



Outpatient 2 (OP2) Program Manager Meeting Behavioral Health Services

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

Agenda

- **Welcome** – Kelly Bordman, LCSW
 - **QA Updates** – Elaine Mills, Diana Daitch-Weltsch 10 minutes
 - Minor Consent to Outpatient Mental Health Treatment or Counseling (Pg 3)
 - Grievance and Appeals process timelines (Pg 5)
 - Incident Reporting (Pg 6)
 - **System Collaboration Updates** – Shaun Goff & Cynthia Roman 10 minutes
 - ACL 24-35 Required Referral to County MHP (Pg 8)
 - Documenting Pathways to Wellbeing in SmartCare (Pg 9)
 - **Internet Crimes Against Children (ICAC)** – Lisa Ringel (N/A) 30 minutes
 - **ICARE** – Sidney Cartwright (Pg 10) 20 minutes
 - **CCYP** – Dr. Charmi Patel-Rao & Maria Sanchez (Pg 26) 20 minutes
 - **Psychotropic Medication Updates**– Dr. Laura Vleugels 10 minutes
 - Updates to Guidelines for the Use of Psychotropic Medications (Pg 40)
 - **Networking Breakout** 10 minutes
 - **Announcements** 10 minutes
 - Wellness Coach Certification Requirement Revision (Pg 42)
 - California Child and Adolescent Mental Health Access Portal (Pg 44)
 - CYBHI Fee Schedule (Pg 46)
 - California Behavioral Health Planning Council (CBHPC) – Event (Pg 47)
 - Out in the Open: Honest Conversations About Youth Mental Health and Drug Use
 - Jan. 16th, 2025 | 6:00-8:00pm
 - San Diego County Office of Education (SDCOE) 6401 Linda Vista Rd., SD 92111
 - DHCS Summits on Harm Reduction in SUD Treatment: Tuesday, Feb. 11, 2025 (Pg 49)
(register here: [Event Summary - Summits on Harm Reduction in SUD Treatment \(cvent.com\)](#))
 - DHCS encourages all SUD treatment providers and staff to attend the summit, which will feature local panelists and regional topics
 - Birth of Brilliance Conference: Feb. 27, 2025 (Pg 50)
 - Register here: [Birth of Brilliance 2025](#) (scroll to bottom, then click “Register”)
 - All requests for BHS Community Event presentations send to: [BHS Community Request Form](#) (Pg 51)
 - Located on this page: [Connect with BHS](#)
- *Requests need to be made two weeks in advance of event



➤ **Resources**

- Outpatient 2 Program Manager landing page: [OP2 Program Managers Meetings \(sandiegocounty.gov\)](https://sandiegocounty.gov)
- CFWB Resource Parent Ombudsman – for all caregiver (resource parents & relatives) inquiries (Pg 53)
- CFWB - Office of the Ombudsman – for general CFWB inquiries (Pg 54)
- Home Start Housing Programs for TAY clients (Pg 56)
- Internet Crimes Against Children Resources (Pg 58)
- BHIN 24-021 ICPM & ITG Guides (Pg 61)
- Screening to Care Annual Report – located in the Technical Resource Library [here](#)

➤ **Next Meeting: March 13, 2025 | 9:30 - 11:30 a.m.**

BHIN 24-046 Minor-Consent to Outpatient Mental Health Treatment of Counseling

Excerpts from BHIN – Critical to Review Full BHIN



DATE: December 30, 2024

Behavioral Health Information Notice No: 24-046

SUBJECT: Minor Consent to Outpatient Mental Health Treatment or Counseling

PURPOSE: Provides guidance to Mental Health Plans (MHPs) regarding the provision of outpatient Specialty Mental Health Services to minors as required by Assembly Bill (AB) 665 (Chapter 338, Statutes of 2023).

POLICY

Effective July 1, 2024, without consent from a parent or guardian, minors 12 years of age or older may consent to and receive outpatient mental health treatment or counseling, including outpatient Medi-Cal Specialty Mental Health Services (SMHS) if, in the opinion of the attending professional person, the minor is mature enough to participate intelligently in the outpatient services and the professional person determines that involvement of the parent or guardian would not be appropriate.⁵ The professional person shall use their clinical judgment and expertise to make a determination regarding the minor's maturity to participate intelligently in these services.

MHPs shall ensure that minors may consent to specialty mental health outpatient treatment or counseling, and Medi-Cal Managed Care Plans (MCPs) shall ensure that minors may consent to non-specialty mental health outpatient treatment or counseling in accordance with FC section 6924 and DHCS guidance.^{6,7}

Minors already eligible for full scope Medi-Cal may consent to outpatient mental health services without applying to enroll in limited scope Medi-Cal for Minor Consent Services.

Parent/Guardian Involvement and Notification

State law requires that outpatient mental health treatment or counseling of a minor authorized by FC section 6924 shall involve the parent or guardian **unless**, after consulting with the minor, the professional person treating or counseling the minor determines that the involvement would be inappropriate.¹⁰ Where involvement of the parent or guardian is determined to be inappropriate, MHPs and providers shall establish and ensure safeguards are in place to suppress confidential information and prevent appointment notifications, Notice of Adverse Benefit Determination documents, and any other communications that would violate the minor's confidentiality from being inappropriately delivered to the minor's parent or guardian.

Following consultation with the minor, the professional person must note their determination regarding the appropriateness of involvement of the parent or guardian in the client record, stating either:

- (1) whether and when the person attempted to contact the minor's parent or guardian, and whether the attempt to contact was successful; or
- (2) the reason why, in the professional person's opinion, it would be inappropriate to contact the minor's parent or guardian.¹¹

For minors accessing limited scope Medi-Cal Minor Consent Services, the minor will be assigned to a separate Medi-Cal case from the parent or guardian.¹² Outpatient mental health treatment or counseling services provided through limited scope Medi-Cal are confidential, except to the extent that parent or guardian involvement is required by law.¹³

The minor's parent or guardian is not liable for payment for minor consent services unless the parent or guardian participates in the mental health treatment or counseling, and then only for the services rendered with the participation of the parent or guardian.¹⁴

Claiming and Billing

Minors consenting to and accessing services through full scope Medi-Cal without parental involvement:

There are no changes regarding claiming and billing for specialty mental health outpatient treatment or counseling services delivered to a minor enrolled in full scope Medi-Cal. MHPs shall continue to claim for those services in accordance with Medi-Cal SMHS billing guidance.

Minors accessing services through limited scope Medi-Cal Minor Consent Services:

MHPs shall continue to pay for services delivered through limited scope Medi-Cal Minor Consent Services with County funds only. MHPs shall provide and reimburse for Medi-Cal Minor Consent Services using realignment or other local funds.¹⁵



To:	Mental Health Plan and Drug Medi-Cal Organized Delivery System Beneficiaries
From:	Behavioral Health Services
Date:	December 1, 2024
Title	Integrated Member Handbook – Notice of Significant Changes

When you first started receiving services at our program, you were offered a copy of a Member Handbook which explained your benefits, how to get care, and answered questions about the County of San Diego’s Behavioral Health Services system.

For 2025, the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) member handbooks have been integrated and updated to align with the Department of Health Care Services policies released between September 2023 through September 2024. The integrated member handbook will be available beginning January 1, 2025.

Attached to this notification is a summary of changes to the Member Handbook, which is also available on the Optum website by using the link below:

- <https://www.optumsandiego.com/> - click on the Beneficiary & Families page

For More Information:

- Contact QIMatters.HHSA@sdcounty.ca.gov

To:	BHS Contracted Service Providers
From:	Behavioral Health Services – Quality Assurance
Date:	December 23, 2024
Title	Critical Incident and Non-Critical Incident Reporting

Updated Process for Serious Incident and Unusual Occurrence Reporting

Serious Incident and Unusual Occurrences Reporting processes have been revised for BHS contracted and County-operated programs effective **January 1, 2025**. These changes are designed to improve reporting efficiency, minimize administrative burden and redundancies in documentation, ensure accurate tracking, and streamline data collection for better incident management that supports quality of care.

Updated resource documents will be available via the Optum website on the [SMH & DMC-ODS Health Plan page](#) under the 'Incident Reporting' tab. This includes FAQs, Tip Sheets, links to trainings as they become available, as well as updated OPOH and SUDPOH references.

