Welcome to the Children, Youth and Families Council Meeting

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 CHAT

August is National Family Fun Month!

In one word: "Highlight a Fun Family Activity"

LIVE WELL SAN DIEGO

Scan QR code with Phone Camera

WELCOME

WELCOME NEW ATTENDEES AND INTERPRETERS

ZACHARY GUZIK
SAN DIEGO REGIONAL CENTER

Zachary Guzik

San Diego Regional Center (SDRC)

DIRECTING CHANGE ARTWORK

https://gallery.directingchange.org/sandiegocounty/art/

LIVE WELL SAN DIEGO

“Burned Out”

Artist: **Sara Croll**
Grade: 7
Rancho Minerva Middle School
Advisor: Beth Duncan

MEETING SUMMARY REVIEW

DOES ANY COUNCIL MEMBER HAVE INPUT ON THE MEETING SUMMARY AT THIS TIME?

COUNCIL MEMBERS MAY:

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

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JULY MEETING FOLLOW UP ITEMS

- Provide Dr. Bergmann the input and **comments from the July 11, 2022** Conversation with BHS Director Council meeting via email on July 11, 2022

- Provide council participants with information about the **BHS Housing Council** meeting where additional discussion about family/youth housing needs can be raised – see July 11, 2022 meeting summary
  - Housing Council meets on the first Thursday from 11:30 to 1pm via zoom
  - Meeting summaries can be accessed at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhs_council_minutes.html
  - To be added to the meeting distribution list, contact Cynthia.Robles@sdcounty.ca.gov

- **Behavioral Health Symposium** to address the behavioral health worker shortage on 8.23.22

- **BHAB BHS Dashboard** Indicators have been updated to include data from Rady-CAPS vs. just the two Fee for Services acute care psychiatric hospitals for youth – see meeting packet handout

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Join us at the Behavioral Health Symposium

On August 23 the Workforce Partnership will be hosting the Behavioral Health Symposium to discuss the release of a new report, Addressing San Diego's Behavioral Health Worker Shortage.

At the event, the report findings will be released, regional behavioral leaders, educators, and workers will discuss and respond to recommendations, and leaders will discuss how to advance this strategy regional strategy to retain the workforce needed to provide the highest quality behavioral health services possible to San Diego residents.

Who you'll hear from

- San Diego County Supervisor Chair Nathan Fletcher on **the vision for San Diego's behavioral health system and workforce**
- Joy Hermsen from Futuro Health, Marisa Varond from the McAlister Institute and Connie Lafuente from California Community Colleges in a panel discussion on **establishing regional training centers of excellence**
- Chief economist Dr. Daniel Enemark on **understanding San Diego's behavioral health worker shortage**
- And more!

Register

Breakfast will be served.

Registration is required for this free event.

Please release your ticket if you are unable to attend.

Date: Tuesday, August 23, 2022
Time: 8 a.m.–12 p.m.
Networking and breakfast – 8 a.m.
Program starts – 8:30 a.m.

Cost: FREE
Location: Central Downtown Library, Neil Morgan Auditorium
330 Park Boulevard, 1st floor
San Diego, CA 92101

Event underwritten by the County of San Diego Health and Human Services Agency

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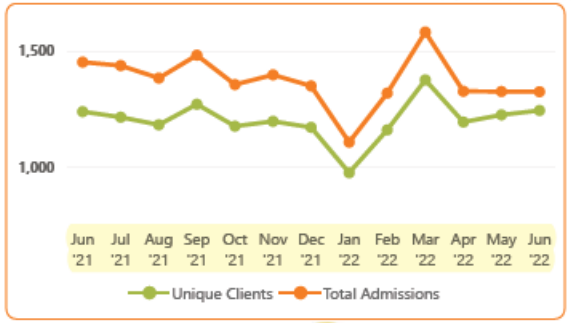
BEHAVIORAL HEALTH DASHBOARD INDICATORS

County of San Diego Behavioral Health Services

SUBSTANCE USE DISORDER SERVICES INDICATORS

Report Month: June 2022

TOTAL ADMISSIONS

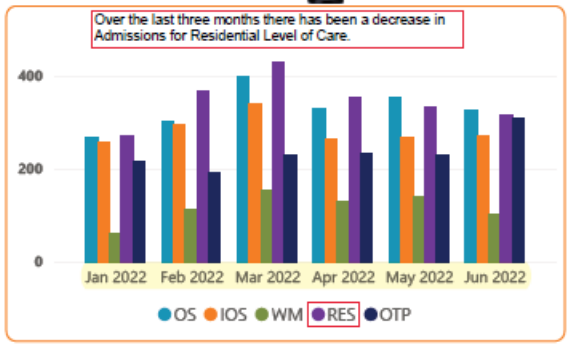


Current Trends	
June '22 vs. June '21	-8.8% (1,325 vs. 1,453)
June '22 vs. May '22	-0.1% (1,325 vs. 1,326)

June '22 Admissions	
49	1,276
Adolescent	Adult

Annual Trends		
Year	Admissions	Average Per Month
FY 2021-22	16,396	1,373
FY 2020-21	15,677	1,314

ADMISSIONS BY LEVEL OF CARE



Jun '22	25%	20%	8%	24%	23%
Adolescent		LOC		Adult	
35		OS		292	
7		IOS		264	
0		WM		101	
7		RES		309	
0		OTP		309	

Recovery Services **June 2022 = 1** **FYTD = 527**

Residential admissions have decreased within the last three months for adults.

CLIENT TRANSITIONS BY LOC - MONTHLY DISCHARGES WITH REFERRAL

Receiving LOC

Discharging LOC	REC	OS	IOS	WM	RES	OTP
REC	0%	0%	0%	0%	0%	100%
OS	0%	0%	75%	0%	0%	25%
IOS	7%	93%	0%	0%	0%	0%
WM	0%	0%	0%	0%	0%	0%
RES	0%	58%	41%	0%	1%	0%
OTP	0%	0%	0%	0%	0%	0%

Note: Clients must be discharged with a referral and transition to a program within 10 days of discharge to be considered connected.

Discharging LOC	Not Connected Within 0 to 10 Days		Not Connected Within 0 to 30 Days	
REC	46	98%	46	98%
OS	66	94%	66	94%
IOS	12	18%	12	18%
WM	0	0%	0	0%
RES	91	48%	73	38%
OTP	3	100%	2	67%

All Discharges: 1,417

Discharges with Referral: 27% (377/1,417)

Referred Discharges with 10 Day Connection: 42% (159/377)

Referred Discharges without 10 Day Connection: 58% (218/377)

Note: Due to reporting requirement, data for client transitions by LOC and discharges reflect a two month delay.

REC = Recovery Services | OS = Outpatient Services | IOS = Intensive Outpatient Services | WM = Withdrawal Management | RES = Residential Services | OTP = Opioid Treatment Program

KEY: Red = Concern? Yellow = Review? Green = Positive?

