

COUNTY OF SAN DIEGO
CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL

ANNUAL STRATEGIC PLANNING MEETING

Monday, July 11, 2016, 9:00 – 11:00 A.M.
 8965 Balboa Ave, San Diego, CA 92123- Room 1a/b

Agenda

1. Opening and Introductions A. County 2016-2021 Strategic Plan (Handout) B. 10 Year Roadmap (Handouts)	Alfredo Aguirre	9:00-9:15
2. CYF Council Overview A. Council Overview (Handout) B. CSOC Principles (Handout) C. Bylaws (Handout)	Yael Koenig	9:15-9:20
3. Council Seats and Sub-Committees (Discussion) A. Council Sub-Committees (Handout) B. Council Seats (Handout) <ul style="list-style-type: none"> • Youth (Definition/Age) • Wraparound • Managed Care Health Plans (Handouts) C. Bylaws (Handout) <ul style="list-style-type: none"> • Impact/Updates 	Barry Fox Delrena Swaggerty	9:20-9:40
4. Review FY 15-16 Achievements & FY 16-17 Goals A. CYF Goals/Achievements (Handouts)	Yael Koenig	9:40-9:45
5. FY 16-17 Goal Setting Via Break-Out Session <ul style="list-style-type: none"> • Family & Youth Sector • Outcomes Sub- Committee • Early Childhood Sub-Committee • Education Sub-Committee • Private Sector • Alcohol and Other Drug (AOD) • Training Recommendations • New Areas of Focus 	Delrena Swaggerty <ul style="list-style-type: none"> • Renee Cookson/Rebecca Raymond • Angela Chen/Amanda Lance-Sexton • Ali Freedman/Jean Avila • Mara Madrigal-Weiss/ Fran Cooper • Steve Jella/Liz Locano • Angela Rowe/Wendy Maramba • Rose Woods/Mike Miller • Barry Fox/Edith Mohler 	Session 1 9:45-10:05 Session 2 10:05-10:25
6. Wrap-up	Delrena Swaggerty Barry Fox	10:25-11:00

Reminder: The CYFBHSOC Council is dark in August. Next meeting is scheduled for Monday, September 12, 2016





2016-2021 STRATEGIC PLAN

VISION: A region that is Building Better Health, Living Safely and Thriving



Live Well San Diego

MISSION: To efficiently provide public services that build strong and sustainable communities

VALUES: Integrity, Stewardship and Commitment

STRATEGIC INITIATIVES: By focusing our priorities through Strategic Initiatives we will continue to advance the County's *Live Well San Diego* vision

HEALTHY FAMILIES:

San Diego County has fully optimized its health and social service delivery system to make it an industry leader in efficiency, integration and innovation

- Promote the implementation of a service delivery system that is sensitive to individuals' needs

Every resident has the opportunity to make positive healthy choices that reduce preventable deaths

- Strengthen the local food system and support the availability of healthy foods, nutrition education, and nutrition assistance for those who need it

The County makes health, safety and thriving a focus of all policies and programs through internal and external collaboration

- Pursue policy and program change for healthy, safe and thriving environments to positively impact residents
- Leverage internal communication resources, resource groups and social media to enhance employee understanding of the County's *Live Well San Diego* vision

SUSTAINABLE ENVIRONMENTS:

San Diego is a vibrant region with planning, development, infrastructure and services that strengthen the local economy

- Provide and promote services that increase consumer and business confidence

The region is a leader in protecting and promoting our natural and agricultural resources, diverse habitats and sensitive species

- Enhance the quality of the environment by focusing on sustainability, pollution prevention and strategic planning

Cultivate a natural environment for residents, visitors and future generations to enjoy

- Foster an environment where residents engage in recreational interests by enjoying parks, open spaces and outdoor experiences

All residents engage in community life and civic activities

- Create and promote diverse opportunities for residents to exercise their right to be civically engaged and find solutions to current and future challenges

SAFE COMMUNITIES:

Make San Diego the most resilient community in America

- Encourage and promote residents to take important and meaningful steps to protect themselves and their families for the first 72 hours during a disaster

Make San Diego the safest urban county in the nation

- Plan, build and maintain safe communities to improve the quality of life for all residents
- Expand data-driven prevention strategies and utilize current technologies to reduce crime at the local and regional level

All San Diego youth are protected from crime, neglect and abuse

- Strengthen our prevention and enforcement strategies to protect our youth from crime, neglect and abuse

The regional criminal justice system achieves a balance between accountability and rehabilitation

- Fully implement a balanced-approach model that reduces crime by holding offenders accountable while providing them access to rehabilitation

OPERATIONAL EXCELLENCE:

Make San Diego the best managed county in the nation

- Promote a culture of ethical leadership and decision making across the enterprise
- Align services to available resources to maintain fiscal stability

Make San Diego County the best in the nation for providing exceptional customer service

- Provide modern infrastructure, innovative technology and appropriate resources to ensure superior service delivery to our customers
- Strengthen our customer service culture to ensure a positive customer experience

Make San Diego County the best place to work in the nation

- Develop, maintain and attract a skilled, adaptable and diverse workforce by providing opportunities for our employees to feel valued, engaged and trusted

VALUES: In recognition that “The noblest motive is the public good,” we are dedicated to:

INTEGRITY:

Character First

- We maintain the public’s trust through honest and fair behavior
- We exhibit the courage to do the right thing for the right reason
- We are dedicated to the highest ethical standards

STEWARDSHIP:

Service Before Self

- We are accountable to each other and the public for providing service and value
- We uphold the law and effectively manage the County’s public facilities, resources and natural environment
- We accept personal responsibility for our conduct and obligations
- We will ensure responsible stewardship of all that is entrusted to us

COMMITMENT:

Excellence In All We Do

- We work with professionalism and purpose
- We make a positive difference in the lives of the residents we serve
- We support a diverse workforce and inclusive culture by embracing our differences
- We practice civility by fostering an environment of courteous and appropriate treatment of all employees and the residents we serve
- We promote innovation and open communication



STRATEGIC PLANNING AND THE GENERAL MANAGEMENT SYSTEM:

The County’s strategic planning process is an ongoing activity. We revisit our Strategic Plan annually and make adjustments, as necessary, to ensure that the priorities articulated in the Strategic Plan reflect the changing environment, economy and community needs. The Strategic Plan is the first element of the County General Management System (GMS), an annual five-part cycle that is a disciplined approach to managing government for maximum efficiency and effectiveness. For more information about this award-winning system, visit www.sandiegocounty.gov/content/dam/sdc/auditor/pdf/adoptedplan_15-17.pdf#page=31.

As the first step of the GMS, the Strategic Plan outlines the County’s priorities identifying where we want to be in five years and the goals we have set for our organization and the community. Exactly how we will get there is discussed in the County’s Operational Plan, or budget document, which is the second step of the GMS. The Operational Plan includes the concrete steps that County departments will take to assign resources and staff toward achieving the priorities and goals laid out in the Strategic Plan. For more information, see www.sandiegocounty.gov/auditor/budinfo.html.



HHS BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP STRATEGIC FRAMEWORK

VISION

Live Well San Diego
A county that is Building Better
Health, Living Safely and Thriving

MISSION

To efficiently provide public services
that build strong and sustainable
communities

VALUES

Integrity
Stewardship
Commitment

GUIDING PRINCIPLES AND PRIORITIES



COMMITMENT

Work in partnership with our communities to provide quality behavioral health services empowering individuals with behavioral health needs to live healthy, safe and thriving lives.

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HHS BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP STRATEGIC FRAMEWORK

OUR VISION, MISSION AND VALUES

The Vision, Mission and Values of the County of San Diego are fundamental elements and at the core of the Strategic Framework.

Vision	Live Well San Diego – A county that is Building Better Health, Living Safely and Thriving
Mission	To efficiently provide public services that build strong and sustainable communities
Values	Integrity – Stewardship - Commitment

OUR GUIDING PRINCIPLES

Our Seven Guiding Principles will lead and direct Behavioral Health Services planning, be flexible with new priorities and have the ability to produce innovative changes to the Systems of Care.

