** have had at least a 6-point reduction on the PSC/PSC-Y total scale score. Clinically significant improvement was defined by the measures’ developers and means that treatment had a noticeable genuine effect on clients’ daily life and that clients are now functioning like non-impaired youth.

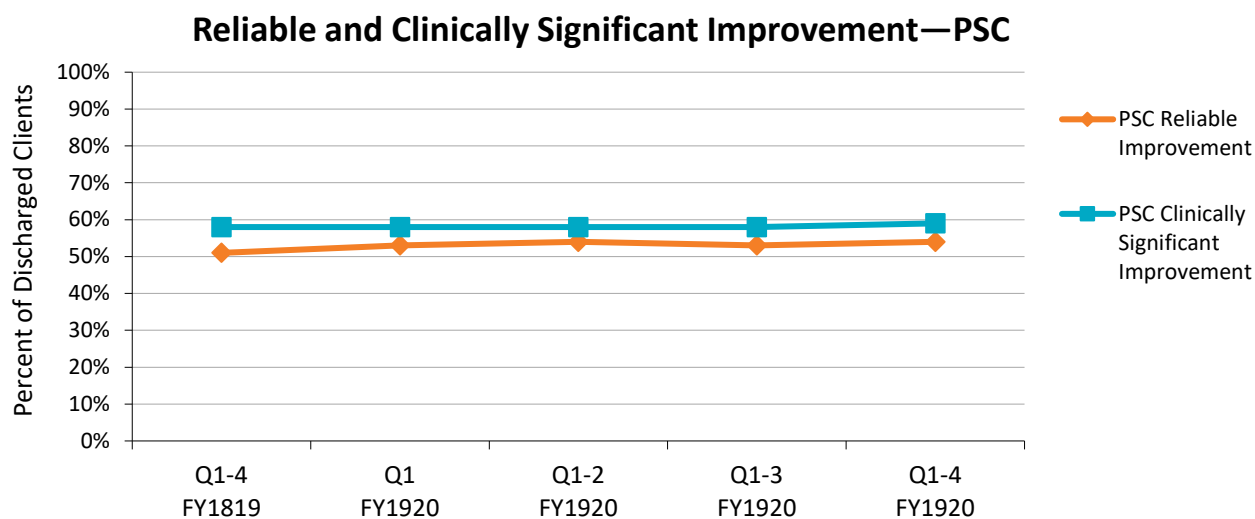
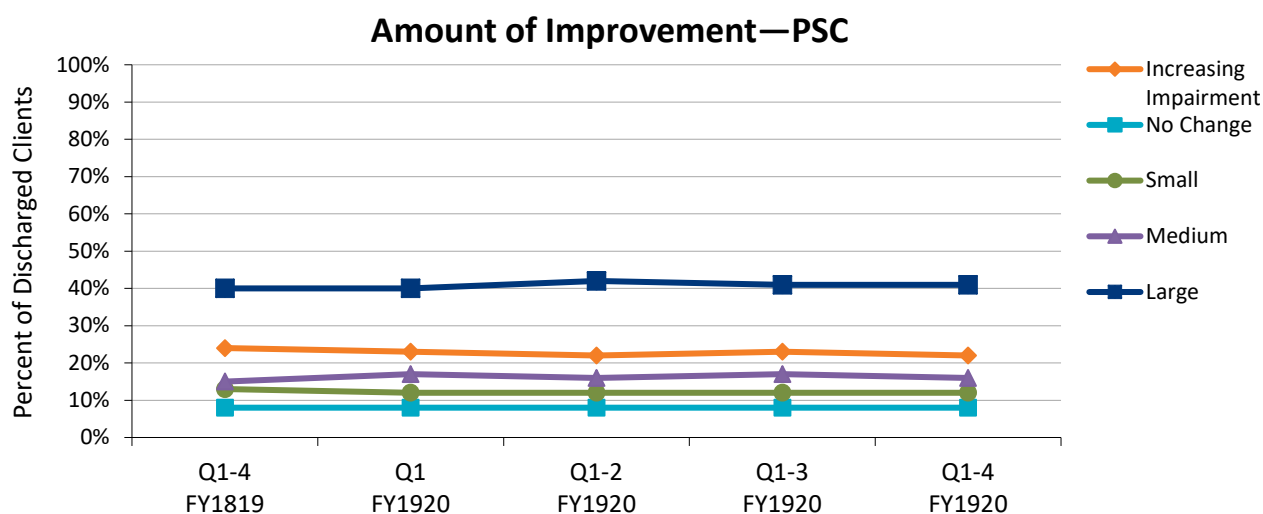
Outcomes results are reported by measure on the following pages.



Discharge Outcomes, PSC:

