

**County of San Diego  
Children, Youth and Families Behavioral Health  
System of Care Council**

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**Annual Member Orientation  
July 8, 2019 – 9:00-10:30 a.m.  
Scottish Rite Center- Shell Room  
1895 Camino Del Rio South  
San Diego, CA 92108**

As Council representative or alternate appointed by the Behavioral Health Director, we want to ensure that you have all the necessary information to be an informed and effective Council member. This information is also available to all Council participants.

Included are the following Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC) documents:

1. Introduction to CYFBHSOCC and Sub-Committee videos (Page 2)
2. CYFBHSOCC Overview (Page 3)
3. CYFBHSOCC Bylaws (Page 5)
4. CYFBHSOCC Goals Fiscal Year 2018-19 (Page 9)  
(Tentative: Fiscal Year 2019-20 goals will be discussed at the September 9, 2019 meeting)
5. CYFBHSOCC Member Roster Fiscal Year 2018-19 (Page 11)
6. CYFBHSOCC Sub-Committees (Page 13)
7. CYFBHSOCC Sub-Committees Point in Time Representation (Page 15)
8. CYFBHSOCC Reporting Schedule (Page 18)
9. CYFBHSOCC Approved Meeting Minutes (May 13, 2019) (Page 19)
10. CYF introduction and Provider Manual (Page 24)
11. Overview of the CYFBHS e-learning (Page 26)
12. HHSA Ten Year Roadmap-Behavioral Health Services: Year Three (8/31/18) (Page 27)
13. HHSA Ten Year Roadmap-Behavioral Health Services-Accomplishments: Year Two (12/21/18) (Page 29)
14. Live Well San Diego information (Page 35)

**Council Meeting Schedule (Subject to changes):**

- **When:** Second Monday of each month. (Dark in November 2019)
- **Time:** 9:00 to 10:30 A.M.
- **Where:** Scottish Rite Center (Shell Room)- 1895 Camino del Rio South, San Diego, CA 92108

**Co-Chairs for the Fiscal Year 2018-19:**

Education Sector: Violeta Mora  
Public Sector: Dori Gilbert

**Co-Chairs for the Fiscal Year 2019-20:**

Public Sector: Dori Gilbert  
Private Sector: Minola Clark Manson

**The CYFBHSOCC staff contact information:**

Grisel Ortega-Vaca-CYF Deputy Director's Administrative Secretary: (619) 563-2772 or via e-mail:

[Grisel.Ortega@sdcounty.ca.gov](mailto:Grisel.Ortega@sdcounty.ca.gov)

Darwin Espejo-Administrative Trainee: (619) 584-5024 or [Darwin.Espejo@sdcounty.ca.gov](mailto:Darwin.Espejo@sdcounty.ca.gov)

Edith Mohler-Administrative Analyst: (619) 563-2746 or [Edith.Mohler@sdcounty.ca.gov](mailto:Edith.Mohler@sdcounty.ca.gov)

Yael Koenig –CYF Deputy Director: [Yael.Koenig@sdcounty.ca.gov](mailto:Yael.Koenig@sdcounty.ca.gov)

To be added to the electronic distribution list, contact Grisel Ortega-Vaca.

Council information documents, including approved meeting minutes, are posted in the CYF webpage:

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSOCCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html)



Introduction to the CYFBHSOCC and Sub-Committees video

## Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC) Member Orientation FY 2019-20

Meet the Leaders within the Children Youth and Families Behavioral Health System of Care Council and several of the Sub-Committee Representatives in this informative video. Including an overview of the Children's System of Care, how the Council was established and the evolution that has built the CYFBHSOCC into the vibrant care system it is today.

1. Video Introduction – Yael Koenig, Deputy Director, BHS Children, Youth & Families
2. BHS Welcome – Luke Bergmann, BHS Director
3. Cultural Competence Resource Team - Piedad Garcia, Deputy Director, BHS Adult & Older Adult
4. TAY Council – Stephen Carroll, Director of Behavioral Health Services, The San Diego LGBT Community Center
5. CYF System of Care History - Rosa Ana Lozada, CEO, Harmonium
6. CSOC Principles – Delrena Swaggerty, Vice President, Mental Health Systems
7. CYF CADRE –  
Julie McPherson, Vice President, Community Research Foundation  
Marisa Varond, Associate Executive Director, McAlister Institute
8. Early Childhood Mental Health - Autumn Weidman, Director of Positive Parenting, Jewish Family Service
9. Education Advisory – Heather Nemour, Student Mental Health and Well-Being, San Diego County Office of Education
10. Family and Youth Sector - Linda Ketterer, Lead Trainer, NAMI San Diego

**To access the video online, please visit: *(link coming soon)***

# County of San Diego

## Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC or the Council)

### Council Overview

**History:** On December 12, 1995, the County Board of Supervisors supported recommendations to transform the Children's Mental Health System. A Children's Mental Health Services System of Care Steering Committee was established; a Public, Private and Family partnership. In 2004, this committee evolved into the Children's Mental Health Services System of Care Council, a four sector partnership:

**Public:** This includes, but is not limited, to entities that represent local government: San Diego County Health and Human Services Agency (HHSA): Behavioral Health Services, Behavioral Health Advisory Board, Child Welfare Services, HHSA regions, and Public Health Services. It also includes the County's Public Safety Group- Juvenile Probation Department, Juvenile Court; and First 5 San Diego.

**Private:** Includes the Children, Youth and Families (CYF) System of Care contracted providers. They are also organized with the Mental Health Contractors Association, Alcohol and Drug Providers Association, San Diego Non-Profit Association, Fee-For-Service Network, Healthcare-Pediatricians, Managed Care Health Plans, and the San Diego Regional Center.

**Family:** Youth and families who have lived experience receiving or who have received services from agencies serving children, and/or parents/caregivers of individuals that are receiving or have received services from agencies serving children. This sector includes the CYF Family Youth Liaison).

**Education:** Representatives are usually also part of the Public Sector but represent Education. Constituencies represented in the Council are the Special Education Local Plan Area (SELPA), School Districts, Regular Education-Pupil Personnel Services, School Boards, Special Education and the San Diego County Office of Education (SDCOED).

The Council serves in an advisory capacity to the Behavioral Health (BH) Director, Dr. Luke Bergmann, and operates according to its by-laws adopted in March, 2006 and last revised July 3, 2019.

**Children, Youth and Families (CYF) Staff:** Yael Koenig, Deputy Director.

**CYF Administrative Support:** Grisel Ortega-Vaca, Edith Mohler, and Darwin Espejo.

### Children, Youth and Families Behavioral Health System of Care Council, Vision, Mission, and Principles

In 2010 the principles were updated and refined to complement the Live Well, San Diego! Initiative (Currently, Live Well vision). In 2016, the Trauma Informed principle was added. In 2017, an Ad Hoc Sub-Committee started working on adding the Persistence principle, and completed further refinements to align with the BHS Ten Year Road map. The revised document was unveiled on May 14, 2018.

#### Council Vision:

Wellness for children, youth and families throughout their lifespan.

#### Council Mission:

Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

#### Council Principles:

1. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
4. **Individualized:** Services and supports are customized to fit the unique strengths and needs of children, youth and families.
5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.
6. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
9. **Trauma Informed:** Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.
10. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

# County of San Diego

## Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC or the Council)

**Membership:** Limited to 24 voting members, the Council represents the Family/Youth, Public, Private and Education sectors; members are appointed by the BH Director to serve a two year term that may be renewed at his discretion.

### Council Members are expected to:

- Attend monthly Council meetings. If unable to attend, the designated alternate is expected to attend.
- Sit at the Council members' table. If a member is absent, the alternate representative sits at the table.
- Align meeting discussions and presentations to the CSOC Principles and Live Well San Diego vision.
- Indoctrinate incoming members into the Council.
- Inform constituents of CYF System of Care activity and provide constituency's input to the Council.

### Currently, the Council has 24 active seats:

Behavioral Health Advisory Board (1 seat)	Behavioral Health Services (1 seat)
Public Safety Group/Probation (1 seat)	Child Welfare Services (1 seat)
HHSA Regions (1 seat)	Juvenile Court (1 seat)
Special Education (1 seat)	School Board (1 seat)
First 5 Commission (1 seat)	Mental Health Contractors Association (2 seats)
San Diego Non Profit Association (SDNA ) (1 seat)	Fee-For-Service Network (1 seat)
Managed Care Health Plan (1 seat)	Healthcare/Pediatrician (1 seat)
Family and Youth Liaison (1 seat)	Special Education Local Plan Areas (SELPA) (1 seat)
Regular Education-Pupil Personnel Services (1 seat)	San Diego Regional Center for Developmentally Disabled (1 seat)
Alcohol and Drug Service Provider Association (ADSPA) (1 seat)	Caregiver of child/youth served by the public health system (1 seat)
Youth served by the public health system-through age 25 (2 seats)	Public Health (1 seat)

### Current Council Sub-Committees:

Executive	Children's Mental Health Well Being Celebration
CYF Change Agents Developing Recovery Excellence (CADRE)	Early Childhood
Education Advisory	Family and Youth Sector
Mental Health Services Act (MHSA ) Ad Hoc	Outcomes
Private Sector	

### Regular Reports to Council:

Quality Improvement (QI)-Management Information Systems (MIS)	Quality Improvement (QI)- Quality Management (QM)
Quality Improvement (QI)-Performance Improvement Team (PIT)	Transition Age Youth (TAY)
Behavioral Health Education and Training Academy (BHETA)	CADRE
Children's System of Care (CSOC) Training Academy	Cultural Competence Resource Team (CCRT)
MHSA	Trauma Informed System Integration (TISI)

### Council General Meeting Schedule:

- **When:** Second Monday of each month. (Dark in November 2019)
- **Time:** 9:00 to 10:30 A.M.
- **Where:** Scottish Rite Masonic Center- 1895 Camino del Rio South, San Diego CA (Shell Room)
- To be added to the electronic distribution list, contact Grisel Ortega-Vaca at [Grisel.Ortega@sdcounty.ca.gov](mailto:Grisel.Ortega@sdcounty.ca.gov) or call at 619-563-2772
- Council information includes approved meeting minutes posted at: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSOCCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html)



## **Children, Youth and Families Behavioral Health System of Care Council Bylaws**

### **Article One                      Name**

The name of this organization shall be the CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL (also known as CYFBHSOC or the Council).

### **Article Two                      Powers and Duties**

The powers and duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a division of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director). The Council serves in an advisory capacity to the BHS Director. However, the Council, as needed, can brief the HHSA Director and/or staff on children's behavioral health developments/issues. The Council is charged by the BHS Director to perform the following functions:

- Provide community oversight for the integrity of all services and advancement of all aspects of the system of care;
- Provide advice and feedback related to the progress and future expansion of the CYFBHSOC; and
- Provide information and recommendations to the BHS Director.

### **Article Three                      Membership**

Membership on the Council is via appointment by the BHS Director through recommendations of each sector. The Council provides an opportunity for all four sectors (Education, Family/Youth, Provider, Public) to have a voice in policy development and implementation of the System of Care. Members will be appointed from the following:

<b>Constituencies</b>	<b>Seats</b>
Behavioral Health Advisory Board	1
Behavioral Health Services	1
Public Safety Group/Probation	1
Child Welfare Services	1
HHSA Regions	1
Public Health	1
Juvenile Court	1
First 5 Commission	1
Special Education Local Plan Areas (SELPA)	1
Regular Education- Pupil Personnel Services	1
School Board	1
Special Education	1
San Diego Regional Center for Developmentally Disabled	1
Alcohol and Drug Contractors Association	1
Mental Health Contractors Association	2

San Diego Non Profit Association (SDNA)	1
Fee For Service Network	1
Healthcare/Pediatrician	1
Family and Youth Liaison	1
Caregiver of child/youth served by the public health system	1
Youth served by the public health system (age up to 26)	2
Managed Care Health Plan	1

Membership shall be limited to 24 voting members. Each member/sector will also designate an “alternate,” a person to act on behalf of the regular member when the regular member is unavailable. Alternates retain voting privileges only when the regular member is not present. CYFBHSOCC members serve two-year terms, which may be renewed at the discretion of the BHS Director. Terms will begin in July, and be staggered with half of the membership rolling over one year, and the other half the next, to avoid enlisting an entirely new slate at one time.

