

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

## MEETING AGENDA – ANNUAL STRATEGIC PLANNING-Part 3

August 12, 2019 – 9:00-10:30 A.M.

Scottish Rite Center- Morrison Room- 1895 Camino Del Rio South, San Diego, CA 92108

- I. Welcome and Introductions** (Dori Gilbert) **5 minutes**
- II. Approval of Minutes** (Violeta Mora) **5 minutes**
- June 10, 2019 minutes–Handout (Page 3)
- III. Business Items** (Yael Koenig) **10 minutes**
- Council co-chair rotation (Education to Private)
  - Sector and Sub-Committee's Fiscal Year 2018-19 Accomplishments and Fiscal Year 2019-20 Goals
  - Bylaws update-Handout (Page 9):
    - ✓ San Diego Association of Nonprofits (SDNA) dissolved
    - ✓ Recommend keeping 24 member seats by removing SDNA and adding second seat to ADSPA- parity with MHCA
  - Medi-Cal Expansion of Undocumented Youth Adults (Ages 19 through 25)- Effective January 1, 2020-Handout (Page 13)
  - November 11, 2019-Veterans Day Holiday-CYF Council Dark
- IV. Mental Health Services Act (MHSA) Update** (Yael Koenig) **5 minutes**
- MHSA Fiscal Year 2019-20 Annual Update is located at:  
<https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs.html>. Public review period begins August 2, 2019 and ends September 1, 2019
- V. Strategic Planning-Part 3: Addressing School Based Crisis/Threat** (Yael Koenig) **60 minutes**
- A. Strategic Planning Meetings 1 and 2 Summary
- B. Context through Recent Board Letters and relevant documents
- June 25, 2019 (01), Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System Board of Supervisors Letter-Handout (Page 14)
  - June 25, 2019, (04), Update of Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation-Board of Supervisors-Handout (Page 20)
  - June 25, 2019 (23), Behavioral Health Continuum of Care: Creation of Additional Crisis Stabilization Units Chairs and Psychiatric Health Facility Beds for North San Diego County (District 5)-Handout (Page 27)
  - SchoolLink Letter to school districts regarding thresholds-Handout-Page 31)
    - ✓ SchoolLink poster and brochure-Handout (Page 33)
    - ✓ SchoolLink: <https://theacademy.sdsu.edu/rihs-schoolink/#/menu/5b1058975336621b30dfcd5b>
- C. Group Discussion-Strategic Planning Tool-Handout (Page 35)
- D. Next Steps
- VI. Announcements** (Violeta Mora) **5 minutes**
- 10th Annual Early Childhood Mental Health Conference-We didn't wait! A Decade of Progress-A Future of Hope- September 12-14, 2019 at the Crowne Plaza Hotel. More information at: <https://www.earlychildhoodmentalhealth-sandiego.com/>
  - Save the date: Parents and Caregivers for Wellness Training on September 13, 2019 (Parents and caregivers), September 14, 2019 (providers). More information will be available soon
  - Save the date: Recovery Happens- Saturday, September 14, 2019-Handout (Page 36)
  - Save the date- Live Well Advance- "Uniting for Impact"- Monday October 28, 2019-Handout (Page 37)  
Link: <http://www.livewellsd.org/content/livewell/home/news-events/advance.html>

### Next Executive Committee Conference Call:

Date: August 26, 2019

Time: 10:00 to 10:30 A.M.

Location: Via Conference Call

### Next CYF Council Meeting:

Date: Monday, September 9, 2019

Time: 9:00 to 10:30 A.M.

Location: Scottish Rite Center

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

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

**CSOC Academy:** Meets the 1<sup>st</sup> Wednesday of the month-6505 Alvarado Road, Suite 107, San Diego, CA 92120 from 9:00 to 10:00 A.M.

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

**Early Childhood:** Meets the 2<sup>nd</sup> Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108 from 10:45 A.M. to 12:15 P.M.

**Education Advisory Ad Hoc:** Meets as needed.

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

**Family/Youth Sector:** Meets quarterly on 4<sup>th</sup> Thursday of the month at 5095 Murphy Canyon Road - Suite 320, San Diego, CA 92123 from 6:30 to 8:00 P.M.

**Outcomes:** Meets the 1<sup>st</sup> Tuesday of the month-La Vista Room from 11:30 A.M. to 12:30 P.M.

**Private Sector:** Meets as needed.

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

### For Council materials go to:

[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)

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

**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.

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

## ANNUAL STRATEGIC PLANNING MEETING, PART II - MEETING MINUTES

June 10, 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	O	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Kimberly Giardina	O	Norma Rincon	O
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	+
6	Public Health	Dr. Thomas R. Coleman	O	Adrienne Yancey	O
7	Juvenile Court	H. Judge Kimberlee Lagotta	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	O
<b>EDUCATION SECTOR</b>					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	O	Jamie Tate - Symons	O
10	Regular Education Pupil Personnel Services	Heather Nemour	O	Corrie McCarthy	+
11	School Board	Barbara Ryan	O	Sharon Whitehurst-Payne	+
12	Special Education	Aidee Angulo	O	Yuka Sakamoto	+
<b>PRIVATE SECTOR</b>					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggy Webb	O	Therese Davis	O
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	O	Marisa Varond	+
15	Mental Health Contractors Association	VACANT	O	Steven Jella	O
16	Mental Health Contractors Association	Michelle Ly	O	Michelle Hogan	O
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	O	Kathleen Lang	O
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	O
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>					
	Executive	Violeta Mora/Dori Gilbert	+/+		
-	Cultural Competence Resource Team	Rosa Ana Lozada	+		
	CYF CADRE	Julie McPherson/Marisa Varond	O/O		
	Early Childhood	Aisha Pope/Autumn Weidman	O/O		
	Education	Heather Nemour			
	Family and Youth as Partners	Renee Cookson/Valerie Hebert	O/+		
	Outcomes	Julie McPherson	O		

**CYF Council Staff:** Yael Koenig, Grisel Ortega and Darwin Espejo

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

#### **II. Approval of Minutes (Yael Koenig and Violeta Mora)**

- May 13, 2019 meeting minutes –Approved
- No pending action items from May 13, 2019.

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

- Christine Frey, alternate Council member representing the Youth served by the Public Health System constituency, received the 2019 Indie Reader Discovery Award for her book Brain XP: Living with Mental Illness, A Young Teenager's Perspective (Handout). A presentation for the CYF Council of her book and her experiences is projected for Fiscal Year 2019-20
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review took place on May 21 through May 23, 2019. The results of the review will be posted on the BHS website: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical\\_resource\\_library.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/technical_resource_library.html) and disseminated to the Council as soon as they are released
- The Annual Council New Member Orientation led by the CYF Liaison (NAMI San Diego) is scheduled for July 8, 2019 from 9:00 to 10:30 A.M. in the Scottish Rite Center (Handout). Everyone is welcome to attend the orientation. For more information or to register, please contact Grisel Ortega: [Grisel.Ortega@sdcounty.ca.gov](mailto:Grisel.Ortega@sdcounty.ca.gov)
- Due to the Veteran's Day Holiday, the November 11, 2019 CYF Council will be dark
- Part 3 of the CYF Council's Annual Strategic Planning is on August 12, 2019 to allow more time for small group discussion and input.

#### **IV. Mental Health Services Act (MHSA) Updates (Yael Koenig)**

- The Annual MHSA Fiscal Year 2019-20 Update is being finalized. It is scheduled to be presented to the Board of Supervisors in September 2019. The document will be available at: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/NOC/mhsa.html>



**V. Strategic Planning Meeting - Part 2: CYF System of Care Intersection with the Justice System/School Threats (Yael Koenig)**

**A. May's Meeting and Input Summary**

Context provided at the May 13, 2019 Strategic Planning meeting:

- Community concerns related to Inpatient and Crisis Stabilization availability
- Identified the CYF system's landscape throughout San Diego County communities
- Highlighted existing methods that work, the gaps in the system and opportunities for innovation

Context at the May 13, 2019 meeting was provided through:

- Recent Board Letters (Handouts provided in the May 13, 2019 meeting packet):
  - ✓ July 24, 2018 (2), Assessing the State of People in Psychiatric Crisis in San Diego County-Board of Supervisors Minute Order
  - ✓ October 30, 2018 (3), Board Conference: Caring for People in Psychiatric Crisis in San Diego County-Board Letter
  - ✓ December 11, 2018 (25), Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation-Board of Supervisors Minute Order
  - ✓ March 26, 2019 (5), Update on Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation-Board Letter
- A portion of the video from the October 30, 2018 Board Conference: Caring for People in Psychiatric Crisis in San Diego County was presented (Handout). The full presentation is located at: <https://www.sandiegocounty.gov/content/sdc/general/board-meeting-video.html>
- Landscape of Behavioral Health Crisis Services for Kids overview (Handout)
- Overview/Demo of New MHSA Innovation Program: Vista Hill BH Connect-PowerPoint (Handout).