Please note: Data may be impacted starting March 2020 due to COVID-19.

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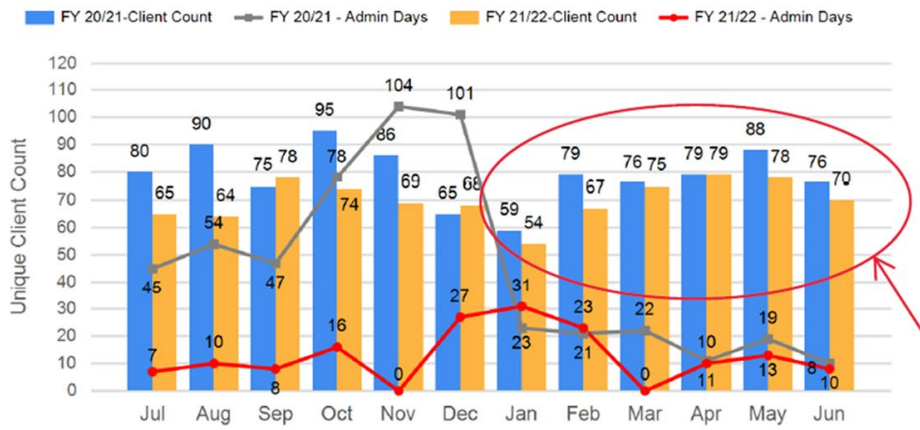
Fig. 6. (CHILDREN YOUTH & FAMILIES) - MONTHLY UNIQUE CLIENTS @I/P HOSPITALS



Unique Current Trends:

Months Compared		Unique Client Count		% Increase/ Decrease
Jun 2022	Jun 2021	70	76	-8%
Jun 2022	May 2022	70	78	-10%

Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 21/22	48	574
FY 20/21	52	618
FY 19/20	53	639

Over the last six months there has been a decrease in monthly unique clients at I/P hospitals this year vs previous year for CYF.

COUNCIL BYLAWS PROPOSED REVISIONS

The bylaws were updated to align with the current nomenclature and to simplify some language including:

- Deleted the acronym CYFBHSOCC and simplified with CYF Council or the Council
- A brief history was added to provide context
- BHS is now considered a department vs. a division
- Shifted language about Council role from implementation to advancement
- Added that BHS Director or 'Designee' may attend to various items ('Designee' was not consistently utilize in current Bylaws)
- Updated Constituency/Seats to reflect current structures:
    - Shifted HHSA Regions seat to Homeless Solutions and Equitable Communities
    - Shifted CYF Liaison seat to Family Education Services (FES)
- Updated language around 'written communication' vs. specifying using letters
- Shifted from 'sub-committees' to 'committees'
- Updated the agenda process to align with current practices and added the CYF Council website link
- Updated the language to reflect the current practices of the administration support provided by the CYF staff
- Updated voting process to include virtual meetings
- Simplified process for Bylaws amendments to align with article Nine that outlines voting process

COUNCIL BYLAWS
PROPOSED REVISIONS

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 CYF Council or the Council).

Article Two: Purpose and Duties

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 with a Public, Private and Family partnership. In 2004, this committee evolved into the Children's Mental Health Services System of Care Council, a four-sector partnership: Public, Private, Family/Youth, and Education.

The duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a department of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director)/Designee and serves in an advisory capacity. The Council is charged by the BHS Director/Designee 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 CYF System of Care; and
- Provide information and recommendations to the BHS Director.

COUNCIL BYLAWS
PROPOSED REVISIONS

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Article Three: Membership

Membership on the Council is via appointment by the BHS Director/Designee through recommendations of each sector. The Council provides an opportunity for all four sectors to have a voice in policy development and advancement of the System of Care. Members will be appointed from the following:

Sector	Constituencies	Seats
Public	Behavioral Health Advisory Board (BHAB)	1
	Behavioral Health Services (BHS) - HHSA	1
	Homeless Solutions and Equitable Communities - HHSA	1
	Public Health (PH) - HHSA	1
	Child Welfare Services (CWS) - HHSA	1
	First 5 Commission (First 5) - HHSA	1
	Public Safety Group (PSG) / Probation	1
	Juvenile Court	1
Private	San Diego Regional Center for Developmentally Disabled	1
	Alcohol and Drug Services Provider Association (ADSPA)	2
	Mental Health Contractors Association (MHCA)	2
	Fee For Service (FFS) Network	1
	Managed Care Health Plan (MCP)	1
	Healthcare/Pediatrician	1
Education	Special Education Local Plan Areas (SELPA)	1
	Regular Education - Pupil Personnel Services	1
	School Board	1
	Special Education	1
Family	Family Education Services (FES)	1
	Caregiver of child/youth served by the public health system	1
	Youth served by the public health system (age up to 26)	2

COUNCIL BYLAWS
PROPOSED REVISIONS

LIVE WELL SAN DIEGO

Article Four: Vacancies

Any vacancy in any seat on the Council shall be filled by appointment by the BHS Director/Designee. When a vacancy occurs, an analysis shall be conducted by the BHS Director/Designee as to the current composition of the Council and what constituency requires additional representation. The BHS Director/Designee 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 to the extent feasible. The Council should reflect the ethnic diversity of the client population in the county. The BHS Director/Designee formally appoint the member via written communication.

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 Council 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 Deputy Director/Designee. Stakeholders may submit proposed agenda items to the co-chairs or staff of the Council on a continuous basis. Agendas are forwarded to Council members, alternate, and attendees in advance of the Council meeting.
Meeting Summary: County administrative staff completes and maintain the Council Meeting Summary documentation. Meeting summaries are distributed to Council members in advance of the next regularly scheduled meeting and are posted on the County CYF Council website located at:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html.

COUNCIL BYLAWS
PROPOSED REVISIONS

Article Seven: Officers

The business of the Council is organized and managed through two co-chairs. The co-chairs are identified by the sector responsible for chairing the upcoming serving term, with the identified co-chair starting to serve in the month of July.

The co-chairs are named from the four-sector partnership of the System of Care (Public, Private, Family/Youth, and Education), and do 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 participate in the development and preparation of the meeting agendas and receive briefings on progress and activities from the BHS Director/Designee. County Administrative staff provides support to the co-chairs and to activities of the Council, including meeting notices, meeting scheduling, meeting preparation, meeting summaries, and overall coordination.

COUNCIL BYLAWS PROPOSED REVISIONS

LIVE WELL SAN DIEGO

Article Nine: Voting and Consensus

The Council 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 Council must be present for a vote to be taken on any motion brought to the Council.

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

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

The Council votes by show of hands (or virtual alternative) on all action items brought before the Council for formal decision. The majority voice carrying the decisions is noted in the corresponding meeting summary. 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 meeting summary of the Council. 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 Council 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 Council 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 Council activities.
- Continuous striving to provide quality service to the Council, the System of Care, and the children and families it serves.