Current CYFBHSOCC members and alternates shall have access to the trainings provided by the BHS training contractor. To gain access, a written request shall be submitted to Council staff for processing.

Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.

#### **Article Four      Vacancies**

Any vacancy in any seat on the Council shall be filled by appointment by the BHS Director. When a vacancy occurs, an analysis shall be conducted by the BHS Director as to the current composition of the Council and what constituency requires additional representation. The BHS Director shall recruit potential members from the constituency groups listed in Article Three, taking into consideration what is needed to represent demographics (gender, ethnicity, and age) of the County as a whole to the extent feasible. The Council should reflect the ethnic diversity of the client population in the county. The BHS Director formally appoint the member via letter to the member of the Council.

#### **Article Five      Quorum**

A quorum shall be defined as one person more than one half of the appointed members. Alternates may be included in the quorum count if they are providing voting representation for the regular member. The definition of appointed members excludes unfilled positions and those vacated by resignation or removal.

#### **Article Six      Meetings**

The CYFBHSOCC co-chairs will determine the frequency, times and locations for the Council meetings at the beginning of each committee year, July 1. Changes to the prevailing meeting schedule will be communicated to members no later than the meeting immediately preceding the changed meeting date. Meetings shall convene promptly at the scheduled time.



Agendas: Agendas are prepared by the Executive Committee in consultation with the BHS Director or designee. Members advise the co-chairs in advance of the proposed agenda items. Agendas are forwarded to Council members, alternate and attendees in advance of the Council meeting to enable participants to decide if they want to attend.

Meeting Minutes: County Administrative staff record CYFBHSOCC meetings and maintain the Minute Book. Minutes are distributed to CYFBHSOCC members in advance of the next regularly scheduled meeting and shall be posted on the County website.

### **Article Seven      Officers**

The business of the Council is organized and managed through two co-chairs. The co-chairs are nominated by the sector responsible for chairing the upcoming serving term. The nominations are presented to the CYFBHSOCC at the April and May meetings; the co-chairs are formally elected by the CYFBHSOCC at the June meeting and start serving in the month of July.

The co-chairs are named from the four sector partnership of the System of Care – Education, Families/Youth, Providers, and Public Agencies, and should not represent the same constituency during any term. The co-chairs serve for two-year terms on a rotating basis, and alternating so there is always one serving their first and the other serving their second term year.

The co-chairs are responsible for the development and preparation of the meeting agendas and for obtaining briefings on progress and activities from the BHS Director. County Administrative staff provides support to the co-chairs and to activities of the Council, including meeting notices, minutes, and coordination.

### **Article Eight      Sub-committees**

The CYFBHSOCC has a “standing” sub-committee, the Executive Committee, tasked to follow up on current SOC principles and recommend a process to ensure relevancy to current realities and challenges which includes the development of sub-committees and task forces in order to complete its business, as well as the pausing or retirement of sub-committees that are no longer needed. Sub-committees are to submit a monthly written report to the CYFBHSOC Council.

Each sub-committee shall appoint or elect a chair or co-chairs. The chairs of the sub-committees are then members of the Executive Committee. The chairs of the sub-committees may be members of the Council, however if the individual serving in the capacity of chair or co-chair of a sub-committee is not a member of the Council, they become a member, ex officio (without vote), of the Council.

### **Article Nine      Voting and Consensus**

The CYFBHSOCC strives to achieve consensus on all decision matters. In the absence of full consensus, any item put to vote will be approved by a simple majority of those present. A quorum of the CYFBHSOCC must be present in order for a vote to be taken on any motion brought to the CYFBHSOCC.

Motions put to the CYFBHSOCC for vote should include the following information:

- Concise statement of the issue for vote;



- Purpose for the vote (e.g. recommendation to the Director, or change in bylaws); and
- Action to be taken pursuant to the vote.

The Council votes by show of hands on all action items brought before the Council for decision. The majority voice carrying the decisions is noted in the Minutes. Vote counts are not required.

Members opposing the outcome of a closely contested vote may request permission to submit a “minority opinion” into the record of the vote. Opposing members have two working days from the date of the vote to submit their minority opinion, in writing, to the co-chairs for inclusion in the official Minutes of the CYFBHSOCC.

Only members of the Council, or alternates attending in place of the delegated member, are eligible to vote. Alternates attending in addition to the regular member are not eligible to vote and do not count in the Quorum determination.

#### **Article Ten Member Conduct**

Conduct of members of the CYFBHSOCC is guided by these principles:

- Courtesy and respect for the customs and beliefs of others, consistent with the mission and philosophy of the System of Care and the Council;
- Respect for the confidential nature of information used by the CYFBHSOCC to conduct its business;
- Conduct in all relationships that ensures decisions are not compromised by any conflict of interest;
- Use of sound, ethical management practices in all CYFBHSOCC activities;
- Continuous striving to provide quality service to the CYFBHSOCC, the System of Care, and the children and families it serves.

#### **Article Eleven Ratification and Amendments**

These bylaws may be reviewed and updated annually by the CYFBHSOCC meeting.

Changes or amendments to these bylaws must be submitted in writing to the co-chairs and the BHS Director for review and consideration. The CYFBHSOCC co-chairs will have final determination if the amendment will be put to vote by the entire CYFBHSOCC. The Council may, by a two-thirds (2/3) vote, adopt amended bylaws at any CYFBHSOCC meeting provided notice has been given at the prior meeting or at least thirty (30) days written notice has been given to the CYFBHSOCC membership.



## County of San Diego Children, Youth and Families Behavioral Health System of Care Council Goals

**Council Vision:** Wellness for children, youth and families throughout their lifespan.

**Council Mission:** Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

Fiscal Year 2018-19 Goals	
<ul style="list-style-type: none"> <li>• Promote Live Well San Diego Vision.</li> <li>• Infuse Customer Service commitment.</li> <li>• Advance the Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation.</li> <li>• Inform necessary system adjustments to align with Continuum of Care Reform (CCR), including Short Term Residential Treatment Programs (STRTP) contracts as well as Therapeutic Foster Care (TFC) services with mental health contractors.</li> <li>• Support the successful implementation of the Pediatric Symptom Checklist (PSC-35) and the Child and Adolescent Needs and Strengths (CANS).</li> <li>• Increase education sector awareness of BHS programming through the HHSA School Collaborative and utilize partnership to identify system improvement opportunities               <ul style="list-style-type: none"> <li>✓ Participate in the October 2018 Annual School Summit.</li> <li>✓ Identify new and system relevant trainings                   <ul style="list-style-type: none"> <li>✓ In collaboration with BHETA will update the current Pathways to Well-Being (PWB) E-Learning to include the latest information on the California Integrated Core Practice Model for Children, Youth, and Families (ICPM) which replaced the Core Practice Model (CPM) on May 2018.</li> </ul> </li> </ul> </li> <li>• Promote authentic utilization of Family and Youth Partners as service providers.</li> <li>• Implement housing opportunities through CYF.</li> <li>• Continue to address the immigration policies impact in the CYF System of Care community.</li> <li>• Collaborate with Probation and San Diego County Office of Education on Prevention and Early Intervention efforts to keep schools safe. The goal is to develop a better assessment and treatment of at-risk youth.</li> <li>• Deliver the 5th Annual Children's Mental Health Well-Being Celebration – May 2019.</li> <li>• Establish peripartum depression and anxiety services in partnership with Public Health.</li> <li>• Participate in Performance Improvement Project (PIP) to increase family engagement in treatment.</li> </ul>	
Highlights of Fiscal Year 2017-18 Accomplishments	
<ul style="list-style-type: none"> <li>• Promoted Live Well San Diego Vision.</li> <li>• Infused Customer Service commitment.</li> <li>• Contributed to the 1115 Drug Medi-Cal Waiver – Organized Service Delivery System implementation.</li> <li>• Implemented necessary system adjustments to align with Continuum of Care Reform (CCR)               <ul style="list-style-type: none"> <li>✓ The first Short Term Residential Treatment Programs (STRTP) was accredited in San Diego County on April 2018.</li> </ul> </li> </ul>	

## County of San Diego Children, Youth and Families Behavioral Health System of Care Council Goals

- In collaboration with Child Welfare Services (CWS), and Probation, developed and procured Child and Family Team (CFT) Facilitation services.
- Expanded Crisis Stabilization services from 4 to 12 beds (January 2018) in a new centralized location.
- Completed the procurement of the Center for Child and Youth Psychiatry (CCYP) to provide medication services through office-based clinics and telepsychiatry. The CCYP will also benefit children with co-occurring complex physical health conditions.
- Implemented Department of Health Care Services (DHCS) identified outcome tools; Pediatric Symptom Checklist (PSC-35) and the Child and Adolescent Needs and Strengths (CANS).
- CYF representative joined the Youth Homelessness Subcommittee of the Regional Taskforce on the Homeless during the formulation of a Youth Homelessness Demonstration Project grant proposal. Grant was subsequently awarded to increase resources to mitigate issue of youth homelessness. CYF representative is now an ongoing participatory member of this group.
- CYF contributed to the development of “Tools for Schools”, a Live Well partnership with the San Diego County Office of Education, Childhood Obesity Initiative, and First 5 San Diego
- Participated in the September 2017 Annual School Summit
- Identified new and system relevant trainings
  - ✓ Updated the Pathways to Well-Being (PWB) with focus on the Core Practice Model (CPM) training
  - ✓ Introduced “Compassion Fatigue” training
  - ✓ Working with Immigrant Communities: Meeting the Unique Needs of Newcomers in San Diego County
  - ✓ San Diego Drug Trends and Teens
  - ✓ Engaging the Refugee Community
  - ✓ Social Media and our Families
  - ✓ Annual CYF System of Care Academy conference focused on homelessness.
- In coordination with child and adolescent psychiatrists, Public Health, Child Welfare Services, First 5 San Diego, American Academy of Pediatrics, and CYF providers, CYF hosted the 8th “We Can’t Wait” Annual Early Childhood Conference-September 2017.
- CYF in partnership with the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), the San Diego Psychiatric Society, the California Association of Marriage and Family Therapists-San Diego Chapter (CAMFT), and the San Diego Psychological Association held the 3rd Annual Critical Issues in Child and Adolescent Mental Health Conference: Hidden in Plain Sight: Adolescent Brain and Identity Development” on March 23-24, 2018.
- Promoted authentic utilization of Family and Youth Partners as service providers.
- Supported Homework Performance Improvement Project (PIP).
- Delivered the 4th Annual Children’s Mental Health Well-Being Celebration on May 2, 2018.
- Refined the CSOC Council Vision, Mission and Principles.

<b>CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE            COUNCIL            MEMBERSHIP ROSTER FISCAL YEAR 2018-19</b>			
CONSTITUENCY		MEMBER	ALTERNATE
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	Bill Stewart
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	VACANT
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	Chrystal Sweet
4	Child Welfare Services (CWS)	Kimberly Giardina	Norma Rincon
5	HHSA Regions	Dori Gilbert	Jennifer Sovay
6	Public Health	Dr. Thomas R. Coleman	Adrienne Yancey
7	Juvenile Court	H. Judge Kimberlee Lagotta	Beth Brown
8	First 5 Commission	Alethea Arguilez	Dulce Cahue-Aguilar
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	Jamie Tate - Symons
10	Regular Education Pupil Personnel Services	Heather Nemour	Corrie McCarthy
11	School Board	Barbara Ryan	Sharon Whitehurst-Payne
12	Special Education	Aidee Angulo	Yuka Sakamoto
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggy Webb	Therese Davis
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	Marisa Varond
15	Mental Health Contractors Association	VACANT	Steven Jella
16	Mental Health Contractors Association	Michelle Ly	Michelle Hogan
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	Rosa Ana Lozada
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	VACANT
19	Managed Care Health Plan	George Scolari	Kathleen Lang
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	VACANT
21	Family and Youth Liaison	Renee Cookson	Valerie Hebert
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	VACANT

23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	Emma Eldredge
24	Youth served by the public health system (up to age 26)	Travis Webster	Christine Frey
-	Outcomes Committee	Julie McPherson	
-	Executive Committee	Violeta Mora/ Dori Gilbert	
-	Early Childhood Committee	Aisha Pope/ Autumn Weidman	
-	Education Committee	Heather Nemour	
-	CYF CADRE	Julie McPherson/ Marisa Varond	
-	Family and Youth as Partners	Renee Cookson/ Valerie Hebert	

