

County of San Diego
CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
ORIENTATION

August 14, 2017- 9:00-10:30 A.M. – Coronado Room

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

Included are the following CYFBHSOCC documents:

- 1) Introductory Council and Sub-committee videos
- 2) Council Overview
- 3) Children's System of Care Principles
- 4) CYFBHSOCC Bylaws
- 5) CYFBHSOCC Goals FY 2016-2017 (FY17/18 will be discussed at Sept 11th Strategic Planning)
- 6) CYFBHSOCC Reporting Schedule
- 7) CYFBHSOCC Subcommittee's
- 8) Subcommittee Point in Time Sector Representation
- 9) CYFBHSOCC Member Roster FY 2017-2018
- 10) BHS CYF Org Chart
- 11) CYF Provider Manual
- 12) Overview of CYFBHS e-learning
- 13) BHS Ten Year Roadmap Strategic Framework
- 14) BHS Ten Year Roadmap Priorities Table
- 15) BHS Ten Year Roadmap Timeline
- 16) Live Well San Diego Pyramid

The CYFBHSOCC meets on the second Monday of the month from 9:00 to 10:30 A.M. at the Scottish Rite Masonic Center- 1895 Camino Del Rio South, San Diego, CA 92108 in the Shell Room.

The current co-chairs of the Council are:

Family and Youth Sector- Renee Cookson: ReneeCookson@namisd.org

Education Sector- Violeta Mora: viomora@sdcoe.net

The Council is staffed by the following county representatives which can assist you with any question you may have:

Grisel Ortega-Vaca (Administrative Secretary): Grisel.Ortega@sdcounty.ca.gov

Darwin Espejo (Administrative Trainee): Darwin.Espejo@sdcounty.ca.gov

Edith Mohler (Administrative Analyst III): Edith.Mohler@sdcounty.ca.gov

Yael Koenig (Deputy Director): Yael.Koenig@sdcounty.ca.gov

Please feel free to contact us with any questions at (619) 563-2772 or via e-mail.

Thank you.

County of San Diego

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

Council Overview

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

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

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

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

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

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 November 14, 2016.

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

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

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: Sector partners recognize that trauma and chronic stress influence coping strategies and behavior, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care and resilience.

County of San Diego

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

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

Council Members are expected to:

- 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)
Managed Care Health Plan (1 seat)	Healthcare/Pediatrician (1 seat)
Family and Youth Liaison (1 seat)	Special Education Local Plan Areas (SELPA) (1 seat)
Regular Education-Pupil Personnel Services (1 seat)	San Diego Regional Center for Developmentally Disabled (1 seat)
Alcohol and Drug Service Provider Association (ADSPA) (1 seat)	Caregiver of child/youth served by the public health system (1 seat)
Youth served by the public health system- age up to 26 (2 seat)	Public Health (1 seat)

Current Council Sub-Committees:

Executive	Outcomes
Early Childhood	Education
Private Sector	Family and Youth Sector
Children's Well Being Celebration	CYF CADRE
MHSA Ad hoc	CSOC Principles Ad Hoc

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)	Trauma Informed System Integration (TISI)

Council Meeting Schedule:

- **When:** Second Monday of each month. (Dark in August)
- **Time:** 9:00 to 10:30 A.M.
- **Where:** Scottish Rite Masonic Center- 1895 Camino del Rio South, San Diego CA (Shell Room)
- To be added to the electronic distribution list, contact Grisel Ortega-Vaca at Grisel.Ortega@sdcounty.ca.gov or call at 619-563-2772
- Prior meeting minutes posted in the Network of Care website: <http://sandiego.networkofcare.org/mh/content.aspx?cid=861>

CHILDREN'S SYSTEM OF CARE PRINCIPLES

BACKGROUND

Beginning in 1995, a broad based group of community stakeholders developed values and principles for San Diego County Mental Health Children's System of Care (CSOC). Over the years, the values have been implemented and have set forth new practices and approaches for our delivery system.

