



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

#### MEETING AGENDA

August 8, 2022 | 9 to 10:30 a.m.

#### Zoom meeting link for registration sent via Outlook meeting invitation:

https://us06web.zoom.us/meeting/register/tZcpdOippjkiG9SykfuSoku5dwfEkyUfe87I

#### I. Welcome (Jaime Tate-Symons)

5 minutes

- August is National Family Fun Month: Highlight a fun family activity
- Welcome new meeting attendees and Translation Team
- Welcome Zachary Guzik new Council member representing the San Diego Regional Center (SDRC)
- Directing Change Art feature: "Burned Out" by Sara Croll from Rancho Minerva Middle School Link <a href="https://gallery.directingchange.org/sandiegocounty/art/">https://gallery.directingchange.org/sandiegocounty/art/</a>

#### II. Review of Meeting Summary (Yael Koenig)

5 minutes

- July 9, 2022, Meeting Summary Handouts Pages 5-9
- Action Items from July 9, 2022 (Yael Koenig)-See meeting summary for action items Page 7

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

15 minutes

#### **Board Letters / Board Actions**

Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a>

#### **CYF Council Bylaws**

Proposed Updates - Majority Council Members Vote - Handout of current and proposed Bylaws - Pages 10-16

#### Vote on proposed revisions to the CYF Council Bylaws which include but are not limited to:

- Due to County organizational changes, replace the HHSA Region seat to Homeless Solutions and Equitable Communities seat
- Due to contracting shifts, replace the Children, Youth and Families (CYF) Liaison seat to Family Education Services (FES) seat
- Replace language from Council Sub-Committees to Council Committees
- General edits to align language with current nomenclature and practices

#### Information

Children and Youth Behavioral Health Initiative - Handouts - Pages 17-38

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

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

Department of Health Care Services – Behavioral Health Continuum Infrastructure Program (BHCIP) - Handout - Page 39

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

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

Children's Crisis Continuum Pilot Program - Handouts - Page 40

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

- August 2022 BHS Director's Report to the Behavioral Health Advisory Board (BHAB)-Handout Pages 41-45
- National Suicide Prevention Lifeline 988 Hot Line Handouts Pages 46-50

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

New mental health hotline now available to help San Diegans (10news.com)

 Fiscal Year 2021-22 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review Report Summary - Handout Pages 51-52

Full report is located at: Annual DMC-ODS EQR Report FY 21-22.pdf (sandiegocounty.gov)

Health Advisory: Update on Monkeypox (English and Spanish) - Handouts - Pages 53-54
 County's Human Monkeypox webpage:

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community\_epidemiology/dc/human-monkeypox/

• Christine Frey (former CYF Council member representing the Family Sector/Youth) is now the chair of the Children and Youth Workgroup of the California Behavioral Health Planning Council

https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx

Christine invites local stakeholders to contact her with any item that may benefit from advocacy through the Children and Youth Workgroup at: brainxpproject@gmail.com

#### Follow-Up Items

- 1. Provide Dr. Bergmann the input and comments from the July 11, 2022, Conversation with BHS Director Council meeting Completed July 11, 2022
- 2. Provide information about the **BHS Housing Council** as a resource to advocate for family/youth housing needs. Completed, see July 11, 2022, meeting summary (Page 7)
- 3. Provide information on the Workforce Symposium/conference mentioned by Dr. Bergmann at the July 11, 2022 meeting. Completed: Event is on August 23, 2022, from 8 a.m. to noon Handout Page 55
- 4. Advocate for **BHAB BHS Dashboard Indicators** to be updated to include data from Rady-CAPS vs. just the two Fee for Services acute care psychiatric hospitals for youth. Completed: See handout **Pages 56-62**





IV. MHSA Update (Dr. Danyte Mockus-Valenzuela)

Public comment period from September 5, 2022 to October 5, 2022. Link:

http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services act/mhsa.html

V. Annual Strategic Planning (Yael Koenig & Stephanie Escobar)

#### Fiscal Year 2021-22 Accomplishment and Fiscal 2022-23 Year Goals - Handouts-Pages 63-91

5 minutes

5 minutes

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

#### Breakout Discussion - Setting Council Priorities for Fiscal Year 2022-23

30 minutes

- Participants of each Breakout room will select a scribe and a person to report out
- Breakout participants will have a dialogue to identify one area of focus for the CYF Council in Fiscal Year 2022-23
- Specify three actions the Council can take to advance the suggested priority

Report Out 20 minutes

- Representative from each breakout session will have two minutes to highlight the identified/suggested priority and the three action items to advance the priority
- o Scribe from each breakout session will send meeting notes to Edith Mohler at: Edith.Mohler@sdcounty.ca.gov to compile

#### VI. Announcements (Stephanie Escobar)

5 minutes

- Two Polling Questions
- California Advancing and Innovating Medi-Cal Cal/AIM presentation on August 17, 2022 from 2 to 3 p.m.- Handout Page 92
- Promises2Kids Foster Youth Resource Fair on August 27, 2022, from 10:30 a.m. to 2 p.m. at the Handlery Hotel in Mission Valley
- 13th Annual Early Childhood Mental Health Conference We Can't Wait How are the Children? The Path from Healing to Well-Being on September 15-16, 2022 (Virtual)- Registration: <a href="ECMH">ECMH We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)</a> Handout Page 93
- Recovery Happens 2022 is scheduled for September 17, 2022, from 10 a.m. to 1 p.m.
   Please contact Dawn Hull at: <a href="Dawn.Hull@sdcounty.ca.gov">Dawn.Hull@sdcounty.ca.gov</a> for information on resource tables

**Next Executive Committee Conference Call:** 

Date: August 25, 2022 Time: 11:30 - noon **Next Council Meeting:** 

Date: Monday, September 12, 2022

Time: 9 - 10:30 a.m.

Sub-Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\_health\_services\_children/CYFBHSOCCouncil.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\_health\_services\_children/CYFBHSOCCouncil.html</a>

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

#### **Council Vision:**

Wellness for children, youth and families throughout their lifespan.

#### **Council Mission:**

Advance systems and services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

#### **Council Principles:**

- 1. <u>Collaboration of four sectors</u>: Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
- 2. <u>Integrated</u>: Services and supports are coordinated, comprehensive, accessible, and efficient.
- 3. <u>Child, Youth, and Family Driven</u>: Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
- 4. <u>Individualized</u>: Services and supports are customized to fit the unique strengths and needs of children, youth and families.
- 5. **Strength-based:** Services and supports identify and utilize knowledge, skills, and assets of children, youth, families and their community.
- 6. <u>Community-based</u>: Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
- 7. <u>Outcome driven</u>: Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
- 8. <u>Culturally Competent</u>: Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
- 9. <u>Trauma Informed</u>: Services and supports recognize the impact of trauma and chronic stress, respond with compassion, and commit to the prevention of re-traumatization and the promotion of self-care, resiliency, and safety.
- 10. <u>Persistence</u>: Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.







# CHILDREN, YOUTH & FAMILIES FRAMEWORK

## **VISION**

Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

## **PRINCIPLES**

Collaborative, Integrated, Child, Youth & Family Driven, Individualized, Strength-based, Community-based, Outcome & Data Driven, Culturally Competent, Trauma Informed, Persistence

Ensure a full continuum of care through family-centered and youth-informed services that are compassionate and sensitive to the unique developmental needs of children and youth.

## **PRIORITIES**

Strengthen partnerships with children/youth's circle of influence to create a supportive environment.

Provide services that empower children and youth to build a healthy sense of self and have confidence to make sound decisions so they thrive in an everchanging world.

Live Well San Diego-Areas of Influence



## Standard of Living

- Economic & Nutrition Security
- Timely Access to Healthcare Inclusive of Behavioral Health Services
- Employment Readiness



### Community

- Access to Parks, Playgrounds and Recreation Centers
- Usable Transportation
- Safe Neighborhoods & Schools
- Affordable Stable Housing
- Access to Extracurricular Activities

### **HEALTH FACTORS**



#### Health

- Daily Physical Activity
- Limited & Supervised Screen
   Time
- Affordable Healthy Food
- Zero Sugary Beverages,
   Drink More Water
- No Substance Use
- No Tobacco Use
- Up to Date Immunizations
- Connection to a Health Home



### Social

- Supportive Families
- **Nurturing Communities**
- Connection to Natural Supports
- Positive Social Interactions



#### Knowledge

- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs





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

July 11, 2022| 9 to 10:30 a.m. Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
<ul> <li>I. Welcome (Sten Walker)</li> <li>July is Black, Indigenous, People of Color (BIPOC) Mental Health Awareness Month – Handouts from Mental Health America - Page 5         <ul> <li>http://www.mhaopc.org/bipoc-mental-health-awareness-month/</li> </ul> </li> <li>Directing Change Art Feature: "Embrace" by Maggie Cesarini from Torrey Pines High School https://gallery.directingchange.org/sandiegocounty/art/</li> <li>Welcome new meeting attendees and Jasmine Carrasco and Guillermo Rodriguez from Excel Interpreting (English to Spanish translation team)</li> <li>Welcome Stephanie Escobar from First 5 as the new Council co-chair, representing the Public Sector</li> <li>Welcome Dr. Kelly Motadel as the alternate to Healthcare/Pediatrician</li> <li>Welcome Dina Ali and Rhonda Crowder as staff of the CYF Council</li> <li>Thank you to Peggie Webb Council member and Therese Davis, alternate representing San Diego Regional Center (SDRC) for Developmentally Disabled</li> <li>Thank you to Sten Walker and the Family / Youth Sector, for serving as the Council co-chair for the past two years</li> </ul>	<ul> <li>Sten Walker welcomed meeting attendees and covered the following items:         <ul> <li>Acknowledged BIPOC month. An optional Slido survey was available to meeting attendees: What does BIPOC stands for?</li> <li>Highlighted the featured art piece from Directing Change</li> <li>Welcomed the English to Spanish Interpreting team</li> <li>Welcomed new Council co-chair representing Public Sector for fiscal years 2022-23 and 2023-24</li> <li>Welcomed new Council alternate representing Healthcare/Pediatrician and new County staff supporting the Council</li> </ul> </li> <li>Yael Koenig provided special remarks to thank Sten Walker and the Family Sector for co-chairing during the last two fiscal years</li> </ul>
<ul> <li>II. Review of Meeting Summary (Yael Koenig)</li> <li>May 9, 2022, Meeting Summary - Handout - Pages 6-12</li> <li>Action Items from May 9, 2022 – All have been completed, see Meeting Summary for action items - Page 10</li> </ul>	<ul> <li>Yael Koenig reiterated that action items from May 9, 2022, have been completed:         <ol> <li>The CYF Council began showcasing art from the Directing Change website at today's meeting.</li> <li>Provided the Directing Change PowerPoint presentation from May 9, 2022, meeting in the July 11, 2022, meeting packet (Pages 13-20)</li> <li>Mental Health External Quality Review summary report was shared; follow up item from January 10, 2022 Council meeting</li> </ol> </li> </ul>
<ul> <li>III. Business Items (Yael Koenig)         Board Letters (BL)         May 10, 2022         <ul> <li>Item 03: Supporting Care Coordination for Justice-Involved Individuals Through Funding and Integrated Data Infrastructure</li> <li>Item 04: Authorize Agreement with the San Diego Association of Governments (SANDAG) for Youth Transportation and Application for Future funding Opportunities.</li> <li>Item 08: Promoting Government Transparency Improving Access to Information Language Services, Remote Technology and Community Engagement</li> </ul> </li> <li>May 24, 2022         <ul> <li>Item 07: Action Related to Homeless Housing Assistance and Prevention Grant Program</li> <li>Item 08: Authorize Certification Statements for Child Health and Disability Prevention and California Children's Services Programs</li> <li>Item 10: Continued Item from 05/10/2022 (09): Promoting Civic Engagement Through Boards, Committees, and Commissions</li> <li>Item 22: Initial Interim Report and Recommendations of Data Driven Approaches to Public Safety, Treatment and Service Expansions and Advancing Equity Through Alternatives</li> </ul> </li> </ul>	Note: Board Letters that are highlighted on the meeting agenda were included in the meeting packet.  Board Letters from May 10, May 24, June 14, and June 28, 2022, were highlighted  Yael Koenig reviewed the information items with the following additions by other Council members/participants:  Rose Woods from RIHS highlighted the Childhood Anxiety resources provided through the RIHS website: Childhood Anxiety Resources for Providers - Academy for Professional Excellence (sdsu.edu)  Rose Woods also announced the new elearning: https://theacademy.sdsu.edu/programs/rihs/elearning/

#### **ITEM**

 Dr. Motadel provided additional information on current efforts to address the infant formula shortage

SUMMARY AND ACTION ITEMS

- to Incarceration, and Amend Pre-Trial Felony Mental Health Diversion Program Agreement with Department of State Hospitals to Include Additional Grant Funds -Handouts - Pages 21-27
- Item 25: In Support of Efforts to Amend the California State Constitution to Enshrine the Right to Choose
- Item 26: Addressing the Needs of Vulnerable and Homeless Populations Support for Community Assistance Recovery and Empowerment (CARE) Court - Handout - Pages 28-30

#### June 14, 2022

- Item 05: Authorization to Enter Into Negotiations with Alvarado Hospital, LLC DBA Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric Services- Handout – Pages 31-32
- Item 06: Supporting All Housing and Service Providers for Adults with Intellectual and Developmental Disabilities Through Adopting Resolutions and Local Advocacy to the
- Item 07: Lifting Up At-Risk Students, Building Lifelong Bonds with Law Enforcement and Creating a More Inclusive and Safer Campus Environment
- Item 15: Actions to Stem the Tide of Gun Violence in Our Communities.
- Item 16: Keeping Students Safer on School Campuses Handout Pages 33-35
- Item 23: Opening More Doors to Workers Who Are Neurodivergent, Including Autism-June 28, 2022

#### Item 04: Authorization to Accept Community Care Expansion Preservation Program: Operating Subsidy Payment and Capital Projects Funds and Submit Implementation Plans to the California Department of Social Services

- Item 05: Authorize Competitive Solicitations, Approval of the Community Investment Agreement with Blue Shield of California Promise Health Plan, and Amendment to Extend an Existing Behavioral Health Services Contract - Handout - Pages 36-41
- Item 19: Recommendations to Enhance Human Trafficking Prevention and Service Coordination; Authorize a Procurement for Peer Support Navigation - Handout - Pages 42-44
- Item 22: Declaring Illicit Fentanyl Public Health Crisis Handout Pages 45-47

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html

#### Information Items

- California Advancing and Innovating Medi-Cal (CalAIM) Beneficiary Communication Handout -
- Sub-Committees and Sector Report outlining Fiscal Year 2021-22 Accomplishments and Fiscal Year 2022-23 Goals sent out to co-chairs/leads and due back by July 15, 2022, for the August 8, 2022-CYF Council Strategic Planning Meeting
- Behavioral Health Services Director's Reports June and July 2022 Handout Pages 49-60 Link to BHAB Webpage:
  - https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services act /bhab.html
- FY 2021-22 Medi-Cal Specialty Behavioral Health External Quality Review (EQR) Report -Handout - Pages 61-62
  - https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%2 06/Annual%20MHP%20EQR%20Report%20FY%2021-22.pdf
- Community Experience Partnership (CEP)- Handout Page 63 https://www.communityexperiencepartnership.com/about
- Responsive Integrated Health Solutions (RIHS) Childhood Anxiety Resources for Providers webpage is now live! (Rose Woods) - Handout - Page 64 Childhood Anxiety Resources for Providers - Academy for Professional Excellence (sdsu.edu)
- RIHS New available elearning course: Overview of AB 2083 elearning: Multi-System Collaboration (Rose Woods) - Training Number: BHE0136 - Handout - Page 65 https://theacademy.sdsu.edu/programs/rihs/elearning/

ITEM	SUMMARY AND ACTION ITEMS
Child California Health Alert Network (CAHAN) San Diego: Health Advisory: Nationwide shortage of infant formulas may increase risk for inadequate nutrition in infants – Handout – Pages 66-67 <a href="https://www.cdph.ca.gov/Programs/CFH/Pages/Infant-Formula-Availability/Infant-Formula-Availability.aspx">https://www.cdph.ca.gov/Programs/CFH/Pages/Infant-Formula-Availability/Infant-Formula-Availability.aspx</a> IV.Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)  • MHSA Stakeholder Training Sessions (June 24 and June 29, 2022) – Fliers – Pages 68-69	Dr. Mockus-Valenzuela revied the MHSA stakeholder training sessions and ongoing
V.Hot Topic: Conversation with the BHS Director, Dr. Luke Bergmann (Sten Walker)  BHS Priorities as they relate to children, youth, and families inclusive of: Staffing Crisis / Workforce / Services Impact Housing for families California Advancing and Innovating Medi-Cal (CalAIM) Dialogue: inclusive of Questions and Answers Session  VI.Announcements (Sten Walker) Polling Question - Darwin Espejo	<ul> <li>opportunities for input</li> <li>Dr. Bergmann acknowledged how direct services staff shortages affects times in service deliveries</li> <li>Costs are being evaluated</li> <li>A workforce white paper is being developed</li> <li>Housing for families</li> <li>CalAIM</li> <li>Costs are being evaluated</li> <li>Mental health screenings at middle schools to right size needs</li> <li>A conference to be held in August will address compensation for service providers, resources, and training</li> <li>Input from meeting attendees:         <ol> <li>Group therapy could help with staff shortages</li> <li>Comprehensive training for families and teachers</li> <li>Promote mental health careers at high schools</li> <li>A family member stated that housing is a concern; San Diego Regional Center or public schools have not been able to help</li> <li>Are there any specific strategies for housing to support families?</li> </ol> </li> <li>Due to time limitations, the poll was not completed</li> </ul>
13 <sup>th</sup> Annual Early Childhood Mental Health Conference – <b>We Can't Wait</b> – How are the Children? The Path from Healing to Well Being September 15-16, 2022 (Virtual) – Handout- <b>Page 70</b> Registration is open: <a href="ECMH – We Can't Wait!">ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)</a>	Announcements were included in the meeting packet
VII.Action Items	Action Due/Status
<ol> <li>Provide the input and comments from the chat to Dr. Bergmann</li> <li>Provide resources to address concerns related to housing:         <ul> <li>The Housing Council meets on the first Thursday of the month via Zoom from 11:30 a.m. to 1 p.m. To be added to the meeting invitation/distribution list, contact: Cynthia. Robles at Cynthia.Robles@sdcounty.ca.gov. Meeting summaries can be accessed at:</li></ul></li></ol>	<ol> <li>Completed: Input and comments provided to Dr. Bergmann on July 11, 2022</li> <li>Completed. See details on the left column</li> <li>Completed. Behavioral Health Symposium is scheduled for August 23, 2022, from 8 a.m. to noon. Flier included in the August 8, 2022, meeting packet</li> <li>Completed. Included in the August 8, 2022, meeting packet</li> </ol>
Next Meeting: Virtual Orientation Meeting Date: Monday, August 8, 2022	

ITEM

Time: 9 to 10:30 a.m.