**County of San Diego**  
**Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)**  
**Fiscal Year 2019-20 Sub-Committees/Groups**

	SUB-COMMITTEE	MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
1	Outcomes	Meets the 1 <sup>st</sup> Tuesday of the month-La Vista Room From 11:30 A.M. - 1:00 P.M.	Julie McPherson <a href="mailto:JMcPherson@comresearch.com">JMcPherson@comresearch.com</a>  CYF Representatives: <a href="mailto:Yael.Koenig@sdcounty.ca.gov">Yael.Koenig@sdcounty.ca.gov</a> <a href="mailto:Amanda.Lance-Sexton@sdcounty.ca.gov">Amanda.Lance-Sexton@sdcounty.ca.gov</a> <a href="mailto:Eileen.Quinn-OMalley@sdcounty.ca.gov">Eileen.Quinn-OMalley@sdcounty.ca.gov</a>
2	Early Childhood	Meets the 2 <sup>nd</sup> Monday of the month: 3160 Camino Del Rio South, Suite 101, San Diego, CA 92123 From 11:00 A.M. – 12:00 P.M.	Aisha Pope and Autumn Weidman <a href="mailto:APope@centerforchildren.org">APope@centerforchildren.org</a> <a href="mailto:autumnw@jfssd.org">autumnw@jfssd.org</a>  CYF Representative: <a href="mailto:Shannon.Jackson@sdcounty.ca.gov">Shannon.Jackson@sdcounty.ca.gov</a>
3	Education Advisory Ad Hoc	Meets as needed.	Heather Nemour <a href="mailto:heather.nemour@sdcoe.net">heather.nemour@sdcoe.net</a>  CYF Representative: <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a>
4	Transition Age Youth (TAY) Council	Meets Quarterly the 4 <sup>th</sup> Wednesday of the month- from 3:00 - 4:30 P.M. at National University, 9388 Lightwave Ave. Room 118, San Diego, CA 92123	Cecily Thornton-Sterns <a href="mailto:Cecily.Thornton-Sterns@sdcounty.ca.gov">Cecily.Thornton-Sterns@sdcounty.ca.gov</a>  CYF Representative: <a href="mailto:Michael.Miller@sdcounty.ca.gov">Michael.Miller@sdcounty.ca.gov</a>
5	CYF Change Agents Developing Recovery Excellence (CADRE)	Meets Quarterly-2 <sup>nd</sup> Thursday of the month - 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 From 1:30 - 3:00 P.M.	Julie McPherson and Marissa Varond <a href="mailto:JMcPherson@comresearch.com">JMcPherson@comresearch.com</a> <a href="mailto:Marisa.Varond@mcalistierinc.com">Marisa.Varond@mcalistierinc.com</a>  CYF Representative: <a href="mailto:Shannon.Jackson@sdcounty.ca.gov">Shannon.Jackson@sdcounty.ca.gov</a>
6	Cultural Competency Resource Team (CCRT)	Meets the 1 <sup>st</sup> Friday of the month- 6367 Alvarado Court Suite 105, San Diego CA 92120 From 10:00 to 11:30 A.M.	Piedad Garcia and Charity White-Voth <a href="mailto:Piedad.Garcia@sdcounty.ca.gov">Piedad.Garcia@sdcounty.ca.gov</a> <a href="mailto:Charity.White-Voth@sdcounty.ca.gov">Charity.White-Voth@sdcounty.ca.gov</a>  CYF Representative: <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a>

**County of San Diego**  
**Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)**  
**Fiscal Year 2019-20 Sub-Committees/Groups**

	SUB-COMMITTEE	MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
7	Family and Youth Sector	<p><b>Family Voice Town Hall Meeting</b>  Meets Quarterly per region (North, South, East and Central).  For more information email <a href="mailto:CYFLiaison@namisd.org">CYFLiaison@namisd.org</a> or call (858) 987-2980</p> <p><b>Family Youth Focus Group</b>  Meets Quarterly on the 4th Thursday of the month at 5095 Murphy Canyon Road - Suite 320, San Diego, CA 92123 from 6:30 - 8:00 P.M. For future quarterly meeting dates see NAMI San Diego CYFL Newsletter @ <a href="http://cyfliaison.namisandiego.org/">cyfliaison.namisandiego.org/</a></p> <p><b>Youth, Family Support Partners Subcommittee</b>  Meets the 3rd Thursday of the month at 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 from 1:30 - 3:00 P.M.</p>	<p>Renee Cookson and Valerie Hebert  <a href="mailto:ReneeCookson@namisd.org">ReneeCookson@namisd.org</a>  <a href="mailto:ValerieHebert@namisd.org">ValerieHebert@namisd.org</a></p> <p>CYF Rep:  <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a></p>
8	Private Sector	Meets as an Ad Hoc group when projects/initiatives arise.	<p><b>VACANT</b></p> <p>CYF Representative: CYF COR's by Invitation</p>
9	Executive	Meets the 4 <sup>th</sup> Monday of the month- Conference Call from 10:00 - 10:30 A.M.	<p>Dori Gilbert &amp; Violeta Mora  <a href="mailto:Dori.Gilbert@sdcounty.ca.gov">Dori.Gilbert@sdcounty.ca.gov</a>  <a href="mailto:viomora@sdcoe.net">viomora@sdcoe.net</a></p> <p>CYF Lead: Yael Koenig  <a href="mailto:Grisel.Ortega@sdcounty.ca.gov">Grisel.Ortega@sdcounty.ca.gov</a></p>
10	Children's Mental Health Well Being Celebration	Event planning committee meetings dates/times TBD for the next May 2020 event.	<p>Renee Cookson and Valerie Hebert  <a href="mailto:ReneeCookson@namisd.org">ReneeCookson@namisd.org</a>  <a href="mailto:ValerieHebert@namisd.org">ValerieHebert@namisd.org</a></p> <p>CYF Representative:  <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a></p>



**County Of San Diego**  
**Children, Youth and Families Behavioral Health System of Care Council**  
**Sub-Committees Point in Time Sector Representation Fiscal Year 2019-20**  
**July 8, 2019**

The Children Youth and Families Behavioral Health System of Care Council (CYFBHSOCC or the Council), is a four-sector partnership which includes representatives of the public, private, family/youth, and education sectors. They may represent more than one sector.

**Public:** This includes, but is not limited, to entities that represent local government: San Diego County Health and Human Services Agency (HHSA): Behavioral Health Services, Behavioral Health Advisory Board, Child Welfare Services, HHSA regions, and Public Health Services. It also includes the County's Public Safety Group- Juvenile Probation Department, Juvenile Court; First 5 San Diego.

**Private:** Includes the Children's System of Care contracted providers. They are also organized with the Mental Health Contractors Association, Alcohol and Drug Providers Association, San Diego Non-Profit Association, Fee-For-Service Network, Healthcare-Pediatricians, Managed Care Health Plans and The San Diego Regional Center.

**Family:** Youth and families who have lived experience receiving or who have received services from agencies serving children, and/or parents/caregivers of individuals that are receiving or have received services from agencies serving children. This sector includes the CYF Family Youth Liaison.

**Education:** Representatives are usually also part of the Public Sector but represent Education. Constituencies represented in the Council are the Special Education Local Plan Area (SELPA), School Districts, Regular Education-Pupil Personnel Services, School Boards, Special Education, and the San Diego County Office of Education (SDCOE).

**EXECUTIVE SUBCOMMITTEE | Co-Chairs: Violeta Mora and Dori Gilbert**

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Aisha Pope	Heather Nemour	Heather Nemour	Renee Cookson
Julie McPherson	Violeta Mora	Violeta Mora	Valerie Hebert
Marisa Varond	Yael Koenig		
Rosa Ana Lozada	Dori Gilbert		
Autumn Weidman	Edith Mohler		

**OUTCOMES SUBCOMMITTEE | Julie McPherson**

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Antonia Nunez	Yael Koenig	Yuka Sakamoto	Renee Cookson
Sarah Walsh	Eileen Quinn-O'Malley	Heather Nemour	Evan Hodges
Brent Crandal	Amanda Lance-Sexton		
Julie McPherson	Ezra Ramirez		
Shellane Villarin			
Emily Trask			
Evan Hodges			
Renee Cookson			
Golby Rahimi			
Amy Chadwick			

### CYF CADRE SUBCOMMITTEE | Co-Chairs: Julie McPherson and Marisa Varond

PRIVATE	PRIVATE	PRIVATE	PUBLIC
Dori Gilbert	Isela Forward	Kelly McCullough	Yael Koenig
Michelle Ly	Jennifer Galvis	Mariam Zappier	Shannon Jackson
Carolyn Argote-Bertely	Elizabeth Garcia	George Montoya	Wendy Maramba
Cynthia Ayon	Janeth Garcia	Christina Powell	Eileen Quinn-O'Malley
Zugiel Torres	Roberto Suarez	Mary Puntenney	
Edgar Capacio	Cosme Gomez	Blanca Reyes	
Michael Cordova	Hope Graven	Julia Ris	EDUCATION
Claudia Covarrubias	Terri Hagmann	Laura Rogers	
Adrian Del Rio	Pamela Jacobs	Jacqueline Rosas	
Kristin Dillinger	Cynthia Jauregui	Karlo Roshnaye	
Yen Du	Deanna Jimenez	Ervey Salinas	
Phil Emhrein	Jennifer Johnson	Rhaelyne Scherr	FAMILY/YOUTH
Trena Ensign	Monet Johnson	Bill Simpson	
Veronica Ephraim	Jan Kren	Stephanie Smith	
Sarah Welsh	John Laidlaw	Alejandra Sosa	
Markov Manalo	Arlyn Leal-Olmos	Michael Miller	
Vanessa Martinez	Mareeh Claire Marquez		

### EARLY CHILDHOOD SUBCOMMITTEE | Co-Chairs: Aisha Pope and Autumn Weidman

PRIVATE	PRIVATE	PRIVATE	PUBLIC
Aisha Pope	Andrea Gonzalez	Jennifer Kennedy	Donna Erfe-Beltran
Autumn Wiedman	Terry Aperule	Linda Ketterer	Rhonda Freeman
Ginger Bial	Amy Zeitz	Rosa Ana Lozada	Dulce Cahue-Aguilar
Lea Bush	Rose Woods	Nohemy Terrazas	Dr. Laura Vleugels
Sade Carswell	Valerie Hebert	Christina Moran	Ana Mendez
Lily Cosico-Berge	Carole Steel	Ashley Rambeau	Shannon Jackson
Kim Flowers	Desiree Shapiro	Sarah Franco	Shelly Paule
Lisa Linder	Valerie Brew	Stacey Hardifer	
Dr. Pradeep Gidwani	Izzy Shine	Holly Younghans	EDUCATION
Erin Taylor	Evette Callahan	Jorge Cabrera	
Jeanne Gordon	Angela Stark	Dr. Sherry Casper	FAMILY/YOUTH
Oscar Gomez	Bobby Smylie	Marisela Molina	
Janelle Kistler	Hannah Sweet		

### EDUCATION SUBCOMMITTEE | Chair: Heather Nemour

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Pam Hansen	Heather Nemour	Aidee Angulo	
	Cara Schukoske	Cara Schukoske	
	Frances Cooper	Heather Nemour	
	Violeta Mora	Violeta Mora	
	Yuka Sakamoto	Yuka Sakamoto	
	Aidee Angulo	Stacey Musso	
	Fran Cooper	Barbara Ryan	

### **FAMILY & YOUTH AS PARTNERS SUBCOMMITTEE | Co-Chairs: Renee Cookson and Edith Mohler**

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Renee Cookson	Edith Mohler	Heather Nemour	Renee Cookson
Linda Ketterer	Rebecca Raymond	Sonia Lira	Linda Ketterer
Carrie Kintz	Heather Nemour	Rose Woods	Valerie Hebert
Susan McCoy	Janie Regier		Susan McCoy
Celeste Hunter	Darwin Espejo		Darron Jones
Rosa Ana Lozada	Eva Bustos-Melendez		Micaela Cunningham
Valerie Hebert	Dorothy Thrush		Christine Frey
Darron Jones			Debbie Dennison
James Ruf			Sten Walker
Ambar Lopez-Barnes			Evan Hodges
Rose Woods			
Julian Perez			
Lucilla "Lucy" Jasso			
Nikoo Sadatrafiei			