Key Changes to the Incident Reporting Process:

- Changes to Naming Conventions:** Serious Incident Reporting (SIRs) will now be classified as Critical Incidents; SIR Level 2 incidents and unusual occurrences will now be classified as Non-Critical Incidents. The tier levels have been eliminated.
- Expanded Program Reporting:** Reporting is required for BHS treatment and non-treatment programs based on incident type(s). Please refer to the tip sheet ([Critical](#) and [Non-Critical](#)) for additional details and potential exemptions.
- Centralized Point of Contact:** QA remains the central point of contact for all Critical Incident Reporting (CIR) and Non-Critical Incident Reporting (N-CIR) to ensure complete and accurate reporting.
- Elimination of 'SIR Phone Line':** Phone reporting will be discontinued, and the SIR Phone Line will be retired. Critical incidents will be sent securely to the QI Matters email or via fax which is monitored throughout the day. Non-Critical Incidents will be reported via an online form that is sent to QA and the Contracting Officer's Representative (COR).
- Unified Reporting Timelines:** All incidents will now require submission of reports within 24 hours of incident knowledge.
- Changes to Incident Types:**
 - Critical Incident - Categories were consolidated and clarified to focus on clinically critical incidents.
 - Non-Critical Incidents - Includes all other incidents representing "adverse deviation from usual program processes" and not falling into the critical incident categories.
- Simplified Report of Findings (ROF) Requirements:** ROFs will only be required for Critical Incidents unless an exception is requested by QA or COR for a Non-Critical Incident.
- Updated Root Cause Analysis (RCA) Requirements:** A RCA will only be required for specific Critical Incident categories.
- Simplified Forms:**

For More Information:

- Contact QI Matters for any questions regarding the new process or for consultation requests.
- Optum Site Resources: [SMH & DMC-ODS Health Plans](#) 'Incident Reporting' tab.



To:	BHS Contracted Service Providers
From:	Behavioral Health Services – Quality Assurance
Date:	December 23, 2024
Title	Critical Incident and Non-Critical Incident Reporting

- a. Critical Incidents: The Reporting form has been streamlined to support the new process and will be emailed to QI Matters mailbox or sent via fax.
- b. Non-Critical Incidents: An online submission form has been developed to centralize incident data.
 - 1. Protected Health Information (PHI) will not be required for N-CIRs; a reminder prompt is included on the form to note any submission of PHI will require a Privacy Incident Report.
 - 2. The link to the online submission form will be available on the [SMH & DMC-ODS Health Plan Optum pages](#), as well as in the SUDPOH/OPOH for easy access.
 - 3. CORs will receive a copy of the submitted N-CIR forms for review and may follow up with programs for any additional information as needed.
 - 4. QA Specialists will also receive the N-CIR forms to monitor incident data for emerging trends and engage with COR teams for further action steps as determined necessary.

These changes reflect our ongoing commitment to enhancing the quality and efficiency of incident reporting and management across all BHS programs. Please ensure that all relevant teams are informed about these updates.

Resources are now available on the Optum Site including the Critical Incident Reporting forms, Non-Critical Incident Reporting, Report of Findings and Root Cause Analysis processes. Trainings related to Incident Reporting, including the RCA Training, will be updated to reflect process changes following implementation.

For any questions or clarification, you may contact QI Matters at QIMatters.HHSA@sdcounty.ca.gov.

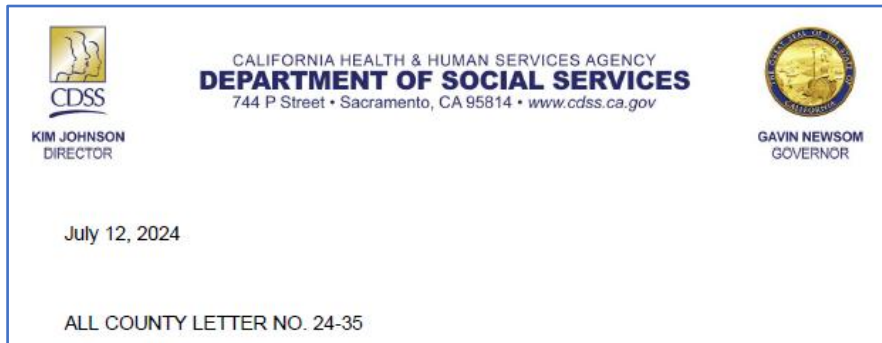
For More Information:

- Contact QI Matters for any questions regarding the new process or for consultation requests.
- Optum Site Resources: [SMH & DMC-ODS Health Plans](#) 'Incident Reporting' tab.

ACL 24-35: Elimination of Required Mental Health Screening and Replacement with Required Referral to County Mental Health Plans for All Children with an Open Child Welfare or Juvenile Probation Placement Case



Excerpts from [ACL 24-35](#) – Critical to Review Full ACL



SUBJECT: ELIMINATION OF REQUIRED MENTAL HEALTH SCREENING AND REPLACEMENT WITH REQUIRED REFERRAL TO COUNTY MENTAL HEALTH PLANS FOR ALL CHILDREN WITH AN OPEN CHILD WELFARE OR JUVENILE PROBATION PLACEMENT CASE

PURPOSE

The purpose of this All County Letter (ACL) is to inform county child welfare agencies (CWA), juvenile probation departments (JPD), Tribes with a Title IV-E Agreement with the State, and county mental health plans (MHP) there is no longer a requirement for CWAs and JPDs to conduct a mental health screening for the purpose of determining whether to refer a child or youth to MHPs. This change is effective as of the date of this letter.

Further, in lieu of the required mental health screening, CWAs and JPDs must submit referrals to the appropriate MHPs for all children and youth within 3 business days of opening a child welfare case or juvenile probation placement case, and on an ongoing basis, as determined necessary by the child and family team (CFT) and as informed by the Child Adolescent Needs and Strengths (CANS) tool.

MENTAL HEALTH SCREENING REQUIREMENT RESCINDED

Pursuant to [BHIN 21-073](#), children and youth involved in child welfare and juvenile justice categorically meet medical necessity criteria for SMHS. As such, CWAs and JPDs are no longer required to complete a mental health screening prior to submitting a referral to county MHP. This change is effective as of the date of this letter.

TIMELY ACCESS STANDARDS FOR SPECIALTY MENTAL HEALTH SERVICES

MHPs must provide SMHS consistent with timely access standards. For specific requirements and information regarding SMHS timely access standards, please see [BHIN 21-023](#) and [BHIN 23-068](#).

Behavioral Health Services (BHS), Child and Family Well-Being (CFWB), and Probation Department have been collaborating on the process for referral, including identifying specific providers within the BHS system of care that are designed to serve specific populations that may receive more referrals due to the ACL.



System Collaboration Updates

Documenting Pathways to Well-Being Class/Subclass in SmartCare Using Special Populations Indicators

Per the QA Mental Health Services “Up to the Minute” released in September 2024:

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

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

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

ICARE

San Diego Youth Services



**SAN DIEGO
YOUTH SERVICES**

Building futures for at-risk youth

Agenda

- Description of SDYS
- ICARE Program Overview
- Population
- Referral Process
- Contact Information
- Questions

San Diego Youth Services

A comprehensive non-profit organization that has helped stabilize the lives of more than 700,000 young people and their families since 1970.

Our mission is empowering youth to thrive by meeting their basic needs and providing lifelong skills for self-sufficiency and achieving their life ambitions.

We administer services of over 20 programs in 80 locations throughout San Diego County such as:

- ❖ I CARE
- ❖ SFS
- ❖ Our Safe Place
- ❖ Storefront
- ❖ East County Behavioral Health Center



ICARE Program

Mid City Youth Center



LIVE WELL
SAN DIEGO



**SAN DIEGO
YOUTH SERVICES**

Building futures for at-risk youth

Program Overview



Provides services to young people up to the age of **21** years who have experienced commercial sexual exploitation or are at risk for it.



“At risk” can include truancy, homelessness, substance abuse, domestic violence, past sexual assault, running away and/or being involved in the foster care system.



I CARE provides youth with emotional support in developing their inner strengths, self-esteem, and dreams while building a sense of community that promotes healing.



Funding: County of San Diego Health and Human Services Agency, Behavioral Health Services

Commercial Sexual Exploitation of Children (CSEC)

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graph TD; A[Commercial Sexual Exploitation of Children (CSEC)] --- B[Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons.]; A --- C[A form of violence against children]; A --- D[The child is treated as a commercial and sexual object];
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Sexual activity involving a child in exchange for something of value, or promise thereof, to the child or another person or persons.

