

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

MEETING AGENDA

September 14, 2020 – 9:00-10:30 A.M.

[Meeting Link](#)

- I. Welcome** (Valerie Hebert) **2 minutes**
- This meeting will be recorded for meeting notetaking purposes
- II. Approval of Minutes** (Minola Clark Manson) **3 minutes**
- August 10, 2020 minutes-Handout-**Pages 4-12**
 - Action Items from August 10, 2020-See meeting minutes for completed action items
- III. Business Items** (Yael Koenig) **8 minutes**
- Information / Watch / Committee / Recognition**
- R**-Advancing Principles Award (Rose Woods)
 - I** - September 3, 2020 BHS Director's to the Behavioral Health Advisory Board (BHAB) Report- CYF Highlights-Handout-**Pages 13-22**
 - I** - September 3, 2020 BHS Director's Update for the Councils and Advisory Boards
 - I** - California Health Alert Network (CAHAN) San Diego Alert: Fentanyl Overdose Deaths Related to Illicit Drug Use: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/cahan/communications_documents/08-21-2020.pdf-Handout-Pages 23-26
 - I** - County of San Diego Chief Administrative Office Recommended Operational Plan Change Letter
✓ <https://www.sandiegocounty.gov/content/sdc/auditor/opplan/fycl20-22.html>
✓ <https://www.sandiegocounty.gov/content/dam/sdc/auditor/pdf/changeletter20-22.pdf>
 - I** - September 15, 2020 Board of Supervisors (BOS) Letter-Agenda item 13: Authorization for Amendments to extend existing BHS contracts, execute Revenue Agreement and amend Memorandum of Understanding-Handout-**Pages 27-35**
 - C** - ACESConnection: <https://www.acesconnection.com/g/california-aces-action/blog/painful-questions-imprintnews-org>
 - W** - Family Urgent Response System (FURS) – All County Letter No. 20-89-Handout-**Pages 37-46**
 - I** - Senate Bill (SB) 855-Mental Health as Medical Necessity-(Bill Stewart)-Handout-**Pages 47-51**
 - I** -SB 803-Mental health services: peer support specialist certification update-Handout **Pages 53-54**
 - I**-Directing Change-Program and Film Contest: <http://www.directingchange.org/schools/>-Handout-**Pages 55-56**
 - C** - SchoolLink
✓ Spotlight and COVID 19 Best Practices Module: <https://theacademy.sdsu.edu/programs/rihs/schoolink-spotlight/>
✓ COVID-19 Updates Module: <https://theacademy.sdsu.edu/rihs-schoolink/#/page/5f3430e8dca6941043686ddb>
✓ COVID-19 flier: <https://theacademy.sdsu.edu/rihs-schoolink/course/en/assets/5f5027ba18bb8b11036a667b/file.pdf>
 - I** - 11th Early Childhood Conference (September 10-12, 2020)
 - I**-Recovery Happens (September 12, 2020)
 - C** - County of San Diego COVID-19 Information: <https://www.sandiegocounty.gov/coronavirus.html>
- IV. Mental Health Services Act (MHSA) Update** (Dr. Danyte Mockus-Valenzuela) **15 minutes**
- MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-21 through 2022-23
✓ <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/NOC/MHSA/MHSA%20Three%20Year%20Program%20and%20Expenditure%20Report%20FY%202020-23%20DRAFT.pdf>
✓ Link for input/feedback: <https://www.surveymonkey.com/r/MYJVNCF>
 - BHS Community Engagement-Handout-**Page 57**
 - CYF Council input
- V. Strategic Planning Part II: (FY 2019-20 Accomplishments and FY 2020-21 Goals)** **60 minutes**
- | Subcommittee | Presenter | Subcommittee | Presenter |
|--------------------------|---------------------------------|-------------------------------|-----------------------------------|
| Executive-8.10.20 | Yael Koenig | TAY Council-8.10.20 | Mike Miller |
| Family and Youth-8.10.20 | Valerie Hebert | CCRT- Pages 59-70 | Rosa Ana Lozada |
| Education-8.10.20 | Heather Nemour/Violeta Mora | CYF CADRE- Pages 71-72 | Julie McPherson/Marisa Varond |
| Private-8.10.20 | Minola Clark Manson/Angela Rowe | Outcomes- Pages 73-80 | Emily Trask/Eileen Quinn-O'Malley |
| Early Childhood-8.10.20 | Aisha Pope/Ginger Bial | Training- Pages 81-82 | Rose Woods |
- CYF System of Care Fiscal Year 2019-20 Goals and Accomplishments and Fiscal Year 2020-21 Goals-Yael Koenig-**Pages 83-88****
- VI. Announcements** **2 minutes**
- San Diego Opioid Project Virtual Town Hall scheduled for September 18, 2020 from 10:00-11:30 A.M-Handout-**Page 89**
 - Mental Health Stigma conversation in Spanish on October 14, 2020 hosted by the CYF Liaison-Handout-**Page 91**
- Next Executive Committee Virtual Meeting:** **Next Virtual Council (Combined) Meeting:**
TBD Date: Monday, October 12, 2020
Time: 10:00 to 11:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, the sub-committees' meetings that are occurring are virtual

Additional information about the meetings is included on page 9 of the August 10, 2020 meeting minutes (page 12 of the meeting packet).

For Council materials go to:

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

**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



LIVEWELLSD.ORG

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 & Food 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

- 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 MINUTES

August 10, 2020 – 9:00-10:30 A.M.

Virtual Meeting

+ = Member in Attendance O = Absent E = Excused

| CONSTITUENCY | | MEMBER | STATUS | ALTERNATE | STATUS |
|-------------------------|---|-----------------------|--------|---------------------|--------|
| PUBLIC SECTOR | | | | | |
| 1 | Behavioral Health Advisory Board (BHAB) | Bill Stewart | + | Rebecca Hernandez | O |
| 2 | Behavioral Health Services (BHS) | Dr. Laura Vleugels | + | Dr. Charmi Patel | + |
| 3 | Public Safety Group/ Probation | Vacant | O | Chrystal Sweet | O |
| 4 | Child Welfare Services (CWS) | Steve Wells | + | Norma Rincon | + |
| 5 | HHSA Regions | Dori Gilbert | + | Jennifer Sovay | O |
| 6 | Public Health | Dr. Thomas R. Coleman | + | Adrienne Yancey | O |
| 7 | Juvenile Court | H. Ana Espana | + | Beth Brown | + |
| 8 | First 5 Commission | Alethea Arguilez | O | Sharon Qin | O |
| EDUCATION SECTOR | | | | | |
| 9 | Special Education Local Plan Area (SELPA) | Cara Schukoske | O | Jamie Tate - Symons | O |
| 10 | Regular Education Pupil Personnel Services | Violeta Mora | + | Heather Nemour | + |
| 11 | School Board | Barbara Ryan | + | VACANT | |
| 12 | Special Education | Yuka Sakamoto | + | Aidee Angulo | O |
| PRIVATE SECTOR | | | | | |
| 13 | San Diego Regional Center (SDRC) for Developmentally Disabled | Peggie Webb | O | Therese Davis | O |
| 14 | Alcohol and Drug Service Provider Association (ADSPA) | Angela Rowe | + | John Laidlaw | O |
| 15 | Alcohol and Drug Service Provider Association (ADSPA) | Marisa Varond | + | VACANT | |
| 16 | Mental Health Contractors Association | Julie McPherson | + | Minola Clark Manson | + |
| 17 | Mental Health Contractors Association (MHCA) | Laura Beadles | + | Michelle Hogan | O |
| 18 | Fee- For-Service (FFS) Network | Dr. Sherry Casper | + | VACANT | |
| 19 | Managed Care Health Plan | George Scolari | + | Kathleen Lang | + |
| 20 | Healthcare/ Pediatrician | Dr. Pradeep Gidwani | + | VACANT | |

| FAMILY AND YOUTH SECTOR | | | | | |
|---|---|---|-----|----------------|---|
| 21 | Family and Youth Liaison | Renee Cookson | O | Valerie Hebert | + |
| 22 | Caregiver of child/youth served by the Public Health System | Debbie Dennison | + | Sue McCoy | + |
| 23 | Youth served by the Public Health System (up to age 26) | Micaela Cunningham | O | VACANT | O |
| 24 | Youth served by the public health system (up to age 26) | Christine Frey | O | Emma Eldredge | + |
| SUB-COMMITTEES (Non-voting members unless a member of the Council) | | | | | |
| - | Executive Sub-Committee | Valerie Hebert/ Minola Clark Manson | +/+ | | |
| - | Cultural Competence Resource Team (CCRT) | Rosa Ana Lozada | O | | |
| - | CYF CADRE | Julie McPherson/ Marisa Varond | +/+ | | |
| - | Early Childhood Sub-Committee | Aisha Pope/ Autumn Weidman | +/+ | | |
| - | Education Sub-Committee | Heather Nemour/Violeta Mora | +/+ | | |
| - | Family and Youth as Partners Sub-Committee | Renee Cookson/ Valerie Hebert | O/+ | | |
| - | Outcomes Sub-Committee | Emily Trask/Eileen Quinn-O'Malley | +/+ | | |
| - | Training Sub-Committee | Rose Woods | + | | |

CYF Council Staff: Yael Koenig, Grisel Ortega, Edith Mohler, and Darwin Espejo

I. Welcome and Introductions (Yael Koenig and Minola Clark Manson)

- Yael Koenig provided virtual meeting logistics and took roll call:
 - ✓ Council members and sub-committees' co-chairs are WebEx panel members
 - ✓ Meeting is recorded for meeting note taking purposes
 - ✓ The meeting packet was e-mailed to the Council electronic distribution list
 - ✓ The meeting packet and a separate Word version of the meeting agenda is available through the WebEx Chat
 - ✓ WebEx Chat feature is available to address the Council.

II. Approval of Minutes (Minola Clark-Manson)

- June 8, 2020 meeting minutes-Approved.
 - ✓ Motion to approve provided by Valerie Hebert
 - ✓ Seconded by Bill Stewart
 - ✓ Action Items from June 8, 2020-See meeting minutes for completed action items.

III. Business Items (Yael Koenig)

- Tribute to Debbie Stolz
 - ✓ Debbie Stolz lost her life in a tragic incident on July 12, 2020. A PowerPoint was presented highlighting some of the contributions Debbie made as a Foster Parent, Foster Parent trainer, and to children and youth of San Diego
- Annual CYF Council Orientation

- ✓ The July 13, 2020 Council meeting was dedicated for the annual CYF Council Orientation. The CYF Liaison through NAMI San Diego facilitated the orientation. There were more than 50 participants at this CYF Council Orientation. The documents presented at this CYF Council Orientation are located at:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/Council_Packet.html
- CYF Council Co-Chair and membership rotation-Recognitions and Welcome
 - ✓ Recognitions for Fiscal Years 2018-19 and 2019-20
 - Dori Gilbert-Co-Chair representing the Public Sector
 - Autumn Weidman-Co-Chair of the Early Childhood Mental Health (ECMH) Sub-Committee
 - Michelle Ly-Council member representing MHCA
 - ✓ Welcome
 - Ginger Bial-Co-Chair of the ECMH Sub-Committee
 - Laura Beadles-Council member representing MHCA
- BHS Director's Update for the Councils and Advisory Boards
 - ✓ The Importance of data during COVID-19

There is increased importance of looking at data to ensure an accurate picture of what is currently happening during the COVID-19 pandemic

 - Demographic Data Highlights
 - Studies of psychological distress indicate increases in stress, anxiety, and depression of as much as 200% over previous year measurement periods.
 - Rates of psychological distress are higher among those in lower income brackets and among those in already disadvantaged racial and ethnic groups.
 - Data collected in Spring 2020 demonstrate that nationwide people identifying as Hispanic have particularly elevated rates of psychological distress.
 - Adults living with children under the age of 18 have 50% higher rates of psychological distress than adults who are not living with children
 - Mortality Risk Data
 - Despite recent discussions that there is currently an increased suicide risk among the general population, the data indicates otherwise
 - The most recent local data show a slight downward trend in suicides across demographic cohorts since the onset of the pandemic
 - Drug overdose mortality has increased in recent months due to phenomena associated with the pandemic including:
 - Greater likelihood of solitary drug use, and
 - High rates of individuals disconnected from Substance Use Disorder (SUD) care.
 - ✓ Shifts in service delivery remains a priority for BHS
 - The shift from in-person to telephonic/telehealth care has resulted in reductions in care volume across both hospital and community-sited care, indicating BHS clients are disconnected from the services they need
 - The outpatient SUD treatment system is experiencing reductions in volume of close to 40% over the last few months
 - Because of these interruptions in care, serious and harmful consequences that will result in a need for increased services are expected in the future. BHS and contracted providers are working diligently to adjust to these changing needs
- Public Hearings on the County Budget-August 10-19, 2020-Handout
 - ✓ Budget presentation and public testimony on the Fiscal Year 2020-21 County of San Diego budget and the Chief Administration Officer's Fiscal Years 2020-21 and 2021-22 Recommended Operational Plan started today at 9:00 A.M. Additional information can be found at the San Diego County budget website located at: <https://www.sandiegocounty.gov/content/sdc/openbudget/>
- June 23, 2020 BOS Letter-Agenda-Item 27: Fighting for Communities of Color: Establishing an Office of Equity and Racial Justice-Handout
 - ✓ The recommended roles and responsibilities of the Office of Equity and Racial Justice include but are not limited to:
 - Engaging underserved communities and including them in setting County department priorities and budget-making processes
 - Ensuring the involvement of individuals of color in the contract source selection process
 - Collaboration with County departments that administer restorative justice programs

- June 23, 2020, BOS Letter-Agenda Item 06: Approve the Child and Family Strengthening Advisory Board of San Diego County Fiscal Year 2019-2020 Children's Trust Fund Funding Proposal-Handout
 - ✓ This Board Letter provides Assembly Bill (AB) 2994 Children's Trust funding proposal of \$1,050,000. This proposal is presented annually to allow for accurate reconciliation of prior year expenses
- July 7, 2020 BOS Letter Agenda Item 05: Advancing the Behavioral Health Continuum of Care Quarterly Update-Handout
 - ✓ The Board Letter provides information on the necessary adjustments due to the COVID-19 Pandemic, including an immediate approach less dependent on hospital beds for behavioral health needs
- August 4, 2020 BOS Letter-Agenda Item 05-Authorization of a Single Source Procurement with Prime Healthcare at Paradise Valley Hospital in South Region for Crisis Stabilization Services-Handout
 - ✓ This Board Letter recommends establishing a single source contract for a new Crisis Stabilization Unit (CSU) with up to 12 recliners for adults to enhance the delivery of behavioral health services in the South Region
- August 4, 2020 BOS Letter-Agenda Item 21-Supporting Youth Engagement in Service in San Diego County
 - ✓ Supervisor Greg Cox submitted this letter that includes the following recommendations:
 - Develop a proposal for the development of a Live Well San Diego Youth Sector that provides oversight and direction for youth engagement efforts
 - Explore specific components of the Youth Sector in partnership with local youth-led and youth-serving organizations, and make recommendations on the feasibility of implementation

Additional Board Letters and related information can be found at:

<https://www.sandiegocounty.gov/cob/bosa/index.html>

- Movement to sever ties with school police builds cross California:

<https://www.facebook.com/756069914539360/posts/2179434045536266/?d=n>

The link provides access to a sample of news article about the movement to sever ties with school police across California. This news article discusses how school officers react different to students of color. Some communities are looking at eliminating police at the schools. Related conversations took place at the CYF Council last year when providing input to the proposed Psychiatric Emergency Response Team (PERT) in schools program. Because of COVID-19, the local conversation has paused, and it is uncertain how the movement to sever ties with school police is going to impact locally
- San Diego County Suicide Prevention Council COVID-19 Resources-Handout provided for information
- San Diego County Suicide Prevention Council-Resource Guide for Schools 2020-Handout provided for information
- Impact of COVID-19 In Mental Health Services for Youth-June 2020 Youth Services Survey (YSS)-Handout
 - ✓ The State mandates an annual Youth survey. The Child and Adolescent Services Research Center (CASRC) creates supplemental questions to obtain additional information. The supplemental questions included in the June 2020 survey focused on COVID-19. There were 480 responses from youth to the supplemental questions and 800 responses from caregivers
 - ✓ Local data indicates that local children are struggling since the Stay Home Order was established
- County of San Diego COVID-19 Information (Provided as an informational item):

<https://www.sandiegocounty.gov/coronavirus.html>

IV. Mental Health Services Act (MHSA) Updates (Dr. Danyte Mockus-Valenzuela)

- No report provided.