#### +=Member in Attendance O=Absent

E=Excused

	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
		PUBLIC SECTOR	1		
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	0
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas- Wallenfelt	+
3	Public Safety Group/ Probation	Tabatha Wilburn	+	Delona King	+
4	Child Welfare Services (CWS)	Jerelyn Bourdage	+	Norma Rincon	0
5	HHSA Regions	VACANT		Jennifer Sovay	0
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	0
7	Juvenile Court	H. Judge Ana España	0	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	0	Stephanie Escobar	+
		EDUCATION SECTOR			
9	Special Education Local Plan Area (SELPA)	Russell Coronado	+	VACANT	
10	Regular Education Pupil Personnel Services	Violeta Mora	+	Margaret Sedor	0
11	School Board	Barbara Ryan	+	Debra Schade	+
12	Special Education	Yuka Sakamoto	+	Misty Bonta	0
		PRIVATE SECTOR			
13	San Diego Regional Center (SDRC) for Developmentally Disabled	VACANT		VACANT	
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	0	John Laidlaw	0
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	Claudette Allen Butler	+
16	Mental Health Contractors Association	Julie McPherson	0	Minola Clark Manson	+
17	Mental Health Contractors Association (MHCA)	Laura Beadles	0	Golby Rahimi	+
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	0	Marcelo A. Podesta	+
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	0	Dr. Kelly Motadel	
	·	FAMILY AND YOUTH SECTOR			
21	Family and Youth Liaison	Sten Walker	+	VACANT	
22	Caregiver of child/youth served by the Public Health System	VACANT		Karilyn "Kari" Perry	0
23	Youth served by the Public Health System (up to age 26)	Veronica Hernandez	0	Emma Eldredge	0
24	Youth served by the public health system (up to age 26)	Micaela Cunningham	+	VACANT	
	SUB-COMMITTEES (No	n-voting members unless a meml	ber of the Counc	sil)	
-	Executive Sub-Committee	Sten Walker Jaime Tate Symons	+/E		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	0/+		
-	Early Childhood Sub-Committee	Aisha Pope Ginger Bial	+/+		
<u>-</u>	Education Sub-Committee	Heather Nemour Violeta Mora	+/+		

	CONSTITUENCY	MEMBER	STATUS	ALTERNATE	STATUS
-	Family and Youth as Partners Sub-Committee	Sten Walker	+		
-	Outcomes Sub-Committee	Emily Trask Eileen Quinn-O'Malley	0/0		
-	Training Sub-Committee	Rose Woods	+		

	Zoom Listed Meeting Attendees: 112			
Aisha Pope	David Lee	Jennifer Kennedy	Melissa Penaflor	Sten Walker
Amanda Lance-Sexton	Debra Schade	Jerelyn Bourdage	Micaela Cunningham	Stephanie Escobar
Amy Chadwick	Delona King	Jodi Erickson	Michael Miller	Stephanie Gioia-Beckman
Babbi Winegarden	Dina Ali	Judi Holder	Michelle Hogan	Susana Antonio
Barbara Ryan	Dori Gilbert	Kameka Smith	Mina Arthman	Tabatha Wilburn
Bessie Pineda	Edith Mohler	Katherine Demmler	Minola Clark Manson	Teresa Kang
Beth Brown	Eliza Reis	Kathleen Lang	Nilanie Ramos	Tom Coleman
Bill Stewart	Erick Mora	Kelly Motadel	Pamela Hansen	Veronica Gallacher
Brenda Estrada	Evan Hodges	Kimberly Pauly	Patricia Cardenas-Wallenfelt MD	Violeta Mora
Brianna Renstrom	Fran Cooper	Klea Galasso	Priyanka Shreedar	Yael Koenig
Carmen Pat	Francisca Salcedo	Krystle Murguia	Rafael Ortiz- Gomez	Yuka Sakamoto
Carole Steele	George Scolari	LaTysa Flowers	Rhonda Crowder	Yvette Leiva
Carolina Ruiz	Ginger Bial Cox	Laura Vleugels	Roberto Suarez	Unknown Caller 1
Carolyn Winn	Golby Rahimi Saylor	Lesley Johnson	Romalyn Watson	Unknown Caller 2
Carrie Baker	Guillermo Rodriguez	Leslie Manriquez	Rosa Ana Lozada	Unknown Caller 3
Celeste Hunter	Heather Nemour	Luke Bergmann	Rose Woods	Unknown Caller 4
Cheryl Rode	Jamie Martinez	Marcelo Podesta	Russell Coronado	
Christine Davies	Jamie Pellegrino	Mareeh Marquez	Sandra Mueller	
Christine Maggio	Janet Cacho	Margaret Anello	Sarah Baldwin	
Claudette Butler	Janette Magsanoc	Margarita Hernandez	Sarah Garlejo	
Danyte Mockus-Valenzuela	Jasmine Carrasco	Marisa Varond	Serena Richards	
Darwin Espejo	Jazmin Wali	Mark Marvin	Shakara Thompson	
David Baker	Jean McDonald	Melanie Morones	Shannon Jackson	

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

Due to COVID-19, most of the sub-committees' meetings are occurring virtually Please reach out to the sector lead or Executive Subcommittee member to obtain location/link

Behavioral Health Advisory Board (BHAB) meeting: Meets the first Thursday of the month from 2:30 to 5:00 p.m.

Outcomes: Meets the first Tuesday of every other month from 11:30 a.m. to 12:30 p.m.

Early Childhood: Meets the second Monday of the month- from 11 a.m.to noon

Education Advisory Ad Hoc: Meets as Needed

**TAY Council**: Meets the fourth Wednesday of the month 3 to 4:30 p.m.

CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3 p.m.

CYF System of Care Training Academy: Meets on the first Wednesday of the month from 9 to 10 a.m.

**CCRT**: Meets the first Friday of the month from 10 to 11:30 a.m.

Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3 p.m.

Private Sector: Ad Hoc/Meets as needed.



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

#### **Article One** Name

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

#### Article Two Powers and Duties

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

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

#### **Article Three** Membership

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

Constituencies	Seats
Behavioral Health Advisory Board	1
Behavioral Health Services	1
Public Safety Group/Probation	1
Child Welfare Services	1
HHSA Regions / Representation	1
Public Health	1
Juvenile Court	1
First 5 Commission	1
Special Education Local Plan Areas (SELPA)	1
Regular Education - Pupil Personnel Services	1
School Board	1
Special Education	1
San Diego Regional Center for Developmentally Disabled	1
Alcohol and Drug Services Provider Association (ADSPA)	2
Mental Health Contractors Association (MHCA)	2



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

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

Current CYFBHSOCC members and alternates shall have access to the trainings provided by the BHS training contractor. To gain access, a written request shall be submitted to Council staff for processing.

Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.

#### **Article Four Vacancies**

Any vacancy in any seat on the Council shall be filled by appointment by the BHS Director. When a vacancy occurs, an analysis shall be conducted by the BHS Director/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 as a whole to the extent feasible. The Council should reflect the ethnic diversity of the client population in the county. The BHS Director formally appoint the member via letter to the member of the Council.

#### **Article Five Quorum**

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

#### **Article Six** Meetings

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

Agendas: Agendas are prepared by the Executive Sub-committee in consultation with the BHS Deputy Director or designee. Members advise the co-chairs in advance of the proposed agenda items. Agendas are forwarded to Council members, alternate and attendees in advance of the Council meeting.



Meeting Summary: County administrative staff completes and maintain the CYFBHSOCC Meeting Summary documentation. Meeting summaries are distributed to CYFBHSOCC members in advance of the next regularly scheduled meeting and are posted on the County website.

#### **Article Seven** Officers

The business of the Council is organized and managed through two co-chairs. The co-chairs are 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 – Education, Families/Youth, Providers, and Public Agencies, and should not represent the same constituency during any term. The co-chairs serve for two-year terms on a rotating basis, and alternating so there is always one serving their first and the other serving their second term year.

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

#### **Article Eight Sub-Committees**

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

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

#### **Article Nine** Voting and Consensus

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

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

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



The Council votes by show of hands on all action items brought before the Council for decision. The majority voice carrying the decisions is noted in the 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 CYFBHSOCC.

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

#### **Article Ten** Member Conduct

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

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

#### **Article Eleven** Ratification and Amendments

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

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

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





#### **Article One: Name**

The name of this organization shall be the <u>Children, Youth and Families Behavioral Health System of Care Council</u> (also known as <u>CYF Council or the Council</u>).

#### **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.

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

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

Current Council members and alternates shall have access to the trainings provided by the BHS training contractor. To gain access, a written request shall be submitted to Council staff for processing.

Council members from the Youth served by the public health system constituency, who complete an application for the annual California Mental Health Advocates for Children and Youth (CMHACY) conference scholarship, shall be given priority status for scholarship award.

#### **Article Four: Vacancies**

Any vacancy in any seat on the Council shall be filled by appointment by the BHS Director/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: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\_health\_services\_children/CYFBHSOCCouncil.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\_health\_services\_children/CYFBHSOCCouncil.html</a>.

#### **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.

#### **Article Eight: Committees**

The Council has a "standing" Committee, known as the Executive Committee, which is tasked to follow up on current SOC principles and recommend a process to ensure relevancy to current realities and challenges which includes the development of committees and task forces to complete its business, as well as the pausing or retirement of committees that are no longer needed. Committees submit bi-annual written report to the Council.

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

#### **Article Nine: Voting and Consensus**

The 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**

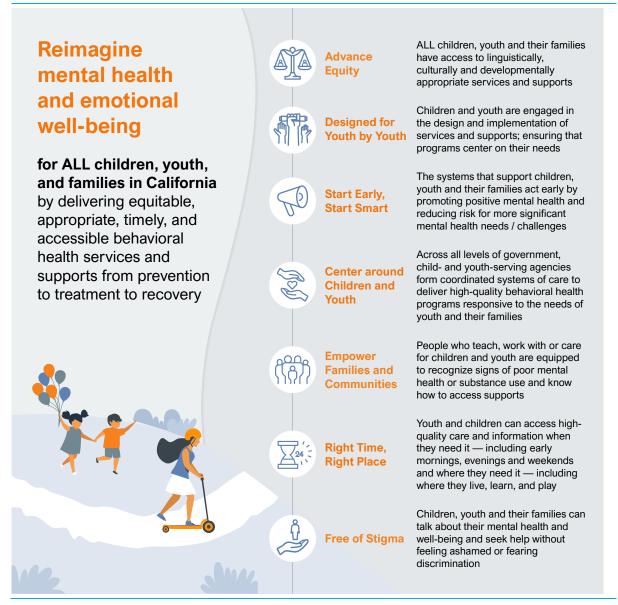
Bylaws are reviewed and updated as needed following Article Nine which outlines voting and consensus practices.

# 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 wellbeing 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.

Figure 1: Children and Youth Behavioral Health Initiative goals















The Children and Youth Behavioral Health Initiative will be designed and implemented in partnership with CalHHS departments, education stakeholders from early childhood, K-12 and higher education, other State agencies, subject matter experts, community partners and stakeholders on the ground and in the field, and children, youth, and their families.

#### **Background**

Focusing on prevention and early intervention can help reduce children and youth's risk of developing serious mental, emotional and developmental challenges. Research shows that half of all lifetime cases of diagnosable mental illnesses begin by age 14, three-fourths begin by age 24, and most substance use begins in adolescence, 1,2 emphasizing the need to strengthen prevention and early identification and intervention services. In California, thirteen percent of children aged 3-17 years reported having at least one mental, emotional, developmental, or behavioral health problem³ and eight percent of children have a serious emotional disturbance that limits participation in daily activity.⁴ Despite these high rates of needs, many children and youth with behavioral health needs do not receive care. A 2018 report shows that about two-thirds of adolescents with major depressive episodes in California do not get treatment.⁵ The COVID-19 pandemic has exacerbated children and youth behavioral health issues, underscoring the need to reimagine the children and youth behavioral health system. We can and must do more to prevent the circumstances that lead to these challenges by focusing on strategies that strengthen protective factors and support the social and emotional well-being of ALL of California's children and youth.

California is seeking to enhance, expand and redesign the behavioral health system to meet these needs, including by integrating behavioral health into health, education, and other sectors that support children, youth, and families. This effort will include a stronger focus on prevention, improved access to programs and services, and better access to emergency and acute care services. All this will depend on our ability to build up the necessary workforce in communities and schools. There is also a need for a stronger focus on equity in addressing behavioral health challenges, including supporting and developing specific strategies for communities of color, low-income families, LGBTQ+ individuals, and communities with elevated rates of adverse childhood experiences.

California has made a commitment to take a statewide, comprehensive approach to this long-term challenge. The opportunity to build a true system of care for all children and youth will change the arc of the lives of the next generation of Californians, creating the potential to

<sup>&</sup>lt;sup>5</sup> California Health Care Almanac, California Health Care Foundation, March 2018, https://www.chcf.org/wp-content/uploads/2018/12/MentalHealthCA2018.pdf













<sup>&</sup>lt;sup>1</sup> Kessler RC, Berglund P, Demler O, Jin R, Merikangas KR, Walters EE. Lifetime prevalence and ageof-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication [published erratum appears in Arch Gen Psychiatry 2005;62:768]. Arch Gen Psychiatry 2005;62:593–602

<sup>&</sup>lt;sup>2</sup> NIDA. 2021, August 3. Introduction. Retrieved from https://www.drugabuse.gov/publications/principles-adolescent-substance-use-disorder-treatment-research-based-guide/introduction on 2021, November 19

<sup>&</sup>lt;sup>3</sup> Child and Adolescent Health Measurement Initiative. 2019 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [10/12/21] from [www.childhealthdata.org].

<sup>&</sup>lt;sup>4</sup> Holzer C and Nguyen H. Estimation of Need for Mental Health Services. 2014

alter key drivers of poor health, homelessness, incarceration, and poverty. California has made a significant one-time investment of \$ 4.4 billion over five years to redesign the behavioral health system for children and youth. The process of redesign will bring together representative stakeholders from systems and sectors that support children, youth, and their families including health, education and other sectors that play a critical role in promoting positive mental health. The Children and Youth Behavioral Health Initiative will serve as a catalyst for reimagining the systems that support behavioral health for children and youth and creating synergistic partnerships and integrated strategies across sectors and programs to ensure youth needs are centered and equity in access and outcomes is advanced. This is a tremendous opportunity to make a long-term impact on the health and well-being of California's children and youth.

## Launching the Children and Youth Behavioral Health Initiative components

The Children and Youth Behavioral Health Initiative will initially focus on eleven components across four main themes. Each component is associated with multiple actions, programs, and initiatives and will have specific measurable goals to ensure that the vision of an innovative children and youth behavioral health ecosystem is achieved. The focus areas and components of the Children and Youth Behavioral Health Initiative will continue to evolve to address the needs of children and youth.













Figure 2: Children and Youth Behavioral Health Initiative initial focus areas and components



#### **Timeline and milestones**

Since the California State Budget passed in July 2021 which included the Children and Youth Behavioral Health Initiative, CalHHS has launched an interdepartmental team to focus initially on activating and expanding stakeholder engagement, analyzing existing efforts, planning implementation, and making preparations to launch the initial solution design. A roadmap and milestones will be defined and updated as the team incorporates stakeholder inputs and completes the initial planning phase across all program components.













### Milestones in July 2021-June 2022









Expand equitable access, with no wrong door for children, youth, and families

Behavioral health platform: Identify critical features and prepare to select technology partner(s) Build capacity for prevention, treatment, and recovery services

Behavioral health workforce: Release BH workforce framework for BH counselors and coaches as well as SUD workforce

Continuum of care: Complete capacity and gap analysis; prepare to administer grants Raise awareness and engage communities and families

Public education and awareness: Complete traumainformed training for educators Prepare to launch culturally specific public education and awareness

campaigns

Deliver behavioral health care services and supports that work

Evidence-based and community-defined practices: Identify evidence-based and community-defined programs for roll out Select a third-party grant administrator Start administering grants

Youth voice and family/ community engagement

 Activate youth, family, and community engagement through existing and new channels and forums

Integration, evaluation and continuous improvement

- Launch regular program performance reporting and release approach to program evaluation
- Establish and maintain expert forums and stakeholder workgroups to provide support across program components













#### **Children and Youth Behavioral Health Initiative**

February 7, 2022

Welcome to this overview of California's Children and Youth Behavioral Health Initiative (CYBHI). We are committed to sharing information and updates on the initiative on a regular basis with our partners and stakeholders, and with anyone who has an interest in the behavioral health of California's children and youth. This overview outlines the scope of the initiative, shares highlights of current activities in the current early planning phase and includes a chart of key milestones over the five-year horizon of the CYBHI.

California's Children and Youth Behavioral Health Initiative is reimagining the way we provide behavioral health support to ALL our children and youth ages 0-25, by bringing together the existing support systems to create an ecosystem that fosters social and emotional well-being, addresses behavioral health challenges, and provides equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs (mental health and substance use). The ecosystem will include the entire continuum of care and have a particular focus on prevention efforts to provide support before behavioral health issues emerge, build capacity and conditions for wellness, promote social and emotional well-being, and ensure early intervention.

#### **Overview of the CYBHI**

The goal of the Children and Youth Behavioral Health Initiative is to address the behavioral health challenges facing children and youth by reimagining the systems that support behavioral health and wellness for children, youth, and their families



The initiative will take a whole system approach by creating cross-system partnerships – involving stakeholders from the various systems that support children and youth behavioral health – to ensure that the reimagined ecosystem is children and youth centered and equity focused

- Up to 1 in 5 children ages 3 to 17 in the US reported behavioral health challenges<sup>1</sup>
- The suicide rate among Black youth in California has doubled since 2014<sup>2</sup>
- During the pandemic, 70% of LGBTQ youth report having poor mental health most or all of the time<sup>3</sup>
- I II S Surgeon General's Advisory (2021)
- California Department of Public Health, California Comprehensive Master Death File (CCMDF)

3. The Trevor Project. National Survey on LQBTQ Youth Mental Health 2021.

Behavioral health challenges are a leading cause of adverse health and social outcomes for children and youth, affecting their overall well-being, learning, relationships, and later life outcomes. These challenges have been on the rise and have been intensified by the stress, isolation, and hardships resulting from the pandemic, particularly for BIPOC and LGBTQ+ children and youth as well as families in socio-economically disadvantaged and underserved communities.

The State of California is already taking action and making investments to support behavioral health needs. The CYBHI is California's commitment to achieve long-term and lasting improvement in the behavioral health well-being for children and youth. As a 16-year old student from Apple Valley said, "I just wish there was a method or a system that would work for everyone...not many people know how to reach resources...after going through what I have gone through in the past year during the pandemic, I really think that it would mean so much to me for the mental health system and treatment would be reimagined."

Equity is a defining principle for the CYBHI in both approach and outcomes, with a particular focus on addressing the needs and systemic barriers to well-being faced by children and youth of color, LGBTQ+ youth, and low-income and underserved communities. Cross-sector collaboration and stakeholder engagement, including youth and family engagement, community partnerships, and collaboration with stakeholders on the ground and in the field as well as at the state level, are also key foundations of this effort. Health care and education—including early childhood learning, K-12, colleges, and universities—will collaborate in new ways to improve the social and emotional well-being of children and youth.

Transforming behavioral health support in California into a coordinated, prevention-focused ecosystem will take large-scale, systems-level change. It will require us to come together and collaborate to restructure systems that currently operate in silos and integrate programs and strategies across sectors, and to put children, youth, and families—their voices, strengths, needs, and experiences—at the center of our collective efforts.

#### Phases of the Initiative

The Children and Youth Behavioral Health Initiative will be implemented over five years, with three distinct phases:

- 1. Setting goals and standing up the project infrastructure;
- 2. Developing detailed plans and designing the future state behavioral health ecosystem for children and youth we need and want;

3. Delivering, accelerating and sustaining impact.

In the first phase, currently underway, major areas of focus include defining specific goals that support the overall CYBHI aspiration, standing up a performance infrastructure, developing a comprehensive approach for convening and engaging stakeholders, understanding the current landscape of programs and initiatives across health and education, and preparing for detailed planning and future-state ecosystem design.

The CYBHI comprises multiple workstreams led by five departments and offices of CalHHS — Department of Health Care Services, Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and Office of the Surgeon General. The workstreams have their own dedicated funding and teams. While the workstreams are led by the five departments and offices, the initiative is a much broader collaboration that includes many other departments and state agencies, as well as children, youth, and families, and partners and stakeholders across sectors including education (early learning, TK-12, and colleges and universities), and others. Additionally, the Mental Health Services Oversight and Accountability Commission (MHSOAC) is the lead entity for distributing increased funding provided under the CYBHI to the existing Mental Health Student Services Act program.

#### **Current Work and Planning Efforts**

CalHHS and the five departments and offices are in the process of convening internal experts and stakeholders, conducting research to understand the current behavioral health landscape and identify needs, and beginning the detailed planning and design required for each workstream. The table below provides a brief overview of recent progress, and ongoing activities and priorities for each workstream.

