

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

**MEETING AGENDA**

**September 12, 2022 | 9 to 10:30 a.m.**

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

[https://us06web.zoom.us/meeting/register/tZlqfuCqgTsuHNX270q6wkxPypGEtALxbnBu](https://us06web.zoom.us/join/join?z=us06web.zoom.us/meeting/register/tZlqfuCqgTsuHNX270q6wkxPypGEtALxbnBu)

- I. Welcome (Jaime Tate-Symons) 5 minutes**
- September 4-10, 2022 is National Suicide Prevention Week: resource sharing via chat function
  - Welcome new meeting attendees - translation provided
  - Congratulations to George Scolari on his retirement and thank you for his contributions representing the Managed Care Health Plans
  - Welcome Kathleen Lang as the new Managed Health Care Plans member representative and James Trout as the new alternate
  - Thank you Micaela Cunningham for your contributions representing youth in the Family Sector
  - Directing Change Art feature: "Seasons of Change" by Daniella Carrasco – Grade 7 from Minerva Middle School  
Link <https://gallery.directingchange.org/sandiegocounty/art/>
- II. Review of Meeting Summary (Yael Koenig) 5 minutes**
- August 8, 2022, Meeting Summary - Handouts - **Pages 5-9**
  - Action Items from August 8, 2022 - See meeting summary for action items - **Page 7**
    - Disseminate the updated Bylaws to the Council at the September 12, 2022 meeting - Handout - **Pages 10-12**
    - Distribute the Fiscal Year 2022-23 Strategic Planning – Areas of Focus Summary that was delivered to BHS Director - **Pages 13-15**
    - Revisit the recommendation to add a Public Sector Council seat representing Medical Care Services

**III. Business Items (Yael Koenig) 20 minutes**

Board Letters / Board Actions	
<u>August 16, 2022</u>	
• <b>Item 07:</b> Authorization to Accept Behavioral Health Continuum Infrastructure Program Launch Ready Grant Funds and Mental Health Student Services Act Grant Funds and Waive Board Policy B-29 - Handout - <b>Pages 16-22</b>	
• <b>Item 20:</b> Receive Update on Child Welfare Services Review Working Group Recommendations - Handouts include presentation - <b>Pages 23-36</b>	
<u>August 30, 2022</u>	
• <b>Item 16:</b> Authorization to Enter into a Contract with Alvarado Hospital, LLC DBA Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and Emergency Psychiatric and Crisis Stabilization Services and Established Appropriations for Facility Improvements at Alvarado Hospital Medical Center [Funding Source: Short-Doyle Medi-Cal; Mental Health Services Act, Realignment, for the Initial Architectural Design is Realignment] Handouts include presentation – <b>Pages 37-45</b>	
• <b>Item 17:</b> Receive Update on the Department of Homeless Solutions and Equitable Communities and Accept Funding for Afghan Refugee Support Services	
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: <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a>	
CYF Council Bylaws	
<b>Proposed Update – Majority Council Members Vote – Handout of proposed Bylaws -Pages 46-48</b>	
Recommendation to add a Medical Care Services (MCS) seat under Public	
<ul style="list-style-type: none"> <li>Dr. Thomas Coleman</li> <li>Dr. Kelly Motadel</li> </ul>	
Information	
<ul style="list-style-type: none"> <li><b>Behavioral Health Director's Report</b> -September 2022 Handout - <b>Pages 49-56</b></li> <li><b>Updated CYF Council meeting schedule</b> - January 9, 2023 dark instead of December 12, 2022 - Handout - <b>Page 57</b></li> <li><b>Addressing San Diego's Behavioral Health Worker Shortage</b> - Handout - <b>Pages 58-59</b> <a href="https://www.countynewscenter.com/behavioral-health-workforce-symposium-addresses-lack-of-qualified-workers/">https://www.countynewscenter.com/behavioral-health-workforce-symposium-addresses-lack-of-qualified-workers/</a> <a href="https://www.youtube.com/watch?v=SHOigJ1YJ4">https://www.youtube.com/watch?v=SHOigJ1YJ4</a> <a href="https://workforce.org/wp-content/uploads/2022/08/San-Diego-Behavioral-Health-Workforce-Report.pdf">https://workforce.org/wp-content/uploads/2022/08/San-Diego-Behavioral-Health-Workforce-Report.pdf</a></li> <li><b>California Master Plan for Kid's Mental Health</b> Handout - <b>Pages 60-65</b> <a href="https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847">https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847</a></li> <li><b>California Health and Human Services Agency (CalHSS)</b> <b>News Release 22-10, August 25, 2022 - Department of Health Care Services (DHCS): New Managed Care Contracts</b> Handout – <b>Page 66</b> <a href="https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx">https://www.dhcs.ca.gov/CalAIM/Pages/MCP-RFP.aspx</a></li> </ul>	

- **Mental Health Student Services Act (MHSA) grant from the Mental Health Services Oversight & Accountability Commission (MHSOAC) to Enhance mental health resources for students**  
[Grant to enhance mental health resources for students \(10news.com\)](#)
- **Mental Health America 2022 Back to School Kit - Handout - Page 67**  
<https://mhanational.org/back-school>  
<https://mhanational.org/sites/default/files/2022-08/Back-to-School-Toolkit-2022.pdf>
- **Community and Parents Fentanyl Toolkit - Handout - Page 68**  
<https://www.sdpdatf.org/community-parent-fentanyl-toolkit>
- **Marijuana and hallucinogen use among young adults reached all time-high in 2021 - Handout - Page 69**  
<https://nida.nih.gov/news-events/news-releases/2022/08/marijuana-and-hallucinogen-use-among-young-adults-reached-all-time-high-in-2021>
- **The Children's Initiative - Live Well San Diego Report Card on Children, Families, and Community 2021 - Handout - Page 70**  
[2984\\_CI\\_Report2021-frontmatter v5.indd \(thechildrensinitiative.org\)](#)
- **Third Annual Birth of Brilliance Conference (February 2023) - Call for Proposals (Aisha Pope) - Handout - Page 71**  
<https://www.youtube.com/watch?v=gr3pGyaSpmM>
- **The Importance of Touch** from Meg Olinger, Ashley Rambeau, and the Early Childhood Committee (Rosa Ana Lozada)  
Handout - **Page 72**  
<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/Touch%20One%20Pager%20Updated%2002-22.pdf>

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

5 minutes

- Fiscal Year 2022-23 Annual Update, **public comment period** from September 6, 2022 to October 6, 2022.  
Link: [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/mhsa.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html)
- **Send comments, suggestions and/or questions** to either the MHSA voice message line or email address or use the feedback link:  
[2022 Mental Health Services Act 30-Day Public Comment Form \(smartsheet.com\)](#)  
Phone: 619-584-5063 / Toll-Free: 888-977-6763 or [MHSPop63.HHSA@sdcounty.ca.gov](mailto:MHSPop63.HHSA@sdcounty.ca.gov)
- **MHSA Stakeholder virtual trainings** on September 20, 23, and 28, 2022. Optional Spanish interpretation available  
Fliers - **Pages 73-74**  
Register for any session at: <https://tinyurl.com/MHSATraining>

#### V. Hot Topic (Stephanie Escobar)

- Review Fiscal Year 2022-23 Strategic Planning - Areas of Focus Summary delivered to BHS Director – Handout- **Pages 13-15**
- Poll Question: Have you attended a BOS meeting?
- Continuum of Care - Youth Strategies (Dr. Luke Bergmann)
  - September 27, 2022 Board Letter 25 minutes
  - Dialogue: inclusive of Questions and Answers Session 25 minutes
  - Poll Question:  
Do you intend to attend the September 27, 2022 BOS that will outline the Continuum of Care – Youth Strategies?

#### VI. Announcements (Stephanie Escobar)

5 minutes

- Poll Question
- **New Section** - Inviting all participants to unmute or enter announcements in the chat
- **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: [ECMH – We Can't Wait! \(earlychildhoodmentalhealth-sandiego.com\)](#) - Handout - **Page 75**
- **Recovery Happens 2022** is scheduled for September 17, 2022, from 10 a.m. to 1 p.m. – Flier – **Page 76**  
Please contact Dawn Hull at: [Dawn.Hull@sdcounty.ca.gov](mailto:Dawn.Hull@sdcounty.ca.gov) for information on resource tables  
September is National Recovery month - <https://www.samhsa.gov/recovery-month>
- **Live Well San Diego 5K at the Waterfront Park** on September 18, 2022 – Handout – **Page 77**  
<https://www.livewellsd.org/content/livewell/home/livewellsd5k.html>
- **Combined Councils Meeting**, October 10, 2022 – Note that meeting is from 10 to 11:30 a.m. via Zoom - Flier - **Page 78**  
Registration Link  
<https://us06web.zoom.us/meeting/register/tZlpceCgqz8jHNeL0sl8K35EcZvQ9vUAerD>
- **Cultural Competency Academy Foundational Series**: October 20, 2022 to June 8, 2023 (five sessions) - Flier - **Pages 79-80**  
[https://theacademy.sdsu.edu/programs/rihs/cultural-competency-academy/#anchor\\_3](https://theacademy.sdsu.edu/programs/rihs/cultural-competency-academy/#anchor_3)

#### Next Executive Committee Conference Call:

Date: October 27, 2022

Time: 11:30 - noon

#### Next Council Meeting (Combined):

Date: Monday, October 10, 2022

Time: 10 - 11:30 a.m.

**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. **Collaboration of four sectors:** Coordination and shared responsibility between child/youth/family, public agencies, private organizations and education.
2. **Integrated:** Services and supports are coordinated, comprehensive, accessible, and efficient.
3. **Child, Youth, and Family Driven:** Child, youth, and family voice, choice, and lived experience are sought, valued and prioritized in service delivery, program design and policy development.
4. **Individualized:** 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. **Community-based:** Services are accessible to children, youth and families and strengthen their connections to natural supports and local resources.
7. **Outcome driven:** Outcomes are measured and evaluated to monitor progress and to improve services and satisfaction.
8. **Culturally Competent:** Services and supports respect diverse beliefs, identities, cultures, preference, and represent linguistic diversity of those served.
9. **Trauma Informed:** 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. **Persistence:** Goals are achieved through action, coordination and perseverance regardless of challenges and barriers.

May 1, 2018



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# BEHAVIORAL HEALTH SERVICES 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

## PRIORITIES

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.

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 ever-changing 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

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

ITEM	SUMMARY AND ACTION ITEMS
<p><b>I. Welcome</b> (Stephanie Escobar)</p> <ul style="list-style-type: none"> <li>August is National Family Fun Month: Highlight a fun family activity</li> <li>Welcome new meeting attendees and Translation Team</li> <li>Welcome Zachary Guzik new Council member representing the San Diego Regional Center (SDRC)</li> <li>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></li> </ul> 	<ul style="list-style-type: none"> <li>Stephanie Escobar welcomed meeting attendees and covered the following items: <ul style="list-style-type: none"> <li>Acknowledged August is Family Fun Month. An optional Slido survey was available to meeting attendees: Highlight a fun family activity. Results are shown on the left column</li> <li>Highlighted the featured art piece from Directing Change</li> </ul> </li> </ul>
<p><b>II. Review of Meeting Summary</b> (Stephanie Escobar)</p> <ul style="list-style-type: none"> <li>July 11, 2022, Meeting Summary - Handout - <b>Pages 6-12</b> of meeting packet</li> <li>Action Items from July 11, 2022 – All have been completed, see Meeting Summary for action items - <b>Page 3</b> (Page 7 of meeting packet)</li> </ul>	<ul style="list-style-type: none"> <li>Stephanie Escobar reviewed the action items from July 11, 2022, which all have been completed: <ol style="list-style-type: none"> <li>Input and comments provided to Dr. Bergmann on July 11, 2022</li> <li>Information on the Housing Council</li> <li>Information on the upcoming 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>Advocate for <b>BHAB BHS Dashboard Indicators</b> to be updated to include data from Rady-CAPS vs. just the two Fee for Services acute care psychiatric hospitals for youth. Report included in the meeting packet</li> </ol> </li> </ul>
<p><b>III. Business Items</b> (Stephanie Escobar, Edith Mohler, and Yael Koenig)</p> <p><b>Board Letters (BL)</b> 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></p> <p><b>CYF Council Bylaws-Proposed Updates</b> <b>Vote on proposed revisions to the CYF Council Bylaws which include but are not limited to:</b></p> <ul style="list-style-type: none"> <li>Due to County organizational changes, replace the HHSA Region seat to Homeless Solutions and Equitable Communities seat</li> </ul>	<ul style="list-style-type: none"> <li>Note: There were no Board Letters included in the August 8, 2022 meeting packet.</li> <li>Edith Mohler provided an overview of the proposed updates to the bylaws and Yael Koenig answered questions</li> <li>Dr. Coleman proposed adding an additional Public Sector seat for the Medical Care</li> </ul>

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<ul style="list-style-type: none"> <li>Due to contracting shifts, replace the Children, Youth and Families (CYF) Liaison seat to Family Education Services (FES) seat</li> <li>Replace language from Council Sub-Committees to Council Committees</li> <li>General edits to align language with current nomenclature and practices</li> </ul> <p><b>Information</b></p> <ul style="list-style-type: none"> <li><b>Children and Youth Behavioral Health Initiative</b> - Handouts - <b>Pages 17-38</b> Link - <a href="https://www.dhcs.ca.gov/cybhi">https://www.dhcs.ca.gov/cybhi</a> Link - <a href="https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/">https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/</a></li> <li>Department of Health Care Services – <b>Behavioral Health Continuum Infrastructure Program (BHCIP)</b> - Handout - <b>Page 39</b> Link - <a href="https://www.dhcs.ca.gov/services/MH/Pages/BHCIP-Home.aspx">https://www.dhcs.ca.gov/services/MH/Pages/BHCIP-Home.aspx</a> Link - <a href="https://www.infrastructure.buildingcalhhs.com/">https://www.infrastructure.buildingcalhhs.com/</a></li> <li><b>Children's Crisis Continuum Pilot Program</b> - Handouts - <b>Page 40</b> Link - <a href="https://cdss.ca.gov/inforesources/childrencrisiscontinuumpilotprogram">https://cdss.ca.gov/inforesources/childrencrisiscontinuumpilotprogram</a></li> <li>August 2022 <b>BHS Director's Report</b> to the Behavioral Health Advisory Board (BHAB)-Handout - <b>Pages 41-45</b></li> <li><b>National Suicide Prevention Lifeline 988 Hot Line</b> - Handouts - <b>Pages 46-50</b> <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html</a> <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html">New mental health hotline now available to help San Diegans (10news.com)</a></li> <li>Fiscal Year 2021-22 <b>Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review Report Summary</b> - Handout <b>Pages 51-52</b> Full report is located at: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/ACL.html">Annual DMC-ODS EQR Report FY 21-22.pdf (sandiegocounty.gov)</a></li> <li>Health Advisory: Update on <b>Monkeypox</b> (English and Spanish) - Handouts - <b>Pages 53-54</b> County's Human Monkeypox webpage: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/human-monkeypox/">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/human-monkeypox/</a></li> <li><b>Christine Frey</b> (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 <a href="https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx">https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx</a> Christine invites local stakeholders to contact her with any item that may benefit from advocacy through the Children and Youth Workgroup at: <a href="mailto:brainxpproject@gmail.com">brainxpproject@gmail.com</a></li> </ul>	<p>Services which will be further discussed a future Council meeting</p> <ul style="list-style-type: none"> <li>Voting Poll was initiated for the proposed Bylaws updates. The proposed bylaws were approved (17 votes). See additional results image on Poll section (page 3)</li> </ul> <table border="1"> <thead> <tr> <th>User Name</th><th>1.Support revisions to CYF Council Bylaws?</th></tr> </thead> <tbody> <tr><td>George Scolari</td><td>Yes</td></tr> <tr><td>Veronica Hernandez</td><td>Yes</td></tr> <tr><td>Barbara Ryan</td><td>Yes</td></tr> <tr><td>Marcelo Podesta</td><td>Yes</td></tr> <tr><td>Beth Brown</td><td>Yes</td></tr> <tr><td>Minola Clark Manson</td><td>Yes</td></tr> <tr><td>Jaime Tate-Symons</td><td>Yes</td></tr> <tr><td>Pradeep Gidwani</td><td>Yes</td></tr> <tr><td>Patricia Cardenas-Wallenfelt MD</td><td>Yes</td></tr> <tr><td>Jerelyn Bourdage</td><td>Yes</td></tr> <tr><td>Stephanie Escobar</td><td>Yes</td></tr> <tr><td>Tom Coleman</td><td>Yes</td></tr> <tr><td>Zachary Guzik</td><td>Yes</td></tr> <tr><td>Sten Walker</td><td>Yes</td></tr> <tr><td>Karilyn Perry</td><td>Yes</td></tr> <tr><td>Laura Beadles</td><td>Yes</td></tr> <tr><td>Claudette Butler</td><td>Yes</td></tr> </tbody> </table> <ul style="list-style-type: none"> <li>Yael Koenig reviewed all information items</li> </ul>	User Name	1.Support revisions to CYF Council Bylaws?	George Scolari	Yes	Veronica Hernandez	Yes	Barbara Ryan	Yes	Marcelo Podesta	Yes	Beth Brown	Yes	Minola Clark Manson	Yes	Jaime Tate-Symons	Yes	Pradeep Gidwani	Yes	Patricia Cardenas-Wallenfelt MD	Yes	Jerelyn Bourdage	Yes	Stephanie Escobar	Yes	Tom Coleman	Yes	Zachary Guzik	Yes	Sten Walker	Yes	Karilyn Perry	Yes	Laura Beadles	Yes	Claudette Butler	Yes
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<p><b>IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</b></p> <ul style="list-style-type: none"> <li>Public comment period from September 5, 2022 to October 5, 2022. Link: <a href="http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html">http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html</a></li> </ul>	<ul style="list-style-type: none"> <li>Dr. Mockus-Valenzuela announced the upcoming public comment period for the annual MHSA update</li> </ul>																																				
<p><b>V. Annual Strategic Planning (Stephanie Escobar and Yael Koenig)</b></p> <p>Fiscal Year 2021-22 Accomplishment and Fiscal 2022-23 Year Goals - Handouts-Pages 63-91</p> <ul style="list-style-type: none"> <li>CYF Systemwide Report</li> <li>Executive Subcommittee</li> <li>Private Sector: MHCA &amp; ADSPA</li> <li>Family and Youth Sector</li> <li>Education Sector</li> <li>Outcomes Subcommittee</li> <li>Early Childhood Subcommittee</li> <li>Transition Age Youth (TAY) Council</li> <li>Managed Care Health Plans (MHCP)</li> <li>Cultural Competence Resource Team (CCRT)</li> <li>CYF Change Agents Developing Recovery Excellence (CADRE) Subcommittee</li> <li>Responsive Integrated Health Solutions (RIHS) &amp; SOC Training Academy</li> </ul> <p><b>Breakout Discussion – Setting Council Priorities for Fiscal Year 2022-23:</b> Breakout participants will have a dialogue to identify one area of focus for the CYF Council in Fiscal Year 2022-23 and specify three actions the Council can take to advance the suggested priority</p> <p><b>Report Out</b></p> <ul style="list-style-type: none"> <li>Representative from each breakout session will have two minutes to highlight the identified/suggested priority</li> </ul>	<ul style="list-style-type: none"> <li>Yael Koenig announced that the goals and accomplishments documents were included in the meeting packet</li> <li>Yael Koenig shared that Luke Bergmann / BHS Director is interested in re-joining the Council in September to discuss Continuum of Care strategies for children and youth with an upcoming Board Letter tentatively scheduled for September 27, 2022</li> <li>Stephanie Escobar provided the instructions for the 30 minutes breakout rooms sessions – 10 virtual rooms were open</li> </ul> <p>BHS Priorities as they relate to children, youth, and families inclusive of:</p> <ul style="list-style-type: none"> <li>Staffing Crisis / Workforce / Services Impact</li> <li>Housing for families</li> <li>California Advancing and Innovating Medi-Cal (CalAIM)</li> </ul>																																				