Results

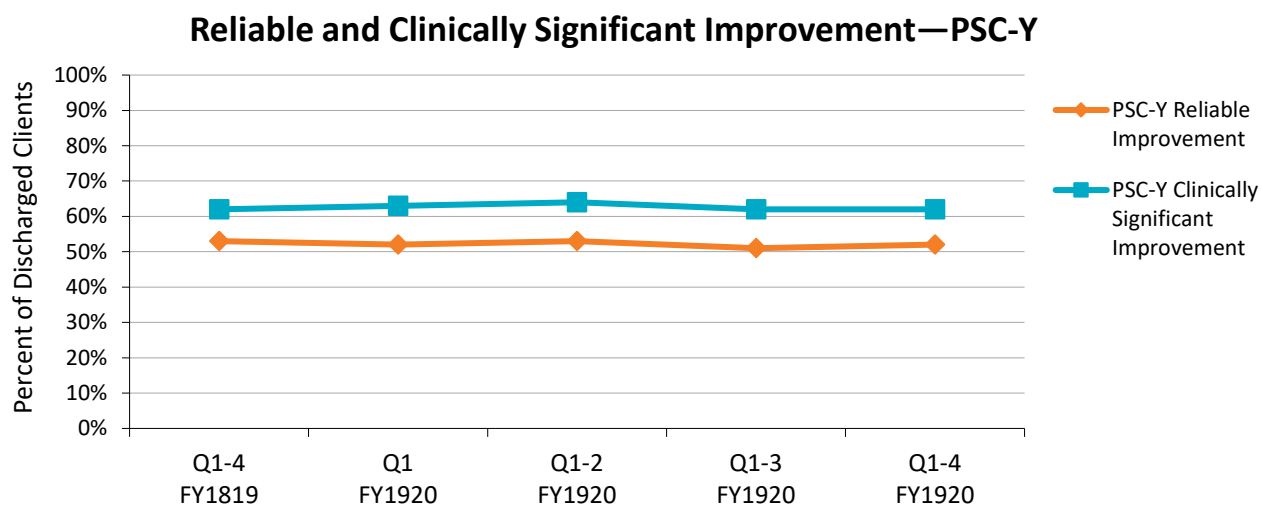
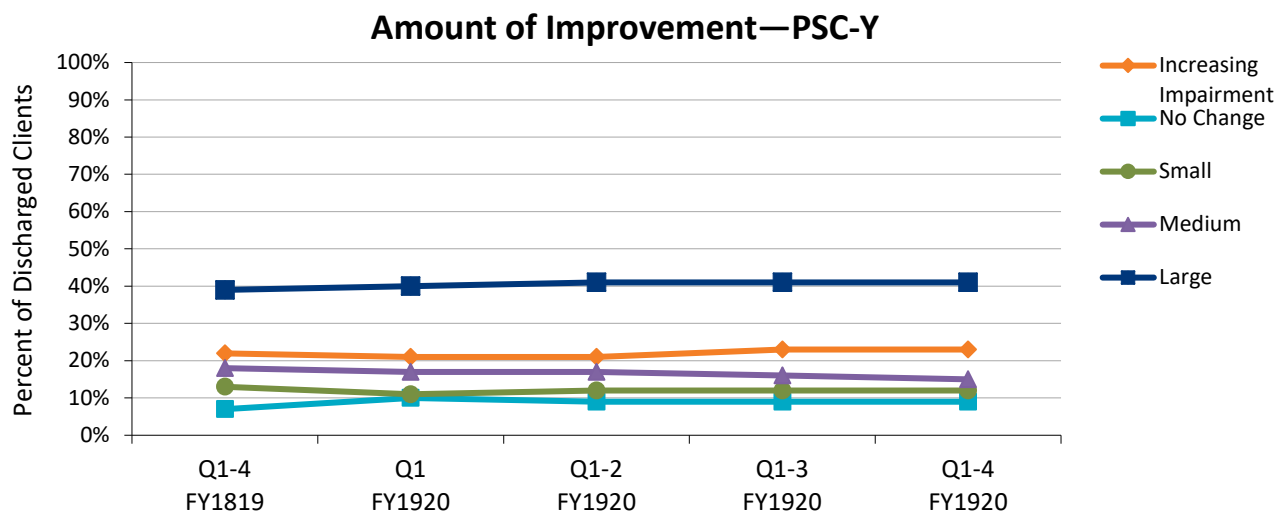
- **PSC** (caregiver report, N=3,524)
 - **Amount of Improvement:**
 - 22% (n=789) of clients reported an increase in impairment
 - 8% (n=274) of clients reported no improvement
 - 12% (n=425) of clients reported a small improvement
 - 16% (n=579) of clients reported a medium improvement
 - 41% (n=1,457) of clients reported a large improvement
 - **Reliable Improvement:** 54% (n=1,893) of clients reliably improved on the PSC total score between initial assessment and discharge. According to a study conducted by the PSC developers, at a 3-month follow-up 33% of clients reliably improved (Murphy et al., 2005). This is not directly comparable because this quarterly report focuses on discharged clients, but it does add additional context.
 - **Clinically Significant Improvement:** Of 2,278 discharged clients who scored above the clinical cutoff at intake, 59% (n=1,348) reported clinically significant improvement between initial assessment and discharge.



Discharge Outcomes, PSC-Y:

Results

- **PSC-Y** (youth self-report ages 11+; N=2,030)
 - **Amount of Improvement:**
 - 23% (n=458) of clients reported an increase in impairment
 - 9% (n=174) of clients reported no improvement
 - 12% (n=245) of clients reported a small improvement
 - 15% (n=313) of clients reported a medium improvement
 - 41% (n=840) of clients reported a large improvement
 - **Reliable Improvement:** 52% (n=1,057) of clients reliably improved on the PSC-Y total score between initial assessment and discharge.
 - **Clinically Significant Improvement:** Of 1,234 discharged clients who scored above the clinical cutoff at intake, 62% (n=771) reported clinically significant improvement between initial assessment and discharge.



Discharge Outcomes, CANS:

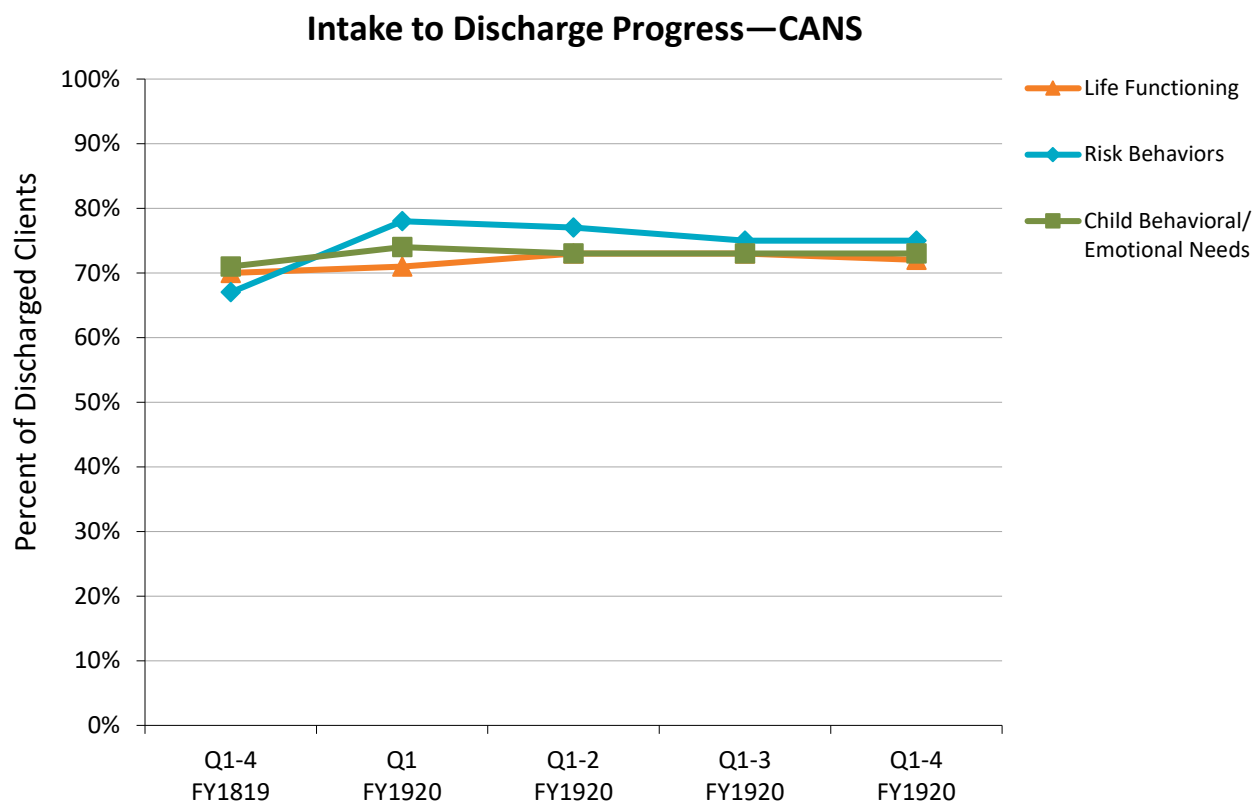
Level of progress on the **CANS** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2019 and June 30, 2020.

Progress

For the CANS, “progress” is operationally defined as a reduction of at least one need from initial assessment to discharge on the CANS domains: Life Functioning, Risk Behaviors, and/or Child Behavioral and Emotional needs (i.e., moving from a ‘2’ or ‘3’ at initial assessment to a ‘0’ or ‘1’ on the same item at the discharge assessment).