A form of violence against children

The child is treated as a commercial and sexual object

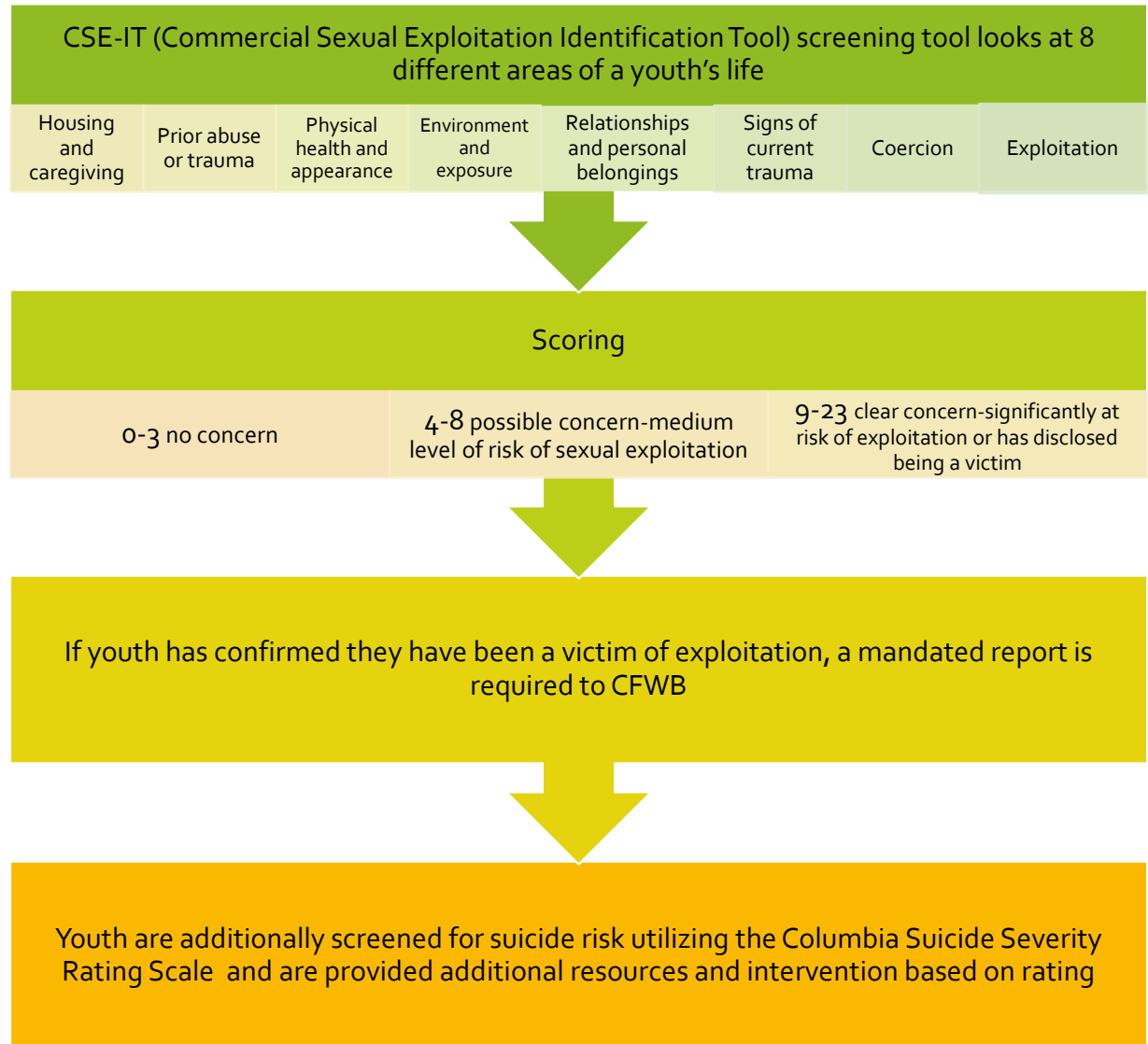
CSEC Includes:

- Street Walking
- Pornography
- Survival Sex
- Stripping
- Escort Agencies
- Phone sex lines
- Video Chats
- Private Parties
- Internet based exploitation/sextortion
- Erotic/nude massage
- Gang-based exploitation
- Interfamilial pimping

Warning Signs

- Change in dress
- Drug use increases
- New items (i.e. cell phone, clothes)
- Friends change
- Not going to school
- New tattoos
- Coming home late or not at all
- Running away from home
- Has explicit sexual online profile (i.e. Instagram, Snapchat, etc)
- Dating apps on their phone
- Separating from family
- Doctors or nurses consider frequent or multiple sexually transmitted diseases (STIs)/pregnancies
- Prepaid credit cards, hotel/motel key cards
- Unexplained money
- Unhealthy relationships with partners

Screening Tools



I CARE
Behavioral
Health Clinic

Mon-Fri
9am-6pm

Individual and family therapy

- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
- Seeking Safety (co-occurring disorders)
- Harm Reduction
- Available to meet after 6pm by appointment request
- Telehealth Available
- Family Therapy
- Group Therapy

Psychiatry/Medication Management

ICARE Drop-In Center Services

Recreational/Support Groups

- Yoga and mindfulness
- Arts and crafts
- Self-care
- Holiday celebrations
- Cultural nights
- Field-trips
- Offered at transitional settings

Caregiver Support Groups

- Psychoeducational groups
- CSEC 101 training tailored for parents/caregivers
- Support groups for both parenting/pregnant youth and caregivers of youth

Case Management

- Employment Specialist
- Education Specialist
- Connections Coach
- Job readiness training

Survivor mentorship

- Leadership opportunities for survivors
- Group facilitation with support from staff
- Strength-based & trauma informed
- Paid stipend

Peer Support

- Lived Experience
- Mentoring
- Perspective and validation

ICARE
Drop-In
Center

Mon-Fri
3pm-7pm

Sat-Sun
4pm-8pm

Washer and Dryer

Pantry

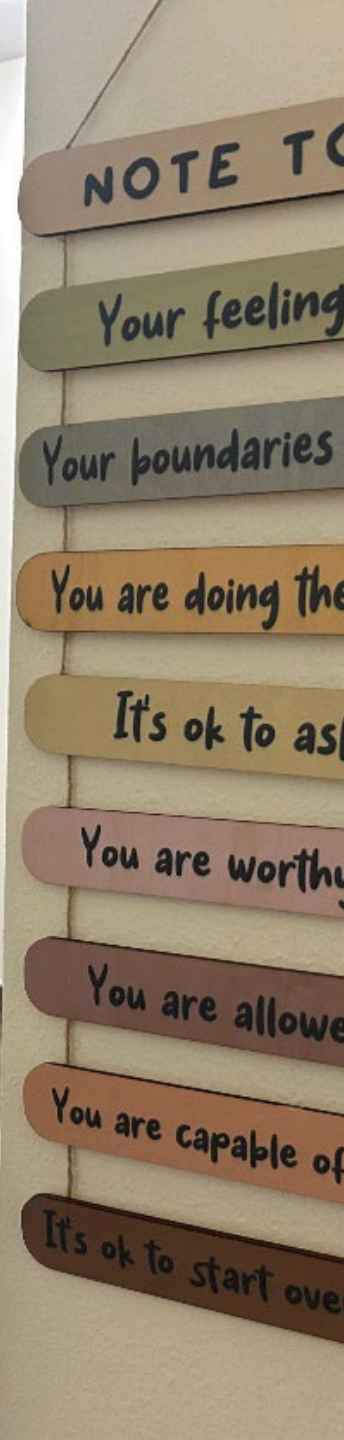
Snacks and Drinks

Play station

Punching Bag

Netflix/Disney Plus

Arts and Crafts



ICARE Eligibility Criteria

- **Drop-In Center & Clinic**
 - Youth ages up to 21 years
 - All genders
 - At risk for or victim of Commercial Sexual Exploitation
 - Residing in San Diego County
 - ***For Mental Health Clinic Only:***
 - Medi-Cal Beneficiary or Uninsured
 - Must meet medical necessity for services
- **Referral Process**
 - From anyone and anywhere
 - Fill out referral form via online link
 - https://apricot.socialsolutions.com/auth/autologin/org_id/108729/hash/9951630333e04ee22847df5db1f5523145f325d6

Contact Information

Program Email:

icarecp@sdyouthservices.org

Program Manager:

Sidney Cartwright, LCSW

scartwright@sdyouthservices.org

Cell: 619-980-4953

SDYS Website

sdyouthservices.org



Questions?



Center for Child and Youth Psychiatry (CCYP)



Eligibility Requirements:

- VH-CCYP serves Medi-Cal beneficiaries, low income, or uninsured youth up to age 21 throughout San Diego County. Additionally, youth referred by System of Care partners for medication needs are eligible for VH-CCYP and are the following...

Program supports youth who are:



Post Treatment and require on-going Medication Management



Receiving services with a System of Care provider without Psychiatric Coverage/Support



Receiving services at Short Term Residential Treatment Program (STRTP)

**MAT Services
support youth
with a
substance use
disorder
(SUD)
diagnosis.**

- Youth needing medication assisted substance use disorder treatment may be referred by a partnering substance use program approved by the County of San Diego.
- VH-CCYP to collaborate with SUD provider to provide a whole person approach.



Specialized medication support

- Specific Injectable medications
- Medication Assisted Treatment (MAT)



Services Include:

- The ***Vista Hill Center for Child and Youth Psychiatry*** is a Medication Management clinic for the San Diego County Behavioral Health System of Care. Our goal is to provide a client centered, trauma informed approach to on-going medication support for youth up to age 21.
- The Program focuses on youth who have **completed mental health treatment** at one of our County's specialty mental health programs, assisting System of Care programs with **temporary psychiatry coverage**, or providing expertise in special populations such as **short-term residential therapeutic program (STRTP)**, **medication assisted treatment**, and **JV220 reviews** for youth experiencing transitions in the Child Welfare systems.
- Services including Behavioral Health Assessment (clinician assessment) and treatment planning and outcome measurement, Psychiatric Evaluation (physician assessment), medication management, case management, collateral partner care coordination, and short-term individual and family therapy to address clinically urgent issues and to aid in transition and stabilization.

JV220 Reviews and Second Opinions

JV220 Reviews: VH-CCYP program provides reviews of all medication plans submitted by San Diego County providers to the Juvenile Court.

Second Opinions: Physicians provide review oversight, second opinions, and timely feedback to the Juvenile Court.

Three Tier Model:

Services at CCYP consists of three tiers or levels of service based on client needs. All youth enter the CCYP program at Tier 1 and the Psychiatrist determines additional supports.