Article Eleven: Ratification and Amendments

Bylaws are reviewed and updated as needed following Article Nine which outlines voting and consensus practices.

COUNCIL BYLAWS
VOTE ON PROPOSED REVISION

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Member	Alternate
Bill Stewart	Joel San Juan
Dr. Laura Vleugels	Dr. Patricia Cardenas-Wallenfelt
Tabatha Wilburn	Delona King
Jerelyn Bourdage	Norma Rincon
*	Jennifer Sovay
Dr. Thomas Coleman	Rhonda Freeman
Hon. Judge Ana Espana	Beth Brown
Alethea Arguilez	Stephanie Escobar
Russell Coronado	Jaime Tate-Symons
Violeta Mora	Margaret Sedor
Barbara Ryan	Debra Schade
Yuka Sakamoto	Misty Bonta
Zachary Guzik	*
Angela Rowe	John Laidlaw
Marisa Varond	Claudette Allen Butler
Julie McPherson	Minola Clark Manson
Laura Beadles	Golby Rahimi
Dr. Sherry Casper	Marcelo A. Podesta
George Scolari	Kathleen Lang
Dr. Pradeep Gidwani	Dr. Kelly Motadel
Sten Walker	*
*	Karilyn “Kari” Perry
Veronica Hernandez	*
Micaela Cunningham	*
*“ * ” = Vacant seat*	

- **Members and Alternates (when member is not present) will vote on accepting the revisions to the Bylaws**
- **Need a minimum of 13 (members *and* alternates if the member is not present) for Quorum**
- **To pass, simple majority based on votes**
- **Vote using Zoom poll feature – members and alternates vote will be recorded and projected at the end of the meeting or at the next Council meeting**

CYF COUNCIL MEETING
POLL QUESTION FOR COUNCIL MEMBERS*

*(*Alternate to vote if member is not present)*

Support revisions to CYF Council Bylaws? (Single Choice)

- **Yes**
- **No**
- **Abstain**

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BHS DIRECTOR'S REPORT AUGUST 2022

County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

July 28, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – AUGUST 2022

Behavioral Health Services Collaboration with the City of San Diego

The County of San Diego (County) Health and Human Services (HHSA) Behavioral Health Services (BHS) department has collaborated with the City of San Diego on several programs and initiatives to provide a coordinated response to the behavioral health needs of community members of the City of San Diego. BHS has closely partnered with the City of San Diego to offer services for some of the City's more vulnerable, including individuals experiencing homelessness, individuals with substance use disorders (SUD) and co-occurring mental health conditions, as well as children who during the pandemic have had limited opportunities for physical activity and social interactions which support their physical and social emotional well-being. The following describe these collaborative initiatives in further detail.

Children and Youth Behavioral Health Initiative

Overview

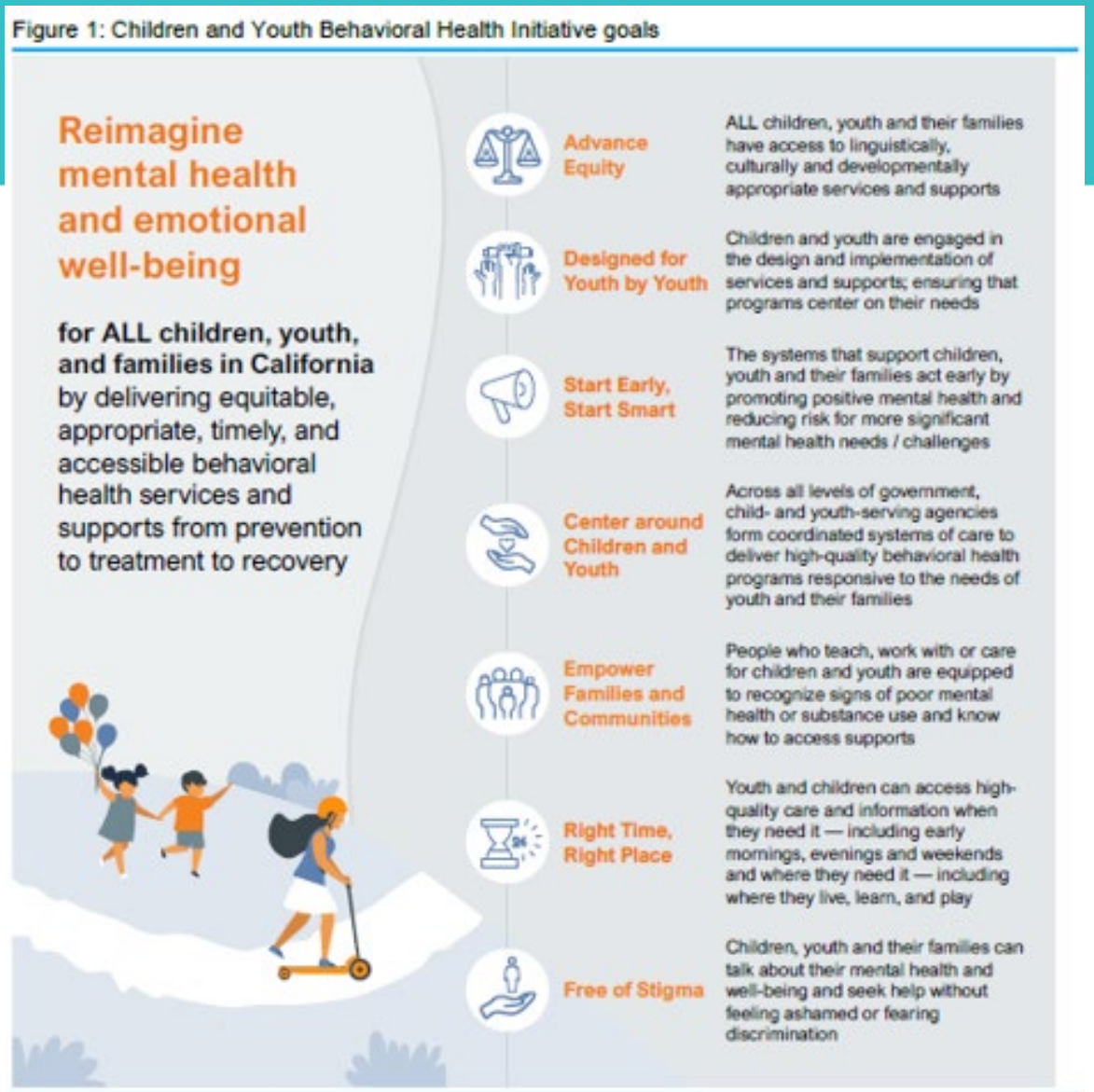
The goal of the Children and Youth Behavioral Health Initiative is to reimagine the systems that support behavioral health and wellness for California's children and youth into an innovative, up-stream focused, ecosystem. This ecosystem will focus on promoting well-being and preventing behavioral health challenges, and on routinely screening, supporting, and serving ALL children and youth for emerging and existing behavioral health (mental health and substance use) needs.