### **CULTURAL COMPETENCE RESOURCE TEAM (CCRT) | Co-Chairs: Piedad Garcia and Charity White-Voth**

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Shadi Haddad	Piedad Garcia	Juan Camarena	Mercedes Webber
Mahvash Alami	Edith Mohler	Minola Clark Manson	Celeste Hunter
Elisa Barnett	Charity White-Voth	Rick Heller	
Michelle Ly	Nilanie Ramos	Shiva Jaimes	
Mercedes Webber	Elizabeth Dauz	Elisa Barnett	
Kat Katsanis-Semel	Ann Vilmenay		
Rebecca Paida	Liz Miles		
Rick Heller	Nancy Rodriguez		
Celeste Hunter	Nicole McAleer		
Rosa Ana Lozada	Jennifer Santos		
Jessica Young	Andrea Montiel		
Awichu Akwanya	Frances Cooper		
Karen Harris			
Yen Du			
Minola Clark Manson			



**Fiscal Year 2019-20**  
**CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL**  
**(CYFBHSOCC)/REPORTING SCHEDULE**  
2<sup>nd</sup> Monday of each month from 9:00-10:30 A.M.  
Scottish Rite Center–1895 Camino Del Rio South, San Diego, CA 92108-Shell Room

**July 8, 2019**

CYF Council Member Orientation

**August 12, 2019**

**STRATEGIC PLANNING MEETING (Part 3)**

**September 9, 2019**

End of Fiscal Year 2018-19 Accomplishments and  
Fiscal Year 2019-20 Goals– Due

**October 14, 2019**

**COMBINED CYF/TAY/AOA MEETING- Hosted by AOA**

**November 11, 2019-HOLIDAY– DARK**

**December 9, 2019**

**January 13, 2020**

**Meeting Focus: Bi-Annual Sub-Committee Reports**  
Early Childhood/ Education Advisory/ TAY Council

**February 10, 2020**

**Meeting Focus: Bi-Annual Sub-Committee Reports**  
CADRE/ Family and Youth/ CCRT

**March 9, 2020**

**Meeting Focus: Bi-Annual Sub-Committee Reports**  
Outcomes/ Private

**April 13, 2020**

**COMBINED CYF/TAY/AOA COUNCILS MEETING-  
Hosted by CYF**

**May 11, 2020**

**June 8, 2020**

**CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL**

**ANNUAL STRATEGIC PLANNING MEETING, PART I - MEETING MINUTES**

**MAY 13, 2019 – 9:00-10:30 A.M.**

Scottish Rite – Morrison Room -1895 Camino del Rio South, San Diego CA 92108

+ = Member in Attendance    O = Absent    E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
<b>PUBLIC SECTOR</b>					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	+
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	VACANT	
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	+	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Kimberly Giardina	O	Norma Rincon	O
5	HHS Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Adrienne Yancey	O
7	Juvenile Court	H. Judge Kimberlee Lagotta	O	Beth Brown	O
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	O
<b>EDUCATION SECTOR</b>					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	+	Jamie Tate - Symons	O
10	Regular Education Pupil Personnel Services	Heather Nemour	+	Corrie McCarthy	O
11	School Board	Barbara Ryan	+	Sharon Whitehurst-Payne	O
12	Special Education	Aidee Angulo	O	Yuka Sakamoto	O
<b>PRIVATE SECTOR</b>					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggy Webb	+	Therese Davis	+
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	Marisa Varond	+
15	Mental Health Contractors Association	VACANT		Steven Jella	O
16	Mental Health Contractors Association	Michelle Ly	+	Michelle Hogan	O
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	O	Rosa Ana Lozada	+
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	O	VACANT	
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	

<b>FAMILY AND YOUTH SECTOR</b>					
21	Family and Youth Liaison	Renee Cookson	O	Valerie Hebert	+
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	VACANT	
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	+	Emma Eldredge	+
24	Youth served by the public health system (up to age 26)	Travis Webster	+	Christine Frey	+
<b>SUB-COMMITTEES (Non-voting members unless a member of the Council)</b>					
-	Outcomes Committee	Julie McPherson	O		
-	Executive Committee	Violeta Mora/ Dori Gilbert	+/+		
-	Early Childhood Committee	Aisha Pope/ Autumn Weidman	+/+		
-	Education Committee	Heather Nemour	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	O/O		
-	Family and Youth as Partners	Renee Cookson/ Valerie Hebert	O/+		

**CYF Council Staff:** Yael Koenig, Edith Mohler and Darwin Espejo

**I. Welcome and Introductions** (Yael Koenig)

**II. Approval of Minutes** (Yael Koenig and Dori Gilbert)

- March 11, 2019 meeting minutes – approved
- Review of action items from March 11, 2019. See meeting minutes.

**III. Business Items** (Yael Koenig)

- 5<sup>th</sup> Annual Children's Mental Health Well Being Celebration (Valerie Hebert and Linda Ketterer) (PowerPoint)

CYF through the CYF Liaison contract with NAMI-San Diego, hosted the 5th Annual Children's Mental Health Well Being Celebration in the ARTS (A Reason to Survive) Center in National City on May 3, 2019. Linda Ketterer, the event lead coordinator presented a PowerPoint with the event highlights:

- ✓ A total of 153 persons attended the event which comprised of children, families, CYF service providers, and other members of the community
- ✓ The event featured family activities, stage performances, Mexican food, opportunity drawings, a National City Fire truck and over 20 resource tables

Yael Koenig thanked all the CYF System of Care participants that contributed to the success of this celebration and presented a certificate of recognition to NAMI San Diego for leading the event

- Upcoming CYF Council Co-Chairs rotation and Members/Alternates rotation  
It is the Private Sector's turn to co-chair the CYF Council. This term is effective July 1, 2019 through June 30, 2019. Currently, the co-chairs are represented by the Education and the Public Sectors. Dori Gilbert represents the Public Sector and this sector is due for rotation in 2020. Violeta Mora represents the Education Sector and this Sector is due for rotation on July 1, 2019
- The CYF Council Orientation  
The 2019 CYF Council Orientation is scheduled for July 8, 2019. There will not be a CYF Council meeting in July 2019 (Dark), but everyone is welcome to attend the CYF Council Orientation
- November 11, 2019-Veteran's Day holiday  
Due to the Veteran's Day holiday, there will not be a CYF Council meeting in November 2019 (Dark).



#### **IV. Mental Health Services Act (MHSA) Updates (Martin Dare)**

- Cycle 5 Innovation Update: Human Centered Design (INN 23)  
 Results from the Human Centered Design process will be released soon and posted at:  
<https://behealth.today/>
- The Mental Health Services Oversight and Accountability Commission (MHSOAC) recently released an online "Transparency Suite" that lists all of California's MHSA programs/expenditures sorted by region:  
<http://transparency.mhsoac.ca.gov/>.

#### **V. Strategic Planning-Part 1 (Dr. Laura Vleugels and Yael Koenig)**

The Council's strategic planning will be a multi-part process:

- May 13, 2019 Meeting: Assessment of Psychiatric care in San Diego County
- June 10, 2019 Meeting: CYF System of Care intersection with the Justice system/School Threats.

#### **Summary of Strategic Planning-Part 1**

A. Yael Koenig provided context by reviewing the following Board of Supervisors' documents:

1. July 24, 2018 (2), Assessing the State of People in Psychiatric Crisis in San Diego County-Board of Supervisors Minute Order (Handout):  
 "The potential closure of psychiatric hospital beds throughout our region and across the state is a crisis that will leave many people with nowhere to go for treatment during an acute mental health emergency. Without reliable sources for inpatient psychiatric care, patients often languish in overcrowded emergency rooms, jails, or become homeless. In particular, our region's emergency departments will see a significant increase of overcrowding pay patients that should be more appropriately diverted to inpatient psychiatric care. Now more than ever, we need to focus our efforts on supporting a robust system of care for those in crisis."
2. October 30, 2018 (3), Board Conference: Caring for People in Psychiatric Crisis in San Diego County-Board Letter (Handout)
3. December 11, 2018 (25), Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation-Board of Supervisors Minute Order (Handout)
4. March 26, 2019 (5), Update on Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation-Board Letter (Handout)

Yael Koenig added that children would also be affected and that the CYF System of Care must take part in the conversation to ensure inpatient psychiatric care is sufficient and available to children and youth. As a community issue; each individual/stakeholder must participate to identify gaps, find solutions; explore new ideas to find proven, sustainable solutions, and address the entire continuum of care for persons in crisis.

B. October 30, 2018 Board Conference PowerPoint – Abbreviated version for CYF Council (Handout)

Caring for People in Psychiatric Crisis in San Diego County-Full presentation located at:

<https://www.sandiegocounty.gov/content/sdc/general/board-meeting-video.html>

Dr. Laura Vleugels presented excerpts of the Caring for People in Psychiatric Crisis in San Diego County: October 30, 2018 Board Conference Meeting Video:

- Introduction: Supervisor Kristin Gaspar-Third District
  - ✓ State and Federal mandates have prompted the closure of numerous inpatient psychiatric care services from hospitals across California (i.e. Tri-City Hospital)
  - ✓ An upward trend of psychiatrically acute patients and persons deemed criminally insane are being released into the community
  - ✓ The County of San Diego is spending \$658M on Behavioral Health Services which requires effective cross-collaboration between local agencies to maximize the impact of every dollar spent
  - ✓ Along with adults in crisis, treatment for children is critical using early prevention and developing both their physical and mental health at a young age
- Nick Macchione –Director Health and Human Services Agency (HHSA)
  - ✓ Provided an outline of the County's past and present behavioral health system, along with key policy milestones
  - ✓ Discussed understanding patient rights and data
  - ✓ Brought forward a plan to discuss innovative ideas for "Integrated Care" and immediate steps being taken to address challenges within the system.
- Dr. Michael Krelstein – BHS Clinical Director
  - ✓ Discussed the complexity of mental illness
- Dr. Luke Bergmann – Director of Behavioral Health Services (BHS)

- ✓ Presented data elements showing the prevalence of behavioral health issues in children and adults
- Holly Salazar – BHS Assistant Director of Departmental Operations (at the time of the Board Conference)
  - ✓ Outlined BHS' fiscal responsibility funding services for Medi-Cal recipients/uninsured residents with serious mental illnesses or Substance Use Disorders (SUD), along with the interplay between health plans that offer treatment within the community
  - ✓ Highlighted the system's budget increase from \$425M to \$658M due to the American Care Act
  - ✓ Discussed existing system challenges:
    - Ongoing shortage of psychiatrists, mental health clinicians, and behavioral health staff
    - Having the fourth largest population in the nation with a low housing inventory
    - Data sharing challenges between sectors
    - Care coordination challenges between sectors
- Guest speakers included:
  - ✓ Kevin Faulconer - San Diego Mayor
  - ✓ Summer Stephan – San Diego District Attorney
  - ✓ William D. Gore – San Diego Sheriff
  - ✓ Randy Mize – San Diego Public Defender
  - ✓ Various local agency heads and expert consultants
- Closing Statements/Next steps – Nick Macchione
  - ✓ Accelerated system changes and the search for possible solutions are needed to address the current inpatient care issue. A thoughtful approach caring for the most vulnerable populations in San Diego County, while maintaining the sense of urgency in all our efforts, can be accomplished through:
    - Increased collaboration across all sectors by optimizing and focusing existing efforts into crisis stabilization and care coordination and to break down barriers and to advocate for policy change
    - Addressing immediate needs by expanding current resources:
      - Addressing immediate inpatient treatment needs in the North County by expanding the existing Exodus program facility to 24 hours a day/7 days a week. Law enforcement and Palomar Hospital are also planning to add additional crisis stabilization services
    - Support local hospitals by increasing inpatient acute rates by 13%, along with administrative rates to offset the decreased rates from the state
    - Optimizing the usage of the County Psychiatric Hospital:
      - Increase the number of hospital beds from 45 to 82 with a plan for an additional 50 long term care beds and hiring additional staff for the increase of patient volume
      - Allocate County Psychiatric Hospital's current mid to long term funding to find alternative solutions to aid regional partners
  - ✓ An independent consultant will complete a “needs assessment” of the current system that will include data/analytics from key stakeholders, including: healthcare, public safety, housing, and input from the seriously mentally ill and their families.
- C. Landscape of Behavioral Health Crisis Services for Kids handout – Overview (Yael Koenig)  
 An organizational model of crisis behavioral programs within the Children's System of Care (CSOC) was presented. Input to this document is welcomed:
  - Emergency Response/Urgent Services – Law enforcement/Psychiatric Emergency Response Team (PERT), Access and Crisis Line (ACL), Emergency Departments, Emergency Meds Clinic, etc.
  - Crisis Stabilization – Emergency Screening Unit, etc.
  - Psychiatric Hospitals – Child & Adolescent Psychiatry Service (CAPS), Sharp Mesa Vista Hospital, etc.
  - Short-Term Respite Services – Probation Cool Beds, Crisis Action & Connection (CAC), etc.
  - Stepdown Services & Linkage – CAC, BH Connect, BHS Outpatient programs (Crisis intervention services), etc.
  - Critical Leaders – Health Plans, Faith Based Community, School Threat Assessment Team, Hospital Association, Federally Qualified Health Centers (FQHCs), Patient Advocacy, Schools and San Diego County Office of Education (SDCOE), etc.