#### **Ongoing Activities and Priorities by CYBHI Workstream**

CYBHI Workstre	ams Progress in the la	st 3 months On	going Activities and Priorities
BH Service Virtual / e-Consulte Platform	workstream le	ad and core ram members	Building stakeholder engagement and expert input plan to identify features of the platform (including provider education)  Conducting landscape analysis to understand potential interdependences (e.g., data sharing) and opportunities for collaboration and lessons learned (e.g., from CalHOPE)

CYBHI Workstreams	Progress in the last 3 months	Ongoing Activities and Priorities
School Behavioral Health Incentive Program (SBHIP)	<ul> <li>Engaged and educated stakeholders</li> <li>Developed metrics, interventions, and goals with stakeholder input</li> <li>Determined payment structure for MCPs</li> <li>Launched the program and received letters of intent from MCPs</li> </ul>	<ul> <li>Stakeholder engagement and education through technical assistance</li> <li>MCP assessment/gap analysis with technical assistance to support engagement between Local Educational Agencies (LEAs), counties, and MCPs</li> <li>MCPs design and implement interventions in coordination with counties and LEAs</li> <li>MCPs receive payments biannually based on metrics achieved</li> </ul>
School-Linked Partnership and Capacity Grants	<ul> <li>Identified and onboarded workstream lead</li> <li>Initiated listening sessions with education partners (in partnership with CalHHS) to begin collecting early stakeholder inputs</li> </ul>	<ul> <li>Developing a project plan for the launch of grant applications and disbursement of funds in 2022-23</li> <li>Building stakeholder engagement plan to solicit input on capacity gaps and needs</li> <li>Conducting landscape analysis of existing, related State efforts (e.g., school-based health incentives programs)</li> </ul>
Enhanced Medi-Cal Benefits – Dyadic Services	<ul> <li>Identified workstream lead</li> <li>Developed draft dyadic services policy and provider manual updates</li> </ul>	Defining modifications to Medi-Cal benefits to implement dyadic services and integrate BH screening and services into medical care
Evidence- Based and Community- Defined Best Practices	Identified and onboarded workstream lead	<ul> <li>Developing a project plan for the launch of grant applications and disbursement of funds in 2022-23</li> <li>Building engagement plan to solicit expert input on evidence-based practices for scaling and synthesize evidence of impact to inform prioritization of practices for scaling</li> </ul>

	CYBHI Workstreams	Progress in the last 3 months	s Ongoing Activities and Priorities	
	Pediatric, Primary Care, and Other Healthcare Providers	Identified and onboarded workstream lead	<ul> <li>Defining types and scope of provider trainings, education, and support services to be provided on the BH Services Virtual Platform (part of platform feature identification)</li> </ul>	
	CalHOPE Student Services	Utilizing the Crisis Counseling Program funding the Communities of practice met two times. In recognition of the fatigue being felt by all who work in the education system, the January meeting was substituted with tools for self- care and the Angst: Building Resilience and Trusted Space video/curriculum tools	Working to put contract in place to support this work	
	BH Continuum Infrastructure Program	Published BH assessment	<ul> <li>Informing grant-making through understanding the current California BH landscape</li> </ul>	
	School BH Counselor and BH Coach Workforce	<ul> <li>Launched preliminary background research, including interviews with children, youth, parents, behavioral health providers, and experts from various fields</li> </ul>	<ul> <li>Continuing preliminary background research, stakeholder engagement and synthesizing insights</li> <li>Launching design process and defining initial design options to be considered</li> </ul>	
HCAI	Broad BH Workforce Capacity	<ul> <li>Drafted preliminary timeline for grant application launches across types of grants (e.g., SUD workforce, expanded peer personnel, psychiatry / social work)</li> <li>Funded \$10 million for Behavioral Health Training for Primary Care Providers</li> </ul>	<ul> <li>Developing stakeholder engagement plan to gather initial inputs from government agencies, nongovernment agencies, as well as youth, families, and communities</li> <li>Developing detailed plans for grant application launches across types of grants (e.g., SUD workforce, expanded peer personnel, psychiatry / social work)</li> </ul>	

	CYBHI Workstreams	Progress in the last 3 months	Ongoing Activities and Priorities
DMHC	Commercial Health Plans Coverage for School-Linked BH Services	<ul> <li>Identified and onboarded workstream lead and core workstream team members</li> <li>Identified stakeholders from commercial plans, the California Association of Health Plans (CAHP), the Association of California Life and Health Insurance Companies (ACLHIC), and the California Department of Insurance (CDI)</li> </ul>	<ul> <li>Convening meetings to gather initial inputs from commercial plans, the California Association of Health Plans (CAHP), the Association of California Life and Health Insurance Companies (ACLHIC), and the California Department of Insurance (CDI)</li> <li>Developing a comprehensive list of questions and areas of concerns for plans to be addressed in guidance from DMHC and CDI</li> <li>Coordinating with DHCS on the services to be provided at schools, including the reimbursement amount and any guidance that is needed by commercial health plans</li> </ul>
СОРН	Public Education and Change Campaign	<ul> <li>Identified and onboarded workstream lead</li> <li>Prepared and shared with CalHHS a consolidated list of stakeholders engaged in CDPH efforts focused on behavioral health (not limited to CYBHI)</li> </ul>	<ul> <li>Identifying internal SMEs, including experts from the Center for Family Health and the Center for Health Communities, and engaging internal experts to define goals and operating principles for the CYBHI public education campaign</li> <li>Gathering and synthesizing relevant observations and lessons learned from prior CDPH and state efforts to inform the design of the CYBHI public education campaign</li> </ul>
OSG	ACEs Awareness Campaign	<ul> <li>Promoted the CYBHI via multiple media outlets, podcasts, and presentations to stakeholder groups</li> </ul>	<ul> <li>Continuing promotion of the CYBHI via media interviews, presentations to stakeholder groups, and social media platforms</li> <li>Defining collaboration model with CDPH, DHCS, and HCAI to support public and provider education efforts</li> </ul>
	Trauma- Informed Training for Educators	<ul> <li>Developed and syndicated SOW to create trauma- informed training for educators</li> </ul>	<ul> <li>Completing and expanding trauma- informed training for educators; further developing toolkit and resources for school staff</li> </ul>

	CYBHI Workstreams	Progress in the last 3 months	Ongoing Activities and Priorities
Саіннѕ	Coordination, subject matter expertise, integration, and evaluation	<ul> <li>Confirmed appointment of and onboarded CYBHI Director and CYBHI Assistant Secretary</li> <li>Drafted initial CYBHI governance model</li> <li>Drafted initial landscape analysis focused on state children and youth behavioral health efforts</li> <li>Launched initial input gathering across several types of stakeholders, including education partners (ongoing listening sessions) and youth (digital diaries, engagement in selected working sessions, youth engagement expert interviews)</li> <li>Released CYBHI program brief; drafted additional standard communications materials</li> <li>Shared CYBHI priorities and 5-year milestones with the BHTF</li> <li>Drafted SOWs and explored procurement of external subject matter expertise for strategic communications, marketing and landscape analysis.</li> </ul>	<ul> <li>Facilitating CYBHI goal setting with the department teams and other stakeholders</li> <li>Operationalizing and refining CYBHI governance</li> <li>Developing and releasing next version of the landscape analysis to inform cross-department and cross-sector collaboration for CYBHI</li> <li>Confirming and activating stakeholder engagement plan, including initiative-level activities related to youth and family engagement as well as coordination of stakeholder engagement across the initiative</li> <li>Establishing regular CYBHI progress reporting</li> <li>Defining approach to CYBHI evaluation</li> <li>Understanding capability building needs for CYBHI teams; defining tools, approaches, and CalHHS role related to capability building (e.g., focused on systems change, youth engagement, equity)</li> <li>Establishing standard CYBHI communications toolkit and communications plan; engaging communications partner</li> </ul>

Source: California Health and Human Services Agency; DHCS; HCAI; DMHC; CDPH; OSG

Also, the MHSOAC is working to allocate the additional MHSSA funds provided under the CYBHI for partnership efforts between county behavioral health departments and Local Education Agencies/County Offices of Education in counties that previously received MHSSA funding to expand the work, in counties that had applied but have not yet received funding, and to provide opportunities for MHSSA grants to counties that have not yet applied for one.

The State of California also recently collaborated with the Child Mind Institute on the <u>California Healthy Minds, Thriving Kids Project</u>. The project's central component is a series of free, evidence-based video and print resources that caregivers and educators can use to teach their kids critical mental health and coping skills. The videos teach parents and educators the importance of self-care and signs that kids may need extra help, are available in English and Spanish, and are tailored for elementary, middle, and high school students. The project seeks to normalize conversations about mental wellbeing and teach children and youth basic skills that can be used for the rest of their lives.

#### **Five-Year Milestones**

The CYBHI is a five-year transformation initiative. The table below provides an overview of the workstreams and five-year milestones for planning, designing, and implementing the initiative's many components.

	CYBHI Workstreams	Workstream Descriptions	Initial 5-Year Milestones – to be further defined and developed
DHCS	BH Services Virtual / e-Consult Platform	Implement behavioral health service virtual platform to be integrated with screening, clinic-based care and app-based support services	January 2024 – Platform launch January 2024 – Statewide BH network and fee structure for school-based services
	School Behavioral Health Incentive Program (SBHIP)	, , , , , , , , , , , , , , , , , , ,	January 2022 – Program implementation October 2022- December 2024 – Implementation of interventions and incentive payments released
	School-Linked Partnership and Capacity Grants	Build infrastructure, partnerships, and capacity to increase the number of students receiving preventive and early intervention behavioral health services	September – December 2022 – Release grant funding opportunity and open application period
	Enhanced Medi- Cal Benefits – Dyadic Services	Implement dyadic services in Medi-Cal, based on the HealthySteps model of care	January 2023 – Dyadic services benefit in Medi-Cal
	Evidence-Based and Community- Defined Best Practices	Support statewide scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions	September –December 2022 – Release grant funding opportunity and open application period

	CYBHI Workstreams	Workstream Descriptions	Initial 5-Year Milestones – to be further defined and developed
	Pediatric, Primary Care, and Other Healthcare Providers	Provide opportunities for primary care and other health care providers to access culturally proficient education and training on behavioral health and suicide prevention	June 2023 – Provider education campaign launch
	CalHOPE Student Services	Support communities of practice in all 58 County Offices of Education to enhance Social Emotional Learning Environments. Engage youth as partners in contributing to positive, supportive learning environment	January-June 2022- Contract in place with Sacramento County Office of Education and contracts with 58 County Offices of Education and youth partner organization. Promotion of Angst: Building Resilience and Trusted Space video/co-curricular tools for schools July 2022-June 2024 CalHOPE Student support in full motion with monthly statewide community of practice meetings and youth engagement activities.
	BH Continuum Infrastructure Program	Support youth living in every part of California to access the care they need without delay and, wherever possible, without having to leave their home county	January 2022 – BH assessment report released August 2022 – RFA release (children and youth)
HCAI	School BH Counselor and BH Coach Workforce	Develop a multi-year plan to launch and implement a behavioral health coach or counselor system by which students can receive in-person and/or virtual one-on-one and group supports	Mid-2022 - Release career ladder and framework for BH coaches and counselors 2023 – Administer first award cycle for BH coach training curriculum development; (annual award cycle after 2023)

	CYBHI Workstreams	Workstream Descriptions	Initial 5-Year Milestones – to be further defined and developed
	Broad BH Workforce Capacity	Build and expand workforce, education, and training programs to support a workforce that is culturally and linguistically proficient and capable of providing age-appropriate services	Mid-2022 – Release expanded peer personnel and psychiatry education capacity application cycle Late 2022 – Administer first earn/learn award cycles (annual award cycles after 2022) 2023 – Administer first SUD award cycle and launch SUD program awareness campaign; administer first social work award cycle (annual award cycles after 2023)
DMMC	Commercial Health Plans Coverage for School-Linked BH Services	Implement fee schedule for commercial health plan reimbursement	December 2023 - Issue initial guidance for commercial plans via an All-Plan Letter 2024 – Implement BH network and fee structure; begin enforcement of guidance for commercial plans
CDBH	and Change Campaign	Raise the behavioral health literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges	Spring 2022 create an internal CDPH SMEs workgroup to develop a stakeholder engagement plan. Fall 2022 engage with stakeholders and community partners Spring 2023 release of RFP for a comprehensive culturally linguistic public education and change campaign Fall 2023 award and launch Public Education and Change Campaign

	CYBHI Workstreams	Workstream Descriptions	Initial 5-Year Milestones – to be further defined and developed
OSG	ACEs Awareness Campaign	Raise awareness of Adverse Childhood Experiences (ACEs) and toxic stress	Ongoing - Provide ongoing training to clinicians on Adverse Childhood Experiences (ACEs). Promote the training to clinicians via social media, speaking presentations and media interviews.  2022 – Launch a public awareness campaign to help ensure that alongside clinicians, the public knows how to recognize and interrupt the effects of ACEs and toxic stress. RFP is under final review with the RFP release planned for spring 2022. Summer 2022, award and launch the ACES and Toxic Stress Public Awareness Campaign.
	Trauma- Informed Training for Educators	Provide training to educators on trauma-informed care	Second half of 2022 – Complete trauma-informed training for educators and conduct an evaluation to determine efficacy

Source: <u>California Health and Human Services Agency; DHCS Major Program Initiatives</u> – Go-Live Dates, as of 1/10/2022; HCAI; DMHC; CDPH; OSG

Also, as part of the CYBHI, MHSOAC is administering additional funds provided to the Mental Health Student Services Act (MHSSA) Grant Program which supports partnerships between county behavioral health departments and educational entities.

We welcome input on the Children and Youth Behavioral Health Initiative. If you would like to provide thoughts or comments or sign up to receive regular updates on the CYBHI, please email <a href="mailto:CYBHI@chhs.ca.gov">CYBHI@chhs.ca.gov</a>.

In Partnership,

Melissa Stafford Jones

Director, Children and Youth Behavioral Health Initiative

## Children and Youth Behavioral Health Initiative – Stakeholder Engagement Plan

March 29, 2022

Centering the voice of children, youth, and families and collaborating with a range of cross-sector partners, stakeholders and experts at the state and community levels are integral to developing a coordinated children and youth behavioral health ecosystem with the potential to improve outcomes.

The Children and Youth Behavioral Health Initiative aims to build a coordinated ecosystem promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely and accessible services for existing and emerging behavioral health needs. Impactful work is happening across the state through many agencies, organizations, and partnerships, but changing the trajectories and significantly improving the social and emotional wellbeing of California's children and youth cannot be achieved by working within one entity or sector; collaboration and working with children, youth and families and partners is critical.

The CYBHI will engage stakeholders in order to:

- Promote shared understanding and transparency of the initiative, including the process through which the initiative will be developed and opportunities to engage
- **Drive broad inclusive participation** to ensure that ALL perspectives, particularly those from traditionally underserved populations, are taken into account
- **Gather inputs, feedback, and guidance** throughout the course of the initiative to ensure that opportunities and concerns are understood and addressed
- Partner and empower to co-develop solutions and accelerate the initiative's impact, focusing on needs and outcomes for children and youth behavioral health and wellness

To that end, this update provides an update on our plans to engage stakeholders with lived and professional experience in the work of reimagining the systems that support behavioral health for California's children, youth, and their families. It includes four sections:

- How stakeholders can get information about the CYBHI
- Overall approach to CYBHI stakeholder engagement
- How we are engaging children, youth, and families specifically
- Summary of stakeholder engagement planned activities

#### **Information About the CYBHI**

The CYBHI recently held a webinar to share updates on each workstream of the initiative. The webinar included an overview of the CYBHI, a presentation on the plans and scope of work for each workstream, and information on how we are engaging stakeholders. Here are inks to a <u>recording</u> and <u>slide deck</u> from the webinar that we hope you will find useful to learn more about the CYBHI.

You can sign up for our stakeholder mailing list by emailing cybhi@chhs.ca.gov.

#### **Overall Approach to CYBHI Stakeholder Engagement**

The CYBHI engagement plan includes convening and engaging children, youth, and families, partners across agencies and sectors (e.g., healthcare, education) as well as community partners on the ground and in the field. Engagement will be ongoing throughout the initiative, from the design phase through implementation.

The CYBHI engagement plan focuses on three groups:

- Children, youth, and families, including children and youth 25 years of age and younger and their families as the key constituency of the initiative. Engagement with this group is vital to reimagining the ecosystem so that it truly supports and is centered on their strengths, needs, and priorities
- Cross-sector and inter-agency partners, including healthcare and education partners, subject
  matter experts, state, local, and federal agencies, community-based organizations, social
  services, legislature, philanthropy, academia, and other public and private sector partners.
  Engagement with these partners is crucial to redesigning how various systems across sectors
  work and interrelate so we can build a coordinated, integrated ecosystem for the social and
  emotional wellbeing of California's children and youth
- Community partners on the ground and in the field, including California community members
  interested in children and youth behavioral health (e.g., Californians with professional and/or
  lived experiences). Engagement through community-level forums is key to ensuring that CYBHI
  is grounded in and reflects the local efforts and experiences of the diverse communities in
  California

Stakeholders will have opportunities to engage throughout the planning, design, and implementation of the CYBHI, on both the initiative overall and specific workstream components. Stakeholders will be engaged over time in a variety of ways including through listening sessions, workshops, focus groups, think tanks, surveys, and public input via email accessible on the CYBHI website.

The CYBHI has developed the principles listed below to guide the engagement process and ensure that the approach to engaging stakeholders is:

- Human-centered, conducted in a way that centers on the needs of children, youth, and families
- Broad, diverse, and equitable, incorporating approaches, formats, and practices that allow for the participation of all groups, particularly traditionally under-represented groups

- **Purposeful and beyond what is already in place**, using existing engagement channels and filling gaps by creating new channels
- Collaborative and coordinated across the whole CYBHI effort
- **Embedded into the initiative** from planning and design through implementation phases
- **Innovative** in seeking insights and inputs from other work that can elevate the positive impact on children and youth mental health

#### **Engaging Children, Youth and Families**

The CYBHI recently held expert interviews with several youth and family engagement organizations across the state to seek their insights on how CalHHS could embed genuine engagement of children, youth and families in the work of the CYBHI. Building on the learnings from those conversations and related work, **the CYBHI children**, youth, and family engagement approach is to partner with existing organizations that engage children, youth, and families and to build out a broad and diverse state-wide partner network for the initiative. Through this approach, CYBHI is committed to facilitating engagement that will:

- **Bring in strengths of existing organizations** that have experience, expertise and established channels for engaging children, youth, and families
- **Empower youth and families** by providing appropriate compensation for involvement, capability building (e.g., orientation to the subject matter and forums), and avoiding complex, sector-specific language
- **Prepare facilitators (youth and adult)** by providing training to promote effective youth-adult partnerships focusing on strengths and contributions
- **Establish a variety of engagement options** to offer accessible participation (e.g., surveys, focus group) and ongoing engagement models (e.g., working groups, formalized roles)
- Ensure broad and diverse participation from children, youth, and families by ensuring accessibility in format and language and culturally sensitive engagement
- Engage youth in both age/identity-based groups conducive to open conversations and mixed groups (e.g., youth and adults) conducive to sharing diverse perspectives on system-level topics

## In CYBHI youth engagement already underway, youth have expressed their eagerness to be involved and the importance of being part of the initiative:

"I'd help no matter what. This is an important issue for me"

- Age 21, Pomona CA

"I would actively be engaging or participating with them [someone who is working to reimagine the behavioral health system]. I would make sure that they are actively trying to help the people that need it"

Age 16, Soledad CA

#### **Engagement Focus Areas and Activities**

In addition to the engagement of children, youth and families, the stakeholder engagement described above, CYBHI stakeholder engagement also includes the following groups and activities to help advance systems change and reimagine behavioral health for California's children and youth.

**CYBHI cross-sector and inter-agency engagement** taps into existing groups and forums to host discussions, convenes additional groups for engagement on specific topics (e.g., equity, prevention, ecosystem models, sustainability), and creates forums (e.g., think tanks, discussion series) for partners to engage on initiative-wide and workstream-specific topics.

The approach to engage community partners on the ground and in the field focuses on creating opportunities to engage that are open to a broader audience, including providing input on the initiative and its workstreams through regional listening sessions, CYBHI webpages, email correspondence, and other opportunities to comment.

Children, youth, and families as well as cross-sector, inter-agency, and community partners will have opportunities to engage throughout the planning, design, and implementation of the CYBHI, on both the initiative overall and its workstreams. The initiative comprises multiple workstreams led by five departments and offices of CalHHS – Department of Health Care Services, Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and Office of the Surgeon General.

Initiative-wide engagement efforts will focus on shaping the overall CYBHI direction (including defining initiative outcomes) and addressing topics that have implications across the initiative (including equity, prevention and wellness, sustainability, system-level barriers and gaps in BH supports and services). In addition, engagement efforts will inform planning, design, and implementation at a workstream level.

The table below summarizes planned engagement efforts in the near term and going forward.

Group	Near term activities	Future activities
	(Through May '22)	(June '22 and beyond)
		To be refined
Children, youth,	Focus groups on CYBHI outcomes	Surveys, interviews, focus groups,
and families		design sessions, and ongoing
	Initial focus groups and interviews on	engagement opportunities on initiative-
	workstreams	level topics and workstreams
Cross-sector and	Discussions with existing groups on	Targeted engagement on initiative-level
interagency	outcomes	topics
partners		
	Targeted engagement on initiative-	Engagement forums on workstreams
	level topics	
	_ , , , , , , , , , , , , , , , , , , ,	
	Engagement forums (e.g., think tank,	
	listening tours) on workstreams	
0	Paralla and the said area designed	
Community	Regular updates and opportunity to	Listening sessions on outcomes
partners on the	submit e-mail input	(through end of summer 2022) and
ground and in		initiative-level topics
the field		Website updates and opportunities to
		comment
		Comment

# **Upcoming Engagement Activities**

ACTIVITY	WHO	WHAT	WHEN
Focus groups on CYBHI	Children, youth, and	Focus groups to help	April-May 2022
outcomes	families	define CYBHI outcomes	
Discussions with	Cross-sector and inter-	Facilitated discussions	March-May 2022
existing groups and	agency partners,	to help define CYBHI	
forums on CYBHI	including Behavioral	outcomes	
outcomes	Health Task Force		
Interviews, surveys,	Cross-sector and inter-	Interviews, surveys,	March-May 2022
focus groups, and	agency partners,	focus groups, and	
working groups on	children, youth, and	working groups with	
behavioral health	families	regional	
workforce		representation to	
(workstreams: Broad		understand behavioral	
behavioral health		health workforce	
workforce capacity;		current landscape,	
School behavioral		needs, and gaps	
health coach			
workforce)			

ACTIVITY	WHO	WHAT	WHEN
Think Tanks to inform workstream design (workstreams: Behavioral health virtual services and e- consult platform; Evidence-based interventions and community-defined promising practices)	Experts from academia, government, and industry; youth and community members	Approximately 5-8 half day workshops	April-July 2022 – Applications were due on <b>March 23, 2022</b>
Listening tours to inform workstream design (workstreams focused on school-linked behavioral health services and fee schedule)	Cross-sector and interagency partners with an initial focus on education organizations	Discussion sessions to collect insights on current state needs, gaps, and priorities	April-May 2022
Community listening sessions on CYBHI outcomes and systems changes	Community members and partners interested in children and youth behavioral health	Sessions hosted throughout the state to help define CYBHI outcomes and identify key systems changes to be addressed	June–August 2022

This update is part of our regular series to share information on an ongoing basis with our partners and with anyone who has an interest in the behavioral health of California's children and youth. As progress is being made across the initiative, each update will highlight a particular topic to give an overview on.

