

Staying Healthy Assessment (SHA) Training

*Information for providers on completing the Staying
Healthy Assessment for patients*

Developed by Medi-Cal Managed Care Health Plans



Agenda

- 1) IHEBA/SHA Overview, Goals & Benefits
- 2) SHA Completion & Documentation Process
- 3) SHA Resources
- 4) Electronic SHA & Alternative Assessment Tools
- 5) Questions & Answers



Definitions

DHCS: Department of Health Care Services

IHA: Initial Health Assessment (DHCS Policy Letter 08-003) includes an IHEBA

IHEBA: Individual Health Education Behavioral Assessment is a generic term for the SHA or DHCS approved alternative assessment tool. IHEBA is a required part of the IHA

SHA: Staying Health Assessment is the DHCS's sponsored and approved IHEBA



Introduction

DHCS requires providers to administer an IHEBA to all Medi-Cal Managed Care patients as part of their Initial Health Assessment (IHA) and well care visits.

The IHA, at a minimum, shall include:

- a physical and mental health history
- identification of high risk behaviors
- assessment of need for preventive screenings or services and health education
- diagnosis and plan for treatment of any diseases

The IHA must be conducted in a culturally and linguistically appropriate manner for all patients, including those with disabilities.

Reference: Title 22, California Code of Regulations, Sections 53851 and 53910.5 ₄



Introduction Continued

New Staying Healthy Assessment (SHA) forms must be implemented by April 1, 2014

Providers are encouraged to begin using the SHA now



Individual Health Education Behavioral Assessment Goals

- Identify and track patient high-risk behaviors
- Prioritize patient health education needs related to lifestyle, behavior, environment, and cultural and linguistic needs
- Initiate discussion and counseling regarding high-risk behaviors
- Provide tailored health education counseling, interventions, referral, and follow-up

Benefits to Providers and Patients

- Builds trust between provider and patient
- Improves patient-provider relationship and patient satisfaction
- Allows for more personalized care plans
- Streamlines HEDIS documentation for providers, ensures members get preventive health services
- Allows provider to document patient counseling

SHA Periodicity Table

| Questionnaire | Administer | Administer/Re-administer | | Review |
|-------------------|-------------------------------|--|-----------------|----------------------------------|
| Age Groups | Within 120 Days of Enrollment | 1 st Scheduled Exam <i>(after entering new age group)</i> | Every 3-5 years | Annually <i>(Interval Years)</i> |
| 0-6 mo. | ✓ | | | |
| 7-12 mo. | ✓ | ✓ | | |
| 1-2 yrs. | ✓ | ✓ | | ✓ |
| 3-4 yrs. | ✓ | ✓ | | ✓ |
| 5-8 yrs. | ✓ | ✓ | | ✓ |
| 9-11 yrs. | ✓ | ✓ | | ✓ |
| 12-17 yrs. | ✓ | ✓ | | ✓ |
| Adult | ✓ | | ✓ | ✓ |
| Senior | ✓ | | ✓ | ✓ |



SHA Recommendations

12-17 years old age group:

- Encourage patients to complete the SHA without a parent/guardian
- Annual re-administration is recommended

Adults and Seniors age group:

- After 55 years of age, use Adult or Senior SHA that is best suited for patient
- Annual re-administration is recommended for seniors

SHA Completion

Assisting the patient in SHA completion:

- Explain the SHA's purpose and how it will be used
- Assure that SHA responses are confidential and will be kept in patient's medical record
- Encourage the patient to self-complete the SHA

Optional:

- SHA questions may be asked verbally and responses recorded directly in patient's electronic medical record



SHA Refusal

- Patients have the right to refuse, decline or skip any or all parts of the SHA
- Encourage patient to complete an age appropriate SHA every subsequent year during a scheduled exam



SHA Provider Review

Reviewing the completed SHA with the patient:

- Determine extent of risk factors on patient's health
- Prioritize risk factors to discuss
- Provide tailored health education counseling, intervention, referral, follow up, and risk reduction plan



SHA Provider Review

Alcohol use question:

- The alcohol screening question is based on USPSTF recommendations
- #19 on the Adult SHA
- #23 on the Senior SHA



SHA Provider Review

New Screening, Brief Intervention and Referral for Treatment (SBIRT) benefit:

- If “yes” to alcohol question, offer an expanded screening questionnaire (such as the AUDIT or AUDIT-C) and if indicated, one to three 15-minute brief interventions
- These screening questionnaires identify patients with potential alcohol use disorders who need referral for further evaluation and treatment



