Care Coordination Toolkit

Behavioral Health Services
Population Health Office
Network Quality & Planning

Revised 09/2026

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Introduction to Care Coordination

Defining Care Coordination:

“According to the Agency for Healthcare Research and Quality, **Care Coordination** can be defined as deliberately organizing patient care activities and sharing information among all of the participants concerned with a patient's care.

This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient.” [2]

Introduction to Care Coordination

Care Coordination Approaches

There are two ways of achieving care coordination:

1. Using broad approaches that are commonly used to improve health care delivery.

2. Using specific care coordination activities.

Visit the Link

AHRQ Agency for Healthcare Research and Quality

Introduction to Care Coordination

Care Coordination in Action

Examples of broad care coordination include:

- Teamwork
- Care Management
- Medication Management
- Health Information Technology
- Patient-Centered Medical Home Care

Introduction to Care Coordination

Care Coordination in Action

Examples of specific care coordination activities include:

- Assessing beneficiary needs and goals
- Communicating/sharing knowledge
- Creating a proactive care plan
- Establishing accountability and agreeing on responsibility
- Monitoring and following-up, including responding to changes in patients' needs
- Helping with transitions of care
- Supporting beneficiaries' self-management goals
- Linking to community resources
- Working to align resources with beneficiary and population needs
- Assessing strengths and needs of beneficiaries, their families and/or support team

Introduction to Care Coordination

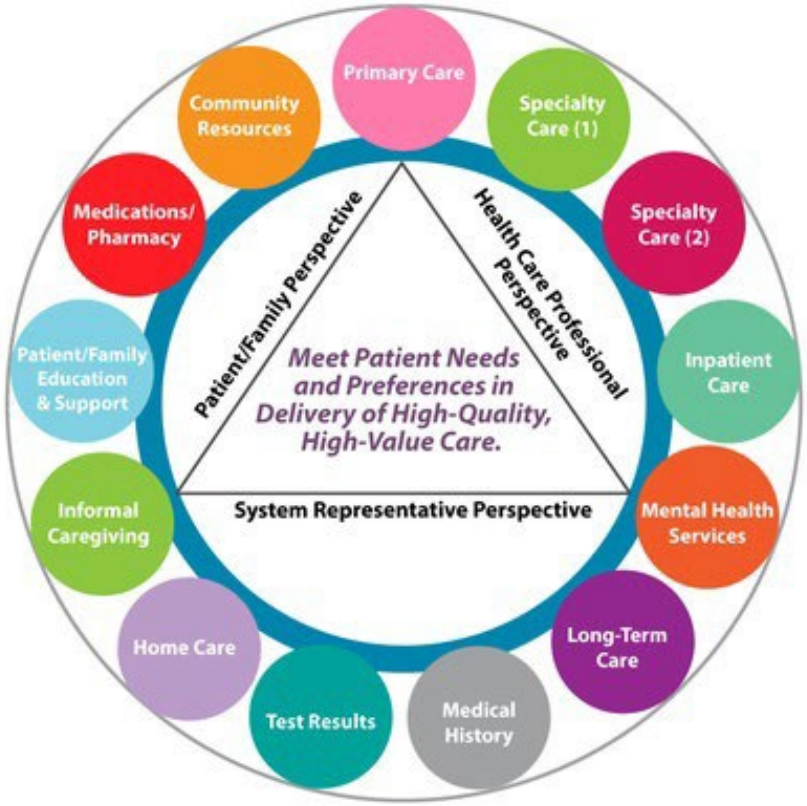
Care Coordination in Action

"An important component of care coordination is engaging and educating members, families and their support team about the member's conditions to improve treatment adherence and medication management." [3]

The central goal of care coordination meeting beneficiaries needs and preferences while providing high quality care is shown in the middle of the diagram.

The colored circles represent some of the participants, settings, and information to care pathways and workflow.

The blue ring that connects the colored circles is Care Coordination namely, anything that bridges gaps (white spaces) along the care pathway.



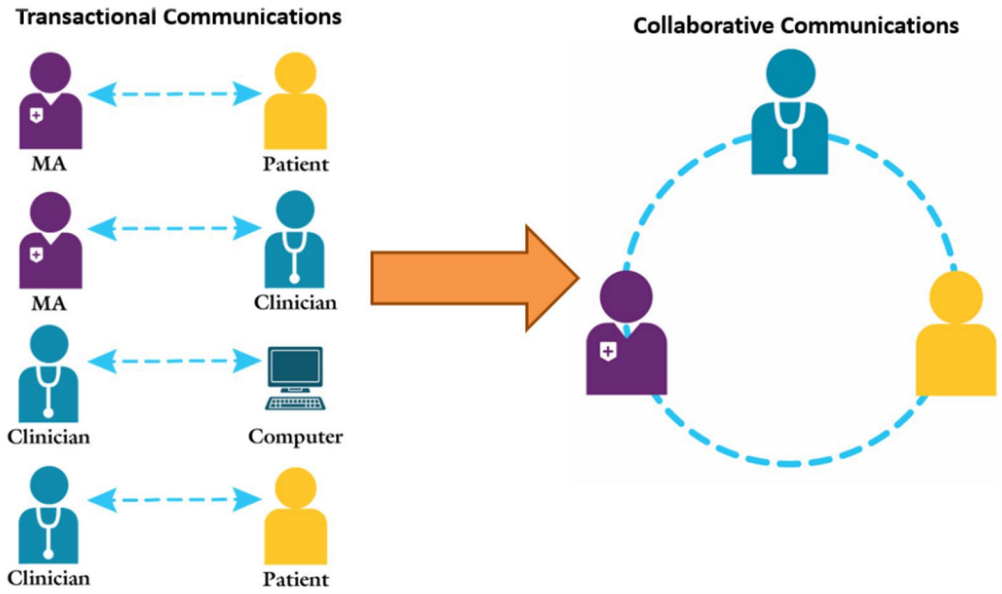
Introduction to Care Coordination

Care Coordination in Action

Beneficiaries, their families, and other informal caregivers experience **failures in coordination** particularly at points of transition.

1. Transition between entities of health care systems

2. Transitions over time



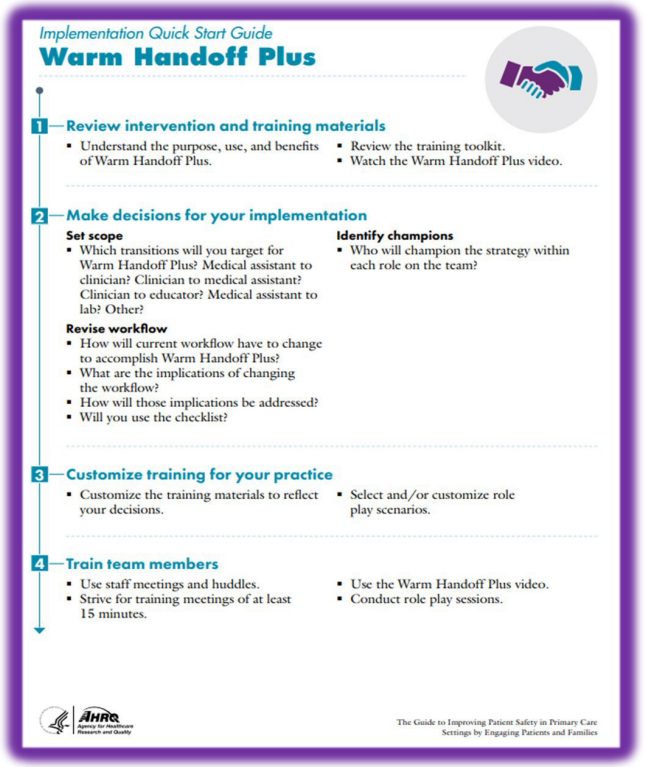
Introduction to Care Coordination

Transition Between Entities of Health Care Systems

Information transfer and/or responsibility shifts:

- Among members of one care team (receptionist, nurse, physician).
- Between beneficiary care teams.
- Between beneficiary/informal caregivers and professional caregivers.
- Across settings (primary care, specialty care, inpatient, emergency
- department).
- Between health care organizations.