Meeting attendees had small group discussions on Caring for People in Psychiatric Crisis in San Diego County/Advancing the Behavioral Continuum of Care Through Regional Collaboration and Innovation by discussing systems strengths, gaps, innovations, and next steps in response to the context provided. The groups recorded their recommendations and submitted them to the CYF Council staff. The input submitted, was disseminated back to the Council at the June 10, 2019 meeting (See meeting packet pages 10-13) and it will be discussed at the August 12, 2019 meeting.

**B. Context through Recent Board Letters and relevant documents (June 10, 2019):**

- ✓ March 26, 2019 (2), Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System (Handout):
  - Recommendation/Highlights:
    - Develop a timely follow-up care and case management system for individuals involved in a Psychiatric Emergency Response Team (PERT)/law enforcement crisis call
    - Establish regional Mental Health Crisis Stabilization Centers that can provide 24/7 walk-in mental health and substance use disorder services including law enforcement drop offs. This recommendation it is more adult focused. However, CYF relocated the Emergency Screening Unit from Chula Vista to Hillcrest and increased beds from 4 to 12
    - Work with school districts and the County Office of Education to develop enhanced school-based crisis response. Including possible expansion of existing PERT programs for threats of crisis situations involving school youth
- ✓ May 21, 2019 (1), District Attorney-Regional Crisis Intervention and De-Escalation Training for Law Enforcement and Single Source Procurement-Board of Supervisors Letter (Handout)
  - Recommendation/Highlights:
    - Proposes that the Board of Supervisors provide funding to establish a Regional Crisis Intervention and De-escalation training programs for law enforcement directly aligned with the District Attorney's Blueprint's recommendation
- ✓ Office of San Diego County District Attorney Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County (Handout):  
<https://www.sdcda.org/Content/Preventing/Blueprint%20for%20Mental%20Health%20Reform.pdf>
  - Blueprint Highlights:
    - Released February 2019

- The Blueprint was developed to make recommendations for improving existing systems and creating new avenues for change in how to approach mental illness and substance use when it intersects with the criminal justice system in San Diego
- Symposiums were held on April 30, 2018 and October 22, 2018 to garner input from 200 stakeholders and subject matter experts to create the blueprint
- Seeks to identify gaps, improve upon the current system of care and develop/change to a new approach to address mental illness and substance use within the justice-involved population
- Although geared more towards adults, the blueprint contains a children's component
- Recommendations categories (4):
  - Mental Health Prevention and Intervention
  - Acute Crisis Response and Stabilization Management
  - Mental Health Diversion
  - Data, Outcomes and Information Sharing
- Recommendations (10)
  1. Develop a system of timely follow-up care to connect a person to appropriate services and levels of care after a mental health crisis involving law enforcement or other first responders.
  2. Build regional Crisis Stabilization Centers, or Mental Health Urgent Care Centers, using a "no wrong doors" approach that can provide walk-in mental health and substance use disorder services, efficient law enforcement drop-offs when appropriate as a healthy and safe alternative to jail or emergency departments, and step-down care coordination with case management services.
  3. Support the creation and expansion of crisis/de-escalation training for law enforcement and 911 dispatchers countywide.
  4. Address barriers to obtaining housing by creating common sense regulations that account for public safety but allow for flexibility.
  5. Invest/create data systems that can match appropriate information across different systems to provide care coordination information to criminal justice and health care data.
  6. Support and expand existing programs and processes that coordinate releases from custody by providing a warm handoff of an individual leaving custody to appropriate services and resources in the community.
  7. Increase capacity for Behavioral Health Court and consider a specialized track for those with co-occurring mental health and substance use disorders. Screen and assess certain classes of non-violent crimes for potential alternatives to custody early in the criminal justice process.
  8. Create guidelines and structure for mental health diversion which ensures public safety, as well as equal access and equitable treatment for all participants.
  9. Increase access to walk-in urgent mental health services by expanding hours of availability.
  10. Work collaboratively with community partners to expand outreach and prevention programs and encourage the utilization of peer support.

Feedback from the Council attendees:

It appears that disparities are not addressed in the document, which would provide an opportunity to advance the system.

- C.** Introduction to School Threat Assessments in San Diego County (Dr. Laura Vleugels and Barbara Higgins, San Diego County Office of Education (SDCOE), Director, Student Attendance Safety and Well-Being)- "The Power of Threat Assessment in Today's Schools" PowerPoint and San Diego County School Threat Protocol presentation (Handouts).

This presentation was originally presented at the CYF System of Care School Safety: Envisioning Safer Schools annual conference on May 30, 2019. A father of one of the victims of the Sandy Hook Elementary shooting was also a guest speaker at this annual conference.

Context:

- The U.S. has had 57 times more school shootings than any other industrialized nations combined.
- School shooting is reported as the primary fear of persons ages between 14-29

- The School Threat Assessment Team (STAT) is led by the San Diego County District Attorney's with representatives from the SDCOE, Law enforcement/PERT and BHS. Forensic Psychologists (Dr. Manny Tau and Dr. Glenn Lipson) also attend STAT meetings, offering a unique perspective regarding youths and school shootings
- SDCOE proactively researches for best methods for youths that have expressed threats of violence.

The Power of Threat Assessment in Today's Schools presentation – Barbara Higgins

SDCOE provides Safety Assessment and Intervention training, guidance and support to 780 schools, 42 school districts, 142 charter schools, 5 community college districts and approximately 500,000 students. Guidelines from the University of Virginia/ Dr. Dewey Cornell threat assessment model is practiced in San Diego County. The "Cornell Model" features:

- The only research validated threat assessment model in the country
- Primarily employs school staff - yet allows rapid law enforcement involvement
- Attempts to avoid two critical errors:
  - ✓ Over-reacting to numerous non-serious threats
  - ✓ Under-reacting to rare, serious threats
- Categorizes targeted violence in the order of escalation:
  1. Grievance – Getting upset or angered by an event
  2. Ideation – i.e. plot, revenge, but quickly disperses
  3. Preparation – Actual planning of an attack
  4. Breach – Express intentions to others
  5. Attack
- Follows 6 principles of Threat Assessment:
  1. Prevention is possible
  2. Consider the context – Differentiate making a threat versus posing a threat
  3. Adopt an investigative mindset – Avoid preconception/prejudices
  4. Rely on facts, not profiles
  5. Gather information from multiple sources
  6. Focus on determining the potential for violence
- Employs a dedicated Threat Assessment Team within a school and attended by:
  - ✓ Administrator (team leader/lead investigator)
  - ✓ School Psychologist
  - ✓ School Resource Officer/Juvenile Services Officer
  - ✓ School Counselor/ School Social Worker
  - ✓ Internet Professional (social media)
- Utilizes a School Threat Decision Tree:
  - ✓ Step 1: Evaluate the potential threat
  - ✓ Step 2: Decide if the threat is transient or substantive
  - ✓ Step 3: Respond to a transient threat
  - ✓ Step 4: Decide whether the substantive threat is serious or very serious
  - ✓ Step 5: Respond to a serious substantive threat
  - ✓ Step 6: Respond to a very serious substantive threat (conduct a safety evaluation)
  - ✓ Step 7: Implement a safety plan
- SDCOE's current school threat assessment protocols are posted online: <https://www.sdcoe.net/student-services/student-support/Pages/Threat-Assessment.aspx>.