SHA Provider Review

Screening, Brief Intervention and Referral for Treatment (SBIRT):

- Providers offering SBIRT are required to take special training. A list of training resources is available – contact your health plan for more information
- The alcohol SBIRT benefit went into effect January 1, 2014

SHA Documentation

The provider must:

- Sign, print his/her name, and date
- Document specific behavioral-risk topics and patient counseling, referral, anticipatory guidance, and follow-up provided
- Keep signed SHA in patient's medical record
- Document SHA reviews and SHA refusals



SHA Refusal Documentation

- Document refusal on the SHA and keep in the patient's medical record
- Check box “Patient Declined the SHA”
- Provider must sign, print name, and date the back page of form

Document HEDIS Measures

The SHA is an additional document to provide evidence of certain Healthcare Effectiveness Data and Information Set (HEDIS) measures that require patient counseling, referral, the provision of anticipatory guidance, and follow-up, as appropriate.

Age 0-15 months

- Well child visits ages 0-15 months – Health Education/Anticipatory Guidance

Age 3-17 years

- Weight assessment and counseling for nutrition and physical activity

Age 12-21 years

- Adolescent well care – Health Education/Anticipatory Guidance
- Chlamydia screening
- HPV vaccination
- Prenatal care if pregnant (applies at any age)
- Postpartum care (if appropriate)

Document HEDIS Measures

Adults

- Chlamydia screening
- Prenatal care if pregnant
 - Notify Health Plan of all pregnancies by using the pregnancy notification form (as appropriate)
 - Postpartum care (if appropriate)

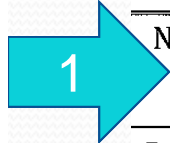
Seniors

- Care for older adults
- Functional status screening
- Advance directive

Staying Healthy Assessment

(Staying Healthy Assessment)

12 - 17 Years (12 - 17 Years)



| | | | | |
|--|---|--|--------------------------------|------------------------------|
| Name (first & last) <i>Jane Doe</i> | Date of Birth <i>04-01-99</i> | <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male | Today's Date <i>9-10-13</i> | Grade in School: <i>9</i> |
| Person Completing Form <i>Self</i> | <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify) | School Attendance Regular? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter?
 Yes No

Clinic Use Only:

Nutrition

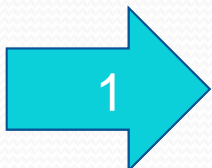
| | | | | |
|---|--|--------------------------------------|--------------------------------------|----------------------------|
| 1 | Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu? <i>(Drinks/eats 3 servings of calcium-rich foods daily)</i> | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Skip |
| 2 | Do you eat fruits and vegetables at least 2 times per day? <i>(Eats fruits and vegetables at least 2 times per day?)</i> | <input type="radio"/> Yes | <input checked="" type="radio"/> No | <input type="radio"/> Skip |
| 3 | Do you eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week? <i>(Eats high fat foods more than once per week?)</i> | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> Skip |
| 4 | Do you drink more than 12 oz. (1 soda can) per day of juice drink, sports drink, energy drink, or sweetened coffee drink? <i>(Drinks more than 12 oz. per day of juice/sports/energy drink, or sweetened coffee drink?)</i> | <input type="radio"/> No | <input checked="" type="radio"/> Yes | <input type="radio"/> Skip |
| 5 | Do you exercise or play sports most days of the week? <i>(Exercises or plays sports most days of the week?)</i> | <input checked="" type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Skip |

Physical Activity



| | | | | |
|----|---|-----|-----|------|
| 30 | Have you or your partner(s) had sex with other people in the past year? | No | Yes | Skip |
| 31 | Have you or your partner(s) had sex without using birth control in the past year? | No | Yes | Skip |
| 32 | The last time you had sex, did you use birth control? | Yes | No | Skip |
| 33 | Have you or your partner(s) had sex without a condom in the past year? | No | Yes | Skip |
| 34 | Did you or your partner use a condom the last time you had sex? | Yes | No | Skip |
| 35 | Do you have concerns about liking someone of the same sex? | No | Yes | Skip |
| 36 | Do you have any other questions or concerns about your health? | No | Yes | Skip |

If yes, please describe:





| <i>Clinic Use Only</i> | Counseled | Referred | Anticipatory Guidance | Follow-up Ordered | Comments: |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input checked="" type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <div style="font-size: 4em; color: #00a0c0; margin: 0 auto;">↓ 4</div> |
| <input checked="" type="checkbox"/> Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Sexual Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| | | | | | <input type="checkbox"/> Patient Declined the SHA |

| | | |
|---|-------------------------------|------------------|
| PCP's Signature: <div style="font-size: 2em; color: #00a0c0; font-family: cursive;">John Smith</div> | Print Name: Dr. John Smith | Date: 9-10-13 |
|---|-------------------------------|------------------|