[Implementation Quick Start Guide: Warm Handoff Plus (ahrq.gov)]



Implementation Quick Start Guide

Warm Handoff Plus

1 Review intervention and training materials

- Understand the purpose, use, and benefits of Warm Handoff Plus.
- Review the training toolkit.
- Watch the Warm Handoff Plus video.

2 Make decisions for your implementation

Set scope

- Which transitions will you target for Warm Handoff Plus? Medical assistant to clinician? Clinician to medical assistant? Clinician to educator? Medical assistant to lab? Other?

Revise workflow

- How will current workflow have to change to accomplish Warm Handoff Plus?
- What are the implications of changing the workflow?
- How will those implications be addressed?
- Will you use the checklist?

Identify champions

- Who will champion the strategy within each role on the team?

3 Customize training for your practice

- Customize the training materials to reflect your decisions.
- Select and/or customize role play scenarios.

4 Train team members

- Use staff meetings and huddles.
- Strive for training meetings of at least 15 minutes.
- Use the Warm Handoff Plus video.
- Conduct role play sessions.

AHRQ Agency for Healthcare Research and Quality

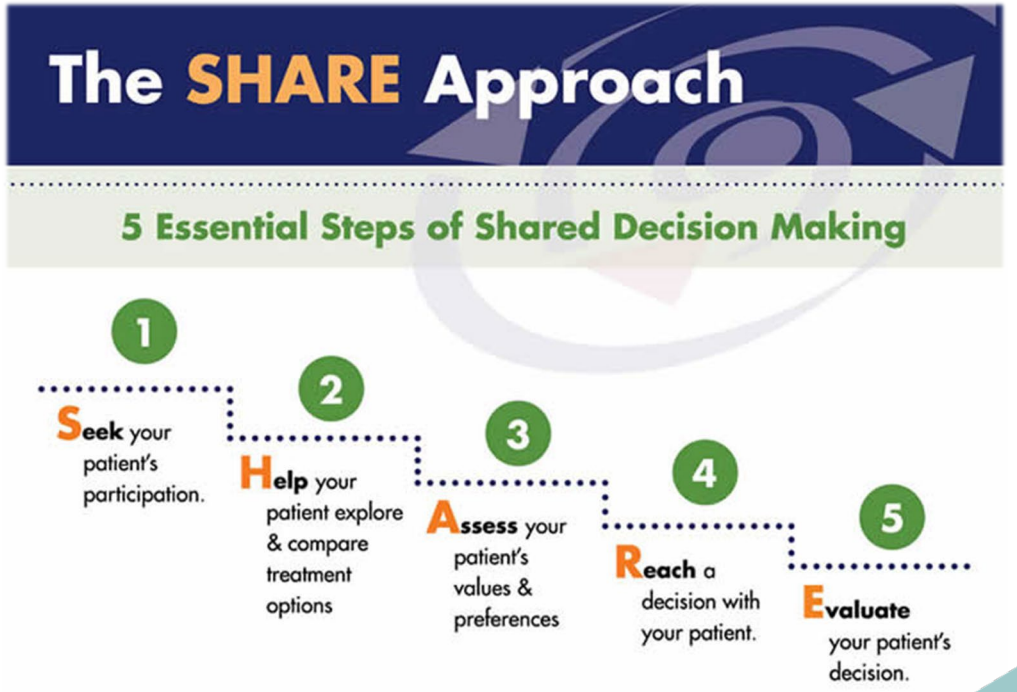
The Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

Introduction to Care Coordination

Transitions Over Time

Information transfer and/or responsibility shift:

- Between episodes of care (i.e., initial visit and follow up visit).
- Across lifespan (e.g., pediatric developmental stages, women's changing reproductive cycle, geriatric care needs).
- Across trajectory of illness and changing levels of coordination need.



Clinical Considerations

Care Coordination with Special Populations

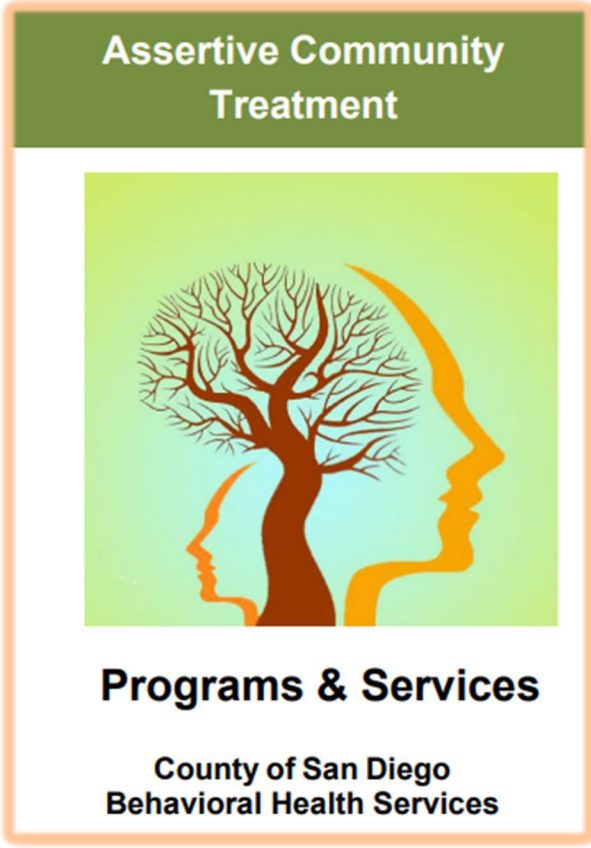
Mental Health

Serious Mental Illness (SMI) populations are in particular **at greater risk** of chronic health conditions, increased mortality, **and a high level of health care disparities.** [4]

Strategies To Consider:

- Integrated program engagement (i.e., therapy, psychiatry, peer support, and case management services a “one stop shop approach to treatment”).

- Establishing communication practices with emergency services providers to stay informed when changes in treatment occur (i.e., inpatient change in medication).