We welcome input on the Children and Youth Behavioral Health Initiative. If you would like to provide thoughts or comments or sign up to receive our regular updates, please email <a href="mailto:CYBHI@chhs.ca.gov">CYBHI@chhs.ca.gov</a>.

In Partnership,

Melissa Stafford Jones

Director, Children and Youth Behavioral Health Initiative

We need your help: Sign up to become a DHCS Coverage Ambassador to help raise awareness about how people can keep their Medi-Cal health coverage once the #COVID19 public health emergency ends: http://apps.dhcs.ca.gov/listsubscribe/default.aspx?list=ambassadors

# **Behavioral Health Continuum Infrastructure Program (BHCIP)**



# 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 subacute 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.

## **Department of Health Care Services webpage:**

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

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



# **Children's Crisis Continuum Pilot Program**



ChildrensCrisisContinuumPilotProgram

# 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 (<u>AB)153</u> (Chapter 86, Statutes of 2021)
- Assembly Bill (AB)403 (Chapter 773, Statutes of 2015)

# **California Department of Social Services Webpage:**

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





NICK MACCHIONE, FACHE
AGENCY DIRECTOR

#### **HEALTH AND HUMAN SERVICES AGENCY**

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

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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.

#### **Sobering Services + PLEADS**

Sobering centers are recognized by the California Health Care Foundation as a cost-effective approach to integrate physical health, mental health, and social services for high risk Medi-Cal enrollees. Since 2010, sobering services provide a drug and alcohol-free environment space for individuals (18 years of age and older) who are inebriated and dropped off by health, safety, and law enforcement agencies to be kept a minimum of four (4) hours for sobering purposes in lieu of incarceration. Staff offer printed information on substance use treatment and recovery services to all individuals dropped off and make individual counseling and linkage available once the person has regained functioning. A newer component of the sobering services which has been in operation since 2019 is Prosecution and Law Enforcement Assisted Diversion Services (PLEADS), a nation-wide community-based diversion approach that broadens the target population to include persons who are intoxicated on other narcotic illicit drugs, instead of only alcohol and marijuana. PLEADS participants are individuals (18 years of age and older) who are intoxicated (PC 11550 under the influence of a controlled substance) and dropped off by health, safety, and law enforcement agencies and are kept a minimum of four (4) hours for sobering purposes in lieu of incarceration. Staff also provide engagement, referral, linkage, and transportation services to these individuals.

Both PLEADS and sobering services can serve to link participants to BHS services including substance use and mental health treatment. These services provide an alternative to incarceration for individuals whose only criminal behavior is public intoxication. Incarcerating these individuals diverts health, safety,

and law enforcement resources from more serious or life-threatening situations. Through May 2022 of Fiscal Year (FY) 2021-2022, the Sobering Services program served a total of 2,494 clients countywide and 974 PLEADS clients. The program is currently being operated by McAlister Institute and is expected to be reprocured this fiscal year.

#### **Housing Subsidies from the San Diego Housing Commission**

As the Public Housing Agency (or "housing authority") covering the City of San Diego, the San Diego Housing Commission (SDHC) administers housing resources for low-income residents in their jurisdiction and plays a pivotal role in addressing homelessness in the region. Since 2001, BHS has partnered with SDHC to provide dedicated permanent and transitional housing resources for persons with behavioral health conditions who are experiencing homelessness in the City of San Diego. To date, SDHC has awarded nearly 1,200 vouchers and subsidies that are dedicated to serve BHS clients, including more than 750 in support of Project One for All (POFA), the Board of Supervisors (BOS)-directed effort—which began in 2016—to provide treatment and housing to residents with serious mental illness (SMI) who were experiencing homelessness. Awarded vouchers and subsidies include:

- More than 800 **Sponsor-Based Subsidies**, administered by select BHS service providers, including 55 for clients with primary substance use diagnoses;
- More than 250 Project-Based Vouchers, which are attached to select Mental Health Services
  Act (MHSA) funded permanent supportive housing units, including 25 for one-, two-, and threebedroom units that are currently leasing up in San Ysidro;
- **Emergency Housing Vouchers**, funded through the American Rescue Plan Act (ARPA), for mental health and substance use clients enrolled in Adult and Older Adult (AOA) and/or Children's, Youth, and Families (CYF) services;
- 25 subsidies for families experiencing homelessness who have children enrolled at the **Monarch School**:
- Moving On subsidies for BHS clients who are clinically stepping down to lower levels of care;
- 11 transitional housing subsidies for clients residing at the **Uptown Safe Haven**.

The housing resources provided by SDHC are an invaluable part of the BHS housing program, providing an array of options to house persons with behavioral health conditions who are experiencing homelessness in San Diego.

#### **New Bridge Shelter**

A new sprung structure next to the County's Health Services Complex in the Midway area will be serving as a bridge shelter (Shelter). The Shelter represents a collaboration between the County, City of San Diego, and the SDHC to provide person-centered services to individuals experiencing homelessness who may have mental health and/or substance use conditions. The goal is to provide a safe place to sleep, shelter services, a connection to BHS, and any other needed services for individuals experiencing homelessness. The model is low barrier access to shelter with behavioral health support services (BHSS) to connect participants to BHS.

Referrals for the shelter come from the City of San Diego Coordinated Intake Program referrals, community referrals from the Midway area, San Diego County Psychiatric Hospital (SDCPH), Law Enforcement and Psychiatric Emergency Response Team (PERT), Mobile Crisis Response Team (MCRT), and other determined entities. The hours of operation for the Shelter and shelter intake are 24 hours per day, 7 days per week. BHSS utilizes a flexible approach to cover a minimum of 40 hours per week, including evening hours. The City of San Diego is responsible for shelter operations, intake, service coordination, transportation, and care coordination using the Coordinated Entry System (CES), Homeless Management Information System (HMIS), and other assistance to determine best steps in shelter, housing, and community services options along with case conference for care coordination services with onsite partners. The County BHSS implements a flexible approach to include case conferencing for care coordination services with onsite partners to assist in determining the next best

steps in shelter, housing, and community services options. The Shelter provides a shelter and service model that advances key initiatives which aligns with the City of San Diego *Community Action Plan on Homelessness* and the County of San Diego's *Framework for Ending Homelessness*, to include strategic domains of services, treatment and outreach, and emergency/interim housing and resources.

# San Diego County Community Harm Reduction Team (C-HRT) and City of San Diego Harm Reduction Interim Shelter

The Community Harm Reduction Team (C-HRT) and Harm Reduction Interim Shelter is a joint effort between the County BHS department, the City of San Diego, Homeless Strategies and Solutions Department to provide outreach and engagement to individuals within the City of San Diego who are suffering from chronic substance use conditions or co-occurring mental health issues and who are experiencing homelessness, to connect them with interim shelter options, case management, system navigation, permanent housing, behavioral health services, and medical care.

Family Health Centers of San Diego provides C-HRT street outreach services through multi-disciplinary teams comprised of substance use counselors, peer support, mental health clinician, and nurse practitioner to provide medical consultation. C-HRTs specialize in low barrier engagement through a harm reduction approach, connections to clinically appropriate behavioral health treatment, and designated bridge housing for difficult to engage clients with chronic substance use and co-occurring conditions with the goal of assisting the client in achieving wellness, stability, and permanent housing. Upon initial engagement by C-HRT, individuals are welcomed to the Harm Reduction Interim Shelter with day-to-day operations provided by Alpha Project, offering 24-hour staffing to support up to 44 beds. Family Health Centers of San Diego C-HRT provides case management services and connections to an array of supportive services tailored to diverse populations, including but not limited to, stabilization and housing relocation services, mental health care, and substance abuse treatment.

Services are intended to be a short-term solution to assist individuals in transitioning to the most appropriate longer-term or permanent housing resource available within the community. Alpha Project maintains community engagement and good neighbor practices for the area surrounding the service site with a focus on maintaining a clean and safe environment, along with strategies for building positive relationships with the surrounding community. C-HRT connects clients with appropriate services intended to support them beyond their stay in the shelter. The hours of operation for Family Health Centers of San Diego C-HRT services are Monday through Friday, 8 a.m. to 5 p.m., with street outreach hours adjusted to accommodate persons experiencing homelessness. The Alpha Project Harm Reduction Interim Shelter is operational 24 hours per day, 7 days per week.

#### **C-HRT Safe Haven**

BHS is currently working with the City of San Diego and SDHC to create a Safe Haven to provide transitional housing for clients receiving services through C-HRT. The Safe Haven will provide 22 beds for clients with substance use conditions who are experiencing homelessness in the City of San Diego and supports BHS's harm reduction efforts. Along with the Harm Reduction Interim Shelter, the Safe Haven will house C-HRT clients who are waiting to access available permanent supportive housing resources. The Safe Haven model provides low-barrier housing that is staffed 24/7, creating an environment that respects client dignity and allows clients to focus on achieving their recovery goals.

#### **Behavioral Health Support Services (BHSS)**

In January 2021, the BOS approved the competitive solicitation for onsite care coordination services at two (2) new SDHC properties, with a combined total of 330 housing units. After a joint RFP process with SDHC, the contracts were awarded to Telecare Corporation and People Assisting The Homeless (PATH) with contract start dates of 10/27/2021 and 1/1/2022, respectively. The two programs provide behavioral health support services, including outreach, engagement, screening, behavioral health assessment, case management, crisis intervention and linkage to ongoing care as appropriate. The

programs also assist residents to increase housing stability and retention, including leasing up any vacant units. As of May 2022, the programs have provided services to a combined total of 368 residents.

#### **Come Play Outside**

In the Summer of 2021, the BOS, HHSA, City of San Diego, San Diego Parks Foundation and Price Philanthropies partnered to launch the 'Get Kids Outside' initiative. HHSA is contributing funding to support a series of free or low-cost events in over 20 recreation and aquatic centers across South and Central San Diego. Community based programing focused on safely bringing kids and families together at a time when the COVID-19 pandemic limited social interactions and physical activities. As a foundational premise, programming emphasized physical activities and the connection to social emotional health and healthy socialization. The goal for 'Get Kids Outside' in 2021 was to provide a minimum of 80 events, which was achieved. There were over 16,500 participants in the events, though the total count was not of unique individuals as community members were encouraged to attend multiple events.

HHSA is continuing the partnership with the City of San Diego and the Parks and Recreation Foundation for the rebranded 'Come Play Outside' programing, formerly known as 'Get Kids Outside'. The 2022 initiative is built on the foundation that physical and social community interactions promote confidence, a sense of responsibility, while building self-image and instilling hope and positive connections. The 'Come Play Outside' initiative expects to offer a minimum of 96 sessions annually with a minimum of 28,800 duplicated participants.

The following is an outline of the general projections for the new 'Come Play Outside' initiative:

- Programing offered at four recreational centers
- 8 Week Curriculum; with 4-hour sessions
- Programing offered on Thursday, Friday, and Saturday evenings
- 24 sessions per location, for a total of 96 sessions
- Estimated attendance of 300 participants per night
- The City of San Diego is leveraging other collaborations to support the events

Additional information on the 'Come Play Outside' initiative can be found at the following links:

- Come Play Outside Home Page -https://comeplaysd.com/
- YouTube summary of the program <a href="https://www.youtube.com/watch?v=5Sch4kLnEg8&t=4s">https://www.youtube.com/watch?v=5Sch4kLnEg8&t=4s</a>

#### **BHS SPECIAL EVENTS AND ANNOUNCEMENTS**

#### 13th Annual Early Childhood Mental Health Conference-We Can't Wait!

CYF in partnership with early childhood stakeholders, will host the 13th Annual Early Childhood Mental Health Conference: We Can't Wait! - How are the Children? The Path from Healing to Well-Being. The virtual conference will be held from September 15-16, 2022. Conference presenters will focus on early childhood development, epigenetics, resilience and protective factors in children and families, and will address the unique and complex needs of families living verv challenging circumstances. Distinguished speakers will provide updates on evidence-based practices, traumainformed care, child welfare services, and advances in early education programs that address improving social-emotional development

Registration is open: https://www.earlychildhoodmentalhealth-sandiego.com/

#### Industry Day Screening to Care Initiative Request for Information (RFI) 11881

CYF invites you to attend the Industry Day virtual session for the Screening to Care Initiative RFI on Thursday, July 28, 2022, from 1:00 to 2:30 p.m. The goal of this public meeting is to convene community

#### Behavioral Health Services Director's Report – August 2022

members, stakeholders and potential service providers to share information, discuss best practices, and obtain input on this initiative. This RFI will be administered by the County's HHSA.

#### Meeting link:

https://teams.microsoft.com/l/meetup-

join/19%3ameeting\_ZjM1NWQyNjMtMTAyMy00OThjLTk2NWEtOTdmZDNmZTk1OGFj%40thread.v2/0?context=%7b%22Tid%22%3a%224563af13-c029-41b3-b74c-

965e8eec8f96%22%2c%22Oid%22%3a%229237eb28-8376-4dfb-bcec-b2fc2524f0e9%22%7d

Call in (audio only): (1 619-343-2539, 640756625# ID: 640756625#.

Respectfully submitted,

LUKE BERGMANN, Ph.D., Director

Behavioral Health Services

Nick Macchione, Agency Director
 Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
 Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer

Nadia Privara Brahms, Assistant Director and Chief Strategy and Finance Officer



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.







# **Frequently Asked Questions**

#### What is the Lifeline and will 988 replace it?

The Lifeline is a national network of over 200 local, independent, and state-funded crisis centers equipped to help people in emotional distress or experiencing a suicidal crisis. Moving to 988 will not replace the Lifeline, rather it will be an easier way to access a strengthened and expanded network of crisis call centers. Beginning July 16, 2022, people can access the Lifeline via 988 or by the 10-digit number (which will not go away).

#### When will 988 go live nationally?

**The 988 dialing code** will be available nationwide for call (multiple languages), text or chat (English only) on July 16, 2022. Until then, those experiencing a mental health or suicide-related crisis, or those helping a loved one through crisis, should continue to reach the Lifeline at its current number, **1-800-273-8255**.

#### How is 988 different from 911?

**988** was established to improve access to crisis services in a way that meets our country's growing suicide and mental health related crisis care needs. 988 will provide easier access to the Lifeline network and related crisis resources, which are distinct from 911 (where the focus is on dispatching Emergency Medical Services, fire and police as needed).

#### How is 988 being funded?

Congress has provided the Department of Health and Human Services workforce funding through the American Rescue Plan, some of which will support the 988 workforce. At the state level, in addition to existing public/private sector funding streams, the National Suicide Hotline Designation Act of 2020 allows states to enact new state telecommunication fees to help support 988 operations.

#### Is 988 available for substance use crisis?

The Lifeline accepts calls from anyone who needs support for a suicidal, mental health and/or substance use crisis.

# Urgent realities.



Too many Americans are experiencing suicide and mental health crises without the support and care they need. In 2020 alone, the US had one death by suicide about every 11 minutes — and for people aged 10-34 years, suicide is a leading cause of death.

# Easier access.



Moving to an easy-to-remember, 3-digit dialing code will provide greater access to life-saving services.

# There is hope.



Providing 24/7, free and confidential support to people in suicidal crisis or emotional distress works! The Lifeline helps thousands of people overcome crisis situations every day.

Email 988 questions to:

988Team@ samhsa.hhs.gov



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.







# Preguntas más frecuentes

#### ¿Qué es la Línea de vida? ¿El 988 reemplaza a la Línea de vida?

La Línea de vida es una red nacional de más de 200 centros de crisis locales, independientes y financiados por el estado que se encuentran equipados para ayudar a las personas con dificultades emocionales o que padecen una crisis suicida. El paso al 988 no sustituye a la Línea de vida, sino que es una manera más fácil de acceder a una red fortalecida y ampliada de centros de llamadas en caso de crisis. A partir del 16 de julio de 2022, las personas pueden acceder a la Línea de vida a través del 988 o de un número de 10 dígitos (que seguirá vigente).

#### ¿Cuándo se lanzará el 988 a nivel nacional?

**El código de marcación 988** estará disponible en todo el país para llamadas (en varios idiomas), texto o chat (solo en inglés) el 16 de julio de 2022. Hasta entonces, quienes sufran una crisis de salud mental o relacionada con suicidio, o quienes ayuden a un ser querido en una situación de crisis, deben seguir utilizando la Línea de vida con el número actual: **1-800-273-8255**.

#### ¿En qué se diferencia el 988 del 911?

El 988 se creó para mejorar el acceso a los servicios de crisis de una manera que satisfaga las crecientes necesidades de atención de crisis relacionadas con el suicidio y la salud mental de nuestro país. El 988 proporcionará un acceso más fácil a la red de la Línea de vida y a los recursos de crisis relacionados, que son distintos de los que ofrece el 911 (donde el foco está en despachar los servicios médicos de emergencia, los bomberos y la policía, según sea necesario).

#### ¿Cómo se financia el 988?

El Congreso proporcionó fondos al Departamento de Salud y Servicios Humanos a través del Plan de rescate estadounidense (American Rescue Plan), algunos de los cuales serán destinados a financiar la plantilla del 988. A nivel estatal, además de los fondos provenientes del sector público/ privado, la Ley nacional de designación de la línea directa para la prevención del suicidio (National Suicide Hotline Designation Act) de 2020 permite a los estados fijar nuevas tarifas estatales de telecomunicaciones para ayudar a financiar las operaciones del 988.

¿El 988 está disponible para crisis relacionadas con el consumo de sustancias?

La Línea de vida acepta llamadas de cualquier persona que necesite ayuda para una crisis suicida, de salud mental y/o por el consumo de sustancias.

# Realidades urgentes.



Ya son demasiados los estadounidenses que padecen crisis suicidas o de salud mental y que no cuentan con la ayuda y la atención que necesitan. Solo en 2020, se registró una muerte por suicidio cada 11 minutos en EE. UU. y además, entre las personas de 10 a 34 años, el suicidio es una de las principales causas de muerte.

# Más fácil de acceder.



El paso a un código de marcación de 3 dígitos fácil de recordar permitirá un mayor acceso a los servicios que salvan vidas.

# Hay esperanza.



La ayuda libre y confidencial las 24 horas del día, los 7 días de la semana a las personas en crisis suicida o con angustia emocional es muy útil. La Línea de vida ayuda a miles de personas a superar situaciones de crisis cada día.

Envíe preguntas sobre el 988 por correo electrónico a:

988Team@ samhsa.hhs.gov

# National Suicide Prevention Lifeline - "988 Hotline"

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



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?



# County of San Diego – Health and Human Services Agency 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 Organization (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 <u>Section 6.4</u> 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%.

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## 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	<ul> <li>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%.</li> <li>Timely follow-up appointments after residential discharge occurs 33.3% and remained consistent with the last review cycle's improved rating.</li> </ul>	<ul> <li>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.</li> <li>Youth follow-up contacts fell from 28.6% to 10.3%.</li> <li>No-show rates for initial outpatient and residential appointments are elevated with the monthly average tracked at 39.4% and 32.5% respectively.</li> </ul>
Quality of Care	<ul> <li>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.</li> <li>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.</li> <li>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.</li> <li>Talented internal and contracted analytic staff that generate data reports used widespread.</li> </ul>	<ul> <li>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.</li> <li>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.</li> <li>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.</li> </ul>

## Recommendations

	Domains	Recommendations
1	Access to Care	San Diego should take steps to identify and remedy protocol issues and introduce
	Timeliness of Services	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	The DMC-ODS needs to address performance issues pertaining to its elevated no-show
	Timeliness of Services	rates for both outpatient and residential initial appointments, as well as timely follow-up
	Quality of Care	following residential discharge.
3	Access to Care	Youth service levels need continued focus and prioritization to assure expansion and San
	Quality of Care	Diego should take active steps to identify additional school locations and increase access
	3	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	San Diego should build internal IT expertise and management capacity, including
	Quality of Care	identifying key leadership positions to ensure clinical IT system improvements remain a
	3	priority and timely progress toward goals pertaining to California Advancing and
		Innovating Medi-Cal (CalAIM) initiative are made.