Links:

https://www.dhcs.ca.gov/cybhi

https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/

Figure 1: Children and Youth Behavioral Health Initiative goals



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The Behavioral Health Continuum Infrastructure Program

Latest Updates

For information on the latest updates for the Behavioral Health Continuum Infrastructure Program, please visit the project webpage.

Overview

The Behavioral Health Continuum Infrastructure Program (BHCIP) provides the Department of Health Care Services (DHCS) funding to award competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to children and youth 25 years of age and younger.

Background

The Department aims to reduce homelessness, incarceration, unnecessary hospitalizations, and inpatient days and improve outcomes for people with behavioral health conditions by expanding access to community-based treatment. The Department proposes to invest in the expansion of beds, units, or rooms by building new behavioral health continuum infrastructure and expanding capacity. These resources would expand the continuum of services by increasing capacity for short-term crisis stabilization, acute and sub-acute care, crisis residential, community-based mental health residential treatment, substance use disorder residential treatment, peer respite, mobile crisis, community and outpatient behavioral health services, and other clinically enriched longer-term treatment and rehabilitation opportunities for persons with behavioral health disorders in the least restrictive and least costly setting.

Trailer Bill Language

An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department: (a) Provide matching funds or real property. (b) Expend funds to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets. (c) Report data to the department within 90 days of the end of each quarter for the first five years. (d) Operate services in the financed facility for the intended purpose for a minimum of 30 years. More information on the Trailer Bill.

BHCIP Resources

- Meetings and Events
- RFA Announcements
- BHCIP CCE Infrastructure Status Update
- Behavioral Health Assessment

Contact Us

Questions? Contact the BHCIP Team at BHCIP@dhcs.ca.gov.

BEHAVIORAL HEALTH Continuum Infrastructure Program

COMMUNITY CARE EXPANSION PROGRAM

Home | Apply | Grants | News | Events |

Improving California's Infrastructure

CalHHS infrastructure funding, alongside significant new state and federal investments in homelessness, healthcare delivery reform, and the social safety net, will address historic gaps in the behavioral health and long-term care continuum to meet growing demand for services and supports across the lifespan.

These investments will ensure care can be provided in the least restrictive settings by creating a wide range of options including outpatient alternatives, urgent care, peer respite, wellness centers, and social rehabilitation models. A variety of care placements can provide a vital off-ramp from intensive behavioral health service settings and transition individuals, including the most vulnerable and those experiencing homelessness, to community living. Investing in adult and senior care facilities will divert SSI/SSP recipients from homelessness as a key part of the state's strategic multi-agency approach to increase housing options for seniors and people with disabilities.

Behavioral Health Continuum Infrastructure Program

View the BHCIP Data Dashboard!

DHCS was authorized through 2021 legislation to establish BHCIP and award $2.2 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. In partnership with Advocates for Human Potential, Inc. (AHP), DHCS is releasing these funds through six grant rounds targeting various gaps in the state's behavioral health facility infrastructure.

Community Care Expansion (CCE) Program

The Community Care Expansion (CCE) program was established by Assembly Bill (AB) 172 (Chapter 696, of Statutes 2021) and will provide $805 million in funding for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Social Security Income (SSI) applicants and recipients, including those who are homeless or at risk of homelessness and people with behavioral health conditions. In partnership with AHP, CDSS will release a Request for Applications (RFA) in January 2022.

Technical assistance (TA) will be offered to applicants to answer questions about the RFA and application process, as well as made available to grantees throughout the grant period.

These combined infrastructure programs represent the largest provision of resources for behavioral health and social services infrastructure in the state's history and an unprecedented opportunity to address historic gaps in the behavioral health and long-term care continuums in California. Both funding efforts afford counties, tribal entities, nonprofits, and for-profit organizations the ability to expand infrastructure around the entire continuum of care for individuals to meet growing demand for services and supports across the lifespan.

The California Department of Health Care Services (DHCS) and Department of Social Services (CDSS) are working closely to design and implement two new programs to support infrastructure projects: the Behavioral Health Continuum Infrastructure Program (BHCIP) and the Community Care Expansion (CCE) program.

Status Update: Behavioral Health Continuum Infrastructure Program and Community Care Expansion Program | April 2022

Resource Library

Real Estate Development TA Resource Library

Webpages:

https://www.dhcs.ca.gov/services/MH/Pages/BHCIP-Home.aspx

https://www.infrastructure.buildingcalhhs.com/

Children's Crisis Continuum Pilot Program

Assembly Bill (AB) 153 (Chapter 86, Statutes of 2021), signed into law in July 2021, mandated the creation of the Children's Crisis Continuum Pilot Program to be jointly implemented by the California Department of Social Services (CDSS) and the Department of Health Care Services (DHCS).

The Children's Crisis Continuum Pilot Program provides a framework for a highly integrated continuum of care for foster youth with high acuity needs to be modeled across California. The pilot program builds upon a theory of change that involves a provider having the ability to direct the entire continuum of service from the highest levels of care to a family-based home and having the capacity to provide services throughout the continuum.

The purpose of the Children's Crisis Continuum 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.

GOALS OF THE PILOT:

- To develop a trauma-focused system of care through which intensive care, qualified supervision and behavioral health services are provided in the home environment including on-site crisis response to respond to and de-escalate circumstances in which individual(s) are experiencing behavioral health symptoms/conditions causing distress, with the goal of preventing hospitalizations and unnecessary interactions with law enforcement; and,
- To implement a network of services so that when a youth requires a higher or lower level of intervention, the movement within the levels of services and between levels of care is not disrupted or delayed by the need to arrange for provision of services and care or locate appropriate placements that include or can accommodate the provision of services and care.

Contact Us

For questions regarding the Children's Crisis Continuum Pilot Program contact: ChildrensCrisisContinuumPilot@dss.ca.gov

Related Legislation

- Assembly Bill (AB)153 (Chapter 86, Statutes of 2021)
- Assembly Bill (AB)403 (Chapter 773, Statutes of 2015)

Webpage:

https://cdss.ca.gov/inforesources/childrenscrisiscontinuumpilotprogram

NATIONAL SUICIDE PREVENTION LIFELINE
"988 HOTLINE"

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In 2020, Congress designated the new 988 dialing code to operate through the existing National Suicide Prevention Lifeline.

The Substance Abuse and Mental Health Services Administration (SAMHSA) is the lead federal agency, in partnership with the Federal Communications Commission and the Department of Veterans Affairs, working to make the promise of 988 a reality for America. Moving to a 3-digit dialing code is a **once-in-a-lifetime opportunity** to strengthen and expand the existing National Suicide Prevention Lifeline (the Lifeline).