Visit ACT Link

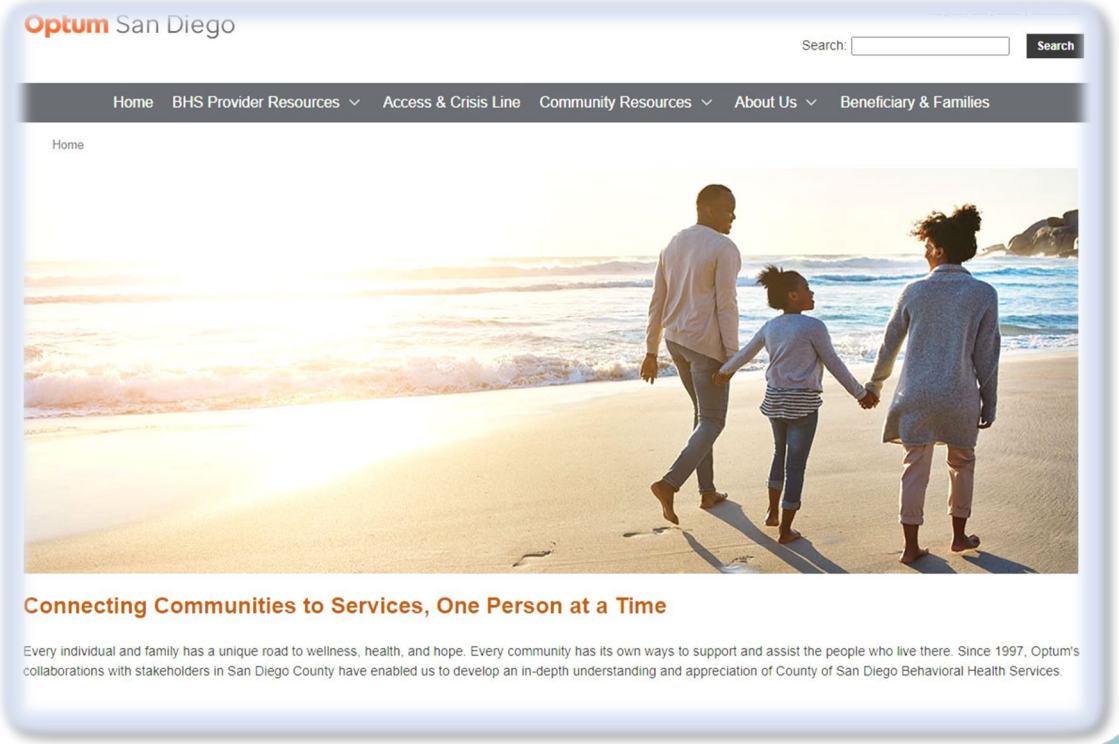
Clinical Considerations

Care Coordination with Special Populations

Substance Use Disorder

Services for the prevention and treatment of substance misuse and substance use disorders have traditionally been delivered separately from other mental health and general health care services.

Effective integration of prevention, treatment, and recovery services across health care systems is key to addressing substance misuse; it represents the most promising way to improve access to and quality of treatment. [6]



Optum Website

Clinical Considerations

Care Coordination with Special Populations

Harm Reduction principles align with Care Coordination Strategies in keeping beneficiary choice at the center of treatment decision making

Harm Reduction Video

Visit Harm Reduction Coalition of San Diego for more information.

Clinical Considerations

Care Coordination with Special Populations

Child Welfare and Justice Involved Youth and Families

When individuals are receiving services from multiple agencies and/or systems of care there is risk for breakdown in communication and planning.

One strategy to reduce this is having regular Child and Family Team Meetings (CFTs) a state requirement designed to improve the quality of care between service agencies.

Visit the CFT Engagement Guide for more information.

Clinical Considerations

Care Coordination with Special Populations

Justice Involved

"Rates of mental health disorders were found to be nearly four times higher among individuals in jail compared to the general population, and substance use disorders were found among more than 50% of the inmate population. A recent study of Sacramento County's jail found that near 60% of the population had some combination of mental health needs and substance use, as well as a range of complex health conditions" (pg. 3-4).

San Diego County is assessing opportunities and challenges associated with care coordination.

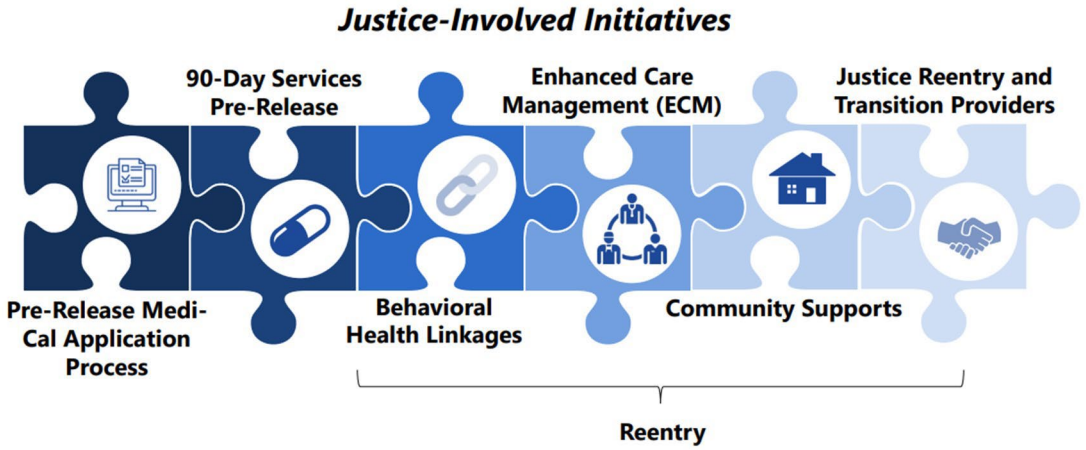
Learn More: Supporting Care Coordination for Justice-Involved Individuals Through Funding and Integrated Data Infrastructure

Clinical Considerations

Care Coordination with Special Populations

Justice Involved

The Justice Involved initiative aims to connect eligible members to community-based care, offering them up to 90 days before their release to stabilize their health conditions and establish a plan (collectively referred to as “pre-release services”).



DHCS Transformation of Medi-Cal for Justice Involved Fact Sheet

Bill Text - AB-133 Health. (ca.gov)

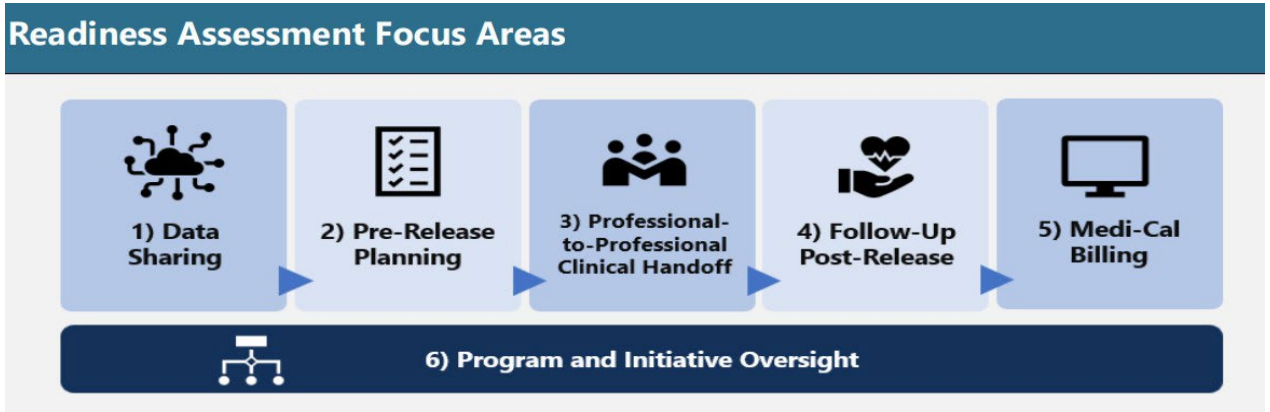
Clinical Considerations

Care Coordination with Special Populations

Justice Involved

Visit the County Power Point Presentation supporting Pre-Release Medi-Cal enrollment, Behavioral Health Links,
and 90-Day pre-release services for Justice-Involved Individuals.