Results

- **CANS** (clinician report; N=5,245)
 - **72% (n=3,233) of 4,464 clients** who had a need on the **Life Functioning domain** at initial assessment showed progress at discharge.
 - **75% (n=1,193) of 1,596 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **73% (n=3,618) of 4,936 clients** who had a need on the **Child Behavioral and Emotional Needs domain** at initial assessment showed progress at discharge.



Discharge Outcomes, CANS-EC:

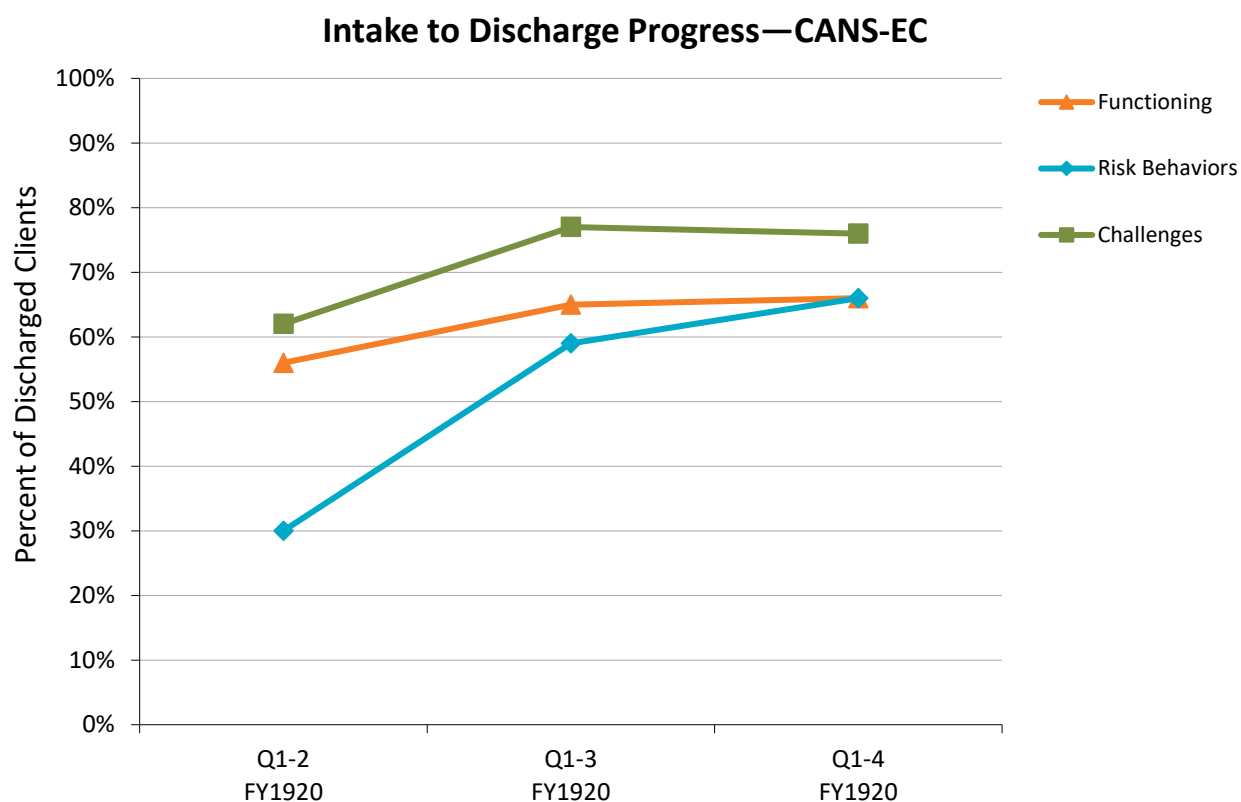
Level of progress on the **CANS-EC** between initial assessment and discharge was measured for eligible clients open for a minimum of 60 days, with a CCBH discharge date between July 1, 2019 and June 30, 2020.

Progress

For the CANS-EC, “progress” is operationally defined as a reduction of at least one need from initial assessment to discharge on the CANS-EC domains: Functioning, Risk Behaviors, and/or Challenges (i.e., moving from a ‘2’ or ‘3’ at initial assessment to a ‘0’ or ‘1’ on the same item at the discharge assessment).

Results

- **CANS-EC** (clinician report; N=255)
 - **66% (n=112) of 170 clients** who had a need on the **Functioning domain** at initial assessment showed progress at discharge.
 - **66% (n=27) of 41 clients** who had a need on the **Risk Behaviors domain** at initial assessment showed progress at discharge.
 - **76% (n=175) of 231 clients** who had a need on the **Challenges domain** at initial assessment showed progress at discharge.



NOTE: Only one client age 0-5 discharged with two completed CANS-EC measures in Q1 FY1920; those data are not reported here.

Discharge Outcomes objectives, PESQ:

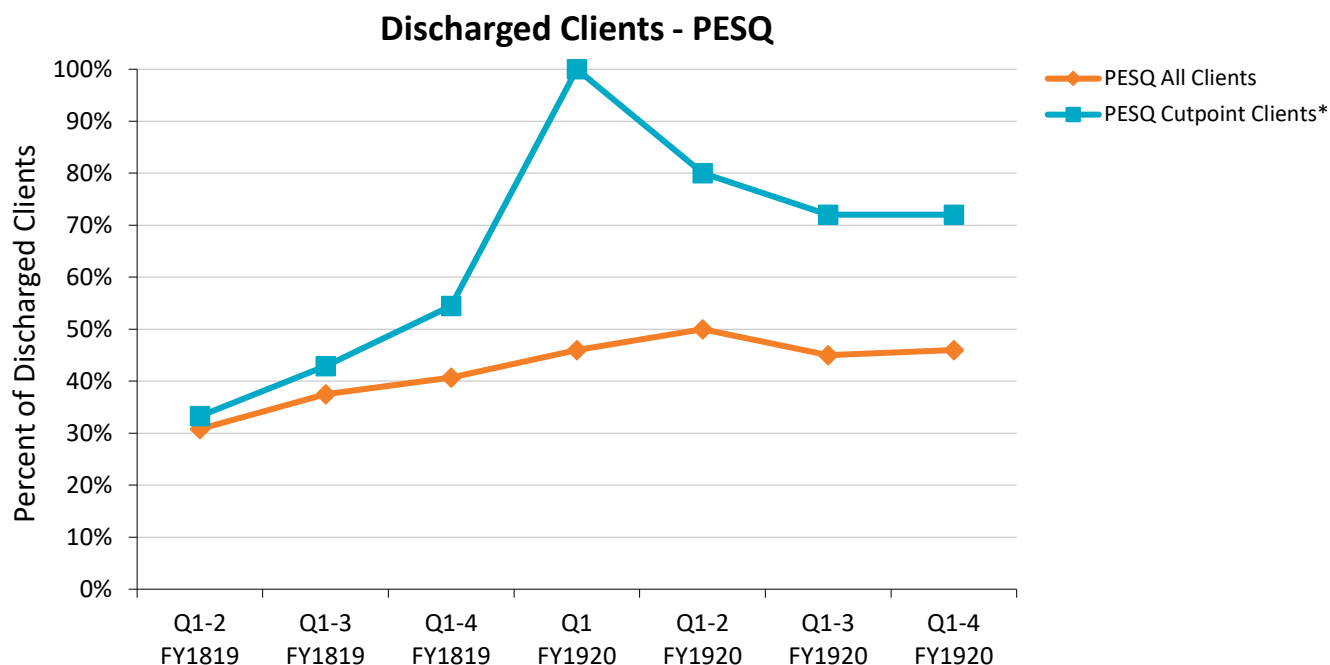
One additional measure is currently tracked in the Children, Youth & Families Behavioral Health Service system for special populations: The **PESQ** is administered by alcohol and drug counselors at 9 FSP programs. Level of improvement on the PESQ between initial assessment and discharge was measured for eligible clients open for a minimum of 30 days, with a PESQ discharge date between July 1, 2019 and June 30, 2020. The County goal for this measure is at least 80% of clients improving between initial assessment and discharge. Due to the small number of clients evaluated with this measure, trends and progress are difficult to reliably assess.