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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















# 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!



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





## 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)

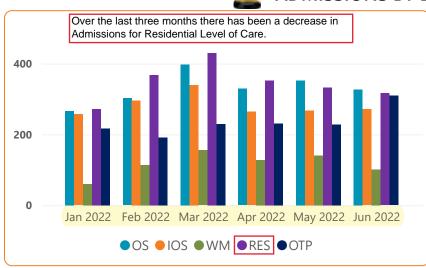
#### June '22 Admissions

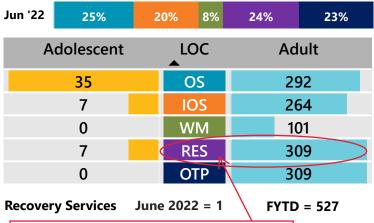
49 1,276 Adolescent Adult

Annual Trends				
¥	ar	Admissions	Average Per Month	
FY 20	21-22	16,396	1,373	
FY 20	20-21	15.677	1.314	



#### ADMISSIONS BY LEVEL OF CARE





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



#### CLIENT TRANSITIONS BY LOC - MONTHLY DISCHARGES WITH REFERRAL

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

		Not Connecte 10 D		Not Connected Within 0 to 30 Days	
U	REC	46	98%	46	98%
) LO	OS	66	94%	66	94%
Discharging LOC	IOS	12	18%	12	18%
char	WM	0	0%	0	0%
Disc	RES	91	48%	73	38%
	ОТР	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

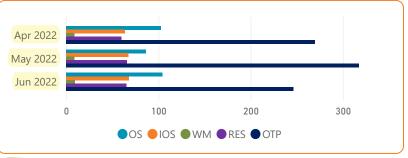
WM = Withdrawal

RES = Residential Services

OTP = Opioid Treatment Program

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

#### CLIENTS AVERAGE LENGTH OF STAY BY LOC (DAYS)





Please note: June 2022 discharges at a closed OTP program were excluded as clients may be transferred to other OTP programs due to program's closure and methodology being established for calculations.

#### AVERAGE ACCESS TIME (DAYS) BY LOC There has been an increase in Average Access Time for IOS over the last three months, for Number of Days OTP over the last four months, Percent of and for OS over the last five IOS has months. decreased over the last five months. 0 Feb 2022 Mar 2022 Apr 2022 May 2022 OS ●IOS ●OTP ●Urgent

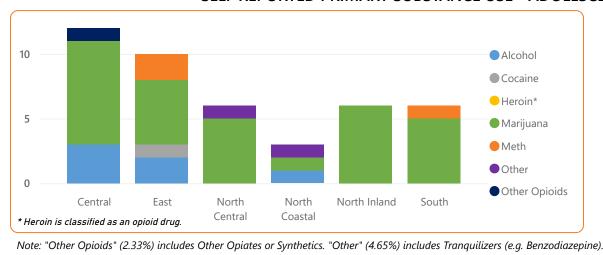
# PERCENT OF CLIENT CONTACTS THAT MET ACCESS TIME STANDARDS BY LOC

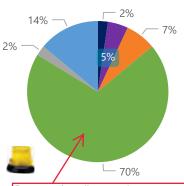
٦١	LOC	Current Month	FY <b>T</b> D
	OS	97%	99%
	< IOS	94%	99%
	ОТР	98%	99%
И	Urgent	71%	63%

OS Access Compliance Time is 10 Business Days. IOS Access Compliance Time is 10 Business Days. Residential Authorization Compliance Time is 24 hours. OTP Access Compliance Time is 3 Calendar Days. URGENT Access Compliance Time is 48 hours (2 Calendar days).

Urgent contacts prior to 4/1/2022 from one agency were excluded due to data entry errors.

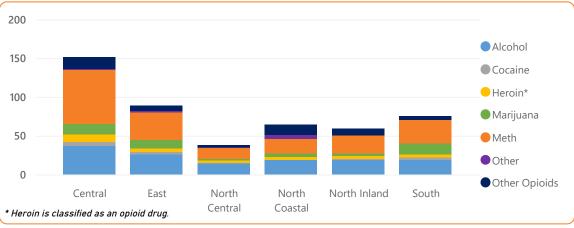
#### SELF REPORTED PRIMARY SUBSTANCE USE - ADOLESCENTS



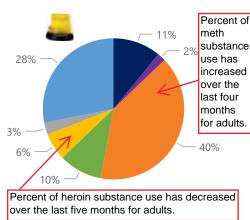


Percent of marijuana substance use has decreased over the last three months for adolescents.

#### SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADULTS (EXCLUDING OTP PROGRAMS)



includes Other Opiates or Synthetics (18.5%), OxyCodone/OxyContin (2.7%), and Non-Prescription Methadone (0.3%).



When OTP programs are accounted for, the top three self reported primary substance use for all regions are Meth (26%), Heroin (24%), and Other Opioids (21%). "Other Opioids"

Note: Region is determined by the zip code of client residence at admission. "Other Opioids" (10.92%) includes Other Opiates or Synthetics (9.87%), OxyCodone/OxyContin (0.84%), and Non-Prescription Methadone (0.21%). "Other" (1.89%) includes Other Sedatives or Hypnotics, Inhalants, Other Amphetamines, PCP, and Tranquilizers (e.g. Benzodiazepine).





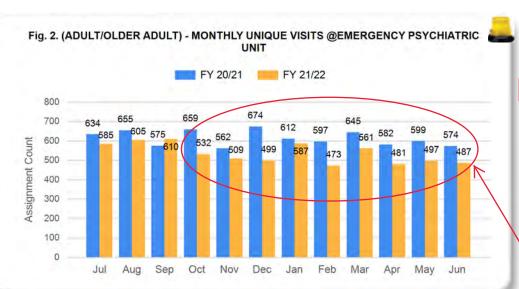


Fig. 1. TOTAL CALLS TO THE ACCESS AND CRISIS LINE



	<u>Current Trends:</u>				
		nths pared	Calls	Count	% Increase/ Decrease
	Jun 2022	Jun 2021	7,008	6,524	7%
ľ	Jun 2022	May 2022	7,008	7,444	-6%

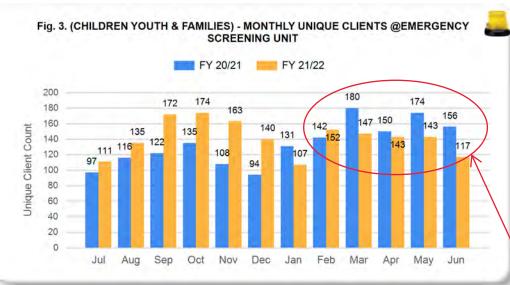
Annual Trends:			
FY	Mean	Total Calls	
FY 21/22	6,922	83,069	
FY 20/21	6,317	75,808	
FY 19/20	6,229	74,753	
soc	Jun 2022	FYTD	
MH	6,572	77,655	
SUD	436	5,414	



Current Trends:				
	nths pared	Assignment Count		% Increase/ Decrease
Jun 2022	Jun 2021	487	574	-15%
Jun 2022	May 2022	487	497	-2%

Annual Trends:			
FY	Mean	Total Assignments	
FY 21/22	536	6,426	
FY 20/21	614	7,368	
FY 19/20	616	7,396	

Over the last nine months there has been a decrease in monthly unique visits at emergency psychiatric unit this year vs previous year for AOA.



<u>Unique Current Trends:</u>						
Months Compared		Unique Co	% Increase/ Decrease			
Jun 2022	Jun 2021	117	156	-25%		
Jun 2022	May 2022	117	143	-18%		

ı	Unique Annua	<u>ll Trends:</u>	
l	FY	Mean	Total Unique Clients
ı	FY 21/22	109	1,305
ı	FY 20/21	99	1,191
\	FY 19/20	104	1,248

Over the last four months the number of monthly unique clients has decreased this year vs previous year for CYF. Also, within this year there has been a month to month decrease over the last four months.

KEY: Red = Concern?

Yellow = Review?

Green = Positive?

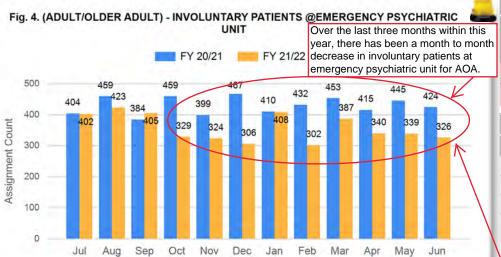
Please note: Data may be impacted starting March 2020 due to COVID-19.

FOR OFFICIAL USE ONLY MH DASHBOARD INDICATORS JUNE 2022









# Current Trends: Months Compared Assignment Count % Increase/ Decrease Jun 2022 Jun 2021 326 424 -23% Jun 2022 May 2022 326 339 -4%

Annual Trends:							
FY	Mean	Total Clients					
FY 21/22	358	4,291					
FY 20/21	429	5,151					
FY 19/20	408	4,890					

**Please Note:** This data excludes assignments when a client's CSI Legal Status at admission is listed as either Voluntary (1A) or Unknown (9A).

Over the last nine months there has been a decrease in involuntary patients at emergency psychiatric unit this year vs previous year for AOA.

2500 —						2,029	2,057	a dec	rease	in admi	n days	there has for month pitals for A
2000 —			1,757	1,886	1,868	-	1			1,699		1,625
1500 —	1,550 1,543	1,545	1.044	1,879	1,652		1,889	1,614	1,000		1,596	1,025
1000		000	1.00		A CONTRACT					1.153		1,162
	620	660	622	611	629	594	577	575	633	618	628	592
500	579	576	541	537	535	5 557	502	2 503	58	541	534	514

Unique Current Trends.								
Months Compared		Unique Co	% Increase/ Decrease					
Jun 2022	Jun 2021	514	592	-13%				
Jun 2022	May 2022	514	534	-4%				

omquo / minuar monuo.							
FY	Mean	Total Unique Clients					
FY 21/22	289	3,464					
FY 20/21	325	3,904					
FY 19/20	354	4,242					

Over the last 12 months there has been a decrease in monthly unique clients at FFS hospitals this year vs previous year for AOA. Also, within this year there has been a month to month decrease over the last three months.

120													
110 -					104	101							-
100 —		90	-	95	1	7					88		
90	80		75 <sup>78</sup>	78/	86	1		79	70	79 79	78	70	
90 80 70 60 50 40	0.5		75 70		69	65 68		67	76 75		70	76 70	-
70 —	65	64		74		65	59	01					
60 -		54	1				54						
50													
40 -	45		47			27	31						1
30 —	_			16		-	-	23	22		19		
20 —		10		16			23			10			
10		-			0/		-	21			13	8	
0 -			8		V					1		10	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	

## Unique Current Trends:

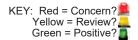
Unique Annual Trends

	nths pared	Unique Co	% Increase/ Decrease	
Jun 2022	Jun 2021	70	76	-8%
Jun 2022	May 2022	70	78	-10%

<u>Unique Annual Trends:</u>

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.



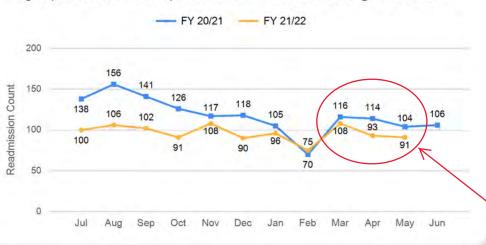
Please note: Data may be impacted starting March 2020 due to COVID-19.







Fig. 7. (ADULT/OLDER ADULT) - READMISSIONS WITHIN 30 DAYS @FFS HOSPITALS



 Current Trends:

 Months Compared
 Readmission Count
 % Increase/Decrease

 May 2022
 May 2021
 91
 104
 -13%

 May 2022
 Apr 2022
 91
 93
 -2%

Annual Trends:						
FY	Mean	Total Readmissions				
FY 21/22	96	1,060				
FY 20/21	118	1,411				
FY 19/20	143	1,717				

Over the last three months there has been a decrease in readmissions within 30 days at FFS hospitals this year vs previous year for AOA.

Fig. 8. (CHILDREN YOUTH & FAMILIES) - READMISSIONS WITHIN 30 DAYS @FFS HOSPITALS



Current Trends:							
Months Compared		Readn Co	% Increase/ Decrease				
May 2022	May 2021	1	0	↑%			
May 2022	Apr 2022	1	3	-67%			

Annual Trends:					
FY	Mean	Total Readmissions			
FY 21/22	1	11			
FY 20/21	1	11			
FY 19/20	2	26			

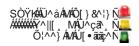






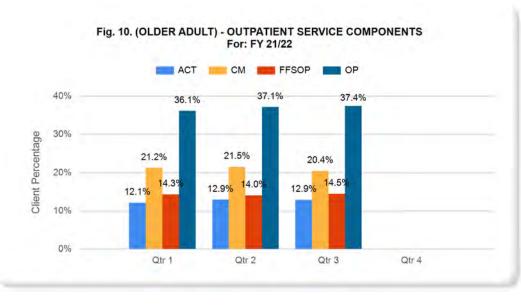
Fig. 9. (ADULT/OLDER ADULT) - OUTPATIENT, CASE MANAGEMENT, ACT



OP Cu	<u>urrent T</u>	rends:			CM Current Trends:			ACT Current Trends:						
	nths pared	Assignn Cour		% Increase/ Decrease		nths pared		nment unt	% Increase/ Decrease		nths pared		nment unt	% Increase/ Decrease
Jun 2022	Jun 2021	722	620	16%	Jun 2022	Jun 2021	503	248	103%	Jun 2022	Jun 202	1 49	121	-60%
Jun 2022	May 2022	722	765	-6%	Jun 2022	May 2022	503	506	-1%	Jun 2022	May 202	2 49	92	-47%
OP An	OP Annual Trends:		CM Annual Trends:		ACT Annual Trends:									
FY		Mean		Γotal gnments	FY		Mean		Total ignments	FY		Mean		Total ignments
FY 21/	22	594	7	7,132	FY 21/2	22	330		3,964	FY 21/	22	99		1,184
FY 20/	21	601	7	7,212	FY 20/	21	262		3,144	FY 20/	21	78		939
FY 19/	20	662	7	7,949	FY 19/2	20	225		2,705	FY 19/	20	58		692

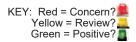
<sup>\*</sup>Please note:

In FY 21-22, some clients shifted subunits for ACT, which caused an increase in assignment counts; however, these were the same clients.



LOC	Qtr 3			
ACT	489	12.9%		
СМ	774	20.4%		
FFSOP	549	14.5%		
OP	1,420	37.4%		

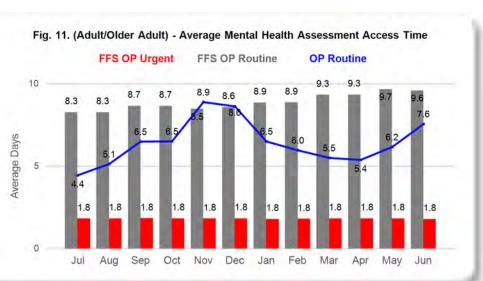
% of Older Adults using OP:						
Qtr	OP	Total	%			
Qtr 1	3,130	3,945	79.3%			
Qtr 2	3,093	3,788	81.7%			
Qtr 3	3,083	3,797	81.2%			







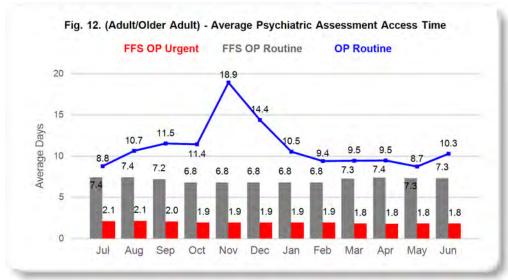




	Jun	2022	FYTD		
Response Type	Avg	%Made Standard	Avg	%Made Standard	
FFS OP Routine	9.6	85%	8.9	86%	
FFS OP Urgent	1.8	92%	1.8	92%	
OP Routine	7.6	74%	6.4	80%	

**Note:** The access time standard for routine mental health assessments is 10 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.

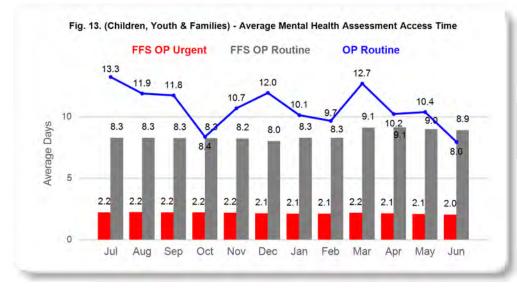
**Note:** OP Urgent data have been excluded as BHS works to address data entry errors.



	Jun	2022	FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	7.3	88%	7.1	90%
FFS OP Urgent	1.8	96%	1.9	96%
OP Routine	10.3	58%	11.1	59%

**Note:** The access time standard for routine psychiatric assessments is 15 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.

**Note:** OP Urgent data have been excluded as BHS works to address data entry errors.

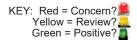


	Jun	2022	FYTD		
Response Type	Avg	%Made Standard	Avg	%Made Standard	
FFS OP Routine	8.9	90%	8.5	89%	
FFS OP Urgent	2.0	90%	2.2	88%	
OP Routine	8.0	83%	10.8	80%	

**Note:** The access time standard for routine mental health assessments is 10 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.

**Note:** OP Urgent data have been excluded as BHS works to address data entry errors.

Prepared By: Optum PS SD Data Source: CCBH, CMS, TRES Date: July 20, 2022 SD County Report: CO-24



# Children, Youth and Families Behavioral Health System of Care Council Goals and Accomplishments





Council Vision: Wellness for children, youth and families throughout their lifespan.

**Council Mission:** Advance systems & services to ensure that children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.

#### Fiscal Year 2022-23 Goals

- Promote the Board of Supervisors Framework for Our Future, and Live Well Vision while recognizing the Pandemic and Racial Justice context
- Emphasize Behavioral Health Continuum of Care for children and youth with focus on families, early intervention, and access to care
- Consider population health and social determinants/drivers of health in the system of care and Council activities
- Evaluate the System of Care and advocate for needed adjustments with recognition of the economic effects of the pandemic
- Support the County Substance Use Harm Reduction Strategy
- Participate in addressing Access to Care and Workforce Challenges
- Promote the California Advancing and Innovating Medi-Cal (CalAIM) implementation and other state driven initiatives such as the Children and Youth Behavioral Health Initiative and explore grant opportunities such as the Children's Crisis Continuum Pilot Program
- Provide input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums
- Educate about other systems' priorities and look for opportunities to align efforts to best impact positive system changes
- Focus on system integration and moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates
- Continue the partnership with Child Welfare Services (CWS) and Juvenile Probation supporting various activities inclusive but not limited to:
  - Families First Prevention Services Act (FFPSA)
  - o Qualified Residential Treatment Programs (QRTP)
  - Institution for Mental Diseases (IMD) Determination
  - Senate Bill (SB) 823 Division of Juvenile Justice (DJJ)
- Advance the Drug Medi-Cal Organized Delivery System (DMC-ODS) through the infusion of Early Intervention provision (ASAM 0.5)
- Continue with the collaboration with the education sector to support students, including but not limited to areas of suicide prevention and universal screening.
  - o Implement the Screening to Care Initiative
  - o Partnership with Managed Care Plans (MCP) for Student Behavioral Health Initiative Program (SBHIP)
- Contribute to local mapping of SB 803 for Medi-Cal Peer Support Certification Program implementation at the State and local level
- Emphasize the importance of Early Childhood Mental Health, specifically prevention, early intervention, Adverse Childhood Experiences (ACEs), and resiliency
- Contribute to the delivery of the 13th Annual Early Childhood Conference We Can't Wait! (virtual): How are the Children? The Path from Healing to Well-Being (September 15-16, 2022)
- Support the Third Annual Birth of Brilliance conference that focuses on racial equity (February 2023).
- Collaborate on the delivery of the 8th Critical Issues in Child and Adolescent Mental Health Managing Change in a Changing World conference (April 2023).
- Identify focus area for the Annual CYF System of Care Conference (May 2023).
- Deliver the 9th Annual Youth Mental Health Well Being Celebration in May 2023.