PowerPoint Presentation (sandiegocounty.gov)



DHCS Justice Involved Initiative

Clinical Considerations

Advancing Equity

Culturally Responsive

- Understanding a person's identities related to race and ethnicity, gender, sexual orientation, socioeconomic status, education, and social needs.
- Ensuring that people have access/resources that are within the person's area of identities is an essential element of effective care coordination.
- Visit the Health Equity News from Boston Medical Center for more information.

Free Web-Based Trainings

- Social Determinants of Health and Cultural Competency in Substance Use Treatment
- Eliminating Inequities in Behavioral Health Care Series
- Advancing Racial Equity Webinar Series
- Visit the Centers for Medicare & Medicaid Services Guide for Reducing Disparities in Readmissions
- Cultural and Linguistic Competency | Office of Minority Health (hhs.gov)

Clinical Considerations

Advancing Equity

Prioritizing the Social Drivers of Health

“In 2020, there were approximately 7,600 persons experiencing homelessness (PEH) in San Diego County on any given night. PEH face a variety of health risks, including poverty, chronic disease, overcrowding in shelters, and mental and health substance use disorders” (Community Health Statistics Unit).

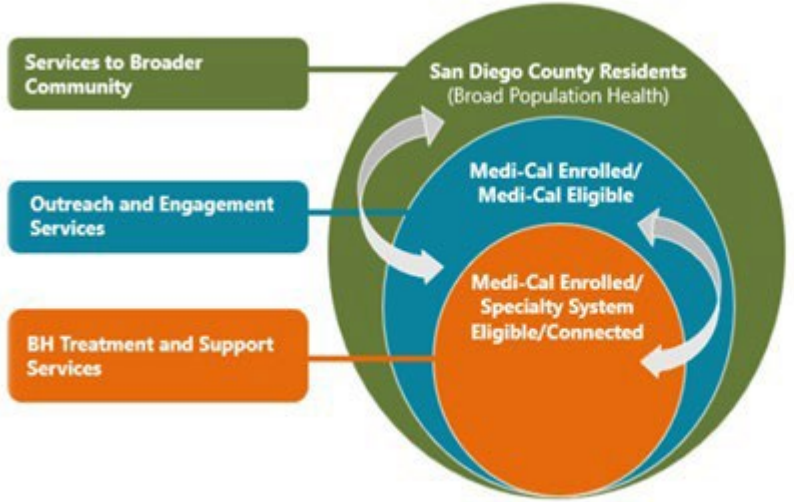
To learn how to maximize benefits visit the 211 San Diego website for more information and connections to community, health, and disaster resources.

Care Coordination Across the Domains of Healthcare

County and State

Transforming Medi-Cal plays a critical role in supporting counties' implementation of California Advancing and Improving Medi-Cal (CalAIM) within behavioral Health, working with the Department of Health Care Services to facilitate the documentation, policy, and payment reforms necessary for CalAIM initiatives.

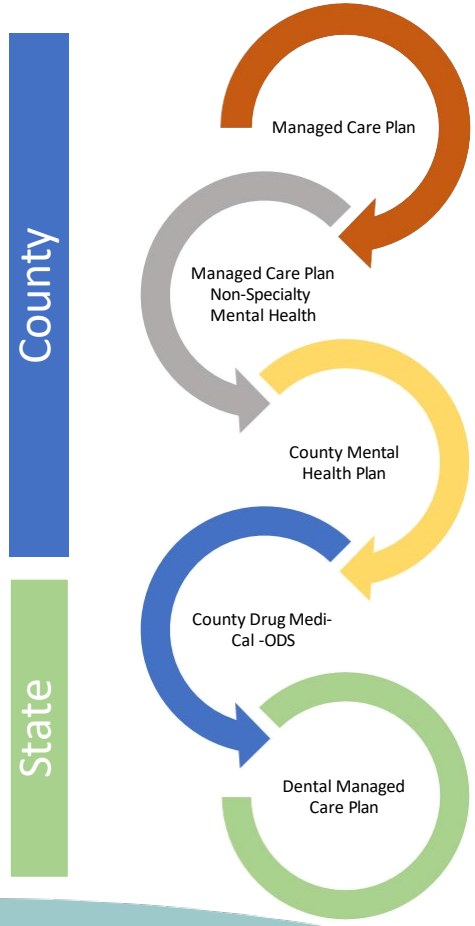
BHS provides a broad range of services. The graphic illustrates both the spectrum of services, and the populations served. Each level in the BHS system serves a distinct purpose and specific subsets of the local population, though people can and will move in and out of these levels at different points in their lives.



Slide source: BHS Director's March 2024 EQR Opening presentation

Care Coordination Across the Domains of Healthcare

County and State



Responsible for Physical Health Care
(MCP + DMC-ODS)

Ex. A person may be receiving treatment for diabetes can also be receiving treatment with the county substance use services for opioids.

Non-Specialty Mental Health
(MCP Non-SMH + DMC-ODS)

Ex. A person may be receiving therapy services for mild to moderate mental health needs but also be receiving county DMC-ODS services for alcohol use.

Specialty Mental Health
(MHP + MCP)

Ex. A person may be receiving psychiatric services for schizophrenia disorder as well as treating their knee injury with the Managed Care Plan.

County Substance Use Treatment Services (DMC-ODS + MCP)

Ex. A person may be receiving medication assistant treatment (MAT) while also being treated for asthma with the Managed Care Plan.

Dental Managed Care Plan
(Dental + MHP)

Ex. A person may be utilizing dental care services while engaged in Strength Based Case Management services with the County Mental Health Plan.

Visit CalAIM Support for Counties

Care Coordination Across the Domains of Healthcare

San Diego County Behavioral Health Plan

Impact and Scope of Services

- San Diego County Behavioral Health Services is a **health plan** with a **contracted network** that serves an average of 108,000 individuals annually across the system of care.

- **Direct County-operated services** include adult outpatient and case management, adult and children's forensic services, San Diego County Psychiatric Hospital and Edgemoor Distinct Part/Skilled Nursing Facility.

- As a **public health** entity, the county provides services to the community focused on wellness and health protection.

Care Coordination Across the Domains of Healthcare

Administrative Services Organization (ASO)

Optum of San Diego

Optum of San Diego is the administrative services organization (ASO) for San Diego County's Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

Optum operates the San Diego County Access and Crisis Line (ACL). The ACL is central to providing screening, resources, and provider referrals.

Optum also serves as the Single Point of Access (SPOA) for Assertive Community Treatment (ACT) and Strengths Based Case Management (SBCM) Services.

Optum's Role: Administrative Liaison and Resource to the County Behavioral Health Plan, providing:

- Mental Health Plan, Drug Medi-Cal Organized Delivery System, and Fee for Service provider referrals,
- BHS Provider Document Library.
- Authorization for Services provided by the MHP and DMC-ODS (only those services that require preauthorization).
- Treatment and Evaluation Resources Management Network (TERM).
- Access and Crisis Line (ACL).
- BHS Provider Credentialing.