#### D. Input/Feedback

- Student (self) crisis is separate from the threat assessment model (designed for external threats)
- There is no national standardized threat assessment model
- Not all San Diego County schools have an active Threat Assessment team. Training and guidelines implementation (Cornell Model) are ongoing
- Last year, the District Attorney's Office investigated 70 separate student threats and prosecuted 41.

#### E. Next Steps

- Group discussions will continue at the next CYF Council meeting (Strategic Planning Part 3) on August 12, 2019.

## VI. Announcements

- Responsive Integrated Health Solutions (RIHS) will be conducting a live webinar: Overview of the Risk Assessment and Safety Plan for Substance Use Disorder (SUD) programs on June 13, 2019 from 10:00 to 1:00 A.M. The trainer is Dr. Kseniya Yershova, Deputy Scientific Director of the Columbia Lighthouse Project. Dr. Yershova along with Carrie Binam will discuss the new County of San Diego Risk Assessment and Safety Plan form which has the Columbia Suicide Severity Rating Scale
- CYF Training Academy: Intersectionality of Identities is scheduled for June 14, 2019. Register at: <https://academy.sumtotal.host/>
- The June 20, 2019 Youth and Family Support Partner Sub-Committee meeting will be held at San Diego Center For Children located at 3002 Armstrong Street, San Diego CA, 92111
- Children, Youth & Family Liaison-Principles of Family Youth Professionals Partnerships-One Hour on-line training. Register at: [http://bit.ly/PFYPP2018\\_19](http://bit.ly/PFYPP2018_19).

**Next CYF Council Meeting-Strategic Planning Part 3: August 12, 2019**  
**Scottish Rite Center, Shell 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 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 CYFBHSOCC 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 Services Provider Association (ADSPA)	2
<del>San Diego Non-profit Association (SDNA)</del>	<del>1</del>

Mental Health Contractors Association	2
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.

- **Adult Protective Services Training**—The Budget includes \$5.8 million one-time General Fund, available over three years, to support statewide training for county Adult Protective Services staff and public guardians.
- **Long Term Services and Supports Actuarial Study**—The Budget includes \$1 million one-time General Fund for a feasibility study and actuarial analysis of options to finance a long-term services and supports program.

## DEPARTMENT OF HEALTH CARE SERVICES

Medi-Cal, California's Medicaid program, is administered by the Department of Health Care Services. Medi-Cal is a public health care coverage program that provides comprehensive health care services at no or low cost to low-income individuals. The federal government mandates basic services, including: physician services; family nurse practitioner services; nursing facility services; hospital inpatient and outpatient services; laboratory and radiology services; family planning; and early and periodic screening, diagnosis, and treatment services for children. In addition to these mandatory services, the state provides optional benefits such as outpatient drugs, dental, home and community-based services, and medical equipment. The Department also operates the California Children's Services and the Primary and Rural Health programs, and oversees county-operated community mental health and substance use disorder programs.

The Budget includes \$2.1 billion (\$729 million General Fund) in 2019-20 for county eligibility determination activities based on projected growth in the California Consumer Price Index (3.39 percent).

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### MEDI-CAL

- **Full-Scope Medi-Cal Expansion for Undocumented Young Adults**—The Budget includes \$98 million (\$74.3 million General Fund) to expand full-scope Medi-Cal coverage to eligible young adults aged 19 through 25 regardless of immigration status, starting no sooner than January 1, 2020. This expansion will provide full-scope coverage to approximately 90,000 undocumented young adults in the first year. Nearly 75 percent of these individuals are currently enrolled in restricted-scope coverage in the Medi-Cal system.



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 25, 2019

**01**

**TO:** Board of Supervisors

### **SUBJECT**

**STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES  
AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

### **OVERVIEW**

In San Diego County's current system of behavioral health care, emergency departments, law enforcement, and jail are part of the behavioral health crisis experience for thousands of people every year. The County of San Diego is positioned to improve outcomes and reduce suffering for people experiencing a behavioral health crisis by adding effective crisis alternatives to emergency rooms and jail and by providing new follow up services that help law enforcement connect people to community-based crisis services and ongoing care.

To better serve people with behavioral health needs and to reduce recidivism into jail and emergency rooms, on March 26, 2019 (2), the Board of Supervisors (Board) adopted recommendations of Chairwoman Dianne Jacob, Supervisor Kristin Gaspar, District Attorney (DA) Summer Stephan and Sheriff Bill Gore directing the Chief Administrative Officer (CAO) to work with the DA, Sheriff and schools to strengthen the region's response to individuals with behavioral health needs who intersect with the criminal justice system. The Board directed the development of plans for follow-up care and a case management system for people involved in a Psychiatric Emergency Response Team (PERT) or law enforcement crisis call; establishment of regional Mental Health Crisis Stabilization Centers that provide 24/7 walk-in mental health and substance use disorder services, including law enforcement drop-offs; and enhanced school-based crisis response for threats or crisis situations involving school youth.

Today's actions will provide an update in response to these directions. The proposed actions are closely coordinated with concurrent County efforts directed by the Board to strengthen the full behavioral health continuum of care. If approved, today's action would initiate the development of regional community-based Crisis Stabilization Units that have dedicated law enforcement drop-off, as referenced in today's *Advancing the Behavioral Health Continuum of Care* Board Letter (Item 4); enhance follow-up care and create a path for direct law enforcement connection to the Access and Crisis Line and mobile crisis response teams; and focused stakeholder convenings in partnership with the San Diego County Office of Education and data analysis to map the availability and need of school-based crisis services.

**SUBJECT:** STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Receive an update on Strengthening the Bridge Between Behavioral Health Services and the Criminal Justice System.
2. In accordance with Section 401, Article XXIII of County Administrative Code, authorize the Director, Department of Purchasing and Contracting, subject to available funding, to amend existing contracts for Community-Based Crisis Stabilization Services to add services and funding and extend existing contracts for up to two years; and issue new competitive solicitations for Community-Based Crisis Stabilization Services and Non-Law Enforcement Mobile Crisis Response Teams, and upon successful negotiations and determination of a fair and reasonable price, award contracts for a term of up to one year, with four option years and up to an additional six months if needed, and to amend the contracts as needed to reflect changes to services and funding.
3. Approve in principle the lease and/or purchase of a site or sites for crisis stabilization services. Authorize the Director, Department of General Services, to conduct a search for suitable sites, negotiate lease or purchase agreements, and return to the Board for approval of the agreements as necessary.
4. Direct the Chief Administrative Officer to report back to the Board regarding the implementation of these objectives as part of quarterly reports on actions and recommendations to enhance the behavioral health system of care directed by the Board on October 30, 2018 (3).

**FISCAL IMPACT**

Funds for initial costs related to this request are included in the Fiscal Year 2019-20 CAO Recommended Operational Plan for the Health and Human Services Agency. If approved, this request will result in estimated costs and revenues of approximately \$1,000,000 in Fiscal Year 2019-20 for initial tenant improvement costs to facilities in North County, and approximately \$12,000,000 for services in North County in Fiscal Year 2020-21. The funding sources include both federal Short-Doyle Medi-Cal and the use of local discretionary funds such as Mental Health Services Act (MHSA), Realignment, Intergovernmental Transfer Revenue (IGT), and existing County General Purpose Revenue. There will be no additional net County General Fund cost and no additional staff years. It is anticipated that upon full implementation of these services federal revenue will be optimized and efficiencies in other service delivery areas, including reductions in inpatient and psychiatric care, will be realized.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

On June 6, 2019, the Behavioral Health Advisory Board was provided with an informational update on this item.

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

## **BACKGROUND**

When people in our community face a behavioral health crisis, they may go to an emergency room on their own or by ambulance, or law enforcement is contacted to help. To better serve people with behavioral health needs and reduce their chances of cycling repeatedly into jail and crisis care, on March 26, 2019 (2), the Board of Supervisors (Board) adopted recommendations of Chairwoman Dianne Jacob, Supervisor Kristin Gaspar, District Attorney (DA) Summer Stephan and Sheriff Bill Gore directing the Chief Administrative Officer to work with the DA, Sheriff and schools to develop a plan to strengthen the response to people with behavioral health needs who intersect with the criminal justice system.