V. Strategic Planning Part I (Fiscal Year 2019-20 Accomplishments and Fiscal Year 2020-21 Goals) (Moderator: Minola Clark Manson)-Handouts

- Executive Sub-Committee (Yael Koenig)
 - ✓ Purpose: To coordinate CYF Council activities, inform on current issues relevant to the system of care and to ensure follow up/through on CYF Council action items. The Executive Sub-Committee has Four Sector representation
 - ✓ Fiscal Year 2019-20 Accomplishments
 - Coordinated Council focus, activities, and membership
 - Updated the Council bylaws to remove the San Diego Nonprofit Association (SDNA) seat as the this Private Sector organization dissolved and added a second seat to the Alcohol and Drug Service Provider (ADSPA) for parity with the Mental Health Contractors Association (MHCA) numbers of seats (2)

- Created a CYF Council new attendee welcome packet which is available at the website and when meetings are in person, information about the packet is available
- Delivered the CYF Framework that looks at goals within the context of social determinants of health. The CYF Framework is now included in the CYF Council meeting packet
- Made a stronger commitment to share relevant Board of Supervisors action items for CYF Council awareness
- Transitioned from in person to virtual meeting format
- ✓ **Fiscal Year 2020-21 Goals**
 - Will continue coordinating Council activities ensuring to address
 - Transformation of service delivery due to COVID-19
 - Equity and racial justice
- **Education Sector Sub-Committee** (Heather Nemour and Violeta Mora)
 - ✓ Co-Chairs are Heather Nemour and Violeta Mora
 - ✓ Purpose: To build and/or enhance relationships between mental health providers and education resulting in resource development, needs identification, relationship building, and partnerships with stakeholders in efforts that promote youth mental health, positive school climates, and trauma informed delivery of school-based services/activities. The Education sector sub-committee has four sector representation
 - ✓ **Fiscal Year 2019-20 Accomplishments** (Led by San Diego County Office of Education (SDCOE)-Student Support Services-Student Wellness and Positive School Climate)
 - Coordinated 48 trainings with 1,143 participants
 - Trainings focused on mental health in schools and well-being, positive school climate and suicide prevention, trauma informed practices and related topics
 - Many trainings were transformed into a virtual format in April 2020
 - Developed a trauma informed care training continuum that was implemented in some of the 42 school districts. It focuses on staff wellness and includes:
 - Self-Care, Compassion Fatigue, and Resiliency training and tools for staff
 - Continued to co-chair the Education Sub-Committee for the Suicide Prevention Council
 - Updated and enhanced the Suicide Prevention Resource Guide for schools which is a model for the State
 - AB 1808 statewide grant: SDCOE was selected to lead efforts for Suicide prevention training. LivingWorks Start was selected to provide the online 90 minutes training suicide prevention training for middle and high school staff and students
 - Disseminated and presented to school districts on how to navigate SchoolLink
 - In collaboration with HHSA, participated in the 2019 Live Well Advance and School Summit on Student Engagement and Attendance held on October 28, 2019. The School Summit included three sessions to connect schools with community partners:
 - Connect and Thrive: This session provided local resources to school staff, students
 - A Healthy School Climate: Advancing Student Success and Attendance
 - School Safety: Envisioning Safer Schools
 - Conversations with local partners, including District Attorney's Office, the Courts, law enforcement and Optum regarding Threat assessments and crisis responses on school campuses
 - Mental Health in Schools Collaborative was established in October 2019 to focus on student mental health and wellness and positive school climate. Five meetings were held with representatives from the local education sector. Discussions included but were not limited to:
 - School based mental health practices
 - Legislative updates
 - On-line intervention for student resilience and check-ins
 - Information on accessing behavioral services for youth
 - Access to virtual suicide risk assessment
 - UPAC provided presentation on cultural considerations in mental health focused on Asian, Pacific Islander, and Latin X populations. This presentation was also provided specifically to school counselors across the county
 - In collaboration with BHS, developed a COVID-19 webpage and handouts for students, educators, and providers
 - ✓ **Fiscal Year 2020-21 Goals**
 - Agreed to meet quarterly to be responsive to changing needs of schools related to COVID-19. Next meeting will take place in September 2020

- Will be launching the LivingWorks Start online suicide prevention training locally. Due to the limited number of licenses for the training, will start making the training available at the small school districts
- In collaboration with Living Works and California Department of Education, will host a statewide virtual Youth Summit event on September 15, 2020 at 1:00 P.M. to launch the student suicide prevention training
 - The event will feature well known entertainers, youth leaders, and suicide attempt survivor, Emma Benoit.
 - Currently working on having this event embedded in the regular school schedule for the day, so students
- LivingWorks Start is working on a fundraising event toward licenses for students to access the training on their own
- Will disseminate the Suicide Prevention Resource guide
- Will work on being proactive on AB 1767 to have age appropriate suicide prevention (K to 6th grade students).
 - Developed a resource guide for AB 1767 to use locally, but sharing it with the California Department of Education
- Will review the SchoolLink COVID-19 module
- Will continue to support Live Well Advance
- Will continue to work with BHS on suicide education and prevention efforts
- **Family and Youth Sector Sub-Committee** (Valerie Hebert)
 - ✓ Co-Chairs are Valerie Hebert and Edith Mohler
 - ✓ Purpose:
 - Strengthen shared identity for CYF Peer Partner staff
 - Support efforts for California Peer certification (Senate Bill 803)
 - Share resources and information on CYF Peer Partner staff
 - Strengthen the Four sector understanding and recognition of CYF Partner staff
 - ✓ **Fiscal Year 2019-20 Accomplishments**
 - Continued to have four Sector representation
 - Offered valuable trainings, collaboration, and celebration of the CYF Peer Partner staff
 - Shared information between the sectors and the CYF Council
 - Moved to virtual format meetings due to COVID-19
 - Hosted the Annual Children's Mental Health Well Being Celebration in a virtual format: Annual Youth Mental Health Gathering through Facebook Live. The event and art created during the celebration can be accessed at: <https://bit.ly/MayEvent2020>
 - Continued to track SB 803-California Peer Specialist Certification. Information about this bill can be found at: <https://bit.ly/SB803>
 - ✓ **Fiscal Year 2020-21 Goals**
 - Increase sub-committee membership
 - Continue to gather Hot Topics for discussion within the CYF System of Care
 - Continue to support the planning of relevant presentations for Youth and Family Support Partners, Peer Partner Coaching meeting and celebration:
 - Upcoming support/coaching meetings will focus on:
 - Supplemental Security Income (SSI) for families with youth to be presented by the Legal Aid Society of San Diego
 - Attention-Deficit/Hyperactivity Disorder (ADHD) strategies for families and provides
 - Rapid Response Housing providers
 - Recovery residences
 - Upcoming Facebook Live:
 - Distance Learning During the Fall Semester is scheduled for August 25, 2020 from 1:00 to 2:00 P.M. at the Facebook NAMI San Diego page. Questions about this event can be directed to Micaela Cunningham at: micaelacunningham@namisd.org
 - Plan the 2021 Youth Mental Health Well Being Celebration. Planning will start in the Fall of 2020
 - Participate and support the Transition Age Youth (TAY), including their families and TAY Council
- **Private Sector Sub-Committee** (Minola Clark Manson)

This committee is an ad hoc committee and has been put on hiatus
- **Early Childhood Mental Health (ECMH) Sub-Committee** (Ginger Bial and Aisha Pope)
 - ✓ Co-Chairs are Aisha Pope and Ginger Bial. Autumn Weidman completed a two-year term as co-chair of the sub-committee and was recognized for her contributions to the sub-committee

- ✓ Purpose: To support the CYF continuum of care by ensuring early childhood (0-5) mental health is integrated, key issues and relevant topics are addressed to support age relevant system improvements. Their work is organized in the following categories:
 - Promote and Educate: Provide information to improved systemwide understanding of early childhood mental health and integrate throughout the system of care
 - Advocate: Prioritize service/program areas for a united voice to have “ready to go position” for funding opportunities
 - Promote System Change: Improve and promote system efforts by increased understanding of services currently available
- ✓ **Fiscal Year 2019-20 Accomplishments**
 - Promote and Educate
 - Consistent sub-committee members meeting attendance of an average of 10 to 15 individuals representing the four sectors of the CYF system of care. The sub-committee started to meet more frequently when the pandemic started, not only to continue with the ECMH, but to support each other
 - Presented at the annual international San Diego conference on Child and Family Maltreatment on the Angels Foster Family Network about supporting young children in the foster environment using a unique assessment an in-home treatment model
 - Submission of several training proposals/ideas focused on early childhood:
 - The CYF System of Care Training Academy-Responsive Integrated Health Solutions (RIHS) selected Implicit Bias
 - The “Soothing through the Senses” idea was selected for the annual CYF Training Academy conference: Youth Substance Use: Risk, Resilience, Reconnection
 - Continued the ongoing collaboration with providers through sharing resources and best practices
 - Key talking points developed to advance priority messaging
 - ECMH voice was represented during system of care discussions, hot topics, and ad hoc committees
 - Presentation to the CYF Council on January 13, 2020 on Adverse Child Experiences (ACEs) and Resiliency to promote relevant information which led to presentations to CWS and two other planned trainings with RIHS, and a Resiliency presentation at the annual Early Childhood conference
 - Advocate:
 - The ECMH sub-committee agreed on the importance of learning the Early Childhood Mental Health Specialty core competences, as well as sharing the knowledge within the system of care. To accomplish this goal, the committee accessed the Infant-Family and Early Childhood Mental Health (IFECMH) Endorsement process. Also communicated with RIHS about labeling the Early Childhood Mental Health competencies in their trainings to increase competency of the community as a whole
 - Promote System Change
 - Ongoing collaboration with Early Childhood Mental Health Leader’s Collaborative
 - Hosted Partners in Prevention presentation from YMCA and provided feedback
 - Established a provider support group during the COVID-19 crisis and recent racial unrest events to share resources and best practices to support staff. The support group included reflective time to support each other individually and collectively
 - Shared ideas on best practices when conducting telehealth with 0-5, including engagement not only with children, but with caregivers
- ✓ **Fiscal Year 2020-21 Goals**
 - Promote and Educate
 - Objectives:
 - Ensure the Early Childhood Mental Health voice is represented during the CYF Council, community forums and related conversations. Currently, the ECMH sub-committee is interested in learning about how caregivers, young children, and providers are managing during COVID-19 and the current socio-political climate to determine how to best support them
 - Provide information to the CYF Council on caring for caregivers of youth 0-5 related to COVID-19 and current socio-political climate
 - Develop shared language to effectively and appropriately, communicate current socio-political events related to social injustice/racism

- Continue to offer informational videos, handouts, etc. to the system of care to promote relevant ECMH information
- Continue to provide suggestions for training topics to the CYF System of Care Training Academy (RIHS) and the We Can't Wait Conference to increase community competency
- Advocate
 - Objectives
 - Support workforce development by communicating impact of reflective practice on providers, programs, and community and advocate for reflective practice training
 - Connect with caregivers to assist/empower their advocacy efforts by sharing resources across members and increasing caregiver voices as partners
 - Continue to identify service gaps, disparities, and cultural barriers at annual BHS Community Forums
- Promote System Change
 - Objectives
 - Within the sub-committee, identify gaps/disparities in the way services are provided; problem solve and communicate findings to the ECMH sub-committee members' agencies and best practices to the system of care
 - Continue to collaborate with other ECMH providers to multiply efforts and build on each other

Discussion: Minola Clark Manson recognized the recommendations the ECMH sub-committee makes to the CYF Training Academy

- **TAY Council (Mike Miller)**
 - ✓ Co-Chairs are Joseph Edwards and Vanessa Arteaga. The TAY Council has four sector representation. Michael Miller and Alisha Eftekhari are the BHS representatives at the TAY Council, Michael Miller represents CYF and Alisha Eftekhari the Adult and Older Adult System of Care
 - ✓ Purpose: The TAY Council was established in Fiscal Year 2017-18 to facilitate the design and implementation of TAY (Ages 16-25) in CYF and Adult and Older Adult systems of care by providing feedback and recommendations
 - ✓ **Fiscal Year 2019-20 Accomplishments**
 - In Fiscal Year 2019-20, the TAY Council focused on School Based Crisis Response, social connectedness, and Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ issues). The TAY Council developed recommendations for the Executive team. The four main recommendations are:
 - Improve data collection of LGBTQ clients by revising the County of San Diego Mental Health Services demographic form to ensure that it mirrors Sexual Orientation, Gender Identity, and Expression (SOGIE) language consistent in the Behavioral Health Assessment (BHA)
 - Increase LGBTQ related training offerings/opportunities
 - Enhance provider environments to ensure they are open, affirming, and welcoming to LGBTQ individuals
 - Augment existing contract language to require providers to articulate how they will create affirming and competent services for LGBTQ clients and how they will provide ongoing training to address cultural responsiveness/humility related to LGBTQ clients
 - Input and feedback to the LGBTQ Recommendations can be sent directly to Michael Miller at: Michael.Miller@sdcounty.ca.gov
 - ✓ **Fiscal Year 2020-21 Goals**
 - Social Justice
 - Will focus on disparities in TAY accessing Mental Health and Substance Use services
 - Identify specific needs of TAY facing/impacted by inequity.
 - Optimal service access
 - Using TAY perspective to identify blocks/barriers to service delivery and the specific needs of TAY affected by COVID-19 related issues
 - Recommendations for fiscally aware interventions to most effectively provide optimal TAY services.
 - Development of a TAY Council website and orientation manual
 - Fill Open TAY Council seats:
 - Client Advocacy, Commercial Sexual Exploitation of Children (CSEC), Foster Youth, Hospital Partners, Law Enforcement, Primary Health Care, TAY youth
- Open discussion
 - ✓ How are the schools will support CYF programs, including Teen Recovery Centers (TRCs)?

- One of the best practices is to reach out to schools weekly
- ✓ Honorable Judge Espana acknowledged the great work of the system of care partners.

VI. Announcements

- The 11th Annual Early Childhood Conference is scheduled for September 10-12, 2020 (Virtual). More information at:
<https://www.earlychildhoodmentalhealth-sandiego.com/>.

VII. Action Items

| Action Item(s) | Action By | Action Due |
|--|----------------------------|---|
| 1. Provide update on the new date for the Juvenile Health and Justice Symposium (Original date was March 17, 2020). | • CYF Council staff | • When information is available |
| 2. May 2020 Drug Medi-Cal Organized Delivery System External Quality Review report | • CYF Council Staff | <ul style="list-style-type: none"> • When the report is released for distribution. • Completed. Link: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/Annual%20DMC-ODS%20EQR%20Report%20FY%2019-20.pdf |
| 3. Recommendation for TAY Council to look at the August 4, 2020 Board Letter Supporting Youth Engagement in Service in San Diego County | • Michael Miller | • Completed at August 26, 2020 TAY Council meeting. |
| 4. The following sub-committees will present at the September 14, 2020 meeting: <ul style="list-style-type: none"> • CCRT • CYF CADRE • Outcomes • Training | • Sub-Committees co-chairs | • September 14, 2020 |
| 5. Submit recommendations/questions/input to Grisel.Ortega-Vaca at: Grisel.Ortega@sdcounty.ca.gov regarding: <ul style="list-style-type: none"> • CYF Council Sub-Committees goals and accomplishments • Current meeting format (virtual) | • All | • On-going |

Next CYF Council Meeting: September 14, 2020

Virtual

9:00 to 10:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, most of the sub-committees' meetings are occurring virtually

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 11:00 A.M. to 12:00 P.M.

Education Advisory Ad Hoc: Meets as Needed, next meeting will be in September 2020.

TAY Council: Meets the fourth Wednesday of the month 3:00 to 4:30 P.M.

CYF CADRE: Meets quarterly on the second Thursday of the month from 1:30 to 3:00 P.M.

CYF System of Care Training Academy: Meets on the first Wednesday of the month from 9:00 to 10:00 A.M.

CCRT: Meets the first Friday of the month from 10:00 to 11:30 A.M.

Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3:00 P.M.

Private Sector: Ad Hoc/Meets as needed.



County of San Diego

NICK MACCHIONE, FACHE
AGENCY DIRECTOR

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

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

August 28, 2020

TO: The Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – September 2020

ACTION ITEM: CONTRACT EXTENSIONS, REVENUE AGREEMENTS, AND MEMORANDUM OF UNDERSTANDING BOARD LETTER

In a series of actions since 1999, the County of San Diego (County) Board of Supervisors (Board) approved initiatives to redesign and implement an expanded continuum of comprehensive behavioral health care for children, adolescents, transition age youth, adults, older adults and families. In pursuit of these initiatives, the Board approved the procurement of various contracted services.

As the impact of the novel coronavirus (COVID-19) continues to be evaluated, the County Health and Human Services Agency's Behavioral Health Services remains focused on maintaining continuity of critical mental health and substance use services and serving the most vulnerable individuals and families within our community. Approval of today's recommended actions authorizes amendments to extend existing behavioral health services contracts to maintain continuity of critical behavioral health services in the wake of the COVID-19 pandemic. Additional recommendations include entering into revenue agreements and amending a Memorandum of Understanding for critical training programs. These recommended actions support the continuation of critical work to advance the Behavioral Health Continuum of Care in alignment with Board direction.

Recommended actions are as follows:

Contract Extensions

Please see Attachment A of the Board Letter for a list of contracts that will be extended up to June 30, 2022, and up to an additional six months if needed.

Revenue Agreements

1. State of California, Department of Rehabilitation for Employment Services Program, and
2. City of San Diego for the Inebriate Sobering Services and Prosecution and Law Enforcement



Assisted Diversion Services Program.

3. Memorandum of Understanding between the Southern Counties Regional Partnership and the County of San Diego Health and Human Services Agency for Workforce, Education and Training.

It is THEREFORE staff's recommendation that your board vote to support the authorizations and approvals needed to advance the recommendations in this Board Letter.

ACTION ITEM: APPOINTMENT OF BHAB 2021 NOMINATING COMMITTEE

In September of each year, the BHAB Chairperson appoints a Nominating Committee of at least three persons to select a slate of Executive Committee Officers to stand for election for the upcoming year. The Nominating Committee is confirmed by the entire Board and will work to form the slate during September, for presentation to the full BHAB at the October meeting. This action seeks BHAB's confirmation of the Nominating Committee comprised of: Bill Stewart, Jenifer Mendel, and Shannon Jaccard.

It is, THEREFORE, staff's recommendation that your Board vote to confirm the Nominating Committee as appointed by the Chairperson.

LIVE WELL SAN DIEGO UPDATES / SPECIAL EVENTS

Recovery Happens

Recovery Happens is a community event held annually to celebrate those in recovery and the loved ones who support them. This year's event will be held virtually on Saturday, September 12, 2020 and will include inspirational messages of hope from our speakers including: Bromo, Bryan Duncan, Jeanne McAlister, Scott Silverman, the Monty'man and TJ Woodward. Also featured will be a musical performance by Lisa Sanders and Brown Sugar, singing the National Anthem by Carmelia Bell and the opportunity to connect to an array of resources including community resources, treatment information, veterans services and much more. There is no cost to attend.

For more information and to register, visit the Recovery Happens page of the BHS website: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/recovery_happens.html

11th Annual Early Childhood Mental Health Conference – “We Can't Wait”

Children, Youth, and Families System of Care (CYF) in partnership with Early Childhood stakeholders will host the 11th Annual Early Childhood Mental Health conference, Hope in Relationships: Bridging Science to Practice. The conference will be held virtually September 10-12, 2020. It will focus on the progress made in the past few years around the relationships between children and their caregivers, resilience and protective factors in children and families experiencing Adverse Childhood Experiences (ACE), and it will address the unique and complex needs of families living in very challenging circumstances due to ACE. Additionally, it will examine the impact of COVID-19 and community violence on children and families. More information about the conference is available at: <https://www.earlychildhoodmentalhealth-sandiego.com/>.

UPDATE FROM THE CHILDREN, YOUTH AND FAMILIES (CYF) SYSTEM OF CARE

2019 National Association of Counties (NACo) Awards

Three CYF programs received the 2019 National Association of Counties (NACo) Achievement Award. The award recognizes programs for innovative service approaches. The award-winning programs are:

Child and Family Team (CFT)

The Fred Finch CFT Meeting Facilitation program was established in 2018 in collaboration with Child Welfare Services, BHS, and the Probation Department to meet the need for skilled and neutral facilitators for the CFT meeting. The program is a unique and inclusive facilitated meeting process designed to produce a plan for services and placement tailored to the individual needs of the child/youth and family.

Accessible Depression and Anxiety Peripartum Treatment (ADAPT)

Established in March 2019, Vista Hill ADAPT is a partnership between BHS and Public Health Services to serve families involved with the Nurse Family Partnership and Maternal Child Health Home Visiting programs. It provides accessible, in-home mental health treatment and peer support services to parents/caregivers who are experiencing or are at risk of experiencing Peripartum Mood and Anxiety Disorders. ADAPT works alongside public health nurses (PHNs) and seeks to improve cross-sector competencies between physical and mental health by participating in multidisciplinary case conferences, providing case consultations, and facilitating quarterly regional trainings to PHNs on topics that are of specific interest to each regional team. Behavioral Health Services staff are embedded in the PHN teams at each regional site.