SHA ANNUAL REVIEW

| | | |
|------------------|-------------|-------|
| PCP's Signature: | Print Name: | Date: |
| | | |
| PCP's Signature: | Print Name: | Date: |
| | | |
| PCP's Signature: | Print Name: | Date: |
| | | |
| PCP's Signature: | Print Name: | Date: |
| | | |



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| <i>Clinic Use Only</i> | Counseled | Referred | Anticipatory Guidance | Follow-up Ordered | Comments: |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> Nutrition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Patient Declined the SHA |
| <input checked="" type="checkbox"/> Physical activity | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Safety | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Dental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Alcohol, Tobacco, Drug Use | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input checked="" type="checkbox"/> Sexual Issues | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

PCP's Signature:

John Smith

Print Name:

Dr. John Smith

Date:

9-10-13

SHA ANNUAL REVIEW

PCP's Signature:

John Smith

Print Name:

John Smith

Date:

9-21-14

PCP's Signature:

Print Name:

Date:

PCP's Signature:

Print Name:

Date:

PCP's Signature:

Print Name:

Date:

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SHA Resources

All SHA forms are available for download and printing on the DHCS site at:

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx

Available languages:

| | |
|----------|------------|
| Arabic* | Khmer* |
| Armenian | Korean |
| Chinese | Russian |
| English | Spanish |
| Farsi* | Tagalog |
| Hmong | Vietnamese |

* These languages are not currently available on the DHCS website, but can be obtained by contacting your health plan.



SHA Electronic Format

- Notify health plan at least two months before start
- Electronic formats: add SHA questions into an electronic medical record, scan the SHA questionnaire into EMR, or use the SHA in another alternative electronic or paper-based format
- Electronic provider signature needed
- Must include all updated and unaltered SHA questions
- Your health plan will review the electronic format to ensure it meets all requirements prior to implementation

Alternative Assessment Tool

- **Use of the SHA tool is strongly recommended**
 - Alternatives are permitted but require pre-approval by DHCS
 - Submit request for approval to use alternative assessment tool through your health plan
- **Any alternative assessments must be translated to the threshold languages of the health plan's members and meet all the same standards as the SHA**
- The American Academy of Pediatrics *Bright Futures* assessment has been pre-approved by DHCS as an alternative IHEBA. It can be used as long as certain conditions are met. Contact your health plan for more information



SHA Additional Resources

- SHA Provider Office Instruction Sheet
- SHA Behavioral Risk Topics
- SHA Pediatric Questions by Age Groups
- SHA Adult Questions by Age Groups

All SHA additional resources are available through the DHCS website.

www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthy.aspx



Health Plan's Resources

- Community Resource Lists
- Health education websites and handouts
 - Growing Up Healthy (CHDP brochures for pediatrics)
 - Health Education Request Line for members:
1-800-421-2560 X 3126
- Cultural and linguistic resources/interpreters

Find these at the CenCal Health website:

www.cencalhealth.org

FOR PROVIDERS



About the Staying Healthy Assessment

The Staying Healthy Assessment (SHA) is a questionnaire to be completed by each Medi-Cal patient (or the parent of a child with Medi-Cal) and kept in the medical records. The questionnaire asks about lifestyle activities of the patient, and gives the Primary Care Provider a way to assess high risk behaviors and health education needs. The Staying Healthy Assessment is a requirement of the Department of Health Care Services that oversees all Medi-Cal health plans and providers in California.

INSTRUCTIONS

A Staying Healthy Assessment (SHA) must be completed as part of the Initial Health Assessment, or new patient exam, within 120 days of enrollment in CenCal Health. A new SHA form must also be completed whenever the patient enters a new age group. It is recommended that the form be reviewed by the PCP at annual check-ups. Use the **INSTRUCTION SHEET FOR PROVIDERS** in your packet for information about the age groups and how to complete the forms. More information about the requirement and resources for implementation can be found at the DHCS website: www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx

FORMS

The forms for each age group can be downloaded at the Dept. of Health Care Services website. All forms are available in English and Spanish, as well as other languages.

<http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx#english>

- If you need assistance with obtaining forms, please contact CenCal Health Provider Services at **(805) 562-1676**.
- If you have questions about how to complete the form or comply with this requirement, please contact our Health Services Quality Improvement Manager at **(805) 562-1637**.