In 2010, the Children's System of Care Council recommended that the principles be reviewed to ensure that they are contemporary with our current practice as driven by the needs of the community. In the CSOC workgroup review process, it was concluded that the initial core principles remain relevant. Refinements were made to reflect our current direction which complemented the *Live Well, San Diego!* initiative. This evolution:

- integrates mental health and substance abuse into a behavioral health system,
- integrates physical health for the overall advancement of health and wellness,
- underscores the importance of natural community resources,
- values the complexity of cultural diversity, AND
- strengthens our commitment to youth and families

In 2016, The Children's System of Care Council recommended that a Trauma Informed Care Principle be added to the Children's System of Care Principles; a principle that:

- Realizes the widespread impact of trauma
- Recognizes the signs and symptoms of trauma
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices, and
- Actively seeks to prevent re-traumatization while promoting self-care and resilience

All of these refinements re-affirm our system of care principles, the advancements made, and the pathway for our future direction.

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.
9. **Trauma Informed:** Sector partners recognize that trauma and chronic stress influence coping strategies and behavior, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care and resilience.



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

Article One Name

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

Article Two Powers and Duties

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

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

Article Three Membership

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

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

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

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

Article Four Vacancies

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

Article Five Quorum

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

Article Six Meetings

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

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

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

Article Seven Officers

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

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

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

Article Eight Sub-committees

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

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

Article Nine Voting and Consensus

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

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

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



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

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

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

Article Ten Member Conduct

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

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

Article Eleven Ratification and Amendments

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

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

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

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 16-17 Overall Goals
<ul style="list-style-type: none"> • Promote Live Well San Diego Vision. • Infuse Customer Service commitment. • Add a Health Plan seat to the CSOC Council. • Add an Ad Hoc Children's System of Care (CSOC) Council Mental Health Services Act (MHSA) subcommittee to review the Annual MHSA Plan. • Address staffing recruitment and retention. • Deliver the 3rd Annual Children's Mental Health Well-Being Celebration – May 2017. • Contribute to the 1115 Drug Medi-Cal Waiver – Organized Service Delivery System planning. • Promote advancing trauma informed systems through infusing consistent language in the Behavioral Health Assessment and updating the CSOC Principles. • Advance Pathways to Well-Being with emphasis on Child and Family Teams. • Develop Pathways to Well-Being training for Probation workforce. • Expand Intensive Care Coordination (ICC) and In Home Based Services (IHBS) to all eligible beneficiaries. • Prepare for Continuum Care Reform including Therapeutic Foster Care (TFC), and Short-Term Residential Treatment Programs (STRTP). • Expand Crisis Stabilization services. • Strengthen Care Coordination with emphasis on Warm Handoff and renewal of Global Oversight Analysis Linking Systems (GOALS) Memorandum of Understanding (MOU). • Increase education sector awareness of BHS programming through the HHSA School Collaborative and utilize partnership to identify system improvement opportunities. • Early Childhood – Specialized Behavioral Health Assessment (BHA) and Eyberg Child Behavior Inventory (ECBI) tool for all. • Identify new and system relevant trainings. • Emphasize importance of reviewing/updating Adjustment Disorders diagnosis. • Promote authentic utilization of Family and Youth Partners as service providers. • Support Homework Performance Improvement Project (PIP). • Develop a Lesbian Gay Bi-Sexual, Transgender, Questioning (LGBTQ) programming. • Develop a community based Commercially Sexual Exploited Children (CSEC) programming. • Establish a local co-occurring teen residential program in collaboration with Probation/Public Safety Group (PSG), Courts, and Child Welfare Services (CWS). • Continue the conversion for children's mental health programs to Full Service Partnerships (FSP). • Establish TERM rates, update the TERM Specialty Standards and offer trainings to the TERM Provider Panel.

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

FY 15-16 Overall Goals	
<ul style="list-style-type: none"> • Support Agency Priorities: Live Well San Diego • Infuse Customer Service commitment • Advance Pathways to Well-Being (Katie A.) • Psychiatric crisis supports; explore a "check in" code • Care Coordination • 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 • 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 	
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).

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

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 7-1-16. • 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 Assembly 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. • Evaluated shifting to Eyberg Child Behavior Inventory (ECBI) measure for young children as a more appropriate outcomes tool; initiate on July 1, 2016.
Transforming and Advancing the System of Care	<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"> o Caregiver Connection to Treatment – for young children (Innovation 11). o 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

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

	<ul style="list-style-type: none"> 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. LGBTQI program is scheduled for April, 2017. Community CSEC programming 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

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

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. • Therapeutic services for children added to Women's non-residential 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 Programming 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. • Established 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 programming options in a short term Teen AOD program, effective March 2016.