Improvement

For the PESQ, improvement is operationally defined as a *4-point decrease* on the PESQ Severity scale or falling below the clinical cutpoint at discharge (for clients who started above the clinical cutpoint). The clinical cutpoint was empirically derived by the PESQ developers and indicates that the client likely has a substance abuse problem and needs a full drug abuse evaluation.

Results

- **PESQ** (clinician report, N=50)
 - **46% (n=23) of clients improved** between initial assessment and discharge on the severity scale.
 - Clients who were **above the clinical cutpoint at initial assessment (n=18)**: **72% (n=13) were below the clinical cutpoint** at discharge.



*Clients who scored above the clinical cutpoint at initial assessment.

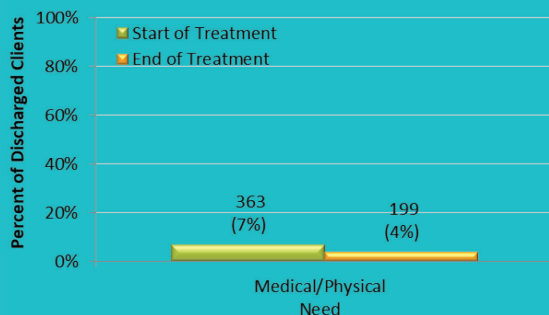
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-4 FY 2019-20

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July 2019 and June 2020. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

HEALTH (N=5,245)

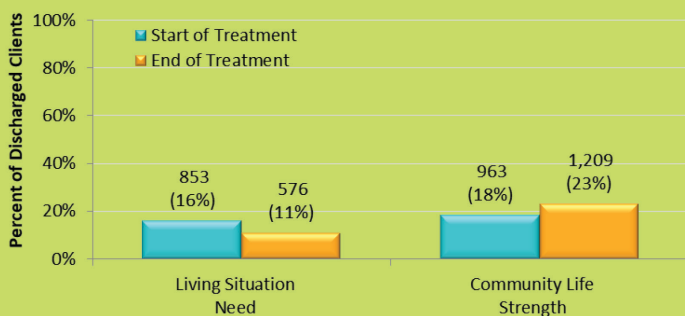
Physical activity
Connection to Health Home
Healthy Food
Immunizations



[CANS items](#)
Medical/Physical Need



[CANS items](#)
Living Situation Need
Community Life Strength

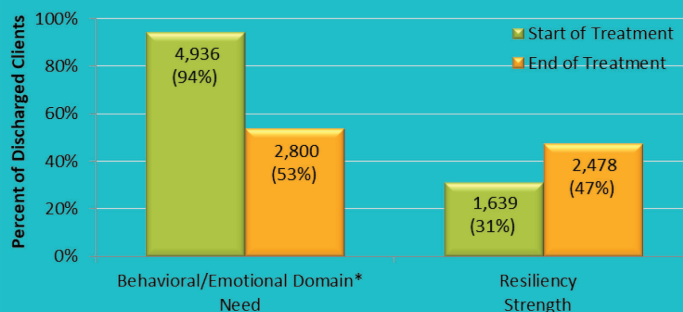


COMMUNITY (N=5,245)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

STANDARD OF LIVING (N=5,245)

Access to Healthcare
Access to Behavioral Health Services

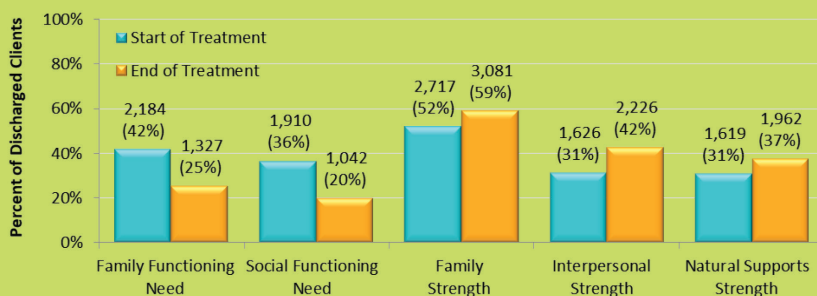


[CANS items](#)
Behavioral/Emotional Need
Resiliency Strength

*This Domain is comprised of 9 individual behavioral and emotional needs



[CANS items](#)
Family & Social Functioning Needs
Family Strength
Interpersonal Strength
Natural Supports Strength

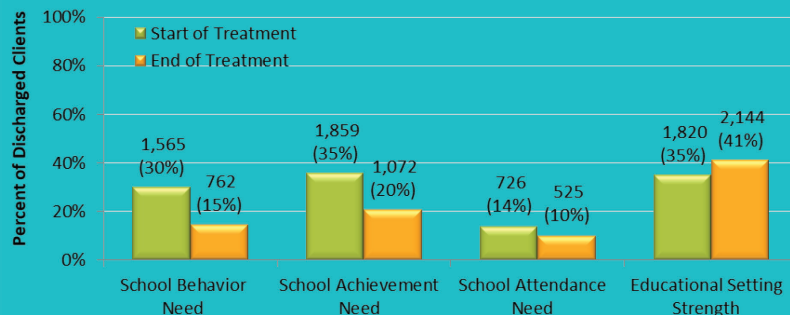


SOCIAL (N=5,245)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=5,245)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



[CANS items](#)
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: All changes from intake to discharge were statistically significant. However, due to large sample sizes, they were not necessarily clinically meaningful.



OUTDOOR
OUTREACH

OUT AND ABOUT SAN DIEGO



In partnership with:



THERE ARE STILL **BIG ADVENTURES** TO BE HAD IN SAN DIEGO

This Fall, youth and young adults ages 5 to 25 from anywhere in San Diego County can **ADVENTURE WITH US**, exploring the outdoors while safely creating friendships, building community, and developing leadership skills for all of life's explorations. *This program is **free** and made possible with funding from the County of San Diego.*

As Outdoor Outreach facilitates in person programs, the health and wellness of our community is our priority. We have adapted our programs to local and state health guidelines as related to COVID-19. Face coverings must be worn through the duration of the program. As new updates are released we will continue to modify our practices, procedures and policies.