Center for Child and Youth Psychiatry (CCYP)

The New Alternatives CCYP was established in July 2018 as a centralized medication monitoring program for children and youth with complex medication needs. CCYP uses face-to-face and telepsychiatry/telehealth practices at multiple locations throughout the San Diego region to provide outpatient psychiatric evaluation and medication support services to children and youth who have been successfully discharged from their mental health provider but who may have continuing psychotropic medication needs that are too complex for their primary care physician and/or a Federally Qualified Health Center.

CYF Council

The CYF Council has and will continue to hold WebEx meetings covering a range of topics.

- June 8, 2020 - COVID-19 panel representing Public Health, CWS, Juvenile Probation, San Diego County Office of Education (SDCOE), participants' family, and the private sector.
- July 13, 2020 - Annual CYF Council Orientation held in lieu of the regular meeting to provide an overview of the CYF Council and ensure that all CYF Council members, alternates, and meeting participant/attendees have the necessary information/tools to be effective CYF Council participants.
- August 10, 2020 - Strategic Planning Part I: Co-Chairs of the CYF Council Executive team, family and youth, education, private, early childhood, and Transition Age Youth (TAY) sub-committees will present the Fiscal Year 2019-20 accomplishments and Fiscal Year 2020-21 goals.
- September 14, 2020 - Strategic Planning Part II: Co-Chairs of the Cultural Competence Resource Team (CCRT), CYF-Change Agents Developing Recovery Excellence (CADRE), and outcomes and training sub-committees will present Fiscal Year 2019-20 accomplishments and Fiscal Year 2020-21 goals.

BHAB continues to contribute to the CYF Council through a dedicated Council seat held by Rebecca Hernandez, and an alternate seat held by Bill Stewart. Effective July 2020, Bill Stewart shifted to the BHAB Council seat with Rebeca Hernandez serving as the alternate. Through his active and consistent engagement at the CYF Council, Bill has been able to contribute to hot topic discussions and promote the advancement of the system of care.

Detailed information about the CYF Council can be found at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html.

CYF Update on Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation

Rady Children's Hospital Hub Program Status

In presentations to the Board of Supervisors (BOS) on October 29, 2019 (5) and January 28, 2020 (3), it was announced that planning conversations had begun with Rady Children's Hospital to establish a hub for children and youth in the vicinity of Rady Children's main campus to address the unique behavioral health conditions among youth which can result from a combination of genetic, medical, developmental and environmental factors. Children and youth with complex needs require dedicated and specially designed resources. The County has continued to meet with Rady's leadership to identify project priorities and are moving forward with the logistics of the physical building site (building permits, etc.).

Student Psychiatric Emergency Response Team (PERT) – Youth and Young Adult Crisis Response-Program Status

BHS, SDCOE, and public safety partners collaborated to develop an enhanced school-based crisis response, including the expansion of the existing Psychiatric Emergency Response Team. This project is on hold due to COVID-19 and school closures. Furthermore, national and local social justice entities are discussing the overall role of law enforcement on school campuses.

Threat Assessments Evaluations-Program Status (TERM)

Treatment and Evaluation Resources Management (TERM) is a mental health program developed under the direction of the BOS and is operated by Optum through a contract with BHS. The mission of the TERM program is to improve the quality and effectiveness of mental health services provided to clients served by the Dependency and Delinquency systems. Optum is responsible for recruiting and contracting with providers from the TERM network that have competence in evaluating and treating clients referred for child maltreatment or delinquency concerns. Optum also has a role in providing oversight of treatment plans and evaluation reports prepared by TERM clinicians and evaluators.

An ad hoc work group was formed in June 2019 to discuss the need for threat assessment evaluations, develop short-term and long-term goals for development of the new specialty evaluations, and introduce a phased approach for implementation. The work group included BHS staff; Optum staff; justice partners from the District Attorney's Office, Public Defender, Probation, and Juvenile Court; and subject matter experts/consultants.

On July 12, 2019, an interim plan for threat assessments was launched for immediate use and review of specialty reports that discuss the later phases of development and implementation. Specialty criteria were developed by Optum for provider credentialing (consistent with other specialty criteria utilized for TERM provider panel credentialing). A four-hour training with continuing education units was developed

but postponed due to the COVID-19 pandemic, and will be rescheduled when in-person trainings are allowed. On June 19, 2020, BHS delivered a one hour training, Introduction to TERM Threat Assessment, which provided an overview of threat assessments and the court system's needs. The training is available on the Responsive Integrated Health Solutions (RIHS) website (<https://theacademy.sdsu.edu/programs/rihs/elearning/>) and is mandatory for evaluators waiting to be credentialed. The final threat assessment specialty was implemented on July 1, 2020. While nine providers had self-attested to proficiency for these evaluations, three providers formally applied for specialty panel and one provider met criteria and was approved as of August 2020. Optum continues to coordinate recruitment efforts, and rate setting discussions continue with partners.

School Safety Program Status

This project is on hold due to COVID-19, the state of the economy, and school closures.

Acts of targeted violence committed by individuals under the age of 21 on elementary, middle, and high school campuses have become a catalyst for nationwide conversations. With higher frequency and public awareness of these events, the San Diego County District Attorney's Office has reviewed an increasing volume of cases that involve school threats. Cases that are reviewed represent only a subset of youth that exhibit targeted violent behaviors. Schools and behavioral health providers are increasingly positioned to engage in threat assessment. Ensuring that youth have forensically informed behavioral health assessments and connecting these youth to appropriate treatment services are shared goals for systems serving the youth population. BHS initiated research and planning efforts in implementing a specialized, forensically informed, non-crisis School Safety Program. The preliminary vision is for the program to provide evaluation and clinical treatment services to students who exhibit violent behaviors.

The program aims to:

- Prevent school violence,
- Provide school threat assessments,
- Assist in creating a safe school climate,
- Provide healing centered/trauma informed therapeutic treatment,
- Decrease stigma and discrimination,
- Incorporate restorative justice elements,
- Enhance social support and prosocial engagement,
- Create local subject matter expertise and systemwide awareness and competency pertaining to school safety.

Continuum of Care Reform and Pathways to Well Being

The Continuum of Care Reform (CCR) initiative is a comprehensive framework of legislation and regulations designed to improve the continuum of services that support children, youth and families across child placement settings. The CCR continues to guide Pathways to Well-Being (PWB) and allows for close collaboration across system sectors inclusive of BHS, CWS, the Probation Department, and more recently extended to systemically incorporate the SDCOE and the San Diego Regional Center (SDRC).

The following updates highlight recent work on PWB and CCR:

As of July 2020, 12 group homes have been licensed as Short-Term Residential Therapeutic Programs (STRTP) in the San Diego region. Of the 12 licensed STRTPs, five have obtained STRTP Mental Health Program Approvals from the Department of Health Care Services (DHCS), and one additional STRTP has had a site visit together with BHS and DHCS and is awaiting final Mental Health Program Approval.

Additionally, BHS has facilitated STRTP Mental Health Program orientations with five STRTPs to proactively assist them in obtaining Mental Health Program Approval from DHCS. The following is a list of the 12 licensed STRTPs showing their capacity and the status of the Mental Health Program Approval through DHCS:

| ST RTP | # of Beds | ST RTP License Date | Mental Health Approval |
|--------------------------------------|------------------|----------------------------|--|
| San Diego Center for Children | 30 | April 18, 2018 | X |
| New Alternatives, Inc. #16-South Bay | 40 | September 9, 2018 | X |
| Fred Finch Youth Center-San Diego | 12 | September 9, 2018 | X |
| New Alternatives #1-Kenora | 9 | November 27, 2018 | X |
| Casa de Amparo | 30 | January 18, 2019 | X |
| Center for Positive Changes | 30 | August 21, 2019 | Revised application submitted on 7/27/20 |
| New Haven Youth and Family Services | 36 | June 27, 2019 | Application submitted 5/21/20 |
| Circle of Friends | 12 | July 12, 2019 | Application submitted 5/29/20 |
| Milestone House | 6 | July 12, 2019 | Application submitted 10/25/19 |
| Tiffany's Place | 6 | September 26, 2019 | Application submitted 7/9/20 |
| The Refuge | 6 | June 10, 2020 | Application not yet submitted |
| VE and Daughters | 6 | July 21, 2020 | Application not yet submitted |

In January 2020, a committee with representatives from BHS, CWS, Juvenile Probation, SDRC, and SDCOE re-convened to develop an Interagency Memorandum of Understanding (MOU), as guided by Assembly Bill (AB) 2083, Trauma Informed System of Care for Children and Youth. The workgroup is building on current MOUs to address the 11 components cited in AB 2083, such as an Interagency Leadership Team, Alignment and Coordination of Services, and Information and Data Sharing, to continue to help coordinate services for foster youth in a trauma informed and timely manner. The committee meets bi-monthly, with a first draft expected to be released in Fall 2020. In August 2020 the Interagency Leadership Team launched its first quarterly meeting to ensure that the collaborative system work continues to advance and move towards system integration.

BHS is an active partner in the CWS lead Family First Prevention Services Act (FFPSA) meetings. These meetings started in October 2019 to discuss and plan the future landscape of evidence-based

preventative services for system-involved youth, replacing Title IV-E funding. Community engagement forums were initiated in 2020 in order to involve stakeholder groups in dialogue regarding services. The FFPSA Implementation Plan is scheduled to be finalized in December 2020.

CYF amended the current Foster Family Agency Stabilization and Treatment (FFAST) contract through the San Diego Center for Children to include Therapeutic Foster Care services effective April 1, 2020. FFAST, who currently provides outpatient Specialty Mental Health Services (SMHS) to all Foster Family Agencies (FFAs) in the San Diego region, will also make TFC available to those youth and families who meet medical necessity and have a CFT in place to guide and plan the provision of TFC. Additionally, FFAST will make the TFC training curriculum available to all interested caregivers from the eight local FFAs. CYF Leadership in collaboration with FFAST provided a TFC update to the eight FFAs in April of 2020.

The CFT Meeting Facilitation Program was developed in collaboration with CWS, BHS, and Probation in order to meet the need for a neutral/skilled facilitator for the CFT meetings. In Fiscal Year 2019-20 the program through Fred Finch facilitated 4,054 meetings.

In February 2020, the County PWB and CCR team Licensed Mental Health Clinicians began providing clinical support for the guests of Jewish Family Service (JFS) Asylum Seekers Shelter. The shelter closed due to COVID-19, however the CYF Team was able to provide clinical support to transitioning families.

Lanterman Petris Short (LPS) Public Conservatorship Liaisons for Youth

In September 2019, the Public Conservator's Office (PCO) approached CYF regarding case management for youth who are placed under LPS Conservatorship while in a locked mental health residential facility. The PCO and CYF had multiple implementation meetings and developed a pilot project utilizing a clinician from the CYF administration as a CYF-LPS liaison to collaborate and coordinate services between the mental health treatment team, placing agency (CWS and/or Probation) and PCO for the two youth placed under LPS Conservatorship. After initiation and implementation of the pilot project between December 2019 and May 2020, it became evident that with CWS/Probation as the lead case manager of the youth, and a full spectrum of mental health treatment being provided by the residential facility, the CYF-LPS Liaison added an unnecessary layer of administration, causing confusion and duplication of support for the youth. After various approaches were explored, it was determined that the PCO would resume case management for youth placed under LPS Conservatorship to optimize and streamline services.

Family Urgent Response System (FURS)

In compliance with Assembly Bill 79 (AB-79) and Senate Bill 80 (SB-80) a local partnership between BHS, CWS and Probation is forming to provide a local Family Urgent Response System (FURS) network that is prepared to dispatch local trauma-informed mobile support to foster youth experiencing a crisis that is identified through a State-run hotline. The FURS Network is projected to be in service in the second half of Fiscal Year 2020-21.

Family Services Update

As part of the County's participation in the Drug Medi-Cal Organized Delivery System (DMC-ODS), Medication Assisted Treatment (MAT) services must be made available to clients in the region through Narcotic Treatment Programs (NTP) in NTP-licensed settings. MAT is the use of prescription medications, in combination with counseling and behavioral therapies, to provide a whole-person approach to the treatment of substance use disorders. In partnership with HealthRIGHT 360, MAT

services are projected to be provided to approximately 100 participants per year in a Perinatal Outpatient Treatment program in North County San Diego. The program serves women and adolescent females ages 15 years and older who are pregnant or parenting, with substance use challenges, including co-occurring mental health disorders. Services are scheduled to begin in the first quarter of Fiscal Year 2020-21.

Emergency Screening Unit

The Emergency Screening Unit (ESU) provides crisis stabilization services to children and youth experiencing an acute psychiatric crisis. The New Alternatives ESU team offers comprehensive screening services, crisis stabilization and facilitates inpatient hospitalization when clinically necessary. In Fiscal Year 2019-20, Quarter 1 through Quarter 3, ESU provided a total of 1,454 screenings to children and youth with a diversion rate of 69%. During Quarter 4, coinciding with the onset of COVID-19 and school closures, ESU experienced lower than typical utilization with only 327 screenings and a diversion rate of 62%. In total for Fiscal Year 2019-2020, ESU completed 1,781 screenings with an overall diversion rate of 68%, and a 9% reduction in total screenings compared to the prior Fiscal Year. The ESU is located at 4309 Third Ave, San Diego, 92103. The phone number is 619-876-4502.

SchoolLink Update

SchoolLink, formerly known as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, is a partnership between the County and local school districts to provide behavioral health services at schools. Effective school year 2019-2020, a minimum client threshold was set to warrant the utilization of therapists through SchoolLink to ensure services are deployed timely and efficiently. Schools and BHS providers work towards meeting the following threshold expectations to maximize services on the school campus:

- SchoolLink providers deploy a clinician at each designated school at least weekly for a minimum of four hours per visit.
- Schools commit to making sufficient referrals that lead to a minimum of 10 annual clients served on the school campus.

The SchoolLink materials were updated for the 2019-20 school year based on provider and school input. In Fiscal Year 2019-20, 37 CYF mental health providers offered services at more than 401 school sites. Due to COVID-19, remote learning was initiated through the schools and behavioral health service delivery has been adjusted to incorporate telehealth. In August 2020, SchoolLink has been updated to include a best practices module within the impacts of the pandemic.

Juvenile Court Pilot Projects

In partnership with the Juvenile Court, BHS launched a pilot in February 2020 to support the two-youth collaborative courts: Juvenile Forensic Assistance for Stabilization and Treatment (JFAST) and Resilience Is Strength and Empowerment (RISE) Court. Through the pilot, youth participating in JFAST or RISE who have behavioral health needs will be eligible for the services regardless of their private insurance status. The BHS providers, in collaboration with Juvenile Probation Officers and CWS Protective Services Workers, support families in accessing their private insurance resources, so as the youth transitions out of the Collaborative Court, they will have the supports they need. The insurance pilot is projected to impact approximately 25 youth annually and will be evaluated for impact and sustainability.

An additional treatment pilot has been initiated for Fiscal Year 2020-21 to provide treatment services to JFAST youth through the Vista Hill Juvenile Court Clinic, which were previously offered through

Probation. This pilot was launched effective July 1, 2020 and is projected to serve approximately eight youth annually.

CYF System of Care Training Academy

The CYF System of Care (CYF-SOC) Training Academy is a collaboration of partners in the four sectors of the CYF SOC through the contract with RIHS. It provides trainings to enhance the work of public systems in providing services to children, youth and families in the San Diego region. In Fiscal Year 2019-20, CYF-SOC Training Academy provided trainings on:

- Implicit Bias; Attachment in Youth Ages 5-17,
- Family Separations,
- Sandy Hook Promise Programming,
- Suicidality in Children and Youth (delivered on August 6, 2020).

Due to the gathering guidelines associated with COVID-19, the annual conference scheduled for May 28, 2020: Youth Substance Use: Risk, Resilience, Reconnection was rescheduled to May 2021. The conference will offer the following presentations: Understanding the Impact of In-Utero Substance Exposure and Implementing Concrete Care Strategies in Caring for Substance Exposed Infants and Toddlers; Early Onset Psychosis and Cannabis Use; California Youth Advocacy Network: Advocating for a Tobacco-Free California; and Opioid Crisis and Juvenile Drug Smuggling in San Diego County. Up to 10 scholarships will be awarded to peer support partners to attend the conference.

Two California Mental Health Advocates for Children and Youth (CMHACY) scholarships for professional development opportunities were made available to peer support partner staff throughout the CYF System of Care. The scholarships were awarded to a Youth Support Partner working at San Diego Youth Services Our Safe Place, a Family Support Specialist working for the NAMI San Diego CYF Liaison, and also a youth alternate member of the CYF Council. The scholarship to attend the CMHACY conference was initially scheduled for May 2020 in Asilomar, California, but rescheduled to a virtual format and held on June 24-25, 2020.

- The Mental Health Systems, Inc Community Assessment Team program was selected to receive the 2019 CYF System of Care Advancing Principles Award.
- In Fiscal Year 2020-21, the CYF-SOC Training Academy plans to deliver training on Understanding our Own Biases and Assumptions; Missed Cues in Service Delivery; Supporting People of Color in Treatment; Disparities and Access to Healthcare; and Bridges Out of Poverty.

Children, Youth and Family Liaison (CYFL)

The Children, Youth & Family Liaison (CYFL) has the primary duty of coordinating, training, and advancing Youth/Family Professional Partnerships for CYF within BHS, collaborating with CYF administrative staff to ensure that the family and youth voice and choice and values are incorporated into service development, implementation plans, and overall CYF service delivery. Collaborative relationships between the CYF System of Care partners support family/professional partnerships and assist in strategic and cohesive service delivery with higher rates of engagement. The CYFL has transitioned all of its services into a virtual format while continuing to serve as the community expert in family/professional partnership. Current offerings include:

- Parents Empowering Parents (PEP) support and coaching group, now offered virtually bi-monthly in Spanish (first Wednesday of the month) and English on the third Wednesday of the month from 6:00 to 7:30 P.M.
- Family/Youth Support Partner Coaching meeting held on the fourth Friday of the month from 1:00 to 3:00 P.M.

- Family Youth Focus Groups. Prior COVID-19, these meetings were already offered virtually
- Family Voice meetings. Prior COVID-19, these meetings were offered throughout the County regions, but currently, are offered via Zoom
- Working Together training for Professionals, Peer staff, and family members desiring to use their lived experience working within the CYF System of Care. This training was offered as in person training, but soon it will be available in a virtual format
- One-hour Principles of Family Youth Professional Partnerships on-line training.

CYFL manages three cloud-based applications: Organized Support Companion in an Emergency Situation (OscER), OscER Jr. and Accessing and Levering Families Right to Education (alfrEDU).

Currently the cloud-based applications are available in the following languages:

- oscER: English and Spanish
- oscER Jr.: English
- AlfrEDU: English, Spanish, Arabic

The next steps are to complete translations in all County threshold languages. These applications provide behavioral health outreach and engagement services to all ages countywide through dissemination and training. BHS encourages all providers and advocates to download the applications and share them with community members as resources.

CYFL supports and disseminates the California Association of Mental Health Peer Run Organizations efforts to promote State Standardization/Certification of Peer Support Specialists to interested stakeholders. The SB 803 Peer Support Specialist Certification Act of 2020 establishes a statewide certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under Medi-Cal. SB 803 was introduced on January 8, 2020 and read and passed on June 24, 2020, but will require the Governor's support.