CHILDREN, YOUTH AND FAMILIES (CYF) BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL REPORTING/SCHEDULE (FY 17-18)

2nd Monday of each month from 9-10:30 A.M.
Scottish Rite Center– 1895 Camino Del Rio S, San Diego, CA 92108- Shell Room
***(meeting at alternate location as needed)**

July 10, 2017
CYF Liaison/ QI-QM

August 14, 2017
CYF Council Member Orientation

September 11, 2017
STRATEGIC PLANNING MEETING

***October 9, 2017**
JOINT CYF/TAY/AOA MEETING- Hosted by AOA

November 13, 2017
CADRE/CCRT/TIS

December 11, 2017
Outcomes/Early Childhood/Education Advisory/QI-Management Information Systems (MIS)

January 8, 2018
TAY/CSOC Academy/QI-Performance Improvement Team (PIT)/CYF Liaison

February 12, 2018
CADRE/CCRT/QI- QM

March 12, 2018
TIS/Outcomes/QI-Management Information Systems (MIS)

April 9, 2018
JOINT CYF/TAY/AOA MEETING- Hosted by CYF

May 14, 2018
Early Childhood/Education Advisory/QI-Performance Improvement Team (PIT)/CYF Liaison

June 11, 2018
TAY/CSOC Academy/QI- QM

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)
FY17/18 Sub-Committee's

	SUB-COMMITTEE	MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
1	Outcomes	Meets the 1 st Tuesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M.	<p>Angela Chen achen@upacsd.com</p> <p>CYF Rep: Yael.Koenig@sdcounty.ca.gov Rebecca.Raymond@sdcounty.ca.gov Amanda.Lance-Sexton@sdcounty.ca.gov</p>
2	Early Childhood	Meets the 2 nd Monday of the month- American Academy of Pediatrics- 3160 Camino Del Rio South, San Diego, CA 92108- Suite 101 at 11:00 A.M.	<p>Aisha Pope & Jennifer Kennedy APope@centerforchildren.org jkennedy@aapca3.org</p> <p>CYF Rep: Shannon.Jackson@sdcounty.ca.gov</p>
3	Education Advisory Ad Hoc	Meets as needed	<p>Mara Madrigal-Weiss mmadrigal@sdcoe.net</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>
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.	<p>Cecily Thornton-Sterns & Maria Morgan Cecily.Thornton-Sterns@sdcounty.ca.gov Maria.Morgan@pathways.com</p> <p>CYF Reps: Michael.Miller@sdcounty.ca.gov Frances.Cooper@sdcounty.ca.gov</p>
5	CYF CADRE	Meets quarterly-2 nd Thursday of the month-Del Mar Room from 1:30 to 3:00 P.M.	<p>Julie McPherson & Marissa Varond JMcPherson@comresearch.com Marisa.Varond@mcalistierinc.com</p> <p>CYF Rep: Wendy.Maramba@sdcounty.ca.gov Shannon.Jackson@sdcounty.ca.gov</p>
6	Cultural Competency Resource Team (CCRT)	Meets the 1 st Friday of the month- Coronado Room from 10:00 to 11:30 A.M.	<p>Piedad Garcia & Charity White-Voth Piedad.Garcia@sdcounty.ca.gov Charity.White-Voth@sdcounty.ca.gov</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)
FY17/18 Sub-Committee's

7	Family and Youth Sector	<p>Family Voice Town Hall Meeting Meets quarterly per region (North, South, East and Central). For more information email CYFLiaison@namisd.org or call (858) 987-2980</p> <p>Family Youth Focus Group Meets quarterly the 1st Tuesday of the month (Sep 5th, Dec 5th, Mar 6th, Jun 5th) at 2pm Face Book Live</p> <p>Family and Youth As Partners Meets the 3rd Thursday of the month- Del Mar Room from 2:00 to 3:30 P.M.</p>	<p>Renee Cookson ReneeCookson@namisd.org</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>
9	Private Sector	Meets the 3 rd Wednesday of the month- 7535 Metropolitan Dr, SD, 92108 at 1:00 P.M.	<p>Steven Jella sjella@sdyouthservices.org</p> <p>CYF Rep: CYF COR's by Invitation</p>
10	Executive	Meets the 4 th Monday of the month- Conf. Call from 10:00-10:30 A.M.	<p>Rene Cookson & Violeta Mora ReneeCookson@namisd.org viomora@sdcoe.net</p> <p>CYF Lead: Yael Koenig Grisel.Ortega@sdcounty.ca.gov</p>
11	Children's Mental Health Well Being Celebration	Begins in January of each year	<p>Renee Cookson ReneeCookson@namisd.org</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>
12	MHSA Annual Plan Ad Hoc	Begins approximately in May of each year to review the Annual MHSA Plan and provide input.	<p>A lead will be identified</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov Darwin.Espejo@sdcounty.ca.gov</p>
13	CSOC Principles Ad Hoc		<p>Delrina Swaggerty dswaggerty@mhsinc.org</p> <p>CYF Rep: Yael.Koenig@sdcounty.ca.gov (via outcomes subcommittee)</p>