#### **Highlights of Fiscal Year 2021-22 Accomplishments**

#### Promoted Live Well San Diego Vision within the Pandemic, and Racial Justice context, while considering population health and social determinants of health

- Supported the Live Well Advance & Schools Summit held on November 17-18, 2021 Recover, Renew, and Reconnect
- NAMI San Diego CYF Family & Youth Liaison, coordinated the 8th Annual Youth Mental Health Well-Being Celebration on Friday, May 6, 2022. The event was held virtually. The celebration theme/focus was: "Bloom where you are"
- Trainings and activities were held throughout the system to address relevant issues related to pandemic and racial and social justice inclusive of:
  - o 2nd Birth of Brilliance conference held February 24, 2022, and Cultural Fair held on February 25, 2022
  - California Mental Health Advocates for Children and Youth (CMHACY) Annual conference: 2022 Not Business as Usual From Conversation to Action, held April 27-29, 2022
- Revamped the outpatient specialty mental health SchooLink services to align with current market costs with attention to increasing capacity and improving services through modifications that promote population health
- Redesigned the children and youth Service Directory that obtained community praise for utility and usability Children, Youth and Families (sandiegocounty.gov)
- Emphasized the value of the Child and Adolescent Needs and Strengths (CANS) Assessment tool to screen for needs and strengths to outline meaningful ways that CYF providers can help with improving social determinants of health of children, youth and families
- Continued the successful partnership with City of San Diego Parks and Recreation Department for Get Kids Outside initiative, focused on impacted communities
  to promote physical activity and wellness. A minimum of 80 events were delivered with over 16, 500 participants

# Evaluated the System of Care and advocated/responded to shifting needs with recognition of the economic effects of the pandemic and impacts on children, youth, and perinatal recipients

- Additional funding sources allowed enhancements to support the housing needs of perinatal clients and families receiving substance use disorder treatment, including the purchase of "Move-In Kits" to support perinatal outpatient and residential clients and their families in transitioning into safe housing that is supportive of SUD treatment and recovery. The "Move-In Kits" included household furnishings and personal items customized to the needs of each family. The programs reported that the "Move-In Kits" have been invaluable to families who lack basic household items such as a bed, kitchen utensils, and bath towels
- Initiated technological advancements to create a cloud-based application to improve the referral process between service providers and schools, which will also enable for County data to allow for future system improvements
- Established a partnership with the Probation Department and developed local programing to serve youth previously supported through the Division of Juvenile Justice (DJJ)
- Partnered with the Probation Department in the opening of the Youth Transition Center (YTC); ensuring that youth continue to receive behavioral health services.
   Contributed to the Behavioral Health Continuum of Care efforts inclusive of the Children's Hub vision
- Rady Children's Hospital Hub: Continued working with Rady Children's Hospital to design the program and clinical service; and outline the planning phases to build the new facility. The estimated completion date of Fiscal Year is 2025-26
- Mobile Crisis Resource Teams (MCRT) were established with countywide services being rolled out in phases. Initiated strategy development to determine the best approach to provide MCRT services to schools, colleges, and universities

#### Through the CYF Council, provided input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums

- CYF Council membership and meeting attendees were timely informed of the MHSA Community Engagement events and BHS Forums and encouraged to participate
- Reviewed the BHS Community Engagement 2020 report (September 13, 2021)

#### Supported the Youth Engagement in Service (YES) Initiative (August 4, 2020, Board Letter-Item 21)

- Members of the Live Well San Diego Youth Sector participated in the CYF Council Fiscal Year 2021-22 Orientation held in July 2021 (2 youth and 2 youth advisors attended)
- Provided guidance for the development of the Live Well San Diego Youth Sector Post Pandemic Social Anxiety slides for Instagram and Tik ToK and shared them
  with the Council on September 13, 2021
- Supported the Live Well San Diego Youth Sector with the coordination of the virtual Town Hall Amplifying Voices: What You(th) want Mental Health Professionals to Know held on December 1, 2021. The event had over 50 attendees, including Board of Supervisors Chair Nathan Fletcher and Behavioral Health Services Director, Dr. Luke Bergmann. The youth presented the youth input to system of care Program Managers so the information can be infused in service delivery at the program level
- Youth members from the Live Well San Diego Youth Sector made a presentation at the annual Youth Well Being Celebration held virtually on May 6. 2022

#### Educated about other systems' priorities and looked for opportunities to align efforts to best impact positive system changes

- Provided a presentation to the Behavioral Health Advisory Board Alcohol and Other Drugs (AOD) Workgroup on December 18, 2021, to highlight services for youth in a school setting
- Contributed to the efforts to reimagine the use for the San Pasqual Campus, developing the programming and fiscal mapping for behavioral health supports
- Participating and informing (CalAIM) activities inclusive of updates to standardized medical record forms and information manuals, pulling forward new components and making critical adjustments to maintain compliance and promote care
- Through the CYF Council, the four sectors were informed about other systems' priorities by providing updates through Board Letters and other pertinent information and conversations. Examples of how efforts were aligned toward positive change are:
  - o Provided timely SUD and mental health Information and resources throughout the year
  - The Fiscal Year 2021-22 Strategic Planning meeting held on August 9, 2021, included a panel with Sector and Sub-Committees. The panel discussed Pandemic impacts, how Racial Equity is infused in their work, and Harm Reduction interface to create a positive impact on students and families.
  - o Coordinated the Combined Councils meeting of October 11, 2021 focused on Harm Reduction
  - o The November 8, 2021 Hot Topic was Mobile Crisis Response Teams (MCRT)
  - o Shared information about CalAIM local activities and hosted a presentation on March 14, 2022
  - Hosted a Directing Change Program and Film Contest presentation on May 9, 2022. This program focuses on suicide prevention, and reduction of stigma and discrimination related to mental illness

#### Focused on system integration and moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates through:

- The development and launch of the Overview of AB 2083 eLearning Number BHE0136: Multi-System Collaboration. This e-Learning is available at: https://theacademy.sdsu.edu/programs/rihs/elearning/
- In collaboration with the Probation Department, launched a new intensive treatment program for in-custody youth: Healing Opportunities for Personal Empowerment (HOPE) Unit, offering comprehensive treatment to detained youth
- Continued with the collaboration in support of the Family Urgent Response System (FURS) network:
   https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental health services children/Family Urgent Response System.html
- Developed proposal for Division of Juvenile Justice (DJJ) programming and contributed to the SB823 Implementation Plan submitted to the Office of Youth and
  Community Restoration to secure realignment funding to support youth and young adults who will be cared for locally with the closure of DJJ

#### Made necessary system adjustments to align with CCR, including STRTP contracts and Therapeutic Foster Care (TFC) services with mental health contractors:

- Managed Short Term Residential Treatment Program (STRTP) state changes inclusive of Institutions for Mental Disease (IMD), mapping anticipated impacts, participating in formation of solutions and mapping future options
- Timely implementation and infrastructure development of Family First Prevention Services Act (FFPSA) mandate for high fidelity wraparound and aftercare services for youth discharging from congregate care
- Launched the Qualified Individual (QI) Assessment mandate for youth being considered for Short Term Residential Therapeutic Programs (STRTPs) / Qualified Residential Treatment Programs (QRTPs)

#### Advanced the Drug Medi-Cal Organized Delivery System (DMC-ODS) – Year-Four

- Designed Early Intervention Services (ASAM 0.5) and created local platform to initiate
- Enhanced the outpatient substance use treatment for teens to emphasize outreach and engagement, as well as built in new peer support services
- Partnered with adult system of care to initiate on July 1, 2021, Medication Assisted Treatment (MAT) for youth via an OTP provider
- Identified need and implemented use of unexpected onetime state SABG funding to support women and their children as well as teen in substance use treatment programming
- Secured ambulatory withdrawal management through the perinatal outpatient procurement process.
- Supported Harm Reduction Strategy through dissemination of information and hosting the October 11, 2021, Combined Councils meeting focused on Harm Reduction

#### Outcomes

- Achieved a 98% compliance rate for the Short-Doyle Medi-Cal Inpatient Audit conducted by DHCS
- Successful and timely launch of a state mandated Qualified Individual Assessment process with no additional costs or staffing, while meeting the critical needs of Child Welfare Services and Probation for quality and timely assessment
- Established system standards for the Pediatric Symptoms Checklist based on comprehensive analysis, rolling out training and reporting system creation.
- Improved the Children Youth and Families Annual Report with additional data points and analysis
  <a href="https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/CYF%20Annual%20System%20of%20Care%20Report%20FY%2020-21.pdf">https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/CYF%20Annual%20System%20of%20Care%20Report%20FY%2020-21.pdf</a>
- Developed system wide measures, uniform definitions, and reporting for school grades and attendance

#### Emphasized the importance of Early Childhood Mental Health as well as prevention and early intervention

- CYF in partnership with HHSA departments, the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), American Academy of Pediatrics-California Chapter 3, University of California San Diego (UCSD), and local behavioral health stakeholders, hosted the 13th Annual Early Childhood Mental Health virtual Conference We Can't Wait: Emerging from COVID, Conflict and Chaos: Creating a Resilient Future for Our Children and Communities on September 23-25, 2021
- System partners participated in the ACEs Network of Care Learning Collaborative where a system vision was created with a mapping of strategies and action steps
  to help lead towards an ideal Network of Care. Planning is underway for phase 2 of the Learning Collaborative

# Collaborated with the education sector and other partners on addressing growing rates of depression and sadness reported by youth, which appeared to be exacerbated by the isolation impacts of COVID-19 and remote learning settings.

- Under BOS Chair Nathan Fletcher's School Health Initiative, BHS and the School system planned the Screening to Care Initiative to move towards universal screening of all students once taken to scale, with companion tier two early intervention programming to attend to social emotional needs of students
- Supported the Managed Care Plans with the recruitment of Local Educational Agencies (LEAs) to participate in the School Behavioral Health Incentive Program (SBHIP)
- Obtained Mental Health Services Oversight and Accountability Commission (MHSOAC) grant award followed by additional grant funding for Creating Opportunities
  in Preventing and Eliminating Suicide (COPES) in partnership with school districts to support students

#### Delivered system relevant trainings and training opportunities

- CYF in partnership with the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), the San Diego Psychiatry Society, and the San Diego Psychological Association, planned for the delivery of the 7th Annual-CICAMH Conference: "Managing Change in a Changing World" on March 11, 2022
- The CYF System of Care (CYF-SOC) Training Academy through the contract with Responsive Integrated Health Solutions (RIHS), provided trainings to enhance the work of public systems in providing services to children, youth, and families in San Diego county. In Fiscal Year 2020-21, CYF-SOC Training Academy provided trainings on:
  - o Foundations of ACEs Science and Trauma-Resilience (12-8-21)
  - o Asian, Pacific Islander, Desi American (APIDA) Cultures (3-7-21)
  - Supporting Families Moving through Pain, Grief, and Healing (3-27-22)
  - o Trauma and Attachment in Children Ages 0-5 (6-7-22)
  - o Who We Are: An Introduction to African American Communities (6-10-22)
  - o Delivered the Annual CYF System of Care Conference: Peer Partners in CYF on May 26, 2022. Twenty scholarships were awarded to Family and Youth Partners to attend this conference
- Nine scholarships were awarded to attend the annual California Mental Health Advocates for Children and Youth (CMHACY) virtual conference in April 2022.

#### **County of San Diego**

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

Submitted by Yael Koenig and Edith Mohler

#### **Executive Sub-Committee**

#### **Sub-Committee Purpose**

The Executive Committee is a "standing" sub-committee of the CYF Council. The CYF Deputy Director and administrative staff support the Council by leading the Executive Sub-Committee which is comprised of the sub-committee chairs and co-chairs of the CYF Council. This subcommittee is tasked to:

- Coordinate CYF Council activities
- Inform on current issues relevant to the CYF System of Care (SOC)
- Ensure follow through on CYF Council action items.

Fiscal Year 2022-23 Active Sub-Committee Members						
Public	Private	Family	Education			
Stephanie Escobar	Minola Clark Manson	Sten Walker	Jaime Tate-Symons			
Co-Chair - First 5	Former Co-Chair - FYL	CYF Liaison	Co-Chair - COED			
Yael Koenig	Rosa Ana Lozada	Judi Holder	Heather Nemour			
	CCRT		COED			
Edith Mohler	Julie McPherson		Violeta Mora			
	CADRE CYF		COED			
Darwin Espejo	Marissa Varond					
	CCRT					
Rhonda Crowder	Aisha Pope					
	Early Childhood					
Dina Ali	Ginger Bial					
	Early Childhood					
Eileen Quinn-O'Malley	Emily Trask					
Outcomes	Outcomes					

#### **Fiscal Year 2021-22 Accomplishments**

- Planed Council meetings, manage infrastructure to promote valuable information exchange, deliberation and actions, including support to the Council sub-committees
  - Shared relevant information including Board of Supervisors Letters and BHS Director's monthly reports
  - Maintained CYF Council website updated & introduced power point meeting companion
- Considered current landscape & systems priorities, identified opportunities for synergy to advance system of care
  - November 8, 2021 meeting Hot Topic was Mobile Crisis Response Teams (MCRT).
     The meeting was attended by 70 individuals
  - March 14, 2022 meeting Hot Topic was California Advancing and Innovating Medi-Cal (CalAIM).
     The meeting was attended by 89 individuals
  - April 11, 2022 Combined Councils meeting (coordinated by the Adult System of Care) Hot Topic was Peer Support Services and Certification.
    - The meeting was attended by 144 individuals
  - May 9, 2022 meeting Hot Topic was Directing Change program and film contest.
     The meeting was attended by 90 individuals
- Addressed shifting needs associated with the pandemic
  - September 13, 2021 meeting Hot Topic was Pandemic Impact Report and School Focus.
  - The meeting was attended by 98 individuals

- Addressed Equity and Racial Justice.
  - Shared information on relevant trainings and Board Letters
- Increased participation in the annual Children/Youth Mental Health Well Being Celebration
  - Members of the Live Well San Diego Youth Sector were active participants in the 8<sup>th</sup> Annual Youth Mental Health Well Being Gathering 2022: "Bloom where you are"
  - Youth leaders of the Union of Pan Asian Communities (UPAC) showcased the Neighborhood Enterprise
     Center program and other relevant programs for youth
- Promoted youth engagement and participation by:
  - Supporting the Live Well San Diego Youth Sector with the coordination of the virtual Town Hall Amplifying Voices: What You(th) want Mental Health Professionals to Know held on December 1, 2021.
     The event had over 50 attendees, including Board of Supervisors Chair Nathan Fletcher and Behavioral Health Services Director, Dr. Luke Bergmann
- Supported the County Substance Use Harm Reduction Strategy through:
  - Hosted the October 11, 2021 Combined Councils meeting. The focus of the meeting was Harm Reduction.
     The meeting was attended by 123 individuals
- Coordinated the delivery of the annual CYF Council Orientation on June 12, 2022.

The event was attended by a total of 71 participants

- Supported the advancement of the CYF System of Care through trainings, including the attending:
  - The We Can't Wait Early Childhood Conference (September 23-25,2021)
  - The Birth of Brilliance conference (February 24, 2022)
  - Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (March 11, 2022)
  - Annual CYF System of Care Training Academy Conference (May 26, 2022) focused on Peer Partners in CYF

#### **Areas of Focus for Fiscal Year 2022-23**

- Continue to plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extends to supporting the Council subcommittees
  - Host the October 10, 2022 Combined Councils meeting
  - Maintain CYF Council website updated
  - Ensure that the meeting format meets the Council needs (virtual or in-person)
    - Provided simultaneous interpreting from English to Spanish to meet the needs of a Spanish speaking parent at the July 11, 2022 meeting
- Consider current landscape & systems priorities to identify opportunities for synergy to advance system of care
- Attend to shifting needs associated with the pandemic
- Address Equity and Racial Justice
- Increase participation in the annual Children/Youth Mental Health Well Being Celebration
- Promote youth engagement and participation
  - Began showcasing art work from the Directing Change website at the July 11, 2022 meeting
- Support the CalAIM implementation
- Coordinate the delivery of the annual CYF Council Orientation
- Support the advancement of the CYF System of Care through trainings, including the attending:
  - The 13th We Can't Wait Early Childhood Conference (September 15-16, 2022)
  - The Birth of Brilliance conference (February 2023)
  - Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (March 2022)
  - Annual CYF System of Care Training Academy Conference (May 2023)

# Fiscal Year 2022-23

#### **MEETING DATE/LOCATION/TIME**

Meets the 4th Thursday of the month via Zoom from 11:30 AM to noon

## LEAD (Co-Lead)

Jamie Tate-Symons, San Diego County of Education Stephanie Escobar, First 5 San Diego

jtate@sdcoe.net

Stephanie.Escobar@sdcounty.ca.gov

CYF Lead: Yael Koenig

Rhonda.Crowder@sdcounty.ca.gov

#### **County of San Diego**

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

Submitted by Golby Rahimi and Marisa Varond

#### **Private Sector**

#### Purpose

There are two associations that elevate the private sector voice. Membership is open to all BHS-contracted providers and includes regularly scheduled meetings and work groups. Both associations also have executive teams, and they meet monthly with the BHS Administration team.

#### Alcohol and Drug Service Providers Association (ADSPA)

Mission: To serve as a voice for SUD providers and the people we serve to support county/contractor relations and take a leadership role in ensuring access to high-quality care.

#### Mental Health Contractors Association (MHCA)

Mission: to provide a collective voice for member agencies in matters relating to the effective delivery of quality mental health services on behalf of those we serve in San Diego County.

Vision: MHCA is an essential leader in the development, delivery, and advocacy for effective and sustainable mental health services in San Diego County.

In addition to the two associations, the CYF SOC Council has historically held a Private Sector Subcommittee meeting, however in recent years it has transitioned to an ad hoc subcommittee that is available to meet as needed. Any Council member may request to initiate the Private Sector Subcommittee which would likely be led by one of the CYF Council Public Sector Members.

Private Sector CYF Council Constituency	Council Member	Council Alternate
Alcohol and Drug Service Provider Association	Angela Rowe	John Laidlaw
(ADSPA)		
Alcohol and Drug Service Provider Association	Marisa Varond	Claudette Allen Butler
(ADSPA)		
Mental Health Contractors Association	Julie McPherson	Minola Clark Manson
Mental Health Contractors Association	Laura Beadles	Golby Rahimi Saylor
Fee- For-Service (FFS) Network	Dr. Sherry Casper	Marcelo A. Podesta
Managed Care Health Plan	George Scolari	Kathleen Lang
Healthcare/ Pediatrician	Dr. Pradeep Gidwani	Dr. Kelly Motadel (Public Sector)
San Diego Regional Center (SDRC) for	Zachary Guzik	Vacant
Developmentally Disabled		

Fiscal Year 2022-23 Association Executive Positions						
<i>I</i>	ADSPA	MHCA				
Chair	Marisa Varond	President	Golby Rahimi Saylor			
Vice Chair	Stephanie Sobka	Vice President	Laura Beadles			
Secretary	Minola Clark Manson	Secretary	Mona Minton			
Treasurer	Beverly Monroe	Treasurer	Minola Clark Manson			
Member At Large	Jerry Shirey	Children's At Large	Cheryl Rode			
		Representative				
Member At Large	Katie Wood	Adult At Large	James "Diego" Rogers			
		Representative				
Immediate Past Chair	Angela Rowe	TAY At Lage	Elisabeth Winchell			
		Representative				
Adult	Stacie Perez	Health Care Policy At	John Laidlaw			
		Large Representative				
CYF	Claudette Allen Butler					
Outpatient	Terri-Hagman Garcia					
Prevention	Ron Stark					
Policy	John Laidlaw					
Special Populations	Cheryl Houk					
QI	Brian Bauers					

#### Areas of Focus for Fiscal Year 2021-22

#### ADSPA Focused on:

- 1. Network adequacy, access times, and data entry
- 2. Implementation of Peer Support Specialists
- 3. Comprehensive Harm Reduction Strategy
- 4. COVID response and ensuring continued access to care
- 5. Supporting the behavioral health workforce through administrative relief recommendations

#### **MHCA Strategic Initiatives:**

- Strengthen and cultivate relationships with the Board of Supervisors (BOS), Health and Human Services Agency (HHSA) and Department of Health Care Services (DHCS)
- 2. Strengthen presence and influence with Behavioral Health Services
- 3. Mindfully grow membership

#### Areas of Focus for Fiscal Year 2022-23

#### **ADSPA**

In addition to building upon the FY 2021-22 efforts above:

- Support and advance CalAIM implementation, especially as it relates to documentation reform, peer services, and integration
- Improve data collection and understanding of access times and community needs
- Contracting and procurement advocacy
- Continued efforts to address the behavioral health workforce crisis

#### **MHCA**

- Continue strengthening and cultivation of relationships with the Board of Supervisors (BOS), Health and Human Services Agency (HHSA) and Department of Health Care Services (DHCS), providing input from providers for implementation of contracts, supporting consistency in contract oversight, and collaboration between systems of care with a focus on improved service delivery and experience for clients.
- 2. Support CalAIM implementation by providing frontline experience feedback and expertise to support reduction in documentation requirements and allow for increased time for direct client care.
- Support behavioral health workforce recruitment and retention by continuing to advocate for 1) reduction in administrative burden 2) increase in contract budgets to support competitive wages 3) review of staff to client ratio.
- 4. Support deployment of Peer Support Specialist Certification and identify ongoing impact on the workforce and client experience.
- 5. Collaborate with BHS on accuracy and reliability of data informing program and contract development.