Of course, 988 is more than just an easy-to-remember number—it is a direct connection to compassionate, accessible care and support for anyone experiencing mental health related distress – whether that is thoughts of suicide, mental health or substance use crisis, or any other kind of emotional distress. Preparing for full 988 implementation requires a bold vision for **a crisis care system that provides direct, life-saving services to all in need.**

SAMHSA sees 988 as a first step towards a transformed crisis care system in much the same way as emergency medical services have expanded in the US.

In pursuit of this bold yet achievable vision, SAMHSA is first focused on strengthening and expanding the existing Lifeline network, providing life-saving service to all who call, text or chat via 988. Longer term, SAMHSA recognizes that linking those in crisis to community-based providers—who can deliver a full range of crisis care services—is **essential to meeting crisis needs across the nation.**

Developed in collaboration with the Centers for Disease Control and Prevention

326316-D

SAMHSA
Substance Abuse and Mental Health Services Administration

En 2020, el Congreso designó el nuevo código de marcación 988 para operar a través de la Línea directa nacional para la prevención del suicidio existente.

La Administración de Servicios de Abuso de Sustancias y Salud Mental (SAMHSA, por sus siglas en inglés) es la agencia federal líder, junto con la Comisión Federal de Comunicaciones y el Departamento de Asuntos de Veteranos, que trabaja para hacer realidad la promesa del 988 en Estados Unidos. Pasar a un código de marcación de 3 dígitos es **una oportunidad única en la vida** que permite fortalecer y ampliar la Línea directa nacional para la prevención del suicidio (National Suicide Prevention Lifeline o la Línea de vida).

De hecho, el 988 es más que un número fácil de recordar —es una conexión directa a la que puede acceder cualquier persona que tenga problemas relacionados con la salud mental para recibir atención y apoyo compasivo y accesible– ya sea que se trate de pensamientos suicidas o de una crisis de salud mental o relacionada con el consumo de sustancias o cualquier otro tipo de angustia emocional. Prepararse para la implementación integral del 988 requiere una visión audaz que permita diseñar un **sistema de atención de crisis que proporcione servicios directos que salven vidas a todos aquellos que lo necesiten.**

SAMHSA considera que el 988 es un primer paso hacia la transformación de un sistema de atención de crisis que se equipara a la forma en que se expandieron los servicios médicos de emergencia en los Estados Unidos.

En busca de esta visión audaz, pero alcanzable, SAMHSA se centra primero en fortalecer y ampliar la red existente de la Línea de vida, proporcionando un servicio que salva vidas a todos los que se comunican con el 988, ya sea mediante una llamada telefónica, un mensaje de texto o por chat. A más largo plazo, SAMHSA reconoce que conectar a quienes están en crisis con proveedores comunitarios —que pueden ofrecer una gama completa de servicios de atención en crisis— **es esencial para satisfacer las necesidades de crisis en toda la nación.**

Desarrollado en colaboración con los Centros para el control y la prevención de enfermedades

326316-I

SAMHSA
Substance Abuse and Mental Health Services Administration

Webpage: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html

Behavioral Health Services

I WANT TO FIND | ADULT SERVICES | CHILDREN'S SERVICES | PROVIDERS

The San Diego Access & Crisis Line (ACL)

Confidential and free of charge, the **San Diego ACL (1-888-724-7240)** offers support and resources countywide in over 200 languages from experienced counselors on all behavioral health, mental health and substance use topics, including but not limited to:

- Alcohol and substance use support services
- Community resources
- Crisis intervention
- Mental health referrals
- Mobile crisis response services
- Suicide prevention

The ACL **provides information and related resources** to the community, and **helps facilitate access to crisis intervention and response services** for those actively experiencing a behavioral health, mental health, or substance use crisis:

- Behavioral health crises or emergencies, also known as **psychiatric** emergencies, are situations in which a person's actions, feelings, or behaviors may lead them to hurt themselves or others or put them at risk of being unable to care for themselves or function in a healthy manner. Such crises often involve feelings of hopelessness or helplessness and may be initiated or worsened by substance use. For more information on behavioral health crises please see the **FAQ section**.

The goal of the ACL is to connect individuals who may require mental health or substance use support to appropriate programs, providers, and resources to help meet their needs.

Not sure what help you may need?

Contact the ACL at 1-888-724-7240 and speak to a representative to find resources for you or someone you care about. The ACL is operated **24 hours a day, 7 days a week** and language interpreter services enable call center staff to provide help in 200 different languages. Live chat is also available Monday through Friday, 4pm-10pm, through the **ACL website** or **up2sd.org**.

How is the ACL different from 988?

Beginning July 16, 2022, 988 will be the new national phone number for connecting people to the **National Suicide Prevention Lifeline**, which is a national network of local crisis centers that provides free and confidential emotional support to people in a suicidal, mental health and/or substance use crisis, 24 hours a day, 7 days a week in the United States.

During the initial rollout, calls made to 988 will be connected to a crisis call center based on the phone number the call is made from.

- Calls made from a San Diego County area code (e.g., 619, 858, 760, or 442) will be routed directly to the ACL.
- Calls made from other area codes will be routed to the local crisis call center based on the caller's area code. Call center staff will work to deescalate the situation and reroute the caller to the crisis call center closest to their current location for local services if needed.