Visit Optum San Diego website for more information

Care Coordination Across the Domains of Healthcare

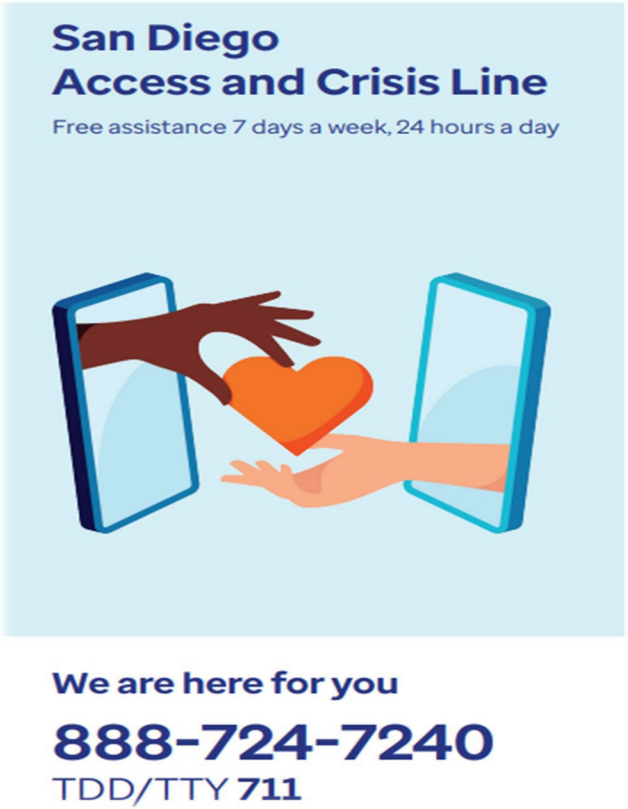
Administrative Services Organization (ASO)

Access and Crisis Line

The San Diego Access and Crisis Line (ACL) operated by Optum has been serving the people of San Diego County since 1997. It receives thousands of calls per month related to suicide prevention, crisis intervention, community resources, mental health referrals, and alcohol and drug support services.

Confidential and free of charge, the line is immediately answered 7 days a week, 24 hours a day by behavioral health professionals. Language interpreter services enable the ACL to assist in over 200 languages within seconds and offers San Diego County residents free, confidential, brief support, online chat services and community resources.

Visit ACL (sandiegocounty.gov) website for more information



Care Coordination Across the Domains of Healthcare

Access and Crisis Line (ACL)

San Diego ACL 988 Suicide and Crisis Line Partner

988 Suicide and Crisis Lifeline is the national phone number for connecting people to a network of local crisis centers. Calls made to 988 are connected to a crisis call center based on the area code associated with the phone number, calls made from San Diego County area code are routed directly to the ACL.

Additionally, the ACL provides access to Mobile Crisis Response Team (MCRT) services. It is designed to help people who are experiencing a mental health or substance use crisis by dispatching behavioral health experts to emergency calls instead of law enforcement, when appropriate. MCRT services are available countywide serving individual of all ages.

MCRT Video

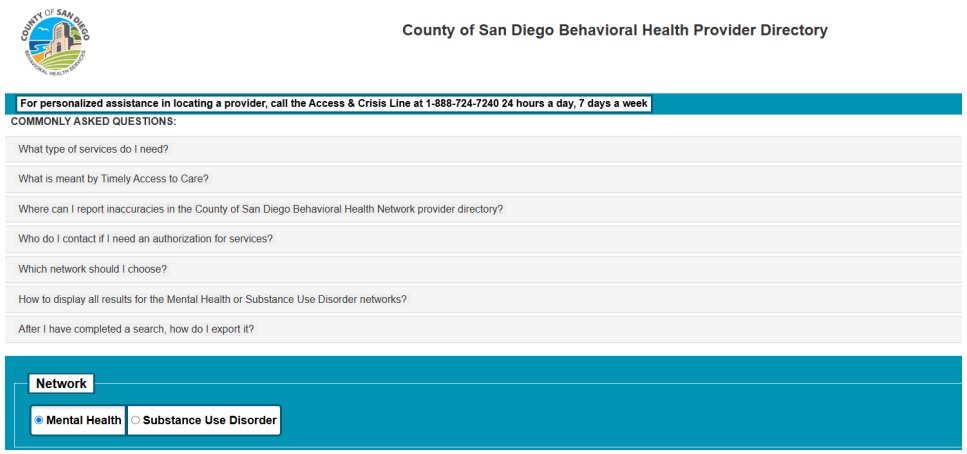
For more information visit the MCRT website

Care Coordination Across the Domains of Healthcare

Provider Directory

County of San Diego Behavioral Health Services Provider Directory

The County of San Diego offers a searchable directory for mental health and substance use services.



Visit the searchable County of San Diego Link

Optum County of San Diego Behavioral Health Service Provider Directory

Optum offers a printable and searchable directory for mental health and substance use services.

Visit the searchable Optum Directory Link

Care Coordination Across the Domains of Healthcare

Specialty Mental Health Services (SMHS)

- Inpatient psychiatric services
- Outpatient Services, including intensive and community-based services, such as individual, family and group therapy, collateral, plan development and assessment
- Rehabilitative skill building services in individual and/or group settings
- Targeted Case Management
- Medication Support Services
- Day Treatment Intensive or Rehabilitation
- Crisis Intervention and Stabilization
- Adult and Crisis Residential Treatment
- Intensive Care Coordination
- Therapeutic Foster Care
- Intensive Home-Based Services
- Therapeutic Behavioral Health Services
- Peer Support Services
- Mobile Crisis Services

SMHS Medi-Cal Benefits

Drug Medical Organized Delivery System (DMC-ODS)

- Outpatient (ASAM Level 1)
- Intensive Outpatient (ASAM Level 2.1)
- Partial Hospitalization (ASAM Level 2.5)
- Residential Treatment (ASAM Levels 3.1, 3.3, 3.5)
- Inpatient (ASAM Levels 3.7 and 4.0) Medically Monitored or Medically Managed
- Narcotic Treatment Program
- Withdrawal Management Services (ASAM Level 1-WM, Level 2-WM, Level 3.2-WM, Level 3.7-WM, Level 4-WM)
- Medications for Addiction Treatment
- Peer Support Services
- Contingency Management
- Recovery Services
- Care Coordination
- Clinician Consultation

DMC-ODS Continuum of Care (ASAM)

Care Coordination Across the Domains of Healthcare

Managed Care Plan (MCP)

Managed Care Plans (MCP) are responsible for the majority of medical (physical health care) benefits and Non-Specialty Mental Health Services for individuals.

MCPs play a vital role in care coordination which enable specific populations to access enhanced services.