- **Tier 1:** Medication Management Only.
- **Tier 2:** Medication Management plus case management or therapy services. An additional 1-3 services / month.
- **Tier 3:** Medication Management plus Specialty Mental Health Treatment for up to 90- days. Clients are then referred to a System of care program or return to Tier 1 or 2 within CCYP.

Vista Hill CCYP
is made up of a
team of caring
professionals
that are eager
to serve the
community.

Our Team:

- 8 Board Certified Child and Adolescent Psychiatrists
- 2 Assessment Coordinators/Clinicians
- 2 Case Managers
- Administrative team
- 1 Registered Nurse
- Program Manager

Duration:

- Services at VH-CCYP are generally provided for up to 12 months (longer if clinically indicated) and we work with you and your primary care provider as well as community providers to develop a transition plan.

Service Delivery:

*Both in-person and remote services available.

Program Impact:

Families being connected to a multidisciplinary team that is focused on providing timely empathic care. Client and families are seen by a diverse group of professionals that are trained in evidence-based practices and receive ongoing relevant training throughout the year. The desire of our team to provide quality care and support families in maneuvering through often complex systems can be felt by families who describe being “seen and heard.”

Contact us if you have a question regarding our services or eligibility or if you need more information on how to access behavioral health resources. You may call our team

Office Phone: (858) 571-1964

Office Fax: (858) 571-1967

Program Manager:

Maria E. Sanchez, LMFT

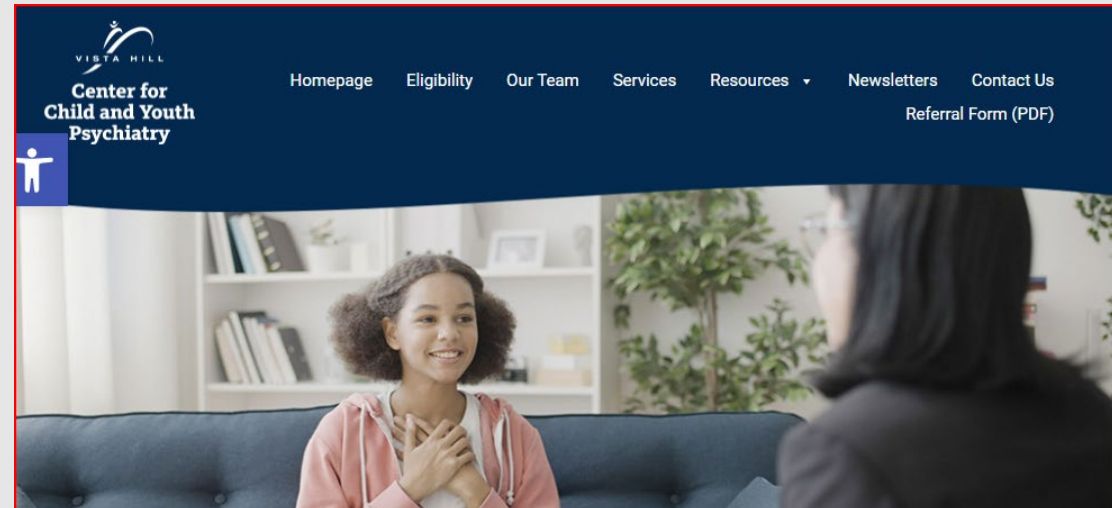
Work Cell: 619-510-2066

Program Location:

- Main Office: 8825 Aero Dr Suite 305, San Diego, CA 92123. Third Floor.

Website address:

vistahillccyp.org





Program Referral Request Form

Thank you for your interest in receiving services through the Vista Hill Center for Child and Youth Psychiatry (CCYP). CCYP is a System of Care resource available to youth and families who meet specific eligibility criteria. Please take a moment to let us know a little about the services that are needed. A member of the CCYP team will reach out to you to acknowledge receipt of the referral and review any questions. We look forward to working with you.

REFERRAL SOURCE

Referring Agency: _____ Contact: _____
Phone #: _____ Email: _____ Date: _____
 A current Behavioral Health Assessment and Psychiatric Evaluation is available in the County Health Record

ELIGIBLE REFERRAL TYPE AND REQUESTED SERVICE

System of Care Medication Management Clinic. Available to youth who have successfully completed a mental health treatment episode, are stable, without recent psychiatric hospitalization, and do not require mental health therapy. Treatment Episode dates: Intake date _____ Planned Discharge date _____
Has the youth experienced acute suicidal ideation in the past month? Yes No
Has the youth been psychiatrically hospitalized in the last 90 days? Yes No
 Ancillary Psychiatry Services Support. Available to youth currently in treatment in the San Diego System of Care and whose program does not currently have psychiatry. Contracting Officer Representative program approval required. Please specify if Cajon Valley School District Partnership Juvenile Court / Youth Transition Support.
 Short Term Residential Treatment. Available to youth residing in partnering STRTP programs pre-approved by the Contracting Officer Representative.
 Medication Assisted Treatment. Available to youth enrolled in Substance use treatment programs who could also benefit from psychiatric medication management.
 Other Request: IV220 Second Opinion Long lasting injectables

CLIENT INFORMATION

Name: _____ DOB: _____ Sex assigned at birth: Male Female Other
Address: _____ Phone: _____
Preferred Language: _____ Preferred Name: _____ Pronouns: _____
With whom does the client reside: _____

PARENT / CARGIVER INFORMATION

Name: _____ Relationship: _____ Phone: _____
Address: Same as client or _____
 Able to provide Legal Consent. Preferred Language: _____ eMail: _____
Name: _____ Relationship: _____ Phone: _____
Address: Same as client or _____
 Able to provide Legal Consent Preferred Language: _____ eMail: _____

CLIENT INSURANCE

MediCal # _____ Other Health Insurance _____ Uninsured _____

MEDICAL HOME

Primary Care Provider: _____ PCP Clinic: _____ Phone: _____
Relevant medical issues _____

ACIN I-50-24: California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care 2024 Edition

Excerpts from [ACIN I-50-24](#) – Critical to Review Full ACIN





CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



JENNIFER TROIA
DIRECTOR

GAVIN NEWSOM
GOVERNOR

December 16, 2024

ALL COUNTY INFORMATION NOTICE NO. I-50-24

PURPOSE

The purpose of this All County Information Notice (ACIN) is to announce the release of the *California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care 2024 Edition*, which includes Appendix A *Prescribing Standards of Psychotropic Medication Use by Age Group*, Appendix B *Parameters for Use of Psychotropic Medication for Children and Adolescents*, Appendix C *Challenges in Diagnosis and Prescribing Psychotropic Medications*, and Appendix D *Checklist for Prescribing Psychotropic Medications*.

The California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care 2024 Edition supersede the 2018 Edition (linked below) and maintains the integral content of the Guidelines which were originally published in 2014.

Authorized Prescribers of Psychotropic Medication: Because of the complex medical and psychiatric needs of children in out of home placements (which include foster, kinship, NREFM care; and STRTPs), it is recommended that psychotropic medications for children be prescribed by board certified or board eligible specialists in one of the following areas of expertise (Reference cited in the document: Medical Board of California. <https://www.mbc.ca.gov/>. Accessed 06/20/2024):

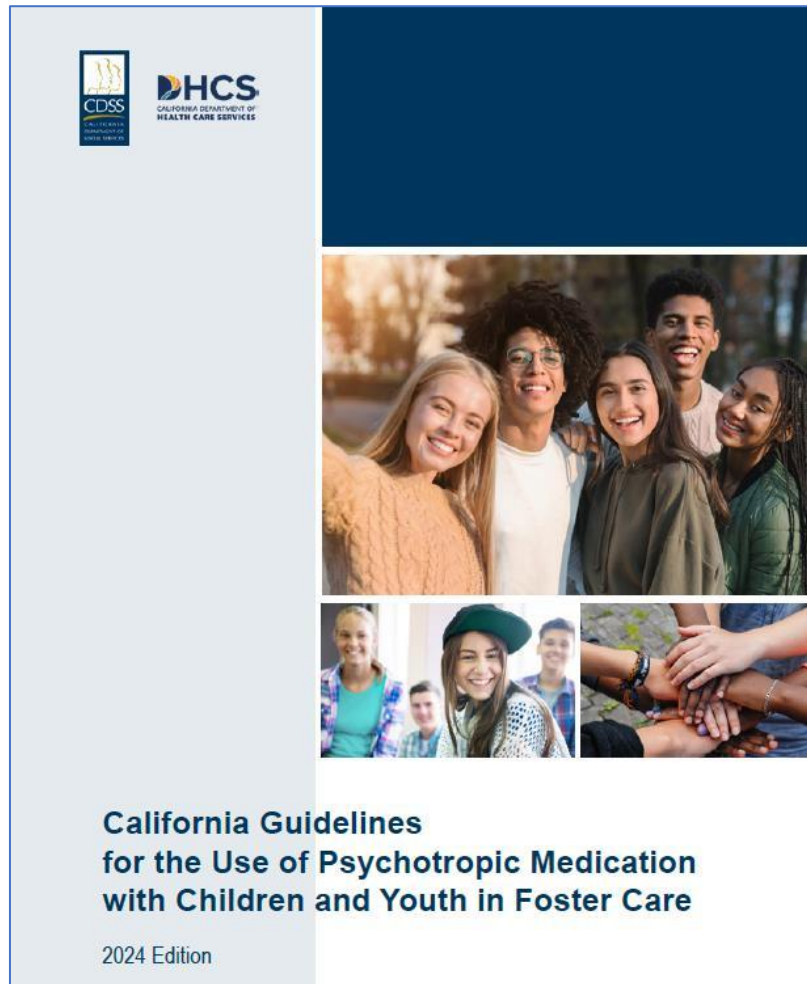
- Psychiatry (specialization in child and adolescent psychiatry recommended);
- Neuro-developmental pediatrics;
- Developmental-Behavioral pediatrics;
- Pediatric neurology;
- Pediatrics or family practice with specialized training in children who are at high risk or who had in utero exposure to illicit drugs or alcohol