ITEM	SUMMARY AND ACTION ITEMS																								
<ul style="list-style-type: none"> <li>and the three action items to advance the priority</li> <li>o Scribe from each breakout session will send meeting notes to Edith Mohler at: <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a> to compile</li> </ul>	<ul style="list-style-type: none"> <li>Dialogue: Inclusive of Questions and Answers Session</li> </ul>																								
<b>VI. Announcements (Stephanie Escobar)</b> <ul style="list-style-type: none"> <li>Two Polling Questions</li> <li><b>California Advancing and Innovating Medi-Cal Cal/AIM presentation on August 17, 2022 from 2 to 3 p.m.- Handout - Page 92</b></li> <li><b>Promises2Kids Foster Youth Resource Fair</b> on August 27, 2022, from 10:30 a.m. to 2 p.m. at the Handlery Hotel in Mission Valley</li> <li><b>13th Annual Early Childhood Mental Health Conference – We Can’t Wait – How are the Children? The Path from Healing to Well- Being</b> on September 15-16, 2022 (Virtual)- Registration: <a href="https://earlychildhoodmentalhealth-sandiego.com">ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)</a> -Handout - Page 93</li> <li><b>Recovery Happens 2022</b> is scheduled for September 17, 2022, from 10 a.m. to 1 p.m. Please contact Dawn Hull at: <a href="mailto:Dawn.Hull@sdcounty.ca.gov">Dawn.Hull@sdcounty.ca.gov</a> for information on resource tables</li> </ul>	<ul style="list-style-type: none"> <li>Stephanie made the announcements and announced two polls projected by Darwin Espejo. See polls results below</li> </ul>																								
<b>Polls Results</b>																									
<p><b>CYF Council Poll #1 - Members/Alternates Voting</b></p> <p>1. Support revisions to CYF Council Bylaws? (Single Choice) *</p> <table border="1"> <tr> <td>Yes</td> <td>88%</td> </tr> <tr> <td>No</td> <td>0%</td> </tr> <tr> <td>Abstain</td> <td>13%</td> </tr> </table> <p>*The Abstain results are from three meeting attendees (not Council members) that entered "Abstain"</p>	Yes	88%	No	0%	Abstain	13%	<div> <div> CYF Council Poll #2 </div> <div> <b>CYF Council Poll #2</b>  Poll ended   1 question   43 of 59 (72%) participated </div> <div> 1. Would you like to utilize the breakout feature in future meetings? (Single Choice) *  43/43 (100%) answered </div> <div> <table border="1"> <tr> <td>Yes - utilize breakout feature as much as possible</td> <td>(8/43) 19%</td> </tr> <tr> <td>Sometimes - utilize breakout feature for some of the C...</td> <td>(27/43) 63%</td> </tr> <tr> <td>Infrequently - utilize breakout feature sparingly</td> <td>(6/43) 14%</td> </tr> <tr> <td>No - minimize use of the breakout feature</td> <td>(2/43) 5%</td> </tr> </table> </div> </div> <div> <div> CYF Council Poll #3 </div> <div> <b>CYF Council Poll #3</b>  Poll ended   1 question   40 of 57 (70%) participated </div> <div> 1. On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting? (Single Choice) *  40/40 (100%) answered </div> <div> <table border="1"> <tr> <td>1</td> <td>(0/40) 0%</td> </tr> <tr> <td>2</td> <td>(1/40) 3%</td> </tr> <tr> <td>3</td> <td>(2/40) 5%</td> </tr> <tr> <td>4</td> <td>(19/40) 48%</td> </tr> <tr> <td>5</td> <td>(18/40) 45%</td> </tr> </table> </div> </div>	Yes - utilize breakout feature as much as possible	(8/43) 19%	Sometimes - utilize breakout feature for some of the C...	(27/43) 63%	Infrequently - utilize breakout feature sparingly	(6/43) 14%	No - minimize use of the breakout feature	(2/43) 5%	1	(0/40) 0%	2	(1/40) 3%	3	(2/40) 5%	4	(19/40) 48%	5	(18/40) 45%
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2	(1/40) 3%																								
3	(2/40) 5%																								
4	(19/40) 48%																								
5	(18/40) 45%																								
<b>VII. Action Items</b>	<b>Action Due/Status</b>																								
<ol style="list-style-type: none"> <li>1) Share the updated Bylaws to the Council at the September 12, 2022 meeting</li> <li>2) Distribute the Fiscal Year 2022-23 Strategic Planning – Areas of Focus Summary</li> <li>3) Revisit the recommendation to add a Public Sector Council seat representing Medical Care Services (MCS)</li> </ol>	<ol style="list-style-type: none"> <li>1) To be included in the September 12, 2022 meeting packet</li> <li>2) To be included in the September 12, 2022 meeting agenda</li> <li>3) September 12, 2022 meeting agenda item</li> </ol>																								
<b>Next Meeting: Virtual Meeting</b> <b>Date: Monday, September 12, 2022</b> <b>Time: 9 to 10:30 a.m.</b>																									

+ = Member in Attendance    O = Absent

E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	O	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	E	Dr. Patricia Cardenas-Wallenfelt	+
3	Public Safety Group/ Probation	Tabatha Wilburn	+	Delona King	O
4	Child Welfare Services (CWS)	Jerelyn Bourdage	+	Norma Rincon	O
5	HHSA Regions	VACANT		Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	O
7	Juvenile Court	H. Judge Ana España	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Stephanie Escobar	+
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Russell Coronado	O	Jaime Tate-Symons	
10	Regular Education Pupil Personnel Services	Violeta Mora	E	Margaret Sedor	O
11	School Board	Barbara Ryan	+	Debra Schade	+
12	Special Education	Yuka Sakamoto	O	Misty Bonta	O
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	VACANT	
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	O	John Laidlaw	O
15	ADSPA	Marisa Varond	E	Claudette Allen Butler	+
16	Mental Health Contractors Association (MHCA)	Julie McPherson	O	Minola Clark Manson	+
17	MHCA	Laura Beadles	+	Golby Rahimi	+
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	O	Marcelo A. Podesta	+
19	Managed Care Health Plans	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	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	+
23	Youth served by the Public Health System (up to age 26)	Veronica Hernandez	+	VACANT	O
24	Youth served by the public health system (up to age 26)	Micaela Cunningham	+	VACANT	
COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive	Sten Walker Jaime Tate Symons	+ / +		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	O/E		
-	Early Childhood	Aisha Pope Ginger Bial	O/O		
-	Education	Heather Nemour Violeta Mora	E/E		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	O/+		
-	Training	Rose Woods	+		

**Total Attendees: 91**

Amanda Farr	Debra Schade	Judi Holder	Rosa Ana Lozada
Amanda Lance-Sexton	Denise Alvarez	Kameka Smith	Rose Woods
Ana Juliao	Dina Ali	Karilyn Perry	Sandra Mueller
Barbara Ryan	Dori Gilbert	Kathleen Lang	Sarah Colling
Bessie Pineda	Edith Mohler	Kelly Motadel	Seth Williams
Beth Brown	Eileen Quinn-O'Malley	Krystle Murguia	Shadi Haddad
Veronica Gallacher	Elisabeth Winchell	Laura Beadles	Shakara Thompson
Bobbi Smylie	Elizabeth Dauz	Lesley Johnson	Shannon Jackson
Brianna Renstrom	Erick Mora	Leslie Manriquez	Shaun Goff
Carmen Pat	Evan Hodges	Marcelo Podesta	Sten Walker
Carolina Ruiz	Fran Cooper	Mareeh Marquez	Stephanie Escobar
Celeste Hunter	Francisca Salcedo	Margaret Anello	Stephanie Gioia-Beckman
Cheryl Rode	Francisco Medrano	Martin Dare	Tabatha Wilburn
Christina Bruce	George Scolari	Melissa Penaflor	Teresa Kang
Christine Davies	Golby Rahimi	Micaela Cunningham	Tom Coleman
Christine Maggio	Isabella Romo	Michael Miller	Veronica Hernandez
Christine Tham	Jaime Tate-Symons	Mina Arthman	Vicki Lundberg
Claire Riley	Jamie Pellegrino	Minola Clark Manson	Wendy Maramba
Claudette Butler	Janette Magsanoc	Patricia Cardenas-Wallenfelt	Yael Koenig
Danyte Mockus-Valenzuela	Jazmin Wali	Pradeep Gidwani	Yvette Leiva
Darwin Espejo	Jean McDonald	Rafael Ortiz-Gomez	Zach Guzik (Zach Guzik)
David Lee	Jerelyn Bourdage	Rebecca Raymond	<i>Unknown Caller 1</i>
David Taylor	Jodi Erickson	Rhonda Crowder	

**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 CYF Council or the Council).

## **Article Two: Purpose and Duties**

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

The duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a department of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director)/Designee and serves in an advisory capacity. The Council is charged by the BHS Director/Designee to perform the following functions:

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

## **Article Three: Membership**

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

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



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:

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCouncil.html).

#### **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.

Dear Dr. Bergmann,

The Children, Youth and Families (CYF) Council convened its annual strategic planning meeting on August 8, 2022. Over 90 individuals attended this meeting, including Council members, alternates, and stakeholders. To promote participation, ten virtual breakout rooms convened, where stakeholders met to identify the Fiscal Year 2022-23 Council areas of focus and actions to advance the identified priorities. Below is the summary of the discussion from the breakout rooms. On behalf of the Council, please accept these recommendations as the County works to advance the care for children, youth, and families in San Diego.

## Group 1:

### Priorities/Areas of Focus

- Problems after the pandemic:
  - Impacts on academics, socialization, and mental health; more and higher risk youth
  - Wait list impacted

### Recommendations

- Every child /family can access services they need when they need them
- Break down payment silos/barriers “no wrong door”
- Focus on K to 8th grade
- No waitlists
- Solve staffing issues; pay issues; cost of living in San Diego
- Services where families can access them in schools, like Family justice Center model
- Outside the box types of therapeutic services (not just talk therapy in an office)
- More diverse providers/representation
- Services earlier to prevent entry into child welfare and juvenile justice systems

## Group 2:

### Priorities/Areas of Focus

- Workforce
  - How do we encourage qualified and passionate staff to stay in this business?
  - Strengthening workforce around mental health and substance use
  - Need more specialized providers to serve children 0-5
- Early intervention and treatment
  - Ensuring families know how to reach out for help
    - Example: Teen centers in each region to strengthen community resources

## Group 3:

- The biggest concern/challenge is workforce development
  - Need to expand the workforce
  - We are optimistic because people are realizing the need for behavioral services, however, we will need many more providers
  - Living in San Diego is expensive, how do we support behavioral health professionals to stay in town?
  - Also, while the training needs are significant, as we train new staff, they will need both Clinical and Reflective supervision. That needs to be accounted for in our contracts and payment systems
- Continuum of Care
  - We will not be able to recruit and train enough clinical staff, so we will need to figure out who else can help people. Scope of practice will be important when we incorporate Behavioral Health Coaches and Peer Support
  - Once a family has certain level of need, they need care coordination/case management. Without care coordination, our mental health professionals become care coordination and it is not the best use of their skills. In Healthy Development Services, we have seen the positive impact of mental health professionals and care coordinators/case managers
  - Our treatment must include families
  - When we consider a missing piece of the puzzle, it is fathers. We need to involve fathers to have an intergenerational impact
- Screen to Care initiative
  - The intent of this initiative is positive. However, the providers are found through partnering with managed care. It will add to our already long waiting lists for services

## Group 4:

### Priorities/Areas of Focus

- Substance Use Disorder (SUD) Continuum of teens and adolescents
  - Access to services for non-Medi-Cal and Medi-Cal
  - Integrated SUD and mental health treatment (FSP style with experts on both)
  - Access to Residential and longer treatment for youth

## Group 5:

### Priorities/Areas of Focus

- Prevention and residential treatment programs for SUD
- Continue stigma reduction around Mental Health and Substance Use among elementary, middle, and high school and particular focus on parents/caregivers
  - Develop Innovative modes of access of services – *Action Step*
  - Education around navigation of the resources and multiple access points throughout San Diego for both Medi-Cal and or private insurance – *Action Step*
  - Publication/updated threshold languages around benefits of Mental Health and SUD treatment – *Action Step*
- Variance/understanding between the schools on resources available
  - Training on resources to the schools – *Action Step*
  - Training on when to make a referral for the schools – *Action Step*
  - Developing a cadre of student leaders to be their own champions and promoting inclusion and opening spaces to talk about mental health – *Action Steps*

## Group 6:

### Priorities/Areas of Focus

- Workforce retention and recruitment is a major issue for all Behavioral Health Services in San Diego especially in pediatrics
  - All programs are grappling with an exodus of clinicians close to licensure – this is impacting the ability to meet the medication management needs of children and youth
  - This is making it difficult for providers to meet requirements of County contracts with existing funding levels– as such capacity is reduced when need is growing
  - All programs struggling – new County RFPs should have more competitive salaries
  - Interns are turning down \$30 hour right out of grad school – they can get a more competitive salary in the private sector – the population's acuity has increased making the work more challenging and less attractive when pay is low
  - Not enough care to meet needs of children and youth
  - There are not enough licensed clinicians willing to train the workforce, which is limiting expansion of workforce

### Recommendations:

- Market adjustments to existing contracts (licensed and unlicensed with the aim of improving retention and recruitment)
- Targeted opportunities for financial aid:
  - Incentivize individuals of diverse backgrounds to enter behavioral health workforce
  - Assist social workers with supervision, and to help formally train in certain modalities (CBT, DBT, EMDR)
- Workforce Development
  - Align current standards of practice to include Psychiatric Nurse Practitioners (NP) to provide a more capacity in the workforce - recognizing that there is a pediatric psychiatric NP residency program in San Diego. This diversified workforce already supports the adult's system of care and is allowable under state regulations

## Group 7:

### Priorities/Areas of Focus and Recommendations

- Advocacy at state level that our system can document in line with private practice. Can help with staff retention, work life balance, access to care (documentation heavy). Ways to communicate to workforce, engaging workforce more in messaging, positive messaging
- Dialogue with all school-based providers (SchoolLink, Managed Care, Screening to Care). Updated consumer facing tool of how to access services to understand the system, and therefore help families understand the system (array of services)
- Recruiting a diverse workforce - Start early, diverse supervisors, leadership, funding, increases access to care

## Group 8:

### Priorities/Areas of Focus

- Identify resources and strategies needed to address the various overlapping CYF Council System of Care goals (Page 63 of August 8, 2022 meeting packet)

### Recommendations:

- Supporting our workforce by being informed
  - By those served / consumer, identified gaps, and partner setting (i.e., School partners) and driven by treatment needs and treatment focus shifts
- Sustain staff/Retention:
  - Robust trainings to set them up for success (group therapy)
  - Salary and benefits, retention bonuses
  - Cal AIM documentation burden

## Group 9:

- Action items for keeping up with upcoming developments
  - Monthly updates and giving room for feedback and recommendations for the Student Behavioral Health Incentive Program (SBHIP)
  - Feature an introduction of the screening tool
  - Keep up with the Continuum of Care

## Group 10:

### Priorities/Areas of Focus

- Workforce development of clinical capacity
- How can we tap into existing resources?

### Recommendations:

- Needs assessments from all stakeholder groups
- Training Capacity inventory from all stakeholders
- Community education related to resources currently available to help reduce the stigma around accessing services.



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** August 16, 2022

**07**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM  
INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS AND MENTAL  
HEALTH STUDENT SERVICES ACT GRANT FUNDS, AND WAIVE BOARD POLICY  
B-29 (DISTRICTS: ALL)**

### OVERVIEW

In an effort to support the well-being of those with behavioral health conditions, the San Diego County Board of Supervisors (Board) and the County of San Diego (County) Health and Human Services Agency (HHSA) remain committed to investing in services to meet the needs of this vulnerable population. In alignment with this commitment, County HHSA, Behavioral Health Services (BHS) continues to pursue new funding opportunities to enhance and expand access to critical mental health and substance use disorder prevention, engagement, and treatment services.

BHS has pursued the following grant opportunities for the projects noted below:

- Behavioral Health Continuum Infrastructure Program (BHCIP): Round 3 Launch Ready Grant for a new 12-bed acute psychiatric unit; and
- The Mental Health Services Oversight & Accountability Commission: Mental Health Student Services Act (MHSSA) grant to enhance the Creating Opportunities in Preventing and Eliminating Suicide program, which provides suicide prevention and mental health wellness education and information to school staff, students, and families.

In 2022, BHS was notified it was awarded approximately \$12.4 million of one-time BHCIP funding and approximately \$1.1 million in additional MHSSA grant funding. Today's actions seek approval to authorize acceptance of BHCIP Launch Ready Grant and MHSSA grant funds and to waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires full-cost recovery for both grants.

Today's actions support the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by providing inclusive services that yield better outcomes and opportunities for underrepresented communities.



**SUBJECT:** AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS AND MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. Authorize the acceptance of approximately \$12.4 million of one-time Behavioral Health Continuum Infrastructure Program Launch Ready Grant funding from the California Department of Health Care Services for Fiscal Year (FY) 2022-23 through FY 2026-27 for the construction of a new 12-bed Acute Psychiatric Unit within the existing Edgemoor Distinct Part Skilled Nursing Facility campus and authorize the Agency Director, Health and Human Services Agency, or designee to execute all required documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.
2. Authorize the acceptance of approximately \$1.1 million in additional Mental Health Student Services Act grant funding from the Mental Health Services Oversight & Accountability Commission for FY 2022-23 through FY 2025-26 to enhance the current Creating Opportunities in Preventing and Eliminating Suicide program, and authorize the Agency Director, Health and Human Services Agency, or designee to execute all required documents, upon receipt, including any annual extensions, amendments, or revisions that do not materially impact or alter the services or funding level.
3. Waive Board Policy B-29, Fees, Grants, Revenue Contracts – Department Responsibility for Cost Recovery, which requires full cost recovery for grants.

**EQUITY IMPACT STATEMENT**

The vision of the County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS), is to build a system in which mental health and substance use services are equitably and regionally distributed and accessible to all individuals and families within the region who are in need. In pursuit of this goal, BHS is committed to pursuing funding sources that will support the provision of services to vulnerable and underserved populations.

The East Region, an area with high Medi-Cal client density and a large portion of the community falling within the lowest quartile of the Healthy Places Index, has limited behavioral health infrastructure which requires residents to travel to receive behavioral health services. Today's actions will improve regional access for seniors and medically frail adults residing within the Edgemoor facility, along with residents of the East Region who are in need of acute care by establishing new infrastructure and services within their community, though the new facility will serve residents countywide as needed. Establishing acute psychiatric services within the East Region supports regionally distributed access to specialty psychiatric care.

In the ten years preceding the pandemic, the rate of high school students who reported persistent feelings of sadness or hopelessness increased by 40%. The negative effects of the pandemic have exacerbated the deteriorating mental health of marginalized populations, furthering the health disparities that exist among underserved/underrepresented communities, and disproportionately impacting children and youth. To address the social, economic, cultural, geographic, and other barriers that often hinder the accessibility of behavioral health care, BHS has taken strides to address the gap by bringing services directly to communities of need.

**SUBJECT:** AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS AND MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

Today's action will enhance on-campus suicide prevention, mental health, and outreach to high-risk youth, including foster youth, youth who identify as LGBTQ+, and youth who have been expelled or suspended from school.

## **FISCAL IMPACT**

### **Recommendation #1: Authorize the Acceptance of the Behavioral Health Continuum Infrastructure Program Launch Ready Grant**

Funds tied to this request are not included in the Fiscal Year (FY) 2022-24 Operational Plan in the Health and Human Services Agency (HHSA). If approved, this request will result in estimated costs and revenue of approximately \$13.4 million in FY 2022-23 through FY 2026-27 and will be used to support the Edgemoor Psychiatric Unit capital project appropriated in the County Health Complex Fund. The estimated revenue of \$13.4 million is inclusive of \$12.4 million associated with the Behavioral Health Continuum Infrastructure Program Launch Ready Grant allocation funded by State Fiscal Recovery Funds established by the American Rescue Plan Act, and a \$1.0 million County match requirement funded by Realignment. Funds for this program will use existing appropriations and will be included in future Operational Plans, as needed. There will be no change in net General Fund cost and no additional staff years.

### **Recommendation #2: Authorize the Acceptance of the Mental Health Student Services Act (MHSSA) Grant**

Funds for this request are not included in the Fiscal Year 2022-24 Operational Plan in the HHSA. If approved, this request will result in an estimated total cost and revenue of \$1.1 million in FY 2022-23 through FY 2025-26. The funding source is the Mental Health Services Oversight & Accountability Commission. Funding for this program will use existing appropriations and be included in future Operational Plans. There will be no change in net General Fund costs and no additional staff years.

### **Recommendation #3: Waive Board Policy B-29, Fees, Grants, Revenue Contracts**

For the Behavioral Health Continuum Infrastructure Program Launch Ready Grant a waiver of Board Policy B-29 is requested because the funding does not offset costs associated with the Behavioral Health Continuum Infrastructure Program Launch Ready Grant local match requirement of approximately \$1.0 million in FY 2022-23 through FY 2026-27. The public benefit of this project far outweighs the B-29 unrecoverable costs.

For the Mental Health Student Services Act Grant a waiver of Board Policy B-29 is requested because the funding does not offset all costs associated with the implementation of the Mental Health Student Services Act grant of approximately \$15,000 annually. The public benefit of providing these services far outweighs the unrecoverable costs and maximizes grant funds used to implement the project.