For more information on the CYFL, please visit <https://cyfliaison.namisanidiego.org/>.

Respectfully submitted,



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

cc: Dean Arabatzis, Acting Agency Director
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Nadia Privara-Brahms, Acting Assistant Director and Chief Operations Officer



To: CAHAN San Diego Participants
Date: August 21, 2020
From: Health and Human Services Agency

Fentanyl Overdose Deaths Related to Illicit Drug Use

This health advisory informs providers about a recent increase in fatal cases of fentanyl overdose in San Diego County. It also contains recommendations for local healthcare providers and resource links.

Key Points:

- Fentanyl overdose deaths are increasing in San Diego County, with confirmed and suspect cases this year nearly triple the number at the same point in 2019.
- Nationwide, a rise in drug overdose deaths was observed prior to the Coronavirus Disease 2019 (COVID-19) outbreak.
- Current local trends in fentanyl overdose deaths may be compounded by stressors related to the COVID-19 pandemic, including restricted access to care, disruptions in usual drug supply routes, and economic stressors leading to increased drug misuse.
- Respiratory support and naloxone are the best treatments for fentanyl-related overdoses, and larger than usual doses of naloxone may be required.
- Widespread access to naloxone is essential to prevent fentanyl-related deaths.
- Medication Assisted Treatment (MAT), such as methadone and buprenorphine, is the most effective treatment for opioid use disorder and is recommended to reduce the risk of overdose.

Situation

The [National Center for Health Statistics](#) reports that prior to the COVID-19 pandemic, national overdose death rates were on the rise. Similarly, California saw a 16% increase in reported drug overdose deaths from January 2018 to January 2019.

Locally, the rise in overdose deaths [reported](#) in 2018 has increased into the [present](#). In 2019, there were 152 fentanyl-related overdose deaths in San Diego County. Through the first week of August, 233 fentanyl-related deaths have been noted this year, of which 119 have been confirmed and 114 are pending confirmation. The deaths this year are nearly three times the 79 deaths due to fentanyl toxicity at the same time last year. During the first week of August, the San Diego County Medical Examiner's Office noted 24 deaths likely due to accidental fentanyl overdoses, alone or with another drug.

There is an ongoing [national](#) and local trend of illicit opioid and non-opioid drugs and counterfeit pills being laced with illegally manufactured fentanyl and related chemical compounds, resulting in increased morbidity and mortality. Some users may be unaware of the risk of fentanyl contamination of illicit drugs. San Diego County healthcare providers can take actions to protect and prevent overdoses among their patients and/or clients.

The effects of COVID-19 across the globe and acute impacts at the individual level are likely contributing to the recent increase in fentanyl overdose deaths. An increase in social isolation, economic strain due to job loss or reduced work, and reduced access to substance use disorder (SUD) treatment are important factors. Some individuals may be disconnected from their usual drug sources and may therefore have increased exposure to fentanyl within new drug supplies. Individuals turning to SUD treatment programs may be having difficulty accessing services due to reductions in capacity at some programs because of the need for infection control practices (i.e., social distancing).

Due to the potency of fentanyl and fentanyl analogs (50 to 1000 times that of morphine), these substances have a greater risk of fatal overdose than other opioids. The most effective treatment for opioid overdoses is respiratory support and naloxone, an opioid receptor antagonist. Larger and multiple doses of naloxone (than usual 2-10 mg) [may be needed](#) to reverse the opioid effects from fentanyl and repeated dosing including continuous infusions may be required. Healthcare providers, first responders, and illicit drug users should be aware that fentanyl-related overdoses are on the rise, and of the dangers of fentanyl overdose.

Background

Fentanyl is a synthetic, short-acting, highly potent opioid analgesic that carries a high risk of overdose. Illicit drugs, including heroin and cocaine, can be laced with fentanyl, which may result in users of illicit drugs being exposed to fentanyl without their knowledge.

Fentanyl and its analogs result in the same central nervous system depression as heroin. Overdose symptoms of opioids, such as fentanyl, include lethargy, respiratory depression, pinpoint pupils, change in consciousness, seizure, slowed or erratic heart rate, nausea or vomiting, muscle spasm, clammy skin, change in skin color, and/or coma. The classic [triad](#) of altered mental status, pinpoint pupils, and depressed respirations suggests an opioid overdose. However, mixed overdoses may present with dilated pupils. The key concerns are whether there is adequate ventilation and whether the respiratory depression requires naloxone for reversal.

Recent cases of fentanyl-related overdoses (and deaths) have increasingly been linked to illegally manufactured fentanyl and fentanyl analogs. Nationally and locally, fentanyl has been seized by law enforcement in both powder and pill formulations, which may be marked as other substances.

Harm Reduction and Medication-Assisted Treatment

Harm reduction strategies are effective for individuals who have just experienced a non-fatal overdose or are at risk for overdose. These strategies include but are not limited to taking a non-judgmental approach and a focus on meeting the patient “where they are at.” [Low barrier access](#) to treatment such as medication-assisted treatment (MAT) is also a harm-reduction strategy. MAT is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to effectively treat substance use disorders. Among individuals with opioid use disorders the use of MAT reduces drug use,

disease rates, and overdose deaths. More information about MAT from the Substance Abuse and Mental Health Services Administration (SAMHSA) is available [here](#).

Methadone and buprenorphine are the most effective treatment options for overdose prevention. Although methadone can be continued in the acute care environment, ongoing outpatient treatment is restricted to licensed opioid treatment programs. Buprenorphine, however, can be prescribed or dispensed by qualified prescribers in multiple settings, including outpatient clinics, some prehospital systems, and other general medical settings. Examples of an algorithm for starting buprenorphine immediately after an overdose can be found [here](#).

In addition to substance use disorders being broadly stigmatized, there is also stigma associated with the use of medications to treat substance use disorders. Working with patients, families, and even treatment team members to provide psychoeducation around dispelling common [myths about MAT](#) may be helpful to engage patients in treatment. Additionally, education about naloxone is critical for patients, family members or other social supports for people at risk for or recently experiencing a non-fatal overdose.

Recommendations

- **Suspect fentanyl toxicity in overdose cases**, particularly in patients presenting with symptoms consistent with opioid overdose. Note that patients exposed to fentanyl-related compounds may be unaware of their exposure.
- **Consider multiple and higher doses of naloxone may be needed to counteract fentanyl-related overdoses** due to its high potency.
- **Be aware that, in rare cases, fentanyl can cause rigidity** of the thoracoabdominal musculature, known as [“wooden chest syndrome,”](#) that may not respond to naloxone and may require treatment with small doses of succinylcholine and ventilatory support.
- **Remind ordering physicians to check with their laboratories** to determine whether fentanyl and/or its analogs are detected in the institution’s urine opioid screens.
- **Educate patients who may be using illicit drugs** about the increase in counterfeit pills and illicit drugs laced with fentanyl and the associated risk of overdose.
- **Offer naloxone to at-risk patients and their family members, friends, and peers** and educate them about how to access and use it. Emergency departments can serve as points of intervention for persons who experience overdose. Post-overdose protocols are recommended that include naloxone prescription and patient referral to case management services or peer navigators. Risk factors for opioid overdose include:
 - Use of street-purchased drugs,
 - History of overdose or substance use disorder,
 - Prescription for an opioid dose ≥ 50 morphine milligram equivalents (MME)/day, and
 - Concurrent use of benzodiazepines with opioids.
- **Refer patients with substance use disorders for treatment by calling 2-1-1 or, through the County Behavioral Health Services**, by calling the Access and Crisis line at 1-888-724-7240. Patients with opioid use disorder should be referred to [evidenced-based treatments](#), including MAT when possible.
- **Initiate and continue [MAT in all healthcare environments](#)**, whenever it is possible to connect the client to ongoing treatment.

Resources

Federal

CDC Health Advisory 413: [Rising Numbers of Deaths Involving Fentanyl and Fentanyl Analogs, Including Carfentanyl, and Increasing Usage and Mixing with Non-opioids](#)

CDC Opioid Overdose webpage: [Understanding the Epidemic](#)

SAMHSA [Opioid Overdose Prevention Toolkit](#)

Local

California Poison Control, San Diego Division [webpage](#) (phone number 1-800-222-1222)

San Diego County Behavioral Health Services [Provider Directory](#)

San Diego County Medication Assisted Treatment [Patient Referral Directory](#)

San Diego County Prescription Drug Abuse Task Force [webpage](#)

Thank you for your participation.

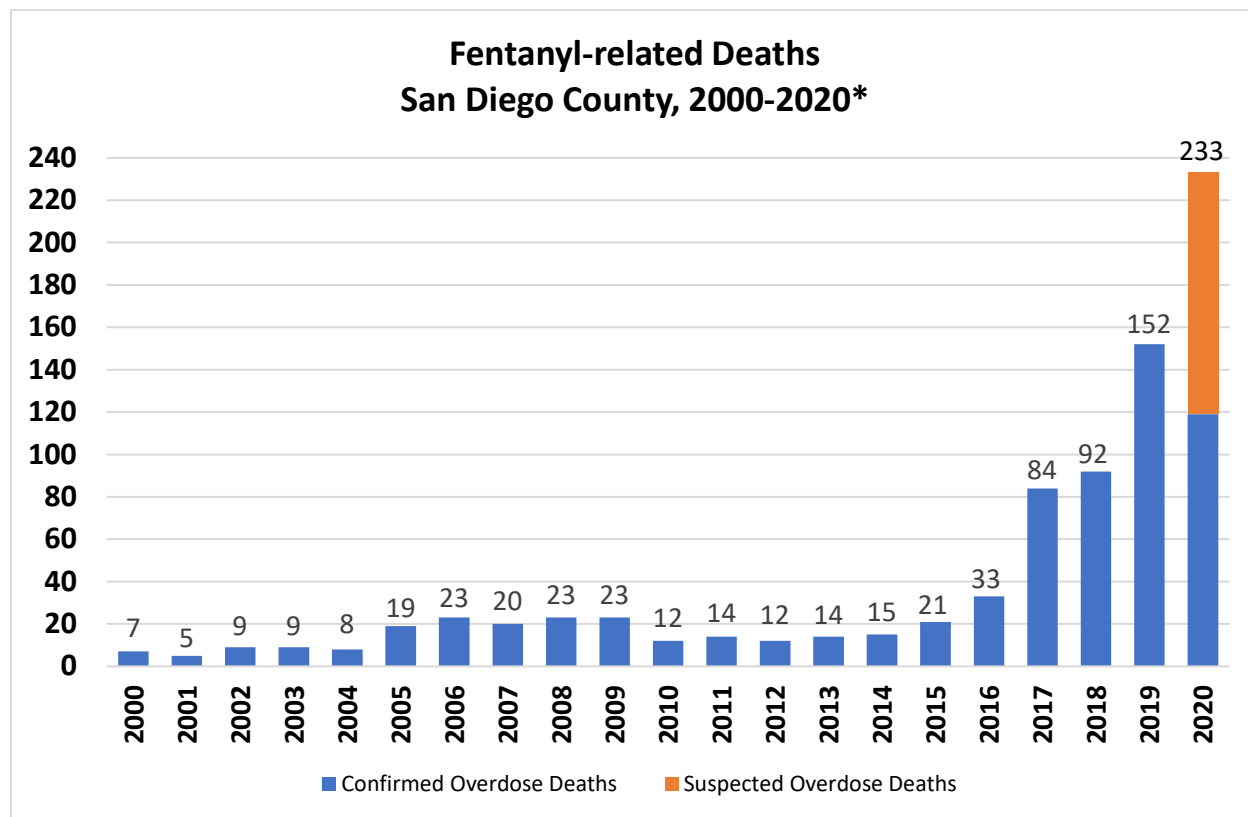
CAHAN San Diego

County of San Diego Health & Human Services Agency

E-mail: cahan@sdcounty.ca.gov

Secure Website: <https://member.everbridge.net/892807736722952/login>

Public-Access Website: <http://www.cahansandiego.com>



*2020 data are cases as of August 7, 2020.

The confirmed case count is 119 and those pending confirmation number 114.

Source: San Diego County Medical Examiner's Office



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

GREG COX
First District

DIANNE JACOB
Second District

KRISTIN GASPAR
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: September 15, 2020

13

TO: Board of Supervisors

SUBJECT

AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS, EXECUTE REVENUE AGREEMENT AND AMEND A MEMORANDUM OF UNDERSTANDING (DISTRICTS: ALL)

OVERVIEW

In a series of actions since 1999, the County of San Diego (County) Board of Supervisors (Board) approved initiatives to redesign and implement an expanded continuum of comprehensive behavioral health care for children, adolescents, transition age youth, adults, older adults, and families. In pursuit of these initiatives, the Board approved the procurement of various contracted services.

As the impact of the novel coronavirus (COVID-19) continues to be evaluated, the County Health and Human Services Agency's Behavioral Health Services (BHS) remains focused on maintaining continuity of critical mental health and substance use services and serving the most vulnerable individuals and families within our community. Approval of today's recommended actions authorizes amendments to extend existing behavioral health services contracts to maintain continuity of critical behavioral health services in the wake of the COVID-19 pandemic. Additional recommendations include entering into a revenue agreement and amending a Memorandum of Understanding for two critical training programs. These recommended actions support the continuation of critical work to advance the Behavioral Health Continuum of Care in alignment with Board direction.

Today's action supports the County's *Live Well San Diego* vision by ensuring access to services; promoting health and well-being in children, adults, and families; and encouraging self-sufficiency, which together promote a region which is building better health, living safely, and thriving.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the contracts listed in Attachment A, Table 1 extending the contract term up to

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS, EXECUTE REVENUE AGREEMENT AND AMEND A MEMORANDUM OF UNDERSTANDING (DISTRICTS: ALL)

December 31, 2021, and up to an additional six months if needed; expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

2. In accordance with Board Policy B-29, authorize the Clerk of the Board to execute a revenue agreement with the City of San Diego for \$332,514 for the Inebriate Sobering Services and Prosecution and Law Enforcement Assisted Diversion Services program for the period of July 1, 2020 through June 31, 2021, amendments thereto, and future years' Agreements and amendments, provided terms, conditions, program services and funding are not materially impacted or altered. In addition, waive Board Policy B-29 requirement of full cost recovery of revenue agreements.
3. Authorize the Agency Director, Health and Human Services Agency, or designee, to amend the Memorandum of Understanding (MOU) between the Southern Counties Regional Partnership and the County of San Diego Health and Human Services Agency for Workforce, Education and Training, as required, in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency, transfer funding of \$919,431 by July 31, 2024, as the required County match, as outlined in the terms of the MOU, and to extend the term of the MOU to June 30, 2026.

FISCAL IMPACT

Funds for these requests are included in the Fiscal Year (FY) 2020-22 Operational Plan in the Health and Human Services Agency.

Recommendations #1: Contract Extensions

If approved, this request will result in estimated costs and revenue of approximately \$2,200,000 in FY 2020-21 and \$4,700,000 in FY 2021-22. The funding sources are Mental Health Services Act, Substance Abuse Block Grant, and Realignment. There will be no change in net General Fund cost and no additional staff years.

Recommendation #2: Revenue Agreement Acceptance

If approved, this request will result in costs of \$665,028 for FY 2020-21, funded with \$332,514 in revenue from the City of San Diego and \$332,514 in Health and Human Services Realignment funding. A waiver of Board Policy B-29 is requested because the City of San Diego funding does not offset all costs, with the balance covered by Realignment. The public benefits of providing these services outweigh the required contribution for uncovered costs. There will be no change in net General Fund cost and no additional staff years.

Recommendation #3: Authorization to Amend the Memorandum of Understanding

If approved, this request will authorize amending the Memorandum of Understanding (MOU) between the Southern Counties Regional Partnership (SCRIP) and the County for Workforce, Education and Training (WET). This will result in a total of \$3,281,356 in funding, available

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS, EXECUTE REVENUE AGREEMENT AND AMEND A MEMORANDUM OF UNDERSTANDING (DISTRICTS: ALL)

through June 30, 2026, allocated for WET services benefitting the San Diego region. These funds will be administered by the SCRP and will require that the County transfer matching funds of \$919,431 to the State prior to July 31, 2024. The funding source for the required match is Mental Health Services Act revenue and is not anticipated to be transferred until FY 2021-22 at the earliest. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This Board Letter was shared with the Behavioral Health Advisory Board as an informational item on September 3, 2020 and will be presented as an informational item on October 1, 2020.

BACKGROUND

The County of San Diego (County) provides a comprehensive array of community-based mental health and substance use disorder services to children, adolescents, transition age youth (TAY), adults, older adults, and families through contracts with local public and private agencies. These services provide critical behavioral health training programs to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

As the evolving novel coronavirus (COVID-19) public health crisis has continued to unfold, the County Health and Human Services Agency's Behavioral Health Services (BHS) has remained focused on slowing the spread of COVID-19, while ensuring individuals and families have access to vital mental health and substance use disorder services.

If approved, today's action will authorize the Director, Department of Purchasing and Contracting, to authorize amendments to extend existing contracts for behavioral health services up to December 31, 2021, plus a six-month option, if needed. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price. Additionally, if approved, today's action will authorize a revenue agreement with the City of San Diego for the Inebriate Sobering Services and Prosecution and Law Enforcement Assisted Diversion Services (PLEADS) program, and an amendment to the Memorandum of Understanding with the Southern Counties Regional Partnership to fund programs that oversee training and support to the Public Mental Health System workforce in the southern region.

Recommendation #1: Authorization to Extend and Amend Contracts

The San Diego County Board of Supervisors (Board) authorized the competitive procurements of the programs listed in Attachment A, Table 1. If approved, today's action would authorize an amendment and extension of these programs up to December 31, 2021, and up to an additional six months, if needed. Additional details of these programs can be found in Attachment A, Table 1.

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS, EXECUTE REVENUE AGREEMENT AND AMEND A MEMORANDUM OF UNDERSTANDING (DISTRICTS: ALL)

Recommendation #2: Authorization to Enter into a Revenue Agreement with the City of San Diego for the Inebriate Sobering Services and Prosecution and Law Enforcement Assisted Diversion Services Program

In 2016, the County entered into a revenue agreement with the City of San Diego (City) to fund a program for sobering services. This program, which is funded jointly by the City and the County, operates in the city of San Diego, through a service contract with the McAlister Institute for Treatment and Education and has two components. The first component, Inebriate Sobering Services, provides countywide diversion, non-residential, non-medical, sobering services in a drug and alcohol-free environment to adults ages 18 and older as an alternative to arrest. The second component, the Prosecution and Law Enforcement Assisted Diversion Services (PLEADS), expands upon LEADS, a nation-wide community-based diversion approach, by broadening the target population to include persons who are intoxicated on other narcotic illicit drugs instead of just alcohol and marijuana. The objective of the program is to divert individuals who may have a substance use condition at the time of arrest to counseling and referral services. In FY 2019-20, Inebriate Sobering Services served 3,950 clients countywide and PLEADS served 817 clients and had a referral ratio of 36.5 percent.

