

Welcome to the Children, Youth and Families Council Meeting

AUGUST 14, 2023

THE MEETING WILL BEGIN SHORTLY

***KINDLY MUTE YOUR AUDIO WHEN YOU ARE NOT SPEAKING
THE MEETING PACKET WAS EMAILED TO THE COUNCIL
DISTRIBUTION LIST AND POSTED IN THE CHAT***



**LIVE WELL
SAN DIEGO**

WELCOME NEW ATTENDEES





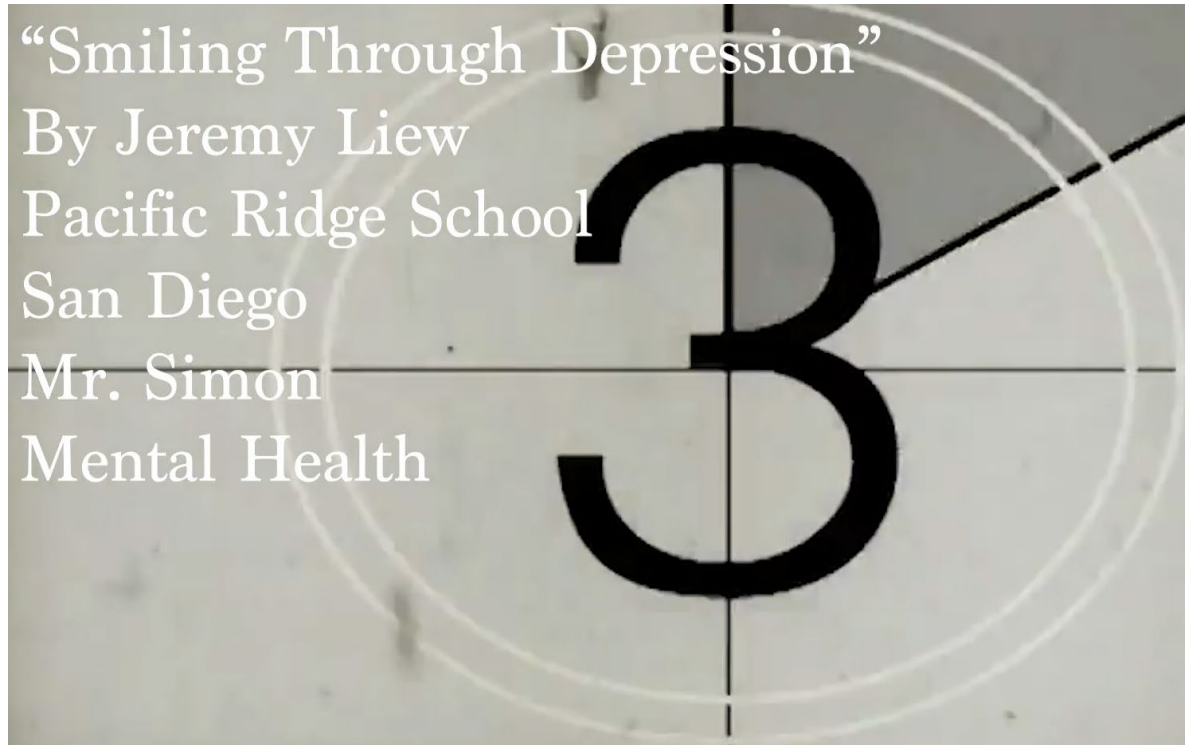
Mara Madrigal-Weiss

Alternate, Regular Education Pupil Personnel Services

Welcome

Directing Change Program and Film Contest

Mental Health Category Regional Winner



[Smiling Through Depression on Vimeo](#)

“Smiling Through Depression”

- ***Third Place (TIED) Mental Health Category***
- ***Filmmaker: Jeremy Liew***
- ***Advisor: Christopher Simon***
- ***Pacific Ridge High School***

For Webpage and more Videos:

[San Diego County Films | Hope and Justice Art Gallery](#)
<http://directingchange.ca.org/films/>



Culture Share

Bill Stewart – Behavioral Health Advisory Board Seat



BH-SOC Children, Youth, and Families Culture Share

What is Culture Share?

Culture share is a time to advance and integrate cultural learning, understanding, and practices into our work. This experience can honor and celebrate family, history, traditions, experiences, and practices that may bring joy and well-being. It can also bring discomfort, curiosity and **bias awareness**. Ultimately, it is an opportunity for self reflection and enlightenment to enhance our capacity to provide culturally responsive services to the children, youth, and families in our communities.

Structure

1. Present a **3 minute Culture Share**.
2. Introduce a personal or work related experience from a cultural lens.
 - This can be verbal and/or you can share a story, an object, song, or anything else
3. Describe how this experience influences your work
4. Open for any group reflection

Seeking a Volunteer for September 11, 2023, Cultural Share!



***Unmute
yourself***



***Put your
name in the
chat***



***Email: Edith
Mohler***

Edith.Mohler@sdcounty.ca.gov

INPUT ON THE MEETING SUMMARY

- 1. Verbally provide input, or***
- 2. Enter input in the chat, or***
- 3. Email input to Edith.Mohler@sdcounty.ca.gov by COB today***



Strategic Planning Summary Fiscal Year 2023-24

Children, Youth and Families Behavioral Health System of Care Council Fiscal Year 2023-24 Strategic Planning Meeting



Dear Dr. Bergmann,
The Children, Youth and Families (CYF) Council convened its annual strategic planning meeting on July 10, 2023. Over 100 individuals attended this meeting, including Council members, alternates, and stakeholders. Seven topics were identified for discussion in virtual breakout rooms: Primary Care, Family Involvement, Schools, Substance Use, Prevention and Early Intervention, Workforce, with a designated space for Open discussion. There were two sessions for each topic. Meeting attendees were invited to attend two breakout rooms of their choice to identify the Fiscal Year 2023-24 Council areas of focus and CYF Council actions to advance the identified priorities. Below is the summary of the discussion from the breakout rooms. On behalf of the Council, please accept these recommendations as the County works to advance the care for children, youth, and families in San Diego.