The directions approved by the Board reflect recommendations set forth in District Attorney Summer Stephan's *Blueprint for Mental Health Reform: A Strategic New Approach Addressing the Intersection of Mental Health, Homelessness and Criminal Justice in San Diego County*, which were developed through two symposiums bringing together approximately 200 multi-sector stakeholders. Utilizing the Sequential Intercept Model, stakeholders mapped the intersection of behavioral health, homelessness and criminal justice, in order to identify gaps, inventory resources and create concrete solutions to better serve those living with mental illness. Two additional recommendations from the *Blueprint*, the expansion and funding of crisis de-escalation training for law enforcement, and 911 checklists to prepare families for when law enforcement is called to respond to a mental health crisis, were announced by the DA and approved by the Board on her recommendation on May 21, 2019 (1).

In a related item, on March 26, 2019 (5), the County of San Diego Health and Human Services Agency (HHSA) informed the Board that Public Consulting Group, Inc. (PCG) was awarded a contract for the consultant services to review and identify improvements to the local behavioral health services continuum of care. An update on HHSA's efforts to advance the behavioral health continuum of care in collaboration with public safety and other partners also appears on today's agenda (Item 4).

The following describes the County's proposed actions in response to the three specific March 26, 2019 (2) Board directions to strengthen the bridge between behavioral health services and the criminal justice system.

### **Develop a timely follow-up care and case management system for individuals involved in a Psychiatric Emergency Response Team (PERT) or by any law enforcement during a mental health crisis.**

In 2018, San Diego law enforcement responded to over 54,000 mental health related calls. In the last fiscal year, PERT responded to over 10,000 calls, with about half of those resulting in transport to jail or the hospital. In many cases, those in crisis are not transported because they do not meet the legal requirements for an involuntary hold per Section 5150 of the Welfare and Institutions code or they have not committed a crime. Currently, there is no coordinated system of follow up care to connect these individuals to mental health services. In response to the Board's direction, staff from the DA, Sheriff's Department, HHSA's Behavioral Health Services (BHS) and the Public Safety Group (PSG) are collaborating to explore ways for law enforcement to link clients to behavioral health services after a crisis call. Today's action would support a tiered approach to



**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

help law enforcement link people to the appropriate level of service, depending on the severity and urgency of the person's crisis. Specific design is still being evaluated; however, the goal is to create a system of response based on level of need in order to efficiently and expediently move individuals from law enforcement contact to health care contact and engagement. It will be critical to engage additional law enforcement agencies in the design and implementation of this initiative to ensure compatibility with their policies and practices.

Lower level intensity crises would engage a lower level response such as telephonic outreach and connection to services. Existing resources, such as the Access and Crisis Line (ACL), are being explored as a mechanism to respond to these individuals. The ACL is a community wide behavioral health care brief screening and referral resource accessible by law enforcement in the field 24/7. These services are presently included in CAO Recommended Operational Plan Fiscal Year 2019-20 for the Health and Human Services Agency.

Higher level intensity crises would activate a higher level of response. PERT will continue to respond to these calls in the same manner they do today. However, a system will be developed to connect individuals to behavioral health services post-PERT contact when an individual is not transported to a hospital, jail, or community-based crisis stabilization.

For individuals who do not need to be transported, but who need additional crisis intervention and attention in the field, law enforcement will be able to request new non-law enforcement mobile crisis teams. For situations in which a purely clinical response is most appropriate, the mobile crisis teams would be available to respond in lieu of PERT or law enforcement. These non-law enforcement crisis workers would assess and further stabilize individuals and connect them into the behavioral health system of care. Non-law enforcement mobile crisis teams would be a new service in San Diego County; in other jurisdictions, the service has been valuable in reducing the severity of a behavioral health crisis and connecting people to treatment in situations where there is no immediate safety threat or crime.

Today's action would provide authority to amend current contracts and issue competitive solicitations for non-law enforcement crisis response. The first team would be piloted as a 24/7 program in northern San Diego County as part of the planned crisis service enhancements in that region, which include community-based crisis stabilization services. The County would work with law enforcement and other stakeholders in northern San Diego County to inform program design, monitoring and evaluation of mobile crisis teams. The initial service in North San Diego County will inform expansion of non-law-enforcement mobile crisis teams which would follow as service additions in other regions. Costs associated with implementing these services in North County as an initial step are estimated to range from \$500,000 to \$1,000,000 annually.

These proposals will bolster connections to follow up care for people who are not transported to hospitals or jail. The Community Care Coordination program, authorized by your Board on September 11, 2018, (6) and currently in procurement, will focus on coordinating care for people with serious mental illness who are homeless and frequently cycle in and out of jail and crisis services.

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

**Establish regional Mental Health Crisis Stabilization Centers that can provide 24/7 walk-in mental health and substance use disorder services including law enforcement drop-offs.**

Crisis stabilization services include psychiatric services, medication, peer support, and transition planning, with stays of less than 24 hours, for those in behavioral health crisis. These community-based services would be open to the public 24/7, capable of serving persons with co-occurring disorders and include a protocol to allow for rapid law enforcement drop-off of clients to enable officers to quickly return to service in the community. With the 2018 closure of Tri-City's Medical Center's 18-bed Behavioral Health Unit (BHU) and 12-bed Crisis Stabilization Unit (CSU), meeting the urgent and emergent needs of North San Diego County has become increasingly challenging. This closure has resulted in North San Diego County law enforcement and community members spending time traveling to the San Diego County Psychiatric Hospital (located in Central San Diego). The lack of regional mental health services places a tremendous burden on North San Diego County clients and their families, as well as law enforcement who are taken out of their service area for long periods of time.

In partnership, HHSA, DA, Sheriff, and PSG staff reviewed the feasibility of adding community-based crisis stabilization services to include law enforcement drop-off that allows law enforcement to return to service more rapidly and provides crisis support to people quickly in their community.

To rapidly address needs for crisis services in North San Diego County, today's item requests Board approval to launch efforts to establish community-based crisis stabilization services located in North San Diego County to include law enforcement drop-off and mobile crisis response. The County would work to add between 12 and 24 beds or recliner chairs, a common feature in community-based crisis stabilization settings. Additionally, complementary efforts to enhance and optimize the use of CSUs in hospital settings are included in the *Advancing the Behavioral Health Continuum of Care* Board Letter (Item 4). Costs associated with implementing these services in North County are estimated at approximately \$1,000,000 in Fiscal Year 2019-20 for one-time tenant improvement costs and anticipated to range from \$6,000,000 to \$8,000,000 annually per site. The funding sources are federal Short-Doyle Medi-Cal, Mental Health Services Act (MHSA), Realignment, Intergovernmental Transfer Revenue (IGT), and County General Fund. It is anticipated that upon full implementation of these services federal revenue will be optimized and efficiencies in other service delivery areas, including reductions in inpatient and psychiatric care, will be realized.

The County and its partner agencies will concurrently work to add community-based CSU services in other regions of the County. If approved, today's recommendations will authorize the Department of General Services to conduct a search for property to purchase or lease for community-based crisis stabilization services in regions identified by the County's subject matter experts. Additionally, based on the recommendation of Supervisor Nathan Fletcher adopted by the Board on March 27, 2019 (9), County staff is assessing the feasibility of establishing behavioral health services on County property in the Hillcrest area of San Diego. Staff will include analysis of whether regional CSU or related services could be included at this site when this item returns to the Board no later than November 20, 2019. Future reports on and recommendations for regional crisis stabilization would be included in quarterly reports on actions and recommendations to enhance the behavioral health system of care directed by the Board on October 30, 2018 (3).

**SUBJECT: STRENGTHENING THE BRIDGE BETWEEN BEHAVIORAL HEALTH SERVICES AND THE CRIMINAL JUSTICE SYSTEM (DISTRICTS: ALL)**

**Work with school districts and the County Office of Education to develop enhanced school-based crisis response, including possible expansion of existing PERT programs for threats or crisis situations involving school youth.**

In response to the Board's direction on March 26<sup>th</sup>, HHSA and PSG staff began work with the San Diego County Office of Education, DA and Sheriff for data analysis and stakeholder engagement to develop a strategy aimed to support the 42 school districts' existing crisis response processes and, as needed, augment the services currently available. The aim is to support optimal crisis response and threat assessment capabilities in schools to address situations in which students display behavior that may pose a threat to themselves, other students and the overall campus safety. These efforts build upon existing foundations laid in this space, including the multi-disciplinary School Threat Assessment Team which was launched in 2018 by District Attorney Summer Stephan in response to tragic campus shootings across the nation and a related increase in identified school threats locally.