FOR PROVIDERS

RESOURCES

The CenCal Health Community Resources handouts described below are in your packet, or can be found at our website in the Forms Library under Health Education.

Community Resources: (Download at www.cencalhealth.org)

- CenCal Health has compiled a useful one page handout of community resources for our service areas. It includes programs and services for adults and children that relate to topics addressed on the Staying Healthy Assessment. Check your packet for copies or download at our website.
- Additional **Santa Barbara County** resources are posted at our website with *Staying Healthy Forms*:
 - Parent Links (created by Santa Barbara County Public Health, Maternal Child Perinatal Mental Health and Substance Abuse Coalition)
 - California Children's Services (CCS) Resources for Special Needs

Members can learn about other community resources in San Luis Obispo or Santa Barbara counties by calling **2-1-1**.

Health Education Handouts

- CenCal Health members can call our Health Education Request Line to have information mailed to them on health topics or community resources.
1-800-421-2560 extension 3126.
- For your pediatric practice, we recommend using the "Growing Up Healthy" brochure developed by the CHDP program. These are 2 page brochures in English and Spanish for age groups from infants to adolescents. The brochures can be found on our website with the Staying Healthy Forms.

For health education assistance, contact CenCal Health:

Suzanne Michaud, MPH, Senior Health Promotion Educator
1-800-421-2560 X 1662 or healthed@cencalhealth.org

WEBSITE: www.cencalhealth.org

STAYING HEALTHY ASSESSMENT (SHA)

Instruction Sheet for the Provider Office

SHA PERIODICITY TABLE

| Questionnaire Age Groups | Administer | Administer /Re-Administer | | Review |
|--------------------------|-------------------------------|--|-----------------|------------------------------|
| | Within 120 Days of Enrollment | 1 st Scheduled Exam (after entering new age group) | Every 3-5 Years | Annually (Intervening Years) |
| 0 - 6 Mo | √ | | | |
| 7 - 12 Mo | √ | √ | | |
| 1 - 2 Yrs | √ | √ | | √ |
| 3 - 4 Yrs | √ | √ | | √ |
| 5 - 8 Yrs | √ | √ | | √ |
| 9 -11 Yrs | √ | √ | | √ |
| 12 - 17 Yrs | √ | √ | | √ |
| Adult | √ | | √ | √ |
| Senior | √ | | √ | √ |

SHA COMPLETION BY MEMBER

- ❖ Explain the SHA's purpose and how it will be used by the PCP.
- ❖ Offer SHA translation, interpretation, and accommodation for any disability if needed.
- ❖ Assure patient that SHA responses will be kept confidential in patient's medical record, and that patient's has the right to skip any question.
- ❖ A parent/guardian must complete the SHA for children under 12.
- ❖ Self-completion is the preferred method of administering the SHA because it increases the likely hood of obtaining accurate responses to sensitive or embarrassing questions.
- ❖ If preferred by the patients or PCP, the PCP or other clinic staff may verbally asked questions and record responses on the questionnaire or electronic format.

PATIENT REFUSAL TO COMPLETE THE SHA

- ❖ How to document the refusal on the SHA:
 - 1) Enter the patient's name and "date of refusal" on first page
 - 2) Check the box "SHA Declined by Patient" (last page page)
 - 3) PCP must sign, print name and date the back page
- ❖ Patients who previously refused/declined to complete the SHA should be encouraged to complete an age appropriate SHA questionnaire each subsequent year during scheduled exams.
- ❖ PCP must sign, print name and date an age appropriate SHA each subsequent year verifying the patient's continued refusal to complete the SHA.

SHA RECOMMENDATIONS

Adolescents (12-17 Years)

- Annual re-administration is highly recommended for adolescents due to frequently changing behavioral risk factors for this age group.
- Adolescents should begin completing the SHA on their own at the age of 12 (without parent/guardian assistance) or at the earliest age possible. The PCP will determine the most appropriate age, based on discussion with the family and the family's ethnic/cultural/community background.

Adults and Seniors

- The PCP should select the assessment (Adult or Senior) best suited for the patient's health & medical status, e.g., biological age, existing chronic conditions, mobility limitations, etc.
- Annual re-administration is highly recommended for seniors due to frequently changing risk factors that occur in the senior years.