County Of San Diego
Children, Youth and Families Behavioral Health System of Care Council
Sub-Committees Sector Representation

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

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

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

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

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

EXECUTIVE SUBCOMMITTEE | Co-Chairs: Violeta Mora and Renee Cookson

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Delrena Swaggerty	Mara Madrigal-Weiss	Mara Madrigal-Weiss	Renee Cookson
Renee Cookson			
Aisha Pope			
Angela Chen			

OUTCOMES SUBCOMMITTEE | Co-Chairs: Angela Chen and Julie McPherson

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Angela Chen	Yael Koenig	Yuka Sakamoto	Renee Cookson
Delrena Swaggerty	Dasha Dadouh	Heather Nemour	
Rhaelynn Scherr	Amanda Lance-Sexton		
Julie McPherson	Rebecca Raymond		
Amy Chadwick	Eileen Quinn-O'Malley		
Emily Trask			
Anh Tran			
Renee Cookson			
Laura Rogers			
Tiffany Lagare			

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

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Julie McPherson	Shannon Jackson		
Marisa Varond			



EARLY CHILDHOOD SUBCOMMITTEE | Co-Chairs: Aisha Pope and Jennifer Kennedy

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Stacey Annand	Evette Callahan	Janelle Kistler	Debbie Stolz
Terry Aperule	Donna Erfe-Beltran	Hannah Sweet	Linda Ketterer
Ginger Bial	Rhonda Freeman		
Lea Bush	Dr. Jeff Rowe		
Terri Cook-Clark	Dr. Laura Vleugels		
Lily Cosico-Berge	Daisy Dorantes		
LaTysa Flowers	Christina Beck		
Ali Freedman			
Dr. Pradeep Gidwani			
Kristin Gist			
Jeanne Gordon			
Rhonda Hiliard			
Jennifer Kennedy			
Aisha Pope			
Rosa Ana Lozada			
Kimberly Magdaluyo			
Christina Moran			
Angela Rowe			
Holly Youngmans			
Jorge Cabrera			
Dr. Sherry Casper			
Linda Ketterer			