ROCKCLIMBING



KAYAKING



HIKING



PADDLEBOARD



MTN BIKING

*Actual activities may vary from above and are subject to change

DATES

Time-limited series starting
September 28, 2020

TIME

After school, Weekends
and School Breaks

ELIGIBLE AGES

- 5-7 (Elementary)
- 8-10 (Elementary)
- 11-13 (Middle School)
- 14-18 (High School)
- 19-25 (Young Adults)

TO LEARN MORE AND SIGN UP TODAY, VISIT: outdooroutreach.org/outandaboutSD

Questions? Email outandaboutsandiego@outdooroutreach.org or call (619) 238-5790

Registration includes: Transportation to and from activity locations; Lunch (weekends) and snacks (afterschool); Recreational and safety equipment; Professional instruction and guided exploration; Face masks provided as-needed

Limit of one event per person for the duration of the program. Registration priority will be given to children and youth in the BHS system of care.



**OUTDOOR
OUTREACH**



North Coastal Region

<https://bookeo.com/outaboutpfcs?category=3152YATT7C1754EF0BC9A>



North Inland

<https://bookeo.com/outaboutpfcs?category=3152NTF7A61754F072D4E>

North Central

<https://bookeo.com/outaboutsbcsc?category=3152UP3WEH175493003C7>



East

<https://bookeo.com/outaboutsdsdys?category=31523CWYYW1754CE2AD7A>

Central/ SE

<https://bookeo.com/outaboutsbcsc?category=3152UP3WEH175493003C7>



South

<https://bookeo.com/outaboutsbcsc?category=3152FC33UY17549A86F79>

Don't know what region you fall under? Enter or click on your zip code at this link:

<http://www.outdooroutreach.org/outandaboutsdl/>

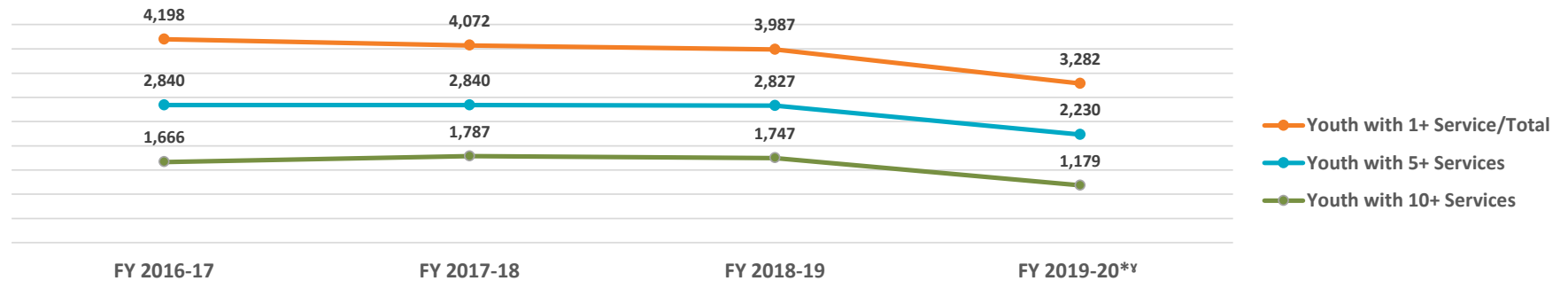


CYF School Services Annual Trend

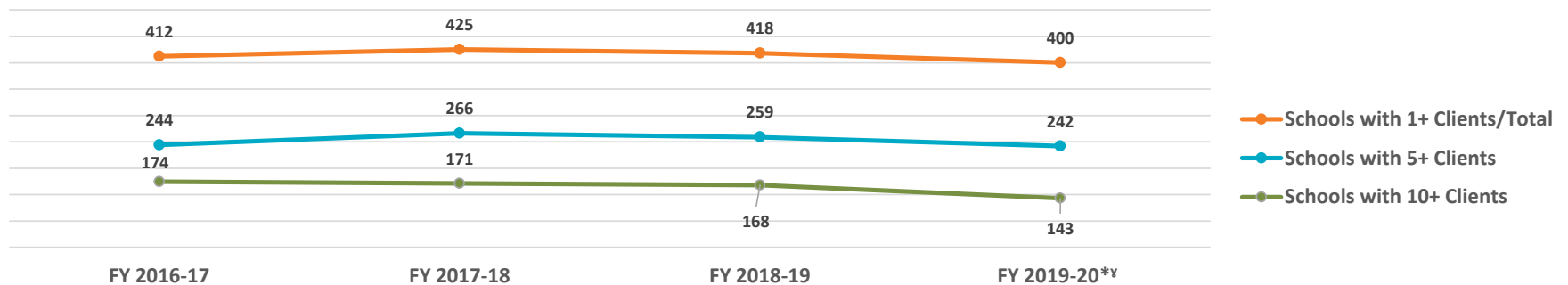
Number of Mental Health Providers Offering School Site Services



Number of Youth who Received School Site Services



Number of Schools who Hosted School Site Services



* Minimum standard established in FY 2019-20.

* COVID-19 pandemic started in March 2020.



SOC Application

CYF Program Manager Meeting

Skylar Hayes
Jane Maldonado



www.optumsandiego.com



Welcome!

Why are we here today?

- Overview of the System of Care (SOC) Application
- State/Federal Legislation Compliance
 - Final Rule NACT and Medi-Cal Requirements
- County/Client Needs





Immediate Benefits for **Current** Requirements

What is the benefit to having one place to fulfill the Mega-Regs requirements?

NACT submissions

- No more Excel file
- Completed Online / Anytime

All of your information in one place

- Several separate submissions (NACT, Provider Directory, etc.) are now done through a single system/attestation

Immediately update directory information

- Update program information in real-time
- Decrease complaints due to inaccurate/ambiguous information
- Increase overall accuracy of Provider Directory
- Happier consumers and more efficient referrals
 - Potential clients can find programs based upon program information, rendering provider specialties, languages spoken, etc.



The Provider's Role

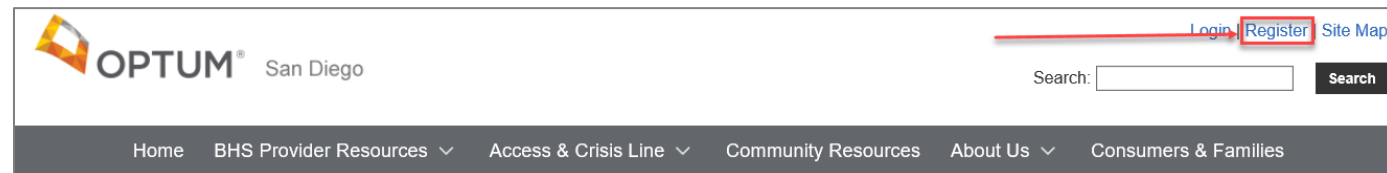
What do providers need to know in this process?