This [2024 Edition](#) replaces these 2018 Edition documents:

- [QIPFC 2018 Guidelines](#) – replaced by [2024 Edition](#)
- [QIPFC 2018 Guidelines Appendix A](#) – replaced by [2024 Edition](#)
- [QIPFC 2018 Guidelines Appendix B](#) – replaced by [2024 Edition](#)
- [QIPFC 2018 Guidelines Appendix C](#) – replaced by [2024 Edition](#)
- [QIPFC 2018 Guidelines Appendix D](#) – replaced by [2024 Edition](#)

The following resources from the [DHCS QIP Foster Care](#) page continue to be relevant

- [Foster Care Antipsychotic TAR Supplemental Form](#)
- [Foster Care Antipsychotic TAR FAQs](#)
- [Foster Youth Mental Health Bill of Rights \(English\)](#)
- [CDSS Foster Care QIP Website](#)



Appendix A

Prescribing Standards of Psychotropic Medication Use by Age Group

Appendix B

Parameters for Use of Psychotropic Medication for Children and Adolescents

Appendix C

Challenges in Diagnosis and Prescribing of Psychotropic Medications

Appendix D

Checklist for Prescribing Psychotropic Medications

Wellness Coach Certification Requirement Revision

The full details are on the HCAI [CWC webpage](#).



HCAI is updating the requirements to become a Certified Wellness Coach (CWC), expanding the number of eligible degree programs in the education and workforce pathways, and increasing field experience requirements in the workforce pathway.

The goals of the profession remain the same: CWC roles add career opportunities for qualified individuals from diverse backgrounds with associate or bachelor's degrees to specialize in behavioral health. Under the supervision of qualified professionals, coaches provide important support to children and youth. The CWC profession is also designed to be a steppingstone to future career opportunities, such that the coaches of today might continue their professional journey and become the clinicians and counselors of tomorrow.

If you have any questions or need additional support, feel free to reach out at WellnessCoach@hcai.ca.gov.

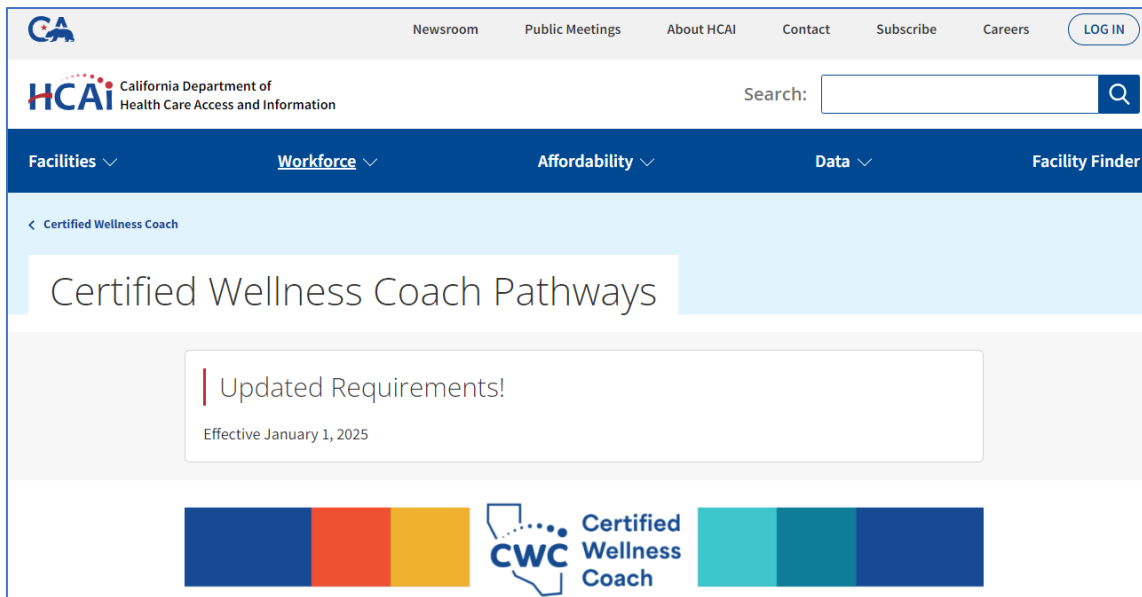


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What does a Certified Wellness Coach do?

- o Under the supervision of a qualified professional, a Certified Wellness Coach may offer support in the following areas:
 - o Wellness promotion and education, (e.g., teaching youth how to build positive relationships and prevent bullying)
 - o Screening that does not require a license (e.g., answering questions and coordinating screening programs)
 - o Care coordination (e.g., connecting individuals to behavioral health resources and communicating with other professionals)
 - o Individual support (e.g., providing brief check-ins and supporting care plans established by Licensed or PPS providers)
 - o Group support, on topics such as stress management and social and emotional skills
 - o Crisis referral adhering to standard protocols, such as identifying potential risks and engaging in warm hand-offs

Why are these updates being made?

In response to input from many stakeholders (including prospective applicants, the TK-12 education community, and training partners at institutes of higher education), HCAI conducted a comprehensive review and re-analysis of the existing approach to certification. The aforementioned updates improve alignment of eligibility criteria with the goals of the profession. The approach also better acknowledges that individuals may have developed prerequisite competency in Wellness Coach-like activities through varied career journeys.

The Wellness Coach [Certification website](#) will reflect this new policy on March 4, 2025.

Please see the below graphic for complete description of revisions:

	Wellness Coach I	Wellness Coach II
Intended for	<ul style="list-style-type: none"> Individuals interested in entering into the behavioral health field 	
Degree Required	<ul style="list-style-type: none"> Associates degree 	<ul style="list-style-type: none"> Bachelor's degree¹
Majors Accepted	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies Psychology 	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies Psychology
Field Experience Needed²	<ul style="list-style-type: none"> 400 hours total (150 hour minimum) 	<ul style="list-style-type: none"> 800 hours total (300 hour minimum)³

- Applicants can enter directly into bachelor's degree without listed prerequisites but will be required to complete Wellness Coach I education requirements throughout course of study.
- Any hours not completed during the degree program can be completed post-graduation via relevant internship, volunteer, or work experience.
- Hours from Wellness Coach I certification apply towards total.

	Wellness Coach I	Wellness Coach II
Intended for	<ul style="list-style-type: none"> Professionals who are currently part of the behavioral health workforce 	
Degree Required	<ul style="list-style-type: none"> Associates degree 	<ul style="list-style-type: none"> Bachelor's degree
Majors Accepted	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies Child Development/Early Intervention Psychology Sociology Any Associates Degree 	<ul style="list-style-type: none"> Social Work Human Services Addiction Studies Child Development/Early Intervention Psychology Sociology Any Bachelor's Degree
Field Experience Needed¹	<ul style="list-style-type: none"> 1,000 1,350 hours Experience Requirements: Experience must be in mental health, substance use/addiction, social work, and/or child welfare school-linked/school-based organizations, non-profits, community organizations, and/or clinics/health centers. Experience must be providing direct pre-clinical behavioral health services to children and youth through age 25 in school-linked/school-based organizations, non-profits, community organizations, and/or health centers/clinics within the last six years. These services should align with the Certified Wellness Coach scope as necessary for certification. 	<ul style="list-style-type: none"> 2,000 2,700 hours²

- Experience can be achieved from any combination of relevant hours from an individual's degree program, volunteer hours, and/or on-the-job hours, inclusive of previous experience earned within six years of certification.
- Hours from Wellness Coach I certification apply towards total.

California Child and Adolescent Mental Health Access Portal ([Cal-MAP](#))



DHCS NEWS RELEASE

NUMBER: 24-45 | DATE: December 27, 2024

CONTACT: [Office of Communications](#), (916) 440-7660

www.dhcs.ca.gov

NEW FREE, STATEWIDE MENTAL HEALTH RESOURCES NOW AVAILABLE TO DOCTORS TO BETTER SUPPORT THEIR YOUTH PATIENTS

WHAT YOU NEED TO KNOW: California launched a web-based portal that gives California primary care providers access to no-cost direct consultations, education, and resources to assist them in navigating and addressing mental health and substance use disorders for patients between 0 and 25 years of age.