Promote Recovery, Resiliency, Discovery and Well-Being	Recovery, Resiliency, Discovery and Well-Being are the basic tenets of BHS services planning, enabling individuals to build on their success and enjoy the highest quality of life.
Collaborate with Partners, Stakeholders and the Community	Feedback and input from key partners, stakeholders and the community is utilized for decision making for planning and implementation and is essential for leveraging resources.
Maximize Funding	Resources are leveraged and available funding maximized to provide the highest quality of care.
Driven by Data	Data is used to drive decision making and guides all changes and enhancements to the Systems of Care.
Proactive Management	Identify and address changes in the evolving political and environmental landscape and remain flexible in meeting changing directives.
Ensure Regulatory Compliance	Adhere to increasing regulatory standards and requirements by integrating compliance and controls in the planning of services.
Utilize Evidence Based/Informed Practices	Evidence Based/Informed Practices will be utilized in developing and implementing high quality services.

OUR PRIORITIES

Our Priorities reflect BHS' commitment to work in partnership with our communities to provide quality behavioral health services empowering individuals with behavioral health needs to live healthy, safe and thriving lives.

Homelessness and Housing	Address homelessness by increasing supportive services and permanent supportive housing for underserved individuals with serious mental illness.
Collaboration with Public Safety	Increase collaboration with Public Safety to meet the justice population's behavioral health needs.
Underserved and Unserved Populations	Expand behavioral health services for adults, children and youth transitioning to adulthood, specifically for underserved and unserved populations, including but not limited to, racial, ethnic, refugee and lesbian, gay, bisexual, transgender and questioning (LGBTQI) populations.
Suicide Prevention	Enhance suicide prevention efforts including support and resources for the most vulnerable populations.
Crisis Services	Enhance crisis services and increase continued education and training to law enforcement, emergency personnel and first responders.
Aging Population	Implement innovative approaches to screen and treat the aging population with serious mental illness and increase services to caregivers of those with cognitive declines that impact daily functioning and living.
Collaboration with Schools	Promote collaborative partnerships with schools in addressing behavioral health issues.
Care Coordination	Improve care coordination for discharging or transitioning clients to behavioral health and physical health resources.
Workforce	Enhance workforce to retain qualified behavioral health staff with competitive salaries and qualifications and ensure appropriate staff for oversight of programs.
Behavioral Health Continuum of Care	Continuously identify and address the needs and gaps for the Behavioral Health Services Systems of Care.
Substance Use Disorder Organized Delivery System	Implement an innovative and organized Substance Use Disorder Organized Delivery System.
Children's Mental Health Services	Attend to the behavioral health needs of children and youth in the context of changing regulations, such as Continuum of Care Reform and Pathways to Mental Health.
Long Term Care	Ensure a continuum of Long Term Care is available to meet individual needs.



HHS BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP TIMELINE

January 2016

- Preliminary priorities for the Ten Year Roadmap presented to the Board of Supervisors (BOS) based on feedback from the 2015 Community Engagement Forums.

February 2016

- Assist in completing a systems analysis of BHS Systems of Care and finalize the development of the Ten Year Roadmap.
- Design/evaluate the 2016 Community Engagement Forums.

March - May 2016

- Work on the creation of the Strategic Framework and Ten Year Roadmap based on feedback from the community, key partners and stakeholders.

June - July 2016

- Strategic Framework, Implementation Timeline and Ten Year Roadmap is presented to the BOS.
- Begin design of implementation and evaluation of the Community Engagement Forums (CEFs) and systems analysis of BHS.
- Begin tracking priorities in process from the Ten Year Roadmap.

August - October 2016

- Community Engagement Forums held.
- Continue systems analysis of BHS Systems of Care concurrently with the CEFs.
- Continue working on priorities.

November-December 2016

- Track, evaluate and analyze data from CEFs and complete a comprehensive report.
- Continue systems analysis of BHS Systems of Care.
- Continue working on priorities.

December 2016

- Complete systems analysis and prepare comprehensive report.
- Review report and incorporate feedback.
- Continue working on priorities.

January 2017

- Based on systems analysis/CEF reports, update the Priorities on the Ten Year Roadmap and appropriately plan services with specific goals and objectives from identified priorities.

Phase 1
 Visioning
 Roadmap Planning
 Reviewing feedback
 Building Structure

Phase 2
 Strategic Planning
 Data Gathering
 Analysis
 Community Engagement

Phase 3
 Assess
 Revise Priorities
 Goals/ Objectives Finalized
 Expected Outcomes/ Results Defined

TEN YEAR ROADMAP UPDATED

HHSA BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP

OUR VISION, MISSION AND VALUES
<p>Vision: Live Well San Diego – A county that is Building Better Health, Living Safely and Thriving</p> <p>Mission: To efficiently provide public services that build strong and sustainable communities</p> <p>Values: Integrity – Stewardship – Commitment</p>

OUR GUIDING PRINCIPLES
<p>Promote Recovery, Resiliency, Discovery and Well-Being, Collaborate with Partners, Stakeholders and the Community, Maximize Funding, Driven by Data, Proactive Management, Ensure Regulatory Compliance, Utilize Evidence Based/Informed Practices</p>

OUR COMMITMENT
<p>Work in partnership with our communities to provide quality behavioral health services empowering individuals with behavioral health needs to live healthy, safe and thriving lives.</p>

OUR PRIORITIES				
PRIORITY	SHORT TERM Fiscal Years 16/17-18/19	MID TERM* Fiscal Years 19/20-21/22	LONG TERM* Fiscal Years 22/23-25/26	TEN YEAR GOAL
Homelessness and Housing	<ul style="list-style-type: none"> Implement Project One for All (POFA), including the addition of 1250 ACT/FSP treatment slots and 600 outreach/engagement slots (at a minimum). Collect baseline data to evaluate effectiveness of POFA and plan for long term strategy to improve and/or maintain services. Secure housing subsidies for POFA from committed housing entities. Replicate East County Court homeless outreach services to ensure connection to appropriate health and human services and housing resources. Work with the Court and Public Safety partners to conduct a study to determine the number of inmates who have serious mental illness and are at great risk of being homeless upon community release. 	<ul style="list-style-type: none"> Develop housing strategies based on evaluation of POFA outcomes and community needs. Evaluate and adjust POFA strategy based on baseline data and initial outcomes, including potential expansion for individuals with serious behavioral health conditions leaving the jail. 	<ul style="list-style-type: none"> Implement housing strategies based on evaluation and adjustments from POFA outcomes and community needs. Re-evaluate and adjust POFA strategy based on outcomes, including potential expansion for individuals with serious behavioral health conditions leaving the jail. 	Address homelessness by increasing treatment, supportive services and permanent supportive housing for underserved individuals with serious mental illness.
Collaboration with Public Safety	<ul style="list-style-type: none"> Evaluate collaborative courts and develop strategy to address gaps. Support and evaluate the addition of licensed mental health case management clinicians in Public Defender’s office. Increase in-jail services to support discharge planning. Develop and implement a co-occurring treatment program to support youth placed in a residential program being established through Public Safety. Develop and implement coordinated processes for screening and assessment to identify high risk and/or high need offenders. Collaborate with Public Safety to develop services for realigned population Support addition of clinical staff to serve youth in juvenile justice institutions. Engage Health Plans in dialogue around capacity to screen and refer offenders with mild to moderate mental illness to appropriate services. 	<ul style="list-style-type: none"> Monitor and evaluate coordinated processes for screening and assessment to identify high risk and/or high need offenders. Evaluate the need for a PERT clinician in Probation’s Mentally Ill offender unit. Work with Public Safety to plan for improved transportation to enhance service engagement by offenders. Ensure Continuum of Care Reform (CCR) and Pathways to Well Being Systems incorporate probation populations. Evaluate comprehensive system of services for the justice population and adapt strategies as indicated. 	<ul style="list-style-type: none"> Implement new strategies identified to support a comprehensive system of services for the justice population. Work with Public Safety to implement improved transportation to enhance service engagement by offenders. 	Increase collaboration with Public Safety to meet the justice population’s behavioral health needs.