Providers must do the following:

- Register to access the SOC application (5 min)
- Initial review and attest to their SOC profile data quarterly (15 min)
 - If questions come up during review, Optum Support Desk is available to help
- Attest every 6 months (10 min)
 - Providers must attest to their own information on the directory
 - Attestation **cannot** be deferred to admin teams
- Program Managers will still review final NACT for accuracy and enter site-specific information
 - PMs can see team information at a glance
 - PMs will automatically have access and can enter information for prescribers
 - PMs can have temporary access to enter information for providers
 - This temporary access can be requested from the Optum Support Desk

Registration

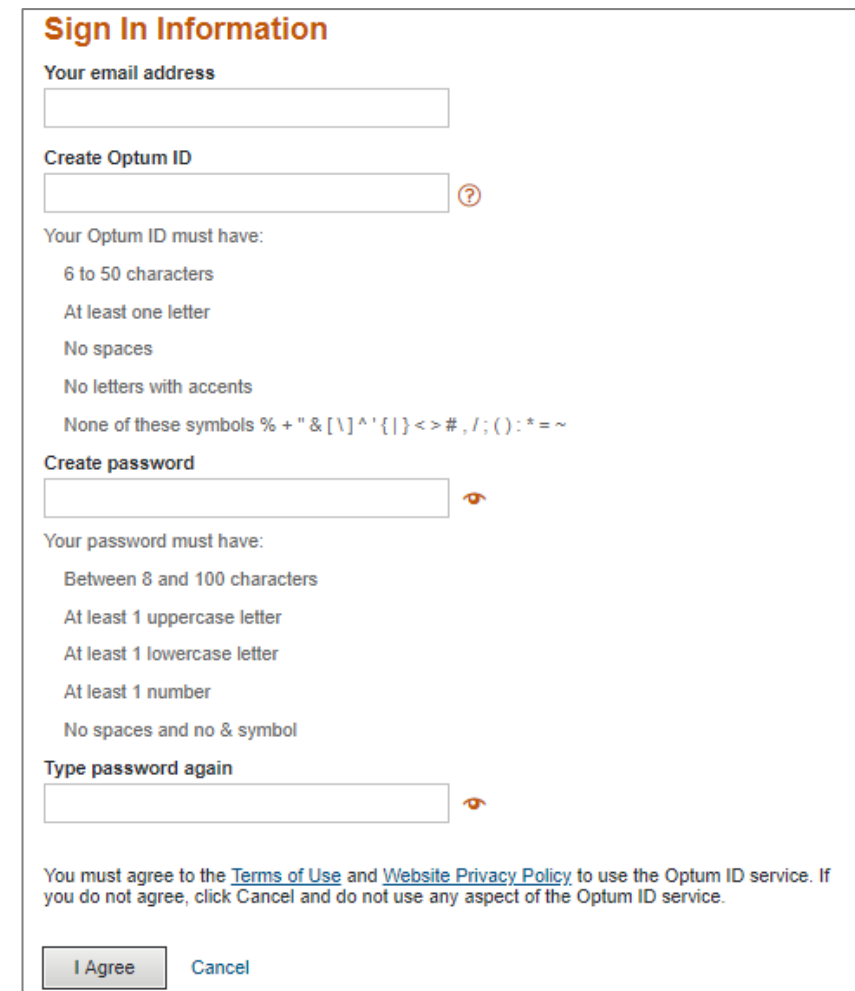
OptumSanDiego.com



The header of the Optum San Diego website. It features the Optum logo and "San Diego" text on the left. On the right, there are links for "Login", "Register" (highlighted with a red box), and "Site Map". Below these links is a search bar with the placeholder text "Search:" and a "Search" button. A navigation menu at the bottom includes links for "Home", "BHS Provider Resources", "Access & Crisis Line", "Community Resources", "About Us", and "Consumers & Families".




The "Create an Optum ID" form. It starts with the title "Create an Optum ID" and a subtext: "An Optum ID securely manages your account so that you can use one Optum ID and password to sign in to all integrated applications." Below this is a green button with an information icon and the text "Already have an Optum ID? Sign in now". The "Profile Information" section includes three input fields: "First name", "Last name", and "Year of birth" (with a question mark icon).



The "Sign In Information" form. It begins with the title "Sign In Information" and a "Your email address" input field. Below is a "Create Optum ID" input field with a question mark icon. The "Your Optum ID must have:" section lists requirements: "6 to 50 characters", "At least one letter", "No spaces", "No letters with accents", and "None of these symbols % + \" & [\] ^ ' { | } < > # , / ; () : * = ~". The "Create password" section has a password input field with an eye icon. The "Your password must have:" section lists requirements: "Between 8 and 100 characters", "At least 1 uppercase letter", "At least 1 lowercase letter", "At least 1 number", and "No spaces and no & symbol". Below is a "Type password again" input field with an eye icon. At the bottom, there is a disclaimer: "You must agree to the [Terms of Use](#) and [Website Privacy Policy](#) to use the Optum ID service. If you do not agree, click Cancel and do not use any aspect of the Optum ID service." and two buttons: "I Agree" and "Cancel".

Registration



Logoff | Welcome | Site Map

Search:

Home BHS Provider Resources ▾ Access & Crisis Line ▾ Community Resources About Us ▾ Secure Documents ▾ Consumers & Families


Home > Secure Documents > Welcome


Welcome

You have reached the new Optum San Diego network portal for County of San Diego Behavioral Health Service providers. The access that you have been approved for shows below. If you have any questions, please contact the Optum Support Desk at 800-834-3792 or email at sdhelpdesk@optum.com.


MH Org Provider User

The Mental Health Organizational network portal provides access to CCBH forms, training resources and monthly reports. The portal also provides organizations access to review their information to ensure it is accurate to comply with State and Federal regulations.

SOC Link 

COUNTY OF SAN DIEGO
**HHSA**
HEALTH AND HUMAN SERVICES AGENCY

Personal Info

COUNTY OF SAN DIEGO
**HHSA**
HEALTH AND HUMAN SERVICES AGENCY

Personal Info

Secure Documents

▸ Organizational Provider Secure Documents

▸ CCBH Secure Documents

▸ Network Adequacy Certification Tool (NACT)

SOC Demo

- Provider and manager views
- Save and attest all tabs
- Program Manager Profile
 - Provider list
 - Delegation

Next Steps

How to prepare for the SOC Application

Access Registration

- Encourage registration for access to the SOC application
 - Program managers to register
 - Support providers to register
 - PMs can follow up with providers using the Provider
- Group/Individual instruction and trainings available through the Support Desk
- PMs and providers should plan or schedule to regularly update their information

Submit all NACTs via SOC application

- No Excel NACTs!
- If program staff not are not yet registered, the program will be provided an Excel file to validate and return



QUESTIONS?

OptumSanDiego.com

For questions, please call or e-mail

Optum Support Desk:

1-800-834-3792

sdhelpdesk@optum.com

Thank You!

www.DirectingChangeCA.org



Directing Change

Program and Film Contest



California's Mental Health Movement



Funded by counties through the Mental Health Services Act (Prop 63).

FAQs



1. What is Directing Change?
2. Who can participate?
3. How does it work?
4. Who are our partners?
5. How does Directing Change support education outcomes?
6. Why the new Hope & Justice category?
7. What makes this category different?
8. What should I know about the Hope & Justice category?
9. What happens after you participate?
10. What are some outcomes?
11. How can I participate or learn more?