On June 4, 2019 (10), the Board approved an amendment to the revenue agreement for Inebriate Sobering Services and PLEADS that authorized acceptance of funding from the City totaling \$332,514 for Fiscal Year (FY) 2019-20, to enhance the PLEADS program. Prior to 2019, the total funding amount in past revenue agreements were below the annual \$250,000 threshold amount that required Board approval according to Board Policy A-87. The term of the original revenue agreement ended on June 30, 2020.

Today's action requests authority for the Clerk of the Board to execute a revenue agreement with the City of San Diego, to continue the program for Inebriate Sobering Services and PLEADS, and receive revenue in the amount of \$332,514 for FY 2020-21, and any amendments thereto, and future years' Agreements and amendments, provided terms, conditions, program services and funding are not materially impacted or altered.

Recommendation #3: Authorization to Amend the Memorandum of Understanding between the Southern Counties Regional Partnership and the County of San Diego Health and Human Services Agency for Workforce, Education and Training

In 2014, the County entered into a Memorandum of Understanding (MOU) with the Southern Counties Regional Partnership (SCRP) to implement Workforce, Education, and Training (WET) strategies in the southern counties. The SCRP is comprised of the following counties: Imperial, Kern, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Tri-City (Pomona, Claremont and La Verne) and Ventura. The SCRP is an important workforce strategy to assist the public mental health system outreach to multicultural communities, increase diversity of the workforce, reduce stigma associated with mental illness and promote the use of web-based technologies and distance learning techniques.

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS, EXECUTE REVENUE AGREEMENT AND AMEND A MEMORANDUM OF UNDERSTANDING (DISTRICTS: ALL)

In January 2019, the California Behavioral Health Planning Council and the Office of Statewide Health Planning and Development (OSHPD) approved the 2020 – 2025 WET Five-Year Plan. The WET Five-Year Plan addresses the shortage of mental health practitioners in the public mental health system through a framework that engages regional partnerships and supports individuals through workforce development, undergraduate scholarships, education stipends, and educational loan repayment.

On May 13, 2020, the SCRP members voted to submit an application to OSHPD for the WET Regional Partnership Grant that will result in \$15,340,829 of funding to support public mental health system workforce development in the southern counties, of which \$3,281,356 will be designated for the San Diego region; SCRP will hold the funding for administration. In late July 2020, SCRP notified the County of the final match contribution required under the WET Regional Partnership Grant and provided the first amendment to the MOU that outlines the terms under the grant.

Under the grant, SCRP counties must commit to providing a match to grant funds as determined by OSHPD in the chart below, which must be transferred to the State by July 31, 2024. The specific share of the match per participating SCRP county is based on each county's Mental Health Services Act funds percentage, resulting in a required match of \$919,431 for the County of San Diego. The County of Santa Barbara will serve as the fiscal agent for all funds received from OSHPD.

| Entity | Grant Funds | County Match | Total Funding |
|--|--------------------|---------------------|----------------------|
| Southern Counties Regional Partnership | \$11,534,458 | \$3,806,371 | \$15,340,829 |
| County of San Diego | \$2,361,925 | \$919,431 | \$3,281,356 |

Today's action requests authorization to approve the MOU with the SCRP for the contribution of \$919,431 as the match to fund WET programs for a term ending on June 30, 2026. This will result in WET funding totaling \$3,281,356 allocated to the County, 85 percent of which will be awarded through the OSHPD grant in FY 2020-21 and the remaining 15% awarded upon receipt of the County's match. Prior Board authority was not required for the original MOU because funding from the County was not required.

SUBJECT: AUTHORIZATION FOR AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS, EXECUTE REVENUE AGREEMENT AND AMEND A MEMORANDUM OF UNDERSTANDING (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the Building Better Health and Living Safely Initiatives in the County of San Diego's (County) 2020-2025 Strategic Plan as well as the County's *Live Well San Diego* vision, by ensuring that vulnerable individuals with mental illness and substance use disorders continue to have access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,

A handwritten signature in dark ink, appearing to be 'H. Robbins-Meyer', written in a cursive style.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A - Behavioral Health Services List of Contracts



BEHAVIORAL HEALTH SERVICES LIST OF CONTRACTS

September 15, 2020

Table 1: Behavioral Health Services Contract Extensions in Accordance with Recommendation #1:

Totals:

- Fiscal Year 2020-21 (Prorated): \$2.2 million
- Fiscal Year 2021-22 (Annualized): \$4.7 million

| Contract Number | Population Served | Contractor Name | Program Name | Annual Budget* | Previous Authority | Contract End Date | Service Description |
|-----------------|-------------------------------------|---|--|----------------|--------------------|-------------------|---|
| 541201 | Prevention and Community Engagement | Mental Health Association in San Diego County | Father to Child | \$0.3 million | Admin Code 401 | 12/31/2020 | Curriculum is focused on improving the father's attitude toward parenting, encourages positive interaction between the father and child for a healthy social, emotional, and physical well-being of child due to improved involvement of father. |
| 551430 | Prevention and Community Engagement | Institute for Public Strategies | Countywide Media Advocacy Services | \$0.1 million | Admin Code 401 | 12/31/2020 | SUD media advocacy facilitation program that provides advocacy training for youth and residents, news story development for publication in local print, radio and television, community development and organizing strategies that is policy focused to change community conditions for reduced harm associated with substance use and abuse. |
| 551446 | Prevention and Community Engagement | Institute for Public Strategies | Binge and Underage Drinking Initiative Facilitation | \$0.7 million | Admin Code 401 | 12/31/2020 | Countywide Binge and Underage Drinking Initiative Facilitation. |
| 551450 | Prevention and Community Engagement | Center for Community Research Inc. | Marijuana Prevention Initiative, Meth Strike Force, Prescription Drug Abuse Task Force Facilitation Services | \$0.1 million | Admin Code 401 | 12/31/2020 | Countywide SUD Prevention Facilitation Services for the Marijuana Prevention Initiative, Meth Strike Force, Prescription Drug Abuse Task Force. |

* Budget amounts rounded to the nearest hundred thousand

ATTACHMENT A

| Contract Number | Population Served | Contractor Name | Program Name | Annual Budget* | Previous Authority | Contract End Date | Service Description |
|-----------------|-------------------------------------|---|--|----------------|--------------------|-------------------|---|
| 551458 | Prevention and Community Engagement | Center for Community Research Inc. | Countywide SUD Prevention Evaluation Services | \$0.3 million | Admin Code 401 | 12/31/2020 | Countywide SUD Prevention Evaluation Services. |
| 551547 | Prevention and Community Engagement | Social Advocates for Youth (SAY) San Diego Inc. | Regional SUD Prevention - Central Region | \$0.6 million | Admin Code 401 | 12/31/2020 | Regional environmental prevention focused program provides SUD prevention education, community development and organizing strategies, advocacy training, media advocacy services, youth and college age group development and activities, community perception survey data collection, organizing community issue forums and substance use issue briefings and workshops. |
| 551550 | Prevention and Community Engagement | Social Advocates for Youth (SAY) San Diego Inc. | Regional SUD Prevention - North Central Region | \$0.1 million | Admin Code 401 | 12/31/2020 | Regional environmental prevention focused program provides SUD prevention education, community development and organizing strategies, advocacy training, media advocacy services, youth and college age group development and activities, community perception survey data collection, organizing community issue forums and substance use issue briefings and workshops. |
| 551555 | Prevention and Community Engagement | Institute for Public Strategies | Regional SUD Prevention - East Region | \$0.4 million | Admin Code 401 | 12/31/2020 | Regional environmental prevention focused program provides SUD prevention education, community development and organizing strategies, advocacy training, media advocacy services, youth and college age group development and activities, community perception survey data collection, organizing community issue forums and substance use issue briefings and workshops. |
| 551557 | Prevention and Community Engagement | Vista Community Clinic | Regional SUD Prevention - North Coastal Region | \$0.4 million | Admin Code 401 | 12/31/2020 | Regional environmental prevention focused program provides SUD prevention education, community development and organizing strategies, advocacy training, media advocacy services, youth and college age group development and activities, community perception survey data collection, organizing community issue forums and substance use issue briefings and workshops. |

* Budget amounts rounded to the nearest hundred thousand

ATTACHMENT A

| Contract Number | Population Served | Contractor Name | Program Name | Annual Budget* | Previous Authority | Contract End Date | Service Description |
|-----------------|-------------------------------------|---------------------------------|--|----------------|--------------------|-------------------|---|
| 551559 | Prevention and Community Engagement | Mental Health Systems Inc. | Regional SUD Prevention - North Inland Region | \$0.4 million | Admin Code 401 | 12/31/2020 | Regional environmental prevention focused program provides SUD prevention education, community development and organizing strategies, advocacy training, media advocacy services, youth and college age group development and activities, community perception survey data collection, organizing community issue forums and substance use issue briefings and workshops. |
| 551561 | Prevention and Community Engagement | Institute for Public Strategies | Regional SUD Prevention - South Region | \$0.8 million | Admin Code 401 | 12/31/2020 | Regional environmental prevention focused program provides SUD prevention education, community development and organizing strategies, advocacy training, media advocacy services, youth and college age group development and activities, community perception survey data collection, organizing community issue forums and substance use issue briefings and workshops. |
| 559918 | Clinical Director's Office | Public Consulting Group | Behavioral Health Services Consultation Services | \$0.5 million | 12/11/18 (25) | 3/31/2021 | Provides project management for system-wide improvement regarding behavioral health and the healthcare systems. |

* Budget amounts rounded to the nearest hundred thousand



KIM JOHNSON
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

August 6, 2020

ALL COUNTY LETTER (ACL) NO. 20-89

TO: ALL COUNTY WELFARE DIRECTORS
ALL CHIEF PROBATION OFFICERS
ALL COUNTY MENTAL HEALTH DIRECTORS
ALL INDEPENDENT LIVING PROGRAM MANAGERS
ALL INDEPENDENT LIVING PROGRAM COORDINATORS
ALL FOSTER CARE MANAGERS
ALL TITLE IV-E AGREEMENT TRIBES
ALL TRANSITIONAL HOUSING COORDINATORS

SUBJECT: IMPLEMENTATION REQUIREMENTS TO ESTABLISH A FAMILY URGENT RESPONSE SYSTEM (FURS) FOR FOSTER CAREGIVERS AND CHILDREN OR YOUTH

REFERENCE: [ASSEMBLY BILL \(AB\) 79, \(CHAPTER 11, STATUTES OF 2020\);](#)
[SENATE BILL \(SB\) 80 \(CHAPTER 5.4, STATUTES OF 2019\); \(AB\) 403 \(CHAPTER 773, STATUTES OF 2015\)](#)

PURPOSE

The purpose of this ACL is to inform county child welfare agencies, juvenile probation departments, and behavioral/mental health agencies about the Family Urgent Response System for Caregivers and Children or Youth originally enacted through Section 107 of Senate Bill 80 (Statute of 2019) and amended by Assembly Bill 79 (Statutes of 2020). Further, this letter clarifies the various tasks required to establish a statewide FURS in California.

OVERVIEW

The FURS is defined as a coordinated statewide, regional, and county-level system designed to provide collaborative and timely state-level phone-based response and county-level in-home, in-person mobile response during situations of instability, for purposes of preserving the relationship of the caregiver and the child or youth, providing developmentally appropriate relationship conflict management and resolution skills,

stabilizing the living situation, mitigating the distress of the caregiver or child or youth, connecting the caregiver and child or youth to the existing array of local services, and promoting a healthy and healing environment for children, youth, and families.

The FURS builds upon the Continuum of Care Reform¹ and the state's recent System of Care² development, in order to provide current and former foster youth and their caregivers with immediate, trauma-informed support when they need it. FURS is intended to have multiple positive effects on the lives of children and youth and caregivers, including:

- Preventing placement disruptions and preserving the relationship between the child or youth and their caregiver;
- Preventing the need for a 911 call or law enforcement involvement and avoiding the criminalization of traumatized youth;
- Preventing psychiatric hospitalization and placement into congregate care; and
- Promoting healing as a family.

The FURS does not infringe on entitlements or services provided through the Early and Periodic Screening, Diagnosis and Treatment program.

To ensure that families are aware of FURS, the California Department of Social Services (CDSS) is working with stakeholders to develop a plan, including materials, for informing all caregivers and current or former foster children or youth about the statewide hotline. The materials developed by the group will, at a minimum, be publicly available on the CDSS website.

The CDSS will ensure that deidentified, aggregated data are collected regarding individuals served through the statewide hotline and county-based mobile response systems and will publish a report on the department's internet website by January 1, 2022, and annually by January 1 thereafter, in consultation with stakeholders.

The CDSS, in collaboration with the County Welfare Directors Association of California, the County Behavioral Health Directors Association of California, and the Chief Probation Officers of California, on an annual basis beginning on January 1, 2022, will assess utilization and workload associated with implementation of the statewide hotline and mobile response systems and provide an update to the Legislature during budget hearings.

¹ [\(AB\) 403 \(CHAPTER 773, STATUTES OF 2015\)](#) and [AB 1997 \(CHAPTER 612, STATUTES OF 2016\)](#)

² [AB 2083 \(CHAPTER 815, STATUTES OF 2018\)](#)

REQUIREMENTS

Key Definitions

The legislation sets forth the following key definitions related to FURS:

A “caregiver” is defined as “a person responsible for meeting the daily care needs of a current or former foster child or youth, and who is entrusted to provide a loving and supportive environment for the child or youth to promote their healing from trauma.”

Caregiver is defined broadly and includes individuals beyond a parent who are acting in a caregiving role.

“Current or former foster child or youth” is defined to include “a child or youth adjudicated under [Section 300](#), [601](#), or [602](#) and who is served by a county child welfare agency or probation department, and a child or youth who has exited foster care to reunification, guardianship, or adoption. A current or former foster child or youth shall be eligible for services under this chapter until they attain 21 years of age.” There is no time restriction on when an exit must have occurred for a former foster youth. For example, a 17-year-old former foster youth adopted, reunified, or appointed a legal guardian at 2 years old can still access FURS.

“Instability” is defined as “a situation of emotional tension or interpersonal conflict between a caregiver and a child or youth that may threaten their relationship and may lead to a disruption in the current living situation.” Instability is defined broadly to include situations in which the child, youth, or caregiver feel they need support and does not require the child or youth to be the presenting problem or for the situation to rise to the level of a mental health crisis.

“In-home” is defined as “the place where the child or youth and caregiver are located, preferably in the home, or at some other mutually agreeable location.”

“Mobile response” is defined as “the provision of in-person, flexible, responsive, and supportive services where the caregiver and child or youth are located to provide them with support and prevent the need for a 911 call or law enforcement contact.”

Statewide Hotline

The CDSS is tasked with establishing a statewide, toll-free hotline available 24 hours a day and seven days a week in order to effectively engage caregivers and children and youth currently or previously in the foster care system who are experiencing tension or conflict in their relationships, emotional distress or behavioral or other difficulties that

may threaten their relationships. Using the essential principles, values and practice behaviors elucidated within the state's Integrated Core Practice Model for Children Youth and Families, the statewide hotline will be staffed with operators trained in conflict resolution and de-escalation techniques for children and youth impacted by trauma. Operators will provide immediate assistance over the phone to help defuse conflict and to provide focused engagement and assessment to make a referral to the county mobile response system for further support.

State hotline staff will also be trained on risk assessment which will enable the hotline worker to provide the most appropriate de-escalation and conflict resolution to the family and to provide the relevant information to the County Mobile Response Team during the warm hand-off, including information regarding the recommended level of response, when appropriate. Counties will develop coordinated plans, which should consider various circumstances to determine the appropriate composition of the responders for the county mobile response teams.

It should be noted that referrals from the hotline will be routed to counties based on the location where the face-to-face mobile response services are needed and not based on the county of jurisdiction. For example, if a child or youth has been placed out of county by the placing agency, the statewide hotline will route the call to the host county mobile response team and will not route the call to the county of original jurisdiction.

When a referral to the county mobile response system for in-person support is made:

- The hotline worker will seek to engage each caller to establish a direct and live connection through a three-way call that includes the hotline worker, caregiver, child or youth, and the county's mobile response contact in order to conduct a "warm handoff" to the mobile response system. The warm handoff allows for the transfer of information between the statewide hotline and the mobile response system without requiring the family to repeat information or undergo a second triage process. The caregiver, child, or youth may decline the three-way contact with the county contact if they feel their situation has been resolved at the time of the call.
- If a direct communication cannot be established, the hotline worker will make a referral directly to the community- or county-based service and a follow-up call to ensure that a connection to the caregiver, child, or youth occurs. When the call involves a child or youth who is a member of an Indian tribe, a Tribal agency or service provider may be an appropriate support. Additionally, an involved Foster Family Agency (FFA) may be an appropriate support if it provides case management, conflict resolution and support to their resource parents.
- The hotline worker will contact the caregiver and the child or youth within 24 hours after the initial call to offer additional support, if needed.

The statewide hotline will maintain contact information for all county-based mobile response systems, based on information provided by counties, for referrals to local services, including, but not limited to, county-based mobile response and stabilization teams. The department may establish the hotline through contract with an entity with demonstrated experience in working with populations of children or youth who have suffered trauma and with capacity to provide a 24-hour-a-day, seven-day-a-week response that includes mediation, relationship preservation for the caregiver and the child or youth, and a family-centered and developmentally appropriate approach with the caregiver and the child or youth.

County Mobile Response Systems

County child welfare, probation, and behavioral/mental health agencies, in each county or region of counties, are required to establish a joint county-based mobile response system that includes a mobile response and stabilization team. This team will provide face-to-face, in home response on a 24 hours per day, seven days a week basis to provide supportive services to address situations of instability, preserve the relationship of the caregiver and the child or youth, develop healthy conflict resolution and relationship skills, promote healing as a family, and stabilize the situation. Counties may collaborate with other counties to establish regional, cross-county mobile response teams, in close partnership with their county mental health crisis services.

County mobile response systems should utilize the information provided by the statewide hotline during the warm handoff to determine how to respond and, when a mobile response and stabilization team will be sent. For example, not every circumstance that requires in-person mobile response will warrant mental health or substance use disorder treatment/services. The single, coordinated plans for mobile response systems, discussed in more detail below, will describe the process and criteria for determining mobile response, including the various circumstances and levels of intensity that determines the composition of the responders.

Mobile response systems should avoid conducting a new triage process before providing in-person response to meet with the caregiver and child or youth unless new information is offered that indicates a different response may be needed. For example, if the youth and caregiver state they no longer want in-person support or the situation changes, or if a family is requesting to schedule a response and there are no safety concerns, then mobile response teams can work with families to determine the timing of the response and the responding team members.