- D. Smart Care/Behavioral Health (BH) Connect Program Presentation (Deborah Skvarna) (PowerPoint Handout)
- BH Connect is a MHSA Innovation (INN 19) behavioral health treatment program that offers telecare behavioral health services to unconnected, frequent users of emergency care, the behavioral health services needed via a technological platform
  - Services are available 24/7 and are geared towards high risk children and adults during their transition planning and prior to their discharge from emergency services to eliminate any potential barrier to continued care by using a dedicated device for accessing services
  - Program Eligibility Criteria
    - ✓ Medi-Cal/Uninsured and eligible for MHSA funded treatment services
    - ✓ Behavioral health symptoms consistent with Serious Emotional Disturbance (SED) for youth or Sever Mental Illness (SMI) for adults
    - ✓ More than one emergency behavioral health visit in the last 90 days
    - ✓ Prior difficulty accessing care (un-connectedness); client reports no current behavioral health provider or has significant access issues that would prevent connection in a traditional clinic provider
    - ✓ Has self-awareness, ability to schedule appointments and is not currently suicidal/homicidal.
    - ✓ Must be able to use, maintain and safeguard the BH Connect electronic device
    - ✓ Client's parent/guardian/caregiver consents to their participation in the program
  - When services are appropriate:
    - ✓ A Field Health Navigator issues the BHConnect device
    - ✓ Field Navigator provides an introduction and a warm handoff to the BHConnect Tele Health Navigator via the assigned device
    - ✓ The BHConnect Tele Health Navigator coordinates client's first contact with the BHConnect Therapist to initiate mental health evaluation, ongoing treatment, and ongoing case management support.
- E. Group Discussion/Action Plan/Next Steps (Strategic Planning Tool Handout-)  
 The meeting room was set up in tables for group discussion. A voting Council member or a County representative served as facilitator to address strengths, gaps and innovations regarding psychiatric care for children and youth. The input was documented in the Strategic Planning tool handout.

#### **VI. Announcements (Yael Koenig)**

- The Annual CSOC Academy Conference: "Envisioning Safer Schools" is scheduled for May 30, 2019 (Handout). For more information, contact: [RIHS@sdsu.edu](mailto:RIHS@sdsu.edu).

**Next CYF Council Meeting-Strategic Planning Part 2: June 10, 2019**  
**Scottish Rite Center, Morrison Room**  
**9:00 to 10:30 A.M.**

#### **Sub-Committees/Sectors/Workgroups Meetings Information:**

**Outcomes:** Meets the 1<sup>st</sup> Tuesday of the month- 3255 Camino del Rio South, San Diego CA 92108 in La Vista Room- from 11:30 A.M. to 12:30 P.M.

**Early Childhood:** Meets the 2<sup>nd</sup> Monday of the month- at the San Diego Center for Children-FFAST office located at 8825 Aero Drive, Suite 110, San Diego, CA from 11:00 A.M. to 12:00 P.M.

**Education Advisory Ad Hoc:** Meets As Needed.

**TAY Council:** Meets the 4<sup>th</sup> Wednesday of the month 3:00 to 4:30 P.M. at National University, 9388 Lightwave Ave. Room 118, San Diego, CA 92123.

**CYF CADRE:** Meets quarterly the 2<sup>nd</sup> Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

**CCRT:** Meets 1<sup>st</sup> Friday of the month at the Health Services Complex- 6367 Alvarado Ct. Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

**Family and Youth Sector:** Meets quarterly –Contact [CYFLiaison@namisd.org](mailto:CYFLiaison@namisd.org) for schedule.

**Family and Youth as Partners:** Meets every 3<sup>rd</sup> Thursday of the month at NAMI San Diego, 5095 Murphy Canyon Road, Suite 320, San Diego CA 92123 1:30 to 3:00 P.M.

**Private Sector:** Ad Hoc/Meets As Needed.

# Children, Youth and Families (CYF) Behavioral Health Services



## Provider Resource Manual

Available on line at:

<http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/CYF/CYFBHSPRMJanuary2017.pdf>



**HHSA**  
HEALTH AND HUMAN SERVICES AGENCY



**LIVE WELL**  
SAN DIEGO



# Children, Youth and Families Administrative Team

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The County of San Diego, Health and Human Services Agency Behavioral Health Services administers Children, Youth and Families Behavioral Health Services. This provider resource manual describes the services currently funded by the County of San Diego, which include County operated and contracted programs.

P.O. Box 85524  
SAN DIEGO, CA 92186-5524  
PHONE (619) 563-2750  
FAX (619) 563-2775

## Access and Eligibility for Services

County funded Behavioral health services are intended for children and adolescents who are either experiencing a behavioral health crisis (such as depression, suicidal thoughts, extreme anxiety, substance abuse/dependence) or who require behavioral health services in order to function in school, at home or in the community. Generally services are offered for the Medi-Cal beneficiaries and low income up to age 21. All services are rendered without regard to race, color, creed, or disability. Individuals and professionals may make direct contact with any of the resources listed in this manual. ***However, it should be noted that, in some cases, access to services is managed through specific procedures and may be limited to certain special populations.*** Where possible, this information has been included in this manual. If in doubt about eligibility or how to access services, please contact the Access and Crisis Line at (888) 724-7240.

## Access to Language Services

Clients have a right to free language assistance in a language they understand. Clients shall be provided interpreter services as a part of their therapeutic services. However clients have the option to choose or use a family member or a friend as an interpreter. The client/family are not expected to provide their own translator. All Behavioral Health programs have access to translators.



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
BEHAVIORAL HEALTH SERVICES  
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ALFREDO AGUIRRE  
DIRECTOR, BEHAVIORAL HEALTH SERVICES

January, 2017

Welcome to San Diego County's Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) Children, Youth and Families (CYF) System of Care (SOC).

The eLearning you will receive today provides an overview of the Children, Youth and Families System of Care.

The intent of this training is to facilitate the understanding of the CYF SOC philosophy and guiding principles. The training provides an overview of the array of services offered to support children, youth and their families and how we work together with other entities within and outside of the County of San Diego.

Behavioral Health Services provides a continuum of mental health and alcohol and drug services for communities of all ages embracing the *Live Well San Diego* vision: A region that is Building Better Health, Living Safely and Thriving.

Behavioral Health Services promotes resiliency, discovery, and well-being for children and youth. This is achieved through prevention and treatment that is focused on offering culturally competent, individualized, trauma informed, community based, collaborative, outcomes driven, strength based, youth guided and family driven services.

Jointly, we work to ensure that children and youth in our community are healthy, safe, successful in school, and are law abiding while they live in a community that supports them with strong family connections.

You play an important role in helping achieve the CYF SOC goals. This training will facilitate the understanding of how you contribute to a legacy of quality care that is responsive to the needs of the diverse communities in this county.

I hope that you will enjoy this training while learning about our system.

Yael Koenig, LCSW, Deputy Director

Children, Youth and Families System of Care  
Behavioral Health Services

A BHS Children Youth and Families System of Care eLearning is available on the BHETA website and can be accessed by logging to the BHETA Learning Management System (LMS) and searching code BHE0028.



# HHSA TEN YEAR ROADMAP BEHAVIORAL HEALTH SERVICES



In July 2016, Health and Human Services Agency (HHSA)/Behavioral Health Services (BHS) presented the Ten Year Roadmap – a strategic document which outlines a path to address the most serious behavioral health issues affecting San Diego County over the next ten years. The Roadmap guides BHS planning to provide quality behavioral health services and to empower individuals with behavioral health needs to live healthy, safe and thriving lives. The Roadmap is a dynamic, living document, updated annually to incorporate new priorities from our community partners and HHSA/BHS leadership.

OUR VISION, MISSION AND VALUES	OUR GUIDING PRINCIPLES	OUR COMMITMENT
<p><b>Vision:</b> <i>Live Well San Diego</i> – A region that is Building Better Health, Living Safely and Thriving</p> <p><b>Mission:</b> To efficiently provide public services that build strong and sustainable communities</p> <p><b>Values:</b> Integrity – Stewardship – Commitment</p>	<p>Promote Recovery, Resiliency, Discovery and Well-Being; Provide Trauma-Informed and Culturally Competent Services; Collaborate with Partners, Stakeholders and the Community; Maximize Funding; Make Data Driven Decisions; Ensure Regulatory Compliance; Utilize Evidence Based/Informed Practices; Embrace Diversity and Inclusion</p>	<p>Work in partnership with our communities to provide quality behavioral health services that empower individuals with behavioral health needs to live healthy, safe and thriving lives.</p>

The table below outlines the **12 Priorities** for Year Three (Fiscal Year 2018-19) which are listed in alphabetical order. Each **Priority** is guided by a **Ten Year Vision** with clear **Strategies** that outline the efforts to accomplish that Vision.

BHS TEN YEAR ROADMAP PRIORITIES * VISION STATEMENTS * STRATEGIES <i>Fiscal Years 2016-2026</i>	
<p><b>Aging Population</b></p> <ul style="list-style-type: none"> <li>o Vulnerable older adults with serious mental illness receive integrated, geographically accessible, age-appropriate services to address their complex needs. <ul style="list-style-type: none"> <li>◆ Support caregivers in their role and prevent the onset or progression of their mental health conditions by educating and connecting them to resources.</li> <li>◆ Continue and expand training of geriatric specialist staff to include early identification of cognitive deficits in older adults receiving treatment in mental health programs.</li> </ul> </li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>o Persons with serious mental health and/or substance use disorders have all needs met in a timely manner through an integrated continuum of care. <ul style="list-style-type: none"> <li>◆ Apply whole person-centered principles to intensify and further develop care coordination models that are tailored to the needs and level of care for the individual.</li> <li>◆ Promote integration of Whole Person Wellness by advancing relationships with the community to support health, housing and human services, including private, public, family, consumer and education partners.</li> <li>◆ Utilize and broaden the use of various IT systems, including ConnectWellSD and San Diego Health Connect, to promote care coordination and to offer those in need of services innovative platforms including digital solutions.</li> </ul> </li> </ul>	<p><b>Children and Youth Population</b></p> <ul style="list-style-type: none"> <li>o Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families. <ul style="list-style-type: none"> <li>◆ Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.</li> <li>◆ Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an ever-changing world.</li> <li>◆ Strengthen partnerships with children/youth's circle of influence to create a supportive environment.</li> </ul> </li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>o All persons experiencing a psychiatric emergency have access to timely and appropriate services to ensure their safety and that of the community. <ul style="list-style-type: none"> <li>◆ Develop a service model that ensures timely, trauma-informed, culturally-competent crisis intervention services while considering the unique needs across the lifespan.</li> <li>◆ Utilize community-based, peer-driven and family-informed crisis intervention models to reduce the reliance on law enforcement intervention and emergency department utilization.</li> <li>◆ Ensure all crisis centers can serve as a point of entry in the full continuum of care.</li> </ul> </li> </ul> <div> <p><b>Priority</b></p> <ul style="list-style-type: none"> <li>o Ten Year Vision</li> <li>◆ Strategy</li> </ul> </div>

*Strategies will be continuously refined with input from the annual BHS Community Engagement Forums, as well as other Stakeholder meetings, and are dependent on funding availability and/or new and changing laws and regulations.*

# HHSA TEN YEAR ROADMAP BEHAVIORAL HEALTH SERVICES



## Homeless Population

- All persons with serious mental health and/or substance use disorders who are experiencing homelessness have treatment and housing to support their recovery.
  - ◆ Ensure the appropriate level of care for persons experiencing homelessness and implement an array of housing options that promote community integration.
  - ◆ Work in partnership with housing authorities and developers to acquire permanent supportive housing.
  - ◆ Reduce stigma through education, as well as incentivize and collaborate with landlords to increase housing inventory.