EDUCATION SUBCOMMITTEE | Chair: Mara Madrigal-Weiss

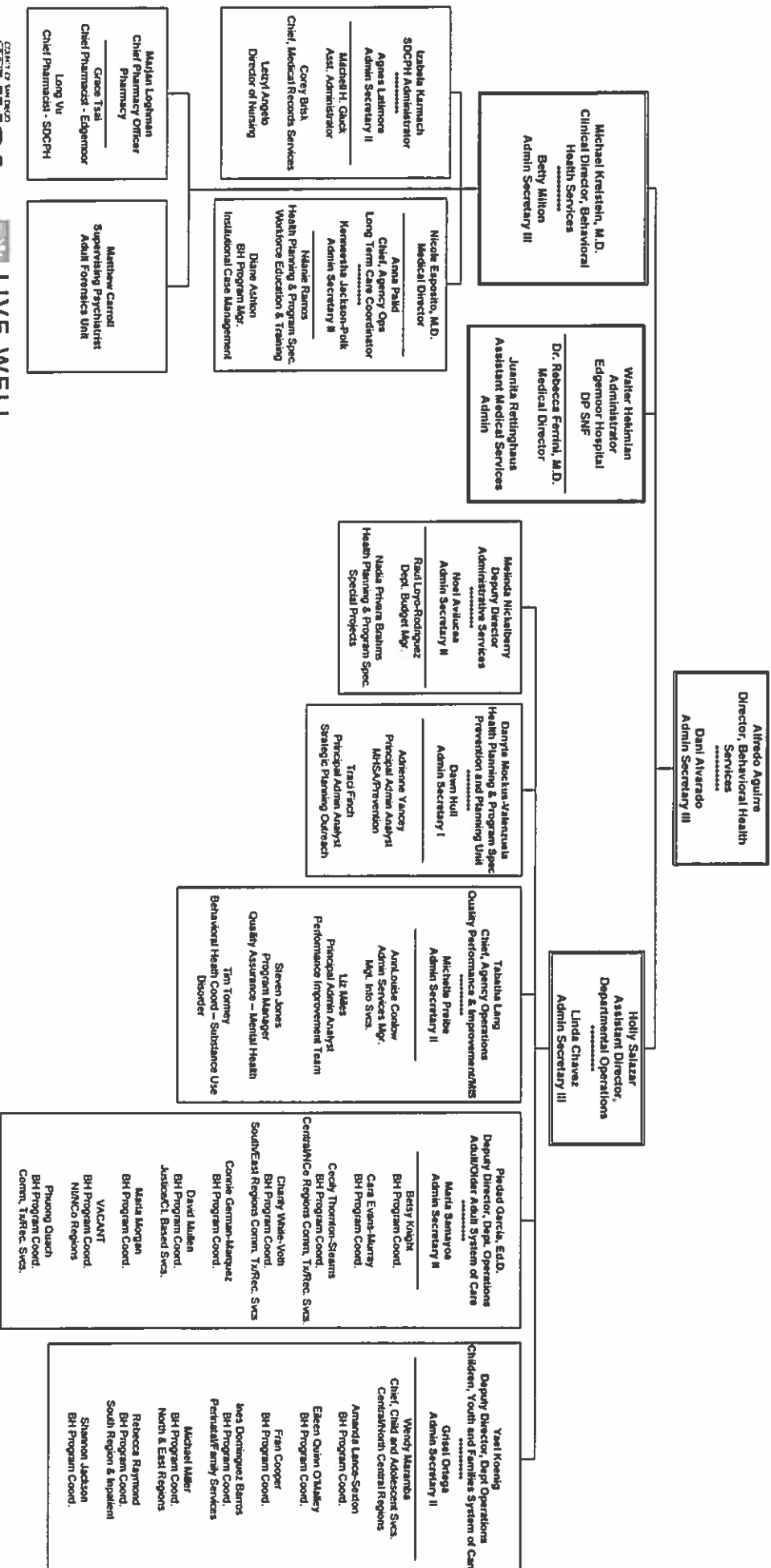
PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Pam Hansen	Mara Madrigal-Weiss	Mara Madrigal-Weiss	
	Angela McNeece	Angela McNeece	
	Heather Nemour	Heather Nemour	
	Violeta Mora	Violeta Mora	
	Frances Cooper		

FAMILY & YOUTH AS PARTNERS SUBCOMMITTEE | Co-Chairs: Suzette Southfox and Edith Mohler