PCP RESPONSIBILITIES TO PROVIDE ASSISTANCE AND FOLLOW-UP

- ❖ PCP must review and discuss newly completed SHA with patient. Other clinic staff may assist if under supervision of the PCP, and if medical issues are referred to the PCP.
- ❖ If responses indicate risk factor(s) (boxes checked in the middle column), the PCP should prioritize patient's health education needs and willingness to make life style changes, provide tailored health education counseling, interventions, referral and follow-up.
- ❖ Annually, PCP must review & discuss previously completed SHA with patient (intervening years) and provide appropriate counseling and follow-up on patient's risk reduction plans, as needed.

REQUIRED PCP DOCUMENTATION

- ❖ PCP must sign, print name and date the newly administered SHA to verify it was reviewed with patient and assistance/follow-up was provided as needed.
- ❖ PCP must check appropriate boxes in "Clinical Use Only" section to indicate topics and type of assistance provided to patient (last page).
- ❖ For subsequent annual reviews, PCP must sign, print name and date "SHA Annual Review" section (last page) to verify the annual review was conducted and discussed with the patient.
- ❖ Signed SHA must be kept in patient's medical record.

OPTIONAL CLINIC USE DOCUMENTATION

- ❖ Shaded "Clinic Use Only" sections (right column next to questions) and "Comments" section (last page) may be used by PCP/clinic staff for notation of patient discussion and recommendations.

Child Care & Parenting

Big Brothers/Big Sisters

Lompoc

☎ (805) 735-4376

Santa Maria

☎ (805) 925-1100

Children's Resource & Referral

☎ (805) 925-7071

🌐 www.sbfcc.org

Teen Pregnancy & Parenting Program

Santa Maria

☎ (805) 922-2243

Welcome Every Baby (WEB)

☎ (805) 922-5459

Crisis, Counseling & Resources

Catholic Charities

Lompoc

☎ (805) 736-6226

Santa Maria

☎ (805) 922-2059

🌐 www.catholiccharitiesusa.org

Community Resources and Referral (Call 2-1-1)

Safe Alternatives for Treating Youth (SAFTY)

☎ (888) 334-2777

🌐 www.casapacifica.org

Santa Ynez People Helping People

☎ (805) 686-0295

🌐 www.syvphp.org

Transitions-Mental Health Association

Santa Maria

☎ (805) 540-6500

🌐 www.t-mha.org

Dental Health

Denti-Cal (Medi-Cal dentists & benefits)

☎ (800) 322-6384

🌐 www.denti-cal.ca.gov

Food & Nutrition

CalFresh (foodstamps)

☎ (877) 847-3663

🌐 www.calfresh.ca.gov

Food Bank - Santa Barbara County

☎ (805) 937-3422

🌐 www.foodbanksbc.org

WIC (Women and Children to age 5)

☎ (877) 275-8805

🌐 www.wicworks.ca.gov

Housing

Housing Authority - County of Santa Barbara

Lompoc

☎ (805) 735-8351

Santa Maria

☎ (805) 925-4393

🌐 www.hasbarco.org

Peoples' Self-Help Housing

☎ (805) 699-7220

🌐 www.pshhc.org

Literacy & ESL Classes

Allan Hancock College ESL classes

☎ (805) 922-6966 ext. 3209

Central Coast Literacy Council

☎ (805) 925-0951 ext. 837

Safety

California Poison Control Hotline

☎ (800) 222-1222

🌐 www.calpoison.org

Car Seat Inspections (CHP office)

Buellton

☎ (805) 688-5551

Santa Maria

☎ (805) 349-8728

Seniors

CAC Healthy Lunch Program

☎ (805) 925-3010

🌐 www.cacsb.com

Elder Abuse reporting

Lompoc

☎ (805) 737-6020

Santa Maria

☎ (805) 346-8303

Health Insurance Counseling and Advocacy (HICAP)

☎ (800) 434-0222

🌐 www.centralcoastseniors.org

In-Home Supportive Services

Lompoc

☎ (805) 737-6026

Santa Maria

☎ (805) 346-8346

Meals on Wheels

Lompoc

☎ (805) 736-3257

Santa Maria

☎ (805) 928-9707

Multipurpose Senior Services Program (MSSP)

☎ (800) 421-2560 ext. 1641

Senior Connection-Information and Referral

☎ (800) 510-2020
🌐 www.centralcoastseniors.org

Sensitive Services

Pacific Pride

☎ (805) 349-9947
🌐 www.pacificpridefoundation.org

Planned Parenthood

☎ (888) 898-3806
🌐 www.plannedparenthood.org/ppsbvsl0

Smoking Cessation Programs

California Smokers' Helpline

☎ 1(800) NO-BUTTS

California Smokers' Helpline (Spanish)