## **BUSINESS IMPACT STATEMENT**

N/A

**SUBJECT:** AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS AND MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

### **ADVISORY BOARD STATEMENT**

At their meeting on August 4, 2022, the Behavioral Health Advisory Board voted to approve these recommendations.

### **BACKGROUND**

To support the well-being of those with behavioral health conditions, the San Diego County Board of Supervisors (Board) and the County of San Diego (County) Health and Human Services Agency (HHSA) remain committed to investing in services to meet the needs of this vulnerable population. In alignment with this commitment, County HHSA, Behavioral Health Services (BHS) continues to pursue new funding opportunities to enhance and expand access to critical mental health and substance use disorder prevention, engagement, and treatment services. BHS recently pursued grant opportunities for the projects noted below which were both conditionally awarded.

### **Recommendation #1: Authorize the Acceptance of the Behavioral Health Continuum Infrastructure Program (BHCIP) Launch Ready Grant**

In 2021, the California Department of Health Care Services (DHCS) was authorized through legislation to establish the BHCIP and award approximately \$2.1 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. DHCS is releasing these funds through six grant rounds targeting various gaps in the State's behavioral health facility infrastructure.

On January 31, 2022, BHCIP released a Request for Application for the round 3 funding cycle, BHCIP Launch Ready Grant, which provides funding to construct, acquire, and rehabilitate real estate assets to expand the behavioral health continuum of treatment and service resources in settings serving Medi-Cal beneficiaries. Proposed behavioral health infrastructure projects must demonstrate they have been through a planning process and are ready for implementation.

BHCIP funding opportunities are designed to address the following State priorities:

- Invest in behavioral health and community care options that advance racial equity;
- Seek geographic equity of behavioral health and community care options;
- Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth;
- Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization;
- Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement;
- Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy;
- Leverage county and Medi-Cal investments to support ongoing sustainability; and
- Leverage the historic State investments in housing and homelessness.

In March 2022, BHS submitted three BHCIP Launch Ready Grant applications totaling \$46.7 million for planned capital projects to support the expansion of the behavioral health continuum of care infrastructure within San Diego County, including the Tri-City Psychiatric Health Facility

**SUBJECT:** AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS AND MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

in the North Coastal Region, the new Crisis Stabilization Unit with co-located sobering services in the East Region, and the Edgemoor Acute Psychiatric Unit within the East Region.

On June 21, 2022, BHS received a notice of conditional award of approximately \$12.4 million for the Edgemoor Acute Psychiatric Unit capital project, which will add a new 12-bed acute psychiatric unit within the existing Edgemoor Distinct Part Skilled Nursing Facility (DPSNF) campus. Construction of this new acute psychiatric unit will allow residents to continue to receive the appropriate specialty psychiatric care without requiring them to transfer out of their residence. The new facility will serve residents countywide as needed but will increase accessibility to vulnerable individuals within the East Region, which currently has limited behavioral health infrastructure. The acute psychiatric unit may also be able to serve other area skilled nursing facilities (SNFs) with patients in need of stabilization, thus reducing the need to transport these patients to hospital emergency rooms. The acute psychiatric unit will also provide local connections to inpatient services for those requiring higher levels of care.

Another benefit of establishing new acute psychiatric services within the campus is that Edgemoor will maintain its Distinct Part (DP) status. Per Medi-Cal, part of the criteria for a patient to be admitted to a DPSNF is an alternate placement that cannot be found at a lower level of care, which may include a free-standing SNF. The DP designation allows for these patients to be transferred to the least restrictive setting, generally from an acute hospital to a DPSNF, when other facilities will not accept the patient. This supports seamless access to specialty psychiatric care for older and medically frail adults by removing barriers to care and supporting residents of the facility with equitable access to services in their own community.

Currently, Edgemoor provides 24-hour, long-term skilled nursing care for adults with complex medical needs who require specialized interventions from highly trained staff. The 192-bed facility operates as a DPSNF and is licensed by the California Department of Public Health. Construction of the new acute psychiatric unit will require the permanent closure of 20 SNF beds with the subsequent addition of 12 acute psychiatric beds. Once completed, Edgemoor will have total capacity of 12-bed acute psychiatric unit and a 172-bed DPSNF. Patients receiving services within each of the two units will remain distinct and separate. The total estimated cost to construct the new 12-bed acute psychiatric unit within Edgemoor is approximately \$13.4 million, inclusive of \$12.4 million funded by BHCIP Launch Ready Grant and \$1.0 million County match requirement funded by Realignment.

Today's action requests the Board to authorize the acceptance of one-time BHCIP Launch Ready Grant funding of approximately \$12.4 million for the construction of the new 12-bed Acute Psychiatric Unit within the existing Edgemoor DPSNF campus. Additionally, today's action requests the Board to authorize the department to waive the Board Policy B-29 requirement for full cost recovery associated with the BHCIP Launch Ready Grant local match requirement of approximately \$1.0 million in Fiscal Year (FY) 2022-23 through FY 2026-27. The public benefit of this project far outweighs the B-29 unrecoverable costs because it expands behavioral health services for residents in East Region in need of acute care.

**SUBJECT:** AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS AND MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS, AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

**Recommendation #2: Authorize the Acceptance of the Mental Health Student Services Act (MHSSA) Grant**

The MHSSA grant is a competitive grant through the Mental Health Services Oversight & Accountability Commission (MHSOAC) that was established to fund partnerships between county behavioral health departments and local educational entities for the purpose of increasing access to behavioral health services at school sites. On average, a young person dies by suicide every hour and 25 minutes in the U.S. (Centers for Disease Control and Prevention, 2015). For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts (Centers for Disease Control and Prevention, 2016). Youth suicide is preventable, and educators and schools are key to prevention. The MHSSA grant funding is designed to bolster coordination and infrastructure development to support on-campus mental health services, suicide prevention, drop-out prevention, placement assistance, service plans for students in need of ongoing services, and outreach to high-risk youth, including foster youth, youth who identify as LGBTQ+, and youth who have been expelled or suspended from school.

On February 25, 2020 (13), the Board approved BHS to apply for and accept MHSSA grant funds of approximately \$6 million for FY 2021-22 through FY 2023-24; however, the County was not initially selected for an award. Due to the COVID-19 pandemic, the MHSOAC extended the grant opportunity to counties that were not originally funded, and on June 15, 2021, the County received notification of tentative award and opportunity to submit a revised application to MHSOAC. On September 21, 2021, BHS was notified by the MHSOAC that the MHSSA grant application and funding of approximately \$6 million was approved.

On April 18, 2022, the MHSOAC released a Request for Applications for current grantees to apply for additional funding. The additional grant funding will enhance the current Creating Opportunities in Preventing and Eliminating Suicide (COPES) program and will be used to enhance hiring of qualified mental health personnel in schools throughout the county, professional development for school staff, or to support other strategies that respond to the mental health needs of children and youth.

Today's action requests the Board to authorize the acceptance of an estimated \$1.1 million of additional MHSSA grant funding for the COPES contract. Additionally, today's action requests the Board to authorize the department to waive the Board Policy B-29 requirement for full cost recovery associated with the additional MHSSA grant for administrative overhead costs of approximately \$15,000 per fiscal year. The public benefit of providing these services far outweighs the B-29 unrecoverable costs and allows for the maximization of grant funds used to implement the project. Without the revenues, the ability of children and youth to enhance access to behavioral health services at school sites will be impacted.

**SUBJECT:** AUTHORIZATION TO ACCEPT BEHAVIORAL HEALTH CONTINUUM  
INFRASTRUCTURE PROGRAM LAUNCH READY GRANT FUNDS  
AND MENTAL HEALTH STUDENT SERVICES ACT GRANT FUNDS,  
AND WAIVE BOARD POLICY B-29 (DISTRICTS: ALL)

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed actions support the County of San Diego's 2022-2027 Strategic Plan initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Helen N. Robbins-Meyer".

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A





## COUNTY OF SAN DIEGO

### AGENDA ITEM

#### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** August 16, 2022

**20**

**TO:** Board of Supervisors

#### SUBJECT

**RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)**

#### OVERVIEW

On August 10, 2018, at the request of San Diego County Board of Supervisors (Board), a time-limited working group known as the Child Welfare Services (CWS) Review Working Group (Working Group), was established to complete an assessment and report on the state of the County of San Diego (County) child welfare system. The Working Group, comprised of members of the County Child Abuse Prevention Coordinating Council and community experts and stakeholders, was tasked to survey and identify system improvement needs for the County Health and Human Services Agency, CWS, including needs for quality assurance, personnel training, policy barriers, and outcome data to ensure the health and safety of dependent youth in foster care. On December 11, 2018 (12), the Working Group provided its final report to the Board with 88 specific recommendations for consideration by the Board. Between August 2018 and March 2022, collective actions were taken to review, identify, and implement systemic, operational, and practice improvements within CWS to ensure the safety, health, and well-being of youth in foster care.

Today's action requests the Board to receive the CWS Working Group Recommendations presentation on the completed 88 recommendations. This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by providing equitable access to quality, trauma-focused services, resources, and supports to strengthen families and ensure that children are healthy, safe, and thriving and are supported by high-quality resource families and a well-trained child welfare workforce.

#### RECOMMENDATION(S)

##### CHIEF ADMINISTRATIVE OFFICER

1. Receive the *Child Welfare Services Review Working Group Recommendations* presentation.

**SUBJECT:** RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)

#### EQUITY IMPACT STATEMENT

The County of San Diego Health and Human Services Agency, Child Welfare Services (CWS) provides a spectrum of family strengthening, prevention, and protective services and supports to youth and families that are culturally responsive, youth-focused, and family-centered. While advancing the child welfare system, CWS engaged youth and families, the Child and Family Strengthening Advisory Board (CFSAB) of San Diego County and its subcommittees, the foster care community, child and family advocates, CWS staff, and system and legal partners to solicit ideas and recommendations on how to achieve positive outcomes and results as a family, community, and system level. The expanded engagement provided equitable opportunities for the community to contribute to change, increase racial equity, and strengthen existing partnerships to maximize positive impact in the community. Throughout the three-year course of implementing enhancements and change, CWS maintained clear and transparent communication on efforts, relevant data, and progress through monthly updates and presentations at the CFSAB meetings and subcommittee meetings.

It is through this participatory approach and engagement that CWS, in collaboration with the CFSAB and stakeholders, was able to address and complete all 88 recommendations for a strengthened child welfare system. CWS remains committed to supporting children, youth, and families by providing just and equitable opportunities to achieve family well-being and providing resource families and child welfare staff with the supports, training, and resources needed to help families thrive.

#### FISCAL IMPACT

There is no fiscal impact associated with the recommendation. Future related recommendations may have fiscal impacts which staff will return to the San Diego County Board of Supervisors for consideration and approval. There will be no change in net General Fund cost and no additional staff years.

#### BUSINESS IMPACT STATEMENT

N/A

#### ADVISORY BOARD STATEMENT

This item was presented to the Child and Family Strengthening Advisory Board as an informational item on July 8, 2022.

#### BACKGROUND

On August 10, 2018, at the request of San Diego County Board of Supervisors (Board), a time-limited working group known as the Child Welfare Services (CWS) Review Working Group (Working Group), was established to complete an assessment and report on the state of the County of San Diego (County) child welfare system. The Working Group consisted of 13 members representing a continuum of community stakeholders including former foster youth, foster parent advocates, Just In Time for Foster Youth, CAPCC, Angels Foster Family Network, Casey Family Programs, County Health and Human Services Agency, County Counsel, Children's Legal Services of San Diego, Dependency Legal Services of San Diego, and the Superior Court Juvenile Division. In response to the Board's request to complete an assessment and report of the County child welfare system, the Working Group began reviewing County, State, and national data,

**SUBJECT: RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW  
WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)**

policies, and child welfare research to inform recommendations, and engaged with foster care community experts, legal partners, and CWS staff to gather input for improvement recommendations. After two months of discussions and expansive engagement, in October 2018, the Working Group completed and submitted a detailed Project Status Report to the Chief Administrative Officer (CAO). The Working Group also created subcommittees to perform deep-dive reviews in five broad categories which included:

- Child Well-Being
- Child Welfare Services Culture, Structure, and Operations
- Resource Family Quality Improvement
- Protective Services Workers
- Legal and Policy Barriers

On December 11, 2018 (12), following multiple meetings and comprehensive considerations, the Working Group completed and submitted to the Board the CWS Working Group report containing 88 recommendations (Attachment A). At this meeting, the Board directed the CAO to form a subcommittee, which included two Board members, to work with HHSA and the CAPCC to review the Working Group report and its recommendations. After a thorough review of the Working Group report and its recommendations, in March 2019 CWS published a report that provides a detailed response to each recommendation and a plan for implementation for those that had not already been implemented.

Responding to the recommendations to ensure stronger community input and transparency about the child welfare system, the Board adopted Ordinance No. 10598 (N.S.) repealing and replacing provisions in the San Diego County Administrative Code (establishing the CAPCC) to create the Child and Family Strengthening Advisory Board of San Diego County (CFSAB) (March 26, 2019 (11). The new advisory board was created to enhance the ability of the County to prevent and respond to child abuse and neglect and have broad oversight over the County's child welfare system. Additionally, the CFSAB was charged with monitoring the implementation of the recommendations.

CWS also formed an internal Implementation Workgroup consisting of 15 social workers and supervising social worker staff representing all regions and CWS programs. Staff reviewed all of the 88 recommendations and contributed input on implementation strategies that would successfully effect change. The CWS Implementation Workgroup engaged with the CFSAB on recommendations and implementation updates.

Additionally, as the advisory body overseeing the efforts to address the recommendations and to maximize community expertise, resources and supports to aid CWS in implementation efforts and needs, the CFSAB established subcommittees to address recommendations in the CWS Working Group report. Recommendations were subsequently grouped into three focus areas to include Organizational Structure, Workforce Development, and Child and Family Services.

After dedicating a myriad of resources and time, and sharing expertise and lived experience, CWS, in partnership with the CFSAB and its subcommittees, as well as the foster care community and stakeholders, concluded a three-year major undertaking and completed all 88 recommendations in March 2022.

**SUBJECT: RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW  
WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)**

*Significant Accomplishments*

Over the course of three years, in support of a strengthened and improved child welfare system, CWS, CFSAB and subcommittees, and community partners contributed to strategic efforts that address each of the 88 recommendations. The table below highlights key accomplishments in the three focus areas.

Focus Area	Key Accomplishments
<b>Organizational Structure</b>	<p>Enhanced the CWS organizational structure through the following actions:</p> <ul style="list-style-type: none"> <li>• Restructured the CWS Office of the Ombudsman to provide three options to address concerns effectively and includes the CWS Office of the Ombudsman, Resource Parent Ombudsman, and HHSA Agency Compliance Office.</li> <li>• Integrated regional placement units under two managers to ensure consistent practice and consolidated all specialty program placement units into one to provide specialized placement services and supports.</li> <li>• Created SDCares4Kids.com, a recruitment and resource website where potential, new, and current resource families can access information about the resource family approval process, foster and adoptive resource family resources, and mentor, volunteer, and advocate opportunities. Since its launch in June 2021, there have been an average of 2,625 visits to the website each month.</li> <li>• Acquired the Binti software to help with resource family application and approval management, sibling placement, and child and resource caregiver matching. Binti is a dual interfacing system for families and CWS staff that provides easy to navigate tools for families to upload, sign, and retrieve documents and allows CWS staff to complete documents in real time to expedite the approval and renewal process.</li> <li>• As of July 1, 2022, 89 percent of resource families in the approval process have access to Binti online.</li> </ul>
<b>Workforce Development</b>	<p>Increased supports for CWS staff through the following actions:</p> <ul style="list-style-type: none"> <li>• Added three staff psychologists to address and reduce the impact of secondary traumatic stress (STS) and promote staff resilience and well-being.</li> <li>• Applied the use of the Centralized Assignment Tool, a workload equity tool to help facilitate equitable workload management, determine staffing levels, and promote productivity.</li> <li>• Created the Workforce and Training Development Unit to provide newly hired social worker staff with support and training and coaching in the field and ensure consistency across all HHSA regions.</li> <li>• Expanded trauma supportive services to staff through ongoing group and individual follow-ups regarding critical incidents. As of July 2022, 90 staff have accessed trauma-informed supports.</li> </ul>

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WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)

	<ul style="list-style-type: none"> <li>Trained staff on Components for Effective Clinician Experience and Reducing Trauma (CE-CERT) to increase staff awareness and understanding of the effects of STS in the workforce. In Fiscal Year 2021-22, 448 staff were trained in CE-CERT.</li> </ul>
<b>Child and Family Services</b>	<p>Strengthened the delivery of child and family services through the following actions:</p> <ul style="list-style-type: none"> <li>Created a special emergency response unit staffed with dedicated social workers with specialized training in interviewing children to investigate reports of maltreatment while in foster care.</li> <li>Increased sibling placements and interactions through the following actions: <ul style="list-style-type: none"> <li>Successfully advocated to maintain youth at the A.B. and Jessie Polinsky Center (PCC) over ten days (if necessary) to keep sibling groups together while awaiting a home-based placement that will keep the sibling group intact.</li> <li>Prioritized emergency resource family homes for sibling placements and partnered with Angels Foster Family Network to establish new guidelines to increase sibling placement capacity with their agency.</li> <li>Updated CWS visitation policies requiring a sibling visitation plan and actions to provide frequent sibling interactions when siblings cannot be placed together.</li> <li>As of January 2022, 76 percent (862) of children in care were placed with all or some siblings.</li> </ul> </li> <li>Increased supports for caregivers and equitable access to resources on various platforms including: <ul style="list-style-type: none"> <li>Foster, adoptive, and kinship care education and trainings;</li> <li>Resource parent mentor services;</li> <li>Kinship Navigator services for relative caregivers; and</li> <li>24/7 phone-based and/or mobile response supports.</li> </ul> </li> <li>Reinforced supports for families through the following efforts: <ul style="list-style-type: none"> <li>Strengthened least restrictive interventions for families by creating a Voluntary Services policy requiring a multidisciplinary approach to determine family appropriateness and developed a brochure that informs families of their rights, program eligibility, and expectations; and</li> <li>Revised contact guidelines for programs to provide enhanced quality face to face contacts appropriate to the family's risk level.</li> </ul> </li> </ul>

In addition to the key accomplishments highlighted in the three focus areas, CWS continues to strengthen and improve child and staff safety and well-being, and supportive services at PCC. Currently, CWS is taking steps to address youth who go absent without leave from PCC. These

**SUBJECT:** RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW  
WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)

efforts include enhancing behavioral health services and other supportive services through different partnerships. These partnerships provide mental health clinicians on site at PCC, safety and harm reduction strategies, telehealth services, mentoring, and the utilization of crisis response teams to quickly address behavioral health emergencies.

#### *Sustaining Change*

Addressing and completing all 88 recommendations was a collective effort that could not have been possible without the steadfast effort and dedication of the CFSAB and its subcommittees, foster care community, community at-large, system partners, and CWS staff. All contributors were essential collaborators in the journey to achieve a strengthened and trauma-informed child welfare system in San Diego County. Sustaining the effort requires continuous quality improvement and ongoing monitoring of progress to ensure the effectiveness of the actions taken to provide positive outcomes for youth and families, the foster care community, and CWS staff. CWS will continue to work with the CFSAB and subcommittees to monitor the outcomes and results of improvements and ensure transparency and continuous meaningful engagement with the community in identifying and addressing the needs of children, youth, and families interacting with the child welfare system. Additionally, CWS will seek opportunities to parallel actions from the Working Group recommendations with other CWS and/or County initiatives to help scale up collective efforts and maximize positive community outcomes. Completion of the recommendations sets the foundation for the continued work in transforming the way child welfare services are delivered and supports a pathway towards a better way for child and family well-being.

Today's action requests the Board to receive the CWS Working Group Recommendations presentation on the 88 completed recommendations of the CWS Working Group (December 11, 2018 (12).

**SUBJECT:** RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW  
WORKING GROUP RECOMMENDATIONS (DISTRICTS: ALL)

**LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN**

Today's proposed action to receive the Child Welfare Services Review Working Group Recommendations presentation supports the County of San Diego's 2022-2027 Strategic Plan Initiatives of Sustainability (Economy and Resiliency), Equity (Health and Economic Opportunity), Empower (Workforce, Transparency, and Accountability), and Community (Engagement, Quality of Life, Communications, and Partnership) by providing a strengthened child welfare system that ensures the safety and well-being of children and families and supports the foster care community and child welfare services staff.

Respectfully submitted,

A handwritten signature in dark ink, appearing to read 'H. Robbins-Meyer', is centered below the text 'Respectfully submitted,'.