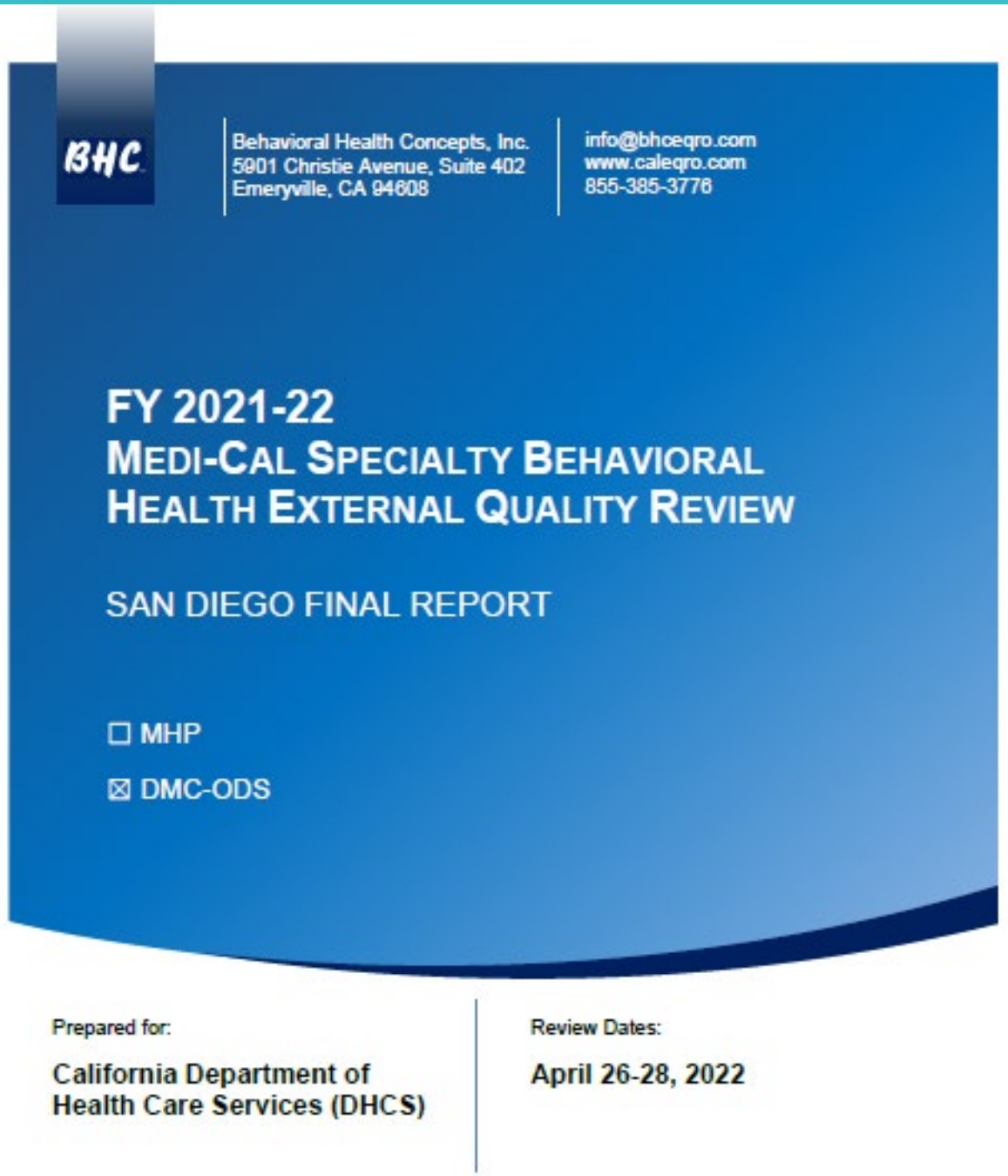
San Diego County residents and visitors are encouraged to reach out directly to the ACL at 1-888-724-7240, the region's existing crisis line.

Frequently Asked Questions

Expand All | Collapse All

- **Who can call the ACL?**
- **What happens if I call the ACL?**
- **Who will I speak to if I call the ACL?**
- **Do I have to give personal or demographic information as the caller? Can I just ask about my situation?**
- **How will information I provide be used?**
- **What if I or the person I call about is undocumented?**
- **Will my call be recorded?**
- **Will I get in trouble if I call the ACL and I end up not needing services?**
- **Will the launch of 988 impact or replace the ACL?**
- **Will 988 be able to answer calls for people who are deaf or hard of hearing?**
- **What is the difference between ACL, 988, 911, and 211?**
- **What is considered a behavioral health crisis?**

Webpage: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html



LIVE WELL SAN DIEGO

View Full Document:

Annual DMC-ODS EQR Report FY 21-22.pdf (sandiegocounty.gov)

DMC-ODS External Quality Review Report Summary

FY 2021-22

Background

The California Department of Health Care Services (DHCS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organziation (EQRO). The External Quality Review (EQR) is the analysis and evaluation by an approved EQRO of aggregate information on the MCO's access, timeliness, and quality of health care services. This document is a summary of the findings from the San Diego DMC-ODS review conducted virtually from April 26-28, 2022.

Source: (full report on Section 6.4 of the BHS Technical Resource Library)
FY 2021-22 Drug Medi-Cal Mental Organized Delivery System External Quality Review San Diego DMC-ODS Report. Behavioral Health Concepts, Inc., 2022.

Key Findings on Performance Measures FY 2020-21

- BHS served 11,331 clients (0.3% decrease from previous FY), primarily adults between ages 18-64 with a penetration rate of 2.09%. Higher number of clients across other age groups compared to other large counties, with double the statewide penetration rates for youth and adults. Penetration rates by race/ethnicity (1.71%) are also higher than other large counties (1.18%) and statewide averages (1.03%).
- While Hispanics were 37% of all eligibles, this group comprised 21.6% of clients served. Conversely, while White eligibles comprised 20.1% of all eligibles, 35% of clients served were White. Clients designated as Other have proportionate numbers of eligibles and clients served (28.5% and 34.5% respectively).
- Average approved claims by eligibility categories in San Diego are higher than statewide averages for each of the adult and youth categories. The youth categories are notably higher compared to statewide. For example, the average approved claim for MCHIP-eligible youth in San Diego was $4,555 compared to $2,748 statewide.
- Most clients initially access DMC-ODS services in NTPs (37.7%). Outpatient treatment services and residential treatment are the next most common LOCs for initial access at 27.7% and 23.6%, respectively. Overall service category utilization mirror these proportions, however it is notable that intensive outpatient treatment was used at a rate of 14.6% compared to 6.4% statewide, indicating that BHS has employed some creative approaches to continue this LOC during the COVID-19 crisis.
- Care coordination: There were 5,228 discharges from residential treatment; of those, just 11.38% occurred within the 7-day DHCS standard though there were 1,303 follow-up step-down appointments within any days (24.92%).
- There were 1,282 admissions into WM and with a 14.7% readmission rate within 30 days of discharge. San Diego's own reporting which is for FY 2021-22 year to date indicates a much lower rate of readmission within 30 days of discharge.
- There were 1,143 clients in San Diego who had at least one dose of non-methadone MAT through the DMC-ODS and 533 who had three or more services. This is higher than statewide.
- Of the 966 WM clients in San Diego, 2.9% had three or more WM episodes and no other treatment, somewhat lower than the rate found statewide at 3.4%. This measure is a proxy for lack of effective discharge planning and CM follow-up to ensure that clients engage in treatment after WM.
- Nearly 10% of clients served in San Diego met or exceeded the threshold to be considered high cost, comprising 31.2% of total claims, both the percentage by count and total claims are well above the trend noted statewide. High cost of care often indicates system or treatment failures to provide the most appropriate care in a timely manner.
- ASAM LOC Congruence was very high for initial screenings, initial assessments, and follow-up assessments (over 90% congruent).
- The numbers of youth served were smaller than adults, but with higher initiation and engagement compared to youth statewide as well as adults in San Diego and statewide. This is worth noting as youth initiation and engagement tends to lag behind that of adults.
- The mean/average length of stay for San Diego clients was 153 days (median 93 days), higher than the statewide mean of 142 (median 88 days). Of all clients, 51.8% had at least a 90-day length of stay; 30.7% had at least a 180-day stay, and 20.% had at least a 270-day length of stay
- More clients in San Diego have positive discharge ratings compared to the statewide average (49.2% vs 46.0%). The administrative discharge rate is lower than statewide at 42.4% compared to 47.4%.