☎ (800) 456-6386

Tobacco Prevention Programs

Lompoc
☎ (805) 737-7775 ext. 7275
Santa Maria
☎ (805) 346-9275

Special Needs

Alpha Resource Center/Family First

☎ (877) 414-6227
🌐 www.alphasb.org

California Children's Services (CCS)

☎ (805) 681-5360

Independent Living Resource Center

☎ (805) 925-0015
🌐 www.ilrc-trico.org

Special Olympics

☎ (805) 925-0951

Tri-County Regional Center

☎ (805) 922-4640 (800) 266-9071
🌐 www.tri-counties.org

Substance Abuse

Alcoholics Anonymous

Lompoc
☎ (805) 737-3969
Santa Maria
☎ (805) 925-3782

Council on Alcoholism and Drug Abuse

☎ (805) 925-8860

County Alcohol and Drug Program

☎ (888) 868-1649
🌐 www.countyofsb.org/admhs/

Good Samaritan Services

Lompoc
☎ (805) 736-0357
Santa Maria
☎ (805) 346-8185
🌐 www.goodsamshelter.net

Support & Information

Alzheimer's Association (24 Hour Helpline)

☎ (800) 272-3900
🌐 www.alz.org

American Cancer Society

☎ (800) 227-2345
🌐 www.cancer.org

American Lung Association - Helpline

☎ (800) 586-4872
🌐 www.lung.org

American Red Cross

Santa Maria
☎ (805) 928-0778
🌐 www.redcross.org

Marian Cancer Care

☎ (805) 219-4673

Transportation

American Medical Response

☎ (805) 688-6550

BREEZE

☎ (800) 417-2137

Lompoc Transit (COLT)

Lompoc
☎ (805) 736-7666

Santa Maria Area Transit (SMAT)

Santa Maria
☎ (805) 928-5624

Santa Ynez Valley Transit

Santa Ynez
☎ (805) 688-5452

SMOOTH - Santa Maria

☎ (805) 922-8476

Violence/Abuse

Child Welfare Services

☎ (800) 367-0166

Domestic Violence Solutions (24 Hr Helpline)

Lompoc
☎ (805) 736-0965
Santa Maria
☎ (805) 925-2160
🌐 www.dvsolutions.org

No County Rape Crisis Ctr (24 Hr Helpline)

Lompoc
☎ (805) 736-7273
Santa Maria
☎ (805) 928-3554
🌐 www.sbcountyrapecrisis.org

Child Care & Parenting

Big Brothers/Big Sisters

Santa Barbara

☎ (805) 965-1001

🌐 www.fsacares.org

Children's Resource & Referral

☎ (805) 963-6631

🌐 www.sbfcc.org

Postpartum Education for Parents (PEP)

☎ (805) 564-3888

🌐 www.sbpep.org

Welcome Every Baby (WEB)

☎ (805) 898-2229

Crisis, Counseling & Resources

Catholic Charities

Carpinteria

☎ (805) 684-8621

Santa Barbara

☎ (805) 965-7045

🌐 www.catholiccharitiesusa.org

Community Resources and Referral (Call 2-1-1)

Safe Alternatives for Treating Youth (SAFTY)

☎ (888) 334-2777

🌐 www.casapacifica.org

Dental Health

Denti-Cal (Medi-Cal dentists & benefits)

☎ (800) 322-6384

🌐 www.denti-cal.ca.gov

Food & Nutrition

CalFresh (foodstamps)

☎ (877) 847-3663

🌐 www.calfresh.ca.gov

Food Bank - Santa Barbara County

☎ (805) 967-5741

🌐 www.foodbanksbc.org

WIC (Women and Children to age 5)

☎ (877) 275-8805

🌐 www.wicworks.ca.gov

Housing

Casa Esperanza

☎ (805) 884-8481

🌐 www.casa-esperanza.org

Housing Authority - City of Santa Barbara

☎ (805) 965-1071

🌐 www.hacsb.org

Housing Authority - County of Santa Barbara

Goleta

☎ (805) 967-3402

🌐 www.hasbarco.org

Peoples' Self-Help Housing

☎ (805) 699-7220

🌐 www.pshhc.org

Transition House (for homeless families)

☎ (805) 966-9668

🌐 www.transitionhouse.com

Literacy & ESL Classes

SB Public Library

☎ (805) 564-5619

SBCC Adult Education ESL classes

☎ (805) 964-6853 (805) 687-0812

Safety

California Poison Control Hotline

☎ (800) 222-1222

🌐 www.calpoison.org

Car Seat Inspections (CHP office)