**Strategies will be continuously refined via annual BHS Community Engagement and other Stakeholder forums and are dependent on funding availability and new and/or changing laws and regulations.*

HHS A BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP

OUR PRIORITIES				
PRIORITY	SHORT TERM Fiscal Years 16/17-18/19	MID TERM* Fiscal Years 19/20-21/22	LONG TERM* Fiscal Years 22/23-25/26	TEN YEAR GOAL
	<ul style="list-style-type: none"> Provide competency restoration services for youth in the community. Support new specialized Trauma Responsive Unit in Juvenile Institution. Develop Pathways to Well Being training for probation workforce. Increase quality of care and program adherence to evidence based practice for specialized needs of juvenile and adult justice population through the use of the Correctional Program Checklist (CPC) 			
Underserved and Unserved Populations	<ul style="list-style-type: none"> Develop and implement Commercially Sexually Exploited Children (CSEC) Program. Develop and implement LGBTQI Program for children/youth and Transitional Aged Youth (TAY). Evaluate and support interpreter requirements across programs. Evaluate opportunities for increased cultural competency training and programming for the Deaf/Hard of Hearing community Expand outreach to veterans, LGBTQI and older adults through <i>It's Up to Us</i> countywide media campaign Implement TAY Workgroup Plan and recommendations. 	<ul style="list-style-type: none"> Increase TAY services to address mental health, substance use conditions and homelessness. Evaluate and adjust CSEC service needs. Evaluate and adjust LGBTQI service needs. Evaluate gaps in services, identify new needs and adjust services for underserved and unserved populations. 	<ul style="list-style-type: none"> Re-evaluate gaps in services, identify new needs and adjust services for underserved and unserved populations. 	Expand behavioral health services for adults, children and youth transitioning to adulthood, specifically for underserved and unserved populations, including but not limited to, racial, ethnic, refugee and lesbian, gay, bisexual, transgender and questioning (LGBTQI) populations.
Suicide Prevention	<ul style="list-style-type: none"> Implement Behavioral Health Advisory Board (BHAB) Suicide Prevention Workgroup (SPW) Recommendations identified in the SPW Feasibility Report including the use of the Columbia Suicide Severity Rating Scale (C-SSRS) throughout the County as appropriate per setting and available resources. Expand school based suicide prevention services to countywide, with added bullying prevention component. Support suicide prevention efforts for probation involved youth through trainings and the establishment of referral pathways. Update the San Diego Suicide County Prevention Action Plan for the next five year period. 	<ul style="list-style-type: none"> Evaluate implementation of BHAB SPW recommendations. Explore enhancement of bullying prevention services. Evaluate and update the San Diego County Suicide Prevention Action Plan. 	<ul style="list-style-type: none"> Implement new suicide prevention strategies based on the County of San Diego's Suicide Prevention Action Plan. 	Enhance suicide prevention efforts including support and resources for the most vulnerable populations.
Crisis Services	<ul style="list-style-type: none"> Implement two (2) crisis stabilization units (CSU) in North County; evaluate and develop plan for expansion if indicated. Open Crisis Residential Facility in North Inland Region. Centralize and increase number of emergency screening unit (ESU) beds available for children/youth. Implement new and expand existing walk-in/urgent clinic capacity. 	<ul style="list-style-type: none"> Implement plan for additional crisis services countywide as indicated. Evaluate existing crisis response education and training and adjust as indicated. Explore establishing a crisis residential for youth pending legislation passage to allow for 	<ul style="list-style-type: none"> Work with critical partners to evaluate existing crisis services and adjust planning as indicated. 	Enhance crisis services and ensure continued education and training to law enforcement, emergency personnel and first responders.

**Strategies will be continuously refined via annual BHS Community Engagement and other Stakeholder forums and are dependent on funding availability and new and/or changing laws and regulations.*

HHSA BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP

OUR PRIORITIES				
PRIORITY	SHORT TERM Fiscal Years 16/17-18/19	MID TERM* Fiscal Years 19/20-21/22	LONG TERM* Fiscal Years 22/23-25/26	TEN YEAR GOAL
	<ul style="list-style-type: none"> Evaluate need for more crisis response teams and plan for implementation if indicated. Plan for the ongoing availability of children/youth psychiatric inpatient beds. 	licensing and reimbursement. <ul style="list-style-type: none"> Evaluate need for additional Walk-in/Urgent capacity and develop plan for expansion if indicated. 		
Aging Population	<ul style="list-style-type: none"> Increase support of caregivers by expanding services countywide. Evaluate System of Care needs for older adults with serious mental illness (SMI) consistent with State Older Adult Framework and community needs. 	<ul style="list-style-type: none"> Explore expanded services for the aging population with SMI. Evaluate expansion of caregiver services and adjust as indicated. 	<ul style="list-style-type: none"> Implement expanded services for the aging population with SMI as indicated. 	Implement innovative approaches to screen and treat the aging population with serious mental illness and increase services to caregivers of those with cognitive declines that impact daily functioning and living.
Collaboration with Schools	<ul style="list-style-type: none"> Expand prevention and early intervention school age programs to all regions with a focus in Southeast San Diego and specialized component in east region for refugee population. Increase education sector awareness of BHS programming through the HHSA School Collaborative and utilize partnership to identify system improvement opportunities. 	<ul style="list-style-type: none"> Evaluate services and training to ensure effective cross-system collaboration. Plan and begin implementation of system improvements based on partnerships developed through the HHSA School Collaborative. 	<ul style="list-style-type: none"> Continuously re-evaluate and plan for system improvements based on partnerships developed through the HHSA School Collaborative. 	Promote collaborative partnerships with schools to address behavioral health issues.
Care Coordination	<ul style="list-style-type: none"> Increase intensive institutional case management to facilitate step-down from inpatient to outpatient services. Increase case management availability countywide to better connect clients to services. Develop and implement a 'Warm Handoff' infrastructure. Implement a communication platform for seamless access to incoming and outgoing shared messaging and clinical information. 	<ul style="list-style-type: none"> Evaluate case management availability countywide and develop plan for expansion to better connect clients to services. Implement interoperable solutions through secure health information exchange technology to support increased care coordination and promote better outcomes. 	<ul style="list-style-type: none"> Achieve Person-Centered Service Delivery goals with full ConnectWellSD implementation by linking data, departments and programs and creating more virtual working relationships, making it easier and faster to provide service as a team, for a better customer experience. 	Improve care coordination for discharging or transitioning clients to behavioral health and physical health resources.
Workforce	<ul style="list-style-type: none"> Evaluate workforce qualifications and salaries across BHS programs. Develop plan to address staffing levels and compensation to ensure appropriate level of care across programs; begin implementation. Support behavioral health workforce training, mentoring and education. Redesign and extend community psychiatry fellowship. 	<ul style="list-style-type: none"> Continue implementation of plan to address staffing levels and compensation to ensure appropriate level of care across programs. Develop plan for ongoing support of workforce education and training; implement as indicated. 	<ul style="list-style-type: none"> Implement and continuously evaluate plan for ongoing support of workforce education and training. 	ATTACHMENT B-1 Page 4 of 4 with competitive salaries and qualifications and ensure appropriate staff for oversight of programs.
Behavioral	<ul style="list-style-type: none"> Partner with key community stakeholders to generate solutions and 	<ul style="list-style-type: none"> Implement recommendations for system 	<ul style="list-style-type: none"> Continuously evaluate and adjust 	Continuously identify and address

**Strategies will be continuously refined via annual BHS Community Engagement and other Stakeholder forums and are dependent on funding availability and new and/or changing laws and regulations.*