As a next step, key stakeholders which include the San Diego County Office of Education, law enforcement, school districts, students and families, DA, HHSA, and service providers will convene and offer input on areas of need as it relates to school threat interventions. Preliminary stakeholder input indicates need for a specialized workforce and programming equipped to provide comprehensive school threat evaluations and follow-up specialized clinical treatment for the student.

If approved by the Board, these proposed actions will strengthen the connection between behavioral health services and the criminal justice system to support more efficient and effective service delivery that translates to better outcomes for individuals and families. If the recommended actions are approved, staff will update the Board on implementation of these actions in quarterly reports on the behavioral health continuum of care as directed on October 30, 2018 (3).

#### **LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's actions support the Building Better Health initiative of the County's 2019-2024 Strategic Plan by helping achieve the goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration and innovation. Additionally, today's item supports the Operational Excellence strategic initiative that makes health, safety and thriving a focus of all policies and programs through internal and external collaboration.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

#### **ATTACHMENT(S)**

N/A



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

GREG COX  
First District

DIANNE JACOB  
Second District

KRISTIN GASPAR  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** June 25, 2019

**04**

**TO:** Board of Supervisors

### **SUBJECT**

**UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)**

### **OVERVIEW**

On July 24, 2018 (2), Supervisor Kristin Gaspar initiated a Board Conference to present a comprehensive assessment of the state of inpatient psychiatric care in San Diego County and provide immediate and long-term recommendations for addressing a potentially significant loss of future services for people in psychiatric crisis, resulting from inpatient behavioral health units closing at local hospitals.

In response to Supervisor Gaspar's request, the County of San Diego Health and Human Services Agency (HHSA) convened the Board Conference (Conference) on October 30, 2018 (3) entitled: *Caring for People in Psychiatric Crisis*. After an overview of the current system, panelists across multiple sectors described specific challenges, responses and opportunities to optimize care for people with serious psychiatric needs who interact with multiple systems. The Conference included immediate strategies to address the loss of inpatient psychiatric services and long-term strategies to better serve people when they experience a psychiatric crisis or help them prevent such a crisis. The strategies focused on reviewing and strengthening the full continuum of behavioral health care services through regional collaboration to achieve the best collective results for the people we serve.

On December 11, 2018 (25), the Board of Supervisors (Board) directed the Chief Administrative Officer to procure a consultant to facilitate follow up actions in response to the Board Conference and return to the Board quarterly with updates on the progress of this regional collaboration and possible recommendations for further action of the Board. HHSA informed the Board that Public Consulting Group, Inc. (PCG) was awarded the contract for the consultant services on March 26, 2019 (5). Also on this day, PCG presented their plan to provide a systematic way to collaborate and identify common themes in improving the behavioral health system.

Today's item will provide the second quarterly update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation, reporting actions during the time period of April 2019, through June 2019. During this reporting period, as efforts to review the full continuum of local behavioral health care services continue to progress, enhanced

**SUBJECT: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM  
OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION  
(DISTRICTS: ALL)**

hospital-based crisis stabilization services in North San Diego County have been identified as an immediate, unmet need. Today's requested actions seek to address this unmet need by requesting approval to augment an existing contract with Palomar Health to provide enhanced hospital-based crisis stabilization services. These actions will complement and accelerate ongoing work across systems to provide optimal resources for recovery and support the County of San Diego's *Live Well San Diego* vision for a region where all residents have the opportunity to build better health, live safely and thrive.

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Receive the quarterly update on Advancing the Behavioral Health Continuum of Care through Regional Collaboration and Innovation.
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to amend contract 553873 with Palomar Health in order to extend the contract term through June 30, 2023, as needed, subject to the availability of funds; and to amend the contract as required in order to reflect changes to services and funding allocations, subject to the approval of the Director, Health and Human Services Agency.
3. Direct staff to explore the feasibility of investing in additional inpatient psychiatric care facilities in north county hospital districts and return to the Board with an update.

**FISCAL IMPACT**

Funds for Palomar Health are included in the Fiscal Year 2019-20 CAO Recommended Operational Plan Change Letter for the Health and Human Services Agency. If approved, this request will result in costs and revenues of approximately \$4,400,000 in Fiscal Year 2019-20 and costs and revenue of approximately \$6,400,000 in Fiscal Year 2020-21. The funding sources include both federal Short-Doyle Medi-Cal and the use of local discretionary funds, such as Mental Health Services Act (MHSA), Realignment, and the Intergovernmental Transfer Revenue (IGT). There will be no change in net County General Fund cost and no additional staff years. It is anticipated that upon full implementation of these services federal revenue will be optimized and efficiencies in other service delivery areas, including reductions in inpatient and psychiatric care, will be realized.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

At their meeting on June 6, 2019, the Behavioral Health Advisory Board voted to approve this item.

**SUBJECT:** UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

## **BACKGROUND**

### ***I. BOARD CONFERENCE: CALL AND RESPONSE***

On July 24, 2018 (2), Supervisor Kristin Gaspar initiated a Board Conference (Conference) to present a comprehensive assessment of the state of inpatient psychiatric care in San Diego County and provide immediate and long-term recommendations for addressing a potentially significant loss of future services for people in psychiatric crisis, resulting from inpatient behavioral health units closing at local hospitals.

In response to Supervisor Gaspar's request, the County of San Diego (County) Health and Human Services Agency (HHSA) convened the Conference on October 30, 2018 (3) entitled: *Caring for People in Psychiatric Crisis*. The Conference provided an overview of the current behavioral health system in San Diego County, perspectives from cross-sector partners, and a look at innovative ways to improve care coordination, data sharing, and align services to care for people living with mental illness. At the center of the conference was the voice of the client through shared personal stories and a continued focus on how to support individuals on the path to recovery.

On December 11, 2018 (25), the Board of Supervisors (Board) directed the Chief Administrative Officer to procure a consultant to facilitate follow up actions in response to the Board Conference to include convening multi-disciplinary and cross-sector stakeholders to conduct a thorough needs assessment and recommend appropriate legislative and policy actions. Additionally, a request was made to return to the Board with quarterly updates on the progress of this regional collaboration and offer possible recommendations for further action of the Board. HHSA informed the Board that Public Consulting Group, Inc. (PCG) was awarded the contract for the consultant services on March 26, 2019 (5). At this meeting, PCG presented their plan to provide a systematic, collaborative approach to identify common themes in behavioral health system improvement. PCG's plan included the engagement of County of San Diego leadership, healthcare system partners, behavioral health partners, public safety, housing and homeless service providers, consumers, family members, advocates and other stakeholders to provide data and additional context for a needs assessment. Today's item is the second of these quarterly updates and offers a look into upcoming actions.

### ***II. UPDATES DURING APRIL 2019-JUNE 2019 REPORTING PERIOD***

#### **Taking Immediate Action**

Crisis stabilization services are designed to help meet the needs of persons experiencing a mental health crisis who require a more timely response than a regularly scheduled visit to an outpatient clinic. These services help manage a mental health crisis by providing ongoing assessment and stabilization, which may include treatment with medication and linkages to other services. Hospital-based crisis stabilization services involving a stay of less than 24 hours and thus generally delivered with the patient staying in a recliner chair, versus a hospital bed. These services can be a powerful tool in diverting individuals experiencing psychiatric crisis from a



**SUBJECT: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)**

hospital's emergency department, where they may not be best served, and avoid unnecessary behavioral health hospitalization.

With the closure in 2018 of Tri-City Medical Center's Behavioral Health Unit (BHU), which provided adult inpatient psychiatric services, and its Crisis Stabilization Unit (CSU), which provided adult crisis stabilization services, meeting the urgent and emergent behavioral health needs of North San Diego County has become increasingly challenging. Presently, the Palomar Health hospital system operates the only remaining Lanterman-Petris-Short (LPS)-designated facility with an emergency room, CSU, and BHU in North San Diego County. Facilities that are LPS designated are governed by the California law that regulates the involuntary civil commitment of individuals who, due to mental illness, pose a danger to self, danger to others, or who are gravely disabled and require inpatient psychiatric care. Palomar Health has seen a dramatic increase of psychiatric patients since the closure of Tri-City and these patients are staying longer due to shortage of placements, resulting in patients in the emergency department waiting for behavioral health unit admission.