Goleta

☎ (805) 967-1234

Seniors

CAC Healthy Lunch Program

☎ (805) 683-4458

🌐 www.cacsb.com

Elder Abuse reporting

Santa Barbara

☎ (805) 681-4550

Friendship Center - Adult Day Services

☎ (805) 969-0859

🌐 www.friendshipcentersb.org

Health Insurance Counseling and Advocacy (HICAP)

☎ (800) 434-0222

🌐 www.centralcoastseniors.org

In-Home Supportive Services

Santa Barbara

☎ (805) 681-4615

Meals on Wheels

Santa Barbara

☎ (805) 683-1565

Multipurpose Senior Services Program (MSSP)

☎ (800) 421-2560 ext. 1641

Senior Connection-Information and Referral

☎ (800) 510-2020

🌐 www.centralcoastseniors.org

Sensitive Services

Pacific Pride

☎ (805) 963-3636

🌐 www.pacificpridefoundation.org

Planned Parenthood

☎ (888) 898-3806

🌐 www.plannedparenthood.org/ppsbvsl0

Smoking Cessation Programs

California Smokers' Helpline

☎ 1(800) NO-BUTTS

California Smokers' Helpline (Spanish)

☎ (800) 456-6386

Tobacco Prevention Programs

☎ (805) 681-5407

Special Needs

Alpha Resource Center/Family First

☎ (877) 414-6227

🌐 www.alphasb.org

California Children's Services (CCS)

☎ (805) 681-5360

Independent Living Resource Center

☎ (805) 963-0595

🌐 www.ilrc-trico.org

Special Olympics

☎ (805) 884-1516

Tri-County Regional Center

☎ (805) 962-7881

🌐 www.tri-counties.org

Substance Abuse

Alcoholics Anonymous

☎ (805) 962-3332

🌐 www.santabarbaraAA.com

Council on Alcoholism and Drug Abuse

☎ (805) 963-1433

County Alcohol and Drug Program

☎ (888) 868-1649

🌐 www.countyofsb.org/admhs/

Zona Seca

☎ (805) 963-8961

🌐 www.zonaseca.com

Support & Information

Alzheimer's Association (24 Hour Helpline)

☎ (800) 272-3900

🌐 www.alz.org

American Cancer Society

☎ (805) 963-1576

🌐 www.cancer.org

American Heart Association

☎ (805) 963-8862

American Lung Association - Helpline

☎ (800) 586-4872

🌐 www.lung.org

American Red Cross

☎ (805) 687-1331

🌐 www.redcross.org

Braille Institute (Blind/Vision Impaired)

☎ (805) 682-6222

🌐 www.brailleinstitute.org

Breast Cancer Resource Center

☎ (805) 569-9693

🌐 www.bcrsbsb.org

Cancer Center of Santa Barbara

☎ (805) 682-7300

🌐 www.ccsb.org

Mental Wellness Center

☎ (805) 884-8440

🌐 www.mentalwellnesscenter.org

Multiple Sclerosis Society

☎ (805) 682-8783

Transportation

American Medical Response

☎ (805) 688-6550

Easy Lift (door to door for seniors/disabled)

☎ (805) 681-1181

MTD -Santa Barbara

☎ (805) 963-3366

Violence/Abuse

CALM (Child Abuse Listening & Mediation)

☎ (805) 965-2376

🌐 www.calm4kids.org

Child Welfare Services

☎ (800) 367-0166

Domestic Violence Solutions (24 Hr Helpline)

Santa Barbara

☎ (805) 964-5245

🌐 www.dvsolutions.org

Santa Ynez

☎ (805) 686-4390

SB Rape Crisis Center (24 Hr Helpline)

☎ (805) 564-3696

Child Care & Parenting

Big Brothers/Big Sisters

☎ (805) 781-3226
🌐 www.slobigs.org

Child Care Resource Connection

☎ (805) 541-2272 (888) 727-2272
🌐 www.capslo.org

Parent Connection of SLO County

☎ (805) 904-1411 (805) 462-7135 (Spanish)
🌐 www.sloparents.org

Postpartum Depression Support Line

☎ (805) 541-3367
🌐 www.slocap.org/programs/pregnancy-postpartum-depression/

Crisis, Counseling & Resources

Catholic Charities

☎ (805) 541-9110
🌐 www.catholiccharitiesusa.org

Community Resources and Referral (Call 2-1-1)