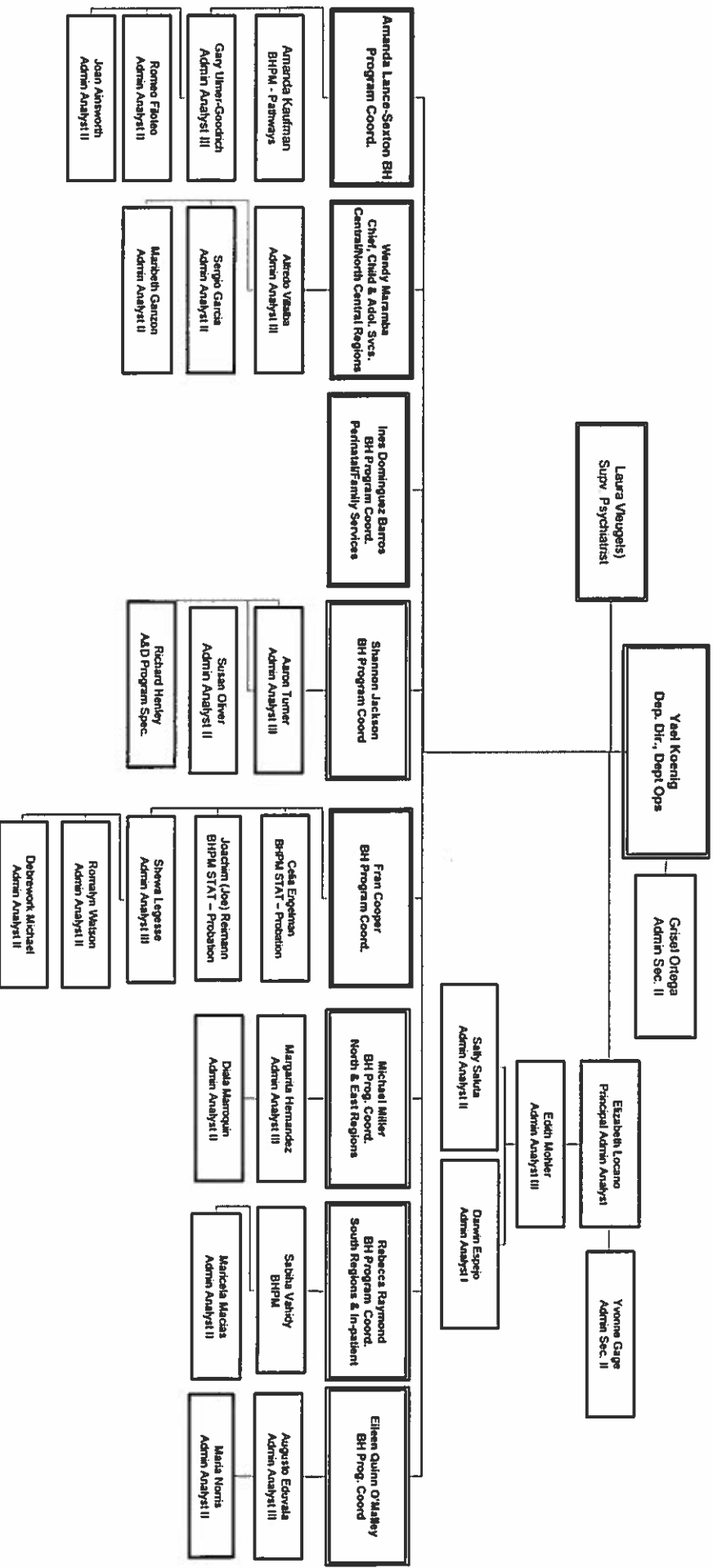
PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Renee Cookson	Edith Mohler	Heather Nemour	Renee Cookson
Suzette Southfox	Rebecca Raymond		Suzette Southfox
Carrie Kintz	Heather Nemour		
Diana Rabban	Wendy Panagos		
Celeste Hunter	Katie Goldin		
Rosa Ana Lozada			

**CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
MEMBERSHIP ROSTER FY17-18**

CONSTITUENCY		MEMBER	ALTERNATE
PUBLIC SECTOR			
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	VACANT
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	Dr. Jeffrey Rowe
3	Public Safety Group/ Probation	Ken Mosey	Margie Deleon
4	Child Welfare Services (CWS)	Cathi Palatella	Barry Fox
5	HHSA Regions	Dori Gilbert	Jennifer Sovay
6	Public Health	Dr. Dean Sidelinger	Rhonda Freeman
7	Juvenile Court	H. Judge Carolyn Caietti	Michelle Johnson
8	First 5 Commission	Kim Gallo	Jennifer Wheeler
EDUCATION SECTOR			
9	SELPA	Cara Schukoske	VACANT
10	Regular Education Pupil Personnel Services	Mara Madrigal-Weiss	Violeta Mora
11	School Board	Barbara Ryan	VACANT
12	Special Education	Aidee Angulo	Yuka Sakamoto
PRIVATE SECTOR			
13	San Diego Regional Center for Developmentally Disabled	Carlos Flores	Peggie Webb
14	Alcohol and Drug Contractors Association	Angela Rowe	Marisa Varond
15	Mental Health Contractors Association	Steven Jella	Barent Mynderse
16	Mental Health Contractors Association	Angela Chen	Delrena Swaggerty
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	Rosa Ana Lozada
18	Fee for Service Network	Dr. Sherry Casper	VACANT
19	Managed Care Health Plan	George Scolari	Rogelio Lopez
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	
FAMILY AND YOUTH SECTOR			
21	Family and Youth Liaison	Renee Cookson	Suzette Southfox
22	Caregiver of child/youth served by the public health system	Debbie Stolz	Pam Toohey
23	Youth served by the public health system (up to age 26)	Emma Rodriguez	Oniric Cirino
24	Youth served by the public health system (up to age 26)	Travis Webster	Micaela Cunningham
SUB-COMMITTEES (Non-voting members unless a member of the Council)			
-	Outcomes Committee	Angela Chen Chair	
-	Executive Committee	Violeta Mora Chair	
-	Early Childhood Committee	Aisha Pope Chair	
-	Education Committee	Mara Madrigal-Weiss Chair	
-	CYF CADRE	Julie McPherson /Marisa Varond	
-	Family and Youth as Partners	Renee Cookson	