Enhancing hospital-based crisis stabilization services to include the enhancement to the emergency department would expedite patients directly into crisis stabilization services. In addition, there is value in exploring additional investment in inpatient psychiatric care facilities. This enhancement in North San Diego County would also help ensure those in mental health crisis can continue to avoid unnecessary behavioral health hospitalization, as well as support the more effective and efficient use of emergency department resources.

Today's action, if approved, would authorize the County to augment an existing contract with Palomar Health to provide enhanced hospital-based crisis stabilization services. These enhancements would double the total crisis stabilization capacity at Palomar from 6 to 12 patient "recliners," to include the following:

- Expand capacity at the existing CSU at Palomar Health to serve more patients, by adding 2 additional patient recliners to the existing 6 recliners;
- Create and staff a discrete "crisis stabilization with extended observation" unit within the Palomar Health Emergency Department for patients with higher acuity than would be appropriate for the current Crisis Stabilization Unit, composed of 4 patient "recliners"; and
- Support staffing of a behavioral health integration and triage team to work across the Palomar Health Emergency Department and CSU to appropriately cohort and transition patients into the right level of crisis stabilization service and to effectively link them to ongoing care.

Anticipated outcomes of this action include: fewer dispositions to inpatient care; reduced rates of hospital readmission; higher rates of connection to ongoing care; and higher rates of sustained engagement in care, amongst those experiencing psychiatric crisis.

**SUBJECT:** UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

### **Other Immediate Actions**

Complementary efforts to rapidly address needs for crisis services in North San Diego County have been made in partnership with the District Attorney (DA), Sheriff's Department and Public Safety Group (PSG). These actions have been requested through a separate Board item also being heard today (1) and further supports the behavioral health continuum of care through a variety of actions such as launching efforts to establish community-based crisis stabilization services located in North San Diego County to include law enforcement drop-off. These efforts would include additional recliner chairs in community-based crisis stabilization settings. Additionally, through this partnership, HHSA will concurrently work to identify additional community-based CSU services in other regions of the County.

### **Continued Efforts**

On March 26, 2019 (5), in the first quarterly update to the Board, four priority areas were identified: prevention and early intervention, care coordination, front end acute services, and back end acute services. As the County worked to develop a plan to provide a systematic way to collaborate and identify common themes in improving the behavioral health system, three focus areas were identified to shape and inform the priority areas of service interventions:

***Stakeholder Engagement and Governance:*** As part of initial communications planning efforts, a comprehensive stakeholder list inclusive of cross-sector stakeholders has been developed. Part of the stakeholder engagement process includes in-depth interviews with the Hospital Association, Legal Aid Society, Sheriff's Department, the District Attorney's Office and the Office of the Public Defender. Interviews will continue through the next reporting period. Also, communication channels are in development to facilitate the sharing of relevant information to various project stakeholders.

As stakeholder efforts are underway, the proposed structure for the Behavioral Health Governance group is being developed. This group will streamline discussion and recommendations being made from stakeholders with the goal of incorporating these recommendations into the needs assessment and program implementation planning.

***Data Landscape:*** As part of a triangulation approach to data collection, both qualitative and quantitative data are being collected. Various data collection sources and methods have been identified and County cross-sector stakeholders have been interviewed as part of an effort to evaluate the current behavioral health service delivery system. Initial County cross-sector stakeholders specifically for this data effort include representatives from Public Safety and the San Diego County Office of Education. All data received is being assessed for the various data quality dimensions, including completeness, validity, accuracy, timeliness, integrity, and consistency. A comprehensive analysis of the current

**SUBJECT: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)**

data landscape will help inform the creation of a data platform intended to integrate cross-sector data sources.

***Justice Intersections:*** On March 26, 2019 (2), the Board adopted recommendations to develop a plan to strengthen the County's ability to respond to behavioral crisis situations that intersect with the criminal justice system by implementing the following objectives:

- Timely follow-up care and case management system for individuals involved in a Psychiatric Emergency Response Team (PERT) or law enforcement crisis call;
- Establishment of regional Crisis Stabilization Centers that provide 24/7 walk-in mental health services, including law enforcement drop-offs; and
- Enhanced school-based crisis response for threats or crisis situations.

Weekly meetings were facilitated between HHSA, Public Safety Group, Sheriff's Department and the District Attorney's Office to enhance the behavioral health continuum of care, by identifying the behavioral resources that exist, addressing the gaps in crisis services for justice-involved populations, and mapping potential services that can enhance service delivery.

Additional during the last quarterly report, HHSA provided updates on the continued efforts to increase the availability of step-down and long-term care beds to ensure clients are placed in the most appropriate levels of care during and after psychiatric crisis. During this past quarter, the following efforts were made to address this continued need:

- GHC Lakeside LLC, DBA Lakeside Special Treatment Program, is a skilled nursing facility with a special treatment program for adults with serious and persistent mental illness. This program will hold 40 beds at a secured (locked) 24-hour facility. Client admission is pending due to the final licensure from the Department of Health Care services and Department of Public Health.
- Crestwood Behavioral Health, Inc., Hummingbird Healing House, a transitional residential board and care facility with up to 15 beds, is pending final licensure from the Department of Health Care services and Department of Social Services.
- On June 4, 2019 (10), the Board authorized new single source contract for 12 beds with providers for Residential Care for Elderly, which will provide secured 24-hour licensed board and care facilities for older adult with SMI and cognitive decline at risk for wandering. Providers for this service is pending a provider search.

### ***III. UPCOMING ACTIVITIES FOR FUTURE REPORTING PERIODS***

PCG in collaboration with, and under the oversight of, HHSA will continue efforts to advance behavioral health continuum redesign through an approach that focuses on stakeholder engagement and governance; review of San Diego County's data landscape; and exploring the nexus between behavioral health services and the justice system. It is anticipated that this will

**SUBJECT:** UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM  
OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION  
(DISTRICTS: ALL)

include the creation of shared metrics for prevention, integrated care delivery, and outcome evaluation of services for individuals with behavioral health needs. Additionally, as this work unfolds, HHSA will be seeking to identify any near-term opportunities to advance strategies in the priority areas of prevention and early intervention; care coordination; front end acute services; and back end acute services. HHSA will come back to the Board for any additional resources and staffing needs.

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's actions support the County's 2019-2024 strategic initiatives of Building Better Health by supporting to achieve our County's goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration and innovation. Additionally, today's item supports the Operational Excellence initiative goal that our County makes health, safety and thriving a focus of all policies and programs through internal and external collaboration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'H. Robbins-Meyer', with a stylized flourish at the end.

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**  
N/A



**JIM DESMOND**  
SUPERVISOR, FIFTH DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

**AGENDA ITEM**

COUNTY OF SAN DIEGO

2019 JUN 21 AM 9:53

CLERK OF THE BOARD  
OF SUPERVISORS

**DATE:** June 25, 2019

**23**

**TO:** Board of Supervisors

**SUBJECT**

**BEHAVIORAL HEALTH CONTINUUM OF CARE: CREATION OF ADDITIONAL CRISIS STABILIZATION UNIT CHAIRS AND PSYCHIATRIC HEALTH FACILITY BEDS FOR NORTH SAN DIEGO COUNTY (DISTRICT: 5)**

**OVERVIEW**

Across the region, there is a deficit of behavioral health stabilization services to help meet the needs of people experiencing a mental health crisis. Particularly, North San Diego County is in crisis with a lack of inpatient beds and treatment chairs to treat and stabilize people undergoing mental health emergencies. San Diego County residents suffer without a sufficient number and range of facilities that specialize in mental health treatment and stabilization. Additionally, our hospital emergency rooms are not well equipped to treat mental illness and law enforcement spends inordinate resources tending to people with behavioral health issues.