HHSA BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP

OUR PRIORITIES				
PRIORITY	SHORT TERM Fiscal Years 16/17-18/19	MID TERM* Fiscal Years 19/20-21/22	LONG TERM* Fiscal Years 22/23-25/26	TEN YEAR GOAL
Health Continuum of Care	<ul style="list-style-type: none"> develop recommendations for improvements to the integrated behavioral health continuum of care. Evaluate the comprehensive BHS System of Care to identify service and capacity gaps; develop plan to address. Enhance outpatient mental health clinics to increase mental health and recovery services. 	improvement based on identified gaps in service and capacity.	planning to reflect identified needs and gaps in service for the behavioral health continuum of care.	needs and gaps for the Behavioral Health Services (BHS) Systems of Care.
Substance Use Disorder Organized Delivery System	<ul style="list-style-type: none"> Develop recommendation to opt-in to 1115 Waiver to develop a Substance Use Disorder (SUD) Organized Delivery System, develop and submit rates and implementation plan. Begin initial implementation of SUD Organized Delivery System including, detox, recovery, narcotic treatment and residential treatment services. Incorporate SUD prevention strategy into SUD Organized Delivery System, including targeted education to vulnerable populations 	<ul style="list-style-type: none"> Continue implementation of SUD Organized Delivery System according to implementation plan. Increase educational efforts and media campaigns focusing on SUD prevention, such as the suicide prevention and stigma reduction campaign <i>It's Up to Us</i>. 	<ul style="list-style-type: none"> Fully implement the SUD Organized Delivery System. 	Implement an innovative Substance Use Disorder Organized Delivery System.
Children's Mental Health Services	<ul style="list-style-type: none"> Convert children's mental health programs to Full Service Partnerships. Evaluate the full complement of children's mental health services through the comprehensive BHS System of Care evaluation and develop plan to address gaps in children's services. Collaborate with Child Welfare Services (CWS) and Probation on Continuum of Care Reform (CCR) planning. Expand Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) from the Katie A. Subclass population to all eligible EPSDT MediCal beneficiaries. 	<ul style="list-style-type: none"> Continue the conversion of children's mental health programs to Full Service Partnerships. Begin implementation of system improvements to support children's mental health services. Support development and execution of Continuum of Care Reform (CCR) implementation plan. 	<ul style="list-style-type: none"> Evaluate Continuum of Care Reform (CCR) implementation and adjust as needed. Evaluate implementation of changes and enhancements to children's mental health services and adjust as indicated. 	Attend to the behavioral health needs of children and youth in the context of changing regulations.
Long Term Care	<ul style="list-style-type: none"> Develop a Long Term Care (LTC) strategy (including exploration of implementing SNF special treatment) to reduce the need and reliance on long term care resources by better understanding systems issues contributing to an over-reliance on long term care. Reorganize BHS Clinical Director's Office to support LTC Strategy. Ensure appropriate level of support for San Diego County Psychiatric Hospital. 	<ul style="list-style-type: none"> Begin implementation of LTC strategy to include enhancement of primary care interventions and alternatives to LTC. 	<ul style="list-style-type: none"> Continue implementation and continuous improvement of LTC continuum. 	Ensure a continuum of Long Term Care is available to meet individual needs.

**Strategies will be continuously refined via annual BHS Community Engagement and other Stakeholder forums and are dependent on funding availability and new and/or changing laws and regulations.*

County of San Diego

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

Council Overview

History: On December 12, 1995, the County Board of Supervisors supported recommendations to transform the Children's Mental Health System. A Children's Mental Health Services System of Care Steering Committee was established; a Public, Private and Family partnership. In 2004, this committee evolved into the Children's Mental Health Services System of Care Council, a four sector partnership: Public, Private, Family/Youth, and Education. The Council serves in an advisory capacity to the Behavioral Health (BH) Director, Alfredo Aguirre and operates according to its by-laws adopted March, 2006 and last revised June 4, 2015.

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

CYF Administrative Support: Grisel Ortega and Edith Mohler.

Children's System of Care Values and Principles

Vision: San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.

Mission: To ensure that all agencies serving San Diego County youth from age 0 up to 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles:

Collaboration of four sectors: The cornerstone of the Children's System of Care is a strong four sectors partnership between youth/families, public agencies, private organizations and education that ensure accountability to achieve System of Care (SOC) goals and quality outcomes consistent with SOC philosophy.

Integrated: Among the four sector partners services are comprehensive, accessible coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports.

Youth guided, family driven: Youth and families actively participate in service delivery, planning, and program and policy development.

Individualized: Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.

Strength-based: Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.

Community-based: Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources.

Outcome driven: Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.

Culturally Competent: Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.

Trauma Informed: Pending.

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

County of San Diego

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

Council Members are expected to:

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

Currently, the Council has 24 active seats:

• Behavioral Health Advisory Board (1 seat)	• Behavioral Health Services (1 seat)
• Public Safety Group/Probation (1 seat)	• Child Welfare Services (1 seat)
• HHS Regions (1 seat)	• Juvenile Court (1 seat)
• Special Education (1 seat)	• School Board (1 seat)
• First 5 Commission (1 seat)	• Mental Health Contractors Association (2 seats)
• San Diego Non Profit Association (SDNA (1 seat)	• Fee-For-Service Network (1 seat)
• Wraparound Constituency (1 seat)	• Healthcare/Pediatrician (1 seat)
• Family and Youth Liaison (1 seat)	• Special Education Local Plan Areas (SELPA) • (1 seat)
• Regular Education-Pupil Personnel Services (1 seat)	San Diego Regional Center for Developmentally Disabled (1 seat)
• Alcohol and Drug Service Provider Association (ADSPA) (1 seat)	• Caregiver of child/youth served by the public health system (1 seat)
• Youth served by the public health system- age up to 26 (2 seat)	• Public Health (1 seat)

Current Council Sub-Committees:

Executive, Outcomes, Early Childhood, Education, Private Sector, Children’s Well-Being Celebration, Family and Youth As Partners and Ad hoc (as needed).

Regular Reports to Council:

• Quality Improvement (QI)/Management Information System (MIS)	• Transition Age Youth (TAY) Workgroup
• Behavioral Health Education and Training Academy (BHETA)	• Change Agents Developing Recovery Excellence (CADRE)
• Children’s System of Care (CSOC) Training Academy	• Cultural Competence Resource Team (CCRT)
• Mental Health Services Act (MHSA)	• Implementing Trauma Informed Integration efforts

Council Meeting Schedule:

- **When:** Second Monday of each month. (Dark in August)
- **Time:** 9:00 to 10:30 A.M.
- **Where:** 3255 Camino del Rio South, San Diego CA (La Jolla Room)
- To be added to the electronic distribution list, contact Grisel Ortega at Grisel.Ortega@sdcounty.ca.gov or call at 619-563-2772

CHILDREN'S SYSTEM OF CARE PRINCIPLES

CSOC Council Vision: *San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.*

Mission: *The purpose of the System of Care Council is to ensure that all agencies serving San Diego county youth from age 0 through age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles.*

1. **Collaboration of four sectors:** The cornerstone of the CSOC is a strong four sectors partnership between youth/families, public agencies, private organizations and education that ensure accountability to achieve System of Care (SOC) goals and quality outcomes consistent with SOC philosophy.
2. **Integrated:** Among the four sector partners services are comprehensive, accessible coordinate behavioral and physical health care, provide seamless transition of care and utilize natural community supports,
3. **Youth guided, family driven:** Youth and families actively participate in service delivery, planning, and program and policy development.
4. **Individualized:** Services are flexible and designed to meet and build upon the unique needs, strengths and potential of each youth, and family.
5. **Strength-based:** Individualized plans and services identify and utilize youth/family strengths to facilitate health and wellness.
6. **Community-based:** Sector partners offer an array of services in each region and strengthen family and youth connections to neighborhood and local community resources..
7. **Outcome driven:** Service delivery systems continuously improve services by measuring and evaluating outcomes and use results to modify practices.
8. **Culturally Competent:** Service providers honor the diversity of cultures; address the complexities within and between cultures, and provide accessible and relevant services.