Primary Care	
Areas of focus	Identified Priorities
<ul style="list-style-type: none"> Helping pediatricians and family practice doctors get families to appropriate services as needed (where to refer to) Explore how to help families communicate their needs, get to services, and stay engaged Build a system of care where all partners are included like parents, mental health professionals, pediatricians and family practitioners, schools. An expert neutral partner could facilitate this process. Funding has to be long term and flexible 	<p>Review referral algorithm again and how to get kids/families to services and the right services including:</p> <ul style="list-style-type: none"> Review mix of practice types (e.g., Federally Qualified Health Centers (FQHC), private practices) Review payor mix and how to get kids and families to services (e.g., different payment models, HMO/PPO) Explore how to support families engaging in services (reduce stigma, increase trust and accessibility) Promote payment for Family Therapy through Medi-Cal

Family Involvement	
Areas of focus	Identified Priorities
<ul style="list-style-type: none"> Knowledge and outreach, how family involvement help or hinder things and culturally competent considerations Making things more approachable for the layman (too many acronyms); navigation, and making a conversation making sure we are hearing them and not talking over them Increasing caregiver support 	<ul style="list-style-type: none"> Integrating tutorials to educate families how the system works for navigation with what is available Increase family engagement in consideration that sometimes family "is not good"; different avenues of care depending on whether the young person ought to have family involved Integrating liaisons (Liaisons for parents to help them navigate the process) Integrating focus groups, increase caregiver health care support, support groups, case management, psychiatry, and case management supports. More engagement with schools

Schools	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> Identification and alignment of youth serving efforts in schools for staff, students, and families (screenings, behavior management training, suicide prevention, mental health promotion and stigma reduction). 	<ul style="list-style-type: none"> General assessment on ongoing gaps to see how we can coordinate; to let everyone know how the gap can be filled: <ul style="list-style-type: none"> Alignment of efforts such as Student Behavioral Health Incentive Program (SBHIP), Community Schools, Mobile Crisis Response Teams (MCRT), Screening to Care, Creating Opportunities in Preventing & Eliminating Suicide (COPES) and identification of best practices identified in research such as the Mental Health Services Oversight and Accountability Commission (MHSOAC) Well and Thriving Report, among grants/initiatives in our county Building systems for supporting students in crisis response (tier III) and post hospitalization for school re-entry Explore new strategies to address post pandemic behavioral challenges and trauma

Please provide
any edits on the
Strategic
Planning
Summary to
Edith by 8.18.23
at:

Edith.Mohler@sdcounty.ca.gov

Substance Use	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> Prevention and early intervention for middle school and high school students, awareness of the different programs available through the County already (for Substance Use prevention), more engagement to and involvement from families/caregivers in youth services, youth residential Substance Use Disorder (SUD) treatment. Prevention and Early Intervention, including Family Engagement for middle school and up 	<ul style="list-style-type: none"> Information sharing about available resources, working with messengers to get word out Family/caregiver engagement and education about Substance Use issues Connecting with system partners on what information is made available to youth and families on Behavioral Health resources Supporting family and caregiver engagement through educational topics of interest to parents, other strategies for family support beyond existing program services

Prevention & Early Intervention	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> More Question, Persuade, Refer (QPR) trainings on suicide prevention; Cardiopulmonary Resuscitation (CPR) is for heart; QPR is for mind Importance of integrating reflective practice across the system of care; workplace sustainability and workplace retention; increases quality of care services provided to help providers stay mindful; diversity, equity, and inclusion important to better serve families; helps manage bias and microaggressions 0 to 3 population Wraparound care to look at whole family Caregiver wellness Support for Educational Credential Evaluators (ECE) settings for kids who are having a hard time; some kids are struggling after COVID; K and preschool supports for behavior and regulation; Mental Health consultations for ECE programs Importance of Peer Supports Lived experience/expertise from someone who has navigated systems/policies; creating opportunities for mentorship for youth with lived experience and similar path is valuable 	<ul style="list-style-type: none"> Highlight 0 to 5 on the agenda Explore a lived experience committee Add Reflective Practice to Requests For Proposals (RFPs) Explore a "Lived Experience" committee

Workforce	
Areas of focus	Actions for the CYF Council
<p>Advocacy for funding of training pipelines for adolescent and pediatric practitioners, while simultaneously engaging in state policy discussions regarding the importance of the adolescent and pediatric workforce in California Advancing and Innovating Medi-Cal (CalAIM) discussions, Community Assistance, Recovery and Empowerment (CARE) Act implementation and Mental Health Services Act (MHSA) Reform</p>	<ul style="list-style-type: none"> Create learning opportunities for collaboration between education sector and Behavioral Health(BH) workforce, prioritize professional development and ensure school sites have information on resources in the BH system. Engage in upcoming MHSA-reform discussions to highlight early childhood, pediatric, and adolescent workforce issues. Engage in CalAIM discussions to highlight loss of training pathways with removal of ability to bill for masters-level students doing hours

Open Discussion	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> Determining the pathways to hear authentic family voices directly Determining who are the families that are being heard from 	<ul style="list-style-type: none"> Support the Program Advisory Groups (PAG) as resource to hear the family voice See what other vehicles there are for Family input and feedback. What is being done directly in response to the family feedback

PUBLIC COMMENT





COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

VACANT
Fourth District

JIM DESMOND
Fifth District

DATE: July 18, 2023

13

TO: Board of Supervisors

SUBJECT

AUTHORIZE ACCEPTANCE OF FUNDING FOR THE CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)

OVERVIEW

In 2017, an urgent need was identified to provide more crisis care alternatives to hospitals for children and youth experiencing mental health crises due to gaps in availability of such services in California. As a result, the California legislature passed Assembly Bill (AB) 501 and authorized the California Department of Social Services (CDSS) to license short-term residential therapeutic programs (STRTP) to operate as children's crisis residential programs. Crisis residential care, often an alternative to hospitalization, is an essential level of care for the treatment of children and youth with serious emotional disturbances in mental health crisis. Today, crisis treatment continues to remain unavailable to many children and youth in regions throughout California. With a renewed focus on addressing this issue in 2021, AB 153 was passed, which established the Children's Crisis Continuum Pilot Program (CCCPP), a five-year program to be jointly implemented by CDSS and the Department of Health Care Services (DHCS). The purpose of CCCPP is to fully integrate the system of care for foster youth, enabling a seamless transition between service settings and to provide stabilization and treatment to foster youth with high acuity needs within the least restrictive setting possible. The County of San Diego (County) is among the eight counties and regional collaboratives that met the criteria for participating and have received preliminary awards from CDSS to take part in CCCPP.