County of San Diego – Health and Human Services Agency

DMC-ODS External Quality Review Report Summary

FY 2021-22

Strengths & Opportunities for Improvement

Domains	Strengths	Opportunities for Improvement
Access to Care and Timeliness of Services	• Average length of time from request to urgent visit as 1.5 calendar days, an improvement from the last review which was 3.7 days. The 48-hour standard is met 87.7% of the time, much improved from the last EQR rate of adherence, which was just 67.5%. • Timely follow-up appointments after residential discharge occurs 33.3% and remained consistent with the last review cycle's improved rating.	• Tracking and reporting of urgent service requests is dependent on timely and complete reporting which is done inconsistently. Need for ongoing monitoring to assure adherence. • Youth follow-up contacts fell from 28.6% to 10.3%. • No-show rates for initial outpatient and residential appointments are elevated with the monthly average tracked at 39.4% and 32.5% respectively.
Quality of Care	• BHS adopted Harm Reduction approach that reduces the negative consequences of substance use and does not limit goals in treatment to only those only associated with abstinence. • In addition to integration with primary care, MH, and SUD services, there is a focus on additional MAT which includes prescriber support services, addiction consultation services, client support services, and TA for primary care providers, along with an annual integration summit. Multiple ED Bridge grant projects for improved MAT access (at most local hospitals) where renewed funding is being sought to continue these efforts. • Works with Sheriff's Dept. to enhance existing MAT services for the incarcerated, with continuation of MAT at the Las Colinas Jail. Will pilot continuation of Buprenorphine or Suboxone. • Talented internal and contracted analytic staff that generate data reports used widespread.	• Given the ongoing surge in overdose and fatalities, San Diego should continue its work to effect MAT access and continuation within the inmate population in coordination with its local Sheriff's department. • Ongoing provider workforce issues currently limiting individual sessions, lack of caseload assignments staff which creates a lack of knowledge or consistency in addressing client presenting problems because of ever shifting staff assignments. • The DMC-ODS's EHR is in the middle of several enhancement efforts to address the CalOMS outcomes system and CalAIM requirements. In the planning and implementation efforts, San Diego will benefit from continued active engagement of their contract providers who provide all the SUD services in the county.

Recommendations

	Domains	Recommendations
1	Access to Care Timeliness of Services	San Diego should take steps to identify and remedy protocol issues and introduce workflow solutions to assure a complete and an accurate data collection process for urgent service requests including ongoing monitoring, system adjustments and routine reporting.
2	Access to Care Timeliness of Services Quality of Care	The DMC-ODS needs to address performance issues pertaining to its elevated no-show rates for both outpatient and residential initial appointments, as well as timely follow-up following residential discharge.
3	Access to Care Quality of Care	Youth service levels need continued focus and prioritization to assure expansion and San Diego should take active steps to identify additional school locations and increase access for OP, IOT, and Res services for the adolescent population.
4	Quality of Care	San Diego should expand the number of goals in the QI Workplan that are QI-oriented, making sure they have stated objectives that are measurable with regards improving client experiences with access to or quality of care, and include specific action plans designed to help achieve the objectives. Revise CCP to be more balanced to SUD services and the unique aspects of that service population. Seek TA from CalEQRO as needed.
5	Information Systems Quality of Care	San Diego should build internal IT expertise and management capacity, including identifying key leadership positions to ensure clinical IT system improvements remain a priority and timely progress toward goals pertaining to California Advancing and Innovating Medi-Cal (CalAIM) initiative are made.

Monkeypox

Be Aware
Know Signs
Lower Risks

Monkeypox is a viral disease that can make you sick. One symptom includes a rash, which may look like pimples or blisters, often with an earlier flu-like illness. Monkeypox is rare and does not spread easily between people without close contact. The threat of monkeypox to the general U.S. population remains LOW.

BE AWARE

Monkeypox is spread through close personal, often skin-to-skin contact including:

- Kissing, cuddling, sex, and
- Contact from objects and fabrics that have been touched by infectious rash, scabs, or body fluids.

KNOW SIGNS

- Fever
- Headache
- Muscle or back aches
- Chills
- Swollen lymph nodes
- Rashes or sores

After infection, incubation is 6 to 13 days before symptoms begin. Illness typically lasts 2-4 weeks. People who do not have monkeypox symptoms cannot spread the virus to others.

LOWER THE RISK

- Avoid skin-to-skin contact, especially where there are visible sores and rashes.
- Wear clothing to avoid skin-to-skin contact at festivals, raves, and parties.
- Avoid kissing.
- Wash your hands.
- Limit your number of sexual partners to avoid opportunities for monkeypox to spread.

RESOURCES
tinyurl.com/monkeypoxSD

Viruela del Mono

Ten en cuenta
Conoce los síntomas
Reduce el riesgo

La viruela del mono es una enfermedad viral que puede afectarte. Uno de los síntomas es un sarpullido, que puede parecerse a granos o ampollas. Antes de tener sarpullido algunas personas tienen síntomas de la gripe. La viruela del mono es rara y no se transmite fácilmente entre personas. La amenaza de la viruela del mono para la población general de los EE. UU. sigue siendo BAJA.

TEN EN CUENTA

La viruela del mono se transmite a través del contacto personal cercano, a menudo de piel a piel, que incluye:

- Besos, caricias, sexo y
- Contacto con objetos y telas que han estado en contacto con erupciones infecciosas, costras o fluidos corporales.

CONOCE LOS SÍNTOMAS

- Fiebre
- Dolor de cabeza
- Dolores musculares o de espalda
- Escalofríos
- Ganglios linfáticos inflamados
- Picazon o Erupciones

Después de la infección, hay un período de 6 - 13 días, antes de que comiencen los síntomas. La enfermedad suele durar de 2 a 4 semanas. Las personas que no tienen síntomas de viruela del mono no pueden transmitir el virus a otras personas.