**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:

Constituencies	Seats
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
Frist 5 Commission	1
Special Education Local Plan Areas (SELPA)	1
Regula Education- Pupil Personnel Services	1
School Board	1
Special Education	1
San Diego Regional Center for Developmentally Disabled	1
Alcohol and Drug Contractors Association	1
Mental Health Contractors Association	2



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

Membership shall be limited to 24 voting members. Each member 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.

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

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)

	SUB-COMMITTEE	MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
1	Outcomes	Meets the 1 st Tuesday of the month-Del Mar Room from 11:30 A.M. to 1:00 P.M.	Angela Chen achen@upacsd.com CYF Rep: Yael Koenig/Rebecca Raymond Yael.Koenig@sdcounty.ca.gov Rebecca.Raymond@sdcounty.ca.gov
2	Early Childhood	Meets the 2 nd Monday of the month-La Jolla Room from 10:30 A.M. to 12:00 P.M.	Ali Freedman alifreedman@fredfinch.org CYF Rep: Jean Avila Jean.Avila@sdcounty.ca.gov
3	Education Advisory Ad Hoc	Meets as needed	Mara Madrigal-Weiss mmadrigal@sdcoe.net CYF Rep: Edith Mohler Edith.Mohler@sdcounty.ca.gov
4	TAY Workgroup	Meets quarterly the 4 th Wednesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M.	Cecily Thornton-Sterns & Maria Morgan- Co-chairs Cecily.Thornton-Sterns@sdcounty.ca.gov Maria.Morgan@pathways.com CYF Reps: Mike Miller/Fran Cooper Michael.Miller@sdcounty.ca.gov Frances.Cooper@sdcounty.ca.gov
5	CYF CADRE	Meets quarterly-2 nd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M.	Bethany Hansell Bhansell@sdyouthservices.org CYF Rep: Wendy Maramba Wendy.Maramba@sdcounty.ca.gov
6	Cultural Competency Resource Team (CCRT)	Meets the 1 st Friday of the month-La Jolla Room from 10:00 to 11:30 A.M.	Piedad Garcia & Charity White-Voth Piedad.Garcia@sdcounty.ca.gov Charity.White-Voth@sdcounty.ca.gov CYF Rep: Edith Mohler Edith.Mohler@sdcounty.ca.gov
7	Family and Youth Sector	<ul style="list-style-type: none"> Quarterly Family Voice Meeting – July 28 from 2:00-3:30 P.M. at NAMI San Diego- 2095 Murphy Canyon 	Renee Cookson ReneeCookson@namisd.org CYF Rep: Rebecca Raymond by Invitation

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)

		Rd, Suite 320, San Diego 92123 <ul style="list-style-type: none"> Quarterly Sector Meeting – August 25 from 2:00-3:30pm- Location TBD 	
8	Family and Youth As Partners	Meets the 3 rd Thursday of the month- Bonita Room from 2:00 to 3:30 P.M.	Renee Cookson ReneeCookson@namisd.org CYF Rep: Rebecca Raymond Rebecca.Raymond@sdcounty.ca.gov
9	Private Sector	Meets the 2 nd Monday of the month- Bonita Room from 8:15 to 9:00 A.M.	Steven Jella sjella@sdyouthservices.org CYF Rep: CYF COR's by Invitation
10	Executive Committee	Meets the 4 th Monday of the month- Conf. Call from 10:00-10:30 A.M.	Yael Koenig Grisel.Ortega@sdcounty.ca.gov
11	Children's Mental Health Well Being Celebration	Begins in January of each year	Renee Cookson ReneeCookson@namisd.org CYF Rep: Edith Mohler Edith.Mohler@sdcounty.ca.gov

PROPOSED NEW SUB-COMMITTEE'S

	NEW SUB-COMMITTEE	DESCRIPTION	LEAD
1	MHSA Annual Plan	Begins approximately in May of each year to review the Annual MHSA Plan and provide input.	Lead: To be appointed at Strategic Planning CYF Rep: Elizabeth Locano Elizabeth.Locano@sdcounty.ca.gov
2	Contract Staff Recruitment and Retention	New Sub-committee or via Private Sector Sub-committee?	Steve Jella sjella@sdyouthservices.org
3	Information Sharing	New Sub-committee or via Private Sector Sub-committee?	Steve Jella sjella@sdyouthservices.org

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

CURRENT 24 ACTIVE SEATS		NOTES
1	Behavioral Health Advisory Board	
2	Behavioral Health Services	
3	Public Safety Group/Probation	
4	Child Welfare Services	
5	HHSR Regions	
6	Public Health	
7	Juvenile Court	
8	First 5 Commission	
9	Special Education Local Plan Areas (SELPA)	
10	Regular Education-Pupil Personnel Services	
11	School Board	
12	Special Education	
13	San Diego Regional Center for Developmentally Disable	
14	Alcohol and Drug Contractors Association	
15/16	*Mental Health Contractors Association	
17	San Diego Non Profit Association (SDNA)	
18	Fee-For-Service Network	
19	Wraparound Constituency	The Wraparound philosophy has been successfully embedded in our CSOC. Recommendation to celebrate success of CSOC incorporating wraparound into all aspects of SOC and retire it from a stand-alone seat.
20	Healthcare/Pediatrician	
21	Family and Youth Liaison	
22	Caregiver of child/youth served by the public health system.	
23/24	*Youth served by the public health system (up to age 26)	Currently one seat is designated as representing Residential or Juvenile Justice and the other representing Special Ed or Mental Health. Propose to have two seats representing youth up to age 26 served by the public health system

*Two separate seats

PROPOSED SEAT(S) TO COUNCIL

SEAT(S)		NOTES
	Managed Care Health Plan	Propose adding a Managed Care Health Plan seat. Under ACA it has become even more critical to coordinate care with the Health Plans.



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

Vision: San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.

Mission: To ensure that all agencies serving San Diego County children and youth up to age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles:

FY 15-16 Overall Goals

- Advance Pathways to Well-Being (Katie A.)
- Psychiatric crisis supports; explore a “check in” code
- Care Coordination
- Support Agency Priorities: Live Well San Diego
- Early Childhood awareness and expertise development
- Monitor access/capacity
- Add an Ad Hoc committee for annual Children’s Mental Health Well-Being Celebration in May
- Infuse Customer Service commitment
- Contribute to the 1115 DMC Waiver – Organized Service Delivery System discussion/planning
- Prepare for Prevention and Early Intervention regulations for FY 16-17 system impact
- Add Family and Youth Advisory Council subcommittee to the CSOC Council
- Restructure the CSOC Council to increase engaging active contributions
- Promote advancing trauma informed systems
- Identify new and system relevant trainings