- Requests authorization for County of San Diego to apply for and accept funding from CDSS and DHCS to improve services to youth in the foster care system experiencing high acuity needs
- Once approved, authorize competitive solicitations for a Children's Residential program / Psychiatric Residential Treatment Facility, and apply for additional funding opportunities
- **BL & Presentation in meeting packet**



ITEM #13: AUTHORIZE ACCEPTANCE OF FUNDING FOR THE CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency
Kimberly Giardina, DSW, Director, Child and Family Well-Being

July 18, 2023



Complete Presentation in Packet

Background



Legislation

AB 153 established the Children's Crisis Continuum Pilot Program (CCCPP)

Purpose

- Integrate the system of care for foster youth
- Enable seamless transitions between service settings
- Provide stabilization and treatment within the least restrictive setting possible

Funding

County of San Diego received a preliminary award of \$8.5 million

Children's Crisis Continuum Pilot



**Intensive
Services Foster
Care**

16 beds



**Crisis
Stabilization Unit**

4 beds



**Crisis
Residential**

4 beds



**Care
Coordination**

Children's Crisis Continuum



COUNTY OF SAN DIEGO

AGENDA ITEM

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Second District

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Third District

VACANT
Fourth District

JIM DESMOND
Fifth District

DATE: July 18, 2023

14

TO: Board of Supervisors

SUBJECT

AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

OVERVIEW

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services provides a comprehensive array of mental health and substance use services to people of all ages. These services are delivered through County-operated programs, as well as contracts with community service providers. Those served include vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

- Authorization to extend existing behavioral health services through solicitation, single source contracts and amendments
- Also asks to procure new services to provide diagnostic and clinical treatment services to children under 21 years old
- ***BL and presentation in meeting packet***



Link to the document

Supporting Positive Mental Health in Early Childhood

Supporting positive mental health in early childhood is critical to mental and physical health outcomes later in life. One of the best ways to [prevent the long-term effects of adverse childhood experiences](#) (ACEs) is by [fostering responsive relationships](#) between caregivers and children. Since early childhood mental health is inextricably linked to caregiver mental health, caregiver mental illness is considered an ACE.

While stress and traumatic events in early childhood are associated with negative mental health status in adulthood, children whose [mothers report positive mental health](#) are less likely to develop mental health and behavioral disorders later in life, highlighting the importance of interventions and support for positive caregiver mental health. It's estimated that approximately [44% of adult depressive disorders](#) could be prevented with the elimination of ACEs.

State, territorial, and freely associated state health organizations have an important role in safeguarding positive mental health in young children and their caregivers. Support for programs and [policies that encourage positive mental health](#) in early childhood and provides support for parents and caregivers to have the best chance to improve mental health across the life course. Caregiver and family interventions are critical components of effective mental health therapies for young children.

National Efforts to Improve Early Childhood Mental Health Outcomes

Recent research and headlines about the early childhood mental crisis have spurred national, state, and local action. The federal government issued a recent letter to states, tribes, and jurisdictions outlining a national plan to align state-level coordination across federal funding streams [to advance and expand mental health services for children](#). The letter describes opportunities for states to address the rise in diagnoses of mental illness in children from 3-17 years old, including leveraging the HRSA [Title V Maternal and Child Health Services Block Grant](#), the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Community Mental Health Services Block Grant](#), and the Administration for Children and Families' [Title IV-E Prevention Program](#). It also suggests states coordinate and fully utilize mental and behavioral health services and programs covered by Medicaid.

SAMHSA's [Infant Early Childhood Mental Health](#) (IECMH) grant program also supports mental health in early childhood. IECMH designs programs that serve children at risk of developing or those showing early signs of having a diagnosis of mental illness to improve mental health outcomes for children from birth through age 12. Strengthening caregiver mental health is an important goal of the IECMH through multigenerational therapy and other services that aim to strengthen caregiving relationships. From 2019 – 2021 alone, over 9,000 young children and caregivers received evidence-based mental health and related services through IECMH. For more information, health agencies can connect with the national center that [provides technical assistance to increase mental health consultations](#) throughout the country.

Document
in Packet
or click
HERE

State Examples

In 2019, in New York state, several state agencies collaborated to create new behavioral health services available for any child aged 0-21 eligible for Medicaid and meeting medical necessity guidelines. These [Children and Family Treatment and Support Services](#) were designed to deliver services in the community where it works best for families and children. This approach helps overcome barriers such as access to transportation and childcare for other children. Authorized under [Early and Periodic Screening, Diagnosis and Treatment](#) benefit, these services include family and youth peer support, therapy, rehabilitation, and crisis intervention.

Tennessee's Department of Mental Health and Substance Abuse Services manages the new [Behavioral Health Safety Net for Children](#), which provides mental health services to children aged 3-17 who are uninsured or underinsured for behavioral health conditions. As of 2021, services available include but are not limited to assessment and evaluation for a behavioral health concern, individual and family therapeutic intervention, care management, peer support services, transportation, and psychiatric medication management. Administered through community mental health agencies, participants have access to an outreach coordinator and referrals to other behavioral health payor sources.

In July 2022, Colorado established the [Department of Early Childhood](#) to unite Colorado's early childhood systems and support the health and well-being of all of Colorado's children, their families, and early childhood professionals. The department [supports social-emotional development](#) and mental health through early childhood mental health consultants for providers, parents, and caregivers. The Colorado Early Childhood Mental Health Specialists program focuses on early identification and treatment to help early care providers create environments that support mental health and well-being among children and families. The department also houses the [Colorado Early Childhood Mental Health Support Line](#) for parents and caregivers searching for information related to early childhood mental health. It offers videos, print materials, and additional resources to raise awareness and support families' learning and understanding of mental health.

Recommendations for State and Territorial Health Agencies

- Recognizing that rates of early childhood mental health disorders have increased in recent years, assess the status of statewide early childhood mental health. Consider looking for county and township-level trends, if possible.
- Expand child mental health outpatient and crisis services in Medicaid. Gathering data on the effectiveness of these services can help make the case with private health plans to cover similar services and further bolster the mental health system.
- Engage youth and caregivers in formulating new policy and programming ideas. Ensure that families and caregivers are included in mental health service provision.
- Encourage collaboration among state agencies and public and private partners to participate in federal early childhood and caregiver mental health programs such as SAMHSA's [Project LAUNCH](#), [Indigenous Project LAUNCH](#), and IECMH.
- Work with state Medicaid agencies to promote innovative financing arrangements for early childhood mental health services.

As rates of early childhood and caregiver mental health concerns continue to increase and [access to mental health providers is increasingly diminished](#), health agencies have a responsibility to use available mechanisms to support positive early childhood and caregiver mental health.

This publication was prepared with funding support from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.



Monthly Update

July 2023 Update

Children, Youth & Families

Progress & Updates

CYBHI

July 28, 2023

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Document in Packet or click [HERE](#)

Leveraging and Aligning Opportunities to Advance and Sustain School Mental Health



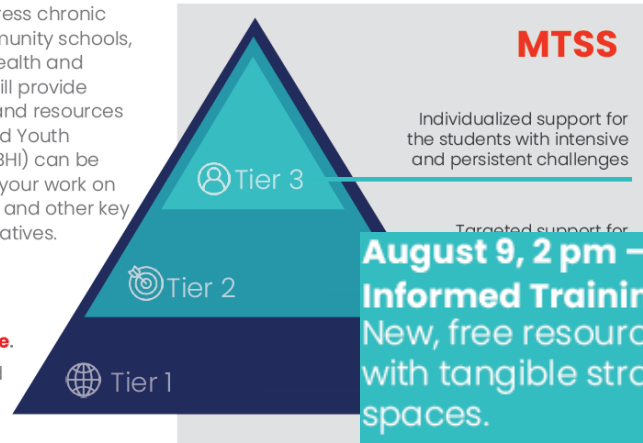
New Webinar Series for LEAs, COEs, County BH, CBOs, Managed Care Plans and Others Working to Improve Student Mental Health and Wellbeing

Learn about how you can use and apply new tools and resources to support student mental health and wellbeing.