Visit the CalMHSA Guide for more information

Healthy San Diego

Medi-Cal Managed Care Plan Contact Card

Health Plan	Member Services / Transportation	Behavioral Health	Telephone Medical Advice Line	Vision Services	Medi-Cal RX	Denti-Cal
Blue Shield CA Promise Health Plan	1-855-699-5557	(855) 321-2211	1-800-609-4166	1-855-699-5557	(800) 977-2273	(800) 322-6384
Community Health Group	1-800-224-7766	(800) 404-3332	1-800-647-6966	Vision Service Plan 1-800-877-7195	(800) 977-2273	(800) 322-6384
Kaiser Permanente	1-800-464-4000	(833) 579-4848	1-800-290-5000	1-800-464-4000	(800) 977-2273	(800) 322-6384
Molina Healthcare	1-888-665-4621	(888) 665-4621	1-888-275-8750	March Vision Services 1-888-463-4070	(800) 977-2273	(800) 322-6384

County Mental Health Plan To access Specialty Mental Health and the Drug Medi-Cal Organized Delivery System 1-888-724-7240	**Jewish Family Service** Patient Advocacy Program Complaints & Grievances/Inpatient & Residential 1-800-479-2233	**Consumer Center for Health Education & Advocacy** Patient Advocacy Program Complaints & Grievances/Outpatient services 1-877-734-3258

Pharmacy benefits for all Medi-Cal recipients are covered by the State's Medi-Cal Rx. Program: (800) 977-2273

09/2026 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Visit the Optum website Resources for a Health Plan Contact Card

Care Coordination Across the Domains of Healthcare

Managed Care Plan (MCP)

Enhanced Care Management (ECM) is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery system to access care.

Enhanced Care Management will address clinical and non-clinical needs of the highest enrollees through intensive coordination of health and health-related services.

Enrollees will have a single Enhanced Care Manager who will coordinate care and services among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for them to get the right care at the right time.

Individuals can access community supports with or without ECM services. Community supports are optional. Each community support is authorized individually by the MCP.

For More Information Visit the following websites:

ECM Provider Toolkit

ECM Fact Sheet

211 ECM/CS Service Guide

Care Coordination Across the Domains of Healthcare

Managed Care Plan (MCP)

Community Supports are new statewide services provided by Medi-Cal Managed Care Plans as cost-effective alternatives to traditional medical services or settings. Whole Person Wellness and Health Homes were the backbone for the development of ECM and Community Support Services.

Community Supports are designed to address social drivers of health (factors in people's lives that influence their health).

In San Diego County all Medi-Cal Managed Care Plans are encouraged to offer as many of the following 14 Community Supports.

Community Support Services	Example of Services
Housing Transition Navigation Services	Housing assessment, plan, and search for housing
Housing Deposits	Security deposits, first month utilities, set-up fees
Housing Tenancy and Sustaining Services	Advocacy and coaching to help maintain housing
Short-term Post-Hospitalization Housing	Interim housing for recuperation and recovery
Recuperative Care (Medical Respite)	Interim housing for short-term residential care
Respite Services	Episodic short-term caregiver
Day Habilitation Programs	Peer mentoring to improve socialization and adaptive skills
Nursing Facility Transition/Diversion to Assisted Living Facilities	Wrap around services to assist with ADLs/IADLs
Community Transition Services/Nursing Facility Transition to a Home	Security deposit, housing navigation, home modifications
Personal Care and Homemaker Services	Caregiver to assist with ADLs/IADLs
Environmental Accessibility Adaptations (Home Modifications)	Ramps, grab-bars, stair lifts, roll-in shower
Medically Tailored Meals/Medically-Supportive Food	Home delivered meals based on dietary needs
Sobering Centers	Destination for people who are publicly intoxicated
Asthma Remediation	Air filters, HEPA vacuum, pest management, mold removal

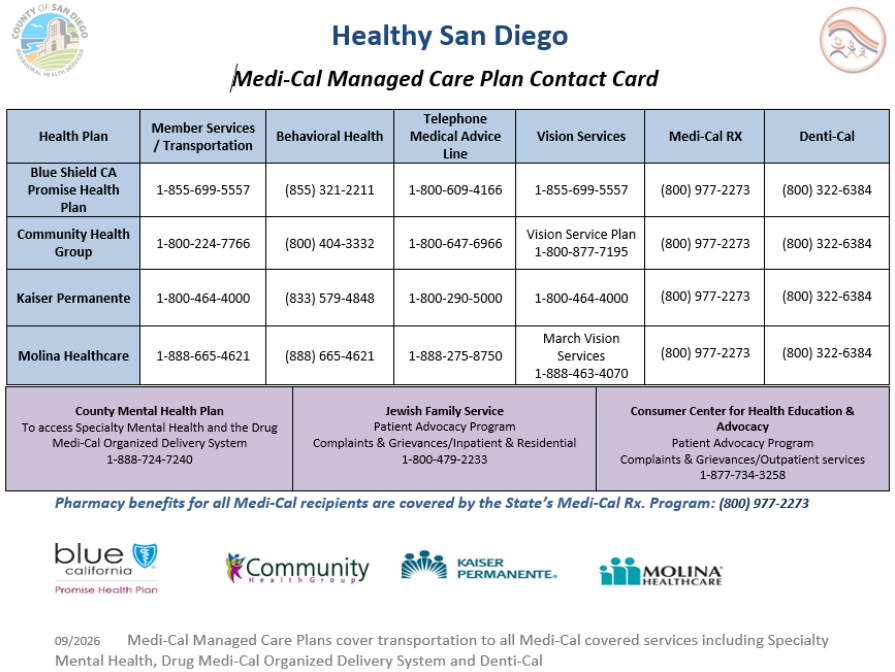
Visit the Community Support Guide

Care Coordination Across the Domains of Healthcare

Managed Care Plan

It's important for individuals to receive the right level of care. If a beneficiary does not qualify for Specialty Mental Health Services from the County Mental Health Plan (MHP) the Managed Care Plan (MCP) has their own network of contracted behavioral health providers.

There is no severity threshold for Medi-Cal MCP beneficiaries who want to receive **substance use disorder services** through the San Diego County Drug Medi-Cal Organized Delivery System. Services are typically provided by the County's network of contracted providers, which may be accessed by calling the Access and Crisis Line (ACL) at 888-724-7420. Optum Public Sector San Diego is the Administrative Services Organization that manages the Fee for Service Network.



Healthy San Diego

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blue california Promise Health Plan · Community Health Group · KAISER PERMANENTE · MOLINA HEALTHCARE

09/2026 Medi-Cal Managed Care Plans cover transportation to all Medi-Cal covered services including Specialty Mental Health, Drug Medi-Cal Organized Delivery System and Denti-Cal

Visit the Optum Healthy San Diego Resource Section Quick Guide

Care Coordination Optimization

Physical Health Care

Substance Use Disorder Settings

Mental Health Care

Social and Safety Sectors

Care Coordination Optimization

Physical Health Care

Strategies to Effect Care Coordination in the Health Care Setting

- Assigned and Consistent Primary Care Provider (PCP).
- Releases of Information (ROIs) on file for individuals involved in the person's care (i.e., family, outside providers).
- Established process for sharing treatment updates and assigning person responsible for follow up (i.e., team check ins, electronic health record notification).
- Medication reconciliation-capturing a complete list of what the person in care has been prescribed and what they are currently taking.
- Health maintenance/health education to the beneficiary and provider. (*Care Coordination*, n.d.-b)

Care Coordination Optimization

Substance Use Disorder Settings

DMC-ODS Services

Care Coordination services are available to all beneficiaries who enter the County's DMC-ODS treatment system, are available throughout the treatment episode, and may continue during recovery services as allowed by the County of San Diego.

Care Coordination is meant to provide seamless transitions of care for beneficiaries within the DMC-ODS, to ensure that beneficiaries successfully transition between levels of SUD care (i.e., withdrawal management, residential, outpatient, etc.) without disruption to services. This includes access to recovery services immediately after discharge or upon completion of an acute care stay, with the goal of sustained engagement and long-term retention in SUD and behavioral health treatment.