1. What is Directing Change?

The Directing Change Program & Film Contest is a free and evaluated program that engages youth to learn about **mental health, suicide prevention** and other critical health and **social justice** topics through film and art.

Youth are exposed to knowledge about the topics of **mental health, suicide prevention, and social justice** through educational resources, instructional tools to educators, and additional resources to further learning about the basic components of these topics. From here, youth must apply their knowledge to create their own unique message about suicide prevention, mental health and social justice for their peers. The creative process of filmmaking and creating art requires youth to synthesize their knowledge resulting in a deeper level of understanding.



2. Who can participate?

Open to youth and young adults ages 12-25 in California in partnership with a school, community-based organization or trusted adult.



3. How does it work?

Enter Film Contest

The program can be implemented in a traditional or virtual classroom.

- Open to students in middle and high school, and young adults through age 25
- Free to participate
- Mini grants available
- Cash prizes for youth (up to \$1,000)

7 SUBMISSION CATEGORIES



- SUICIDE PREVENTION
- MENTAL HEALTH MATTERS
- ANIMATED SHORT
- SANAMENTE
- WALK IN OUR SHOES
- HOPE AND JUSTICE
- THROUGH THE LENS OF CULTURE

"Films in English, Spanish, Sign Language and other languages welcome!"

4. Who are our partners?

Directing Change is part of Each Mind Matters: California's Mental Health Movement and statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. These initiatives are funded by counties through the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities. Directing Change is a 501c3 and accepts donations.



5. How does Directing Change support educational outcomes?

Directing Change **supports educational standards** in school districts and schools by providing educational resources, lesson plans and technical support.

Directing Change integrates sound pedagogical principles into the film and art making process so that participants are engaged via all methods of the “learning spectrum”: to **see, experience, discuss, and apply**.

By integrating the evidence based Directing Change program and its evaluated curriculum into classrooms, teachers can enhance **academic, social, and emotional learning**.

Visit www.DirectingChangeCA.org/schools/ for more.

6. Why the new *Hope & Justice* category?

With everything going on right now, many youth are looking for ways to share what they are experiencing, how they are coping, and explore what drives them to stay hopeful for the future.

The *Hope & Justice* category is an opportunity for youth living through history to express their feelings and to inspire others through art.



6. Why the new *Hope & Justice* category?

Youth & Teacher Feedback:

"I love this idea! I feel like this encourages the participants to keep working towards a goal, as well as helping participants become more comfortable with their emotions, and knowing that it's okay to feel this way, especially with what's currently going on." - Teacher

"Oftentimes youth feel as if they aren't allowed to participate in these conversations, that it's not their place when nothing could be farther from the truth. Right now, youth and Gen Z are the hope and future of America, and most of us are filled with great ideas and inspiration. To create a space like this where we can be heard, and literally have valued ideas and opinions- all I can say is that we need more of this." - Student

I am personally excited to see the work that comes out this! We are in such a pivotal moment in history where our political, economic, social, and educational atmospheres are all colliding! I think that social connectivity and support networks will be vital in our ability to cope with the distance and with the possibility of loss during this time." - Student

"Reading about this new category honestly brought me to tears. To give youth a voice on these topics when oftentimes they are silenced and essentially told to go back and sit at the "kid's table" is so important. It's also incredibly important to make sure that emotions around these topics during these times are validated no matter the circumstance. It encourages growth and hope, as well as being a piece of hope for youth." - Student



7. What makes this category different?

The *Hope & Justice* category embraces the “promoting social justice” portion of the Directing Change mission statement, going a step beyond our traditional submission categories (suicide prevention and mental health), to make the connection between social justice and health.

In this category submissions are accepted and awarded monthly and encouraged to be submitted in multiple art forms.

8. What should I know about the *Hope & Justice* category?

HOPE

Create a film, song, narrative, or piece of art that shares your story and encourages others to find their own way to get through tough times.

- What helps you get through tough times? Are you practicing self-care through reading, dancing, listening to music, writing, watching your favorite films? And what if that isn't enough?
- What do you see or experience in your life or community right now that gives you hope during this challenging time?

JUSTICE

Our perspectives are shaped by our own backgrounds, identities, families, friends, life experiences and more.

- Create a project that shares a perspective or your personal experience with discrimination or injustice because of who you are, in a way that gives others a glimpse of what it is like to walk in your shoes and live in your skin.
- Create a project that combats bias by increasing knowledge and encouraging actions young people can take to take a stand against injustice.

OR CHOOSE FROM MONTHLY SUBMISSION PROMPTS:

WHAT THIS ELECTION
MEANS TO ME

HOPE IS...

CREATIVE WAYS TO
MEASURE 6 FEET
PHYSICAL DISTANCING

MY REASON FOR
WEARING A FACE COVERING....

WHAT MAKES YOU
FEEL BETTER WHEN YOU
ARE FEELING DOWN?

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VS

60-Second Film
Suicide Prevention

60-Second Film
Mental Health Matters

60-Second Film
Through the Lens of
Culture

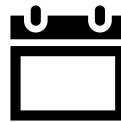
30-Second Film
SanaMente

30-Second Film
Animated Short

60-Second Film
Walk in Our Shoes

- Submissions are due at midnight of the last day of the month
- Any art form suitable for sharing via social media is acceptable: original music, dance, spoken word, art, poetry, film, a speech, **ANYTHING**
- First place (\$300), Second Place (\$150), Third Place (\$100), and Honorable Mention (\$25) in Amazon gift cards

Deadline



Formats



Prizes



- March 1, 2021
- 30-second and 60-second films
- Prizes ranging from \$250 to \$1,000

In addition, all 60-second film entries received prior to March 1, 2021 will also compete against all 60-second films entered in the Hope and Justice category for a chance at a statewide prize.



9. What happens after I participate?

Community Action Project!

The goal of the program is to share, educate and inspire action. After submitting an entry to the Hope & Justice category, youth may apply to receive a grant to create a community action project that makes a difference to affect change.

Youth films and projects are used in schools, communities, and on social media to raise awareness and start conversations about these topics. You might even catch one at the movies or on TV!



10. What are some outcomes?

Recognize warning signs for suicide and know how to get help for a friend or themselves.

Know the facts about mental health, coping during adversity, and where to find help.

Have the confidence to stand up for others experiencing stigma or discrimination as a result of a mental health challenge.

Apply critical thinking to issues around equality and justice.