Mobile response systems must be prepared and able to provide immediate, in-person support 24 hours per day, seven days per week, including during normal business hours. While a social worker, probation officer, or other provider may be involved with

the child, youth, or caregiver, those individuals may not be able to respond immediately and/or the caregiver, child, or youth may have contacted the statewide hotline because they wanted support from someone else. The single, coordinated plan must describe how the mobile response system should coordinate, as appropriate, with other involved professionals, such as FFAs and Tribal agencies, to support the family. FURS does not eliminate the responsibilities of FFAs which will continue to provide case management, conflict resolution and support to their licensed foster/resource parents, as contracted. The system should inform caregivers, children, and youth that resources are also available to them and can be utilized if future situations of instability arise.

There is no requirement that children or youth be living in a family-based setting in order to receive mobile response services. The CDSS is working with stakeholders to develop guidelines to ensure children and youth residing in congregate care facilities do not face any negative repercussions for requesting support through FURS. Additional policy guidance will be developed jointly between Department of Health Care Services (DHCS) and CDSS related to claiming considerations for which a child or youth is residing in a Short-Term Residential Therapeutic Program (STRTP) or home-based setting and presumptive transfer has been waived.

In addition to providing trauma-informed, in-person support, mobile response teams will be expected to provide the family with a plan of action to address identified additional support or ongoing stabilization needs and connect them to needed ongoing services through the existing local network of care service systems. County-based mobile response systems may be temporarily adapted to address circumstances associated with COVID-19, consistent with the Governor's Proclamation of a State of Emergency, issued on March 4, 2020.

A county-based mobile response system must include the following:

- 1) Live phone response at the county level that facilitates entry of the caregivers and current or former foster children or youth into mobile response services from the statewide hotline;
- 2) A process for determining when a mobile response and stabilization team will be sent or when other services will be used, based on the urgent and critical needs of the caregiver, child, or youth;
- 3) A mobile response and stabilization team available 24 hours a day, seven days a week;
- 4) Ability to provide immediate, in-person, face-to-face response preferably **within one hour, but not to exceed three hours** in extenuating circumstances **for urgent needs**, or same-day response **within 24 hours for nonurgent situations**;
- 5) Utilization of individuals with specialized training in trauma of children or youth and the foster care system on the mobile response and stabilization team. Efforts should

- be made to include peer partners and those with lived experience in the response team, whenever possible;
- 6) Provision of in-home de-escalation, stabilization, and support services and supports, including all of the following:
 - a) Establishing in-person, face-to-face contact with the child or youth and caregiver
 - b) Identifying the underlying causes of, and precursors to, the situation that led to the instability
 - c) Identifying the caregiver interventions attempted
 - d) Observing the child and caregiver interaction
 - e) Diffusing the immediate situation
 - f) Coaching and working with the caregiver and the child or youth in order to preserve the family unit and maintain the current living situation or create a healthy transition plan, if necessary
 - g) Establishing connections to other county- or community-based supports and services to ensure continuity of care, including, but not limited to, linkage to additional trauma-informed and culturally and linguistically responsive family supportive services and youth and family wellness resources
 - h) Following up after the initial face-to-face response, for up to 72 hours, to determine if additional supports or services are needed.
 - i) Identifying any additional support or ongoing stabilization needs for the family and developing a plan for, or referral to, appropriate youth and family supportive services within the county. Supportive services may also be available through community-based organizations, FFAs, or tribal agencies.
 - 7) A process for communicating with the county of jurisdiction and the county behavioral health agency regarding the service needs of the child or youth and caregiver provided that the child or youth is currently under the jurisdiction of either the county child welfare or the probation system.

Single, Coordinated Plans for Mobile Response Systems

In each county or region of counties, the county child welfare, probation, and behavioral/mental health agencies, in consultation with other relevant county agencies, tribal representatives, caregivers, and current or former foster children or youth, are required to submit a single, coordinated plan to CDSS that describes how the county-based mobile response system will meet the requirements outlined in the County Mobile Response System section of this letter and all of the following:

1. How the county, or region of counties, will track and monitor calls;
2. Data collection efforts, consistent with guidance provided by CDSS including, at a minimum, collection of data necessary to evaluate county-based outcomes such as placement stability, rate of return into foster care, movement from child welfare to juvenile justice, and timeliness to permanency;

3. Transitions from mobile response and stabilization services to ongoing services;
4. A process for identifying if the child or youth has an existing child and family team so that efforts can be coordinated to address the instability, and a plan can be made for ongoing care to support that relationship in a trusting and healing environment;
5. A process and criteria for determining responses;
6. The composition of the responders, including efforts to include peer partners and those with lived experience in the response team, whenever possible;
7. Both existing and new services that will be used to support the mobile response and stabilization services. At their discretion, county behavioral health departments that operate mobile crisis units may share resources between mobile crisis units and the mobile response system required pursuant to FURS.
8. Response protocols for the child or youth in family-based and congregate care settings based on guidelines developed by CDSS, in consultation with stakeholders. The response protocols shall ensure protections for children and youth to minimize use of congregate care settings, psychiatric institutions, and hospital settings;
9. A process for identifying whether the child or youth has an existing mental health treatment plan and a placement preservation strategy through child welfare or probation, and for coordinating response and services consistent with the plan and strategy; and
10. A plan for the mobile response and stabilization team to provide supportive services in the least intrusive and most child, youth, and family friendly manner, such that mobile response and stabilization teams do not trigger further trauma to the child or youth.

The single, coordinated plan shall be signed by representatives from the county child welfare, probation, and behavioral agencies. Counties implementing a regional approach shall submit a single plan signed by all agency representatives and identify a lead county.

When counties are developing their single, coordinated plans, they should keep in mind that FURS is intended to provide immediate, trauma-informed support to current and former foster youth and their caregivers in a broad array of circumstances in order to improve child and youth and family outcomes, improve retention of current foster caregivers, help maintain children and youth in their current living situations, improve the trust and relationship between the child or youth and their caregiver, connect children or youth and their caregivers to existing services in their communities, and provide children and youth and caregivers with the tools that they need to heal from trauma and to thrive. Fulfilling the primary objectives of FURS by providing immediate,

in-person support during situations of instability, closes the gap for families experiencing conflict that previously had nowhere to turn and provides a trauma-informed alternative for families who may have previously resorted to calling 911 or law enforcement.

A FURS mobile response necessitates an approach that focuses on de-escalation, problem solving, and relationship preservation. While the response may, at times, require behavioral health support or lead to a county mental health crisis intervention, other times a behavioral health response may not be warranted. A child or youth does not need to meet any clinical criteria in order for the caregiver, child, or youth to receive a mobile response through FURS. This is an important distinction for counties to recognize, consider and address in their Mobile Response Plans, especially when implementing a plan that utilizes shared resources from existing programs.

TIMELINES FOR PROGRAM IMPLEMENTATION

County Mobile Response System plans (or request for extension, as described in the following section) must be provided to the CDSS on or before November 15, 2020. Plans must be submitted to the FURS mailbox at FURS@dss.ca.gov. Once submitted, CDSS will review the single, coordinated plan of each county or region of counties for completeness and provide feedback and technical assistance as needed.

The Mobile Response Systems and Statewide Hotline are required to be implemented no sooner than January 1, 2021. The statewide hotline may operate sooner than January 1, 2021 or prior to all counties creating a mobile response system, as long as each county has notified the Department that they satisfy one of the following requirements:

- (A) County has an existing mobile response system that meets the requirements outlined in this letter; or
- (B) County has an alternative method to accept and respond to referrals from the statewide hotline pending the establishment of the county mobile response system.

Process for Requesting an Extension for Mobile Response System Implementation

A county or region of counties may receive an extension, not to exceed six months, to implement a mobile response system after January 1, 2021. Although an extension may be requested, the Department does not intend to extend the launch date for the statewide hotline. Therefore, counties requesting an extension need to develop an interim plan to address FURS Statewide Hotline referrals to the county for a Mobile Response until the county or region of counties fully implements their Mobile Response

System. Request for extensions must be submitted in writing to CDSS at FURS@dss.ca.gov, and must include the following information:

- Explanation for the requested extension
- Demonstration of actions thus far to implement Mobile Response System
- Progress toward implementation of the Mobile Response System
- Alternative method for accepting and responding to referrals from the FURS Statewide Hotline pending the establishment of a Mobile Response System; and
- Plan for completing implementation of the Mobile Response System by July 1, 2021

In order to be granted, requests for extension must demonstrate that actions have been taken and progress has been made towards implementation and that the county or region of counties has developed an appropriate interim plan to address referrals for mobile response services and supports.

The Fiscal Year 2020-21 state budget allocated \$30 million for FURS infrastructure-building, start-up costs and implementation of the statewide hotline and the County Mobile Response Systems. The allocations and instructions to counties for funding of the Mobile Response Systems, including claiming of federal funding, will be issued in a forthcoming County Fiscal Letter.

The Department will issue additional guidance regarding FURS implementation as needed, including guidance regarding the composition and training requirements of statewide hotline staff, recommendations regarding the composition and training requirements for mobile response systems, and the development of methods and materials for informing all caregivers and current or former foster youth about the statewide hotline.

If you have any questions concerning this letter, please contact the Placement Services and Support Unit, at (916) 657-1858, or by emailing FURS@dss.ca.gov.

Sincerely,

Original Document Signed By

GREGORY E. ROSE
Deputy Director
Children and Family Services Division



Senator Scott Wiener, 11th Senate District

Senate Bill 855 – Mental Health as a Medical Necessity

SUMMARY

Senate Bill 855 strengthens the California Parity Act to require that insurers cover medically necessary treatment for all mental health and substance use disorders (MH/SUD) to ensure individuals receive the comprehensive care they need to treat their underlying conditions.

BACKGROUND

The California Parity Act was a groundbreaking piece of legislation enacted in 1999. It requires that, for nine mental illnesses and serious emotional disturbances of a child, health plans cover them as medically necessary treatment. Parity in health care is fundamentally grounded in ensuring mental health and substance use disorders are treated at the same level, frequency, and availability as other medical and surgical services. Unfortunately there is a major flaw in the law: the California Parity Act applies neither to all mental health conditions nor to substance use disorders. This omission leaves out the lion's share of mental health conditions.

Additionally, the lack of a definition for "medically necessary treatment" has created ambiguity. While several court decisions – *Harlick v. Blue Shield of California* and *Rea v. Blue Shield of California* – have interpreted this phrase broadly, there remains a need to establish a definition with the best clinical standards to ensure Californians are able to obtain the mental health and substance use treatment services they need.

Wit v. United Behavioral Health found that United Behavioral Health created deeply flawed level of care criteria that wrongly denied needed coverage. The court held that United Behavioral Health's criteria were inconsistent with generally accepted standards of mental health and

addiction care. The use of such flawed proprietary criteria is common. In many cases, these criteria have not been externally validated, and are not publicly available or even fully accessible to patients.

ISSUE

California is currently experiencing a mental health and substance use crisis, which has been exacerbated by the COVID-19 pandemic. According to the Centers for Disease Control, COVID-19 is disproportionately affecting poor and vulnerable populations. Patients with serious mental illnesses or substance use disorders will be among the hardest hit demographics in the wake of the virus. The negative psychological and social dimensions of this epidemic caused by mandated social distancing, unemployment and financial stress will be felt by Californians for years to come. Given that employment in California may not return to its previous peak levels until late 2022, we need to prepare to help individuals deal with the long-term mental health impacts of the crisis.

It's also likely — given increased stress levels, isolation and loss — that people who have never experienced mental illness or substance use disorder will face these challenges for the first time. As California will face an increased need for MH/SUD services, existing access for MH/SUD services has proven to be inadequate. As seen in *Wit v. United Behavioral Health*, Californians are denied coverage for treatment of their MH/SUD because it's deemed to not be medically necessary. These same insurers determine what MH/SUD treatment is medically necessary and the end-result leaves patients with inadequate access to effective care and forces patients to pay out-of-pocket or forgo care all together.

Expanding access to MH/SUD services must be one of the highest priorities for California. Coverage for care should not be denied when it is medically necessary. Homelessness, housing, education and criminal justice challenges are exacerbated when our health care system doesn't provide adequate mental health and substance use disorder treatment services to those who desperately need it.

SOLUTION

Senate Bill 855 requires insurers to cover "medically necessary treatment" for all mental health and substance use disorders. It also defines medically necessary treatment and requires the medical necessity determinations be consistent with generally accepted standards of care. It also prohibits limiting benefits or coverage to short-term or acute treatment.

SB 855 requires plans, for level of care determinations, to use treatment criteria developed by the non-profit, clinical professional association of the relevant clinical specialty. It requires plans to meet requirements relating to the implementation and usage of these criteria.

SB 855 restricts the interruption of a course of treatment initiated out of network due to network inadequacy if in-network services subsequently becomes available. SB 855 also prohibits plans from denying medically necessary services on the basis that they should be or could be covered by a public entitlement program.

SUPPORT

- The Kennedy Forum (*Co-sponsor*)
- Steinberg Institute (*Co-sponsor*)
- Alkermes, Inc.
- American Foundation for Suicide Prevention
- American Psychological Association
- Anaheim Lighthouse
- Autism Deserves Equal Coverage
- California Academy of Physician Assistants
- California Access Coalition

- California Alliance of Child & Family Services
- California Association of Alcohol and Drug Program Executives, Inc.
- California Association of Local Behavioral Health Boards and Commissions
- California Association of Marriage and Family Therapists (CAMFT)
- California Consortium of Addiction Programs and Professionals (CCAPP)
- California Council of Community Behavioral Health Agencies
- CA Insurance Commissioner Ricardo Lara
- California Narcotic Officers Association
- California Pan-Ethnic Health Network
- California Psychiatric Association
- California State Association of Counties (CSAC)
- California State PTA
- California Society of Addiction Medicine
- Children Now
- City of San Jose
- Crestwood Behavioral Health Inc.
- Congress of California Seniors
- County Behavioral Health Directors Association of California (CBHDA)
- Depression and Bipolar Support Alliance California
- Disability Rights California
- Drug Policy Alliance
- Friends Committee on Legislation of CA
- GLIDE
- Health Access
- Helpline Youth Counseling Inc.
- Latino Coalition for a Healthy California
- Legal Action Center
- Los Angeles Board of Supervisors
- Los Angeles LGBT Center
- Mental Health America of California
- Mental Health and Autism Insurance Project
- Mental Health Association of San Francisco
- National Association of Social Workers, CA

- National Alliance on Mental Illness California (NAMI-CA)
- National Health Law Program
- National Center for Youth Law
- National Union of Healthcare Workers
- Orange County Recovery Collaboration
- Planned Parenthood Affiliates of California

- Service Employees International Union (SEIU) California
- Western Center on Law and Poverty

FOR MORE INFORMATION

Angela Hill, *Legislative Aide*

Email: Angela.Hill@sen.ca.gov

Phone: (916) 651-4011

SB 855 (Wiener) FAQ *As amended May 19, 2020*

What is “mental health parity?” Parity means “equal to.” Mental health parity means related services are delivered at the same cost, frequency, and availability as medical and surgical services. For example, one form of cost parity is imposing the same co-pay for an office visit with a mental health clinician as for one with a primary care physician.

What is the California Mental Health Parity Act? The 1999 act requires health insurers to provide medically-necessary treatment for nine severe mental illnesses: schizophrenia, schizoaffective disorder, major depression, panic disorder, obsessive compulsive disorder, anorexia, bulimia, pervasive developmental disorder/autism, and bipolar disorder. It does not include substance use disorders or any other mental illnesses. (See Health & Safety Code § 1374.72 and Insurance Code § 10144.5)

What is “medically-necessary” treatment? Treatment that prevents, diagnoses, or treats a disorder or its symptoms in a way that meets the needs of the patient and is consistent with scientific evidence and professional standards. For example, medication-assisted treatment for opioid use disorder is considered the gold standard of care. Similarly, there are evidence-based standards of care to prevent long-term disability for young people experiencing a first episode of psychosis. Clinical specialty societies like the American Society of Addiction Medicine develop recommendations reflecting scientific evidence and clinical experience.

Who determines whether treatment meets this standard and how? Under California law, insurers rely on their own criteria. In some cases, they use proprietary “black box” systems not available to regulators or patients for review.

How does SB 855 change California’s parity law? First, it applies the act to the full range of mental illnesses and substance use disorders identified in the most recent version of the American Psychiatric Association’s Diagnostic and Statistical Manual (DSM). This provision would ensure a person suffering from moderate depression or opioid addiction that significantly interferes with her daily life could obtain appropriate care without

incurring crippling debt or worse.

Second, SB 855 establishes a uniform definition of “medically-necessary treatment” developed by the American Medical Association. Currently, insurers have wide latitude in determining medical necessity and often use criteria that are inconsistent with the accepted standards of care for behavioral health. SB 855 instead creates a level playing field for all insurers, purchasers, and consumers.

For specific questions involving which *level* of care is appropriate, e.g. inpatient or outpatient, the bill directs insurers to rely on specified criteria developed and updated regularly by professional associations.

Why are medical necessity criteria central to consumers’ ability to access appropriate treatment? Because they are the primary tool through which insurers deny coverage and ration care, as found in court decisions across the country. For example, in the 2019 *Wit* decision, the Northern California federal court found that United Behavioral Health used flawed medical necessity criteria to deny mental health and substance use coverage over a 7-year period to more than 50,000 enrollees¹.

Among other reprehensible practices, United Behavioral Health rationed treatment by addressing acute episodes but not the underlying chronic condition. For example, a woman who had struggled for years with a serious eating disorder sought treatment. Her plan told her she did not meet their criteria for inpatient care, because she weighed 100 pounds, 10 pounds higher than what they considered dangerous. This, despite the fact she was eating only 100 calories a day. She was forced to switch plans and still underwent an arduous process to secure the treatment she needed.

Will SB 855 save consumers money? Yes. Parity laws provide powerful and effective financial protections for the 1 in 5 Americans touched by brain illnesses². Under SB 855, a family seeking medical treatment for a 19-year old son experiencing a first episode of schizophrenia can lean on its health insurance to cover the appropriate treatment – just as they could if he were diagnosed with stage 2 lung cancer instead.

Will SB 855 increase premiums noticeably? No. According to the California Health Benefits Review Program (CHBRP) analysis, SB 855 will increase premiums by a miniscule .002% (two thousandths of one percent). This does a great deal for achieving real parity for mental health and substance use treatment.

Will SB 855 increase health plans’ costs? No. Research has demonstrated that increasing parity has not resulted in higher costs.³ A New England Journal of Medicine study concluded, “When coupled with management of care, implementation of parity in insurance benefits for behavioral

1 *Wit v. United Behavioral Health*, No. 14-CV-02346-JCS, 2019 WL 1033730 (N.D. Cal. Mar. 5, 2019).

2 National Institute of Mental Health, [Mental Illness Statistics](#)

3 See Colleen Barry, Richard Frank, and Thomas McGuire, *The Costs of Mental Health Parity: Still An Impediment?* Health Affairs 25, no. 3 (2006) and Howard Goldman, et al, *Behavioral Health Insurance Parity for Federal Employees*, New England Journal of Medicine, 2006;354:1378-86

health care can improve insurance protection without increasing total costs.” As further evidence, no health care plan has *ever* applied for the exemption allowed under the federal parity law if their costs increased more than 2%.