As LEAs continue efforts to address chronic absenteeism, implement community schools, and improve student mental health and wellbeing, this webinar series will provide information on how new tools and resources through the State's Children and Youth Behavioral Health Initiative (CYBHI) can be incorporated and aligned with your work on MTSS, PBIS, Community Schools and other key education frameworks and initiatives.

Register to join the August 9 webinar [here](#) and additional registration links will be available on the [CYBHI website](#).

Hear from other LEAs/COEs and partners from throughout the state, as well as state officials and subject matter experts.



August 9, 2 pm – 4:30 pm: Safe Spaces: Trauma Informed Training for Educators (MTSS Tier 1)

New, free resources school districts can leverage with tangible strategies to create trauma-informed spaces.

August 30, 2 pm – 4:30 pm: CYBHI Fee Schedule and Partnership Capacity Grants: Part 1 (MTSS Tiers 1-3)

New opportunity for schools and their partners to receive increased sustainable funding to support student mental health services.

September 20, 2 pm – 4:30 pm: Strengthening SEL, Wellbeing, Mindfulness, and Resilience (MTSS Tier 1)

New communities of practice, funding, and tools available to strengthen MTSS/PBIS Tier 1 strategies for student behavioral health and wellbeing,



[Register HERE](#)

including insights from partnership approaches with health insurance plans.

October 18, 2 pm – 4:30 pm: Wellness Coaches (MTSS Tiers 1-2)

New Wellness Coach role and the why/what/when/how for how you can consider adding Wellness Coaches to supplement your behavioral health teams and increase access to supports for students.

November 29, 2 pm – 4:30 pm: Virtual Services Platform (MTSS Tiers 1-2)

New app being developed to connect youth and families with information and self-management tools, online coaching supports, and services in the community and how schools can integrate the app into their system of behavioral health supports for students.



DEPARTMENT OF HEALTH CARE SERVICES

Evidence-Based and Community-Defined Evidence Practices Grants

Announcements

Round One: Parent and Caregiver Support Programs and Practices

ROUND 1 AWARD DETAILS: DHCS is awarding \$30.5 million to 63 entities for the eighteen-month grant period. Awardees will be required to complete contract deliverables, implement identified practices, and report on program outcomes resulting from the grant awards. EBP and CDEP practice models funded under this opportunity include, but are not limited to: Positive Parenting Practices, Incredible Years, Healthy Steps (Medi-Cal Dyadic Services Benefit), Parent Child Interaction Therapy, Effective Black Parenting Program, Positive Indian Parenting, and a variety of other community-defined parenting support programs.

In selecting grant awardees, DHCS considered a variety of factors, including, but not limited to, demonstrated need as indicated by the Healthy Places Index, ability to meet outcome objectives for populations of focus (POF), ability to provide culturally relevant and responsive services to POF, overall estimated impact of the award, statewide geographic distribution of grants, practice model type, populations served, and sustainability pathways.

Background

In line with its legislative mandate (see [W&I Code section 5961.5](#)), DHCS will distribute \$429 million in grants to on community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral health (BH) based on robust e sustainability. By scaling EBPs and CDEPs throughout the state, DHCS aims to improve access to critical behavioral early intervention, and resiliency/recovery for children and youth, with a specific focus on children and youth who are Indigenous, and People of Color (BIPOC) and the LGBTQIA+ community.

Through an extensive community engagement process, DHCS selected a limited number of EBPs and CDEPs, to co [Overview document](#) highlights its overall strategy for scaling up EBPs and CDEPs across multiple funding rounds th

Full document in packet
and Links to additional
information:

<https://www.dhcs.ca.gov/cybhi>
[https://www.chhs.ca.gov/home/childr
en-and-youth-behavioral-health-
initiative/](https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/)

Grant Round Information

Grant Round	Release Date	Deadline	Status	Resource Links	Award Announcements
Round 1: Parent and Caregiver Support Programs and Practices	December 1, 2022	January 31, 2023, 5:00 p.m.	Closed	RFA PDF FAQ Document	July 6, 2023
Round 2: Trauma-Informed Programs and Practices	February 9, 2023	April 10, 2023, 5:00 p.m.	Closed	RFA PDF FAQ Document	August 31, 2023 (Updated)
Round 3: Early Childhood Wraparound Services	August 2023 (TBA)				
Round 4: Youth Driven Programs	August 2023 (TBA)				
Round 5: Early Intervention Programs and Practices	(TBA)				
Round 6: Community Defined Programs and Practices	(TBA)				



County of San Diego

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(619) 515-6555 • FAX (619) 515-6556

PATTY KAY DANON
CHIEF OPERATIONS OFFICER



July 28, 2023

TO: Behavioral Health Advisory Board (BHAB)

FROM: Luke Bergmann, Ph.D., Director, Behavioral Health Services

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – AUGUST 2023

BHS YOUTH PROGRAMS AND SERVICES UPDATES

ACCOMPLISHMENTS AND ANNOUNCEMENTS

Complete document in packet or click [**HERE**](#)



Behavioral Health Concepts, Inc.
info@bhcegro.com
www.calegro.com
855-385-3776

FY 2022-23 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

SAN DIEGO FINAL REPORT

☒ MHP

☐ DMC-ODS

Full document in
packet or click [HERE](#)

Prepared for:

California Department of
Health Care Services (DHCS)

Review Dates:

January 10-12, 2023



EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2022-23 Mental Health Plan (MHP) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "San Diego" may be used to identify the San Diego County MHP, unless otherwise indicated.

MHP INFORMATION

Review Type — Virtual

Date of Review — January 10-12, 2023

MHP Size — Large

MHP Region — Southern



SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the MHP on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	4	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	5	1	0
TOTAL	26	23	3	0

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP uses a population health, health equity, and healthcare integration approach to build the service network.
- The MHP provides mobile crisis response teams (MCRT) county-wide and continues to explore expansion.
- The peer workforce is highly valued and integral to the MHP services.
- The MHP has a strong partnership with its Administrative Services Organization (ASO), Optum supporting IS and access.
- The MHP continues to expand data sources and data access.

The MHP was found to have notable opportunities for improvement in the following areas:

- There continue to be long wait times to first appointments and psychiatry evaluations.
- There is need for greater collaboration with contract providers that would potentially improve many key challenges such as workforce recruitment and retention.
- Level of care (LOC) transitions are difficult to access and there are no apparent MHP supports or access systems to manage the process.
- The penetration rate (PR) for Hispanic/Latino beneficiaries continues to decline.



- The MHP has numerous IS-changes and initiatives that are priorities.