#### Fiscal Year 2022-23 Meeting Information

#### Alcohol and Drug Service Providers Association (ADSPA)

**General Membership Meeting** are held on the fourth Thursday of the month

Time: 10 to 11:30 AM

**Executive**: Meets with BHS Leadership (by invitation) monthly

on the first Wednesday

Time: 1 to 2:30 PM

Currently meeting virtually via Zoom

Contact: Marisa. Varond@mcalisterinc.org

Mental Health Contractors Association (MHCA)

**General meetings** are held the fourth Thursday of the month every other month (July-May).

Time: 12:30 to 2:30 PM

**Executive:** Meets with BHS Leadership (by invitation) monthly on the **third** Wednesday

Time: 12:30 to 2 PM

Currently meeting virtually via Zoom

Contact: <a href="mailto:mhcasandiego@gmail.com">mhcasandiego@gmail.com</a>

<u>About MHCA — Mental Health Contractors Association</u>

(mhcasandiego.org)

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

Submitted by Sten Walker

### **Family and Youth Sector**

# **Purpose**

- Strengthening shared identity for CYF Peer Partner Staff
- Supporting Statewide measures for California Peer Certification (SB 803)
- Sharing resources and information on CYF Peer Partner staff opportunities
- Strengthening Four Sector understanding and recognition of CYF Peer Partner staff
- Bring information back to the CYFBHSOC Council

Fiscal Year 2022-23 Active Members					
Public Private Family Education					
Darwin Espejo Edith Mohler	John Bucher Darron Jones Celeste Hunter Lucy Jasso	Sten Walker Debbie Dennison Kari Perry Micaela Cunningham	Sonia Lira Linda Ketterer		

### Fiscal Year 2021-22 Accomplishments

- Successfully hosted a virtual resource fair as well as virtual Youth Mental Health Celebration, broadcasted on YouTube, Facebook, and Twitch
- On Facebook, the Youth Mental Health Well Being Celebration reached 230 people, with 145 views, and 40 reactions, comments, and shares. The Facebook link is (6) Facebook
- The event is also on YouTube with a recorded 83 views to date. The YouTube link is 8th Annual Youth Mental Health Well-Being Virtual Gathering YouTube
- Facilitated 16 Family Voice Meetings which represents conversations and feedback from 108 adult participants.
- Collected 243 survey/evaluations in which 242 responded they were satisfied or very satisfied with the presentation, meeting or training. This is 99% which is well over the required 80%.
- Estimated 5250 family/youth received CYF information
- 357 individuals reached through four quarterly online monthly Family/Youth Focus Groups

- Increase sub-committee attendance and participation through member invitation
- Keep TAY seats filled and participatory
- Driving focus on providing multicultural support to Youth and Family Support Partners working within the CYF System of Care
- Continue following CA State Peer Certification updates, support implementation of SB 803
- Continue to create a robust Youth and Family Support Partners virtual support meeting with increased participation across the CYF System of Care
- Continue with community discussion of "Hot Topics" identification and sharing with the CYF System of Care
- Continue with mental health discussions using the Facebook Live platform valuing youth and family voice (also recorded for viewing at later dates) to support families and youth
- Coordination of TAY information sharing between families, youth and agencies supporting TAY and TAY Council
- Continue to support the planning of robust presentations for Y/FSP, Peer Partners
- Continue creating community, advancing CYFBHSOC principles through meetings, trainings and celebrations.

### Fiscal Year 2022-23

# MEETING DATE/LOCATION/TIME (Virtual Meetings as of May 2020) Family Voice Town Hall Meeting

Monthly virtual meetings per region (North, South, East and Central). Calendar access:

https://namisandiego.org/calendar/

For more information email

CYFLiaison@namisd.org or call (858)987-2980

# **Family Youth Focus Group**

Quarterly virtual meetings. Calendar access:

https://namisandiego.org/calendar/

For more information email

CYFLiaison@namisd.org or call (858)987-2980

# Youth, Family Support Partners Subcommittee

3rd Thursday of the month from 1:30 – 3 p.m.

### LEAD (Co-Lead)

Sten Walker

stenwalker@namisd.org

CYF Rep:

Edith.Mohler@sdcounty.ca.gov

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

Submitted by Heather Nemour and Violeta Mora

# **Education Sub-Committee**

### **Sub-Committee Purpose**

The purpose of the Education Sub-Committee is to build and/or enhance relationships between mental health providers and education resulting in resource development, needs identification, relationship building, and partnerships with stakeholders in efforts that promote youth mental health, positive school climates, and trauma informed delivery of school-based services/activities.

Fiscal Year 2022-23 Active Sub-Committee Members					
Public	Family	Education	Education		
Yael Koenig	Christine Frey	<u>Heather Nemour</u> &	Jamie Tate-Symons		
	Youth	Violeta Mora (co-chairs)	SDCOE		
		SDCOE-Student Support	Special Education		
Private	<u>Debbie Dennison</u> -		Services		
Pam Hansen	Parent	<u>Yuka Sakamoto</u>			
San Diego Center for		San Diego Unified School	<u>Barbara Ryan</u>		
Children	Caitlyn H.	District	San Diego County School		
Ciliaren	Poway High School		Board Association		
	Student	Rosemary Eshelman			
		Carlsbad Unified School	Rebecca Ramirez		
		District	Vista Unified School District		

# **Fiscal Year 2021-22 Accomplishments**

- 1. Be responsive to the changing needs of schools as they reopen with trainings, resource identification and student & staff wellness resources.
- Identified and vetted resources and tools in response to the changing school mental health trends and dissemination them to districts and charter schools. Created several infographics with strategies and resources that reflected the identified challenges in the school communities.
- Continued to convene the Mental Health in Schools Collaborative around general education and mental health. Meetings provided a space to discuss trending school issues, challenges, and resources. Surveys results have also inform meeting topics and professional development. Quarterly collaborative meetings were held with an average of 61 attendees representing 27 of our 42 school districts.
- In response to ongoing staff challenges and burnout, monthly mental health check-in meetings were established to create a safe space for district and school staff to share challenges, successes, identify resources and problem solve issues. A total of 9 meeting were held.
- The SDCOE Virtual Wellness Center was launched to provide a space for school staff, students and families
  to refocus, reset and tap in to wellness activities and strategies <a href="https://www.sdcoe.net/students/health-well-being/virtual-wellness-center">https://www.sdcoe.net/students/health-well-being/virtual-wellness-center</a>
- Identify information and resources that helps LEAs understand the different funding sources and criteria for such as Braiding New Funding to Support California SBHCs.pdf

- Identifying crisis supports for schools in North County and stay up to date on expansions of current crisis supports-this ongoing as there are a lack of resources available.
  - 2. Provide professional development opportunities to districts, schools, and charter schools to increase mental health literacy and support posttraumatic growth among district/school staff, partner staff and parents.
- SDCOE provided 35 trainings to approximately 2000 participants representing 90% of the 42 school districts on mental health & wellness, suicide prevention, coping strategies and other related topics
  - 3. Support districts and charter schools with professional development, TA and resources in suicide prevention, intervention and postvention protocols, practices and policies for staff, students and parents.
- Provided access to LivingWorks Start online suicide prevention training for middle and high school students and staff. A total of 982 school staff and 680 middle and high school students in San Diego schools have accessed the training.
- Policy to Practice Toolkit for suicide intervention was created to support districts in developing and enhancing comprehensive suicide risk screenings. Link to the toolkit:
   <a href="https://resources.finalsite.net/images/v1655846720/sdcoenet/rhgaub63z1x2liod3p59/Policy to Practice Toolkit 2022 FINAL.pdf">https://resources.finalsite.net/images/v1655846720/sdcoenet/rhgaub63z1x2liod3p59/Policy to Practice Toolkit 2022 FINAL.pdf</a>
- The County Behavioral Health Department and SDCOE received a six-million-dollar MHSSA grant to build the
  capacity of school districts and charter school in Creating Opportunities in Preventing & Eliminating Suicide
  (COPES). There are 16 school districts and 17 charter schools participating. A second MHSSA grant was
  received to align COPES LEA identified needs with enhanced programming options. For more information go
  to <a href="https://www.sdcoe.net/students/health-well-being/creating-opportunities-in-preventing-eliminating-suicide-copes">https://www.sdcoe.net/students/health-well-being/creating-opportunities-in-preventing-eliminating-suicide-copes</a>
- The Suicide Prevention Resource Guide for Schools (through a collaborative effort between the San Diego
  County Suicide Prevention Council and SDCOE) is organized by local/state and national resources to support
  districts in building comprehensive school protocols and practices. The guide was updated and
  disseminated to districts and schools across the county.
  - 4. Explore peer counseling and peer support programs and coordinate implementation efforts in school
- The updated Suicide Prevention Resource Guide for Schools now features a section on Peer-to-Peer Education to promote available programs
- SDCOE website now includes a section on Mental Health Resources Created by Teens for Teens https://www.sdcoe.net/students/health-well-being/mental-health-supports#fs-panel-33650
- SDCOE staff worked with a high school student that leads a neuroscience club. The club members were
  concerned about the rising level of anxiety in May due to testing. They wanted to create a pocket guide on
  anxiety with a coping strategy that students could have during the summer. As a result, the <a href="Coping with Anxiety Pocket Guide">Coping with Anxiety Pocket Guide</a> was created and 400 guides were disseminated to the high school students
- The Mind Out Loud annual event was held by SDCOE, Wellness Together and California Department of Education. Mind Out Loud is a student led event that builds student voice across the county and state to bring youth together to boldly discuss mental health and inspire others to live authentic lives. Monthly student led podcasts and webinars were held <a href="https://www.mindoutloud.org/">https://www.mindoutloud.org/</a>
  - 5. Work closely with partners to increase awareness within the education sector regarding substance use disorders as part of the mental health continuum.
- Developed and shared substance use resources and shared them across the county as well as promoting professional development and events

- 6. Continue to convene the San Diego Suicide Prevention Council's K12 Education Sub-Committee, Mental Health in Schools Collaborative and the CYFBHSOCC Education Sub-Committee and cross inform the three groups by sharing information and resource
- This is ongoing and has occurred at each of these meetings held this school year.

- 1. Be responsive to the changing needs of schools as they return to school with trainings, resource identification and student, staff and family wellness resources.
- Focus on supporting staff, students and families as school returns to address the heightened anxiety and safety concerns.
- Increase peer to peer programming
- 2. Support districts and charter schools with professional development, TA and resources in suicide prevention, intervention and postvention protocols, practices and policies for staff, students and parents.
- Provide suicide risk screening and continuum of care training to school districts.
- Support districts in using an evidence-based suicide risk screening tool and comprehensive suicide intervention protocols
- Collect data from districts on the number of suicide risk screenings conducted along with demographic information to help inform programming efforts and policy recommendations
- Support schools to develop or enhance comprehensive postvention planning efforts
- 3. Identify and create awareness and clarity on countywide projects among LEAs related to school behavioral/mental health initiatives to better understand the different funding sources and criteria
- Screening to Care: BHS will be partnering with identified middle schools to participate in a project to use a universal screening tool to identify students that have highest needs along with providing Tier II services.
- SBHIP: Coordination among Managed Care Provides and identified LEAs and county mental health plans to improve the delivery of services to students.

Fiscal Year 2022-23				
MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)			
	Heather Nemour and Violeta Mora			
As Needed	heather.nemour@sdcoe.net			
	viomora@sdcoe.net			
	CYF Representative:			
	Yael Koenig			

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

Submitted by Eileen Quinn-O'Malley

### **Outcomes Sub-Committee**

# **Sub-Committee Purpose**

Outcomes Sub-Committee reviews service delivery systems and aims to improve County of San Diego System of Care services by measuring and evaluating outcomes and use results to provide recommendations to the CYFBHSOC Council. The Outcomes Subcommittee meets on the first Tuesday of every other month.

Fiscal Year 2022-23 Active Sub-Committee Members							
Public	Public Private Private						
Yael Koenig	Antonia Nunez	Laura Medina	Yuka Sakamoto				
Eileen Quinn-O'Malley	Julie McPherson	Shonta Battle					
Amanda Lance-Sexton	Shellane Villarin	Aubrey Hecklau					
Ezra Ramirez	Emily Trask	Karen Giannini					
Babbi Winegarden	Amy Chadwick	Maria Quezada	Family				
Liz Miles			-				
Shelly Paule							

# **Fiscal Year 2021-22 Accomplishments**

- Finalized and distributed the Pandemic Report to SOC
- Enhancing school data in DCR Report to include grades and attendance with standardized definitions
- Creating CANS training in collaboration with RIHS. Title of training- Effective Child and Youth Centered Treatment Planning with CANS
- Finished the Performance Improvement Project (PIP)

   Sleep Hygiene
- Generated PSC outcome threshold data
- Finalized new QSR items for measuring improvement on the PSC
- Presented new PSC QSR items at the CYF Program Manager meeting
- Dr. Crandal presented an Infographic to demonstrate how Rady's uses the PSC for quality improvement

- Discuss how to best evaluate STRTP programs
- Discuss impact of the transition to time-based services from session-based on collection of outcome measures
- Create Spanish version for the CANS Assessment Summary Report
- LGBTQ PIP Focus on how to support inclusiveness specific to gender and sexual identity
- Expanding CANS administration for 18-21 population
- Continue to evaluate access time and impact of utilizing group treatment modality

Fiscal Year 2022-23			
MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)		
	Emily Trask <u>EvTrask@ucsd.edu</u>		
From 11:30 a.m 12:30 p.m.	Eileen Quinn-O'Malley		
(Virtual Meetings as of June 2020)	Eileen.Quinn-OMalley@sdcounty.ca.gov		
	CYF Representatives:		
	Yael.Koenig@sdcounty.ca.gov		
	Amanda.Lance-Sexton@sdcounty.ca.gov		

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

Submitted by Ginger Bial, Aisha Pope, Rosa Ana Lozada, and Stephanie Gioia-Beckman

# **Early Childhood Sub-Committee**

### **Purpose**

The Early Childhood Mental Health (ECMH) Subcommittee supports the CYFBH continuum of care through 1). EDUCATION by providing information to improve system-wide understanding of early childhood mental health and integrating the information throughout the system of care; 2). ADVOCACY by addressing key issues impacting young children and their families; and 3). PROMOTION of SYSTEM CHANGE by increasing the system of care's understanding of services currently available and supporting culturally relevant and trauma informed system improvements. ECMH Subcommittee partners with BHS CYFSOCC when considering the unique needs of the 0-5 population and their caregivers when making decisions on programming, policy, and training.

Fiscal Year 2022-23 Active Members				
Public	Private	Private	Education	
Jerelyn Bourdage	Lisa Castagnola	Aisha Pope	Evette Callahan	
Stephanie Escobar	Valerie Centeno	Ashley Rambeau	Carla Sciarrino	
Shannon Jackson	Terri Cook-Clark	Nikoo Sadatrafie	Kim Flowers	
Ana Mendez	Sarah Franco	Desiree Shapiro	Fernanda Garcia	
Nohemy Terrazas	Stephanie Gioia-	Izzy Shine	Oscar Gomez	
Josephine Smedley	Beckman	Edgar Sierra	Saribe Perez	
	Jennifer Kennedy Rosa Ana Lozada	Carole Steel	Rose Woods	
Private	Marisela Molina	Imaya Stevens	Family	
Stacy Annand	Melanie Morones	Nubia Soto	Emma Eldredge	
Ginger Bial Cox	Marcelo Podesta	Erin Taylor	LaTysa Flowers	
Sherry Casper			Eva Melendez	

# Fiscal Year 2021-22 Accomplishments

- Collectively developed a trusting, and reflective environment for local early childhood mental health leaders who
  discussed staffing challenges and solutions, shared resources for staff and client wellness, and infused HOPE into
  the conversation. This infusion of HOPE strengthened the leaders' ability to do the same with their staff. The
  infusion of HOPE with the staff strengthened their ability to do the same with the families served (hence, the
  parallel process at work)
- 2. Solidified cross-cultural representation on the subcommittee to allow a diverse representation of thought and perspective along with the development of a shared language. Members provided support around clinical blind spots. They identified a need for advocacy on racial disparities and implicit bias surrounding mental health diagnosis and clinical outcomes of young children. Proposed to look at bodies of work from outside the dominant culture.
- 3. Promoted the development of Family Support Specialist as a distinct service type/position to assist with improved clinical outcomes for Black, Indigenous and other children of color.
- 4. Discussed how Harm Reduction interfaces with our subcommittee:
  - a. Individual impact Parents, babies, intergenerational impact
  - b. System impact CWS, Probation, Justice partners
  - c. SUD and perinatal programs rejoined subcommittee
- 5. Drafted tip sheets entitled, 'The Importance of Touch', for parents and caregivers of young children
- 6. Collaborated with BHS Quality Management Unit who supported plan for subcommittee to form a BHA 0-5 Workgroup to update clinical sections and to reflect more inclusive language

7. Long-term chairs stepped down and supported subcommittee with finding replacements and drafting goals/vision for future subcommittee efforts

- 1. Actively influence program design, services, resources workforce development, and funding that impacts the 0-5 population by advocating to local leaders, state and local decision-making initiatives, and other venues
- 2. Recommend behavioral health trainers/trainings, including reflective practice to advance early childhood mental health throughout all systems of care including key conferences (i.e., We Can't Wait; Birth of Brilliance)
- 3. Identify content for system wide distribution in early childhood designed for parents and caregivers
- 4. Partner with other Children Youth and Families System of Care Committees, County Departments, and County Collaboratives to identify and advance culture responsive practices specific to 0-5

Fiscal Year 2022-23			
MEETING DATE/LOCATION/TIME Virtual Meetings: 2nd Monday of the month 11 a.m. to noon	Rosa Ana Lozada:  rlozada@harmoniumsd.org  Stephanie Gioia-Beckman:  SGioiaBeckman@rchsd.org		
	CYF Representative: Shannon.Jackson@sdcounty.ca.gov		

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

Submitted by Claire Riley

# **TAY Council**

# **Sub-Committee Purpose**

The purpose of this council is to facilitate the design and implementation of Transitional Aged Youth (TAY), ages 16-25 services in the Children, Youth, and Families and the Adult and Older Adult Systems of Care by providing feedback and recommendations to the Behavioral Health Director. The TAY council provides community representation and input for the integrity of all TAY services and advancement of all TAY related aspects of the System of Care.

Fiscal Year 2022-23 Active Sub-Committee Members					
*C	o-Chairs				
Public Private Private					
Linda Gibbins-Croft	Irving Chavez				
Prizila Vidal	Amanda Downing				
Jennica Valdez	Mark Bartlett*				
Laura Tancredi-Baese*	Talia Vukovich	Education			
Rafael Ortiz-Gomez	Kassandra Ramirez	Marian Edelbrock			
Nicole McDonald	Karen Lenyoun				
Victor Esquivel	Simone Hidds Monroe				
Lis Winchell					
	Private Linda Gibbins-Croft Prizila Vidal Jennica Valdez Laura Tancredi-Baese* Rafael Ortiz-Gomez Nicole McDonald Victor Esquivel	*Co-Chairs  Private Private  Linda Gibbins-Croft Prizila Vidal Amanda Downing  Jennica Valdez Mark Bartlett*  Laura Tancredi-Baese* Talia Vukovich  Rafael Ortiz-Gomez Kassandra Ramirez  Nicole McDonald Victor Esquivel Simone Hidds Monroe			

# **Fiscal Year 2021-22 Accomplishments**

The 3 Primary Areas of Focus for the Council in FY21/22 and into FY22/23:

- 1. TAY Resource Guide,
- 2. Housing Services: Bridging the Gap Between TAY and Substantiable Housing, and
- 3. Education/ Employment Services: Importance of Promoting Education and Employment Services Within Our TAY and How Providers Can Help Support Them.

Presentations to the Council for FY 2021/22 include Mobile Crisis Response Team Communications Campaign, Just In Time's Here to Help, Family Urgent Response System (FURS), Storage Connect Center II, and San Diego Public Defender Free Fresh Start Program: Cleaning Up Your San Diego Criminal Record. The TAY Council added a County of San Diego Board of Supervisor information/update item to the agenda to keep the Council informed of Board Letters and Actions that impact TAY in the County.

There have been further vacancies to the TAY Council since the beginning of the year and a heightened priority is to fill the following seats:

Client Advocacy, Commercial Sexual Exploitation of Children; Law Enforcement; MH Prevention and Early Intervention; Public Safety Liaison / Juvenile Probation; Hospital Partner; Housing; Peer Support Specialist; Substance Use Disorder Services / Co-Occurring; Refugee and Immigrant Populations; LGBTQ; Primary Health Care; San Diego Regional Center; Underserved Communities / CCRT

• Please send any interest in any of the beforementioned seats to Claire Riley and Michael Miller.

# **Areas of Focus for Fiscal Year 2022-23**

The Council continues to focus on the previous FY's areas while determining new areas of focus for FY22/23.

- 1. TAY Resource Guide,
- 2. Housing Services: Bridging the Gap Between TAY and Substantiable Housing, and
- 3. Education/ Employment Services: Importance of Promoting Education and Employment Services Within Our TAY and How Providers Can Help Support Them.

# Fiscal Year 2022-23

### MEETING DATE/LOCATION/TIME

4th Wednesday of the month.

National University,

9388 Lightwave Ave. Room 118, San Diego, CA 92123

3 - 4:30 p.m.

(Virtual Meetings ongoing as of May 2020)

# LEAD (Co-Lead)

Claire Riley

Claire.Riley@sdcounty.ca.gov

CYF Representative: Michael.Miller@sdcounty.ca.gov

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

Submitted by George Scolari

### **Health Plans**

### **Purpose**

The majority of children who receive mental health and substance use services in our County BHS system are enrolled in one of 7 Medi-Cal Managed Care Plans. The County Mental Health Plan is responsible to cover these children's mental health needs while their health plans covers their physical health needs. Care coordination between these two systems is very important. There are many new benefits potentially covered by the Medi-Cal Managed Care Plans for children receiving services within our County BHS system of care. Many of these new benefits begin January 1, 2022 and are under the umbrella of a State-wide program called CalAIM.