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

Goal	FY 15-16 Highlights of Accomplishments
Pathways to Well-Being	<ul style="list-style-type: none"> • The National Association of Counties (NACo) granted Pathways to Well-Being the 2016 Achievement Award. • Provided trainings on ICC/IHBS expansion to comply with DHCS directive. Expansion became effective July 1, 2016. • Provided numerous on site Technical Assistance (TA) sessions to BHS Providers. • Developed and initiated Child and Family Team Facilitation Trainings to system of care providers. • Continued to provide full day Pathways training.
Continuum of Care Reform (CCR)	<ul style="list-style-type: none"> • Participated in multiple State workgroups on CCR. • Established a local CCR Oversight Workgroup for CWS, Probation and BHS. • Disseminated CCR information to Council and BHS Providers. • Began system planning for 7-1-17 CCR implementation and transition to Therapeutic Foster Care and Short Term Residential Therapeutic Programs (STRTPs).
Addressing needs of youth/families experiencing a psychiatric crisis	<ul style="list-style-type: none"> • Prepared for Emergency Screening Unit (ESU) operations shift from County & Contracted to exclusive contractor effective July 1, 2016. • Secured a \$1.7 million award through the California Health Facilities Financing Authority (CHFFA) which will be utilized towards renovating the Hillcrest site for a 12 bed ESU facility. • Inpatient Solutions Workgroup was re-established to evaluate transport protocols for youth experiencing a psychiatric crisis. • Formation of the Acute Continuum of Care Initiative, in partnership with Hospital Association of San Diego and Imperial Counties (HASDIC). Policy Committee has begun meeting. • Analyzed Assemble Bill 741 which would create a mechanism and option for Counties to offer Crisis Residential services to children and youth.
CYF Celebration	<p>2nd Annual Children’s Mental Health Well-Being Celebration held May 4th, 2016 with a focus on Health, Hope, & Happiness.</p> <ul style="list-style-type: none"> • 22 Programs submitted art created by children and youth. • Art is displayed at BHS Administration office • Over 100 attendees joined the 2nd Annual Celebration which featured Drum Circle, Yoga, Mental Health Wheels, and Art display.
Early Childhood	<ul style="list-style-type: none"> • The 6th “We Can’t Wait” Conference was held September 2015. • Began planning for the 7th “We Can’t Wait” Conference for September 22-24, 2016. • Finalized a 0-5 Behavioral Health Assessment (BHA) to be released in FY16-17.

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

	<ul style="list-style-type: none"> • Evaluated shifting to Eyberg Child Behavior Inventory (ECBI) measure for young children as a more appropriate outcomes tool; initiate on July 1, 2016.
<p>Transforming and Advancing the System of Care</p>	<ul style="list-style-type: none"> • 13 BHS Community Engagement Forums were conducted in Oct/Nov of 2015 with participation of over 880 community members. • Promoted awareness regarding the Medi-Cal Expansion for all youth which became effective May 2016 – SB 75. • Implemented Innovation Projects effective July 1, 2015: <ul style="list-style-type: none"> ○ Caregiver Connection to Treatment – for young children (Innovation 11). ○ Family Therapy Participation - Utilizing Parent Partners (Innovation 12) – 6 Regional Programs. • FSP programing re-design was initiated in January 2016 with ongoing roll out. • PEI - School Age programs were re-procured & expanded countywide with refugee component in East region, effective July 1, 2016. • PEI Suicide Prevention programing was expanded to be countywide with an anti-bullying component, effective July 1, 2016. • Increased services for foster youth through Incredible Families programing, effective March 2016. • Continued providing Evidence Based Practice trainings and other relevant trainings like Impulsive and Self-Injurious Behaviors in Children and Youth, Introduction to Child Parent Relationship Therapy (CPRT) and other trainings like Play Therapy • Through the Children, Youth and Families System of Care (CYFSOC) Training Academy provided the following trainings: <ul style="list-style-type: none"> ○ 0-5 Trauma and Attachment ○ Self-Care for Providers and Caregivers ○ Medicating Kids: Psychotropic Medications 101 ○ Introduction to Positive Discipline ○ Navigating the Special Education System ○ Let’s Talk About Sex—Sex and Sexuality in Children and Adolescents conference • Updated the CSOC e-learning training to be made available in FY16-17 • Additional training funding was secured effective FY15-16: <ul style="list-style-type: none"> ○ Incredible Years ○ Critical Issues ○ TERM • SSI Advocacy for children was established effective July 1, 2016. • Faith Based Initiative resulted in 4 Task Orders to be effective July 1, 2016 in North and Central Regions: <ul style="list-style-type: none"> ○ Faith Based Academy ○ Community Education ○ Crisis Response ○ Ministry Development (adult focus) • Additional Out of County residential treatment programs in coordination with CWS effective July 1, 2016.

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

	<ul style="list-style-type: none"> • LGBTQI program is scheduled for April, 2017. • Community CSEC programing is scheduled for FY 17-18.
Psychotropic Medications	<ul style="list-style-type: none"> • Collaborate with CWS, Probation, Public Health, Courts, Providers, etc. regarding the impact of California Senate Bill 238 that passed in 2015 which includes the new JV 220 process effective July 1, 2016. • Disseminated the State developed Foster Youth Mental Health Bill of Rights that promotes family and youth awareness and empowerment pertaining to psychotropic medications.
Care Coordination	<p>Based on FY 15-16 Strategic Planning, redesigned the Children's System of Care Council to include a "Hot Topic" component which is bringing forth critical cross sector dialog. FY 15-16 Focus:</p> <ul style="list-style-type: none"> ○ Commercially Sexually Exploited Children (CSEC) – education on changes in law and impact ○ Post-Partum Mental Health Resources – completed and posted resource grid ○ Warm Handoff – definition and best practices ○ Limited Psychiatry Resources
Alcohol and Other Drugs (AOD) Services	<ul style="list-style-type: none"> • DMC Waiver Planning – dedicated planning meetings. • Clinician capacity added to Teen Recovery Centers (TRCs), effective July 1, 2016. • Clinician capacity added to Perinatal Residential Treatment programs, effective July 1, 2016. • Clinician capacity added to Perinatal Outpatient programs, effective July 1, 2016. • Perinatal Outpatient Homeless Outreach component added to all regions, effective July 1, 2016. <p>(See Probation section for additional updates)</p>
Support Probation Involved Youth	<ul style="list-style-type: none"> • Created new community based assessment and treatment services for probation youth with a True Finding (MIOCR), effective February 2016. • CSEC Programing was initiated in juvenile detention settings, effective February 2016. • Stabilization Treatment and Transition (STAT) Team was enhanced with additional after-hours coverage beginning July 1, 2016. • Establish Competency Restoration services for youth in the Community, effective April 2016. • Supporting Probation’s utilization of the Columbia Suicide Severity Rating Scale (C-SSRS) that was initiated in March of 2016 in juvenile detentions and expanded to community youth with a True Finding. • Transferred San Diego youth to a Los Angeles County Co-occurring Residential placement in October 2015 upon closure of local program; with ongoing planning to establish a local residential program. • Expanded capacity and strengthened programing options in a short term Teen AOD program, effective March 2016.

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

FY 16-17 Overall Goals

- Promote Live Well San Diego Vision
- Infuse Customer Service commitment
- Advance Pathways to Well-Being with emphasis on Child and Family Teams
- Expand ICC and IHBS to all eligible beneficiaries
- Prepare for Continuum Care Reform (TFC, STRTP)
- Build out an Emergency Services Unit with a 12 bed capacity
- Strengthen Care Coordination (Warm Handoff; GOALS MOU)
- Early Childhood – Specialized BHA and ECBI tool for all
- Emphasize importance of reviewing/updating Adjustment Disorders diagnosis
- 3rd Annual Children’s Mental Health Well-Being Celebration – May 2017
- Add an Ad Hoc CSOC Council MHSA subcommittee to review the Annual MHSA Plan
- Contribute to the 1115 DMC Waiver – Organized Service Delivery System planning
- Promote authentic utilization of Family and Youth Partners as service providers
- Promote advancing trauma informed systems; build in BHA help text for common language and analyze statistics
- Support Homework Performance Improvement Project (PIP)
- Develop an LGBTQ programing
- Develop a community based CSEC programing
- Establish a local Co-occurring teen residential program in collaboration with Probation/PSG, Courts, CWS
- Identify new and system relevant trainings
- Monitor access/capacity and overall system needs (begins with BHS Forums in Fall of 2016)
- Add a Health Plan seat to the CSOC Council

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

FY 15-16 Goals

1. Ensure the family and youth voice is amplified and heard by the System of Care.
2. CYF Family Youth Liaison (FYL) will produce a Sector Report that is disseminated to the Council.
3. Ensure successful implementation of Pathways to Well-Being. Family and youth representation in Oversight work group, subcommittees, and family/youth focus groups.
4. Participate in the ad hoc workgroup tasked with producing a successful Annual Children's Mental Health and Well-Being Celebration during the month of May.
5. Continue to work within the 4-sector partnership to revise and update the CSOC Council's mission/vision/principles to be reflective of newer advancements and initiatives.