Recommendations for improvement based upon this review include:

- Identify barriers and conduct performance improvement to reduce wait times to services.
- Increase collaboration with contract providers.
- Evaluate needs and implement a consistent monitoring and engagement process for LOC transitions.
- Implement ways to increase the Hispanic/Latino PR.
- Develop testing, training, data conversion, integration, support, and risk-management plans to support the outpatient cutover to the Cerner Millennium EHR.



**CULTURAL COMPETENCE PLAN
and
THREE-YEAR STRATEGIC PLAN
2023**

Document in packet or click **HERE**

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY



[Link to the full document](#)

CORONAVIRUS DISEASE (COVID-19)
WWW.CORONAVIRUS-SD.COM



County of San Diego Health and Human Services Agency



Children, Youth & Families Behavioral Health Services *Systemwide Annual Report, FY 2021-22*

Report in packet or click
[HERE](#) for full document



OVERDOSE DATA

TO ACTION QUARTERLY NEWSLETTER

THEME: Harm Reduction

June 2023: Volume 2, Issue 2

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- Free Opioid Training Course
- Healthcare Systems Survey

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- Harm Reduction Strategies: Naloxone Distribution Program – Vending Machines

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- Drug Overdose Surveillance in San Diego County

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- CURES 2.0 Use and Utility Survey

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- Webpage Updates
- Surveillance and Prevention Grant Strategies

Complete document in packet or click [HERE](#)

Hot Topic

Enhanced Care Management for Children and Youth

Heather Summers, EdD, MSW (Moderator)

County of San Diego, Health and Human Services Agency, Medical Care Services, Deputy Director of Operations

**BLUE SHIELD PROMISE HEALTH PLAN
PRESENTING ON BEHALF OF
HEALTHY SAN DIEGO**

**Presentation in
Packet**

**Access to
DHCS Webpage**

[HERE](#)

SANDIEGOCOUNTY.GOV



CHILDREN & YOUTH ENHANCED CARE MANAGEMENT

SANDIEGOCOUNTY.GOV



Heather Summers, EdD, MSW, Deputy Director, County of San Diego

Jana Sellers, MFT, Program Manager, Blue Shield Promise Health Plan

Raine Arndt-Couch, DSW, JD, LCSW, CCM, Senior Manager, Blue Shield Promise Health Plan

Michael Hammel, Program Director, Community Research Foundation

Jeremy King, Program Director, Community Research Foundation



BLUE SHIELD PROMISE HEALTH PLAN PRESENTING ON BEHALF OF HEALTHY SAN DIEGO

SANDIEGOCOUNTY.GOV



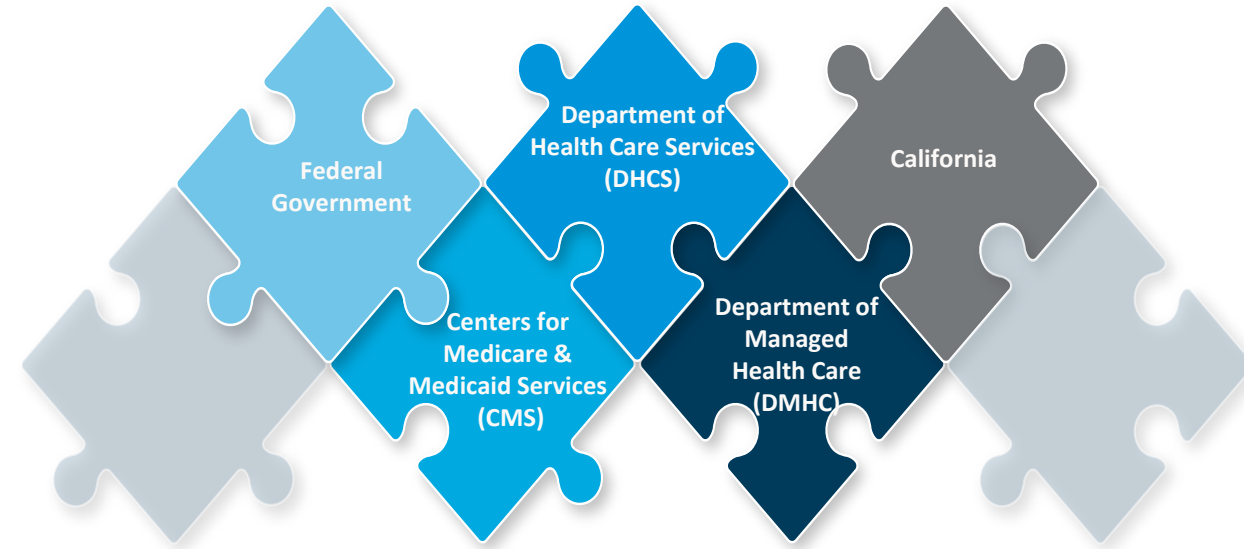
Agenda



- Medi-Cal & CalAIM
- The Importance of Enhanced Care Management & Community Supports
- Enhanced Care Management & Referral Process
- Community Supports & Referral Process

What is Medi-Cal

Medi-Cal



- Medi-Cal is California's Medicaid program.
- Medi-Cal is a **public health insurance program**, which provides low cost or no cost comprehensive health care coverage to eligible low-income children, adults, and families.
- Medi-Cal is **dually funded** by State and federal taxes.

Transforming Medi-Cal through CalAIM

- California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year statewide initiative that is transforming the Medi-Cal to build a healthier and more equitable health care system.
- CalAIM's strategy includes increasing access to Enhanced Care Management and Community Support Services to eligible populations statewide.

Enhanced Care Management

Breaks down barriers to members with complex health and social needs through a single lead care manager

Community Supports

Meets members social needs, including food, housing and other social drivers of health

Historical Context – Health Homes Program, Whole Person Care and In-Lieu of Services

- Enhanced Care Management (ECM) and Community Supports (CS) were developed from lessons learned, as well as MCP and Provider experience, in the Whole Person Care (WPC) Pilots and Health Homes Program (HHP).
- Both WPC and HHP led the way in providing a set of intensive care coordination services that spanned multiple delivery systems to provide a person-centered approach to care.
- These initiatives also pushed the boundaries of a traditional health care delivery approach to begin formally considering the impact of social drivers of health (SDOH) on health outcomes and experience of care in Medi-Cal

Community Supports was originally named In-Lieu of Services (ILOS) but was re-branded by DHCS in 2021.



Enhanced Care Management and Community Supports

promote a more equitable, coordinated, and person-centered approach to maximizing Medi-Cal members' health and life trajectory

- 1 Staffing and day-to-day care coordination occur **in the community** and in accordance with members' preferences
- 2 More **efficient** and **effective** use of the appropriate resources, **tailored** to members' specific needs
- 3 Positive social and economic impacts by **reducing overutilization of emergency resources**, and improving access to **preventative resources** that address **social determinants of health** such as housing and food

Enhanced Care Management & Community Supports Services

- Enhanced Care Management is a mandatory benefit and all health plans providing services to Medi-Cal Members must offer this benefit.
- Community Supports is voluntary for managed care plans and County specific. Not all plans offer all or the same community supports to their Medi-Cal members in all Counties.