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

Attachment A – Child Welfare Services Working Group Recommendations

**Child Welfare Services Review Working Group Recommendations****BACKGROUND**

On August 10, 2018, a time-limited working group known as the Child Welfare Services Review Working Group (Working Group) was established to complete an assessment and report on the state of the County of San Diego child welfare system. The group looked at the needs for system improvement, quality assurance, personnel training, and policy barriers, as well as outcome data to ensure the health and safety of dependent youth in foster care. On December 11, 2018 (12), the Working Group provided its final report to the San Diego County Board of Supervisors (Board) with 88 recommendations for consideration by the Board. The table below identifies all 88 recommendations, completed in March 2022.

Number	Recommendation
1	Identify leaders with the skill to direct, model, and inspire others as champions for excellence.*
2	Create an implementation team to expand and evaluate Safety Enhanced Together (SET) efforts. The implementation team should be inclusive of community stakeholders and focused on the achievement of intended outcomes.
3	Actively involve stakeholders in establishing forward looking core values, adding to the foundation established by SET, to provide consistent decision points for leadership and staff for strategy, prioritization, execution, and personnel practices.*
4	Create public recognition for staff at all levels whose work personifies these values.*
5	Identify leaders with a clear willingness to examine their organization with honesty and transparency.*
6	Actively involve children, youth, and families and providers to create plans and implement policies that change experiences and result in greater positive impact.*
7	Enhance education and training to create better experiences of Child Welfare Services (CWS) improving the lives of children and families that can influence the public's consciousness.*
8	Change the chair of the Child Abuse Prevention Coordinating Council (CAPCC) from CWS management to a community representative, ideally an executive level representative of a community partner with the experience and expertise to set an agenda that includes community concerns and can provide more transparency to the community.
9	Establish a standing CAPCC subcommittee of concerned and knowledgeable community partners who can understand and effectively promote implementation of the recommendations in this report and monitor their progress.

A-1

\*Identified for ongoing monitoring and continuous quality improvement.

10	Authorize the new CAPCC standing subcommittee permission to investigate and report to the CAPCC chair on issues raised by community partners, children and families, or the general public that pertain to the implementation of recommendations in this report.
11	Require the CAPCC to monitor and issue a periodic report to the Chief Administrative Officer (CAO) and Board of Supervisors, in cooperation with CWS, on the current state of CWS that includes the implementation of "...improvements in services to families and victims who are in public charge" per CAPCC responsibility number five.*
12	Realign current reporting relationships of CWS operations in each region from the Director to the Director of CWS.
13	Establish the position of Chief of Social Work, reporting to the Director of CWS, who is focused on the transparent and unified delivery of social work practice across all Health and Human Services Agency regions.
14	Centralize all placement units. The authority to place a child should rest with a worker focused on the wishes and needs of the child(ren) and family. Factors that should be considered include: siblings who also need placement, proximity of parents, location of school of origin and whether rights to school of origin has been waived by the education rights holder and minor, foreseeability of relative clearing placement in the immediate future, and/or mental health needs of the child.
15	Review the organizational placement of the Ombudsman office to determine if it should reside inside or outside CWS.
16	Require the Ombudsman office to regularly provide a summary report to the CAPCC regarding the number, type, final resolution, and/or current status of complaints.*
17	Prior to the retirement of the current Director, select a leader who inspires confidence, has the ability to engage and communicate with all stakeholders while implementing the significant organizational change required.
18	Conduct an organizational authority, position, and compensation review of all CWS leadership positions to ensure parity among positions based on required skills and experience and to attract the best talent available.*
19	Determine as quickly as possible, the potential fiscal impact of the Title IV-E project ending.
20	Share the fiscal impact and resulting operational plan with all stakeholders.
21	Make all CWS policies publicly available.
22	Review and update all vendor contracts to ensure alignment with the requirements of the Continuum of Care Reform/Resource Family Approval.

A-2

\*Identified for ongoing monitoring and continuous quality improvement.

## ATTACHMENT A

23	Implement a long-term Secondary Traumatic Stress (STS)-specific intervention for supervisors and caseworkers. Evidence-supported models to explore include Components for Enhancing Clinician Experience and Reducing Trauma (CE-CERT) and the Resilience Alliance: Promoting Resilience and Reducing Secondary Trauma Among CWS Staff.
24	Explore Safety Culture initiatives undertaken in Tennessee and other child welfare jurisdictions. Preliminary studies on the integration of Safety Culture have demonstrated lower levels of employee emotional exhaustion.
25	Enhance reflective supervision and ensure it is conducted in a private setting with greater emphasis on addressing case-related issues and worker needs as opposed to tasks.
26	Provide access to licensed therapists throughout the regions who can provide ongoing support to workers and supervisors.*
27	Evaluate Employee Assistance Programs (EAP) and providers who specialize in treating STS.
28	Enhance manager-level training on STS, conflict resolution, and stress management.*
29	Consult with outside experts, such as the National Council on Crime and Delinquency (NCCD), National Child Welfare Workforce Institute (NCWWI), and Kempe Center, to conduct a workload analysis and determine best practices to achieve optimal caseloads and staffing levels.
30	Explore state and national best practices pertaining to policy changes such as the number and quality of social worker visits with families; determine if procedural changes could improve safety and reduce risk for children in open CWS voluntary and dependency cases.
31	Follow the Structured Decision Making (SDM) contact guidelines to increase monthly visits for families at higher levels of risk.
32	Assess the quality of face-to-face contacts and home visits using the best practices established and resources created by the Capacity Building Center for States' Quality Matters: Improving Caseworker Contacts with Children, Youth, and Families initiative.*
33	Strengthen CWS policies to ensure face-to-face contacts with children, youth, and families reflect best practices.
34	Conduct a thorough analysis that includes a review of Protective Services Worker (PSW) and supervisor competencies that correlate with trauma-informed practices. First, review of the most updated findings of neurobiology and neurodevelopment and the impacts of trauma could be done. Then, an analysis of whether those have been integrated into training, supervision and coaching would be the next step.

A-3

\*Identified for ongoing monitoring and continuous quality improvement.

## ATTACHMENT A

	Finally, they could explore whether some practice improvements and supports can be directed to focus on improving placement stability.
35	Evaluate the operationalization of the SET practice framework across agency culture, practices, and policies.*
36	Conduct a review of available trauma-focused resources and services in the community to determine areas of need and improvement.
37	Engage in cross-training and shared learning opportunities with system partners and providers to increase trauma awareness and improve collaboration.*
38	Create consistency of new hire caseloads throughout regions and ensure caseloads are increasingly complex, commensurate with the knowledge, skills, and abilities of the individual worker.
39	Establish designated training units in each region comprised of a supervisor and a senior-level worker to coordinate learning opportunities (e.g., coaching, simulation training, field exercises, shadowing, etc.).
40	Establish a designated training facility to improve ease of access to in-person training and continuing education opportunities.*
41	Increase the amount of field experience for new hires through observation and shadowing of senior-level workers.
42	Require senior staff (e.g., supervisors and managers) to attend annual advanced simulation training aimed at improving quality and reflective supervision skills. This training should be followed by field training and/or coaching to increase transfer of learning.*
43	Establish stronger guidelines for continuing education that address individual areas of need and improvement for caseworkers and supervisors.
44	Increase caseworker training on assessing for safety across all regions and units.
45	Explore peer support and mentorship models to create internal support systems and enhance caseworker and supervisor skills and abilities.
46	Immediately take steps to ensure that children are readily able to attend in their own court hearings.*
47	Create a special Emergency Response Unit to investigate reports of maltreatment while in care. This unit would be independent of regional case carrying social workers, have specialized training in interviewing children, and conduct independent investigations of hotline referrals when those referrals pertain to dependent children.
48	CWS to conduct quarterly audits of 'unfounded' findings to ensure that sufficient investigations are being conducted and to identify any training needs of this unit's workers.*

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\*Identified for ongoing monitoring and continuous quality improvement.



## ATTACHMENT A

49	CWS to develop a protocol that adheres to California Rule of Court, Rule 5.534(c) in both letter and spirit: Ensure that the form is provided in a timely manner with appropriate instructions.
50	Attach the most recent Foster Family Agency (FFA) report to the court report if a child is placed in a home within a FFA. (Welfare and Institutions Code (WIC) 366.21(d))*
51	CWS to add practice steps regarding providing notice to parties/counsel of placement changes in the CWS training curriculum so that social workers are aware of the required procedures.
52	CWS to monitor social worker regional compliance with the notice provisions as required by the WIC, including but not limited to WIC 16010.6 and 16010.7.
53	CWS to monitor compliance with its own CWS Change of Placement policies.*
54	Make targeted efforts to recruit foster families that can accommodate sibling sets.*
55	Attempt to keep homes that can accept multiple children free until they can be filled by sibling sets, rather than placing multiple individual children in those homes.*
56	Keep sibling sets at Polinsky Children's Center (PCC) longer than 10 days, if necessary, in order to facilitate sibling sets being placed together.*
57	Do not break up a sibling set simply because a placement becomes available for one sibling before a placement can be found that can accommodate the entire set.*
58	Submit a written report, if necessary, to the California Department of Social Services explaining the reasons for the overstay, as provided for in WIC Section 11462.022(f)(1).*
59	Continue efforts to place siblings who have been placed in different locations together in a location that can take them all and report to the court monthly via Ex Parte reports: 1) what continued efforts have been made to place the siblings together and 2) what visitation between siblings has been facilitated.*
60	Ask Child Welfare policy experts to review the Policy Manual and include directives to case-carrying social workers of the requirements of WIC 16002 and WIC 306.5 as needed in policies related to placement and visitation.
61	Make a referral to the Promises 2 Kids Camp Connect program to ensure quality visitation for the children if there is no option other than to split up a sibling set.*
62	Standardize the use of the Foster Youth Services Coordinating Program's Best Interest in School of Origin Decisions: A Checklist for Decision Making throughout CWS in CFT meetings to ensure there is a consistent, meaningful

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\*Identified for ongoing monitoring and continuous quality improvement.

## ATTACHMENT A

	analysis and focus on school stability, school of origin, and school success for every student in foster care.
63	Include the checklist analysis in the Child and Family Team (CFT) report that is provided to the court, parties, and counsel.*
64	Ensure that there is a specific, written expectation in all relevant CWS policies that foster students receive the benefit of the statutory legal preference that they remain in their school of origin, with transportation provided.
65	Train educational rights holders regarding the rights that children must stay in their school of origin and how critical school stability is to successful educational outcomes.*
66	Collaborate with PCC medical staff and the Juvenile Court to develop an updated joint protocol to obtain parent consent or Juvenile Court order to timely examine and treat children entered and detained at PCC.
67	Develop a computer interface with the Juvenile Court to allow judicial officers to electronically review and approve protective custody warrants and investigative warrants.
68	Consult with other County investigative agencies that currently have an electronic interface with the court for judicial review and approval of warrants.
69	Require that CWS use a committee approach to determine which families would benefit from voluntary services. Currently, the decision is made between line worker, the Supervisor, and the family. A committee consisting of the presenting Social Worker, Social Work Supervisor, Manager, Continuous Quality Improvement (CQI), embedded County Counsel, education liaison from the County Office of Education, Pathways representative, Behavioral Health Services representative, any other available supervisors, interns, and Commercial Sexual Exploitation of Children (CSEC) liaison or probation officer, as appropriate, should be convened to determine, as a group, whether the family in question would benefit from Voluntary Services or a more formal, court-supervised, structure. The committee should reconvene during the life of the voluntary agreement as significant developments occur (e.g. new referrals on the subject family) to continue to assess the appropriateness of voluntary services for the family in question.*
70	CWS to track (via The Child and Adolescent Needs and Strengths [CANS] assessment tool) and assess the overall impact to children's well-being by examining initial scores in relation to follow-up scores of the children over time.*
71	Create a new Voluntary Services Unit within CWS so that assigned social workers can dedicate themselves to adequately servicing voluntary families.

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\*Identified for ongoing monitoring and continuous quality improvement.

## ATTACHMENT A

72	Ensure that every family contracting with CWS be informed of their rights so that any family entering into a Voluntary Services agreement does so knowingly and intelligently.*
73	Develop a formal CWS protocol that ensures families are not coerced when they are offered voluntary services.
74	The County should also explore the provision of court-appointed legal services to children as well as parents who are being diverted to the Probate Court.
75	Adopt the Proposed Voluntary Services Agreement Protocol put forward by the CWS Working Group.
76	Establish from first contact and throughout the RFA process, the expectation that caregivers are expected to care for the children placed in their homes until permanency for the children has been determined.*
77	Develop a responsive system of training for resource families that identifies, prepares, and delivers ongoing trauma-informed training at the time needed in relation to the development of the children in their care.*
78	Obtain approval for additional funding to increase staff.
79	Determine a process for the sharing of an RFA applicant's progress towards approval with all stakeholders to include CWS departments, Minor's/Parent's Counsel, the FFA who has placement of the child, and the Juvenile Court.*
80	Investigate/develop the ability to use community partners to complete, or transfer a resource family applicant to, for approval.
81	Investigate the use of a psychological evaluation tool to improve the speed and quality of the written family evaluation.
82	Develop a process to determine which relative family member to select for the RFA approval process when multiple relatives have been identified and express interest in caring for the child(ren).
83	Establish a CWS unit focused on providing same day/after hours (24/7) responsive support to caregivers.
84	Continue to conduct an annual caregiver satisfaction survey, sharing results with stakeholders.*
85	Develop a comprehensive and unified approach for the recruitment of resource families in partnership with Probation, the philanthropic community, and FFAs. To include data and demographic analysis to conduct targeted campaigns specific to geographic location, skill, and experience.*
86	Leverage the internet and social media channels to connect, inform, and recruit potential resource families.*

A-7


\*Identified for ongoing monitoring and continuous quality improvement.

## ATTACHMENT A

87	Consolidate the three different web pages currently used by the County for resource family information sharing and recruitment.
88	The County must immediately leverage both internal and external technology resources to adopt/develop an RFA Applicant Management System.

A-8


\*Identified for ongoing monitoring and continuous quality improvement.



## ITEM #20 RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW WORKING GROUP RECOMMENDATIONS



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Nick Macchione, Agency Director, Health and Human Services Agency  
Kimberly Giardina, DSW, Director, Child Welfare Services Health and Human Services Agency  
Alfredo Guardado, Assistant Director, Child Welfare Services Health and Human Services Agency  
August 16, 2022


**LIVE WELL  
SAN DIEGO**

1

## BACKGROUND



**LIVE WELL  
SAN DIEGO**

- A time-limited working group was established to complete a review and report on the state of the County Child Welfare Services (CWS).
- Upon completion of the review, the working group provided its final report to the Board with recommendations for consideration.
- The Child and Family Strengthening Advisory Board (CFSAB) was created and charged with monitoring the implementation of the recommendations.
- CWS, in partnership with the CFSAB and subcommittees, and the foster care community and stakeholders, addressed and completed all 88 recommendations.

2

## FOCUS AREAS



LIVE WELL  
SAN DIEGO



Organizational  
Structure



Workforce  
Development



Child and  
Family Services

3

## ORGANIZATIONAL STRUCTURE



LIVE WELL  
SAN DIEGO

**More Options to  
Address  
Concerns**

**Consistent  
Placement  
Practices,  
Services, and  
Supports**

**Easier Access to  
Information,  
Resources, and  
Opportunities**

**Expedited  
Resource  
Family Approval  
Process**



4

<div> <div>WORKFORCE DEVELOPMENT</div> <div>   </div> </div>				
<b>Bolstered Staff Resilience and Well-Being</b>	<b>Equitable Workload Practice</b>	<b>More Staff Support, Training, and Coaching</b>	<b>Expanded Trauma Supportive Services</b>	<b>Increased Awareness in Reducing Trauma</b>
				

5

<div> <div>CHILD AND FAMILY SERVICES</div> <div>   </div> </div>			
<b>Competent Investigative Interviews</b>	<b>Increased Sibling Placements and Interactions</b>	<b>More Caregiver Supports and Equitable Access to Resources</b>	<b>Reinforced Supports for Families</b>
			

6

## SUSTAINING CHANGE



LIVE WELL  
SAN DIEGO

- Interact with the CFSAB and subcommittees to monitor outcomes and results of improvements.
- Continuous meaningful engagement with the community.
- Link actions from the recommendations to other CWS and County initiatives.
- Utilize the positive changes made to strengthen the County child welfare system to pave the way towards a better way for child and family well-being.

7

## RECOMMENDATION



LIVE WELL  
SAN DIEGO

- Today's action requests the Board to receive the Child Welfare Services Review Working Group Recommendations presentation.

8

# ACKNOWLEDGMENT



LIVE WELL  
SAN DIEGO



9

## ITEM #20 RECEIVE UPDATE ON CHILD WELFARE SERVICES REVIEW WORKING GROUP RECOMMENDATIONS



Nick Macchione, Agency Director, Health and Human Services Agency

Kimberly Giardina, DSW, Director, Child Welfare Services Health and Human Services Agency

Alfredo Guardado, Assistant Director, Child Welfare Services Health and Human Services Agency

August 16, 2022



LIVE WELL  
SAN DIEGO

10



## PCC HIGHLIGHTS



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SAN DIEGO

Supported approximately 215 resident youth in kindergarten to grade 12 with technology tools for successful distance learning during the COVID-19 pandemic.

Designated distance learning staff trained on distance learning and platforms to support the individual learning needs of youth.

Collaborated with partners to address youth who go absent without leave from PCC to provide enhanced behavioral health services and other supportive services.







# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

DATE: August 30, 2022

16

TO: Board of Supervisors

### SUBJECT

**AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER (DISTRICTS: ALL) (4 VOTES)**

### OVERVIEW

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts are guided by data, focused on equity, and designed to create collaborative work across sectors, within and outside of government.

To further advance regional distribution of services and to enhance capacity for critical crisis and inpatient services, the County is committed to supporting investments in new Medi-Cal Managed Care Psychiatric Inpatient Services along with emergency psychiatric unit (EPU) and crisis stabilization unit (CSU) services at Alvarado Hospital, LLC dba Alvarado Hospital Medical Center (Alvarado Hospital) to support the most vulnerable individuals and families who are experiencing a behavioral health crisis.

Medi-Cal Managed Care Psychiatric Inpatient Services provide inpatient care to adults with acute symptoms of mental illness in need of 24-hour observation and intensive treatment. The services are available to Medi-Cal enrolled and eligible residents countywide and include diagnosis, care, and treatment of acute episodes. The inpatient psychiatric setting offers a secure environment where adults can regain their functioning and establish an aftercare plan before transferring to a lower-acuity level of care.

EPUs and CSUs provide emergency psychiatric services to stabilize individuals who are experiencing a psychiatric crisis and connect them to ongoing services that meet their individual needs. Services typically last less than 24 hours and include crisis intervention, ongoing assessment and stabilization, medication administration, consultation with family and outpatient providers,

**SUBJECT:** AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER (DISTRICTS: ALL) (4 VOTES)

and linkage and/or referral to follow-up community-based services and resources. EPU/CSU services reduce unnecessary hospitalizations by diverting individuals from medical emergency departments and inpatient care, whenever possible, stabilizing them and connecting them to community-based behavioral health services for ongoing care.

Today's actions request the Board to authorize the Director of the Department of Purchasing and Contracting, or designee, to enter into a single source contract with Alvarado Hospital for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and EPU/CSU services, and to establish appropriations for facility improvements at Alvarado Hospital to support the safety of and provision of quality care to individuals in need of acute inpatient care and crisis services.

The actions requested will enable an increase in regional capacity by adding up to 44 new dedicated psychiatric acute inpatient beds for individuals who are Medi-Cal eligible, along with EPU/CSU services to improve access to critical inpatient and stabilization services for vulnerable adults countywide who are experiencing a behavioral health crisis. This collaboration with Alvarado Hospital will also involve medical oversight and leverage academic leadership from University of California San Diego (UCSD) Health and the UCSD Department of Psychiatry and it aligns with the principles of *behavioral health hubs* articulated in previous actions brought before this Board.

This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. It will advance the behavioral health continuum of care by supporting better access to care for individuals, better health for local populations, and more efficient health care resourcing in alignment with the Board's Framework for Our Future priorities.

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. Find that the proposed actions are exempt from the California Environmental Quality Act (CEQA) pursuant to state CEQA Guidelines sections 15301 and 15302.
2. Pursuant to California Government Code section 26227, and in accordance with Board Policy A-87, Competitive Procurement, authorize the Director, Department of Purchasing and Contracting, upon successful negotiations and determination of a fair and reasonable price, to enter into a single source contract with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center for Medi-Cal Managed Care Inpatient Acute Psychiatric services and emergency psychiatric and crisis stabilization unit services for an initial term of up to five years, with five 5-year options and up to an additional six months, if needed, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency, and to amend the contract as needed, to reflect changes to requirements and funding subject to the approval of the Agency Director, Health and Human Services Agency.