Care Coordination is also meant to ensure that each beneficiary has an ongoing source of care appropriate to their needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity.

Please visit Optum for the One-Pager Care Coordination in DMC-ODS document.

Care Coordination Optimization

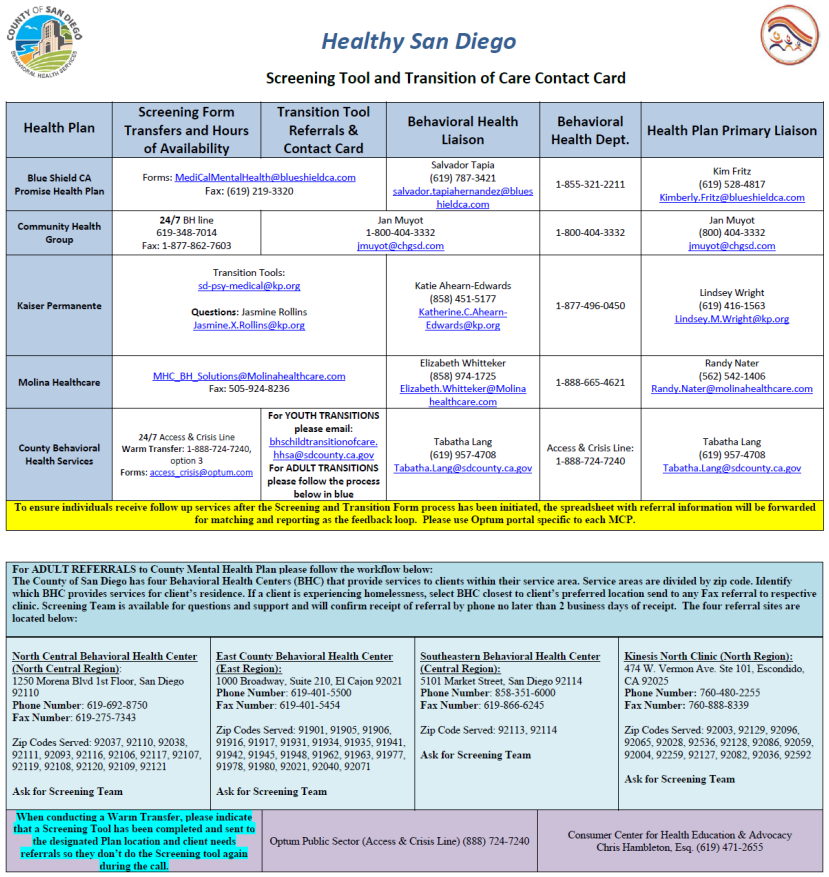
Mental Health Care

The California Department of Health Care Services developed the Transition of Care Tool as a way for the MHP and MCP to communicate for adult and youth beneficiaries.

The Transition of Care Tool is used when an individual who is receiving mental health services from one delivery system experiences a change in their service needs.

1. Their existing services need to be transitioned to the other delivery system OR
2. Services need to be added to their existing mental health treatment from the other delivery system.

Please visit [DHCS Screen and Transition of Care Tools]



Healthy San Diego

Screening Tool and Transition of Care Contact Card

Health Plan	Screening Form Transfers and Hours of Availability	Transition Tool Referrals & Contact Card	Behavioral Health Liaison	Behavioral Health Dept.	Health Plan Primary Liaison
Blue Shield CA Promise Health Plan	Forms: MediCalMentalHealth@blueshieldca.com Fax: (619) 219-3320		Salvador Tapia (619) 787-3421 salvador.tapiahernandez@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.Fritz@blueshieldca.com
Community Health Group	**24/7** BH line 619-348-7014 Fax: 1-877-862-7603	Jan Muyot 1-800-404-3332 jmuyot@chgsd.com		1-800-404-3332	Jan Muyot (800) 404-3332 jmuyot@chgsd.com
Kaiser Permanente	Transition Tools: sd-psy-medical@kp.org **Questions:** Jasmine Rollins Jasmine.X.Rollins@kp.org		Katie Ahearn-Edwards (858) 451-5177 Katherine.C.Ahearn-Edwards@kp.org	1-877-496-0450	Lindsey Wright (619) 416-1563 Lindsey.M.Wright@kp.org
Molina Healthcare	MHC_BH_Solutions@Molinahealthcare.com Fax: 505-924-8236		Elizabeth Whitteker (858) 974-1725 Elizabeth.Whitteker@Molinahealthcare.com	1-888-665-4621	Randy Nater (562) 542-1406 Randy.Nater@molinahealthcare.com
County Behavioral Health Services	**24/7** Access & Crisis Line Warm Transfer: 1-888-724-7240, option 3 Forms: access_crisis@optum.com	**For YOUTH TRANSITIONS please email:** bhschildtransitionofcare.hhsa@sdcounty.ca.gov **For ADULT TRANSITIONS please follow the process below in blue**	Tabatha Lang (619) 957-4708 Tabatha.Lang@sdcounty.ca.gov	Access & Crisis Line: 1-888-724-7240	Tabatha Lang (619) 957-4708 Tabatha.Lang@sdcounty.ca.gov

To ensure individuals receive follow up services after the Screening and Transition Form process has been initiated, the spreadsheet with referral information will be forwarded for matching and reporting as the feedback loop. Please use Optum portal specific to each MCP.

For ADULT REFERRALS to County Mental Health Plan please follow the workflow below:
The County of San Diego has four Behavioral Health Centers (BHC) that provide services to clients within their service area. Service areas are divided by zip code. Identify which BHC provides services for client's residence. If a client is experiencing homelessness, select BHC closest to client's preferred location send to any Fax referral to respective clinic. Screening Team is available for questions and support and will confirm receipt of referral by phone no later than 2 business days of receipt. The four referral sites are located below:

North Central Behavioral Health Center (North Central Region):	East County Behavioral Health Center (East Region):	Southeastern Behavioral Health Center (Central Region):	Kinesis North Clinic (North Region):
1250 Morena Blvd 1st Floor, San Diego 92110 **Phone Number**: 619-692-8750 **Fax Number**: 619-275-7343 Zip Codes Served: 92037, 92110, 92038, 92111, 92093, 92116, 92106, 92117, 92107, 92119, 92108, 92120, 92109, 92121 **Ask for Screening Team**	1000 Broadway, Suite 210, El Cajon 92021 **Phone Number**: 619-401-5500 **Fax Number**: 619-401-5454 Zip Codes Served: 91901, 91905, 91906, 91916, 91917, 91931, 91934, 91935, 91941, 91942, 91945, 91948, 91962, 91963, 91977, 91978, 91980, 92021, 92040, 92071 **Ask for Screening Team**	5101 Market Street, San Diego 92114 **Phone Number**: 858-351-6000 **Fax Number**: 619-866-6245 Zip Code Served: 92113, 92114 **Ask for Screening Team**	474 W. Vernon Ave. Ste 101, Escondido, CA 92025 **Phone Number:** 760-480-2255 **Fax Number:** 760-888-8339 Zip Codes Served: 92003, 92129, 92096, 92065, 92028, 92536, 92128, 92086, 92059, 92004, 92259, 92127, 92082, 92036, 92592 **Ask for Screening Team**