## Justice-Involved Population

- Persons with serious mental illness or substance use disorders who are justice-involved have access to integrated treatment and supportive services to increase public safety and reduce recidivism.
  - ◆ Increase access and connectivity between the justice system and behavioral health to ensure clients are receiving the appropriate level of care.
  - ◆ Deliver best practice services demonstrated to improve wellness and reduce recidivism for justice-involved individuals, including those transitioning from custody to the community.
  - ◆ Evaluate impact and pursue process improvement using standard data and definitions to improve outcomes and support recovery.

## Long-Term Care

- Persons receiving treatment for serious mental illness in long-term care settings successfully reintegrate into the community.
  - ◆ Support recovery in the least restrictive level of care.
  - ◆ Strengthen existing transitional step-down care to maximize the individual's reintegration into the community.
  - ◆ Evaluate and develop preventative treatment and housing strategies to minimize the need for long-term care.

## Organized Delivery System for Substance Use Disorders

- An integrated, whole person system of care that utilizes best practices based on an individual's specific needs and within the appropriate level of care to promote successful recovery.
  - ◆ Support those on the recovery journey by implementing best practices to increase access, ensure treatment effectiveness and improve outcomes.
  - ◆ Promote a culture of acceptance for persons needing services.
  - ◆ Advocate for federal legislative change to allow for appropriate, timely sharing of vital health information to optimize quality care.

## Prevention

- All persons are connected within their community and empowered to take action before there is a need.
  - ◆ Pursue policy and community change to ensure all persons live in an environment free of substance use harm.
  - ◆ Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health and/or substance use issues.
  - ◆ Foster communities free of stigma in which persons affected by mental health and/or substance use issues are able and willing to seek services.

## Suicide Prevention

- There are zero suicides in San Diego County.
  - ◆ Foster an ongoing expectation of organizations to implement zero suicide strategies.
  - ◆ Advance goals consistent with the recommendations from the San Diego County Zero Suicide Strategic Plan.
  - ◆ Leverage innovative methods to measure the impact of prevention and intervention strategies.

## Unserved and Underserved Populations

- Diverse unserved and underserved communities are aware, empowered and able to access services appropriate to their unique needs.
  - ◆ Recognize the impact of social determinants of health, disproportionality and health disparities to align prevention and systems of care strategies.
  - ◆ Foster an inclusive, accepting and culturally-competent environment that celebrates diversity.
  - ◆ Offer culturally relevant and accessible services to address the needs of diverse populations.

## Workforce

- Our system of care has a skilled, adaptive and diverse workforce that meets the needs of those we serve.
  - ◆ Advocate for policies and processes that establish innovative recruitment, hiring and retention of a skilled and diverse workforce.
  - ◆ Pursue team based care and innovative workforce solutions to increase access, improve outcomes and increase efficiency.
  - ◆ Develop a career ladder for assisting individuals with lived experience in competitive employment as well as designated peer positions.

### Priority

- Ten Year Vision
  - ◆ Strategy

The Ten Year Roadmap can be found on the Behavioral Health Services Network of Care: [www.sandiego.networkofcare.org/mh](http://www.sandiego.networkofcare.org/mh) (click on **Ten Year Roadmap**)

Strategies will be continuously refined with input from the annual BHS Community Engagement Forums, as well as other Stakeholder meetings, and are dependent on funding availability and/or new and changing laws and regulations.

# HHSA Ten Year Roadmap Behavioral Health Services

## Accomplishments: Year Two

In July 2016, Health and Human Services Agency (HHSA)/Behavioral Health Services (BHS) presented the Ten Year Roadmap – a strategic document which outlines a path to address the most serious behavioral health issues affecting San Diego County over the next ten years. The Roadmap guides BHS planning to provide quality behavioral health services and to empower individuals with behavioral health needs to live healthy, safe and thriving lives. The Roadmap is a dynamic, living document, updated annually to incorporate new priorities from our community partners and HHSA/BHS leadership.

OUR VISION, MISSION AND VALUES	OUR GUIDING PRINCIPLES	OUR COMMITMENT
<p><b>Vision:</b> <i>Live Well San Diego</i> – A region that is Building Better Health, Living Safely and Thriving</p> <p><b>Mission:</b> To efficiently provide public services that build strong and sustainable communities</p> <p><b>Values:</b> Integrity – Stewardship – Commitment</p>	<p>Promote Recovery, Resiliency, Discovery and Well-Being; Provide Trauma-Informed and Culturally Competent Services; Collaborate with Partners, Stakeholders and the Community; Maximize Funding; Make Data Driven Decisions; Ensure Regulatory Compliance; Utilize Evidence Based/Informed Practices; Embrace Diversity and Inclusion</p>	<p>Work in partnership with our communities to provide quality behavioral health services that empower individuals with behavioral health needs to live healthy, safe and thriving lives.</p>

The table below outlines the **Accomplishments** for the Roadmap in Year Two (Fiscal Year 2017-18) as related to **12 Priorities**. Each **Priority** is guided by a **Ten Year Vision** with clear **Strategies** that outline efforts to accomplish the Vision.

TEN YEAR ROADMAP ACCOMPLISHMENTS: YEAR TWO <i>Fiscal Year 2017-18</i>	
<p><b>Aging Population</b></p> <ul style="list-style-type: none"> <li>○ Vulnerable older adults with serious mental illness receive integrated, geographically accessible, age-appropriate services to address their complex needs. <ul style="list-style-type: none"> <li>◆ Support caregivers in their role and prevent the onset or progression of their mental health conditions by educating and connecting them to resources. <ul style="list-style-type: none"> <li>➤ Performed 465 assessments and evaluations through the Caregivers of Alzheimer’s Disease and other Dementia Clients Support Services program, and served 375 caregivers who reported 96% satisfaction in classroom training</li> </ul> </li> <li>◆ Continue and expand training of geriatric specialist staff to include early identification of cognitive deficits in older adults receiving treatment in mental health programs. <ul style="list-style-type: none"> <li>➤ Held two geriatric training academies with 32 graduated</li> <li>➤ Held classroom and eLearning training on geriatric behavioral health issues with 194 participants</li> </ul> </li> </ul> </li> </ul> <p><b>Care Coordination</b></p> <ul style="list-style-type: none"> <li>○ Persons with serious mental health and/or substance use disorders have all needs met in a timely manner through an integrated continuum of care. <ul style="list-style-type: none"> <li>◆ Apply whole person-centered principles to intensify and further develop care coordination models that are tailored to the needs and level of care for the individual. <ul style="list-style-type: none"> <li>➤ Included care coordination and “warm handoff” language in all BHS contracts, including Opioid Treatment Programs under the Drug Medi-cal Organized Delivery System (DMC-ODS), and the BHS provider handbooks</li> <li>➤ Improved post discharge outpatient follow up by more than 50%</li> <li>➤ Incorporated mental health screenings and provided training to providers of Driving Under the Influence (DUI) programs</li> </ul> </li> </ul> </li> </ul>	<p><b>Priority</b></p> <ul style="list-style-type: none"> <li>○ Ten Year Vision <ul style="list-style-type: none"> <li>◆ Strategy <ul style="list-style-type: none"> <li>➤ Year Two Accomplishment</li> </ul> </li> </ul> </li> </ul>

### Care Coordination (continued)

- ◆ Promote integration of Whole Person Wellness by advancing relationships with the community including private, public, family, consumer and education partners.
  - Developed MOAs with the seven Health Plans to strengthen care coordination and relationships under DMC-ODS
  - Collaborated with Public Health Services to administer Hepatitis A vaccines for high-risk BHS clients
  - Participated in various community forums to advance the Whole Person Wellness model
  - Promoted information sharing and partnership through the BHS System of Care Councils, with topics impacting San Diego County communities
- ◆ Utilize and broaden the use of various IT systems, including ConnectWellSD and San Diego Health Connect, to promote care coordination and to offer those in need of services innovative platforms including digital solutions.
  - Participated in planning, testing, training and implementation of ConnectWellSD
  - Created a DMC-ODS Project Team that developed both a Substance Use Disorder (SUD) consumer website and a DMC-ODS provider-facing website (landing page), that strategically links providers to various care coordination forms and resources
  - Enhanced the SanWITS application to collect data for the July 2018 rollout of DMC-ODS

### Children and Youth Population

- Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.
- ◆ Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.
  - Designed and secured funding for the Center for Child and Youth Psychiatry which expands the array of services to include a centralized medication clinic supporting children and youth with complex medication needs
  - Expanded countywide telepsychiatry capacity
  - Provided Positive Parenting Seminars and Prevention and Early Intervention services to more than 4,500 children throughout the county
- ◆ Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an ever-changing world.
  - Collaborated with Child Welfare Services and Probation to develop a Child Family Team Facilitation service that elevates the family voice and promotes wellbeing
  - Aligned service practices with state requirements to ensure timely access of mental health services for foster youth placed out of their county of jurisdiction
  - Advanced Continuum of Care Reform by facilitating system transformation from Group Homes to Short-Term Residential Therapeutic Programs with a goal of transitioning youth back into a family environment
- ◆ Strengthen partnerships with children/youth's circle of influence to create a supportive environment.
  - Created the infrastructure and system training to implement a State-mandated outcome measures which will serve as a common language to support children, youth and families identify their areas of need and build on their strengths

### Crisis Services

- All persons experiencing a psychiatric emergency have access to timely and appropriate services to ensure their safety and that of the community.
- ◆ Develop a service model that ensures timely, trauma-informed, culturally-competent crisis intervention services while considering the unique needs across the lifespan.
  - Enhanced BHS services by securing funding to increase Psychiatric Emergency Response Teams (PERT), as well as telepsychiatry treatment programs as an alternative to other outpatient care for both youth and adults who are transitioning out of inpatient care
- ◆ Utilize community-based, peer-driven and family-informed crisis intervention models to reduce the reliance on law enforcement intervention and emergency department utilization.
  - Supported clients seeking outpatient care and/or community-based services via the NAMI Next Steps program; nearly 50% of those tracked at intake did not need emergency interventions by their 30-day follow-up
  - Established a Memorandum of Understanding between North Region Children, Youth and Families crisis response providers and a hospital which allow program staff to provide services onsite at the hospital, alleviating reliance on law enforcement and emergency departments
- ◆ Ensure all crisis centers can serve as a point of entry in the full continuum of care.
  - Completed the youth crisis stabilization buildout and expansion project by increasing available beds from 4 to 12 in a central location, resulting in a 32% increase in crisis stabilization service utilization

#### Priority

- Ten Year Vision
  - ◆ Strategy
    - Year Two Accomplishment

## Homeless Population

- All persons with serious mental health and/or substance use disorders who are experiencing homelessness have treatment and housing to support their recovery.
  - ◆ Ensure the appropriate level of care for persons experiencing homelessness and implement an array of housing options that promote community integration.
    - Implemented 335 new treatment slots for homeless persons with serious mental illness (SMI) in support of Project One for All
    - Secured 75 new treatment slots for homeless persons with Substance Use Disorders
    - Secured permanent and/or bridge housing for 365 clients with SMI
    - Implemented the Tenant Peer Support Services (TPSS) program to provide housing navigation and ongoing tenancy-related supportive services for clients receiving treatment through outpatient mental health clinics in the East, South, North Inland and North Coastal Regions
    - Participated in the Youth Homelessness Subcommittee of the Regional Taskforce on the Homeless to form a Youth Homelessness Demonstration Project grant proposal, which was subsequently awarded to San Diego to assess and address local needs
  - ◆ Work in partnership with housing authorities and developers to acquire permanent supportive housing.
    - Acquired permanent supportive housing, provided housing vouchers and increased permanent housing stock for clients enrolled in Full Service Partnership / Assertive Community Treatment (FSP/ACT), Strengths-Based Case Management and outpatient mental health programs, specifically:
      - Housing and Community Development Services (HCDS) housing vouchers were provided to 25 homeless BHS clients
      - An additional 320 housing vouchers from San Diego Housing Commission (SDHC) and HCDS were distributed to FSP/ACT programs throughout the county working with homeless clients
      - 25 additional housing units were created at the Mission Cove and New Palace Hotel developments
  - ◆ Reduce stigma through education, as well as incentivize and collaborate with landlords to increase housing inventory.
    - Worked with HCDS to educate and incentivize landlords to secure permanent supportive housing for formerly homeless BHS clients with HCDS housing vouchers
    - Utilized resources through SDHC's Landlord Engagement and Assistance Program (LEAP) for clients with SDHC vouchers
    - Hosted a special training for over 200 attendees on "Understanding the Unique Needs of Children Youth and Families Experiencing Homelessness"