FY 15-16 Achievements

1. Family and Youth as Partners CSOC subcommittee was formed in February 2016 to focus on the unique needs and advancement of the Family and Youth sector.
2. BHS QI held a family youth partner documentation training for providers on 6/20/16 in response to a request for additional support and education on documentation requirements specific to this position/role.
3. The family/youth sector participated in the regional BHS stakeholder forums.
4. The Second Annual Children's Mental Health and Well-Being Celebration took place on May 4, 2016, titled *Health, Hope, and Happiness*. The event included an art work project and resulted in numerous submissions from throughout the system of care. The art work is displayed at BHS Administration office.
5. State developed Foster Youth Bill of Rights was distributed throughout the system as a resource to youth and families.

FY 16-17 Goals

1. Family and Youth as Partners CSOC subcommittee will focus on:
 - a. Clarifying the definition of Family Youth Partner in order to educate system of care for greater consistency and advancement of this specialized role.
 - b. Time will be dedicated at the Annual Program Site Visit to discuss the benefits of family/youth partners and ensure that programs that utilize partners are hiring staffs that meet definition.
 - c. Discuss how to advance family youth partners development and training opportunities within the system of care for professional advancement.
2. FYL will lead the 3rd Annual Children's Mental Health and Well-Being Celebration.

**County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Outcomes Sub-Committee**

FY 15-16 Goals
<ol style="list-style-type: none">1. Focus on Trauma:<ol style="list-style-type: none">1. How it is being measured2. How it is being asked3. Looking at the SCAN 2. Training<ol style="list-style-type: none">1. Evaluating quality of therapeutic trainings2. Determining whether clinicians are using these training with clients
FY 15-16 Achievements
<ul style="list-style-type: none">• Stayed abreast of State POS (Performance Outcomes System) discussions.• 12/31/15 the 3 dual diagnosis questions that were inadvertently removed from BHA was reinstated.• Reviewed the tip sheet on completion of BHA with Dual Diagnosis consideration created by CADRE Subcommittee. Tip Sheet was disseminated in PM meetings and CYFBHSOC.• Review of ECBI as an outcome measure to be used by all programs. ECBI will be implemented for FY 1617.• Reviewed rate of trauma by looking at the assessment question of “Client Experienced Trauma” in Fiscal Year 1415.
FY 16-17 Goals
<ul style="list-style-type: none">• Continue to check in on the State POS plans.• Insert Help Text in the BHA with SAMHSA’s definition of Trauma.• Literature review of prevalence rate of trauma in the general public and other public serving systems.• Examine the utilization and appropriateness of Adjustment Disorder diagnosis in the system of care.• Follow up with PIP Project of utilization of Homework in treatment.

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Early Childhood Sub-Committee

FY 15-16 Goals

Focus Areas: Build provider and caregiver awareness and competencies in addressing early childhood mental health (ECMH).

System of Care (SOC)

Goal 1: Ensure WET and BHETA are including ECMH in applicable trainings.

Goal 2: Ensure maintenance of parent partner and family voice in the ECMH Subcommittee.

Goal 3: Raise awareness of the Adult System of Care (SOC) about ECMH and family issues through presentation at the Adult SOC meeting.

Goal 4: Educate the CYFSOC on what Trauma Informed Care is in the context of ECMH (including signs, symptoms, screening, and assessment). Recognize the role healthy organizations and healthy staff plays in becoming trauma informed.

Goal 5: Continued support of specialized screening for the Pathways to Wellbeing enhanced services. Maintain awareness of the percentage of 0-5 year olds identified in Pathways.

Goal 6: Collaborate with County QM to complete the implementation of the BHA 0-5 Assessment.

Caregivers

Goal 1: Offer recommendations regarding Parenting Education services and availability of such services to meet the needs of pregnant and parenting TAY, foster and bio parents.

Goal 2: Meet with pregnant and parenting TAY to identify training opportunities; build competencies with all TAY (parenting or future parents).

Goal 3: Support the explicit inclusion of families in the Pathways to Wellbeing trainings – as both involved parties in the CFT process and as potential co-trainers based on the idea that explicit orientation and inclusion is likely to support their positive and productive participation.

Additional Ideas:

- Request data book from outcomes. Review data book to identify programs serving high numbers of children 0-5. Explore the feasibility of expanding use of the ECBI. Consider which programs would benefit, training needs, timing, etc.
- Develop a one page summary of ECMH over the years. Use data from outcomes to tell the story.

FY 15-16 Achievements

- Parent Partner and family voice is recognized as an essential component and represented on ECMH Committee by multiple members.
- Offered BHETA training series proposal for SOC to enhance SOC provider competency on ECMH work in general and to specifically prepare SOC providers for upcoming 0-5 BHA use.
- Completed BHA 0-5 content and collaborated with County QM to implement into Cerner in ways that support data collection with fidelity to the clinical intent of the tool.

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Early Childhood Sub-Committee

- Identified ECMH representatives to attend the Adult SOC meetings to raise awareness of ECMH overlap with their work as well as resources available bi-directionally (adult < > ECMH).
- Met with Pathways to discuss importance of ECMH population receiving Pathways services and to begin discussion on tracking Pathways services to 0-5.
- Met with Pathways to discuss ways in which family could be included in Pathways Trainings, not just as co-trainers for the professional audience, but so they are effectively prepared for what Pathways will mean for them as service recipients.
- Addressed in multiple forums the import Parent Education services and dyadic support to pregnant and parenting TAY, especially in context of Extended Foster Care.
- Actively involved in shaping training topics to be included in We Can't Wait Conference Sept 2015.

FY 16-17 Goals

- Maintain inclusion of BHETA/SOC Training related member on ECMH to ensure ready communication of identified ECMH related training topics.
- Advocate for inclusion of Family Engagement as a critical component of Children's BH trainings.
- Educate the CYFSOC on what Trauma Informed Care is in the context of ECMH (including signs, symptoms, screening, and assessment). Recognize the role healthy organizations and healthy staff plays in becoming trauma informed.
- Work with Pathways to communicate need to effectively track and discuss needs as relate to 0-5 youth.
- Ongoing support of roll out and training needs for BHA 0-5.
- Seek opportunity to present on ECMH to Adult SOC to raise awareness of import and overlap.
- Advocate for essential parenting/dyadic services to pregnant and parenting TAY.
- Offer training needs, trainer suggestions, and feedback for annual We Can't Wait Conference.

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

FY 15-16 Goals

1. Evaluate data from FY14/15 school survey to identify needs.
2. Create tools for patient input in same areas of identified needs.
3. Expansion of goals MOU to promote cross system collaboration/ information sharing.

FY 15-16 Achievements

1. Survey analysis was completed resulting in training's across the county in the following topic areas:
 - a. Suicide Prevention (ASIST) 22 individuals trained
 - b. Youth Mental Health First Aid: 360 individuals trained
 - c. Trauma Informed Practices in Schools (TIPS): over 440 individuals trained
 - d. Restorative Practices: 495 individuals trained
 2. Four training areas were identified and provided (see item 1).
 3. With the allocation of Project Call Well (A SAMHSA funded grant to increase positive school climates and mental health services for students,) efforts to expand the GOALS MOU have been on hold. All signed MOU's will expire in October of 2016
 4. Successfully procured School Based PEI programing for all regions of the County (expanded from 2 to 7 contracts: North Coastal; North Inland; North Central; Central; Central Southeastern; East; South). Added a refuge component to the East region program.
 5. Joined Agency Live Well Schools - Steering Committee and efforts to support schools. Participated in SELPA discussion sessions to promote awareness of BHS programing.
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- ❖ SDCOE is dedicated to supporting the mental/behavioral health of all students across the county.
 - ❖ SDCOE will build the capacity of county and partner staff to training educators and other youth serving staff in Youth Mental Health First Aid.
 - ❖ SDCOE continues to serve as a representative in the SD County Suicide Prevention Committee and Education Sub-committee.
 - ❖ Continue to promote cross system collaboration and information sharing with school community partners via the GOALS MOU.
 - ❖ Continue to represent San Diego County at the Student Mental Health Policy Workgroup in partnership with the California Department of education and state wide stakeholders.