Medi-Cal members that do not qualify for Enhanced Care Management may still qualify for Community Supports Services.

Meet Anna



- Anna experiences symptoms of Asthma and Depression
- Has been in and out of the hospital two times in the past six months
- Struggles to manage her conditions, including
 - Keeping up with her medications
 - Access to stable housing
 - Getting to appointments
- Anna and her mother are currently “couch surfing” and staying with different friends or family members every few days

As we walk through the training, see how Enhanced Care Management and Community Supports Services help them.



Enhanced Care Management

Enhanced Care Management (ECM)



Enhanced Care Management (ECM) is a Medi-Cal managed care **benefit** that addresses **clinical and non-clinical needs** of **high-need individuals** through the **coordination** of services and comprehensive **care management**.

- Gives qualified members extra services from a dedicated **ECM provider**, which is an entity that contracts with the Managed Care Plan.
- **A lead care manager**, who works for the ECM provider, **coordinates** the member's health care services and links them to **community and social services**.
- The member's ECM provider works with **all of their providers** to give an added layer of support.
- Members get these extra services at **no cost** as part of their Medi-Cal benefits, and it will not take away any of the member's current Medi-Cal benefits.

To qualify for ECM, members must have active enrollment in Medi-Cal



1

Members **CANNOT** be enrolled in ECM if they are enrolled in the following:

- Fee for Service Med-Cal
- Hospice
- D-SNP members who have both Medi-Cal and Medicare and assigned with the same Managed Care Plan (MCP)
- Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
- Program for All Inclusive Care for the Elderly (PACE)
- Residing in an Intermediate Care Facility (ICF) or subacute care facility

Old Program



2

Members can choose to **SWITCH** to ECM if they are enrolled in any duplicative 1915 waiver programs:

- Multipurpose Senior Services Program (MSSP)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- HCBS Waiver for Individuals with Developmental Disabilities (DD)
- Self-Determination Program for Individuals for Individuals with I/DD

Old Program



3

Members can choose to **SWITCH** to ECM if they are enrolled in any of the following Managed Care Plan/Other programs

- Basic Case Management
- Complex Case Management
- California Community Transitions (CCT) Money Follows the Person (MFTP)

To be Eligible for ECM, member **MUST** qualify for at least one of the below “Populations of Focus”

Adult Populations of Focus

Individuals who are experiencing homelessness and have at least one complex physical, behavioral, or developmental health need

Individuals At Risk for Avoidable Hospitalization or ED Utilization

5+ ED visits or 3+ hospital or short-term skilled nursing facility stays in last 6 months or Plan identifies pattern of avoidable high utilization

Adults with serious mental illness or substance use disorder who are experiencing at least one complex social factor and meet additional criteria

Adults transitioning from incarceration, or who have transitioned from incarceration within the past 12 months, who also have certain medical conditions.

Adults Living in the Community and At Risk for Long Term Care Institutionalization.

Adult Nursing Facility Residents transitioning to the Community

Children & Youth Populations of Focus

Homeless Families or Unaccompanied Children/Youth experiencing homelessness

Children and Youth At Risk for Avoidable Hospitalization or ED Utilization,

(3 + ED visits in 12 months or 2+ unplanned hospital or short term SNF stays in 12 months that could have been avoided with OP care.)

Children and Youth with Serious Mental Health and or SUD Needs, who is obtaining services through Serious Mental Health Services or DMC-ODS or the DMC program.

Children enrolled in California Children's Services (CCS) or the CCS Whole Child Model who have additional needs beyond the CCS qualifying condition.

Children and Youth Involved in Child welfare, including foster care up to age 26

Children and Youth Transitioning from a Youth Correctional Facility.

Meet Anna



At an appointment with one of her doctors, Anna was referred to Enhanced Care Management.

- Anna's ECM care manager works with Anna and her mother to
 - Better manage her conditions, including managing her medications.
 - Assist with scheduling appointments and provides appointment reminders

How can someone access ECM?

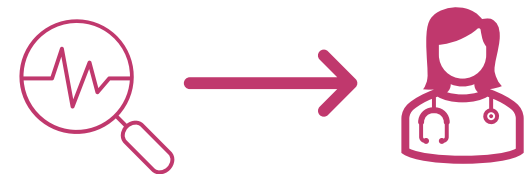
- 1 They can be referred from a Provider or MCP internal staff



- 2 They can refer themselves by calling their MCP



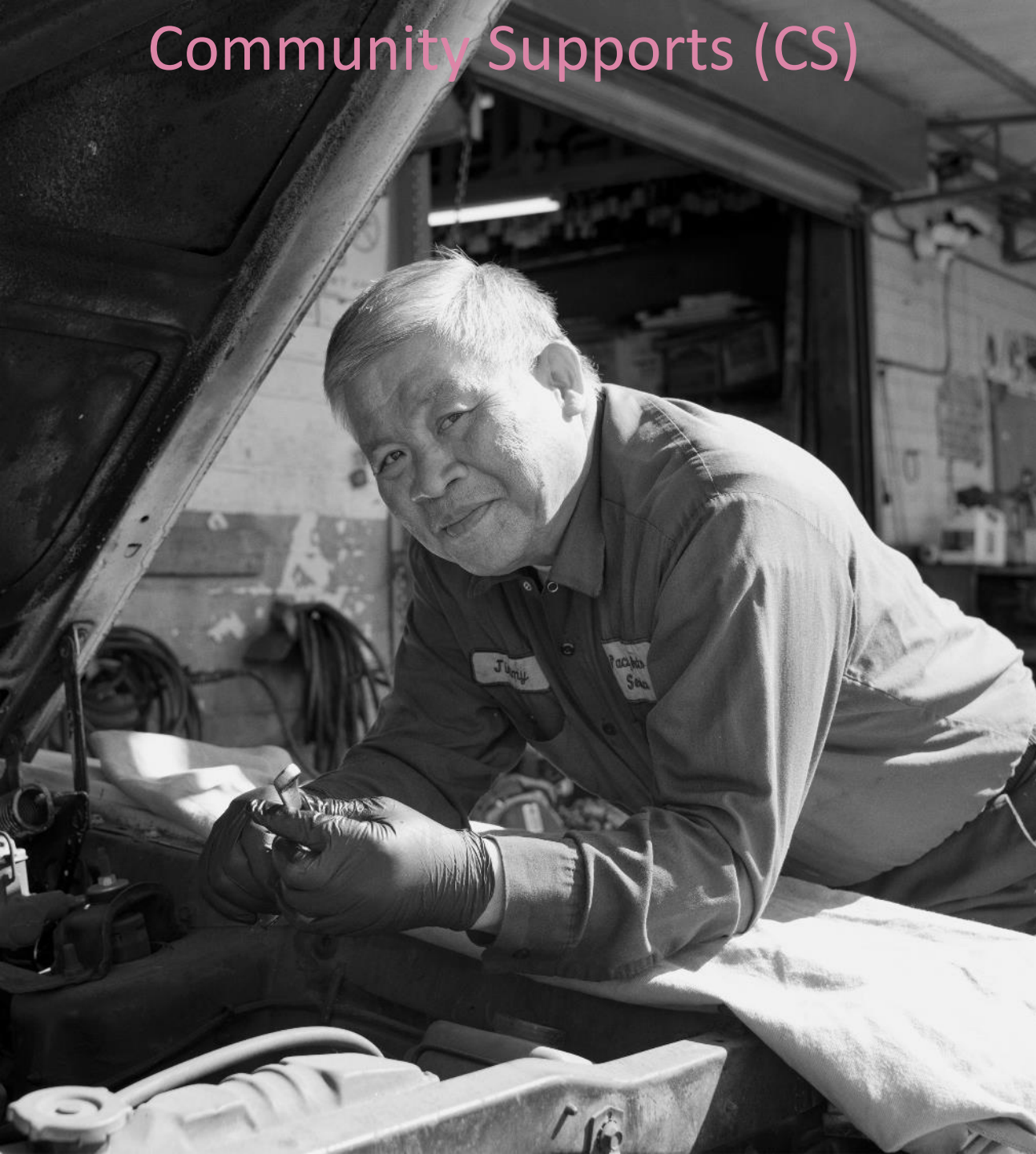
- 3 MCPs identify eligible Members using data