Behavioral Health Services Children, Youth and Families System of Care



Children, Youth and Families (CYF) Behavioral Health Services



Provider Resource Manual

Available on line at:

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



HHSA
HEALTH & HUMAN SERVICES
ADMINISTRATION



LIVE WELL
SAN DIEGO



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

ALFREDO AGUIRRE
DIRECTOR, BEHAVIORAL HEALTH SERVICES

January, 2017

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

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

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

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

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

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

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

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

Yael KOENIG, LCSW, Deputy Director

Children, Youth and Families System of Care
Behavioral Health Services

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

VISION

Live Well San Diego
A region 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.

HHSA 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 region 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 and Justice Partners	Deliver coordinated and comprehensive behavioral health services to the justice population in collaboration with Public Safety and Justice Partners.
Behavioral Health Continuum of Care	Continuously identify and address the needs and gaps for the Behavioral Health Services Systems of Care.
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.
Substance Use Disorder Organized Delivery System	Implement an innovative and organized Substance Use Disorder Organized Delivery System.
Children's Behavioral 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.



HHSA BEHAVIORAL HEALTH SERVICES TEN YEAR ROADMAP

OUR VISION, MISSION AND VALUES		OUR GUIDING PRINCIPLES	OUR COMMITMENT
Vision: Live Well San Diego – A region that is Building Better Health, Living Safely and Thriving sustainably Mission: To efficiently provide public services that build strong and sustainable communities Values: Integrity – Stewardship – Commitment		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	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.

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
Homelessness and Housing	<ul style="list-style-type: none"> Implement Project One for All (POFA), including the addition of 1,250 Assertive Community Treatment/Full Service Partnership 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 Criminal Justice 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.
	<ul style="list-style-type: none"> Evaluate collaborative courts and develop strategies to address behavioral health gaps and improve public safety. Develop behavioral health services designed for justice-involved youth and adults, in cooperation with criminal justice partners. Consider all levels of mental health needs, co-occurring treatment needs and criminogenic factors/approaches to improve public safety. 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 an in-county residential program for youth involved in the juvenile justice system. Work with criminal justice partners to develop and implement coordinated processes for screening and assessment to identify high risk and/or high need offenders. Support addition of clinical staff to serve youth in juvenile justice institutions. 	<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 comprehensive system of services for the justice population. Adapt strategies and develop additional strategies as indicated considering all levels of behavioral health needs (including co-occurring needs) and criminogenic factors/approaches to improve public safety. Probation's Mentality III Offender unit. Work with criminal justice partners to plan 	<ul style="list-style-type: none"> Implement new strategies identified to support a comprehensive system of services for the justice population which considers all levels of behavioral health needs (including co-occurring needs) and criminogenic factors to improve public safety. Work with criminal justice partners to implement improved transportation to enhance service engagement by offenders.
Collaboration with Public Safety and Justice Partners			<ul style="list-style-type: none"> Deliver coordinated and comprehensive behavioral health services to the justice population in collaboration with criminal justice partners.

*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"> Engage Health Plans in dialogue around capacity to screen and refer offenders with mild to moderate mental illness to appropriate services. Provide competency restoration services for youth in the community. Support a new specialized Trauma Responsive Unit in a 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). 	<ul style="list-style-type: none"> for improved transportation to enhance service engagement by offenders. Ensure Continuum of Care Reform (CCR) and Pathways to Well Being Systems incorporate probation populations. Engage Health Plans in coordination of care for individuals with mild to moderate mental illness. 		
Behavioral Health Continuum of Care	<ul style="list-style-type: none"> Partner with key community stakeholders to generate solutions and develop recommendations for improvements to the integrated behavioral health continuum of care with a focus on acute care and jail services. Evaluate the comprehensive BHS System of Care to identify service and capacity gaps and develop plans to address. Enhance outpatient mental health clinics to increase mental health and recovery services. 	<ul style="list-style-type: none"> Implement recommendations for system improvement based on identified gaps in service and capacity. 	<ul style="list-style-type: none"> Continuously evaluate and adjust planning to reflect identified needs and gaps in service for the behavioral health continuum of care. 	Continuously identify and address needs and gaps for the Behavioral Health Services (BHS) Systems of Care.
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 the <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 countywide, with added bullying prevention component. Support suicide prevention efforts for probation involved youth through trainings and the establishment of referral pathways. 	<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.