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

FY 16-17 Goals

1. Seek out partner engagement to renew GOALS MOU with key partner agencies and school districts across the county.
2. Train at least 450 more individuals representing all 42 school districts in Youth Mental Health First Aid.
3. Partner with stakeholders in efforts that promote youth mental health, positive school climates, and trauma informed delivery of school based services/activities.
4. Seek out support and sponsorship to provide one-day conference in San Diego County highlighting supports to LGBTQ youth in partnership with the International Bullying Prevention Association for the Spring of 2017- Conference will focus on evidence and research based practice from leading experts across the nation.
5. Provide educators professional development training in Standard's of Quality for Family Strengthening and Support.
6. Develop and provide training for School Based BHS Contracted Providers on how to successfully work with education partners.

Please NOTE- The education sub-committee no longer hold a standing meeting instead they will meet for issue driven activities in ad hoc form.

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

FY 16-17 Goals

THE GOAL- is to work in tandem with County Behavioral Health on key initiatives to improve client care. Currently, working on improving the integration of mental health, alcohol and drug, and primary care health providers for effective, client-centered, and efficient care for children, youth, and families in our System of Care. Presently, in the process of better understanding the systems and structures currently in place, identifying strengths and barriers, and establishing priorities and action items for this fiscal year.

COLLABORATION: The committee is joined by the Council for Community Clinics and County Behavioral Health staff. Consistent with the System of Care principles, the committee is expanding meetings to include representation from the four sectors, (families and youth, education, private organizations, and public agencies).

FY 16-17 Achievements

The Private Sector Committee consists of private providers in the County including the TERM Team. This past year, we have focused our attention on the improvement of coordinated, integrated care and specifically identified a number of intersection points to focus on for enhancement. The Committee has partnered with the Council of Community Clinics to draw on their expertise in this area. Also to Increase knowledge about Health Information Exchange (HIE) including San Diego Health Connect for the objective of supporting integrated care and exploring its feasibility in our system we have had a number of conversations and presentations that lending important information about how to share information.

The Private Sector Work Group has analyzed how service participants transfer/overlap between providers, with the goals of providing an integrated and coordinated experience (specific with Medical Care as a provider). The **“Warm Handoff”** is a model identified by the group as a potential point of focus and improvement to increase the effectiveness, efficiency, and continuity of service participants’ transfer/overlap between providers in the System of Care. During this time the group accomplished the following in this regard:

1. Define and articulate an ideal model (**Warm Handoff**) for service participants’ transfer/overlap between providers in the System of Care that is in-line with:
 - a. CYFSOC Principles,
 - b. Trauma Informed Care philosophy, and
 - c. Pathways service model
2. Created flow chart illustrating a recommended best practice flow for the Warm Handoff process
3. Created a recommendation list that identified 5 challenge areas and recommendations of steps the system can take in order to ease the integration of the Warm Handoff approach across the system.
4. The committee supported the process of improving integrated care with the creation and execution of a pilot project that will measure coordination, communication and follow up among providers.

Next Steps:

To identify areas where Integrative care is occurring in an efficient and effective way and build upon those practices in other areas of the system. This may include deeper dives into topics like Warm Handoff’s, recruitment and retention, information sharing, and medical facility outpatient practices and partnerships.

**County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Alcohol and Other Drug Services (AOD)**

FY 15-16 Goals

1. Provide policy recommendations regarding an organized service delivery system for the County to make the decision regarding opting in or not into the Drug Medi-Cal Waiver Organized Service Delivery System.
2. If opting into the Drug Medi-Cal Waiver, contribute to the completion of the implementation plan.
3. TRC fair/increase engagement and enrollment
Use of on-going/additional monitoring tools
 - Quarterly Status Reports
 - Quality Assurance Reviews-redesigned (QAR)
 - Continued Site Visit reviews

FY 15-16 Achievements

Women's Perinatal AOD Services:

1. Completed re-procurement of the Women's Perinatal non-residential system.
2. Residential and non-residential perinatal programs enhanced with additional Mental Health clinicians and a child therapist.
3. Non-residential perinatal programs enhanced with Homeless Outreach.
4. First 5 JumpSTART program successfully maintained services for children through HDS contract in the Women's AOD programs until BHS sustainability was in place for 16-17.
5. Three free Incredible Years parenting trainings provided to 75 AOD staff.

Implementation of enhanced services project for CalWORKs clients countywide through the CalWORKs AOD Welfare to Work contract in collaboration with HHSA Eligibility Operations (EO).

Clinician capacity added to Teen Recovery Centers (TRCs) effective July 1, 2016.

Transferred San Diego youth to an LA Co-occurring Residential placement in October 2015 upon closure of local program; with ongoing planning to establish a local residential program.

Expanded capacity and strengthened programming options in a short term AOD program, effective March 2016.

FY 16-17 Goals

Continue collaboration with ADSPA with focus on:

- 1115 DMC Waiver - Organized Service Delivery System planning
- AOD Trainings
- Integration
- Housing

Development of a local AOD Teen Residential Co-occurring programming in partnership with Probation, Courts, and CWS.

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Alcohol and Other Drug Services (AOD)

Women's Perinatal Services:

1. Develop and maintain training for all providers in the E- Court reporting system. (CFY/MIS).
2. Determine residential treatment impacts of the DMC Waiver on services and funding.
3. Implement the expanded scope of the Women's services to include pregnant and parenting teens.
4. Integrate new child behavioral/developmental services in all programs.
5. Provide ongoing Incredible Years training.

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

Vision: San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.

Mission: To ensure that all agencies serving San Diego County youth under the age of 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles.

Behavioral Health Education and Training Academy (BHETA) BHS CYF and TAY Provided Trainings in FY 15-16

Training Series:

BHS-Change Agents Developing Recovery Excellence (CADRE) XVI
BHS-Cognitive Behavioral Therapy (CBT) and Relapse Prevention Strategies for Criminal Justice Populations
CYF-Solution Focused Brief Treatment (SFBT)
Transition to Independence Process (TIP) Series
Trauma Focused (TF) Cognitive Behavioral Therapy (CBT):
 TF-CBT for Clinicians
 TF-CBT for Clinicians
 TF-CBT for Clinicians

One Day Trainings:

CYF-Impulsive and Self-Injurious Behaviors in Children and Youth
BHS-Uncomfortable Conversations in Service Provision
BHS-Eating Disorders: An Introduction
BHS-Health Equity and Social Determinants of Health
BHS-Introduction to Motivational Interviewing
BHS-Introduction to Motivational Interviewing
BHS-How to Supervise Evidence-Based Practices
CYF-Introduction to Child Parent Relationship Therapy (CPRT)
BHS-Working with People Who Are at Risk for Violent or Criminal Behavior
BHS-Neurobiology and Trauma

One Hour Webinar:

BHS-ICD-10: Overview and Implementation
BHS-Transition to Independence Process (TIP) Overview—Components and Practice Benefits
BHS-ASAM Overview Webinar

One Hour eLearning:

CYF-Play Therapy
BHS-Overview of CCISC

Children, Youth and Families System of Care (CYFSOC) Training Academy:

0-5 Trauma and Attachment
Self-Care for Providers and Caregivers
Medicating Kids: Psychotropic Medications 101
Introduction to Positive Discipline
Navigating the Special Education System

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

CYFSOC Conference: Let's Talk About Sex—Sex and Sexuality in Children and Adolescents

Pathways to Well-Being:

Pathways to Well-Being One Day Overview—Regional Trainings

Child and Family Team (CFT) Facilitation—Regional Trainings