SACRAMENTO — The Department of Health Care Services (DHCS) launched the California Child and Adolescent Mental Health Access Portal ([Cal-MAP](#)) to support access to robust youth mental health care. This free phone- and web-based portal, created in partnership with the University of California, San Francisco (UCSF) and made possible through the Children and Youth Behavioral Health Initiative ([CYBHI](#)), gives primary care providers, pediatricians, and other outpatient physicians immediate access to consultations, resources, and training to better address mental health needs in their youth and young adult patients ages 0-25, regardless of the patient's insurance status.

WHY THIS IS IMPORTANT: [Fifty percent of all lifetime mental illnesses begin by age 14, and 75 percent begin by age 24.](#) Unfortunately, access to child psychiatry has been a significant problem nationwide for decades. Consequently, pediatric primary care providers often find themselves on the front lines of diagnosing and treating these conditions, often with limited training and support. To address this issue, Cal-MAP supports all primary care providers treating youth in California by providing:

- **Consultation:** Real-time, direct primary care provider-to-child and adolescent psychiatrist consultation for California-based primary care providers providing screening, diagnosis, and treatment for youth ages 0-25.
- **Education:** Primary care providers, school-based clinicians, and staff can access no-cost training that offers accredited continuing medical education and continuing education units.
- **Resource Navigation:** Guidance on resources, referrals to primary care providers, and connections to valuable services from licensed clinical social workers.

WHAT THEY'RE SAYING: DHCS partnered with UCSF's Department of Psychiatry and Behavioral Sciences and UCSF Benioff Children's Hospitals to scale services statewide. Before the statewide launch of Cal-MAP, UCSF ran the Child & Adolescent Psychiatry Portal (CAPP), which served as a vital pilot program focused on improving regional access to pediatric mental health care. Over the past five years, CAPP has provided consultation, education, and resources to nearly 3,000 California primary care providers with more than 4,000 consults to date.

“UCSF is proud to partner with DHCS to launch Cal-MAP. Now all California youth can benefit from this model,” said **Dr. Bryan King, Vice Chair for Child Psychiatry in the UCSF Department of Psychiatry and Behavioral Sciences and Vice President for Behavioral Health at UCSF Benioff Children’s Hospitals**. “The CYBHI’s commitment to innovation, advancing equity, and centering youth and families has enabled us to develop unique and special features for the California-wide program.”

“Whether during real-time consultation or interactive discussion of training materials and current clinical scenarios, education is at the heart of what we do,” said **Dr. Petra Steinbuchel, Cal-MAP Director and UCSF Professor of Psychiatry**. “Each learning exchange, however brief, enhances California primary care providers’ knowledge, skills, and confidence in addressing youth mental health concerns. Cal-MAP supports the CYBHI’s aims of increasing timely access to high-quality, culturally responsive care in lower-stigma settings like primary care, so children and youth get care at the right time, by the right clinician, for the right length of time.”

Primary care providers interested in Cal-MAP's consultation services, trainings, and resources can visit [Cal-MAP.org](https://cal-map.org) to register and access all services. Primary care providers can also contact the Cal-MAP team via phone at 800-253-2103 or email at info@cal-map.org for any questions about registration or services provided.

BIGGER PICTURE: Cal-MAP is part of the CYBHI, a central component of Governor Gavin Newsom’s [Master Plan for Kids’ Mental Health](#) and California’s transformation of the mental health system. In January 2024, DHCS launched two Behavioral Health Virtual Services Platforms that provide free, safe, and confidential mental health support to young people and their families: [BrightLife Kids](#) for children ages 0-12 and their parents or caregivers, and [Soluna](#) for young people ages 13-25.

Learn more about Governor Newsom and First Partner Jennifer Siebel Newsom’s [Mental Health Movement](#) for California.

The screenshot shows the Cal-MAP website homepage. At the top, there is a navigation bar with the Cal-MAP logo, a search icon, and a 'Log in' button. The main content area features the heading 'Cal-MAP | A CalHOPE program powered by UCSF' and a large title 'Connecting for Care'. Below this, a paragraph describes the program's mission: 'The California Child and Adolescent Mental Health Access Portal (Cal-MAP) is a CalHOPE pediatric mental health care access program designed to increase timely access to mental health care for youth throughout California’s communities, especially in the state’s most underserved and rural areas. Cal-MAP’s team of psychiatrists, psychologists and social workers provide no-cost consultation, education, and resource navigation to California Primary Care Providers (PCPs) caring for mental and behavioral health concerns in youth 0-25.' At the bottom of this section are two buttons: 'Learn More' and 'Register Here'.

This block contains three service tiles. The first tile, 'Consultation', is dark blue and features an '@' icon, the text 'Request New Consult' with 'or call 800-253-2103' below it, and the label 'Consultation' at the bottom. The second tile, 'Training', is yellow and features a lightbulb icon, the text 'Learn & Earn CMEs' with 'Training/Education' below it, and the label 'Training' at the bottom. The third tile, 'Resources', is orange and features a book icon, the text 'Helpful Resources for Providers and Families', and the label 'Resources' at the bottom.

Children and Youth Behavioral Health Initiative (CYBHI) Statewide Multi-Payer School-Linked Fee Schedule



Overview of the CYBHI Fee Schedule Program

As part of the Children and Youth Behavioral Health Initiative (CYBHI), the California Department of Health Care Services launched the CYBHI [Fee-Schedule](#) program, a first-of-its kind effort to make it easier for students and families to get outpatient mental health and substance use disorder support when, where, and how they need it. This program creates a sustainable reimbursement pathway for Local Educational Agencies (LEAs) and public institutions of higher education (IHEs) to receive funding for services rendered at a school or school-linked site. The program sets the reimbursement rate for a certain set of outpatient, school-linked services rendered to children and youth who are:

- Under the age of 26,
- Enrolled in public TK-12 schools or institutions of higher education (e.g., California Community Colleges), and
- Covered by Medi-Cal managed care plans, Medi-Cal Fee-for-Service, health care service plans, and disability insurers.

Children, youth, and families will not pay out-of-pocket expenses and there will not be any impact to their existing insurance plan nor deductibles.

The following are the San Diego participating Local Educational Agencies (LEAs) and public Institutions of Higher Education (IHEs):

Cohort 1	Cohort 2	Cohort 3
San Diego Unified School District	Feaster Charter	Chula Vista Elementary School District
Santee School District	Lakeside Union School District	Empower Language Academy
	Lemon Grove School District	Fallbrook Union Elementary School District
	Alpine Union School District	High Tech High
	South Bay Union School District	Ramona City Unified School District
	Vista Unified School District	San Diego Community College District
	Bonsall Unified School District	
	Julian Union School District	
	La Mesa Spring Valley School District	

On December 2, 2024, the Department of Health Care Services (DHCS) released the Cohort 4 Readiness Application for Local Educational Agencies (LEAs) and public Institutions of Higher Education (IHEs) to participate in the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule (Fee Schedule) program and statewide provider network. The fourth cohort of the CYBHI Fee Schedule program is open to all LEAs and IHEs that seek to start billing in July 2025.

Local BHS programs that collaborate with participating school districts are encouraged to facilitate an open dialog with County COR and partnering schools about the fee schedule status in the schools that they serve and review how the County contract fits into the continuum of services.



California
Behavioral Health
Planning Council

ADVOCACY • EVALUATION • INCLUSION

Out in the Open: Honest Conversations About Youth Mental Health and Drug Use (No Cap)

Date: January 16, 2025

Time: 6:00 pm to 8:00 pm

Location: San Diego County Office of Education, Comm Labs 1-2
6401 Linda Vista Road, San Diego, CA 92111

[Zoom Meeting Link](#)

Meeting ID: 894 4596 6119

Passcode: CYW2025

Zoom Registration is required for all attendees. Please email your name to Ashneek.Nanua@cbhpc.dhcs.ca.gov if you plan to attend in person.

This event will include a screening of *Hiding in Plain Sight*, followed by a panel discussion and a question and answer session with the public.

About the Council

The California Behavioral Health Planning Council (CBHPC) has the authority and is mandated in Welfare and Institutions Code Section 5772 to advocate for an effective, quality mental health system, to review assess and make recommendations regarding all components of the public behavioral health system, and is to advise the legislature, DHCS, and county mental health boards.

Panelists:

- Shae Dellamaggiore, Transition-Age Youth, San Diego Chapter Chair for the California Youth Connection (CYC)
- Alex Guerrero, Transition-Age Former Foster Youth
- Maclayn Clark, Youth Representative from *Hiding in Plain Sight* film
- Mary Clark, Parent Representative from *Hiding in Plain Sight* film
- Breanna Taylor, Licensed Clinical Social Worker, Program Director, Short Term Residential Treatment Program and Specialty Mental Health Programs, South Coast Community Services
- Mara Madrigal-Weiss, Executive Director, Student Wellness & School Culture Department, San Diego County Office of Education

About the Event:

This event is an opportunity to increase behavioral health support for youth by raising awareness of youth mental health and drug use issues and to provide resources for parents and caregivers to support them.

Objectives:

- Educate community members on the youth behavioral health experience.
- Provide information to help caregivers best support behavioral health care for youth.
- Offer a platform for youth to connect and reduce stigma of mental health and drug use issues, as well as provide resources to help support them.