*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
Crisis Services	<ul style="list-style-type: none">Update the San Diego Suicide County Prevention Action Plan for the next five year period.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.Evaluate need for more crisis response teams and plan for implementation if indicated.Plan for the ongoing availability of children/youth psychiatric inpatient beds.	<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 licensing and reimbursement.Evaluate need for additional Walk-In/Urgent services and develop plan for expansion if indicated.	<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.
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.

**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
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 addressing staffing levels/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. 	Enhance workforce to retain qualified behavioral health staff with competitive salaries and qualifications and ensure appropriate staff for oversight of programs.
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 Behavioral Health Services	<ul style="list-style-type: none"> Begin converting children's mental health programs to Full Service Partnerships. Evaluate the full complement of children's behavioral 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 behavioral 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 behavioral 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 and enhancing the care continuum. 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 - LIVE WELL SAN DIEGO TOP 10 INDICATORS & AREAS OF INFLUENCE

Live Well San Diego is regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. Collective efforts to promote well-being in the region are measured through the *Live Well San Diego* Top 10 Indicators.

Why 10 Indicators?

The *Live Well San Diego* Indicators are part of a framework that can be summarized as “10 – 5 – 1”: ten Indicators that span five Areas of Influence (health, knowledge, standard of living, community, and social) that reflect one Vision of *Live Well San Diego*. These 10 Indicators describe the areas that influence our ability to “live well.” These Indicators are the simplest way to capture what “living well” means in a way that is measurable.

In selecting the Indicators, and designing this framework, research was done to identify best practices and input was gathered from community representatives. The Indicators were identified based on principles of simplicity, availability of data, and whether these Indicators can be used to capture well-being across the life span of an individual—from children to adults to older adults.

What is an Area of Influence?

Most people would agree that to “live well” means much more than simply the absence of disease. The framework identifies five Areas of Influence that have an effect on or impact well-being. There are:

1. **Health:** Enjoying good health and expecting to live a full life
2. **Knowledge:** Learning throughout the lifespan
3. **Standard of Living:** Having enough resources for a quality life
4. **Community:** Living in a clean and safe neighborhood
5. **Social:** Helping each other to live well

What is an Indicator?

There are 10 Indicators used to capture all Areas of Influence in a way that is measurable. Additional Indicators appear in an “Expanded Dashboard” to more fully capture what it means to “live well.”

Indicators provide a common point of reference by which comparisons can be made to other jurisdictions—other counties, the State of California and the nation. Comparisons can also be made across regions and sub-regions within San Diego County.

How are the Indicators being used?

Through collective impact, the *Live Well San Diego* Indicators are part of a larger framework connecting a wide array of programs and activities to measurable improvements in the lives of San Diego county residents.

Want to learn more?

Indicators Pyramid with Indicators:

www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Indicators_Cover_Sheet.pdf

Indicators Dashboard and Data Portal:

www.LiveWellSD.org/content/livewell/home/data-results/indicators-dashboard-and-data-portal.html

General Live Well San Diego:

www.LiveWellSD.org

Videos:

Meet Sandi: <https://www.youtube.com/watch?v=q1jLkWXybYE&t=53s>

Collective Impact: <https://www.youtube.com/watch?v=pzmMk63ihNM>



COUNTY OF SAN DIEGO - LIVE WELL SAN DIEGO TOP 10 INDICATORS & AREAS OF INFLUENCE

AREAS OF INFLUENCE



HEALTH

Enjoying good health and expecting to live a full life



KNOWLEDGE

Learning throughout the lifespan



STANDARD OF LIVING

Having enough resources for a quality life



COMMUNITY

Living in a clean and safe neighborhood



SOCIAL

Helping each other to live well

TOP 10 INDICATORS



LIFE EXPECTANCY

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



QUALITY OF LIFE

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



EDUCATION

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



UNEMPLOYMENT RATE

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



INCOME

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



SECURITY

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



PHYSICAL ENVIRONMENT

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



BUILT ENVIRONMENT

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



VULNERABLE POPULATIONS

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



COMMUNITY INVOLVEMENT

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