Community Supports Services

Community Supports (CS)



Community Supports, previously known as In Lieu of Services or ILOS, are certain community-based services and supports that address health-related social needs and that are medically appropriate & cost-effective.

- The California Department of Health Care Services (DHCS) has pre-approved fourteen (14) Community Supports that Medi-Cal health plans may offer. MCPs elect which Community Supports are available.
- Medi-Cal managed care health plans may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department, or other costly services.
- Providers include social services agencies, county agencies, life skills training and education providers, home health or respite agencies, home delivered meals providers, local health departments, area agencies on aging, public hospital systems, Federally-Qualified Health Centers, affordable housing and supportive housing providers, sobering centers, community-based entities.

The 14 Community Supports



San Diego Community Supports by MCP

Managed Care Plan	Housing Transition Navigation	Housing Deposits	Housing Tenancy & Sustaining Services	Short Term Post Hospitalization Housing	Recovery Care (Medical Respite)	Respite Services	Day Habilitation Programs	Nursing Facility Transition/ Diversion	Community Transition Services	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically Tailored Meals	Sobering Centers	Asthma Remediation
Aetna Better Health of California	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blue Shield of California Promise Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Community Health Group Partnership Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Net Community Solutions	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kaiser Permanente	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Molina Healthcare of California Partner Plan	X	X	X	X	X	X	X	1/1/2024	X	X	7/1/2023	X	X	X

Reference: DHCS Website - [Enhanced Care Management and Community Supports \(ILOS\)](#)

- File: [Community Supports Elections \(by County and MCP\)](#) (Updated December 2022)

Community Supports Addressing Homelessness and Housing

Housing Transition Navigation Services

- Assistance with obtaining housing. This may include assistance with searching for housing or completing housing applications, as well as developing an individual housing support plan.

Housing Deposits

- Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.
- *Once per Lifetime limit of \$5,000; limited to members in Housing Transition Navigation Services*

Housing Tenancy & Sustaining Services

- Assistance with maintaining stable tenancy once housing is secured. This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.
- *1x lifetime maximum, usually between 12 and 18 months*

Community Supports to Help Members Recuperate Safely

Short-term Post-Hospitalization Housing

- Setting in which beneficiaries can continue receiving care for medical, psychiatric, or substance use disorder needs immediately after exiting a hospital.
- *Once per lifetime limit not to exceed duration of 6 months*

Recuperative Care (Medical Respite)

- Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness.
- *No more than 90 days in a continuous duration*

Respite Services

- Short-term relief provided to caregivers of beneficiaries who require intermittent temporary supervision.
- *Service limit is up to 336 hours per calendar year*

Sobering Centers

- Alternative destinations for beneficiaries who are found to be intoxicated and would otherwise be transported to an emergency department or jail.
- *Up to 24 hours*

Community Supports for Long-Term Well-Being in Home-Like Settings

Nursing Facility Transition & Diversion to Assisted Living

- Help individuals live in the community by facilitating transitions from a nursing facility back into a home-like, community setting, or preventing nursing facility admissions for those with imminent need.

Community Transition Services/Nursing Facility Transition to Home

- Assist individuals to live in the community to avoid further institutionalization by providing non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence.

Personal Care and Homemaker Services

- Support individuals who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.

Community Supports for Long-Term Well-Being in Home-Like Settings

Day Habilitation Programs

- Programs provided to assist beneficiaries with developing skills necessary to reside in home-like settings, often provided by peer mentor-type caregivers. These programs can include training on use of public transportation or preparing meals.

Asthma Remediation

- Physical modifications to a beneficiary's home to mitigate environmental asthma triggers.
- *Lifetime maximum \$7,500*

Environmental Accessibility Adaptations

- Physical adaptations to a home to ensure the health and safety of the beneficiary. These may include ramps and grab bars.
- *Lifetime maximum \$7,500*

Meals/Medically Tailored Meals

- Meals delivered to the home following discharge from a hospital or nursing home, that are tailored to meet beneficiaries' unique dietary needs of those with chronic diseases.
- *Up to two (2) meals per day and/or medically-supportive food and nutrition services for up to 12 weeks, or longer if medically necessary*
- *Meals are not covered to respond solely to food insecurities*

Meet Anna



While participating in Enhanced Care Management Anna and her mother were assessed for additional needs

- Anna's ECM care manager works with Anna and her mother to
 - Connect her to Housing Navigation Services
 - Assisted with a referral for a housing deposit once adequate housing was identified

To qualify for Community Supports services:

1 Members must have active enrollment in Medi-Cal

2 Members must provide written or verbal consent prior to referral and/or engagement in Community Support Services (in accordance with individual MCP policies & procedures)

3 Members' eligibility for other similar services offered through other State, local, or federally funded programs should be assessed

Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.