- View the [2020 Program Outcome Statement Here](#)
- Check out one of our student testimonials: [“We Don’t Do That”](#)
- View more [outcomes and testimonials on our website](#)

11. How can I participate or learn more?

Visit: www.DirectingChangeCA.org

Follow @DirectingChange on Instagram

Follow @DirectingChangeCA on Facebook



Contact Us:

Shanti Bond-Martinez, MPH
Senior Program Manager

Shanti@directingchange.org



Directing Change

Program and Film Contest

Introducing
the

Hope & Justice

Category

Directing Change is an evaluated program that engages youth to learn about mental health, suicide prevention and other critical health and social justice topics through film and art.

www.DirectingChangeCA.org

Submissions accepted and awarded monthly

- Open to youth ages 12-25
- Participants are eligible to submit one entry per month
- Submissions due on the last day of every month September 2020 through March 2021
- First place (\$300 Amazon Gift Card)
- Second Place (\$150 Amazon Gift Card)
- Third Place (\$100 Amazon Gift Card)
- Honorable Mentions (\$25 Amazon Gift Card)

View the full contest rules at www.DirectingChangeCA.org

Step 1: SELECT A SUBMISSION FORMAT

Express yourself! Any art form suitable for sharing via social media is acceptable: original music, dance, spoken word, art, poetry, a speech, ANYTHING! This is your chance to tell your story and be creative.

- Blog, poem, spoken word, or other narrative (500 words or less)
- Short video, animation or Tik Tok (15-seconds or less)
- Video PSA (60-seconds)
- Radio PSA (30-seconds)
- Original music (3 minutes or less)
- Visual Art (E.g. painting, digital art, sketching, comic, or any other art form.)

Step 2: CHOOSE A CONTENT AREA. Options include Hope, Justice or Monthly Prompt

HOPE

Create a film, song, narrative, or piece of art that shares your story and encourages others to find their own way to get through tough times.

- What helps you get through tough times? Are you practicing self-care through reading, dancing, listening to music, writing, watching your favorite films? And what if that isn't enough?
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WHAT THIS ELECTION
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HOPE IS...

CREATIVE WAYS TO
MEASURE 6 FEET
PHYSICAL DISTANCING

MY REASON FOR
WEARING A FACE COVERING....

WHAT MAKES YOU
FEEL BETTER WHEN YOU
ARE FEELING DOWN?

Visit DirectingChangeCA.org for the calendar of monthly prompts!

If at any time you are experiencing an emotional crisis, are thinking about suicide or are concerned about someone call the **National Suicide Prevention Lifeline Immediately: 1-800-273-TALK (8255)**. This is a free 24-hour hotline

Other Ways to Get Involved

In addition to the Hope & Justice category, the Directing Change Program is a free and evaluated youth suicide prevention and mental health program with 30 and 60-second film submissions accepted annually with a March 1 deadline. Submission categories include Suicide Prevention, Mental Health Matters, Through the Lens of Culture, Animated Short and SanaMente. Lesson plans and educational resources provided!

WWW.DirectingChangeCA.org



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

Your Social Marketer, Inc.

LIVE WELL ADVANCE PRESENTS

The 2020 ANNUAL SUMMIT

on Student Engagement
and Attendance

LiveWellSD.org/Advance

CLICK HERE AND
**REGISTER
TODAY!**



**LIVE WELL ADVANCE
SCHOOL SUMMIT
DEC. 3, 2020
8:00 A.M. – 4:30 P.M.**

Who Should Attend:

School Administrators and Staff including: Counselors, social workers, nurses, and other staff supporting students in schools; parents/caregivers; and youth are strongly encouraged to attend.

Be sure to join us at 3:30 pm for the youth sector session. The session will be conducted by youth for youth to create the new Live Well San Diego Youth Sector. Students will brainstorm solutions to key questions and connect with other youth leaders from across SD County.

**No Cost to Attend
Online Registration Required**



SCHOOL BREAKOUT SESSIONS

- SDCOE: Improving chronic absenteeism
- Access, Inc.: Developing career pathways and career academies for at-risk youth
- Promises2Kids: Supporting San Diego foster youth during a pandemic
- NAMI San Diego: Youth opioid response grant - lessons learned from community forums
- Blue Shield of CA Promise Health Plan: Mental health and coping strategies for youth during a pandemic
- United Way: Keeping students first amidst the pandemic-shifting priorities to meet emerging needs within an education collaborative

**Please Visit the School Summit Exhibitor Booth
in the Connection Hub!!!**





CADRE Meeting Dates for Fiscal Year 2020-2021

CADRE Members, please see the meeting dates and times for all CADRE Quarterly meetings, CADRE Training and Implementation (T&I) and CADRE CYF Subcommittee meetings. Please check your email for the invitation to these meetings. They are currently being scheduled in a virtual format on Zoom. If you're not receiving the meeting invites, please check your spam/junk mail and adjust your filters. If no emails are located please email the CADRE email address at cadre-RIHS@sdsu.edu and we will work to ensure that future invites are sent out.

Thank you,

CADRE Administrative Team at RIHS

Quarterly Meeting Dates	
Meeting time: 12 PM—2 PM	
	9/9/2020
	12/9/2020
	3/10/2021
	6/9/2021

CADRE Training and Implementation Subcommittee	
Meeting Time: 1 PM—2:30 PM	
	8/19/2020
	10/21/2020
	11/18/2020
	1/20/2021
	2/17/2021
	4/21/2021
	5/19/2021

CADRE CYF Subcommittee	
Meeting Time: 1:30 PM—3 PM	
	10/8/2020
	1/14/2021
	4/8/2021

For additional information please email
us at:

cadre-RIHS@sdsu.edu

Behavioral Health Services (BHS) – Contractor Information Notice

To:	BHS Contracted Children, Youth & Families Service (CYF) Providers
From:	Behavioral Health Services
Date:	November 9, 2020
Title	Holiday Closure Fiscal Year 2020-2021 for CYF Programs

Holiday Closures

As the holiday season approaches, please review the office closure protocol for holidays or organizational events. Programs can locate specific program expectations in the contract Statement of Work and or the Substance Use Disorder Provider Operations Handbook (SUDPOH). Outpatient programs generally follow the County of San Diego (County) holiday schedule which is attached for reference. Residential programs remain open 365 days a year. If staffing is reduced during the holidays, regular program activities such as groups, individual sessions, or assessments are expected to continue.

Programs intending to have a closure that is not specified in the Statement of Work need to pro-actively reach out to the Contracting Officer's Representative (COR) to provide rationale and obtain written approval.

Office Closure Protocol

For all CYF programs, the following closure procedures must be adhered to:

- All clients and/or caregivers to receive advance notice of closure
- Stakeholders and referral sources to be notified of closure in advance
- Visible and legible signs regarding closure to be displayed, minimally, at the entrance of the building/program
- Outgoing phone messages to inform caller of closure and available alternative resources (i.e. hotline numbers, cell phone numbers, or other emergency numbers)
- Closures of up to two hours do not need approval from the COR
- Proposed closures are finalized with written approval by the COR

The Children, Youth, and Families team wishes your team and the children and families you serve a happy and safe holiday season!

Attachment: County Holiday Schedule 2020-2021

For More Information:

- Contact your Contracting Officer's Representative (COR)

County Holiday Schedule

2020

January 1	New Year's Day
January 20	Martin Luther King Day
February 17	President's Day
March 31	César Chávez Day
May 25	Memorial Day
July 3	Independence Day
September 7	Labor Day
November 11	Veteran's Day
November 26 & 27	Thanksgiving
December 25	Christmas

2021

January 1	New Year's Day
January 18	Martin Luther King 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	Veteran's Day
November 25 & 26	Thanksgiving
December 24	Christmas