### **Fiscal Year 2022-23 Active Members**



# **Healthy San Diego**



### Health Plan/Behavioral Health Services (BHS) Coordination Card

Health Plan	Member Services/ Transportation	Physical Health Liaison	Behavioral Health Liaison	Behavioral Health Dept.	Health Plan Primary Liaison
Aetna Better Health	1-855-772-9076	Aulina Bradley (909) 453-5820 BradleyA5@aetna.com	Merrett Sheridan (916) 201-5595 Sheridanm1@aetna.com	1-855-772-9076	Verne Brizendine (818) 551-9506 BrizendineL@aetna.com
Blue Shield CA Promise Health Plan	1-855-699-5557	Kim Fritz (619) 528-4817 Kimberly,fritz@blueshield.ca.com	David Bond (619) 719-4510 David Bond@blueshieldca.com	1-855-321-2211	Kim Fritz (619) 528-4817 Kimberly.fritz@blueshieldca.com
Community Health Group	1-800-224-7766	George Scolari 1-800-404-3332 gscola@chgsd.com	Salvador Tapia 1-800-404-3332 STapia@chgsd.com	1-800-404-3332	George Scolari (800) 404-3332 gscola@chgsd.com
Health Net	1-800-675-6110	Kelly Nokleby (916) 246-3590 Knokleby@cahealthwellness.com	Tina Hendizadeh 1-818- 577-9041 Tina hendizadeh@healthnet.co	1-888-426-0030	Kathleen Lang (760) 679-5406 klang@cahealthwellness.com
Kaiser Permanente	1-800-464-4000	Sarah Legg (619) 372-1861 Sarah.j.legg@kp.org	Simon Borger (619) 221-6115 Simon.p.borger@kp.org	1-877-496-0450	Sarah Legg (619) 372-1861 Sarah.j.legg@kp.org
Molina Healthcare	1-888-665-4621	Lilly S. Wang (858) 974-1737 Lily.wang@molinahealthcare.com	Elizabeth Whitteker (858) 974-1735 Elizabeth Whitteker@Molin a healthcare.com	1-888-665-4621	Vivian Urquizu (858) 614-1580 ext. 121589 Viviana.Urquizu@Molinahealthcare.com
UnitedHealthcare	1-866-270-5785	Deborah Tanabe (952) 202-5699 Deborah_tanabe@uhc.com	Shelly Ray (952) 687-3304 Shelly.s.ray@optum.com	1-866-270-5785	Valerie Martinez (858) 658-8584 Valerie_g_martinez@uhc.com

Medi-Cal Managed Care Plans cover transportation to all Medi-Cal Covered Services.

Pharmacy benefits for all Medi-Cal beneficiaries are covered by the State's Medi-Cal Rx Program (800) 977-2273

HHSA Behavioral Health Services Nilanie Ramos (619) 584-5022 Optum Public Sector (Access & Crisis Line) (888) 724-7240 Michelle Galvan (619) 641-6818 Consumer Center for Health Education & Advocacy Carol Neidenberg (619) 471-2612

















1-1-22

Note: This Contact Card is designed for County Behavioral Health, their contracted providers and Health Plans to coordinate care

# **Fiscal Year 2021-22 Accomplishments**

Basically, the same as the previous section. Working nonstop on CalAIM and the new School Behavioral Health Incentive Payment Plan (SBHIP). In December 2021 we developed the Healthy San Diego School Based Incentive Payment Plan Task Force. Initial membership is the plans, County BHS and the San Diego Office of Education. Yael Koenig is working on inviting the schools to our new Task Force. Once some initial decisions are finalized the Task Force will be opened up to additional participants from CYFSOC and other stakeholders.

See Optum Website for Health San Diego Contact Cards

https://optumsandiego.com/content/SanDiego/sandiego/en/county-staff---providers/healthysandiego.html

### **Areas of Focus for Fiscal Year 2022-23**

The Medi-Cal Managed Care Plans primary focus for 2022/23 is CalAIM. New benefits that began 1-1-22 are Enhanced Care Management and Community Supports. Also under CalAIM are 3 Incentive Payment Programs.

- CalAIM Incentive Payment Program is approximately 100 million dollars to our 7 Medi-Cal Managed Care Plans to build and strengthen Enhanced Care Management (ECM) and Community Supports (ECM). These funds are ECM and/or CS providers or potential providers.
- ➤ CalAIM Housing and Homeless Incentive Payment Program is approximately 100 million dollars to our 7 Medi-Cal Managed Care Plans to provide support to homeless providers. We are working with the Regional Task Force on Homelessness (RTFH), submitted a Local Homeless Plan to DHCS and each plan submitted a individual plan.
- ➤ CalAIM Student Behavioral Health Incentive Payment Program (SBHIP). Approximately 25 million dollars to our 7 Medical Managed Care Plans to enhance mental health treatment provider on school sites. Working with County BHS, Children Youth and Family Services we developed the Healthy San Diego SBHIP Task Force which included several School Districts and the County Office of Education. We hired NAMI San Diego and Imperial County (NAMI) to lead this project on our behalf.

Additionally, the Healthy San Diego Medi-Cal Managed Care Plans and the County Mental Health Plan are working on directions from DHCS regarding No Wrong Door and Eating Disorders. Under the Healthy San Diego umbrella is the Behavioral Health Subcommittee and Operations Work Group. The Operations Work Group is the forum that we are developing policy and procedures for No Wrong Door and Eating Disorders.

- No Wrong Door is focusing on ensuring regardless of severity, Medi-Cal members/clients have easy access to behavioral health services regardless of who's responsible to cover (Managed Care Plan or the County Mental Health Plan).
- Eating Disorders discussion is primarily relating to Partial Hospitalizations and developing systems to coordinate and cover costs.

### Fiscal Year 2022-23

### **MEETING DATE/LOCATION/TIME**

George Scolari Facilitates several Healthy San Diego workgroups, including the Behavioral Health Sub-Committee. Reach out to George Scolari about potential participation.

### LEAD (Co-Lead)

George Scolari gscola@chgsd.com

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

Submitted by Charity White-Voth

# **Cultural Competency Resource Team (CCRT)**

### **Purpose**

To advise the BHS Executive team of the Adult/Older Adult (AOA) and Children, Youth and Families (CYF) Systems.

Fiscal Year 2022-23 Active Members					
Public	Public	Private	Private		
Piedad Garcia Chair/Ethnic Services Coordinator Charity White-Voth (co- chair) Liz Miles Nilanie Ramos Jeff Jimenez	Danyte Mockus- Valenzuela Martin Dare Angie Solom Elizabeth Dauz Sara Zare Edith Mohler Ezra Ramirez	Adam Renteria Rosa Ana Lozada Jessica Young Minola Clark Manson Yen Du Awichu Akwanya Gebaynesh Gashaw-Gant	Brian Bauers Stacy Thompson Jama Mohamed Evelyn Parada Kat Katsani-Semel		
Nancy Rodriguez Kimberly Pettiford Jennifer Rusit Andrea Duron	EZI a Namin ez	Ingrid Alvarez-Ron Rick Heller Shiva Jaimes Elisa Barnett	Mercedes Webber Celeste Hunter Ingrid Alvarez-Ron Nathaly Martinez		
Fran Cooper Natanya Glezer Karen Harris Shadi Haddad Sahra Abdi Mohamed Abdi Michelle Ly	Mahvash Alami Fardosa Osman Rebecca Paida Robert Cook	Education  Juan Camarena Shane Padamada Erick Mora			

# Fiscal Year 2021-22 Accomplishments

### BHS Priorities

- CCRT meeting attendees received updates at each meeting on the status of the implementation of the Mobile Crisis Response Teams (MCRTs) and Community Harm Reduction Team (CHRT). Below are the highlights of the feedback from CCRT members/meeting attendees:
  - It was recommended that updates include a correlation with the underserved populations (December 3, 2021)
  - Need to provide opportunities for small organizations (December 3, 2021). As a meeting followup, the BuyNet link: <a href="https://buynet.sdcounty.ca.gov/">https://buynet.sdcounty.ca.gov/</a> was sent to the CCRT distribution list to ensure everyone can register to receive notifications on procurement/funding opportunities

### • Equity and Social Justice

Some members of the CCRT are actively participating in the planning and coordination of the 2nd Annual Birth of Brilliance virtual conference is scheduled for February 24, 2022. The focus of this conference is to raise awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care, and juvenile justice, to serveyouth and families in a way that centers equity to amplify the brilliance of all children. Registration is now open at:
Birth of Brilliance Virtual Conference 2022 (ce-go.com) https://app.ce-go.com/birth-of-brilliance-virtual-conference-2022#

### • Health Care Disparities

- Health Care Disparities Discussion is a standing CCRT meeting agenda item Summary of discussion/recommendations:
  - CCRT attendees were updated of the efforts BHS is doing through the Racial Equity training for all BHS staff (September 3, 2021, October 1, 2021)
  - The implementation of the California Advancing and Innovating Medi-Cal (CalAIM) is an opportunity to address Health Care Disparities (November 5, 2021)
  - CCRT meeting participants were reminded to present highlights of efforts to reduce health care disparities/actions and/or plans that organizations are taking to address Health Equity and Systematic Racism. (November 5, 2021). An e-mail was sent to the CCRT distribution list on December 7, 2021. The goal is to schedule these presentations throughout the year

### • Annual Strategic Planning with Consultant

Discussed at the July 2, 2021 meeting. This item is pending

### Cultural Competence Academy Trainings

- Staff from the Responsive Integrated Health Solutions (RIHS) provided a presentation on November 5,2021,
   to explain the Cultural Competence Academy Executive Series, which will begin again in January 2022
- o RIHS staff announced relevant Cultural Competence training opportunities

### • Diversity Workforce Development

- The Education and Training Committee provided information on the Southern California Regional Partnership Graduate Stipend program.
  - Link: <a href="https://oshpd.sjc1.qualtrics.com/jfe/form/SV">https://oshpd.sjc1.qualtrics.com/jfe/form/SV</a> 8Jt1BS52a39kCdn
- A CCRT member recommended the implementation of part time positions as a strategy to mitigate workforce challenges

### • CCRT Membership Engagement/CCRT Membership Roles

- CCRT members and meeting attendees were invited to participate in the Cultural Competence
   Academy workgroup
- Opportunity to represent the CCRT in the Community Experience Project (CEP) activities (survey):
  - CEP Presentation Part 1 overview YouTube/https://www.youtube.com/watch?v=A6IBVP8bNf4
  - <u>CEP Presentation Part 2 dashboard demo YouTube /</u> https://www.youtube.com/watch?v=7ZOXoniW8ro
- Outreach to Diverse Populations (i.e. Transgender/Indigenous/Hearing Impaired communities, etc.)
  - Highlights of October 1, 2021 meeting conversation
    - Current efforts by the Board of Supervisors were highlighted
    - Staffing challenges; training support for staff to assist them with the high level of stress they face while providing services. The Promotoras job classification was mentioned as an example

# Showcase Legal Entities on their methods for implementing Cultural Competence in their systems/programs

- This item was discussed November 5, 2021. An e-mail was sent to the CCRT distribution list on December 7, 2021. The goal is to schedule presentations throughout the year, which were done at least 3 times during this year. There were presentations done by both mental health and substance use providers.
- Alignment with Office of Racial Equity
  - The CCRT Chair aligned her updates with the activities of the County's Office of Racial Equity.

- Refugee Outreach and Development
  - Afghan Refugee Response
  - Ukrainian Refugee Response
  - SOC Refugee Response

- **Diversity Workforce Initiative** 
  - LE's methods for implementing CC in their systems/programs
  - Training
    - Cultural Competency Academy (CCA)
- Health Care Disparities
  - Community Experience Partnership
  - Behavioral Health Equity Index
  - Collaboration efforts

# Fiscal Year 2022-23

### **MEETING DATE/LOCATION/TIME**

Meets the first Friday of the month 6367 Alvarado Court Suite 105, San Diego CA 92120 From 10 to 11:30 a.m.

(Virtual Meetings as of May 2020)

# LEAD (Co-Lead)

**Piedad Garcia** 

Piedad.Garcia@sdcounty.ca.gov

**Charity White-Voth** 

Charity.White-

Voth@sdcounty.ca.gov

Private Sector Representative:

Rosa Ana Lozada

RLozada@harmoniumsd.org

CYF Representative:

**Edith Mohler** 

Edith.Mohler@sdcounty.ca.gov

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

Submitted by Julie McPherson

# **CYF Change Agents Developing Recovery Excellence (CADRE)**

# **Sub-Committee Purpose**

The purpose of the CADRE CYF subcommittee is to strengthen the Comprehensive, Continuous, Integrated System of Care (CCISC) initiative in its vision to deliver wide-ranging services for children, adolescents, and families. We serve as a forum for service providers to enhance treatment for children and adolescents experiencing or impacted by co-occurring disorders in order to promote health and resiliency within our youth. The subcommittee aims to:

- Develop integrated co-occurring training and technical assistance in accordance with the CCISC and Co-occurring Center for Excellence standards
- Support the implementation of evidence-based practices to support effective interventions for youth impacted by co-occurring disorders
- Provide a vital link between systems, consumers, and families
- Increase access to needed behavioral health services
- Promote collaboration and develop meaningful relationships between providers to ensure that youth and their families receive the right services at the right time in the right setting.

Fiscal Year 2022-23 Active Sub-Committee Members				
Public	Private	Family	Education	
Yael Koenig Shannon Jackson	BHS-contracted providers			

# Fiscal Year 2021-22 Accomplishments

7/8/2021 – Pallavi Garg and Nick Moore of Free to Thrive, a service that provides free legal services to survivors of human trafficking, presented on the definitions and types of human trafficking, the different forms and industries of labor that are commonly seen, legal barriers and implications and the behavioral health implications. Cultural and socio-economic risk factors were highlighted.

10/14/2021 – Joe Eberstein, CCPS, Program Manager for Center for Community Research, San Diego County Marijuana Prevention Initiative and SAMSHA Region 9 PTTC Advisory Board Member gave a presentation on the impact of COVID on substance use and advocacy.

Highlights of the presentation included:

- Drug use during lockdown
- Prevention, intervention, and education regarding marijuana
- The marijuana industry
- Lobbying for Federal marijuana reform
- Mental health, suicide, and marijuana
- Advocacy and marijuana
- Vaping
- Fentanyl
- Social Media
- Schools and drugs

We had a lively discussion surrounding use of marijuana and vaping among youth and its prevalence in schools, including elementary schools.

1/13/22 - Terri Hagmann-Garcia presentation: Implementing Harm Reduction within the Substance Use Disorder (SUD) System of Care -Youth Approach

Highlights of this presentation included:

- Harm reduction principles
- Benefits of harm reduction in the SUD system of care
- Benefits of harm reduction for pregnant women and mothers who use
- Harm reduction approaches for youth
- Breaking down barriers to harm reduction
- Stages of change

### 4/14/2022

- Review and discussion of the annual CCISC report
- Discussed the increase in severity of depression and anxiety in youth and the impact of use of SUD services during COVID.
- Discussion regarding how substances compound health abnormalities and the importance of education

### **Areas of Focus for Fiscal Year 2022-23**

- DDCMHT: Reinstate program administering of the DDCMHT among CYF programs with SUD counselors.
- CalAIM: Dialogue within the sectors to address changes to the system and impacts, both positive and negative, related to CalAIM.
- Continue to enhance ease of cross-referrals and access to services for children, youth and families who are impacted by complex needs.
- Reinstate and maximize on-site SchooLink behavioral health services as permitted.
- Increase Juvenile Probation representation, participation and education in the CYF CADRE sub-committee meetings.
- Keep providers up to date regarding specialized MAT services for youth in San Diego County.

# MEETING DATE/LOCATION/TIME Meets Quarterly-2nd Thursday of the month - 5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 From 1:30 - 3:00 P.M. (Virtual Meetings as of May 2020) LEAD (Co-Lead) Julie McPherson and Marissa Varond JMcPherson@comresearch.com Marisa.Varond@mcalisterinc.com CYF Representative: Shannon.Jackson@sdcounty.ca.gov

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

Submitted by Rose Woods

# **Training Academy Sub-Committee**

# **Sub-Committee Purpose**

The Children Youth and Families System of Care (CYF-SOC) Training Academy provides trainings to enhance the work of public systems in providing services to children, youth and families in San Diego County. Responsive Integrated Health Solutions (RIHS) continues this work through the Training Academy Committee, a collaboration of partners in the four sectors of the CYF System of Care.

Fiscal Year 2022-23 Active Sub-Committee Members				
Public	Private	Family	Education	
Jorge Aguilar, Probation	Pam Hansen, SDCC	LaTysa Flowers, Parents	Linda Ketterer, San	
		Empowerment Services	Diego Mission Academy	
Becky Lanier, CWS	Golby Rahimi, Rady		(Education and Family	
	Children's Hospital	Celeste Hunter, UPAC	representation)	
Edith Mohler, BHS-CYF		(Private and Family		
	Eliza Reis, MHS, Inc.	representation)		
Nilanie Ramos, BHS				
	Liz Winchell, MHS. Inc.	Melissa Penaflor, NAMI		
Jenny Rodriguez, CWS		San Diego		
	Rose Woods, RIHS			
Jennifer Rusit, BHS		Sten Walker, NAMI San		
		Diego		

# **Fiscal Year 2021-22 Accomplishments**

The CYFSOC Training Academy delivered training on the following topics:

- Foundations of ACEs Science and Trauma-Resilience (12-8-21)
- Asian, Pacific Islander, Desi American (APIDA) Cultures (3-7-21)
- Supporting Families Moving through Pain, Grief, and Healing (3-27-22)
- Trauma and Attachment in Children Ages 0-5 (6-7-22)
- Who We Are: An Introduction to African American Communities (6-10-22)

Annual CYFSOC Training Academy conference: Peers in Children, Youth and Families Services, May 26, 2022

Scholarships were awarded for professional development opportunities for parent partners, family partners and youth support partners throughout the CYF System of Care to attend local and statewide conferences:

- 2022 California Mental Health Advocacy for Children and Youth (CMHACY) Conference: Not Business As Usual, From Conversation to Action (9 scholarships awarded)
- 2022 Children, Youth and Families System of Care (CYFSOC) Conference: Peers in Children, Youth and Families Services (20 scholarships awarded)

CYF System of Care Advancing Principles Awards awarded to:

- UPAC Children's Mental Health Program
- Minola Clark Manson, Director, Responsive Integrated Health Solutions (RIHS), Academy for Professional Excellence

- Five CYFSOC Training Academy trainings
- Annual CYFSOC Training Academy conference
- Scholarships for professional development opportunities for parent partners, family partners and youth support partners throughout the CYF System of Care to attend local and statewide conferences
- CYF System of Care Advancing Principles Awards

Fiscal Year 2022-23	
MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
First Wade and a sefet a magnetic	Rose Woods ( <u>rwoods@sdsu.edu</u> )
First Wednesday of the month	
Virtual via Zoom	
9-10:00 AM	

# 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=TIJENDBKN0kxdHNLeUJV K01kT0kxZz09

Meeting ID: 833 2048 3718 Passcode: Buddy

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









# 13th Annual Early Childhood Mental Health Conference -We Can't Wait

How are the Children? The Path from Healing to Wellbeing

September 15-16, 2022 | Virtual Conference



How are the Children? There is a tribe in Africa called the Masai whose traditional greeting to each other is "Casserian Engeri." It means, "And how are the children?" Adults do not ask each other, "How are you?" They ask about the next generation. Because if the children are well, then all is well. There is a high value placed on the well-being of the children. What if our attention and intentions could be shifted to include this daily perspective in every community?

The Path from Healing to Well-Being is about doing everything we can for children and families navigating the difficult terrain of assessment, referral, treatment, education and collaboration between service providers and the teams serving them.

Distinguished speakers will focus on early childhood development, epigenetics, resilience and protective factors in children and families and will address the unique and complex needs of families living in very challenging circumstances. Explore the latest in evidence-based practices, trauma-informed care practices, child welfare services, and advances in early education programs that address improving social-emotional development.

### **Registration Fees:**

Thurs or Friday: \$75 per person per day

Both Thurs/Friday \$150 per person

**CE/CME is Included** at no extra fee, thanks to additional funding this year from **San Diego County Behavioral Health Services!** 















### **Distinguished Speakers**



### Habeebah Rasheed Grimes, MA

As CEO of Positive Education Program (PEP), Habeebah Rasheed Grimes leads 450 professionals committed to supporting

healing in children experiencing significant adversity and mental health challenges. She is extensively trained in trauma-informed practices and holds a master's degree in clinical/counseling psychology and a specialist degree in school psychology from Cleveland State University.



### Rajkumari Neogy, BA, MA, MNLP

Rajkumari Neogy is an epigenetic coach and executive consultant focused on the intersection of neurobiology, culture and

empathy. She is excited to bring this cutting-edge knowledge to early childhood development in order to examine the impact on transgenerational trauma and why a sense of belonging is critical for young children and their families. Previously, Rajkumari held positions in training and development at well-known tech companies, including Adobe and Facebook. She presents on epigenetics at worldwide conferences.



### Pradeep Gidwani, MD, MPH, FAAP

Pradeep Gidwani is a pediatrician and community health leader focused on creating systematic solutions and changes to improve the lives of children and their families. At the

American Academy of Pediatrics, California Chapter 3, San Diego and Imperial Counties (AAP-CA3), Dr. Gidwani works on a team that provides countywide coordination and support for two large scale community initiatives—Healthy Development Services and First Step Home Visiting funded by First 5 San Diego. In the last 16 years, these communitywide programs reached over 330,000 children and their families.

If you are involved in providing assessment, treatment, education, or services for children & families, this conference is for you!

Register Now: Click Here

Visit: earlychildhoodmentalhealth-sandiego.com