**SUBJECT:** AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER (DISTRICTS: ALL) (4 VOTES)

3. Establish appropriations of \$3.0 million in the County of San Diego Health and Human Services Agency, Services & Supplies, for architectural design related to facility improvements to support the development of Medi-Cal Managed Care Inpatient Acute Psychiatric services and emergency psychiatric unit crisis stabilization services within Alvarado Hospital based on available Realignment. (4 VOTES)

#### **EQUITY IMPACT STATEMENT**

The County of San Diego Health and Human Services Agency, Behavioral Health Services (BHS) functions as the specialty mental health plan for Medi-Cal eligible residents within San Diego County with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. As a regional steward of public health, BHS must ensure that services address the social determinants of health by being accessible, capable of meeting the needs of a diverse population, and equitably distributed to those most in need. BHS utilizes a population health approach, evidence-based practices, robust data analysis, and input from consumers, community-based providers, healthcare organizations and other stakeholders to identify community need and design services that are impactful, equitable, and yield meaningful outcomes for clients.

If approved, today's actions will be key steps in increasing capacity of inpatient acute psychiatric services for Medi-Cal eligible adults countywide through collaboration with Alvarado Hospital, LLC dba Alvarado Hospital Medical Center. These actions will improve access to critical inpatient care for vulnerable adults who are experiencing a behavioral health crisis.

#### **FISCAL IMPACT**

##### ***Recommendation #1: California Environmental Quality Act (CEQA) Exemption***

There is no fiscal impact for this recommendation.

##### ***Recommendation #2: Authorization to Issue a Single Source Contract***

Funds for this request are not included in the Fiscal Year (FY) 2022-24 Operational Plan in the Health and Human Services Agency. If approved, this request will result in no change in costs and revenue in FY 2022-23 and new costs and revenue in FY 2023-24 for Medi-Cal Managed Care Inpatient Acute Psychiatric services and emergency psychiatric unit and crisis stabilization services, which will be determined during negotiations with Alvarado Hospital. The funding source for services will be Short-Doyle Medi-Cal, Mental Health Services Act, and Realignment. Funds for subsequent years, which will be comparable to County of San Diego costs for similar Medi-Cal Fee for Service hospitals, will be incorporated into future Operational Plans. There will be no change in net County General Fund cost and no additional staff years.

##### ***Recommendation #3: Establish Appropriations for Facility Improvements***

Funds for this request are not included in the Fiscal Year (FY) 2022-24 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated one-time

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costs and revenue of approximately \$3.0 million for the initial architectural design related to facility improvements in FY 2022-23. Additional costs are expected once the design is finalized. The funding source for the initial architectural design is Realignment. There will be no change in net County General Fund cost and no additional staff years.

The total County investment for facility improvements, inclusive of the initial design costs, is estimated at approximately \$28.0 million and will be refined as the design work progresses. The County's share will be finalized through a revenue sharing agreement that is based on the final number of dedicated psychiatric acute inpatient beds for Medi-Cal eligible individuals, and emergency psychiatric and crisis stabilization beds. The County will continue to pursue any new federal and State funding, grants or other funding sources including the use of securitized Tobacco Settlement Funds. The department will return to the Board at a future date for considerations and approval with identified cost and resource needs to support facility improvements within Alvarado Hospital once the full cost estimate has been finalized.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

On August 4, 2022, at a regular meeting the Behavioral Health Advisory Board (BHAB) voted not to support these recommendations as the pending cost estimates for facility improvements were not yet finalized due to ongoing negotiations. The County of San Diego Health and Human Services Agency, Behavioral Health Services will continue to bring forward information and updates on future actions tied to the development of services within Alvarado Hospital and requiring Board authority for consideration by BHAB.

#### **BACKGROUND**

Under the leadership of the San Diego County Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. The County of San Diego (County) is taking action and making strategic investments to move the local behavioral health care delivery system from a model of care driven by crises to one centered on continuous, coordinated care and prevention. These efforts are guided by data, focused on equity, and designed to engender collaborative work within and outside of government.

To further advance regional distribution of services and to enhance capacity for critical crisis and inpatient services, the County is committed to supporting critical investments in new Medi-Cal Managed Care Psychiatric Inpatient Services and an emergency psychiatric unit (EPU) and crisis stabilization unit (CSU) at Alvarado Hospital, LLC dba Alvarado Hospital Medical Center (Alvarado Hospital) to support the most vulnerable individuals and families who are experiencing a behavioral health crisis.

**SUBJECT:** AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER (DISTRICTS: ALL) (4 VOTES)

Medi-Cal Managed Care Psychiatric Inpatient Services provide inpatient care to adults with acute symptoms of mental illness in need of 24-hour observation and intensive treatment. The services are available to residents countywide and include diagnosis, care, and treatment of acute episodes. The inpatient psychiatric setting offers a secure environment where adults can regain their functioning and establish an aftercare plan before transferring into a lower level of care. Acute inpatient psychiatric care is a critical component of the overall continuum of behavioral health services. Establishing this agreement with Alvarado Hospital offers a unique opportunity to advance the behavioral health continuum of care in a relatively expeditious manner and aligns with the operational principles of *regional behavioral health hubs*, described in previous items put before this Board.

EPU and CSU provide emergency psychiatric services to stabilize individuals who are experiencing a psychiatric crisis and connect them to ongoing services that meet their individual needs. Services must last less than 24 hours and include crisis intervention, ongoing assessment and stabilization, medication administration, consultation with family and outpatient providers, and linkage and/or referral to follow-up community-based services and resources. These services reduce unnecessary hospitalizations by diverting individuals from emergency departments and inpatient care, whenever possible, stabilizing them and connecting them to community-based behavioral health services for ongoing care.

The new EPU/CSU within Alvarado Hospital will improve access, enhance the quality of behavioral health care, and provide more robust care coordination aligned with upstream prevention and continuous care, and is expected to yield the following outcomes:

- reductions in emergency department admissions,
- reductions in discharges to inpatient care,
- increased connection of individuals discharged from the EPU/CSU to family, community resources, and other support systems to strengthen engagement and maintain stability,
- enhanced care coordination, including connections to ongoing, community-based care and follow-up, to ensure individuals remain connected to treatment,
- reductions in the rates of inpatient and EPU/CSU readmissions,
- increased enrollment of eligible individuals to Medi-Cal, and
- reductions in much more expensive inpatient hospitalizations.

To ensure the utmost safety of individuals receiving care, facilities providing acute inpatient psychiatric services and crisis stabilization services are required to provide patient care in a safe environment that includes ligature-resistant patient rooms, patient bathrooms, corridors, and common patient care areas, along with nursing stations that have unobstructed views of all patients. The recommended one-time investment for facility improvements will support this requirement by funding ligature-resistant improvement work on previously hospital-licensed beds across two floors within Alvarado Hospital. This investment will also leverage Alvarado Hospital capital funds to add new EPU/CSU capacity in a separate building within the campus. The total County

**SUBJECT:** AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER (DISTRICTS: ALL) (4 VOTES)

investment for facility improvements is estimated at approximately \$28.0 million and is based on estimated costs for beds that would fall under a Medi-Cal bed reservation agreement, guaranteeing access to beds for Medi-Cal enrollees or those who are Medi-Cal eligible.

The recommended one-time investment for facility improvements within Alvarado Hospital is more efficient and cost effective than developing and constructing a new standalone acute inpatient facility. The projected construction cost per acute inpatient bed at Alvarado Hospital is approximately \$500,000, compared to the estimated cost of \$5.0 to \$7.0 million per bed to develop and construct a new standalone acute inpatient psychiatric facility. It will also significantly expedite the timeline for launch by repurposing existing facilities. Completion of these facility improvements will establish new acute inpatient bed capacity and a new EPU/CSU adjacent to the East region of San Diego County expanding services to this highly dense Medi-Cal population. It will also ensure improved access for patients by allowing them to receive treatment in close proximity to where they reside instead of being transported to other areas of the county.

The new collaboration with Alvarado Hospital will establish a bed reservation system that guarantees bed availability for Medi-Cal eligible individuals and will establish fair-market baseline bed rates for Medi-Cal patients. Additionally, key service and operational requirements will be established, including staffing arrangements that may include County staff working within the psychiatric acute inpatient unit and EPU/CSU, and the term of the agreement, which will be effective for up to 30 years. This unique opportunity to collaborate with Alvarado Hospital will enhance the behavioral health continuum of care by increasing the number of dedicated Medi-Cal acute inpatient psychiatric beds and EPU/CSU services and aligns with the principles of ongoing *behavioral health hub* work across the region.

Advancing these collaborative efforts will enable an increase in the capacity of regional acute inpatient services for individuals who are Medi-Cal eligible and establish new crisis services, improving access to critical behavioral health inpatient and crisis care for vulnerable adults countywide. It will also enable the County to shift acute inpatient care provision from the San Diego County Psychiatric Hospital (SDCPH), an Institution of Mental Disease (IMD) revenue-excluded facility, to Alvarado, a General Acute Care Hospital, allowing the County to realize operational efficiencies and optimize available revenues. Moreover, it will create opportunities for BHS to address pressing post-acute care needs within the continuum, including potentially at the SDCPH facility, which will be outlined through future Board actions.

The partnership with Alvarado Hospital has also included extensive collaboration with the University of California San Diego (UCSD) and planning is underway to establish UCSD clinical leadership and medical oversight within the acute inpatient units at Alvarado Hospital, along with clinical training activities. This innovative collaboration with UCSD and Alvarado Hospital aligns with the principles of ongoing behavioral health continuum of care work across the region and establishes a *behavioral health hub* at Alvarado Hospital. It also enables new opportunities that

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will advance efforts across long-term care, which will also be outlined through future Board actions.

Today's actions request the Board to authorize the Director of the Department of Purchasing and Contracting to enter into a single source contract with Alvarado Hospital for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and EPU/CSU services, and to establish appropriations for facility improvements at Alvarado Hospital to support the safety of and provision of quality care to individuals in need of acute inpatient care and crisis services.

These services qualify for single source procurements based on Section D1-3 of Board Policy A-87 Competitive Procurement: The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources. There are limited providers able to offer acute inpatient services, and emergency psychiatric and crisis stabilization services, which are administered in a licensed behavioral health facility with specialized equipment, including ligature resistant space for patient care, and by qualified and licensed professional staff, including psychiatrists. Additionally, Alvarado Hospital is uniquely located in a region that supports the County vision of building an array of regionally distributed, hospital-based services that allow for individuals to receive care within their own communities and close to their network of support. The County Health and Human Services Agency, Behavioral Health Services continues to make efforts to identify hospitals that are willing and able to provide dedicated acute inpatient services and EPU/CSU for Medi-Cal beneficiaries throughout San Diego County.

Today's action also requests the Board to establish one-time appropriations of approximately \$3.0 million within the County Health and Human Services Agency, Services & Supplies for contracted services for architectural design related to facility improvements.

These actions will advance the County's ongoing work across systems to support better care of individuals, better health for local populations, and more efficient health care resourcing in alignment with the Board's Framework for Our Future priorities, while maintaining prudent fiscal management of the County's resources. In doing so, today's item supports our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities.

#### ENVIRONMENTAL STATEMENT

The proposed actions are categorically exempt from review under the California Environmental Quality Act (CEQA) pursuant to section 15301 of the CEQA Guidelines because they constitute minor alterations of existing facilities involving negligible or no expansion of existing use and section 15302 because they involve reconstruction of an existing structure. The project will result in the facility remaining the same size, will serve the same purpose but with updated facility features for patient safety, and will add up to approximately 44 new beds that will not result in the expansion of the existing facility. Additionally, the proposed project does not trigger any of the exceptions listed in Section 15300.2.

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#### LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's 2022-2027 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision, by reducing disparities and disproportionality of individuals with mental illness and substance use disorders and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs and providing programs and services that enhance the community through increasing the well-being of residents and local environments.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

#### ATTACHMENT(S)

N/A

ITEM #16: AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC  
DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDICAL MANAGED CARE INPATIENT  
ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS  
STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY  
IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER

Nick Macchione, Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services

August 30, 2022

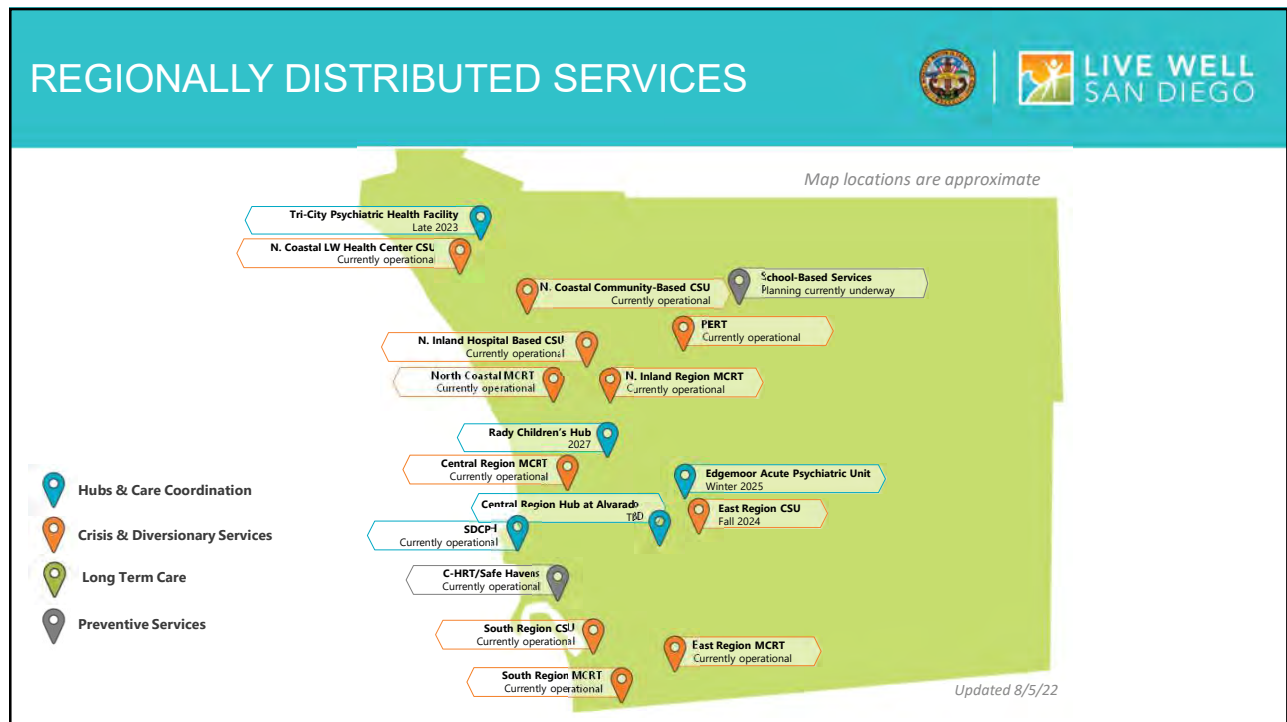


## FROM CRISIS TO CONTINUOUS CARE





LIVE WELL  
SAN DIEGO






## CENTRAL REGION HUB

### Central Region Hub at Alvarado Hospital

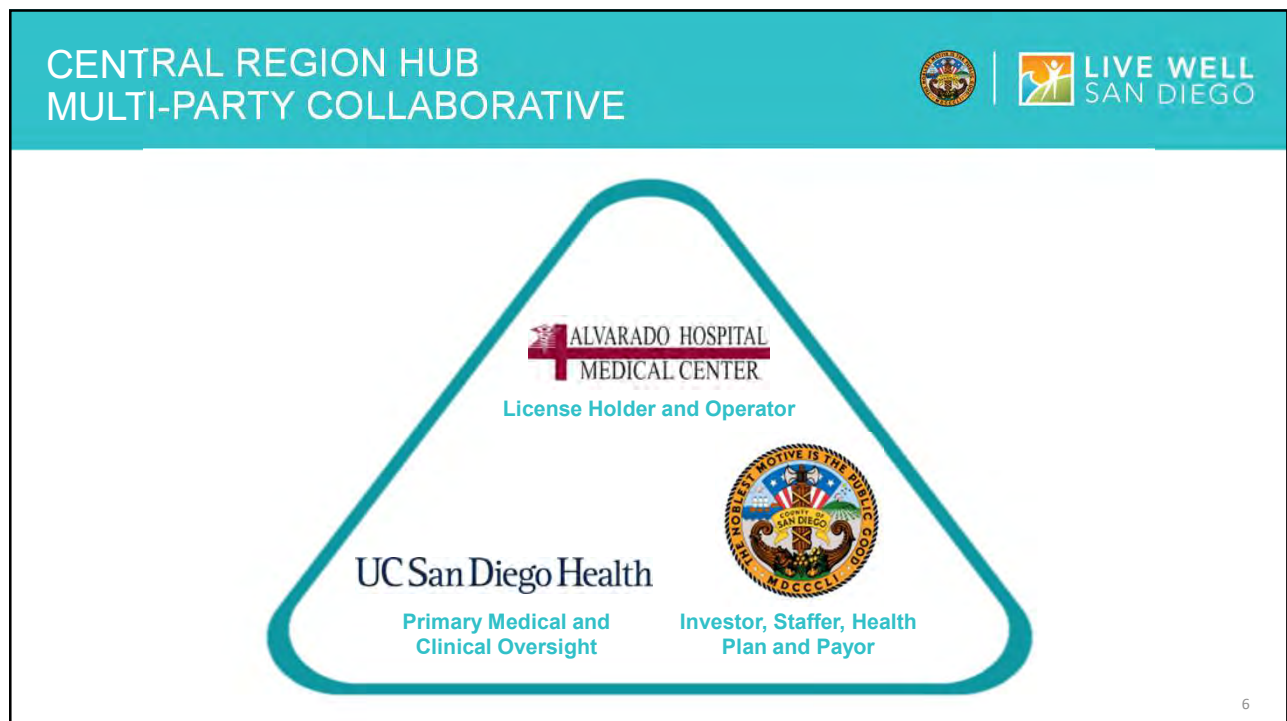


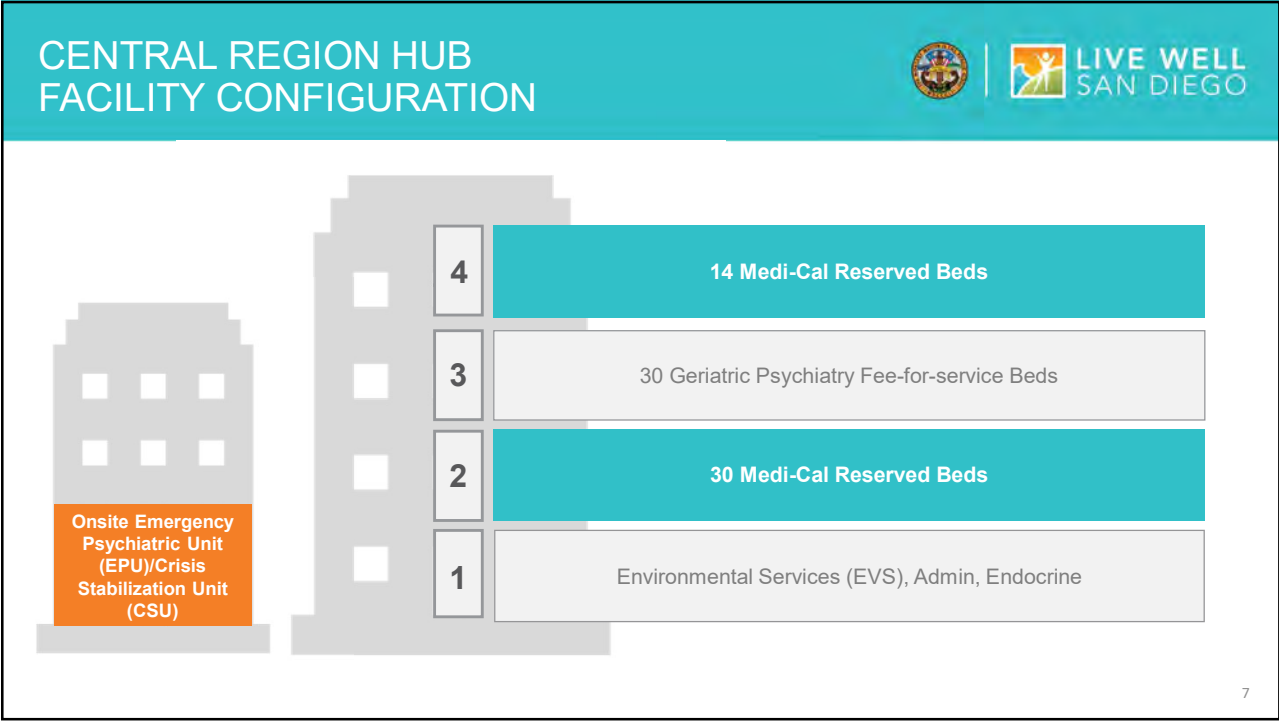
More cost-effective

More time-efficient



Continuum of Care capacity expansion

4





CENTRAL REGION HUB AGREEMENT  
OVERVIEW



	Acute Psychiatric Inpatient Services	EPU/CSU
Services	Inpatient care for adults with acute symptoms of mental illness in need of 24-hour observation and intensive treatment	Stabilization and care coordination services lasting less than 24 hours for adults in psychiatric crisis
Facility Improvements	\$3 million for architectural design Total estimated \$28 million for establishment of 44 beds + CSU/EPU	
Term	30 years	

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## RECOMMENDATIONS



1. **Find that the proposed actions are exempt from the California Environmental Quality Act (CEQA)** due to minor interior alterations to an existing building involving negligible or no expansion of the existing use, and because they involve reconstruction of an existing structure.
2. **Authorize entry into a single source contract** with Alvarado Hospital for Medi-Cal Managed Care Inpatient Acute Psychiatric Services and EPU/CSU services, for an Initial Term of up to five years, with five 5-year options and up to an additional six months.
3. **Establish appropriations** of \$3 million for architectural design related to facility improvements to support the development of Medi-Cal Managed Care Inpatient Acute Psychiatric services and EPU/CSU with Alvarado Hospital.