How will SB 855 affect the state budget? Minimally, if at all. Enforcement and regulatory costs will be covered by the Managed Care Fund, which is funded by fees on plans. In the first year, they'll run \$473,000; with 55 plans in the state, that's \$8,600 per plan.

There will be virtually no increase in the state's health care costs, according to the California Health Benefits Review Program analysis. If anything, SB 855 may reduce state costs. Private insurers occasionally encourage eligible patients to switch to Medi-Cal, because it provides superior coverage and treatment for mental illness and substance abuse disorders. When people get the mental health and addiction care they need, they are less likely to become disabled, unemployed, homeless, or go onto Medi-Cal.

Doesn't the Federal Parity Act already require health plans to cover mental health and addiction benefits or offer medically necessary treatment? No, it doesn't. Instead, federal law says that *if* a plan covers mental health and addiction benefits, it must do so at parity with medical/surgical benefits. This law does *not* require plans to cover mental health or addiction benefits.

Doesn't the Affordable Care Act guarantee that needed mental health and addiction care is covered? No. The Affordable Care Act requires individual and small group plans to offer mental health and addiction coverage. However, plans can, and do, use practices such as medical necessity determinations to deny services. SB 855 closes this major loophole that perpetuates consumers' lack of access to vital health care treatment.

Why cover so many illnesses? Insurers don't discriminate against different types of physical conditions like cancer or lung disease. Likewise, they shouldn't discriminate against other mental health conditions or substance use disorders. Currently, conditions like opioid addiction, post-traumatic stress disorder, and anxiety disorders are not included in the California Mental Health Parity Act. Additionally, neurological symptoms that have been reported with COVID-19 patients would also fall under a DSM diagnosis and thus be covered by SB 855's expansion.

Will the out-of-network provisions encourage balance billing? No. Senate Health Committee amendments clarify that patient costs will be limited to in-network cost sharing.

Will the out-of-network provisions encourage providers to remain out-of-network? No. It will encourage insurers to fix inadequate networks by paying providers more. Employment 101: If you can't attract the workforce you need, you should increase pay.

Will the out-of-network provisions allow fraudulent or low quality providers to evade accountability? No. SB 855 will *improve* the quality of care and coverage by requiring health plans to make coverage determinations in a manner consistent with generally accepted standards of care. If a provider's services are inconsistent with these standards of care, the insurer can deny payment.



For Immediate Release

September 3, 2020

Contacts: Mike Roth, CBHDA, 916.444.7170

Barbara Liebert, Steinberg Institute, 831.620.2449

**Mental Health Leaders Tell Governor Newsom:
Save Lives by Signing SB 803 (Beall)**

***Peer Support Specialist Workforce Crucial to
Help California Prepare for Next – Behavioral Health - Pandemic***

Sacramento, CA – On Thursday, Senator Jim Beall, Assemblymembers Joaquin Arambula and Marie Waldron, Sacramento Mayor Darrell Steinberg, and civil rights trailblazer Dolores Huerta joined behavioral health leaders from across California to call on Governor Gavin Newsom to sign SB 803 (Beall). Their video news conference came a day after [40 organizations released a letter](#) calling for the Governor's signature on the bill to expand proven Peer Support Services in Medi-Cal, saying the legislation is "critical" as California faces a behavioral health pandemic driven by COVID-19.

"We have a huge mental health crisis in this state — made infinitely worse by the COVID-19 pandemic — and an enormously understaffed mental health workforce," said Sacramento Mayor Darrell Steinberg, founder of the Steinberg Institute. "Creating a certification program for peer support specialists can help us address that, and it can do something else just as important -- save money."

Senator Jim Beall (D-San Jose) added, "SB 803 helps the Governor achieve one of his campaign promises during a tough economic downturn and has the added benefit of securing millions in additional federal funding for counties."

California is already seeing the signs of the next – behavioral health – pandemic. [Last week, The Los Angeles Times reported on the](#) "toll the pandemic has taken on mental health in the Golden State." A July Centers for Disease Control survey found "more than 44% of California adults reported levels of anxiety and gloom typically associated with diagnoses of generalized anxiety disorder or major depressive disorder — a stunning figure that rose through the summer months alongside the menacing spread of the coronavirus."

SB 803 would enable California to expand and diversify the behavioral health workforce by certifying and training Peer Support Specialists – professionals who use their personal experience with recovery from mental illness or substance use disorders with specialized training to help others on their journey toward recovery.

"Peers have gone through crisis, learned resiliency tools to gain their own mental well-being, and are uniquely positioned to assist others in navigating crisis, which because of COVID 19, so many of us are. Peers are essential helpers at this time of national crisis," emphasized Sally Zinman, Executive Director, California Association of Mental Health Peer Run Organizations.

“Governor Newsom, our communities are responding to the emotional fallout of COVID-19 and racial disparities. Now is the time to sign SB 803 to scale up the certified peer professionals in California to save lives,” added Keris Jän Myrick, MBA, MS, Chief of Peer and Allied Health Professions, Los Angeles County Department of Mental Health. “Peer Support Specialists who have been through their own crisis, trauma and recovery will receive standardized training through SB 803 to support our communities through the impending mental health tsunami.”

Importantly, SB 803 comes at very little state cost – it allows counties to invest in life-saving peer support services for Californians in Medi-Cal and access federal funds to help pay for them.

“With COVID-19 threatening our lives and economy, California would never turn away an effective medicine for the virus. Neither should we forgo a treatment proven to change and even save lives as we face the next - behavioral health – pandemic,” warned Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association of California. “Governor Newsom, please sign SB 803 to fully engage Peer Support Specialists for behavioral health in California.”

Peer Support Services are proven and cost-effective. Research shows that peer support services reduce costly psychiatric hospitalizations and homelessness for individuals living with mental illness and substance use disorders, as well as increase clients’ participation in treatment, and improve clients’ experience with behavioral health services. Forty-eight states already recognize the value of peer support services and have a certification process in place or in development for mental health peer support specialists in Medicaid.

SB 803 received near unanimous, bi-partisan support in both the state Assembly and Senate where it passed August 31 with votes of 76-0 and 36-1. The bill is sponsored by the California Association of Mental Health Peer Run Organizations, County Behavioral Health Directors Association of California, County of Los Angeles, and the Steinberg Institute.

"There is a wealth of evidence from clinical trials in many states that using peers can reduce hospitalization, reduce the need for expensive day treatment programs and even cut the use of seclusion and restraint," Steinberg concluded. "That's why OptumHealth Behavioral Solutions, a division of UnitedHealth, the country's largest health insurer, has integrated peer support services into their mental health teams. And why Kaiser Permanente makes use of peer support to assist patients with mood disorders. California needs to get in the game and start certifying peer specialists like 48 other states already do. For a very modest outlay, we will very quickly bring savings — and critically needed services — to the people of California."

#



Directing Change

Program and Film Contest

Introducing
the

Hope & Justice

Category

Directing Change is an evaluated program that engages youth to learn about mental health, suicide prevention and other critical health and social justice topics through film and art.

www.DirectingChangeCA.org

Submissions accepted and awarded monthly

- Open to youth ages 12-25
- Participants are eligible to submit one entry per month
- Submissions due on the last day of every month September 2020 through March 2021
- First place (\$300 Amazon Gift Card)
- Second Place (\$150 Amazon Gift Card)
- Third Place (\$100 Amazon Gift Card)
- Honorable Mentions (\$25 Amazon Gift Card)

View the full contest rules at www.DirectingChangeCA.org

Step 1: SELECT A SUBMISSION FORMAT

Express yourself! Any art form suitable for sharing via social media is acceptable: original music, dance, spoken word, art, poetry, a speech, ANYTHING! This is your chance to tell your story and be creative.

- Blog, poem, spoken word, or other narrative (500 words or less)
- Short video, animation or Tik Tok (15-seconds or less)
- Video PSA (60-seconds)
- Radio PSA (30-seconds)
- Original music (3 minutes or less)
- Visual Art (E.g. painting, digital art, sketching, comic, or any other art form.)

Step 2: CHOOSE A CONTENT AREA. Options include Hope, Justice or Monthly Prompt

HOPE

Create a film, song, narrative, or piece of art that shares your story and encourages others to find their own way to get through tough times.

- What helps you get through tough times? Are you practicing self-care through reading, dancing, listening to music, writing, watching your favorite films? And what if that isn't enough?
- What do you see or experience in your life or community right now that gives you hope during this challenging time?

JUSTICE

Our perspectives are shaped by our own backgrounds, identities, families, friends, life experiences and more.

- Create a project that shares a perspective or your personal experience with discrimination or injustice because of who you are, in a way that gives others a glimpse of what it is like to walk in your shoes and live in your skin.
- Create a project that combats bias by increasing knowledge and encouraging actions young people can take to take a stand against injustice.

OR CHOOSE FROM MONTHLY SUBMISSION PROMPTS:

WHAT THIS ELECTION
MEANS TO ME

HOPE IS...

CREATIVE WAYS TO
MEASURE 6 FEET
PHYSICAL DISTANCING

MY REASON FOR
WEARING A FACE COVERING....

WHAT MAKES YOU
FEEL BETTER WHEN YOU
ARE FEELING DOWN?

Visit DirectingChangeCA.org for the calendar of monthly prompts!

If at any time you are experiencing an emotional crisis, are thinking about suicide or are concerned about someone call the **National Suicide Prevention Lifeline Immediately: 1-800-273-TALK (8255)**. This is a free 24-hour hotline

Other Ways to Get Involved

In addition to the Hope & Justice category, the Directing Change Program is a free and evaluated youth suicide prevention and mental health program with 30 and 60-second film submissions accepted annually with a March 1 deadline. Submission categories include Suicide Prevention, Mental Health Matters, Through the Lens of Culture, Animated Short and SanaMente. Lesson plans and educational resources provided!



Funded by counties through the voter-approved Mental Health Services Act (Prop. 63).

WWW.DirectingChangeCA.org

Your Social Marketer, Inc.

| Behavioral Health Services - Community Leaders | | | | | | | |
|--|------------|-------|-----------------------------|--------|-------|---------|-------|
| Last Name | First Name | Title | Organization or Affiliation | E-Mail | Phone | Address | NOTES |
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County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
September 14, 2020

Submitted by Rosa Ana Lozada

| Cultural Competency Resource Team (CCRT) | | | |
|--|-----------------------|--------------------|------------------|
| Purpose | | | |
| <p>Advises the BHS Executive team of the Adult/Older Adult (AOA) and Children, Youth and Families (CYF) Systems of Care on issues of cultural competence. The CCRT is currently meeting virtually on the first Friday of the month from 10:00 to 11:30 A.M. The monthly agenda standing items include: CCRT Chair's Report, Mental Health Services Act (MHSA) update, Quality Improvement Updates, and Committee Updates: Education and Training, and Children's Update (CYF).</p> | | | |
| Fiscal Year 2019-20 Active CCRT Members | | | |
| Public | Private | Family | Education |
| Piedad Garcia (Chair/Ethnic Services Coordinator) | Shadi Haddad | Mercedes Webber | Juan Camarena |
| Charity White-Voth | Sahra Abdi | Celeste Hunter | |
| Liz Miles | Mohamed Abdi | Ingrid Alvarez-Ron | |
| Nilanie Ramos | Michelle Ly | Luz Pino | |
| Elizabeth Daut | Mercedes Webber | | |
| Ann Vilmenay | Kat Katsani-Semel | | |
| Nancy Rodriguez | Rebecca Paida | | |
| Kimberly Pettiford | Winona Garcia | | |
| Jennifer Rusit | Shadi Haddad | | |
| Andrea Duron | Rosa Ana Lozada | | |
| Fran Cooper | Jessica Young | | |
| Luisa Dones | Minola Clark Manson | | |
| Karen Harris | Yen Du | | |
| Ezra Ramirez | Awichu Akwanya | | |
| Edith Mohler | Gebaynesh Gashaw-Gant | | |
| Nicole LeFol | Ingrid Alvarez-Ron | | |
| | Rick Heller | | |
| | Shiva James | | |
| | Elisa Barnett | | |
| Fiscal Year 2019-20 Accomplishments | | | |
| <ul style="list-style-type: none"> • Best Practices <ul style="list-style-type: none"> ✓ Added "Action Items" to the CCRT meeting agenda ✓ Provided recommendations to enhance the MHSA Community Engagement report ✓ Provided recommendations to the Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation. Specific attention was given to Student Psychiatric Emergency Response Team (PERT) – Youth and Youth Adult Crisis response program ✓ Reviewed Adult and Older Adult Justice Involved data provided by the BHS Quality Improvement unit and provided recommendations on additional data to be obtained/analyzed ✓ Reviewed Penetration Rates of Medi-Cal Mental Health Beneficiaries served in San Diego County data and provided feedback to the BHS Quality Improvement unit to expand the data analysis ✓ New CCRT member/attendee packet was completed (unveiling delayed due to COVID-19) | | | |

- ✓ Kept CCRT members and participants up to date on BHS activities, including but not limited to updates on services for Asylee/immigrant, homeless populations, COVID-19 developments, etc.
- ✓ Shared resources and information about relevant trainings
- Program
 - ✓ Submitted culturally responsive recommendations for the MHSA Fiscal Year 2019-20 Annual update
 - ✓ Participated in the annual External Quality Review Focus groups
 - ✓ The CCRT Education and Training Sub-Committee assisted the BHS Quality Improvement unit with the review of the BHS legal entities cultural competence plans
 - ✓ Education and Training Committee members made a presentation to BHS Contracting Officers Representatives (CORs) to update/inform on the contract Cultural Competence requirement and roles of the CORs
- Policy
 - ✓ Cultural Competence Handbook was reviewed:

https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%204/CulturalCompetenceHandbook_Final_10.2.19.pdf
 - ✓ Provided input for the Cultural Competence Plan and Three-Year Strategic Plan 2020 (submitted to the State by the BHS Performance Improvement Unit late June 2020)

Areas of Focus for Fiscal Year 2020-21

Proposed areas of focus:

- COVID-19 Discussions that include but not limited to:
 - ✓ Actions to address disparities
 - ✓ Telehealth services and Client engagement
 - ✓ How can the CCRT contribute to COVID-19 Tracing, Tracking and Treating?
 - ✓ Identify training needs
- Addressing Equity and Racial Disparities including but not limited to:
 - ✓ Consideration across the lifespan (inclusive of justice involved youth)
 - ✓ Training needs for services providers
- Discuss primary care and behavioral health integration (invite experts/speakers)
- Continue working on Fiscal Year 2019-20 goals as appropriate

Information Sources:

- 1) https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%204/cult_comp_plan_2020.pdf
- 2) CCRT Meeting minutes located at:

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

Cultural Competence Resource Team

Harmonium



County of San Diego Behavioral Health Cultural Competence Resource Team

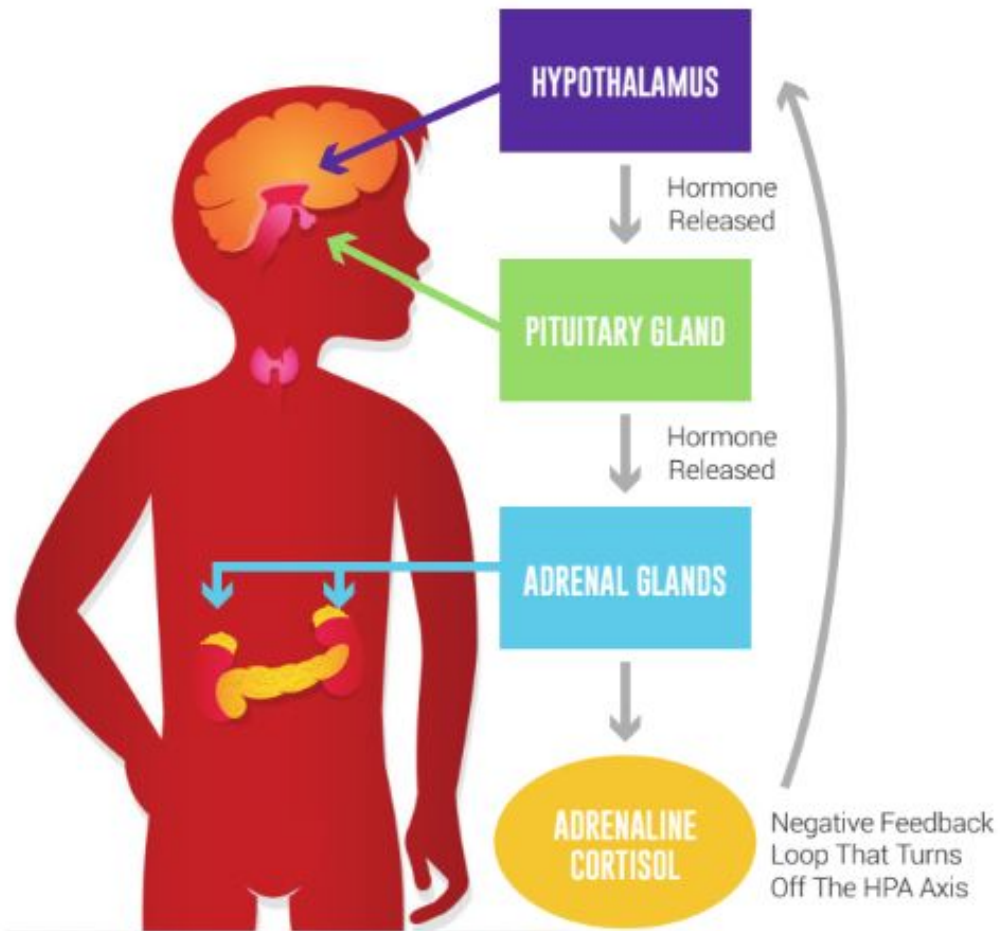
Purpose:

Advises the BHS Executive team of the Adult/Older Adult (AOA) and Children, Youth, and Families (CYF) Systems of Care on issues of cultural competence.