County Mental Health Services

☎ (800) 838-1381
🌐 www.slocounty.ca.gov/mentalhealthservices

SLO Hotline (24 Hour Suicide/Mental Health Support)

☎ (805) 783-0607
🌐 www.t-mha.org

Transitions-Mental Health Association

☎ (805) 540-6500
🌐 www.t-mha.org

Dental Health

Denti-Cal (Medi-Cal dentists & benefits)

☎ (800) 322-6384
🌐 www.denti-cal.ca.gov

SLO Oral Health Coalition

☎ (805) 781-5564
🌐 www.slooralhealth.org

Food & Nutrition

CalFresh (foodstamps)

☎ (877) 847-3663
🌐 www.calfresh.ca.gov

Food Bank - San Luis Obispo County

☎ (805) 238-4664
🌐 www.slofoodbank.org

WIC (Women and Children to age 5)

North County
☎ (805) 237-3065
🌐 www.wicworks.ca.gov
San Luis Obispo
☎ (805) 781-5570
🌐 www.wicworks.ca.gov
South County
☎ (805) 473-7130
🌐 www.wicworks.ca.gov

Housing

Housing Authority of San Luis Obispo

☎ (805) 543-4478
🌐 www.haslo.org

Peoples' Self-Help Housing

San Luis Obispo
☎ (805) 781-3088
🌐 www.pshhc.org

Literacy & ESL Classes

San Luis Obispo Literacy Council

☎ (800) 549-4219
🌐 www.sloliteracy.org

Safety

California Poison Control Hotline

☎ (800) 222-1222
🌐 www.calpoison.org

Car Seat Inspections (CHP office)

San Luis Obispo
☎ (805) 593-3300
Templeton
☎ (805) 434-1822

Seniors

Health Insurance Counseling and Advocacy (HICAP)

☎ (800) 434-0222
🌐 www.centralcoastseniors.org

In-Home Supportive Services

☎ (805) 781-1790

Senior Connection-Information and Referral

☎ (800) 510-2020
🌐 www.centralcoastseniors.org

Sensitive Services

HIV and Hepatitis C Testing/Services

☎ (805) 781-4878

Planned Parenthood

☎ (888) 898-3806
🌐 www.plannedparenthood.org/ppsbvslo

Smoking Cessation Programs

California Smokers' Helpline

☎ 1(800) NO-BUTTS

California Smokers' Helpline (Spanish)

☎ (800) 456-6386

Tobacco Control Program

☎ (805) 781-5564

Special Needs

California Children's Services (CCS)

☎ (805) 781-5527

Central Coast Autism Spectrum Center

☎ (805) 763-1100

🌐 www.autismspectrumcenter.com

Easter Seals

☎ (805) 647-1141

Independent Living Resource Center

☎ (805) 462-1162

🌐 www.ilrc-trico.org

Parents Helping Parents

☎ (805) 543-3277

Special Olympics

☎ (805) 544-6444

Tri-County Regional Center

☎ (805) 543-2833 (800) 456-4153

🌐 www.tri-counties.org

United Cerebral Palsy

☎ (805) 543-2039

🌐 www.ucp-slo.org

Substance Abuse

Alcoholics Anonymous

☎ (855) 541-3288

🌐 www.sloaa.org

Drug and Alcohol Services

North County

☎ (805) 461-6080

San Luis Obispo

☎ (805) 781-4753

South County

☎ (805) 473-7080

Support & Information

Alzheimer's Association

☎ (805) 547-3830 (800) 272-3900

American Cancer Society

☎ (805) 543-1481

American Heart Association

☎ (805) 544-1505

American Lung Association - Helpline

☎ (800) 586-4872

🌐 www.lung.org

American Red Cross

☎ (805) 543-0696

🌐 www.redcross.org

Hearst Cancer Resource Center

☎ (805) 542-6234

SLO Hep C Project

☎ (805) 543-4372

🌐 www.slohepc.org

Transportation

Ride On /Senior Shuttle Services

☎ (805) 541-8747

SLO Regional Transit Authority

☎ (805) 541-2228

🌐 www.slorta.org

SLO Runabout (ADA Service)

☎ (805) 541-2544

Violence/Abuse

Child Abuse Referral (24 Hour Helpline)

☎ (805) 781-5437 (805) 781-1700

RISE - Sexual Assault/Partner Violence Programs

☎ (855) 886-7473

🌐 www.riseslo.org

Women's Shelter Program of SLO County (24 Hour Helpline)

☎ (805) 781-6400

🌐 www.womensshelterslo.org