When conducting a Warm Transfer, please indicate that a Screening Tool has been completed and sent to the designated Plan location and client needs referrals so they don't do the Screening tool again during the call.	Optum Public Sector (Access & Crisis Line) (888) 724-7240	Consumer Center for Health Education & Advocacy Chris Hambleton, Esq. (619) 471-2655

[Healthy San Diego Resource Page]

Care Coordination Optimization

Mental Health Care

Emergency and Crisis Services

- Access and Crisis Line (ACL)
- San Diego County Psychiatric Hospital
- County of San Diego Crisis Stabilization Units
- Emergency/Crisis Services for Children and Youth
- Emergency/Crisis Services for Adults
- Mobile Crisis Response Team (MCRT)

Suicide Prevention and Stigma Reduction

- It's Up to Us Campaign
- San Diego County Suicide Prevention Council
- American Foundation for Suicide Prevention
- Suicide Prevention and Intervention
- San Diego County Office of Education
- 211 San Diego
- National Suicide Prevention Lifeline
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Care Coordination Optimization

Mental Health Care

Adult Services

Case Management

Clubhouses

Edgemoor Distinct Part Skilled Nursing Facility

Forensic Services

Adult Outpatient Services Behavioral Health Services

San Diego County Psychiatric Hospital

Tri-City Psychiatric Health Facility

Children and Youth Services

Early Childhood Resources

Family Urgent Response System (FURS)

Juvenile Forensic Service

School-Based Services/SchooLink

Treatment and Evaluation Resource Management (TERM)

Therapeutic Behavioral Services (TBS)

Care Coordination Optimization

Social and Safety Sectors

San Diego Social League
San Diego Social League is a nonprofit, community building organization that passionately believes in the transformative power of sports; that they can bring people together and strengthen our communities, particularly those that are underserved and marginalized populations.

Social League

NAMI San Diego Clubhouses
Clubhouses offer people living with mental illness opportunities for friendship, employment, housing, education and access to medical and psychiatric services in a single caring environment.

NAMI Clubhouses

Community Support Groups
San Diego Family offers a variety of Community Support Groups.

San Diego Family

Care Coordination Optimization

Social and Safety Sectors

Behavioral Health Services Naloxone

Responding to an Overdoes

Find Naloxone Locations

Prevention and Treatment

Naloxone Pick Up

A New Path- April@anewpath.org

Safe Point San Diego (Family Health Centers of San Diego)

County of San Diego Regional Public Health Centers (By Region)

Naloxone Distribution Program

The County of San Diego has a total of 12 vending machines throughout the county.

- McAlister Institute
- T.H.E. C.I.R.C.L.E by Epiphany
- El Dorado
- Pala Reservation
- Rincon
- Yaytaanak Wellness Center
- Jane Westin Clinic
- Southern Indican Health
- Project Aware
- Father Joe's Villages
- Acadia Health Oceanside Location

Training Resources

Video

Naloxone Delivered

Harm Reduction Coalition of San Diego

Care Coordination Optimization

Social and Safety Sectors

Question, Persuade, Refer (QPR)

QPR is designed to give members of the general public the basic skills necessary to recognize the warning signs that someone may be contemplating suicide: parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, caseworkers, firefighters, and many others.

The QPR Gatekeeper Trainings are funded by the County of San Diego, HHSA, and are offered at no cost to attendees on behalf of the San Diego County Suicide Prevention Council.

QPR Training Request Form for In Person Training

QPR Training Request Form for Online Training

Resources

[Resources for Managing Your Mental Wellness]

[General Mental Health Resources]

[Resources for Families, Parents, Caregivers & Youth]

[Online and Phone Supports]

[Emotional Support and Wellness]

[Disaster and Preparedness]

[Assistance and Benefit Programs]

[The BIPOC and Latinx Communities & Mental Health]

[The LGBTQ+ Community & Mental Health]

[SUDPOH Care Coordination]

[Inpatient Psychiatric Treatment Quick Guide]

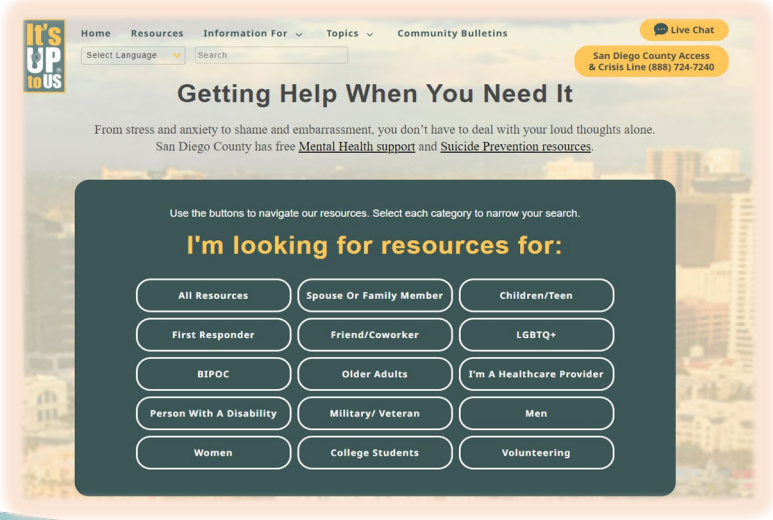
[San Diego County Provider Directory]

[DMC-ODS Quick Guide]

[Healthy San Diego]

[211 San Diego]

[It's Up to Us Resource Tool]



Contact Information

Behavioral Health Services
Population Health Office
Network Quality and Planning

PopHealth.BHS@sdcounty.ca.gov

References

1. *Benefits of direct primary care in senior care*. (n.d.). LIVEACTIVE PRIMARY CARE. https://www.liveactivepc.com/blog/benefits-of-direct-primary-care-in-senior-care

2. *Care coordination*. (n.d.). Agency for Healthcare Research and Quality. https://www.ahrq.gov/ncepcr/care/coordination.html

3. *Introduction to Care Coordination services Overview for Managed Care Plans and Community-Based Care Management Entity (CB-CME) Staff*. (2018, October). [Slide show]. DHCS Health Homes Program. https://www.dhcs.ca.gov/services/Documents/MCQMD/HHP_3_Introduction_to_Care_Coordination_Services_ADA_10-18.pdf

4. *Help for mental illnesses*. (n.d.). National Institute of Mental Health (NIMH). https://www.nimh.nih.gov/health/find-help

5. *The SHARE approach*. (n.d.). Agency for Healthcare Research and Quality. https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html

6. U.S. Department of Health & Human Services, HHS, Azar, A. M., II, & McCance-Katz, E. F., M. D. ,. Ph. D. (2018). Facing Addiction in America: The Surgeon General's spotlight on Opioids. In *Facing Addiction in America: The Surgeon General's Spotlight on Opioids*. https://www.hhs.gov/sites/default/files/OC_SpotlightOnOpioids.pdf

7. *Warm Handoff Plus, Guide to Improving Patient Care Setting by Engaging Patients and Families*. (n.d.). [Slide show]. Agency for Healthcare Research and Quality. https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.ahrq.gov%2Fsites%2Fdefault%2Ffiles%2Fwysiwyg%2Fprofessionals%2Fquality-patient-safety%2Fpatient-family-engagement%2Fpfeprimarycare%2Fwarm-handoff-slides-final508.pptx&wdOrigin=BROWSELINK