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ITEM #16: AUTHORIZATION TO ENTER INTO A CONTRACT WITH ALVARADO HOSPITAL, LLC DBA ALVARADO HOSPITAL MEDICAL CENTER FOR MEDI-CAL MANAGED CARE INPATIENT ACUTE PSYCHIATRIC SERVICES AND EMERGENCY PSYCHIATRIC AND CRISIS STABILIZATION SERVICES AND ESTABLISH APPROPRIATIONS FOR FACILITY IMPROVEMENTS AT ALVARADO HOSPITAL MEDICAL CENTER

Nick Macchione, Agency Director, Health and Human Services Agency  
 Luke Bergmann, PhD, Director, Behavioral Health Services

August 30, 2022



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



## Article One: Name

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

## Article Two: Purpose and Duties

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

The duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a department of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director)/Designee and serves in an advisory capacity. The Council is charged by the BHS Director/Designee to perform the following functions:

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

## Article Three: Membership

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

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

Membership shall be limited to 25 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:

[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).

#### **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.



# County of San Diego

NICK MACCHIONE, FACHE  
AGENCY DIRECTOR

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

August 25, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

## BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – SEPTEMBER 2022

### **Behavioral Health Services Continuum of Care Update**

Under the leadership of the San Diego Board of Supervisors (Board), behavioral health care in San Diego County is in the midst of a profound transformation. In 2018 the Board of Supervisors (Board) initiated actions which introduced the Behavioral Health Continuum of Care (Continuum of Care), a body of work which aims to achieve a transformational shift from a model of care driven by crises to one driven by continuous care and prevention through the deliberate regional distribution and coordination of resources to keep people connected, stable and healthy. Continuum of Care projects began in 2018 and the County of San Diego (County) has continued to take action and make strategic investments guided by data, focused on equity, and designed to engender collaborative work across silos, within and outside of government.

### ***Continuum of Care Project Updates***

In September, Behavioral Health Services (BHS) will provide to the Board a summary of progress on the portfolio of Continuum of Care projects that are bringing this transformation to life reported within the domains of Crisis and Diversionary Services, Inpatient Hubs and Care Coordination, and Residential and Long-Term Care. The update to the Board provides updates on advancing work across the Continuum of Care and outlines efforts currently underway to develop a broad strategy to advance the behavioral needs of children, youth, and transition age youth across the region.

### ***Redefining and Recalibrating Long-Term Care***

Also outlined within the Continuum of Care Update, will be bold new recommendations to further reform the behavioral health system by addressing the underlying challenges and symptoms across the system that continue to hamper the region, specifically within the lack of step-down capacity, including long-term and community-based care, for Medi-Cal eligible individuals who have behavioral health conditions. The County has invested significantly in establishing access to outpatient treatment and crisis response services over the past several years to meet the urgent needs of the community; though they are critical aspects of our Continuum of Care, expansion of these services is just the beginning of a broader effort to shift toward more thoughtful upstream prevention by establishing a broader network of community-based care that addresses the unique needs of individuals on a long-term basis.

To continue the transition from a system of crisis to one driven by upstream prevention and continuous care, the system must shift the focus from primarily mitigating symptoms to solution-based strategies

that include an emphasis on *redefining and recalibrating long-term care* within San Diego County to be more client-centered and support the social, environmental, and physical health needs of individuals in the least restrictive environment. This includes prioritizing the individual needs of clients by offering new pathways within **community-crisis care** to divert individuals from unnecessary utilization of expensive acute care and enhancing **community-based care** opportunities to support individuals with behavioral health needs in receiving care in the least restrictive environment to support their long-term needs as they transition across settings. Achieving the proposed optimal model requires a commitment in addressing the historical inequity and parity, along with the existing financial, capacity, infrastructure, and administrative barriers that have led to disproportionately poor health outcomes for people with behavioral health conditions.

Historically, long-term care within our continuum of care has been narrowly defined referring to beds within locked and secure facilities and institutions. BHS is redefining it to be more comprehensive and include community-based care settings that provide Medi-Cal eligible individuals with care and support through services such as adult residential facilities (ARF), residential care facilities for adults (RCFEs), and recuperative care services, all of which are necessary to ensure individuals have care and housing over their lifetime. It also includes an emphasis on community crisis diversion services, which include both clinical and non-clinical services, to support individuals experiencing a crisis in receiving the services they need outside of an acute care setting. Community crisis diversion services include existing crisis stabilization services, mobile crisis response teams, and crisis residential services, along with crisis respite services, which do not currently exist within the continuum of care. Enhancing these community-based care pathways allow people to step down from higher levels of care and support diversion from unnecessary utilization of acute care, which is far more expensive and not the appropriate level of care for many individuals.

To address this, BHS has been engaged in rigorous efforts, in partnership with Public Consulting Group (PCG), to research and compile national, state, and local data to inform a comprehensive assessment of our local system and develop a model that quantifies the optimal utilization capacity required across each level of care to build a system that meets the unique needs of individuals. BHS assessed utilization, capacity, and need within community crisis diversion, acute care, subacute care, and community-based care in the San Diego region to outline a strategy to recalibrate and shift the system toward a more client-centered model that meets the individual needs of clients at the lowest level and at the right level of care on a long-term basis.

The comprehensive model assesses the current state of community crisis diversion, acute care, subacute care, and long-term care, including community-based care, and identifies gaps and bottlenecks that have led to an unbalanced system characterized by restricted client flow across key points of transition. It also maps pathways where clients with behavioral health conditions are entering from, which levels of care they are going to, what barriers stand in their way and prevent them from receiving optimal care, and identified common characteristics and specialty needs amongst clients. Finally, it identifies missed opportunities that would have prevented acute admissions, along with excessive lengths of stays in restrictive settings for clients waiting for lower levels of care.

To address the imbalance and barriers across the system, the model quantifies the proposed optimal new utilization capacity needed across the various levels of care, specifically demonstrating the urgent need to develop and expand the dedicated long-term care resources, inclusive of community-based care infrastructure and services, specifically for Medi-Cal eligible clients who have behavioral health needs to facilitate acute and subacute step downs and diversion. The model also outlines the need to potentially shift capacity across specific levels of care as new services and capacity is established in other domains. Advancing toward the optimal model is anticipated to rebalance utilization and capacity across the system to ensure individuals are connected to the right level of care.

### **County-Funded Care Coordination**

Continuity of care is key in the shift from a model of crisis to continuous care and prevention. County-funded Care Coordination services support clients in maintaining the highest possible level of stability and engagement in treatment. Coordination of care between service providers is essential for a client's continuity of care and an efficient behavioral health system. A linchpin to ensuring continuity of care for clients is ensuring that service providers complete a warm hand-off with one another as clients move between different levels of care. The following is a listing of County-funded Care Coordination programs that support the Continuum of Care model.

- **Bio-Psychosocial Rehabilitation (BPSRs) Outpatient Programs:** Bio-Psychosocial Rehabilitation (BPSRs) outpatient programs provide mobile outreach and engagement (O&E) for clients discharged from Behavioral Health Units (BHUs) who have been referred to BHS and are not connected to services post-hospital discharge. Current outpatient programs with O&E components include:
  - Community Research Foundation (CRF) Heartland Center
  - Mental Health Systems (MHS), Inc. Alianza
  - Union of Pan Asian Communities (UPAC) Counseling and Treatment Center
  - Mental Health Systems (MHS), Inc. North Inland Mental Health Center
  - Mental Health Systems (MHS), Inc. North Coastal Mental Health Center
  - Community Research Foundation (CRF) Areta Crowell Center
  - Community Research Foundation (CRF) Douglas Young Center
  - Community Research Foundation (CRF) Maria Sardinias Center
  - Community Research Foundation (CRF) South Bay Wellness Recovery Center
  - Union of Pan Asian Communities (UPAC) Promise Wellness Center
  - Effective July 1, 2022, the mobile outreach component is included in three newly procured BPSR outpatient clinics in Central and South Regions. All BPSR outpatient clinics will have this component as the outpatient clinics are procured.
- **Psychiatric Hospitals Under Contract with BHS:** The following hospitals have Behavioral Health Units (BHUs) that serve Medi-Cal clients in San Diego County and can coordinate ongoing care with BHS-contracted programs:
  - Sharp Grossmont Hospital
  - Paradise Valley Hospital
  - Bayview Hospital
  - Alvarado Parkway Institute Behavioral Health System
  - Alvarado Hospital Geriatric Behavioral Health Program
  - Mercy Hospital of Scripps Health
  - Palomar Health – Palomar Medical Center
  - Sharp Mesa Vista Hospital
  - UC San Diego Medical Center
  - Aurora Behavioral Health Care

### **Current Care Coordination/Transition Services**

- **NAMI Peer Links:** The Peer Links program engages with individuals in inpatient or crisis residential programs and continues engagement with these individuals for up to six months post discharge to ensure connection to BHS. The program provides care coordination, linkages, and a warm hand-off to needed mental health, substance use, and social services with the goal of decreasing hospitalization and crisis residential acute care by increasing connections to ongoing behavioral health services. **Partner Hospitals:** Scripps Mercy and University of California San Diego (UCSD) Behavioral Health Units and Emergency Departments.

- **Crisis Residential Treatment Programs:** Crisis Residential Treatment Programs (CRTP) are voluntary short-term, intensive, residential programs that provide recovery oriented, intensive, and supportive services to individuals 18 years of age and older, in a safe therapeutic, home-like setting. Services are provided 24 hours per day, 7 days per week. CRTP services are an alternative to hospitalization or step down from acute inpatient care for adults 18 and older with acute and serious mental illness, including those who may have a co-occurring substance use condition.
  - Vista Balboa Crisis Residential (Central)
  - New Vistas Crisis Residential (Central, Downtown San Diego)
  - Jary Barreto Crisis Residential (Central)
  - Halcyon Crisis Residential (East)
  - Del Sur Crisis Residential (South)
  - Turning Point Crisis Residential (North Coastal)
  - Esperanza Crisis Residential (North Inland)
- **County Operated Enhanced Care Coordination (ECC):** County operated ECC phase 1 partners with San Diego County Psychiatric Hospital (SDCPH), all Medi-Cal Health Plans, and BHS to provide care coordination for clients discharged from the SDCPH BHU who are high utilizers with a behavioral health diagnosis and a cooccurring medical diagnosis experiencing barriers with establishing and maintaining necessary services. Clients are connected to necessary services including but not limited to behavioral health needs, health needs, housing, financial, transportation, food, etc. The ECC program is a longitudinal care coordination service line based on stratification with no disenrollment from ECC.
- **NAMI Next Steps:** The Next Steps program engages with clients at the SDCPH and continues engagement with individuals enrolled in the program for up to 90 days post discharge to ensure connection to services in the community. The program also engages with individuals referred from the three County Mental Health Outpatient Clinics, the Jane Westin Center, and the three County DUI Programs. Next Steps provides care coordination, linkages, and a warm hand-off to needed mental health, substance use, primary care, and social service supports with a goal of decreasing or preventing hospitalizations by increasing connections to services in the community.
- **Crisis Stabilization Units (CSUs):** Provide psychiatric emergency services 24/7 with a length of treatment up to 23 hours. Services provided include behavioral health assessment, medication management, care coordination (up to 30 days) and connection to BHS. CSUs serve all clients regardless of where they reside.
  - Locations: Hospital-based CSUs (Region/City):
    - Palomar Hospital CSU (North Inland/Escondido)
    - Paradise Valley/Bayview CSU (South/Chula Vista)
    - SDCPH Emergency Psychiatric Unit (North Central/San Diego)
  - Community-based CSUs, Provider (City):
    - North Coastal CSU, Exodus Recovery, Inc. (Vista)
    - North Coastal CSU, Exodus Recovery, Inc. (Oceanside)
    - Children's Emergency Screening Unit (ESU), New Alternatives, Inc. (San Diego)
- **Mobile Crisis Response Teams (MCRT):** A non-law enforcement, clinical response for individuals in the community who are experiencing a behavioral health crisis. Services include



screening, behavioral health evaluation, de-escalation, and connection to appropriate level of care. Care coordination may be provided for up to 30 days.

- Exodus Recovery, Inc. provides MCRT services in the North Coastal Region.
- Telecare Corporation provides MCRT services in South, Central, North Central, and North Inland Regions.
- **Safe Connections:** Provides care coordination and short-term case management services for clients with serious mental illness who have had high service use, with a focus on clients who are currently hospitalized for a behavioral health crisis at Sharp Grossmont Behavioral Health Unit and Paradise Valley/Bayview Behavioral Health Unit. The program provides care coordination/case management to ensure client connects with appropriate behavioral health services and short-term housing as needed.
- **In-Home Outreach Team (IHOT):** Countywide IHOT provides in-home outreach to adults and older adults who may have a serious mental illness and who are reluctant to receiving mental health services. Services include behavioral health screening, outreach and engagement, crisis intervention, and short-term care coordination/case management. Services are centered on the provision of extensive support and education to family members and the participant. IHOT also connects eligible clients to the Assisted Outpatient Treatment (AOT) program as appropriate.
- **NAMI Friends in the Lobby (FIL) (BHS Prevention):** Friends in the Lobby's mission is to provide outreach and engage individuals visiting their loved ones in local hospitals. Trained NAMI San Diego FIL Volunteers have a designated space in the lobby area of hospitals during visitation hours where they provide visitors with information on NAMI and other local mental health resources. NAMI San Diego partners with Sharp Mesa Vista Hospital, UCSD Medical Center, Scripps Mercy Hospital, Bayview Behavioral Health Campus, Alvarado Parkway Institute, Palomar Medical Center, Tri-City Hospital, Crestwood Behavioral Health, and the Veteran's Affairs (VA) Medical Center La Jolla.

BHS will expand on these and other efforts in its update to the Board on September 27, 2022. For Board meeting agendas and other resources to engage in Board meetings follow the link: <https://www.sandiegocounty.gov/content/sdc/cob/bosa.html>.

### **Mental Health Services Act (MHSA) Community Program Planning (CPP) Process** **New Engagement Strategies**

The MHSA Stakeholder Engagement Activities and CPP process will be facilitated by the UC San Diego team, whose community engagement contract was awarded in May 2022, in partnership with BHS. UCSD is partnering with two community organizations to facilitate ongoing community engagement and outreach. Relying on principles of community organizing and participatory research and evaluation, the team will employ an outreach approach consistent with Community-Based Participatory Research (CBPR) methods used to integrate key constituencies in the development and implementation of the comprehensive community engagement activities. Involving the community and collaborating with its members are cornerstones of efforts to improve public health.

CBPR is the most recognized form of health-focused, community-engaged research, integrating community partners throughout the process, with the goal of promoting equity and reducing health disparities. CBPR approaches are committed to principles of co-learning and health equity actions, with goals to equalize power between the academic institution and community participants. As such, while the UCSD Health Partnership provides a strong foundation from which to start this initiative, to truly accomplish the overall project goals of identifying persons from a wide range of underserved and unserved communities throughout San Diego County and creating safe, accessible, and supportive

opportunities for sharing their behavioral health needs, experiences, and recommendations, it will ultimately require the involvement of many different community members and representatives from large and small behavioral health and non-behavioral health services, advocacy, faith-based organizations, and BHAB.

The partnership brings an extensive network of “first-order” community connections to the engagement process (i.e., organizations whom at least one of the partners has worked with previously and could place a call to talk with a contact). In addition to involving community connections to help with outreach about stakeholder engagement events (e.g., including listening sessions, focus groups, and interviews) to their members and clients to inform the CPP, the team will work with the COR to develop a Community Partnership Council. The Community Partnership Council will expand the efforts of the Community Experience Committee, center equity and community involvement in the CPP. The Community Partnership Council will meet with the UCSD Health Partnership team (four to six times annually) to deliberate outreach plans and identify feasible and appropriate strategies to connect with currently unrepresented groups, centering community voice, and utilizing CBPR principles as the cornerstones of the Community Engagement Process.

Specific community engagement activities to inform the Community Program Planning process and the development of the three-year plan will commence in late Fall 2022 and continue through the fiscal year. Activities will include community listening sessions, focus groups, and key stakeholder interviews. In addition, the UCSD Health Partnership is actively engaging grassroots community events, conducting community-facing outreach efforts in all regions of San Diego to engage stakeholders in the CPP. BHAB will be kept informed and engaged in the ongoing planning of CPP.

## **BHS SPECIAL EVENTS AND ANNOUNCEMENTS**

### **MHSA Annual Update Public Comment Period**

The Mental Health Services Act (MHSA) Fiscal Year 2022-23 Annual Update will be posted to the Behavioral Health Services website for a 30-day public review and comment period. The review period is expected to begin on September 6, 2022, and end on October 6, 2022, when final comments will be heard at the October BHAB meeting. The MHSA Annual Update will then be presented at the October 25, 2022, Board of Supervisor's meeting for review and approval, as required by the Mental Health Services Oversight & Accountability Commission (MHSOAC).

### **Recovery Happens 2022**

Recovery Happens 2022 will be held at Liberty Station on Saturday, September 17, 2022, from 10:00 A.M. to 1:00 P.M. Recovery Happens is a community event celebrating those in recovery and those who support them. This free, in-person event will include speakers sharing recovery journeys, as well as entertainment, a recovery count-down, and family-friendly activities. There will be an opportunity to connect to an array of resources including community resources, financial and legal services, education information, employment support, physical and spiritual wellness opportunities, Veteran's services, health resources and testing, treatment and harm reduction resources.

Participation as an exhibitor at the resource fair is free. Organizations interested in hosting a resource table can provide contact information to Dawn Hull ([dawn.hull@sdcounty.ca.gov](mailto:dawn.hull@sdcounty.ca.gov)), with a cc' to Juan Barajas ([juan.barajas@sdcounty.ca.gov](mailto:juan.barajas@sdcounty.ca.gov)). Please note we are unable to include vendor tables in the resource fair.

Please plan to join this event to celebrate individuals in recovery, family and friends who support those on their recovery journey and connect individuals to needed resources because *Together We Are Stronger!*

### **13<sup>th</sup> 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 in very challenging circumstances. Distinguished speakers will provide updates on evidence-based practices, trauma-informed care, child welfare services, and advances in early education programs that address improving social-emotional development

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

### **Monkeypox Public Health Announcement:**

On July 23, 2022, the World Health Organization (WHO) declared the spread of monkeypox to be a "public health emergency of international concern," which is its highest alert level. Nationwide, as of August 15, 2022 there have been [11,890 confirmed cases in the United States](#) (U.S.), including [1945 in California](#) and [134 cases in San Diego](#), with numbers changing frequently. Additionally, 89 countries have reported monkeypox infections.

Globally, monkeypox cases have been detected among gay, bisexual, and other men who have sex with men but not exclusively. The County is dedicated to reducing stigma among the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) community. No single individual or community is to blame for the spread of any virus. This disease can impact various populations, as Monkeypox spreads through prolonged skin to skin contact. [Those who may be at greater risk during this outbreak](#) includes those who reported having contact with a person or people either with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox.

The County would like the following information shared with the community. As additional guidance is developed, this information will be posted on the [County website](#), as well as found on the [CDC website](#).