REDUCE EL RIESGO

- Evita el contacto de piel con piel, especialmente donde hay llagas y erupciones visibles.
- Usa ropa para evitar el contacto piel con piel en festivales, raves y fiestas.
- Evita besar.
- Lava tus manos.
- Limita tu número de parejas sexuales, para evitar la posibilidad de que se propague la viruela del mono

RECURSOS
tinyurl.com/monkeypoxSD

Webpage: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/human-monkeypox/

DHCS

Services | Individuals | Providers & Partners | Laws & Regulations | Data & Statistics | Forms & Publications | Search

LIVE WELL SAN DIEGO

California Behavioral Health Planning Council

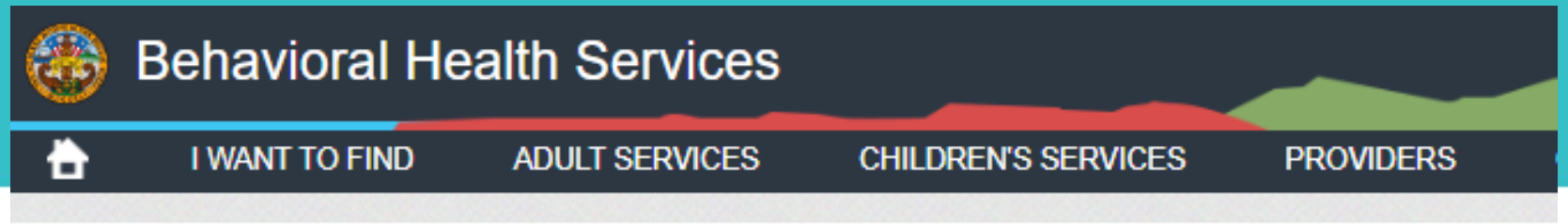
The California Behavioral Health Planning Council (CBHPC) is a majority Consumer and Family member advisory body to state and local government, the Legislature, and residents of California on mental health services in California.

Christine Frey

Chair, Child & Youth Workgroup
California Behavioral Health Planning Council

Contact Info: brainxpproject@gmail.com

Christine, a former CYF Youth Council member, invites local stakeholders to contact her with any item that may benefit from advocacy through the Child and Youth Workgroup



Mental Health Services Act (MHSA)

Dr. Danyte Mockus-Valenzuela

MHSA Fiscal Year 2021-22 Annual Update 30-day public review and comment from September 5, 2022 to October 5, 2022.

Webpage: http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html

LIVE WELL SAN DIEGO

Fiscal Year 2021-22 Accomplishments and Fiscal Year 2022-23 Goals

- CYF Systemwide Report
- Executive Subcommittee
- Private Sector: MHCA & ADSPA
- Family and Youth Sector
- Education Sector
- Outcomes Subcommittee
- Early Childhood Subcommittee
- Transition Age Youth (TAY) Council
- Managed Care Health Plans (MHCP)
- Cultural Competence Resource Team (CCRT)
- CYF Change Agents Developing Recovery Excellence (CADRE) Subcommittee
- Responsive Integrated Health Solutions (RIHS) & SOC Training Academy

LIVE WELL SAN DIEGO

Setting Council Priorities for Fiscal Year 2022-23

"Breakout Discussion"

- *Each Breakout Room will dialogue for 30 minutes to identify one area of focus for the CYF Council in Fiscal Year 2022-23*
- *Also, specify three actions the Council can take to advance the suggested priority*
- *As you arrive in the breakout session, identify someone to report out and someone to take notes*
- *At the end of the meeting please send the notes to Edith.Mohler@sdcounty.ca.gov* or use Zoom chat so the information can be compiled

The report out portion of the meeting will be recorded for note taking purposes and discarded upon summary notes completion

BREAKOUT ROOM - REPORT OUT
STRATEGIC PLANNING FISCAL YEAR 22-23

Each room was assigned a number
Starting with Room one, please unmute and provide a 2 minute report out on the selected priority and 3 suggested action items

Please email the group notes to Edith.Mohler@sdcounty.ca.gov

LIVE WELL SAN DIEGO

COUNCIL BYLAWS VOTING RESULTS

COUNCIL BYLAWS VOTING RESULTS

Poll Report			
Report Generated:	8/8/2022 9:29		
Topic	CYF Council Meeting - August 8, 2022		
Meeting ID	834 3118 2810		
Actual Start Time	8/8/2022 8:30		
Actual Duration (minutes)	90		
Poll Details			
Submitted Date/Time	**#**	**User Name**	**1.Support revisions to CYF Council Bylaws?**
8/8/2022 9:28	Member	George Scolari	Yes
8/8/2022 9:28	Member	Veronica Hernandez	Yes
8/8/2022 9:28	Member	Barbara Ryan	Yes
8/8/2022 9:28	Alternate	Marcelo Podesta	Yes
8/8/2022 9:28	Alternate	Beth Brown	Yes
8/8/2022 9:28	Alternate	Minola Clark Manson	Yes
8/8/2022 9:28	Alternate	Jaime Tate-Symons	Yes
8/8/2022 9:28	Members	Pradeep Gidwani	Yes
8/8/2022 9:28	Alternate	Patricia Cardenas-Wallenfelt MD	Yes
8/8/2022 9:28	Member	Jerelyn Bourdage	Yes
8/8/2022 9:28	Alternate	Stephanie Escobar	Yes
8/8/2022 9:28	Member	Tom Coleman	Yes
8/8/2022 9:28	Member	Zachary Guzik	Yes
8/8/2022 9:28	Member	Sten Walker	Yes
8/8/2022 9:28	Alternate	Karilyn Perry	Yes
8/8/2022 9:28	Member	Laura Beadles	Yes
8/8/2022 9:28	Alternate	Claudette Butler	Yes
Total Votes: 17			

CYF COUNCIL MEETING
POLL QUESTION

Would you like to utilize the breakout feature in future meetings? (Single Choice)

- **Yes – utilize breakout feature as much as possible**
- **Sometimes – utilize breakout feature for some of the Council discussions**
- **Infrequently – utilize breakout feature sparingly**
- **No – minimize use of the breakout feature**

LIVE WELL SAN DIEGO

CYF COUNCIL MEETING
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
- 2
- 3
- 4
- 5

LIVE WELL SAN DIEGO

Healthy San Diego CalAIM Presentation

The County of San Diego's Health and Human Services Agency, along with the Healthy San Diego Behavioral Health Subcommittee, is presenting an overview of CalAIM services.

Presentation is geared towards all collaborative attendees, community programs and their line staff.

CalAIM Presentation

Wednesday, August 17, 2022 | 2:00 PM to 3:00 PM

Zoom Meeting Link:
https://us06web.zoom.us/j/83320483718?pwd=TlJENDBKN0kxdHNLeUJVK01kT0kxZz09
Meeting ID: 833 2048 3718
Passcode: Buddy

For more information, contact:
Lisa Thiel, HHSA - Behavioral Health Services
Lisa.Thiel@sdcounty.ca.gov

REGISTRATION IS OPEN!

ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)

PROMISES2KIDS RESOURCE FAIR

LIVE WELL SAN DIEGO

About Promises2Kids

Creating a brighter future for foster children.

Promises2Kids is a leading nonprofit organization originally founded 40 years ago as the Child Abuse Prevention Foundation of San Diego County. Since 1981, Promises2Kids has responded to the needs of foster children and provided support to children removed from their home due to abuse and neglect.

PROMISES2KIDS

FOSTER YOUTH RESOURCE FAIR

AUGUST 27, 2022 | 10:30 AM - 2:00 PM

HANDLERY HOTEL, MISSION VALLEY

Save the Date

September 17, 2022

From 10:00 am to 1:00 pm

Contact Dawn Hull Dawn.Hull@sdcounty.ca.gov for Resource Table information