COMMUNITY RESEARCH FOUNDATION

SANDIEGOCOUNTY.GOV



CASE PRESENTATION / DISCUSSION



COUNTY OF SAN DIEGO

SANDIEGOCOUNTY.GOV



SUGGESTED ECM PROVIDER TYPES BY POPULATION OF FOCUS (NON-EXHAUSTIVE)



Children/Youth ECM Population of Focus	Example Priority Provider Types
Children with Serious Mental Health and/or SUD Needs (includes children with high ACEs scores)	<ul style="list-style-type: none"> » School-based clinics/BH providers » Public Health & Social Service Programs » CBOs serving children and families with social needs » County behavioral health services
Children and Youth Enrolled in California Children's Services (CCS)	<ul style="list-style-type: none"> » CCS paneled providers, including specialty care centers, and pediatric acute care hospitals
Children and Youth At Risk for Avoidable Hospitalization or ED Use	<ul style="list-style-type: none"> » School-based clinics » Medical providers depending on underlying reasons for ED utilization
Children and Youth Involved in Child Welfare	<ul style="list-style-type: none"> » CBOs, Public Health & Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.

ACCESSING CALAIM SERVICES



- Referrals can be made by contacting a member's Medi-Cal health plan by phone or by submitting a referral
- In San Diego County, below are the phone numbers for each of the Health Plans' Member Services:

Health Plans	Phone Number to Make a Referral
Aetna	1-855-772-9076
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Health Net	1-800-675-6110
Kaiser	1-800-464-4000
Molina	1-888-665-4621

RESOURCES



- [Enhanced Care Management Policy Guide](#)
- [Community Supports Policy Guide](#)
- [Enhanced Care Management/Community Supports: A Policy “Cheat Sheet”](#)
- [Launching Enhanced Care Management \(ECM\) for Children and Youth](#)
- [San Diego County PATH CPI Collaborative - Intrepid Ascent Website](#)
- **Healthy San Diego Children & Youth Ad-Hoc Workgroup Meeting:**
 - August 16, 11:30am – 12:30pm

THANK YOU!

SANDIEGOCOUNTY.GOV



OPEN ANNOUNCEMENTS

- *Participants are invited to unmute and make the announcement*
- *Announcements can also be entered into the chat*
- *Send materials to:*
Edith.Mohler@sdcounty.ca.gov
by Friday before each Council meeting to be posted in chat on the sender's behalf



Poll Question

On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting? (Single Choice)

- 1 - Low Relevance**
- 2 -**
- 3 – Some Relevance**
- 4 -**
- 5 - High Relevance**



**NATIONAL
RECOVERY
MONTH
CELEBRATION
"TIDES OF HOPE"
AUGUST 26, 2023**



*"Scan QR code for
booth information"*

SAVE THE DATE AND JOIN US!

National Recovery Month Celebration



Saturday, August 26, 2023

10:00 AM – 1:00 PM at Waterfront Park

1600 Pacific Highway, San Diego, CA 92101

EVENT FEATURES

FREE Naloxone Education and Distribution • Resource Fair
Shared Stories of Hope • Interactive Activities • Entertainment

GIVEAWAYS WHILE SUPPLIES LAST

To request a free exhibitor booth, scan the QR code
or visit: <https://bit.ly/44dNBxq>



Disability-related accommodations necessary to facilitate meeting participation, language interpretation, including American Sign Language, and written materials in alternative languages and formats are available upon request. Please submit your request at least 72 hours in advance of the event to Engage.BHS@sdcounty.ca.gov or by calling (619) 518-4853.



LIVE WELL
SAN DIEGO



Sunday, September 17, 2023
Waterfront Park Downtown San Diego

5K Starts at 7:30am
1-Mile Fun Run starts at 9:00am

Presented by



LiveWellSD5K.com



**LIVE WELL
SAN DIEGO**

14th Annual Early Childhood Mental Health Conference



14th Annual Early Childhood Mental Health Conference – We Can't Wait! Re-Imagining Prevention and Early Intervention In Communities of Hope

September 28-30, 2023

This 14th Annual Early Childhood Mental Health Conference will inspire attendees to re-imagine prevention and early intervention and shift the focus to the role of positive experiences in human development. Distinguished speakers will highlight community driven, evidence-based interventions that have been developed, researched, implemented, and are making a difference, including Zero to Thrive from Michigan and the HOPE programs from Chicago. These programs, some of which have been implemented here in San Diego, promote healthy child development (0-5) and emphasize strengths, positivity, and hope, rather than deficits. In addition to exploring early childhood development, culturally informed, evidence-based practices, and advances in early education programs, attendees will be able to examine ways that our communities and systems of care can better ensure diversity, equity, and access to care so that children have more positive experiences, and that all families have support to nurture and celebrate their strengths. Finally, we are excited to offer a Hybrid Event this year! Live sessions will be in-person, in San Diego and a networking reception is planned on Thursday evening. Keynote sessions and selected breakout sessions will simultaneously be offered on Zoom for virtual attendees.

Learning Objectives:

At the conclusion of this activity, the participants should be able to:

- Review the neurobiological nature of the developing brain and recognize how it is directly shaped by positive, interpersonal experiences
- Identify best practices in socio-emotional support and strategies for cultivating positive experiences that extend to the home, schools, and community
- Create partnerships among healthcare, education, behavioral health, and child welfare professionals to create communities of hope for infants, children and families
- Discover ways to build workforce capacity and community involvement to expand diversity-informed strategies that support infants, children, and families

Target Audience:

The target audience includes those involved in providing assessment, treatment, education, support, and advocacy for children and families. Attendees will include psychiatrists, pediatricians, marriage family therapists, social workers, psychologists, mental health workers, substance abuse and addiction professionals, counselors and case managers, nurses, occupational therapists, physical therapists, speech therapists, teachers, educators, child welfare workers, early childhood education providers, childcare specialists, mental health administrators and other healthcare and educational providers.

[ECMH – We Can't Wait! \(earlychildhoodmentalhealth-sandiego.com\)](https://www.earlychildhoodmentalhealth-sandiego.com/)

Registration: [14th Annual Early Childhood Mental Health Conference – We Can't Wait - Choose Registration \(eventscloud.com\)](https://www.earlychildhoodmentalhealth-sandiego.com/)

Hybrid Event

More information:
[ECMH – We Can't Wait!
\(earlychildhoodmentalhealth-
sandiego.com\)](https://www.earlychildhoodmentalhealth-sandiego.com/)



SAVE THE DATE: NOVEMBER FUTURE EVENTS

SAVE THE DATE

2023 Western States Marijuana Summit November 14 – 15, 2023

Virtual Only

National Overdose Prevention Leadership Summit November 16 – 17, 2023

Virtual Only

*Conference line ups and registration links will
be sent out soon.*

No registration cost for either summit.



PN CENTER FOR
HEALTH
LEADERSHIP
& IMPACT



Marijuana
Prevention
Initiative
SAN DIEGO COUNTY



SAN DIEGO COUNTY
SUBSTANCE USE AND
OVERDOSE PREVENTION
TASKFORCE



LIVE WELL
SAN DIEGO

THANK YOU

Next CYF Council Meeting:
September 11, 2023
9:00 – 10:30 a.m.