- [Clinical Considerations for Monkeypox in Children and Adolescents | Monkeypox | Poxvirus | CDC](#)
- [Prevention | Monkeypox | Poxvirus | CDC](#)
- [Considerations for Monkeypox Vaccination | Monkeypox | Poxvirus | CDC](#)
- [Treatment | Monkeypox | Poxvirus | CDC](#)
- [Monkeypox Facts for People Who are Sexually Active | Monkeypox | Poxvirus | CDC](#)
- [Congregate Living Settings | Monkeypox | Poxvirus | CDC](#)

At this time, the County is encouraging the community to:

- Sign up to get County News Center stories emailed directly to you [here](#), and encourage your community to do the same;
- Sign up for the County's Monkeypox Text Messaging Alert System to receive real-time information about monkeypox in the region. To sign up to receive the messages, text COSD MONKEYPOX to 468-311;
- Review and disseminate the County Monkeypox [Fact Sheets](#) in your community;
- Encourage community members to use [Tell Your Partner](#) to anonymously notify partners about sexually transmitted diseases in a safe and secure way through text message or email; and
- Encourage community members to call 2-1-1 San Diego for any questions.

The County has an established preparedness and response system to monitor, evaluate, and test persons suspected of monkeypox infection, provide education, and vaccinate those who are at risk of acquiring this infection. At this time, the Federal vaccine supply for Monkeypox is limited. Doses are being distributed to hospital systems, community clinics, and County clinics as well as used for County mass vaccination events. Until vaccine supply increases, eligibility for the vaccine is priority based. The County encourages all San Diegans to practice the following health and harm reduction strategies:

- **Limit** close skin to skin contact with multiple partners
- **Know** the Signs: Check yourself and ask your partner(s) about recent rashes and illnesses
- **See** your Healthcare Provider if you are experiencing symptoms

In addition to vaccine for prevention is treatment with the [antiviral Tecovirimat \(TPOXX\)](#). As of July 29, 2022, TPOXX is prescribed for more severe infections or ones that could progress. The County has already distributed 110 treatment courses to hospital systems, community clinics, and County clinics. The central pharmacies of these facilities are alerting their providers to the availability of TPOXX for prescribing treatment.

We are all in this together with one singular mission, to protect the public and prevent the spread of this virus in a respectful, equitable, and transparent manner.

For additional information and guidance about the outbreak and associated resources, please reference the links mentioned above. If you have any questions or concerns, please contact [MOC.PHO.HHSA@sdcounty.ca.gov](mailto:MOC.PHO.HHSA@sdcounty.ca.gov).

Respectfully submitted,



LUKE BERGMANN, Ph.D., Director  
Behavioral Health Services

c: Nick Macchione, Agency Director  
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer  
Nadia Privara Brahms, Assistant Director and Chief Strategy and Finance Officer  
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer

**CHILDREN, YOUTH AND FAMILIES (CYF) COUNCIL**  
**Fiscal Year 2022-23 Tentative Reporting Schedule**  
*2nd Monday of each month from 9 to 10:30 a.m.*

<p align="center"><b>July 11, 2022</b>  <b>Conversation with the BHS Director</b></p>
<p align="center"><b>August 8, 2022</b>  <b>STRATEGIC PLANNING MEETING</b>  <b>Fiscal Year 2021-22 Accomplishments and Fiscal 2022-23 Year Goals</b></p>
<p align="center"><b>September 12, 2022</b>  <b>Strategic Planning – Breakout Sessions Summaries</b>  <b>Continuum of Care Youth Strategies</b></p>
<p align="center"><b>October 10, 2022</b>  <b>COMBINED CYF/TAY/AOA MEETING - Hosted by CYF</b>  Please note meeting time is 10 to 11:30 a.m.</p>
<p align="center"><b>November 14, 2022</b>  <b>TBD</b></p>
<p align="center"><b>December 12, 2022</b>  <b>TBD</b></p>
<p align="center"><b>January 9, 2023</b>  <b>DARK</b></p>
<p align="center"><b>February 13, 2023</b>  <b>Meeting Focus: Bi-Annual Sub-Committee Reports (Applicable Updates)</b></p>
<p align="center"><b>March 13, 2023</b>  <b>Meeting Focus: Bi-Annual Sub-Committee Reports (Applicable Updates)</b></p>
<p align="center"><b>April 10, 2023</b>  <b>COMBINED CYF/TAY/AOA MEETING - Hosted by AOA</b>  Please note meeting time is 10 to 11:30 a.m.</p>
<p align="center"><b>May 8, 2023</b>  <b>Conversation with the BHS Director</b></p>
<p align="center"><b>June 12, 2023</b>  <b>CYF COUNCIL Orientation</b></p>



## Article Link

<https://www.countynewscenter.com/behavioral-health-workforce-symposium-addresses-lack-of-qualified-workers/>

## Full Video

<https://youtu.be/SHOIgJ1YJ4>

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HEALTH

## Behavioral Health Workforce Symposium Addresses Lack of Qualified Workers



Video by [Suzanne Bartole](#)

By [Anita Lightfoot](#), County of San Diego Communications Office  
Aug. 23, 2022 | 4:06 PM

## View Full Report:

<https://workforce.org/wp-content/uploads/2022/08/San-Diego-Behavioral-Health-Workforce-Report.pdf>



San Diego  
**Workforce**  
Partnership

# Addressing San Diego's Behavioral Health Worker Shortage

A needs assessment and vision to attract and retain  
essential behavioral health professionals



AUGUST 2022



ADVANCING HEALTH AND WELLNESS FOR THOSE IN NEED







# **Governor Newsom's Master Plan for Kids' Mental Health**

**August 2022**



# Our kids are facing a mental health crisis.

The global pandemic put a spotlight on our nation's mental health crisis – and the heavy toll borne by the youngest among us, especially in underserved and marginalized communities.

Nationwide, our kids are more anxious and depressed. They feel isolated and lonely. Suicide rates are climbing.

## In California:

- ▶ Over 284,000 youth cope with major depression.
- ▶ 66% of kids with depression do not receive treatment.
- ▶ Suicide rates for kids ages 10-18 increased 20% between 2019-2020.

We're taking urgent action to address this crisis. As other states cut resources for kids' mental health, **California is doubling down with the most significant, multi-year overhaul of our mental health system in state history.**

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## \$4.7 Billion

**so every Californian aged 0-25 has increased access to mental health and substance use supports.**

---



**California has begun a fundamental overhaul** of our state's mental health system – boosting coverage options, service availability and public awareness so all children and youth are routinely assessed, supported, and served.

# Building California's Mental Health Systems

We will increase access to services throughout the state, and meet kids where they are at – at school, online, in primary care facilities, and more.

*"California is stepping up to tackle the mental health crisis facing kids across the country. We're overhauling our mental health system with an unprecedented all-of-the-above approach to connect families with the care and supports their kids need to grow up healthier and stronger."*

**- Governor  
Gavin Newsom**

## A More Proactive and Responsive System of Care



### Virtual Platform to Increase Accessibility

Create a virtual platform for next-generation digital mental health assessment and intervention.



### Expand Clinic and Treatment Slots

Expand the capability of clinics to increase community-based mental health services so more young people receive the care they need.



### Intervene Early

Expand interventions early on so children and youth with, or at high risk for, mental health and/or substance use conditions can get the care they need before conditions worsen.



### Suicide Prevention and Crisis Response

Develop a targeted youth suicide prevention program for those at increased risk, create a 988 suicide and crisis lifeline, and provide grants for school and community-based crisis response following a youth suicide or attempt.



### Increase Number of School Counselors

Increase the number of counselors in our schools so students can access mental health services easily, conveniently, and at no cost.



### Services for Those With Severe Needs

Build infrastructure and staffing to ensure young people with the most significant symptoms and severe disease have high quality settings that are safe, secure and healing.

# Healthy Minds for California Kids



## Healthcare Coverage for Parent-Child Services

Mental healthcare shouldn't break the bank. California's new plan works to ensure many vital services are covered by insurance and adds new Medi-Cal services that jointly support parent-child needs to improve behavioral health.



## Make it Easier for Schools to Provide Prevention and Treatment

Increase access to a wide range of mental health services, with a focus on prevention and early intervention, allowing schools to reach more students and provide more counseling and mental health supports - without footing the bill.



## De-Stigmatize Help for our Kids

Help kids get the support they need by increasing access to, and therefore normalizing, mental healthcare. By raising awareness of Adverse Childhood Experiences (ACEs) and toxic stress, we can support prevention and early intervention of mental health and substance use challenges.



## More Resources for Parents

Create more tools, including new, easily digestible video content for parents to build their knowledge, tools and capacity to support the behavioral health of their children.

---

*"As a parent, there's nothing worse than seeing your child in pain and feeling powerless to help. In California, we take the mental health and wellbeing of our children seriously, and we're tackling this problem head-on with significant investments in the infrastructure of the state's mental health system."*

**- First Partner Jennifer Siebel Newsom**



## Developing a Workforce

To provide the care our young people need, we must build the workforce necessary to care for those who need help. That's why California is investing in training programs, and offering new incentives for those looking to pursue mental health care careers.



### Hire, Train, and Engage More Mental Health Workers

Create a pathway for 40,000 new mental health professionals, offer tuition assistance and loan forgiveness for those who serve in behavioral health. We are engaging 2,500 highly talented high school students interested in mental health careers.



### Expand Remote Access to Services

Make it easier for youth to receive information, supports and services virtually.



### Training for Teachers

Help our teachers identify warning signs by providing training for educators on trauma-informed care.

**Pathways and training for**  
**40,000**  
**behavioral health professionals.**

**Increasing the number of school counselors,**  
hiring **10,000 more professionals** and providing **up to \$20,000 scholarships** for mental health workers that spend two years working in schools.

---

**California is committed to improving the mental health and well-being of every child.**

### Other investments include:

- ▶ **\$4.1 billion** on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more.
- ▶ **\$5 billion** on a Medi-Cal initiative, CalAIM, to better integrate health and behavioral health services for low-income kids.
- ▶ **\$1.4 billion** to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families.

*In a significant overhaul of state's mental health system, Governor's plan increases access to mental health services for all Californians ages 0-25. Master Plan for Kids' Mental Health invests \$4.7 billion to reimagine mental health and substance use services, adds 40,000 new mental health workers*

FRESNO – With kids across California headed back to school, Governor Gavin Newsom today unveiled [California's Master Plan for Kids' Mental Health](#) to ensure all California kids, parents and communities have increased access to mental health and substance use services.

Nationally, kids are reporting symptoms of depression and anxiety at record rates and are considering or attempting suicide at historic levels. Here in California, about one-third of 7th and 9th graders and half of 11th graders experienced chronic sadness in the 2020-2021 school year and it's estimated that 1 in 10 kids between the ages of 12 and 17 suffered from at least one major depressive episode in the last year. Suicide rates for California youth ages 10 to 18 increased by 20% from 2019 to 2020.

California is taking urgent action to address this crisis. For kids and families needing help now, some elements of the Governor's plan are already available to all California kids, including the [Children's Mental Health Resources Hub](#), which offers kids and parents a central hub for a variety of resources, including several support hotlines, CalHOPE and informational guides on suicide and depression warning signs.

The Governor unveiled the plan at McLane High School in Fresno, which provides social emotional support services for students with a dedicated social emotional support staff made up of psychologists, social workers, and welfare specialists. Over the past decade, the Fresno Unified School District has increased mental health staffing from around 50 to more than 200 professionals. The Master Plan for Kids' Mental Health provides funding to schools across the state to offer the same kind of resources McLane and Fresno Unified does.

"Mental and behavioral health is one of the greatest challenges of our time. As other states take away resources to support kids' mental health, California is doubling down with the most significant overhaul of our mental health system in state history," Governor Newsom said. "We're investing billions of dollars to ensure every California child has better access to comprehensive mental health and substance use services. The Master Plan for Kids' Mental Health is premised on a very simple belief: every single kid deserves to have their mental health supported. That's the California Way – putting our kids first."

The Governor also signed [AB 2508](#) by Assemblymember Sharon Quirk-Silva (D-Fullerton) to better define the role of school counselors that recognizes the importance of access to mental health.

Over the last three years, California has launched an historic overhaul of the state's mental health system – investing \$4.7 billion to boost coverage options and public awareness so all children and youth are routinely screened, supported, and served. The funding creates new virtual platforms and establishes a new pipeline for the mental health workforce, adding 40,000 new mental health workers in the state.

Other investments include:

1. **\$4.1 billion on a community schools strategy to connect kids and families to essential services including health screenings, meals and more.**
2. **\$5 billion on a Medi-Cal initiative, CalAIM, to better integrate health and behavioral health services for low-income kids.**
3. **\$1.4 billion to build a more diverse healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families.**

"As a parent, there's nothing worse than seeing your child in pain and feeling powerless to help. And that's the case for far too many families around the country with children struggling with serious issues such as depression and anxiety without access to the care they need," said First Partner Jennifer Siebel Newsom. "In California, we take the mental health and wellbeing of our children seriously, and we're tackling this problem head-on with significant investments in the infrastructure of the state's mental health system. And for those looking for support today, [California's mental health resource hub for youth](#) is connecting parents, caregivers, educators, and children with the resources and support kids need to improve their mental health and build healthy wellness habits and practices that will help them thrive."

"I truly believe every student would benefit from a connection with a mental health counselor and I am hopeful we will continue to see a positive change from investments in social emotional support for our students and I know Governor Gavin Newsom can provide students with the much needed resources to successfully navigate life," said Aliyah Barajas, a senior at McLane High School.

#### **The Master Plan for Kids' Mental Health outlines action across three key pillars:**

1. **Healthy Minds for California Kids**
  1. Provide Medi-Cal coverage for parent-child services
  2. Make it easier for schools to provide prevention and treatment
  3. De-stigmatize mental health support for kids
  4. Offer additional resources for parents
2. **Rebuilding California's Mental Health Systems**
  1. Create new virtual platforms
  2. Expand early interventions
  3. More school counselors
  4. Expand clinic and treatment slots
  5. Develop a suicide prevention program
3. **Developing a Mental Health Workforce**
  1. Hire, train, and engage 40,000 new mental health workers
  2. Expand remote access to services
  3. Training for teachers





## CALIFORNIA TAKES A HISTORIC STEP IN TRANSFORMING THE MEDI-CAL PROGRAM

### *New Managed Care Contracts Will Prioritize Equity, Access, Quality, and Transparency*

SACRAMENTO – The Department of Health Care Services (DHCS) today announced its intent to award contracts to three managed care plans (MCP) to dramatically improve how health care is delivered to millions of Medi-Cal members. This is the first-ever statewide MCP procurement, and the resulting contracts will set a new standard for what person-centered and equity-focused care looks like in California.

“Selecting these plans to fulfill the promise and power of our new managed care contract will not only help improve the health of our Medi-Cal members, but will also build a healthier and more equitable state and transform the overall health care system,” said Dr. Mark Ghaly, Secretary of the California Health & Human Services Agency.

MCP partners (listed below) will engage with local entities to promote member needs for not only medically necessary health care services, but also any supportive services needed to treat the whole person. This entails partnerships with local health departments, local educational and governmental agencies, and other local programs and services, including social services, child welfare departments, and justice departments, to ensure member care is coordinated and members have access to community-based resources, including Community Supports available through California Advancing and Innovating Medi-Cal (CalAIM).

“These partnerships will help expand the reach of our health investments, and braid our broader efforts with the individual at the center,” said Secretary Ghaly.

DHCS is also strengthening its oversight of MCP partners. DHCS’ payments to plans are now linked more closely to the value they provide in terms of member access and outcomes. This will give plans incentives to provide care in a way that is aimed at improving health and well-being rather than just providing services. Moreover, the contract will help reduce disparities in care and improve health outcomes, while enhancing transparency so Medi-Cal members can find the plan that best suits their needs.

“California’s new agreement with Medi-Cal health plans establishes new standards of care and greater accountability, helping ensure Medi-Cal members have the care and support they need to live healthier, more fulfilling lives. This is a defining moment for Medi-Cal and its millions of members,” said DHCS Director Michelle Baass.

“We’re raising expectations for our plan partners as we begin a multiyear, multistep plan to transform Medi-Cal and support the health and well-being of all our members.”

Additionally, plan partners have committed to meeting stronger requirements that hold them and their subcontractors accountable for reducing health disparities and improving health outcomes for Medi-Cal members. As part of the enhanced contract requirements, MCPs will now have to deliver more comprehensive and holistic health care to members, which includes addressing their unmet social needs that contribute to health and wellness, such as food insecurity and housing. And plans will face stronger requirements related to ensuring access for their members to the health care providers and community services they need, and providing the right level of care management for all members.

“The bold commitments of this procurement will help ensure that Medi-Cal members get the health care services they need and deserve,” said DHCS Chief Deputy Director and State Medicaid Director Jacey Cooper. “We’re grateful for our plan partners and their commitment to quality, and we look forward to working together to usher in this new standard of care for Medi-Cal members.”

Medi-Cal members can expect:

**Coordinated access to care:** Members who need extra help will have access to care management based on their health care needs. This means having a designated point person, a care manager, who can assist them and their families with navigating the health care system, handle referrals, and support communication with providers.

**More culturally competent care:** Members will benefit from care and services that take into account their culture, sexual orientation, gender and gender identity, and preferred language.

**Better behavioral and physical health integration:** Members’ physical health care will be better integrated with their behavioral health care, narrowing the divide between the two and improving access to mental health support and substance use disorder treatment.

**Focus on primary care use and investment:** MCPs will be required to review utilization reports to identify members not accessing primary care. For example, if members are underutilizing primary care, they may not be obtaining appropriate screenings, preventive care, or managing their conditions to prevent exacerbation. The contract also includes steps to ensure MCPs are investing in primary care. Plans will be required report on primary care spending (as a percentage of total expenditures) to help ensure sufficient investment in upstream and preventive care.

**Reinvestment in community:** For the first time, MCPs and their fully delegated subcontractors with positive net income will be required to allocate 5 to 7.5 percent of these profits (depending on the level of their profit) to local community activities that develop community infrastructure to support Medi-Cal members. Plan partners will be required to annually submit a Community Reinvestment Plan and Report that details how the community will benefit from the reinvestment activities and the outcomes of such investments.

**Robust engagement with community advisory groups:** Historically, Medi-Cal MCPs are required to maintain a Community Advisory Committee (CAC) that serves to inform the plan’s cultural and linguistic services program. DHCS seeks to elevate the CAC by clarifying its role and member composition and prescribing the plan’s role in providing support for CAC members in order to maximize participation and involvement. In addition, CAC members will have the opportunity to serve on a DHCS Member Stakeholder Committee. MCPs will be expected to ensure that their CAC membership reflects that of the health plan and the county being served.

**Increased transparency:** Members will have easy access to information that can guide them in choosing the best plan for their families and/or individual needs. Plans will also be required to routinely and publicly report on access, quality improvement, and health equity activities, including their fully delegated subcontractors’ performance and consumer satisfaction.

Below are the intended awardees:

Intended Awardees	Counties
Molina Health Care	Los Angeles, Riverside, San Bernardino, Sacramento, San Diego
Anthem Blue Cross Partnership Plan	Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kern, Kings, Madera, Mono, Santa Clara, San Francisco, Sacramento, Tuolumne
Health Net	Amador, Calaveras, Inyo, Mono, San Diego, San Joaquin, Stanislaus, Tulare, Tuolumne

This procurement effort is part of DHCS’ broader efforts to redefine how care is delivered to Medi-Cal beneficiaries, 99 percent of whom will be enrolled in managed care by 2024. Finally, DHCS is entering a direct contract with Kaiser Permanente in 32 counties, subject to federal approval. New contracts will apply to all Medi-Cal MCPs beginning on January 1, 2024, and the contract term will be through December 31, 2028.

For more background on the procurement process, visit the links below.

[Medi-Cal Managed Care Procurement Update](#) | [Procurement press release](#) | [Procurement issue brief](#) | [www.dhcs.ca.gov](http://www.dhcs.ca.gov)



### **New mental health resources for a new school year**

Adolescence is already a confusing time without added concerns about social media, safety in schools, staying healthy, family financial security, and loss of loved ones—so we shouldn't be surprised that the rates of anxiety, depression, suicide, and other mental health conditions are on the rise.

This year, Mental Health America recognizes with our 2022 Back to School Toolkit that our youth are having “All the Feels” as they enter the new school year. These resources look at the issues young people face that are having an impact on their mental health and offer tips on how to deal with these issues and the resulting emotions. The MHA toolkit can also help parents and school personnel better understand the issues, such as the effects of social media on youth mental health and how to be supportive.

This year's toolkit includes:

- Fact sheets for parents/teachers;
- Fact sheets for children/teens;
- Worksheet for children/teens;
- Key messages and statistics;
- Sample drop-in article;
- Sample social media post language and images;
- Posters and a list of nationwide and state-level resources.