Today's action, if approved, will provide funding for the construction of a facility that includes 12 Crisis Stabilization Unit (CSU) chairs and 16 Psychiatric Health Facility (PHF) beds on the Tri-City Medical Center (Tri-City) campus in Oceanside. In exchange for the capital to construct the multiservice facility, Tri-City will run the CSU and PHF units and provide the site. This is a significant step to addressing this unmet need.

**RECOMMENDATION(S)**

**SUPERVISOR JIM DESMOND**

1. Find that the proposed actions are exempt from California Environmental Quality Act (CEQA) review pursuant to sections 15061(b)(3) and 15378(a) of the CEQA Guidelines.
2. Establish appropriations of \$14,000,000 in Finance Other – General Miscellaneous Expense, Other Charges to assist Tri-City Hospital District or related entity in constructing a psychiatric facility, based on available prior year General Fund fund balance. (4 VOTES)
3. Pursuant to California Government Code section 26227, direct the Chief Administrative Officer, or designee, to negotiate with Tri-City Hospital District or related entity, and upon successful negotiations, enter into an agreement or agreements to provide up to

**SUBJECT: BEHAVIORAL HEALTH CONTINUUM OF CARE: CREATION OF ADDITIONAL CRISIS STABILIZATION UNIT CHAIRS AND PSYCHIATRIC HEALTH FACILITY BEDS FOR NORTH SAN DIEGO COUNTY (DISTRICT: 5)**

\$14,000,000 in funding to assist it in constructing a psychiatric facility to be located in Oceanside, California, subject to the following conditions:

- a. The facility will be used for community psychiatric care and will:
  - i. Maintain a minimum of 16 psychiatric health facility beds for exclusive use of individuals eligible to receive publicly funded insurance such as Medi-Cal or County Medical Services;
  - ii. Maintain a crisis stabilization unit with a minimum of 12 Crisis Stabilization Unit chairs;
  - iii. Be designed and constructed to allow for easy reconfiguration to address future community psychiatric needs, including use of flex beds;
  - iv. The Chief Administrative Officer may authorize new or different services and type or mix of bed type where the change is necessary to meet the community's public health needs; and
- b. The property will be used for the purposes set forth in this recommendation for a term of fifty years, and should that use cease during that time, the funds provided by the County will be repaid to the County on the terms set forth in the funding agreement.

**FISCAL IMPACT**

Funds for this request are not included in the Fiscal Year 2019-2021 CAO Recommended Operational Plan. If approved, this request will result in the expenditure of up to \$14,000,000 to be funded by General Fund fund balance. There will be no change in staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

Across the region, there is a deficit of behavioral health stabilization services to help meet the needs of people experiencing a mental health crisis. Particularly, North San Diego County is in crisis with a lack of inpatient beds and treatment chairs to treat and stabilize people undergoing mental health emergencies. San Diego County residents suffer without a sufficient number and range of facilities that specialize in mental health treatment and stabilization. Additionally, our hospital emergency rooms are not well equipped to treat mental illness and law enforcement spends inordinate resources tending to people with behavioral health issues.

In 2018, Tri-City Medical Center suspended operation of its Behavioral Health Unit (BHU), which provided adult inpatient psychiatric services, and its Crisis Stabilization Unit (CSU), which provided adult crisis stabilization services.



**SUBJECT: BEHAVIORAL HEALTH CONTINUUM OF CARE: CREATION OF ADDITIONAL CRISIS STABILIZATION UNIT CHAIRS AND PSYCHIATRIC HEALTH FACILITY BEDS FOR NORTH SAN DIEGO COUNTY (DISTRICT: 5)**

As a result, the Palomar Health hospital system presently operates the only remaining facility with an emergency room, CSU, and BHU in North San Diego County. Palomar Health has seen a dramatic increase of psychiatric patients since the closure of Tri-City and these patients are staying longer due to shortage of placements, resulting in patients in the emergency room waiting for behavioral health unit admission.

Adding to the challenge of meeting the urgent and emergent behavioral health needs of North San Diego County, Palomar Health's 22-bed unit in Escondido is set to close in September 2020 resulting in total inpatient psychiatric care capacity serving this region going from 40 inpatient beds and 18 CSU chairs to zero inpatient beds and six CSU chairs.

On April 2, 2019, Supervisor Desmond and Supervisor Gaspar convened a meeting between Tri-City staff and board members, Palomar Health staff and board members and the County of San Diego Health and Human Services Agency staff. At that meeting, each of the agencies agreed to collaborate to seek solutions and resources they could bring to address the behavioral health care crisis in North County. A follow up meeting was held with the North County Supervisors June 11, 2019. As a result, Palomar Health and Tri-City are partners in board actions today and will continue to collaborate in the future.

As described in item 4 *Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation* of today's agenda, Palomar Health has stepped up to provide enhanced hospital-based crisis stabilization services and plans to partner and participate in future efforts to solve the region's behavioral health crisis.

Today's action involving Tri-City, if approved, will provide funding for the construction of a facility that includes 12 CSU chairs and 16 PHF beds on the Tri-City campus in Oceanside. In exchange for the capital to construct the multiservice facility, Tri-City will run the CSU and PHF units and provide the site.

CSU chairs serve people experiencing a mental health crisis for up to 24 hours and provide immediate stabilization, on-going assessment and stabilization which may include treatment with medication and linkages to other services. These services ensure those in mental health crisis can continue to avoid unnecessary behavioral health hospitalization, as well as support the more effective and efficient use of emergency room resources. CSUs allow for a more timely transition for law enforcement personnel, allowing them to more quickly and efficiently return to patrolling communities.

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Psychiatric Health Facility "step down" beds provide for up to 72 hours of psychiatric evaluation, treatment and stabilization to reduce rates of hospital admission, increase connections to ongoing care, and increase sustained engagement in care among those experiencing psychiatric crisis.

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The action and funding recommended today provide a significant step to addressing this unmet need. I urge your support.

**SUBJECT:** BEHAVIORAL HEALTH CONTINUUM OF CARE: CREATION OF  
ADDITIONAL CRISIS STABILIZATION UNIT CHAIRS AND  
PSYCHIATRIC HEALTH FACILITY BEDS FOR NORTH SAN DIEGO  
COUNTY (DISTRICT: 5)

**ENVIRONMENTAL STATEMENT**

Today's recommended actions do not constitute a project for purposes of the California Environmental Quality Act (CEQA) pursuant to section 15378(a) of the CEQA Guidelines, which defines a project, in part, as an action that "has a potential for resulting in either a direct physical change in the environment, or a reasonably foreseeable indirect physical change in the environment." Further, section 15061(b)(3) of the CEQA Guidelines provides that CEQA only applies to projects, which have the potential for causing a significant effect on the environment. Where it can be seen with certainty that there is no possibility that the activity in question may have a significant effect on the environment, the activity is not subject to CEQA. Today's actions would only authorize staff to provide funding and enter into an agreement, and would not authorize any construction. It can therefore be seen with certainty that these actions will have no significant effect on the environment.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Jim Desmond', with a stylized, cursive script.

JIM DESMOND  
Supervisor, Fifth District

**ATTACHMENT(S)**

N/A



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

HEALTH AND HUMAN SERVICES AGENCY  
BEHAVIORAL HEALTH SERVICES  
3255 CAMINO DEL RIO SOUTH, MAIL STOP P-531  
SAN DIEGO, CA 92108-3806  
(619) 563-2700 • FAX (619) 563-2705

LUKE BERGMANN, Ph.D.  
DIRECTOR, BEHAVIORAL HEALTH SERVICES

August 1, 2019

Dear School Administrator,

SchoolLink formerly known as Medi-Cal services is the longstanding partnership between the County of San Diego and local School Districts to provide County funded behavioral health services at schools. This partnership dates back to late 1990's, where the Health and Human Services Agency - Behavioral Health Services (County) partnered with School Districts and Community-Based Organizations (CBO) to offer outpatient Specialty Mental Health and later Substance Use Disorder (SUD) treatment on designated school campuses to serve Medi-Cal and unfunded students. In 2018 SchoolLink was launched to implement standardized practices and increase collaboration between schools and treatment providers. SchoolLink standardizes practices and gets us all speaking the same language!