## Justice-Involved Population

- Persons with serious mental illness or substance use disorders who are justice-involved have access to integrated treatment and supportive services to increase public safety and reduce recidivism.
  - ◆ Increase access and connectivity between the justice system and behavioral health to ensure clients are receiving the appropriate level of care.
    - Augmented two existing outpatient SUD programs and initiated a new contract resulting in service to 55 additional clients to begin July 1, 2018
    - Provided unfunded collaborative support for approximately 25 defendants on the Behavioral Health Oversight Treatment (BHOT) calendar to address problems presented by offenders with mental illness
    - Advanced the Stepping Up Initiative to develop a justice-focused ACT program and mapping process within DMC-ODS to maximize positive outcomes and reduce anticipated implementation problems
    - Collaborated with justice partners to enhance care coordination by developing and procuring a new program supporting youth involved in the Juvenile Justice System to begin July 1, 2018
  - ◆ Deliver best practice services demonstrated to improve wellness and reduce recidivism for justice-involved individuals, including those transitioning from custody to the community.
    - Participated in Probation's Corrections Program Checklist reviews and trained/certified two new Behavioral Health Program Coordinators
    - Produced and promoted the Justice-Involved Services Training Academy
    - Continued to work with the Sheriff's Department to design the PROGRESS program - a residential program serving individuals with moderate mental illness and co-occurring diagnoses transitioning out of custody into the community
    - Initiated the Health and Justice Integration Committee to anticipate and address concerns associated with DMC-ODS implementation
    - Expanded Project In-Reach, the East Region Successful Treatment and Re-Entry Pilot, and Faith-Based bridging programs to offer in-custody engagement and bridging services to individuals with serious mental illness

### Priority

- Ten Year Vision
  - ◆ Strategy
    - Year Two Accomplishment



### Justice-Involved Population (continued)

- ♦ Evaluate impact and pursue process improvement using standard data and definitions to improve outcomes and support recovery.
  - In preparation for Drug Medi-Cal implementation, multiple SUD treatment providers attended American Society of Addiction Medicine (ASAM) and Medication Assisted Treatment (MAT) trainings to better serve clients involved in the justice system

### Long-Term Care

- Persons receiving treatment for serious mental illness in long-term care settings successfully reintegrate into the community.
  - ♦ Support recovery in the least restrictive level of care.
    - Added 22 more beds at skilled nursing facilities (SNF) across four different locations
    - Extended the contract at Vista Knoll SNF for 27 neurobehavioral health beds
    - Initiated discussions with CalMHSA regarding utilizing a facility in Paso Robles for 20 LPS beds and an additional 10 to serve as an alternative to State Hospital beds
  - ♦ Strengthen existing transitional step-down care to maximize the individual's reintegration into the community.
    - Added seven transitional residential beds and issued a Request for Proposal for an additional 16
  - ♦ Evaluate and develop preventative treatment and housing strategies to minimize the need for long-term care.
    - Developed treatment and housing strategies to minimize Long Term Care (LTC) by implementing a three-year LTC Expansion Plan focusing on resource development and issuing a Request for Information to receive provider input related to minimizing the need for acute care

### Organized Delivery System for Substance Use Disorders

- An integrated, whole person system of care that utilizes best practices based on an individual's specific needs and within the appropriate level of care to promote successful recovery.
  - ♦ Support those on the recovery journey by implementing best practices to increase access, ensure treatment effectiveness and improve outcomes.
    - Developed educational materials to support providers in implementing best practices on a new DMC-ODS website
    - Developed and implemented training and system expectations around evidence-based practices, including motivational interviewing, MAT and ASAM training
    - Developed an SUD consumer-facing website
    - Established written guidance for Recovery Residences to improve access to housing for those in treatment
    - Expanded the BHS SUD provider handbook and Substance Use Disorder Uniform Record Manual to include whole person assessment, person-centered treatment planning, evidence-based practices, and warm-handoff process to assist clients moving through the continuum of care based on their unique needs
  - ♦ Promote a culture of acceptance for persons needing services.
    - Amended the statements of work for SUD providers to include recovery-oriented language
    - Conducted multiple DMC-ODS presentations and monthly SUD Provider meetings to promote Medication Assisted Treatment and reinforce trauma-informed, person-centered and recovery-oriented principles
    - Developed a written policy of acceptance of all clients
  - ♦ Advocate for federal legislative change to allow for appropriate, timely sharing of vital health information to optimize quality care.
    - Incorporated federal regulations related to sharing of health information into the BHS SUD provider handbook and delivered provider training to mitigate information sharing barriers

### Prevention

- All persons are connected within their community and empowered to take action before there is a need.
  - ♦ Pursue policy and community change to ensure all persons live in an environment free of substance use harm.
    - Promoted prevention and environments free of substance use harm by releasing the 2017 Meth Strike Force (MSF) and Prescription Drug Abuse Task Force (PDATF) Report Cards and provided stakeholder education on opioid and methamphetamine use within the County
  - ♦ Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health and/or substance use issues.
    - Coordinated the "Active Minds Send Silence Packing" exhibit to educate college students, staff and faculty on suicide prevention
    - Sponsored the annual May is Mental Health Awareness Month campaign and resource fair
    - Contracted with NAMI's Family Adult Peer Support program to establish services in 39 hospital and psychiatric treatment locations, provided the In Your Own Voice presentations to 1,485 people, and served over 3,300 family members and friends

#### Priority

- Ten Year Vision
  - ♦ Strategy
    - Year Two Accomplishment



## Prevention (continued)

- ◆ Foster communities free of stigma in which persons affected by mental health and/or substance use issues are able and willing to seek services.
  - Provided Mental Health First Aid trainings to over 5,000 individuals and the two-day “It Takes a Village” training on gang prevention
  - Served over 2,700 clients and provided depression screenings to 740 individuals through the Positive Solutions program, achieving an 83% reported reduction in symptoms of depression

## Suicide Prevention

- There are zero suicides in San Diego County.
  - ◆ Foster an ongoing expectation of organizations to implement zero suicide strategies.
    - Through the San Diego Youth Services HERE Now program, presented Signs of Suicide Curriculum to over 32,000 students who learned about the warning signs and support strategies for dealing with depression
    - Over 4,800 students participated in an individual assessment for suicidal ideation and other safety concerns; over 500 of those students received a referral for additional services
  - ◆ Advance goals consistent with the recommendations from the San Diego County Zero Suicide Strategic Plan.
    - Updated the Suicide Prevention Plan and trained over 5,000 community members to enhance awareness of the warning signs of suicide and mental health crises and available resources
    - Organized the County Suicide Prevention Forum which provided training on suicide prevention, building resiliency, clinical interviewing and improving medication adherence
    - Initiated the utilization of the Columbia Suicide Severity Rating Scale in the BHS SUD system of care
  - ◆ Leverage innovative methods to measure the impact of prevention and intervention strategies.
    - Longer term strategy

## Unserved and Underserved Populations

- Diverse unserved and underserved communities are aware, empowered and able to access services appropriate to their unique needs.
  - ◆ Recognize the impact of social determinants of health, disproportionality and health disparities to align prevention and systems of care strategies.
    - Incorporated Adverse Childhood Experiences (ACEs) and Trauma-Informed language requirements into all SUD prevention contracts
    - Participated in health fairs for East African Communities and other activities to address service gaps
    - Ensured SUD treatment contracts include Trauma-Informed language requirements
  - ◆ Foster an inclusive, accepting and culturally-competent environment that celebrates diversity.
    - Provided outreach to hard-to-reach populations and updated the Cultural Competence Handbook to reflect community input and changes in existing tools
    - Reduced language barriers through the adoption of Farsi as another threshold language, as well as translated key survey findings into Spanish
    - Embraced Culturally and Linguistically Appropriate Services (CLAS) standards set forth by the State’s Cultural Competency Quality Improvement Strategic Plan by adopting two of the Plan’s assessment tools
    - Facilitated outreach and needs assessments to enhance services in the East African and Refugee communities, including special focus on youth
    - Provided outreach and needed services to support LGBTQ community through the “Our Safe Place” program
    - Coordinated and participated in the HHSA Cross-Border Health Committee at the October Bi-National Health Symposium in Tijuana
  - ◆ Offer culturally relevant and accessible services to address the needs of diverse populations.
    - Opened the iCare program and participated in the development of the RISE Court for commercially sexually exploited youth
    - Procured a countywide program to provide cultural and language-specific outpatient services for Asian Pacific Islanders, Latino Youth, and LGBTQ youth
    - Served over 1,100 seniors, including 216 senior refugees/asylees
    - Ensured all BHS staff completed annual cultural competency training

### Priority

- Ten Year Vision
  - ◆ Strategy
    - Year Two Accomplishment

## Workforce

- Our system of care has a skilled, adaptive and diverse workforce that meets the needs of those we serve.
  - ◆ Advocate for policies and processes that establish innovative recruitment, hiring and retention of a skilled and diverse workforce.
    - Worked with the San Diego Workforce Partnership to develop and implement strategies to improve hiring and retention of Transition Age Youth (TAY) clients as well as recruitment of individuals with a serious mental illness
    - In collaboration with Southern Counties Regional Partnership, developed a recruitment video that highlights working in the public behavioral health system
    - Provided training to BHS staff and providers focused on cultural competency and trauma informed care
  - ◆ Pursue team based care and innovative workforce solutions to increase access, improve outcomes and increase efficiency.
    - Developed an implementation plan for the Supported Employment-Individual Placement and Support Model
    - Expanded the number of psychiatry residents exposed to the public mental health system, increased the number of hours each resident is placed at community sites, and included a Nurse Practitioner component
  - ◆ Develop a career ladder for assisting individuals with lived experience in competitive employment as well as designated peer positions.
    - Conducted a Peer Support Specialist Focus Groups to obtain feedback on program effectiveness
    - Offered a countywide recovery-oriented Peer Specialist and Peer Employment Training for TAY, adults and older adults
    - Offered a Public Mental Health Certification program (with 36 graduates to date) which provides academic and career counseling, mentorship and field placement assistance

### Priority

- Ten Year Vision
  - ◆ Strategy
    - Year Two Accomplishment

## Community Partners

BHS would like to thank the many partners within the behavioral health community who continue to improve the lives of San Diego County residents struggling with serious mental illness and/or substance use disorders through their heartfelt work and compassion for these vulnerable populations. Complete details of the Ten Year Roadmap, including an archive of prior years, can be found on the Network of Care: [www.sandiego.networkofcare.org/mh](http://www.sandiego.networkofcare.org/mh) (click on **HHSA/BHS Ten Year Roadmap**).



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# 1 VISION

of a  
region  
that is

Building  
Better  
Health

Living  
Safely

Thriving

# 4 STRATEGIC APPROACHES

Building a  
Better Service  
Delivery  
System



Supporting  
Positive  
Choices



Pursuing  
Policy &  
Environmental  
Changes



Improving  
the  
Culture  
Within



# 5 AREAS OF INFLUENCE



HEALTH



KNOWLEDGE



STANDARD OF  
LIVING



COMMUNITY



SOCIAL

# TOP 10 LIVE WELL SAN DIEGO INDICATORS

Life  
Expectancy

Quality of Life

Education

Unemployment  
Rate

Income

Security  
Physical  
Environment

Built Environment

Vulnerable  
Populations

Community  
Involvement

that measure the impact of collective actions by partners and the County to achieve the vision of a region that is Building Better Health, Living Safely and Thriving.

# MEASURING PROGRESS

## AREAS OF INFLUENCE



### HEALTH

Enjoying good health and expecting to live a full life



### KNOWLEDGE

Learning throughout the lifespan



### STANDARD OF LIVING

Having enough resources for a quality life



### COMMUNITY

Living in a clean and safe neighborhood



### SOCIAL

Helping each other to live well

## TOP 10 *LIVE WELL SAN DIEGO* INDICATORS



### LIFE EXPECTANCY

Measure of length of life expected at birth and describes the overall health status of a population.