[Download the Toolkit](#)



**Webpage:** <https://www.sdpdatf.org/community-parent-fentanyl-toolkit>

## Community & Parent Toolkits: Education & Awareness

San Diego youth and adults are overdosing at an alarming rate from fentanyl powder, fentanyl-laced drugs, and counterfeit pills containing fentanyl. Community Leaders across San Diego created and compiled resources in this section to aid communities in preventing and reversing this deadly trend.

The toolkits contain multiple education and awareness materials. In each section, resources are available to be customized and used in communities that each coalition serves.

### **Community and Parent Fentanyl Toolkit**

- **Opioid and Fentanyl PowerPoint Presentation**
  - English PowerPoint
  - Spanish PowerPoint

### **Naloxone Toolkit**

- **Naloxone PowerPoint Presentation**
  - English PowerPoint
  - Spanish PowerPoint

### **Additional Resources and Information**

**Interactive Map:** Medication for Addiction Treatment (MAT) and Medication Disposal Locator

#### **Links to Videos**

- Fentanyl Overdose Emergency Response - Good Samaritan Law

**What Parents Need to Know: Virtual Tour of Drug Hiding Places**

#### **Resource Cards/Fact Sheets - English**

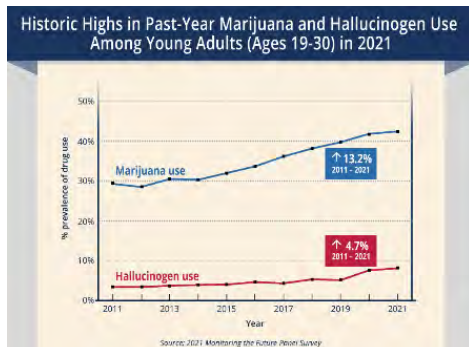
- **Fentanyl Information:**
  - Fentanyl Facts (by sector):
    - Schools
    - Young Adults
    - Older Adults
    - Medical Practitioners
    - Families
    - Behavioral Health
  - Fentanyl Warning Posters
  - Fentanyl: Don't be Faked Out
  - Fentanyl and Counterfeit Pills
  - DEA Counterfeit Pills
- **Social Media Information:**
  - Snapchat Dangers and Protecting Youth
  - Snapchat: Know What's Going On(line)
  - Social Media and Drugs
  - DEA Emoji



## Marijuana and hallucinogen use among young adults reached all time-high in 2021

August 22, 2022

NIH-supported study also found past-month vaping levels rebound after early pandemic drop



Marijuana and hallucinogen use in the past year reported by young adults 19 to 30 years old increased significantly in 2021 compared to five and 10 years ago, reaching historic highs in this age group since 1988, according to the Monitoring the Future (MTF) panel study. Rates of past-month nicotine vaping, which have been gradually increasing in young adults for the past four years, also continued their general upward trend in 2021, despite leveling off in 2020. Past-month marijuana vaping, which had significantly decreased in 2020, rebounded to pre-pandemic levels in 2021.

Alcohol remains the most used substance among adults in the study, though past-year, past-month, and daily drinking have been decreasing over the past decade. Binge drinking (five or more drinks in a row in the past two weeks) rebounded in 2021 from a historic low in 2020, during the early stages of COVID-19 pandemic. On the other hand, high-intensity drinking (having 10 or more drinks in a row in the past two weeks) has been steadily increasing over the past decade and in 2021 reached its highest level ever

recorded since first measured in 2005.

“As the drug landscape shifts over time, this data provides a window into the substances and patterns of use favored by young adults. We need to know more about how young adults are using drugs like marijuana and hallucinogens, and the health effects that result from consuming different potencies and forms of these substances,” said National Institute on Drug Abuse Director Nora Volkow, M.D. “Young adults are in a critical life stage and honing their ability to make informed choices. Understanding how substance use can impact the formative choices in young adulthood is critical to help position the new generations for success.”

Since 1975, the [Monitoring the Future](#) study has annually surveyed substance use behaviors and attitudes among a nationally representative sample of teens. A longitudinal panel study component of MTF conducts follow-up surveys on a subset of these participants to track their drug use through adulthood. Participants self-report their drug use behaviors across three primary time periods – lifetime, past year (12 months), and past month (30 days). The MTF study is conducted by scientists at the University of Michigan’s Institute for Social Research, Ann Arbor, and is funded by NIDA, part of the National Institutes of Health.

Data for the 2021 survey were collected online from April 2021 through October 2021. Key findings in the young adult group include:

**Marijuana Use:** Past-year, past-month, and daily marijuana use (use on 20 or more occasions in the past 30 days) reached the highest levels ever recorded since these trends were first monitored in 1988. The proportion of young adults who reported past-year marijuana use reached 43% in 2021, a significant increase from 34% five years ago (2016) and 29% 10 years ago (2011). Marijuana use in the past month was reported by 29% of young adults in 2021, compared to 21% in 2016 and 17% in 2011. Daily marijuana use also significantly increased during these time periods, reported by 11% of young adults in 2021, compared to 8% in 2016 and 6% in 2011.

**Hallucinogen Use:** Past-year hallucinogen use had been relatively stable over the past few decades until 2020, when reports of use started to increase dramatically. In 2021, 8% of young adults reported past-year hallucinogen use, representing an all-time high since the category was first surveyed in 1988. By comparison, in 2016, 5% of young adults reported past-year hallucinogen use, and in 2011, only 3% reported use. Types of hallucinogens reported by participants included LSD, MDMA, mescaline, peyote, “shrooms” or psilocybin, and PCP. The only hallucinogen measured that significantly decreased in use was MDMA (also called ecstasy or Molly), showing statistically significant decreases within one year as well as the past five years from 5% in both 2016 and 2020 to 3% in 2021.

**Vaping:** Nicotine vaping in the past month increased significantly among young adults in 2021 despite leveling off in 2020 during the earlier part of the pandemic. The continued increase in 2021 reflects a general long-term upward trend: in 2021, nicotine vaping prevalence nearly tripled to 16% compared to 6% in 2017, when the behavior was first recorded.

Prevalence of marijuana vaping in the past month among young adults had significantly dipped in 2020 but returned to near pre-pandemic levels in 2021. Since 2017, when marijuana vaping was included in this study, past-month prevalence has doubled – from 6% in 2017 to 12% in 2021.

**Alcohol Use:** Reports of binge drinking by young adults – defined as having five or more drinks in a row in the past two weeks – returned to pre-pandemic levels in 2021 after significantly decreasing in 2020 (32% reported in 2021, versus 28% in 2020 and 32% in 2019). High-intensity drinking, defined as having 10 or more drinks in a row in the past two weeks, was at its highest level since it was first measured in 2005, reported by 13% of young adults in 2021, compared with 11% in 2005. However, past-month and past-year alcohol use, and daily drinking have been on a downward trend in young adults for the past 10 years. For example, in 2021, 66% of young adults reported alcohol use in the past 30 days, a significant decline from 70% recorded in 2016 and 69% in 2011.

The study also showed significant decreases in past-month cigarette smoking by young adults and non-medical use of opioid medications in the past year (surveyed as “narcotics other than heroin”) compared to 10 years ago. Both substances have been declining steadily in use for the past decade. Additional data from the 2021 MTF panel study include drug use reported by [adults 35 to 50 years old](#), [college/non-college young adults](#), and among [various demographic subgroups](#).

“One of the best ways we can learn more about drug use and its impact on people is to observe which drugs are appearing, in which populations, for how long, and under which contexts,” said Megan Patrick, Ph.D., a research professor at the University of Michigan and principal investigator of the MTF panel study. “Monitoring the Future and similar large-scale surveys on a consistent sample population allow us to assess the effects of ‘natural experiments’ like the pandemic. We can examine how and why drugs are used and highlight critical areas to guide where the research should go next and to inform public health interventions.”

View more information on the [methods](#) behind MTF panel study data collection and how the survey adjusts for the effects of potential exclusions [in the report](#).

Results from the related 2021 MTF study of substance use behaviors and related attitudes among teens in the United States was released in December 2021, and 2022 results are upcoming in December 2022.

For more information on substance and mental health treatment programs in your area, call the free and confidential [National Helpline](#) 1-800-662-HELP (4357) or visit [www.FindTreatment.gov](#).

**View Full Document:**

[2984 CI Report2021-frontmatter v5.indd \(thechildrensinitiative.org\)](#)

# *Live Well San Diego* Report Card on Children, Families, and Community 2021

The  **Children's**  
Initiative



# BIRTH OF BRILLIANCE



B E T H E C H A N G E

**ALL CHILDREN ARE BORN WITH BRILLIANCE, WHICH ACCORDING TO WEBSTERS DICTIONARY MEANS: INTENSE BRIGHTNESS OF LIGHT; VIVIDNESS OF COLOR; AND EXCEPTIONAL TALENT OR INTELLIGENCE.**

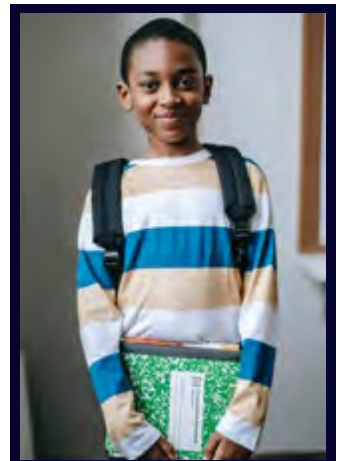
Imagine a world where every child's brilliance is acknowledged and nurtured from birth. Racial inequity flies in the face of this brilliance and it is our responsibility to rewrite the narrative.

The conference is focused on children, youth and their families. Building on the success and energy of our inaugural event, the committee is excited to present the second annual virtual Birth of Brilliance Conference on Feb. 24, 2023. The focus remains on raising awareness about the effects of racial disparities and implicit bias in mental health, social services, developmental services, education, medical care and juvenile justice. Registration opens on Dec. 1.

If you would like to get involved in Birth of Brilliance 2023 as a committee member, fiscal sponsor, by being or recommending a speaker, or if you have questions, please reach out to us at [birthofbrilliance@gmail.com](mailto:birthofbrilliance@gmail.com).



For a recap of the previous two years conferences, please visit the QR codes





# THE IMPORTANCE OF TOUCH

## WHY IS NURTURING TOUCH IMPORTANT?

### Brain Development:

Nurturing touch can help young children with stress. Research shows that it lowers cortisol, a stress hormone that can affect learning and memory. It also increases oxytocin, the hormone that helps build a bond between parents or other caregivers and their children. Through nurturing touch, children connect with their caregivers and learn skills to eventually calm their bodies and minds when upset.

### Physical Benefits of Touch:

Did you know that touch helps babies feel better physically, too? Infant massage, for example, reduces colds, upset tummies, asthma, dermatitis, heart disease, pain, insomnia, and stress! Just a few minutes of massage a day can have wonderful health benefits while building closeness.



### Emotional Benefits of Touch:

Through healthy, respectful touch, children feel safe and secure, and can explore, play, and learn! Without this secure bond and when the needs for nurturing touch go unmet, you might see symptoms such as lack of self-control, aggression, low self-worth, lack of empathy, neediness, and other difficult behaviors.

## TIPS FOR TOUCH



Touch can be added to daily activities like sitting together to read a book, hand-over-hand contact while the child is helping in the kitchen, or in small ways like holding hands and giving high fives.

For soothing touch, use gentle pressure moving from the head down. For touch that is more energizing, use gentle motions from the feet up.

After bath time, slow down to be with your little one! While applying safe lotion or oil, use gentle massage strokes.

Many children seek out physical touch daily. Make the most of these child-directed touch times by pausing what you're doing and being fully present for these moments.



## REFLECTION CORNER

### *Every child is unique....*

- How does your child show/tell you they're ready for touch?
- What level of touch do they like - soft, medium, or firm?
- How can you add touch into your daily routine?
- What are some of your earliest positive memories of touch?
- What have you learned in your culture or family about touch?
- Sadly, nurturing touch during childhood was not experienced by everyone. What do you need to feel safe while bringing healthy touch to your child?

## ADDITIONAL RESOURCES & SOURCES

[Black Infant Health](#)

[Circle of Security](#)

[Early Head Start](#)

[Exceptional Families Resource Center](#)

[First 5 of San Diego](#)

[2-1-1 San Diego](#)

[Access & Crisis Line](#)

888-724-7240

Information sourced from Carlson, F. M. (2005). Significance of Touch in Young Children's Lives. YC Young

Developed by Meg Olinger, Ashley Rambeau, & Early Childhood Mental Health Subcommittee to the County of San Diego Behavioral Health Service System of Care Council

# Mental Health Services Act (MHSA) Stakeholder Training

The MHSA provides funding for prevention, treatment, workforce development, infrastructure, and technology needs. Integral to MHSA is stakeholder participation in the planning process so the County of San Diego BHS system can understand and respond to future needs.



## WHY SHOULD I JOIN THIS VIRTUAL INFORMATIONAL SESSION?

If you participate, you will:

- Learn about the MHSA
- Learn how MHSA funding is being implemented in San Diego County
- Learn about opportunities to provide input on how MHSA funding is used in the future

**Tuesday, September 20**

12:00pm-1:15pm

**Friday, September 23**

12:00pm-1:15pm

**Wednesday, September 28**

5:00pm-6:15pm

Register for any  
session with this link  
or QR Code

[https://tinyurl.com/  
MHSATraining](https://tinyurl.com/MHSATraining)



\*optional Spanish interpretation available

For more information please contact:  
Amanda Farr, [mhsavoices@health.ucsd.edu](mailto:mhsavoices@health.ucsd.edu)  
858-966-7703 x 247145

# Ley de Servicios de Salud Mental (MHSA) Capacitación para Partes Interesadas

La MHSA proporciona fondos para las necesidades de prevención, tratamiento, desarrollo de la fuerza laboral, infraestructura y tecnología. Una parte integral de la MHSA es la participación de las partes interesadas en el proceso de planificación para que el sistema BHS del condado de San Diego pueda comprender y responder a las necesidades futuras.



## ¿POR QUÉ DEBO UNIRME A ESTA SESIÓN INFORMATIVA VIRTUAL?

Si participa, usted podrá:

- Informarse sobre la ley de MHSA
- Conocer cómo se implementan los fondos de la MHSA en el condado de San Diego
- Aprender acerca de oportunidades para dar su opinión sobre el uso de los fondos de MHSA en el futuro

**Martes, Septiembre 20**

12:00pm-1:15pm

**Viernes, Septiembre 23**

12:00pm-1:15pm

**Miércoles, Septiembre 28**

5:00pm-6:15pm

Regístrese con este enlace

O

escanee el código QR

<https://tinyurl.com/MHSATraining>



\*Interpretación opcional en español disponible

Para más información, comuníquese con:  
Amanda Farr, [mhasvoices@health.ucsd.edu](mailto:mhasvoices@health.ucsd.edu)  
858-966-7703 x 247145





## 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](http://earlychildhoodmentalhealth-sandiego.com)**



# RECOVERY HAPPENS

SATURDAY, SEPTEMBER 17<sup>TH</sup> | 10:00 AM - 1:00 PM

## ENJOY

Music, Color Guard, shared stories of hope, & other fun activities

### ***Together We Are Stronger!***

Are you or a loved one on the recovery path? Perhaps you're someone who wants to learn about recovery programs and/or preventing substance misuse.

**Recovery Happens** is a community event celebrating those in recovery and those who support them.

Whether you are seeking help for yourself or a friend, come to this free, family-friendly event at Liberty Station to **connect to an array of resources** including:

- Community resources
- Financial and legal services
- Education information
- Employment support
- Physical and spiritual wellness opportunities
- Veteran's services
- HIV and Hep-C screenings
- Treatment information
- Harm Reduction Resources



Scan the QR code more info!

Liberty Station  
2455 Cushing Rd. San Diego, CA 92106



The *LIVE WELL SAN DIEGO 5K* will be back in person at the Waterfront Park on Sunday, September 18, 2022!



**Registration is Now Open!**

<https://www.livewellsd.org/content/livewell/home/livewellsd5k.html>

# ***Combined Councils Meeting Registration Open***

**Children, Youth and Families (CYF) Council**

**Transition Age Youth (TAY) Council**

**Adult Council**

## **Combined Behavioral Health Services Councils Meeting**

**Monday, October 10, 2022 | 10 to 11:30 AM**

**Please register [HERE](#) for this meeting**

***For more information, contact:***

**Darwin Espejo [Darwin.Espejo@sdcounty.ca.gov](mailto:Darwin.Espejo@sdcounty.ca.gov)**

# Cultural Competency Academy Foundational Series



Cultural  
Competency  
Academy

The Cultural Competency Academy (CCA) provides a Foundational Training Series designed to provide awareness, knowledge and skill-based training that focus on concepts related to cultural humility, such as self-assessments, bias, culture in the workplace and BHS and intersectionalities. Training is designed for all levels (support staff, managers, and direct service providers). CCA is a 6-8 month long commitment, which has components that extend outside of the 5-day training series including two boosters, an eLearning and a practicum project. This series will be a hybrid of three in-person and two virtual training days.

## Course Objectives:

Upon completion of the training series, participants will be able to:

- Access the tools and skills needed to provide culturally informed services
- Describe the impact of person-first, trauma-informed, culturally competent service delivery
- Use awareness of their own biases to engage with people of different cultural backgrounds
- Use cultural competence practices in the delivery of Behavioral Health Services
- Create culturally driven change to improve program participant outcomes
- Use skills and experiences to engage in conversations regarding race and culture

[Click here](#) to see the training outlines for each day with daily descriptions and learning objectives.



## Registration Information

Please RSVP to [RIHS@sdsu.edu](mailto:RIHS@sdsu.edu) to be registered for the training series.

This is a closed registration due to the number of seats available that are specific to job position and organization.

This training is **FREE** of charge to County of San Diego Behavioral Health Services (BHS) County employees and contractors.

Email [RIHS@sdsu.edu](mailto:RIHS@sdsu.edu) if you have any questions.

Days 1, 2 and  
5 in-person

Days 3 & 4 via [Zoom](#)



6367 Alvarado Court #103  
San Diego, CA 92121

**Day 1: Self-Assessment** (in –person)  
Oct 20, 2022 | 9:00AM - 4:00PM

**Day 2: What is Culture?** (in –person)  
Nov 17, 2022 | 9:00AM - 4:00PM

**Consultation Call**  
Nov 30, 2022 | 9:00AM - 10:00AM

**Day 3: Culture in the Workplace**  
Dec 9, 2022 | 9:00AM - 1:00PM

**Day 4: Culture and Behavioral Health Services**  
Jan 6, 2023 | 9:00AM - 1:00PM

**Day 5: Implementation and Next Steps** (in –person)  
Jan 26, 2023 | 9:00AM - 4:00PM

**Graduation and Capstone**  
June 8, 2023 | 9:00AM - 12:30PM

## Who Should Attend

Support staff, Peer Support Specialists, Managers and Direct Service providers working for San Diego County BHS and BHS contracted programs.

There will be limited spaces available to accommodate each staff type.



## CCA TRAINERS

Click here to read about all the trainers.

[CCA Trainer Bios](#)

The Cultural Competency Academy is a great commitment. Participants are expected to complete a practicum project and present it upon graduation. Please see our [CCA webpage](#) for more information.

Thank you for your continued understanding about our need to put the safety of our staff, facilitators, and customers first.

Please review the COVID protocol for in-person trainings.  
<https://theacademy.sdsu.edu/a-message-to-our-stakeholders-and-friends/>

**COVID Message and  
In-person Training Protocol**

## ADA

Please submit all requests for accommodations two weeks prior to the start of the training. The Academy for Professional Excellence is committed to creating an inclusive and welcoming environment that appreciates and builds on diversity. In accordance with the Americans with Disabilities Act (ADA) of 1990, and California Administrative Code Title 24, The Academy for Professional Excellence prohibits discrimination on the basis of a disability in employment, public services, transportation, public accommodations, and telecommunication services.

## Continuing Education

This course meets the qualifications for 26 hours of continuing education credit for LMFTs, LCSWs, LPCCs and/or LEPs as required by the California Board of Behavioral Sciences. The Academy for Professional Excellence is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFTs, LCSWs, LPCCs and LEPs, Provider #91928. The Academy for Professional Excellence is approved by the California Board of Registered Nursing, Provider # BRN CEP10014; CCAPP-EI, Provider # 1S-98-398-0822, and CAADE Provider # CP40 906 CH 0323 for 26 contact hours/CEHs. The Academy for Professional Excellence is approved by the American Psychological Association to sponsor continuing education for psychologists. The Academy for Professional Excellence maintains responsibility for this program and its content. CE certificates will be available for download 5 business days after course completion. Click here for information on how to [obtain CE Certificates](#). Click here for the [CE Grievance Procedure](#).

*Responsive Integrated Health Solutions (RIHS) is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, and a project of San Diego State University School of Social Work.*



We create experiences that transform the heart, mind, and practice.

Visit us at [theacademy.sdsu.edu](https://theacademy.sdsu.edu).