Agenda:

- Screening a segment of the film, *Hiding in Plain Sight*
- Panelist Discussion on Youth Mental Health and Drug Use Issues
- Question and Answer Session with Panelists
- Resource Tables

Who is Invited?

This forum is open to the public. Youth (primarily ages 16-25), families, caregivers, service providers, and the behavioral health community, including persons with lived experience of California's public behavioral health system, are encouraged to attend. *We recommend that a trusted adult be present if youth younger than 16 years old attend.*

Resource Tables at Event Site Include:

- [SAY San Diego](#)
- [Fred Finch Youth & Family Services](#)
- [Community Research Foundation \(CRF\) Mobile Adolescent Services Team](#)
- [San Diego Center for Children](#)
- [San Diego Health and Human Services Agency – Behavioral Health Services Department](#)
- [Jewish Family Services of San Diego](#)
- [Expanding Horizons](#) and [Teen Recovery Center](#) - Union of Pan Asian Communities (UPAC)
- [California Youth Empowerment Network \(CAYEN\)](#)
- [California Alliance of Child and Family Services](#)
- [Office of Youth and Community Restoration: OYCR](#)

Available Printed Materials:

- [Didi Hirsch](#)
- [Never a Bother Campaign](#)
- [9-8-8 Suicide Prevention and Crisis Line](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\)](#)

For more information about the Council, visit our [website](#). For questions, please contact us via email at inbox@cbhpc.dhcs.ca.gov or by phone at (916) 701-8211.

Summits on Harm Reduction in SUD Treatment

[Register Now](#)[Already registered?](#)

ABOUT THE SUMMITS

The California Department of Health Care Services (DHCS) Summits on Harm Reduction in SUD Treatment aim to reduce stigma and educate SUD treatment providers on taking a harm-reduction approach to SUD treatment services. Through these convenings, DHCS hopes to collaborate with communities across the state to change the culture around the concept of harm reduction within California's SUD treatment system and to create low-barrier, patient-centered care.

During these summits, speakers that serve and work with diverse and underrepresented communities in California will share best practices for incorporating the tenants of harm reduction into SUD treatment settings.

ASAM Clinical Guidance

The DHCS Summits on Harm Reduction in SUD Treatment will feature the American Society of Addiction Medicine's (ASAM's) [clinical guidance on the engagement and retention of non abstinent patients in substance use treatment](#). DHCS encourages all attendees to review the ASAM guidance before attending as speakers will highlight and reference the guidance throughout their presentations.

Who Should Attend

The DHCS Summits on Harm Reduction in SUD Treatment are designed for SUD treatment providers and staff. All staff and providers who work with patients in an SUD treatment setting are invited to attend, including front office staff, social workers, peers, physicians, nursing staff, SUD counselors, psychologists, and case managers.

Summit Locations

There will be five regional summits in the following locations:

- Shasta County: October 24, 2024
- San Mateo County: November 19, 2024
- Fresno County: January 23, 2025
- San Diego County: February 11, 2025
- Los Angeles County: February 27, 2025

DHCS encourages all SUD treatment providers and staff to attend the summit in their work region. Summits will feature local panelists and regional topics.

Click [here](#) to see more information about each location and to book accommodations.



Birth of Brilliance

A Legacy of Healing

Save The Date

Registration opens Dec 1, 2024

Interested in presenting
a workshop at BoB 2025??
BoB 2025
Call for Proposal



<https://tinyurl.com/BoBProp2025>

Virtual Conference 02/27/2025

Early Bird Registration.....	\$99
Early Bird with CEs.....	\$115
Early Bird with In-person Cultural Fair.....	\$119
Early Bird with CEs and In-person Cultural Fair.....	\$130

In-person Cultural Fair 2/28/2025

Cultural Fair ONLY \$20 online (\$25 @ the door)

When: Friday, Feb 28th, 2025, 5:00-8:00pm (PST)
Where: The BRICK, 2863 Historic Decatur Rd, San Diego, CA 92106
What: Local BIPOC vendors, performances, music, food and dancing!!



Become A Sponsor!

Sponsorship levels above \$1500 include discounted agency/member registration. Reach out if interested!

www.birthofbrilliance.com

www.birthofbrilliance.com | birthofbrilliance@gmail.com | QR Code: BoB 2021-2024 Memories



Questions? email: birthofbrilliance@gmail.com



HHSA Behavioral Health Services (BHS) Community Request Form

This online form can be used in three ways:

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

STEPS TO SUBMIT A REQUEST:

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

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

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

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

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

Please submit ONE request at a time

Contact Information

Contact Name *

Contact Email *

Contact Phone Number *

Affiliation *

Organization/Group *

Request Type *

Send me a copy of my responses

Submit

RESOURCE PARENT OMBUDSMAN



WHAT IS THE RESOURCE PARENT OMBUDSMAN?

The Resource Parent Ombudsman is a position specifically dedicated to responding to all care-givers (resource parents & relatives) inquires.



HOW CAN WE HELP?

The Resource Parent Ombudsman listens and documents your concerns, and gathers relevant information to conduct an independent review of your concerns while remaining neutral and impartial.



WHAT WE CAN'T DO.

The Office of the Ombudsman does not have the authority to make recommendations to the Court or overturn Court orders, investigate matters in which appeals or lawsuits are pending, change or make exceptions to State or Federal laws and regulations, investigate or make recommendations in personnel or disciplinary matters, or give legal advice.



WHAT YOU SHOULD KNOW:

Before calling the resource parent Ombudsman, try to resolve concerns by contacting the following individuals in the order listed: Social Worker, Supervisor, Regional Manager, and Regional Chief. If the complaint remains unresolved please contact the Office of the Resource Parent Ombudsman.



HOW CAN YOU CONTACT US?

You may contact us by phone or e-mail at:

1 (877)-792-KIDS(5437)

CWSRPOMBUDS.HHSA@sdcounty.ca.gov



Purpose

and Function



Child Welfare Services (CWS) Office of the Ombudsman:

- Informs callers of CWS policies and procedures
- Registers and monitors complaints regarding Child Welfare Services
- Conducts internal reviews of complaints regarding policy, procedures and social work practice
- Facilitates complaint resolution in an impartial, objective and professional manner
- Elevates findings and recommendations to management to ensure that policies and practices meet State and Federal laws, and are consistent with the mission and goals of Child Welfare Services
- Provides resource information about non-CWS agencies and/or services

Office of the Ombudsman
Contact Information
(619) 338-2098

For written inquiries, please visit
our [website](#)

Information Line
(858) 514-6995

For more information, please visit
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/cs/child_welfare_services.html

Calls frequently come from children, parents, relatives, friends, resource parents, attorneys, physicians, teachers, therapists, social workers and community groups. Anyone is welcome to call for information or to discuss a concern.



COUNTY OF SAN DIEGO



Child Welfare Services

OFFICE OF THE OMBUDSMAN

(619) 338-2098

- Telephone Support
- Information & Assistance
- Review of Concerns

CHILD WELFARE SERVICES

OFFICE OF THE OMBUDSMAN

WHAT IS AN OMBUDSMAN?

“Ombudsman” means one who investigates complaints and protects citizens’ rights. The Office of the Ombudsman investigates concerns related to Child Welfare Services policy, procedure and social work practice.

The Ombudsman is a selected individual who oversees the investigation and resolution of complaints, and reports to the Director of Child Welfare Services and the Health and Human Services Agency’s Chief Operations Officer. Ombudsman Investigators review complaints and develop proposed resolutions.



HOW CAN THE OFFICE OF THE OMBUDSMAN HELP?

THE OFFICE OF THE OMBUDSMAN:

- Researches policies and procedures to assist in resolving complaints
- Provides information and answers questions
- Conducts internal reviews of concerns related to Child Welfare Services
- Facilitates complaint resolution in an impartial, objective manner



LIMITATIONS

THE OFFICE OF THE OMBUDSMAN *DOES NOT HAVE THE AUTHORITY TO:*

- Make recommendations to the Court or overturn Court orders
- Investigate matters in which appeals or lawsuits are pending
- Change or make exceptions to State or Federal laws and regulations
- Investigate or make recommendations in personnel or disciplinary matters
- Give legal advice

WHAT TO DO *BEFORE* CALLING THE OFFICE OF THE OMBUDSMAN

Before calling the Office of the Ombudsman, try to resolve concerns by contacting the following individuals in the order listed:

1. Social Worker
2. Supervisor
3. Protective Services Program Manager
4. Chief of Practice
5. Deputy Director

The Information Line, (858) 514-6995, can provide names and phone numbers of staff in your case.

Also consider the following steps:

- Record the names of staff whom you have contacted
- Keep records: take notes and record dates of events
- Save all your documents

Please attempt to resolve the complaint at the lowest possible level. If the complaint remains unresolved, call the Office of the Ombudsman.