Over the past year, the County has been reviewing SchoolLink data which reveals that although over 400 schools are designated SchoolLink sites, the majority had 3 or less students receiving SchoolLink services. This data, combined with school and provider input, informed the need to re-evaluate our practices and prioritize services where they are needed. To start, we have set minimum client thresholds to warrant the deployment of therapists through SchoolLink. The implementation of thresholds is intended to be a collaborative process between schools, districts, SchoolLink providers and the County. Ultimately, the goal is to ensure resources are optimally deployed so that students receive the services they need in a timely and efficient manner.

As we work collectively to optimize SchoolLink services, initial transition year thresholds have been identified for the 2019/2020 school year. Achieving the thresholds will require commitment and collaboration between schools and SchoolLink providers. We understand that not all schools will be meeting the thresholds initially, however having a goal will lead to important conversations and process improvements.

## **Minimum SchoolLink Thresholds:**

SchoolLink providers are committed to deploy a therapist to each designated school at least weekly and be on campus for a minimum of four hours per visit.

## **Schools are asked to commit to the following:**

- Identify a consistent designated place for therapist(s) on each of their assigned day(s) and time(s)
- Make sufficient referrals that lead to a minimum of 5 active clients served by SchoolLink provider
- Make sufficient referrals that lead to a minimum of 10 annual clients served by SchoolLink provider

Medi-Cal enrolled and unfunded students who have mental health and/or SUD treatment needs who attend a school that does not offer SchoolLink services may continue to access services throughout the

community-based County funded programs. The Access and Crisis Line number (888-724-7240) can provide referrals to applicable resources.

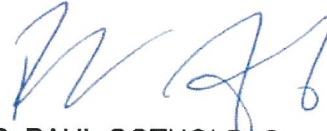
Thank you for your dedication and collaboration over the years. For additional information please contact Yael Koenig, Deputy Director with BHS at (619) 563-2773 or [Yael.Koenig@sdcounty.ca.gov](mailto:Yael.Koenig@sdcounty.ca.gov). We look forward to our continued partnership.

SchoolLink can be located at: <https://theacademy.sdsu.edu/bheta-schoolink>.

**Please distribute this information throughout your district.**

A handwritten signature in blue ink, appearing to be 'LUKE BERGMANN', with a large loop at the start and a wavy line at the end.

LUKE BERGMANN, Ph.D., Director  
Behavioral Health Services

A handwritten signature in blue ink, appearing to be 'PAUL GOTHOLD', with a large 'P' and a stylized 'G'.

DR. PAUL GOTHOLD, Superintendent  
San Diego County Office of Education

YK:bm

# Behavioral Health Services for Youth in San Diego County

SAN DIEGO COUNTY ACCESS & CRISIS LINE

**888-724-7240**

7 DAYS A WEEK | 24 HOURS

If a student is experiencing a behavioral health crisis, call **911**. If you aren't sure where to refer a student, you can call the **Access & Crisis Line** above or refer the student to the SchoolLink provider on-campus.



## County-Funded Behavioral Health Services

*SchoolLink is only available at designated schools. Contact your school for details.*

### OVERVIEW

- Services are provided at no or low cost to the family as authorized by the behavioral health provider's contract with the County of San Diego.
- Services can be provided during or outside of school hours, on-campus or in a community setting, based on the student's and family's needs.

### HOW TO ACCESS

- Submit SchoolLink referral form to designated contact on campus or call the SchoolLink provider directly
- Call the Access & Crisis Line at 888-724-7240 for a community-based provider referral

### ELIGIBILITY CRITERIA

- Medi-Cal enrolled or low income and uninsured or underinsured youth
- Meets medical necessity criteria for specialty mental health services or Drug Medi-Cal. Generally, this means:
  - The student has a mental health or substance use diagnosis
  - The behavioral health disorder is or will impact an important area of life functioning
  - There is a reasonable expectation that intervention will help

## Medi-Cal Health Plans

Medi-Cal health plans can help their members identify a behavioral health provider in their network. Call their behavioral health line for a referral or more information.

**COMMUNITY HEALTH GROUP**  
**800-404-3332**

**AETNA**  
**855-772-9076**

**KAISER PERMANENTE**  
**877-496-0450**

**CARE 1st**  
**855-321-2211A**

**MOLINA HEALTHCARE**  
**866-665-4621**

**HEALTHNET**  
**866-426-0030**

**UNITEDHEALTHCARE**  
**866-270-8785**

## Private Insurance

Private insurance plans, often provided through a parent's employer, can help their members identify a behavioral health provider in their network. Call the plan's behavioral health line for a referral or more information. The number is usually listed on the insurance card.

## Federally Qualified Health Centers

Many federally qualified health centers (also known as community health centers) provide no or low cost behavioral health services. Search online at [findahealthcenter.hrsa.gov](http://findahealthcenter.hrsa.gov) or call 211 to find a convenient location.

## Primary Care Providers

Primary care providers can provide behavioral health services and/or refer their patients for care.

## Educationally Related Services

School districts are responsible for providing special education and related services identified as needed in Individualized Education Plans (IEPs). IEPs may include mental health services. Teachers, administrators, school psychologists and school counselors can provide guidance on the IEP referral and assessment process.







## ABOUT

**SchoolLink is a partnership between the County of San Diego and local school districts to provide County-funded behavioral health services at schools.**

- Services are provided at no or low cost to the family as authorized by the behavioral health provider's contract with the County of San Diego
- No one is turned away due to inability to pay
- Services can be provided during or outside of school hours, on-campus or in a community setting, based on the student's and family's needs at schools with a significant number of Medi-Cal and uninsured students

## SERVICES

**An individualized plan is developed for every student, based on their needs. Services are offered in many languages and can include:**

- Mental health & substance abuse services
- Individual, family and group therapy
- Medication support
- Case management
- Collateral services
- Rehabilitative services

## ELIGIBILITY

**The student must meet medical necessity criteria for specialty mental health services or Drug Medi-Cal.**

**Generally, this means:**

- The student has a mental health or substance use diagnosis
- The behavioral health disorder is or will impair an important area of life functioning
- There is a reasonable expectation that intervention will help

**In addition, the student must be:**

- Medi-Cal enrolled; or
- Low income and uninsured; or
- Low income and underinsured

## HOW DO I ACCESS SCHOOLINK?

**School staff can submit a student referral form. Families can also contact their SchoolLink provider and request an assessment.**

CYF Strategic Planning for Fiscal Year 2019-20 Part 3 (August 12, 2019)  
 Addressing School Based Crisis/Threat Response

Provide input considering the state of the County, needs of children as it relates to existing resources within the context of the various stakeholders and partners.

	Key Considerations / Recommendations	Data supporting recommendation
<b>Strengths</b>		
<b>Gaps</b>		
<b>Innovation</b>		

**Recommended next steps:**


RECOVERY + WELLNESS

# RECOVERY 20 HAPPENS 19

WATERFRONT PARK  
1600 PACIFIC HIGHWAY

SATURDAY  
SEPTEMBER

# 14

10am-1pm

## RECOVERY HAPPENS

Are you or a loved one on the recovery path? Perhaps you're someone who wants to learn about preventing substance misuse.

Recovery Happens is a community event celebrating those in recovery and those who support them. Whether you are seeking help for yourself or a friend, come to this free, family-friendly event at the Waterfront Park to connect to an array of resources including:

- Community resources
- Financial and legal services
- Education information
- Employment support
- Physical and spiritual wellness opportunities
- Veteran's services
- HIV and Hepatitis C screenings
- Treatment information

### ENJOY

MUSIC, ENTERTAINMENT,  
SHARED STORIES, FOOD,  
FITNESS DEMONSTRATIONS  
& OTHER FUN ACTIVITIES

Save  
the  
Date!



**OPEN TO THE PUBLIC, ALL AGES WELCOME!**

Free event sponsored by the County of San Diego, Health & Human Services Agency.



# LIVE WELL ADVANCE



LIVE WELL  
SAN DIEGO



# SAVE THE DATE!

## October 28, 2019

### “Uniting for Impact”

### 9:00 am - 5:00 pm

Registration and Connection Hub Open at 7:30 am

Best Practices - Emerging Trends - Networking - Lunch

Live Well Advance  
Marriott Marquis San Diego Marina  
333 W. Harbor Drive  
San Diego, CA 92101