### QUALITY OF LIFE

Percent of population that is sufficiently healthy to be able to live independently.



### EDUCATION

Percent of the population with a High School diploma or equivalent. Education has a positive influence on a variety of economic, social and psychological factors which impact the health and well-being of a population.



### UNEMPLOYMENT RATE

Percent of the total labor force ages 16 and over that is unemployed and actively seeking employment. Unemployment has a strong negative influence on the financial health and overall well-being of the population. Unemployment is also linked to an increased risk of poor health outcomes, including higher mortality rates.



### INCOME

Percent of the population spending less than 1/3 of their household income on housing. Sufficient income to cover basic living costs has a positive influence on the overall financial health and well-being of the community.



### SECURITY

Measured as the rate of property and violent crimes per 100,000 people. Crime can have a significant impact on the well-being of the population and contributes to premature death and disability, poor mental health and lost productivity.



### PHYSICAL ENVIRONMENT

Percent of days that air quality is rated as unhealthy. The quality of the community's physical environment greatly impacts the health and well-being of the population.



### BUILT ENVIRONMENT

Percent of the population living within a half mile of a park. Access to parks can influence choices to engage in physical activity and community involvement which has been shown to have positive impacts on well-being.



### VULNERABLE POPULATIONS

Percent of the population who have experienced food insecurity. The inability to afford enough food on a regular basis, including access to healthier foods essential for good nutrition, impacts the health and well-being of the population.



### COMMUNITY INVOLVEMENT

Percent of residents who volunteer. Volunteering can benefit the physical and mental health of the population, as well as creating a more interconnected community.

## INTRODUCTION

Since 2010, the *Live Well San Diego* vision has inspired individuals and organizations from San Diego County's diverse communities to be a part of something special – creating a region that is Building Better Health, Living Safely and Thriving. Since June 30, 2018, 387 Recognized Partners have committed to the vision and are working with the County of San Diego, community leaders and organizations across the region in support of a better life for all 3.3 million San Diego County residents. In year eight of *Live Well San Diego*, the focus is on how collective actions and aligned efforts are moving the dial on the *Live Well San Diego* 5 Areas of Influence and Top 10 Indicators.

The full *Live Well San Diego* Annual Report highlights stories of collective impact submitted by partners from July 2017 through June 2018. Read the full report at [LiveWellSDAnnualReport.org](http://LiveWellSDAnnualReport.org).

## TOTAL CUMULATIVE PARTNERS BY FISCAL YEAR



## FEATURED EVENTS & INITIATIVES

Countywide and regional events and initiatives create opportunities for Recognized Partners and community members to connect, share best practices and develop strategies that continue to propel *Live Well San Diego* forward in innovative ways. Partners collaborated on several significant actions throughout the year to improve wellness in our communities:

- *Live Well San Diego* 5K and Fitness Challenge in July
- Live Well Advance in November
- Whole Person Wellness in January
- Age Well San Diego Action Plan in May and Aging Summit in June
- *Live Well San Diego* Food System Initiative & Food Donation Action Plan in June
- Getting to Zero Initiative implements routine HIV testing throughout 2017



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## PARTNER SECTORS

The *Live Well San Diego* vision involves formally Recognized Partners in every sector, joined together to collectively improve the well-being of the San Diego region.

### BUSINESSES & MEDIA

These organizations are improving local economies, expanding the reach of messages and having a positive influence on the health of employees, customers and communities.



### COMMUNITY & FAITH-BASED

These organizations are connecting individuals and families throughout San Diego County to programs and services that improve well-being.



### CITIES & GOVERNMENTS

These organizations are enacting health and safety policies and building sustainable and walkable infrastructure for more than 3 million residents.



### SCHOOLS & EDUCATION

These organizations are encouraging nearly 455,000 students and their families to adopt healthy, safe and thriving behaviors.





# MEASURING PROGRESS

## 5 AREAS OF INFLUENCE & TOP 10 INDICATORS

Progress towards the shared *Live Well San Diego* vision is measured within 5 Areas of Influence and by the Top 10 *Live Well San Diego* Indicators.



### HEALTH

Enjoying good health and expecting to live a full life

1. **Life Expectancy**
2. **Quality of Life**

Organizations are ensuring San Diegans of all ages are staying active, eating well, taking care of their mental health and getting connected to quality care. They are implementing innovative programs across the county that help residents prevent diabetes, model healthy cooking, and access housing and medical care.



### KNOWLEDGE

Learning throughout the lifespan

3. **Education**

Efforts to provide resources, establish engaging support systems and increase opportunities for academic and cultural growth are opening educational doors for residents that may have otherwise been closed to many in need. Each of these endeavors is helping to increase student achievement and prepare youth for graduation, college and a career.



### STANDARD OF LIVING

Having enough resources for a quality life

4. **Unemployment Rate**
5. **Income**

Workforce and economic development strategies implemented in San Diego County communities are strengthening financial literacy, creating pathways to careers and making the most of local resources. Mentoring and technical assistance programs and classes to manage finances, provide job skills, and prepare taxes are helping residents prepare for a strong financial future with ample opportunities for employment.



### COMMUNITY

Living in a clean and safe neighborhood

6. **Security**
7. **Physical Environment**
8. **Built Environment**

Organizations are working together to help people of all ages build positive relationships with law enforcement and create clean and safe neighborhoods with easily accessible community spaces. They are providing guidance to at-risk youth and support to victims of abuse, encouraging environmental sustainability and active transportation, and increasing access to parks, open spaces and community facilities.



### SOCIAL

Helping each other to live well

9. **Vulnerable Populations**
10. **Community Involvement**

Partners and stakeholders countywide are pioneering programs to help the young, young-at-heart and everyone in-between access healthy food and resources, increase independent living and volunteer more. They are providing social opportunities through intergenerational events and mentoring programs, creating resilient communities through volunteer efforts and supporting vital programs through charitable donations.

## NEXT STEPS

The *Live Well San Diego* vision is becoming a reality for more individuals, communities and organizations throughout the region. Partners in every sector continue to join the movement, bringing their expertise and expanding the reach of collective efforts that are creating measureable change within San Diego's diverse communities.

In the coming year, the County, Recognized Partners and community stakeholders will give special attention to the following projects and programs:

**Community Leadership Teams** to formulate Community Health Improvement Plans for 2018-21 and select the most impactful efforts for their communities;

**Climate Action Plans** to reduce greenhouse gas emissions across the region for a healthier and more sustainable future for generations to come;

**Strong Families, Thriving Communities** to implement a Blueprint for Action that aligns child welfare and juvenile justice policies, practices and resources; and

**Live Well Communities** to improve access to health and community services and increase resident engagement with special projects, such as the development of a new Southeastern Live Well Center.



# 5 AREAS OF INFLUENCE & TOP 10 INDICATORS

Live Well San Diego unites individuals and organizations under a shared vision for healthy, safe and thriving residents. Progress towards this vision is measured across the lifespan within 5 Areas of Influence and by the Top 10 Indicators. \*



## HEALTH

Enjoying good health and expecting to live a full life

### INDICATOR 1:

#### Life Expectancy

AVERAGE LIFE EXPECTANCY FOR A BABY BORN TODAY IS **82.1 YEARS** (2016)



### INDICATOR 2:

#### Quality of Life

**19 IN 20 PEOPLE ARE HEALTHY ENOUGH TO LIVE INDEPENDENTLY** (2016)



## COMMUNITY

Living in a clean and safe neighborhood

### INDICATOR 6:

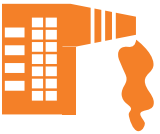
#### Security

**2180.4 TOTAL CRIMES REPORTED PER 100,000 RESIDENTS** (2016)

### INDICATOR 7:

#### Physical Environment

**JUST OVER 5 OUT OF 31 DAYS IN THE MONTH AIR QUALITY IS RATED POORLY** (2017)



## KNOWLEDGE

Learning throughout the lifespan

### INDICATOR 3:

#### Education

**JUST OVER 6 IN 7 STUDENTS GRADUATE FROM HIGH SCHOOL** (2016)



## STANDARD OF LIVING

Having enough resources for a quality life

### INDICATOR 4:

#### Unemployment Rate

**3.6% OF PEOPLE IN ELIGIBLE LABOR FORCE WERE UNEMPLOYED** (2018)



### INDICATOR 5:

#### Income

**JUST OVER 1 IN 2 HOUSEHOLDS SPENDS LESS THAN 1/3 INCOME ON HOUSING** (2016)



## SOCIAL

Helping each other to live well

### INDICATOR 9:

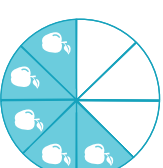
#### Vulnerable Populations

**NEARLY 3 IN 8 PEOPLE WITH LOW INCOME EXPERIENCE FOOD INSECURITY** (2016)

### INDICATOR 10:

#### Community Involvement

**NEARLY 1 IN 3 PEOPLE VOLUNTEER AN AVERAGE OF 143 HOURS PER YEAR** (2015)







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# Live Well San Diego Top 10 Indicators Annual Progress

## September 2018

How are we doing?	Indicator: Measure	We want to increase this		We want to decrease this			
		San Diego County	California	United States			
		↑	↑	↑	↑		
		↓	↓	↓	↓		
		Baseline	Current Year	Baseline	Current Year		
Health - Enjoying good health and expecting to live a full life							
	Life Expectancy: Length of life expected at birth in years	81.5 (2009)	82.1 (2016)	81.4 (2009)	81.2 (2012)	78.5 (2009)	78.8 (2016)
	Quality of Life: Percent of the population sufficiently healthy to live independently (not including those who reside in nursing homes or other institutions)	95.0% (2009)	94.8% (2016)	94.8% (2009)	94.5% (2016)	94.4% (2009)	94.2% (2016)
Knowledge - Learning throughout the lifespan							
	Education: Percent of population ages 25 and over with at least a High School Diploma or Equivalent	84.0% (2009)	85.8% (2016)	80.6% (2009)	82.1% (2016)	85.3% (2009)	87.0% (2016)
Standard of Living - Having enough resources for a quality life							
	Unemployment Rate (5-Yr. Trend): Percent of the total labor force that is unemployed (ACS Table S2301, 5-yr estimate data)	7.0% (2009)	8.0% (2016)	11.3% (2009)	8.7% (2016)	9.9% (2009)	7.4% (2016)
	Unemployment Rate (Point-in-Time Unadjusted ): Percent of the total labor force that is unemployed (State of CA Employment Development Dept. Labor Market Information Division fiscal year data) *	9.4% (2009)	3.6% (2018)	11.2% (2009)	4.4% (2018)	9.3% (2009)	4.1% (2018)
	Income: Percent of population spending less than 1/3 of income on housing	49.7% (2009)	52.9% (2016)	50.3% (2009)	54.4% (2016)	60.7% (2009)	63.7% (2016)
Community - Living in a clean and safe neighborhood							
	Security-Overall Crime Rate: Number of crimes per 100,000 people (all crimes, including violent and property)	2,740.5 (2009)	2,180.4 (2016)	3,203.5 (2009)	2,998.4 (2016)	3,473.2 (2009)	2,837.0 (2016)
	Physical Environment-Air Quality: Percent of days that air quality was rated as unhealthy for sensitive populations	13.4% (2009)	17.0% (2017)	9.2% (2009)	9.4% (2017)	-	1.6% (2017)
	Built Environment-Distance To Park: Percent of population living within a quarter mile of a park or community space	61.5% (2017)	61.3% (2018)	U	U	U	U
Social - Helping each other to live well							
	Vulnerable Populations-Food Insecurity: Percent of population with income of 200 percent or less of the federal poverty level, who have experienced food insecurity	35.1% (2009)	38.5% (2016)	40.4% (2009)	44.5% (2016)	U	U
	Community Involvement-Volunteerism: Percent of population who volunteer	29.3% (2009)	33.2% (2015)	24.6% (2009)	23.0% (2015)	26.8% (2009)	24.9% (2015)

Legend:



Moving in the right direction



Moving in the wrong direction

Note: The most current local data, that has state and national comparison data is reported. U = unavailable. \* To report Unemployment Rate at a sub-regional level, Regional Summaries use 2018 ESRI Community Analyst data. Regional Reports can be found at [www.LiveWellSDAnnualReport.org](http://www.LiveWellSDAnnualReport.org) under Impact.