Home Start, Inc.'s Youth Housing Programs provide safe and secure transitional and permanent supportive housing for single TAY (Transitional Age Youth, ages 18-24), pregnant/parenting TAY, and TAY aging out of the foster care system. Home Start's programs provide holistic wraparound services and offer intensive case management to promote independence to aid safe and stable housing. Home Start's housing offices are located in Central and East San Diego. **For all referrals and inquiries, please contact us at: housing@home-start.org**

Permanent Supportive Housing (Maternity Housing Program): provides long-term housing for single pregnant/parenting TAY with up to two children. All participants must be experiencing homelessness, have a documented disability, and have a referral through the Coordinated Entry System (CES). Home Start's PSH uses the housing first model and encourages participation in activities that promote self-sufficiency, such as case management, life skills, and work or school. Participants must abide by the Terms of Tenancy and contribute 30% of their income towards housing. Upon successful program exit, the participants who contribute to rent will receive a check with their savings to assist them in their transition.

Permanent Supportive Housing (SDHC): provides long-term housing for single or parenting/pregnant TAY with up to two children. All participants must be experiencing homelessness, have a documented disability, and referrals are through the Coordinated Entry System (CES). Home Start's PSH uses the housing first model and encourages participation in activities that promotes self-sufficiency, such as case management, life skills, and work or school. Participants must abide by the Terms of Tenancy and contribute 30% of their income.

Family and Youth Services Bureau: a transitional housing program that offers medium-term housing to single homeless pregnant/parenting TAY and their children. Participants must be between the ages of 18-21 with a max. of two children. Participants can self-refer by contacting our intake email or dropping into one of our offices. Participants must contribute to a savings account & develop a housing exit plan. Since maximum length of stay is 18 months, participation in services is required. The program offers case management, life skills, job search assistance, therapy, child development coaching, and school enrollment. FYSB offers participants support services that promote self-sufficiency and stability. Participants must abide by the Terms of Tenancy and contribute 30% of their income. Upon successful program exit, participants will receive a portion of their dollars back.

THP+ Transitional Housing Program: for youth ages 18-23 who aged out of the foster care system. Youth can be single, pregnant, or parenting with up to two children. The County provides referrals, and participants can stay up to two years or until age 23. Participants must engage in support services that promote self-sufficiency like work, school, life skills, and child development coaching. Participants must abide by the program Terms of Tenancy and contribute 30% of their income. Regardless of the contribution amount, \$50 monthly goes towards their emancipation check. Upon successful program exit, participants are provided an emancipation check and offered the furniture.

CalOES XH Transitional Housing: provides medium-term housing to single mothers ages 18- 24. Participants must be experiencing homelessness and pregnant/parenting with up to two children. Participants must also be survivors of domestic violence, human trafficking, or some other type of victimization. Participation in services is highly encouraged to promote self-sufficiency like case management, life skills, therapy, and child development coaching. Participants must abide by the Terms of Tenancy and can stay up to 24 months. Participants work closely with their case manager to identify a safe and secure housing plan. Participants must contribute 30% of their income.

Youth Systems Navigation: offers outreach and in-reach services to youth 18-24 years in Central San Diego and East County. Youth Systems Navigators (YSN) focus on providing diversion, prevention, and identifying other resources security, stability, and self-sufficiency. YSNs work to find ways for participants to obtain stable housing through increasing their income, connecting them to benefits, and linkage to other services to promote stability.

Housing our Youth (HOY): a prevention and diversion program that intercepts homeless youth and finds immediate housing options while simultaneously searching for more permanent and stable housing options. Home Start's HOY pilot program provides short-term bridge housing and wraparound services to TAY single and pregnant/parenting women throughout San Diego County. HOY program staff offer wraparound supports to ensure that youth homelessness is non-recurring.

YE/KE: One-time and short-term financial assistance for TAY experiencing homelessness in San Diego County. Funds are intended to bridge homeless youth (18-24 years) to housing, provide emergency financial assistance, and fund other emergency needs.

Host Homes: Temporary housing placements in community members' homes for individuals experiencing homelessness between the ages of 14-24 years old. Availability is dependent on the host. The host receives a small stipend. Youth are provided intensive case management, required to be productive, and work towards self-sufficiency. External referrals are accepted.

RRH (Rapid Re-Housing) TAY – SDHC: provides financial assistance for security deposits, move-in costs, and rental assistance for up to 24 months. Participants must be TAY (18-24 years) experiencing homelessness referred through HMIS. The program provides intensive case management, housing location, landlord negotiation/mediation, and housing stability skills.

RRH SDSU: College-focused Rapid Re-housing program serves SDSU students at-risk of homelessness/ already experiencing homelessness. This is a partnership between Home Start & SDSU to decrease student housing insecurity & increase stably-housed student graduates. It provides financial assistance for security deposits, move-in costs, & rent for up to 24 months or until grad.

RRH CalOES XD: provides short-term rental assistance to single or parenting/pregnant TAY victims of domestic violence / crime. Referrals come from Home Start's transitional housing programs or other agencies in the community. The program helps with security deposits, move-in costs, and rent for up to 12 months. The program offers intensive case management, housing location, landlord negotiation/mediation, and housing stability skills.

Youth Homelessness Demonstration Project (YHDP) Joint Project: offers transitional housing, Rapid Re-housing, intensive case management, and other self-sufficiency support services. Participants must be youth ages 18-24 years old experiencing homelessness. Due to the length of the program, staff work to engage participants in supportive services to encourage self-sufficiency upon exit. Transitional housing participants must contribute 30% of their income, while rapid re-housing clients are put on a titrated assistance program. YHDP transitional housing clients may transfer to short-term rapid re-housing depending on availability.

Street Outreach Programs: Meets and engages unsheltered individuals experiencing homelessness by connecting them to resources and services to meet their basic needs. The outreach team provides transportation, emergency shelter, housing referrals, rental assistance, hygiene items, food, and blankets. Connecting clients to stable housing is the overarching goal.

Domestic Violence Program: referrals offering housing stability services, advocacy, and legal navigation. The DV Housing Specialist will help locate safe housing, accompany survivors to housing appointments, act as a liaison with landlords, and assist with negotiating leases.

Resources

Reporting:

Local Law Enforcement

NCMEC's Cybertipline: <https://report.cybertip.org/>

Training:

NCMEC Connect: <https://www.missingkids.org/education/training>

NetSmartz: <https://www.missingkids.org/netsmartz/resources>

Research:

Social Media and Youth Mental Health 2023-The U.S. Surgeon General's

Advisory: <https://www.hhs.gov/sites/default/files/sg-youth-mental-health-social-media-advisory.pdf>

Crimes against Children Research Center: <https://www.unh.edu/ccrc/>

Boston Children's Digital Wellness lab: <https://digitalwellnesslab.org/>

Thorn : <https://thorn.org/>

Cyberbullying Research Center-resources for educators:

<https://cyberbullying.org/category/resources/educators>

Resources for families:

U.S. Department of Justice – Keeping Children Safe Online:

<https://www.justice.gov/coronavirus/keeping-children-safe-online>

Cyberbullying laws, polices, & education codes:

<https://www.stopbullying.gov/resources/laws>

Take it down: takeitdown@ncmec.org

NCMEC Family Advocacy Outreach Network (FAON) – 1-877-446-2632 X 6117

Support for family of a missing or sexually exploited child –

TEAM HOPE: 1-866-305-4673

or

<https://www.missingkids.org/gethelpnow/support/teamhope>

One Safe Place (free support services):

<https://onesafepacenorth.org/> or call 619-533-6000

San Diego ICAC Website: <https://www.sandiego.gov/sdicac>

Common Sense Media: <https://www.commonsensemedia.org/>

Thorn For Parents: <https://parents.thorn.org/>

Google Family Link: <https://families.google.com/familylink/>

Apple Parental Locks: <https://support.apple.com/en-us/HT201304>

Apple Communication Safety for kids: <https://support.apple.com/en-us/105069>

YouTube Kids Parental locks:

<https://support.google.com/youtubekids/answer/6172308?hl=en>

TikTok Parental Controls: <https://support.tiktok.com/en/privacy-safety/for-parents-default>

Fortnite Parental Controls: <https://www.epicgames.com/fortnite/en-US/parental-controls>

Roblox Parental Information: <https://corp.roblox.com/parents/>

Videos:

Amazon or Apple (for rent or purchase) – SEXTORTION: the hidden pandemic

HULU – IMPACT x Nightline: Sextortion

YouTube (free) – Social Media Documentary – Childhood 2.0

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

Excerpts from [BHIN 24-021](#) – Critical to Review Full BHIN



https://www.dhcs.ca.gov/services/MH/Pages/Manuals_And_Guides.aspx

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

October 1, 2024

ALL COUNTY INFORMATION NOTICE (ACIN) NO. I-21-24E
BEHAVIORAL HEALTH INFORMATION NOTICE NO. 24-021

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

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

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

California's Integrated Training Guide (ITG) 2024

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

1 IMPLEMENTATION SCIENCE

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

2 COLLABORATION

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

3 JOINT TRAINING AUDIENCES

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

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

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

5 ENGAGEMENT OF RESOURCE FAMILIES

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

6 ADVOCACY

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

7 TRAUMA-INFORMED SYSTEMS AND PRACTICE

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

8 ANTI-RACISM

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

9 EVIDENCE-BASED PRACTICE

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

10 TEAMING

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