Building Protective Factors

- ❖ Addressing Social Determinants
- ❖ Building Strengths, Resilience, Hope





Nervous System
cognitive impairment, attention deficits, learning disabilities, hyperactivity, self-regulation, memory and attention, anxiety, depression, oppositional defiant disorder



Cardiovascular System
high blood pressure, heart disease, stroke

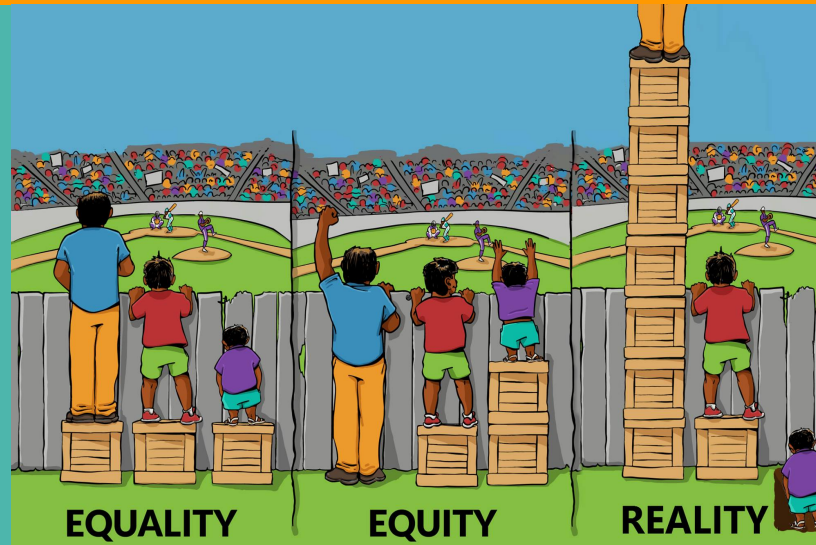


Immune System
autoimmune disease, asthma, eczema, recurrent infections



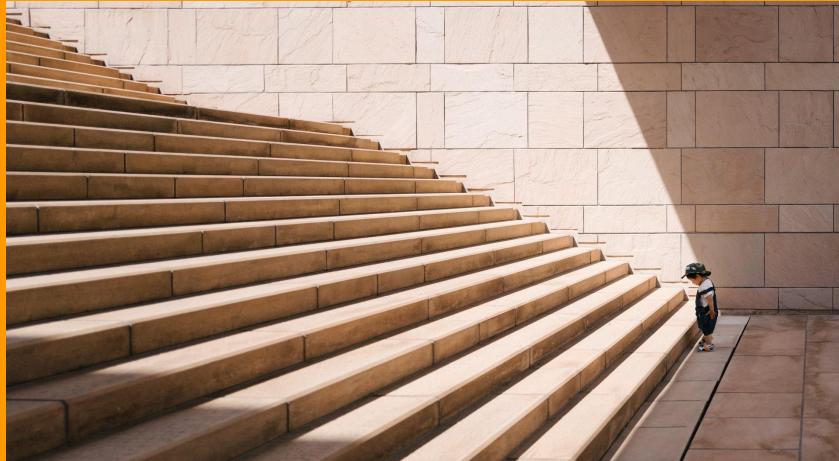
Endocrine System
obesity, precocious puberty

Social Justice and Equity



County of San Diego Behavioral Health Cultural Competence Resource Team

Taking the steps...



A Mosaic of Approaches

Plans:

- 2020 Cultural Competence Plan and Three Year Strategies
- Disparities Report
- Data Collection
- CCRT Annual Goals

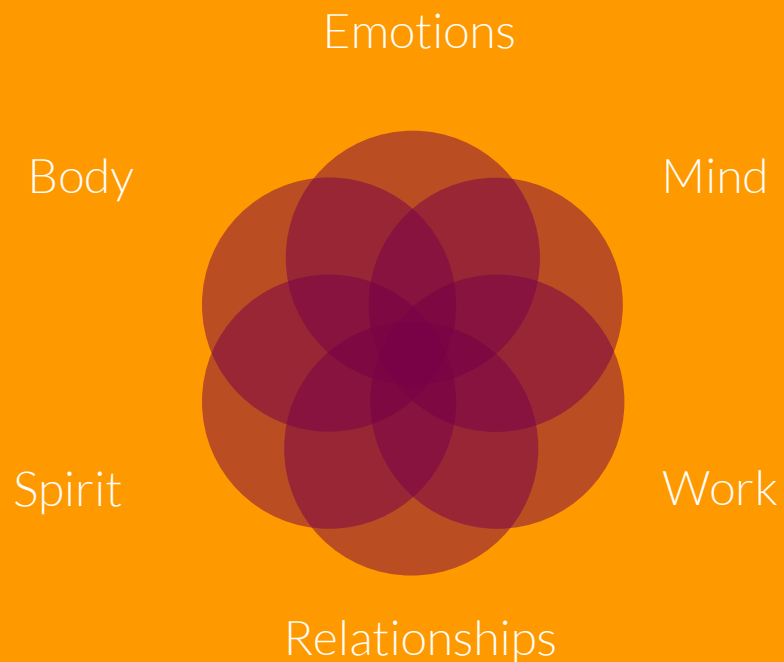
Strategies:

- MHSA Funded Programs
- PIP
- Trainings
- Behavioral Health Cultural Competence Plan
 - Culturally and Linguistically Appropriate (CLAS) Standards

County of San Diego Children's Behavioral Health Council-CCRT Subcommittee:

https://docs.google.com/document/d/1rRHu3pH_bWZcloOkXDICS6NfIVifmcG8A9CfrSD_7xc/edit?usp=sharing

Reflection and Self Care



You Make a Difference

Finding Individual and Collective **HOPE**



County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
September 14, 2020

Submitted by Julie McPherson/Marisa Varond

| CYF Change Agents Developing Recovery Excellence (CADRE) | | | |
|---|---|---------------|------------------|
| Sub-committee Purpose | | | |
| <p>The purpose of the CADRE CYF subcommittee is to strengthen the Comprehensive, Continuous, Integrated System of Care (CCISC) initiative in its vision to deliver wide-ranging services for children, adolescents, and families. We serve as a forum for service providers to enhance treatment for children and adolescents experiencing or impacted by co-occurring disorders in order to promote health and resiliency within our youth. The subcommittee aims to:</p> <ul style="list-style-type: none"> • Develop integrated co-occurring training and technical assistance in accordance with the CCISC and Co-occurring Center for Excellence standards • Support the implementation of evidence-based practices to support effective interventions for youth impacted by co-occurring disorders • Provide a vital link between systems, consumers, and families • Increase access to needed behavioral health services • Promote collaboration and develop meaningful relationships between providers to ensure that youth and their families receive the right services at the right time in the right setting. | | | |
| Fiscal Year 2019-20 Active Sub-Committee Members | | | |
| Public | Private | Family | Education |
| Shannon Jackson | Mental Health and SUD BHS-contracted providers | | |
| | | | |
| | | | |
| | | | |
| Fiscal Year 2019-20 Accomplishments | | | |
| <ul style="list-style-type: none"> • Promoted training and education to help increase access to needed medications for youth with co-occurring conditions. Included a presentation from the Center for Child and Youth Psychiatry (CCYP) about how their services can leverage telepsychiatry to address cultural, linguistic, and geographic barriers; fill gaps and enhance the capacity of SUD programs that are not able to prescribe; and support continuity of care between various systems and levels of care. • Provided an in-service presentation on cannabis to educate providers on new trends, interactions between cannabis use and mental health conditions, evidence-based interventions and curricula, and best practices for engaging families in treatment. • Worked with County BHS to explore potential barriers and, ultimately, to support broader and more integrated implementation of drug testing in youth mental health programs. • Evaluated the existing screening tool for substance use (PESQ) and discussed how to best capture, engage, and respond to youth who are at-risk for a substance use disorder. • Hosted Public Health presentation on youth vaping, including prevalence data, product and device trends, evidence-based interventions, and cessation resources. • Supported providers in responding to the COVID-19 public health emergency by sharing program modifications, barriers, and resources. • Modified the Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) evaluation process in response to COVID-19. • Facilitated joint representation of SUD and MH programs on CYFBHSOCC COVID-19 panel. | | | |

Areas of Focus for Fiscal Year 2020-21

- Identify strategies and continue to support programs in responding to COVID-19 and its “shadow pandemic” with a particular emphasis on access to co-occurring services, youth and family engagement, and trauma-informed, culturally responsive expansion of telehealth.
- Promote the advancement of trauma-informed care at the intersection of behavioral health and law enforcement (Includes July 9th presentation from PERT’s Community/Law Enforcement Liaison, Wes Alpers).
- Utilize the framework of the Comprehensive Continuous Integrated System of Care (CCISC) principles to better address the complex and profound impact that race plays in clients’ behavioral health.
- Continue to strengthen knowledge of and relationships between CYF SUD and Mental Health programs for ease of referrals, warm handoffs and admissions for youth.
- Invite TAY and AOA SUD and Mental Health programs to the CYF CADRE Sub-Committee to increase awareness of programs, services, and referral processes to support youth transitioning into the TAY/AOA system of care.

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
September 14, 2020

Submitted by Emily Trask

| Outcomes Sub-Committee | | | |
|---|-------------------------|---------------|------------------|
| Sub-Committee Purpose | | | |
| Outcomes Sub-Committee reviews service delivery systems and aims to improve County of San Diego System of Care services by measuring and evaluating outcomes and use results to provide recommendations to the CYFBHSOC Council. The Outcomes Subcommittee meets on the first Tuesday of every other month. | | | |
| Fiscal Year 2019-20 Active Sub-Committee Members | | | |
| Public | Private | Family | Education |
| Yael Koenig | Emily Trask (co-chair) | Renee Cookson | |
| Amanda Lance-Sexton | Amy Chadwick | Evan Hodges | |
| Eileen Quinn-O'Malley (Co-chair) | Brent Crandal | | |
| Elizabeth Miles | Antonia Nunez | | |
| Ezra Ramirez | Shellane Villarin | | |
| Babbi Winegarden | Renee Cookson | | |
| | Tara Gehler | | |
| | Evan Hodges | | |
| | Michele Ly | | |
| | Golbanou (Golby) Rahimi | | |
| | Sara Welsh | | |
| Fiscal Year 2019-20 Accomplishments | | | |
| <ul style="list-style-type: none"> Created a LWSD Areas of Influence report, which leverages CANS items to assess system improvement for child/youth's functioning Created and rolled out a PSC Clinician report - Each program can run a PSC report for one or all clinicians at that program. This came out of a request by members of the Outcomes Committee. Added CANS item definitions to the Assessment Summary Report, so each time a CANS is entered this report can be given to parents to facilitate understanding of the CANS items. Outcomes Committee provided feedback for State first online collection of the YSS. Reviewed new outcome objectives for the PSC and CANS with the committee. Initiated creation of CANS and ACES Crosswalk. Provided two in-person CANS certification trainings for MH Organizational and FFS providers. Restructured CANS Super User group to include representation from most MH programs including program managers, quality assurance staff and clinicians with a focus on clinically integrating CANS. | | | |
| Areas of Focus for Fiscal Year 2020-21 | | | |
| <ul style="list-style-type: none"> Review the PSC data during the quarantine & examine any disparities among different racial/ethnic groups. Complete a comprehensive CANS and ACES Crosswalk. YSS online survey - compare completion rates and answers to paper surveys from the past. Review clinician survey feedback for the online YSS to improve administration in the fall (e.g., look into text to voice option to read to families, tracking completion). Provide trainings/presenters to further support efforts for integrating CANS into clinical practice. | | | |

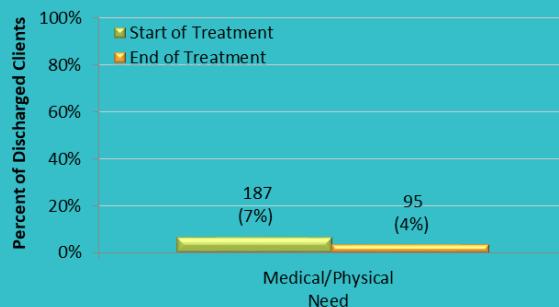
COUNTY OF SAN DIEGO CHILDREN, YOUTH & FAMILIES BEHAVIORAL HEALTH SERVICES

LIVE WELL SAN DIEGO AREAS OF INFLUENCE: Q1-2 FY 2019-20

Progress on the LWSD Areas of Influence was measured for youth who discharged from services between July and December 2019. The Child and Adolescent Needs and Strengths (CANS) assessment was chosen to represent San Diego's Areas of Influence because it broadly measures a child's functioning.

HEALTH (N=2,676)

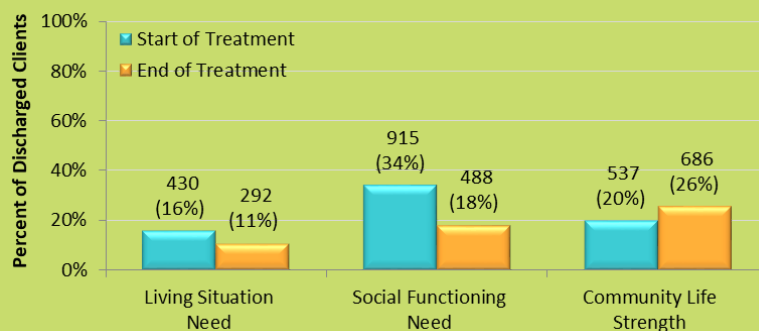
Physical activity
Connection to Health Home
Healthy Food
Immunizations



[CANS items](#)
Medical/Physical Need



[CANS items](#)
Living Situation Need
Social Functioning Need
Community Life Strength

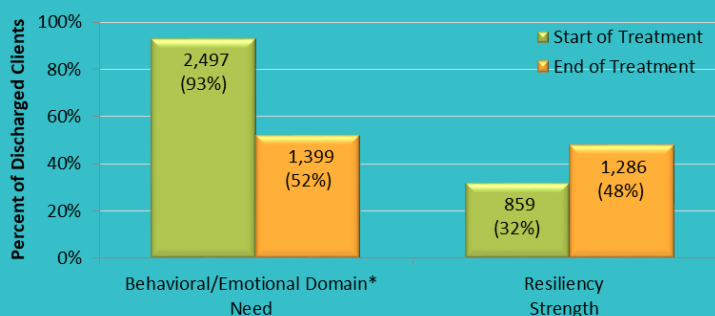


COMMUNITY (N=2,676)

Safe neighborhoods
Access to Parks
Recreation Centers
Access to Extracurricular Activities

STANDARD OF LIVING (N=2,676)

Access to Healthcare
Access to Behavioral Health Services

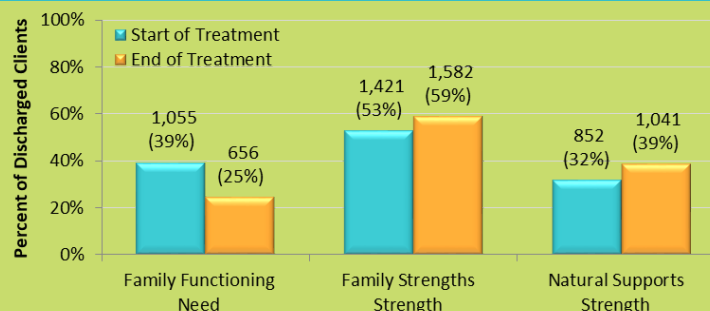


[CANS items](#)
Behavioral/Emotional Need
Resiliency Strength

*This Domain is comprised of 9 individual behavioral and emotional needs



[CANS items](#)
Family Functioning Need
Family Strength
Natural Supports Strength

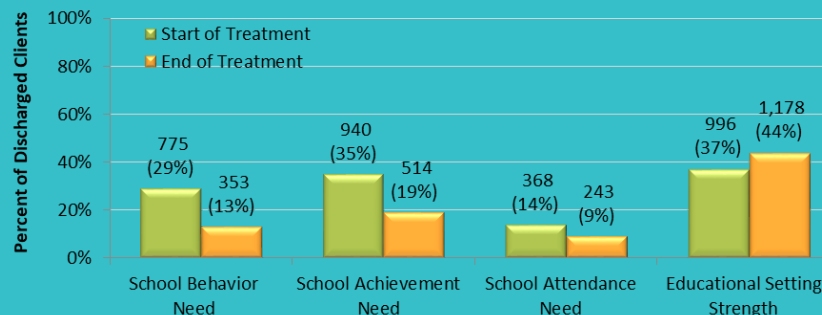


SOCIAL (N=2,676)

Supportive Families
Nurturing Communities
Connection to Natural Supports

KNOWLEDGE (N=2,676)

Education
School Success
Good School Attendance
No Suspensions
No Expulsions



[CANS items](#)
School Behavior Need
School Achievement Need
School Attendance Need
Educational Setting Strength

NOTE: All changes from intake to discharge were statistically significant. However, due to large sample sizes, they were not necessarily meaningful.

Clinician: Trask, Emily - 9001
SYSTEM OF CARE EVALUATION
Active Clients - Parent PSC Summary
 (Administered to caregivers of youth ages 3 - 18 only)^b

| Client ID | Name | A ^a | Age ^b | CCBH Intake Date | Above CO at Initial ^c | Initial PSC Total Score | RA1 ^d PSC Score | RA2 ^d PSC Score | RA3 ^d PSC Score | RA4 ^d PSC Score |
|-----------|--------------------|----------------|------------------|------------------------|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| 900000014 | Ganger, Bill | 1 | 16 | 9/26/2019 | Y | 42 | | | | |
| 900000015 | Chadwick, Amy | 1 | 17 | 9/4/2019 | Y | 39 | 43 | 38 | 36 | |
| 900000016 | Nunez, Antonia | 1 | 15 | 8/8/2019 | N | 15 | 18 | 9 | | |
| 900000017 | Quinn, Eileen | 1 | 16 | 1/8/2020 | Y | 39 | 45 | 40 | 33 | 26 |
| 900000018 | Villarin, Shellane | 1 | 9 | 5/15/2020 | Y | 26 | | | | |
| 900000019 | Miles, Elizabeth | 1 | 15 | 11/1/2019 | Y | 47 | 42 | | | |
| 900000020 | Koenig, Yael | 1 | 8 | 8/15/2019 | N | 11 | | | | |
| 900000021 | Ramirez, Ezra | 1 | 11 | 8/1/2019 | N | 14 | | | | |
| 900000022 | Lagare, Tiffany | 1 | 14 | 2/21/2020 | Y | 32 | 30 | | | |
| 900000023 | Choi, Kyle | 1 | 15 | 9/24/2019 | Y | 29 | 36 | 33 | | |

| | Mean | Sum | Mean | Mean | Mean | Mean | Mean |
|-------------------------------------|------|------|------|------|------|------|------|
| Eligible active clients = 10 | 13.6 | 7/10 | 29.4 | 35.7 | 30 | 34.5 | 26 |

a. A = Assignment Number (Episode).

b. Age = Client's Age at Initial PSC Assessment.

c. Above CO - Client's age at initial assessment was used to determine whether they were at or above the clinical cutoff with a total score of 28 or higher (clients ages 6-18) or 24 or higher (clients ages 3-5), attention subscale score of 7 or higher, internalizing subscale score of 5 or higher, or externalizing subscale score of 7 or higher.

d. RA = Reassessment (RA1 = Reassessment 1, RA2 = Reassessment 2, RA3 = Reassessment 3 and RA4 = Reassessment 4).

For Internal Use Only

Active Clients - Parent PSC Summary

Report Generated from mHOMS 7/1/2020 8:55:24 AM

Page 1 of 1

Assessment Summary

Initial

Client ID: 123456789

Name: Quinn-OMalley, Eileen

DOB: 1/18/2012

Assignment Number: 1

CCBH Intake Date: 6/5/2020

CCBH Discharge Date:

Unit: 1234

Subunit: 1234

Assigned Clinician: Emily Trask

CANS Date 6/5/2020

Reason Not Completed Completed

Administered by Emily Trask

Strengths to leverage to achieve goals

| | |
|--|------------------------------------|
| Strengths (item rated '0' or '1') | - Family Strengths - Resiliency |
|--|------------------------------------|

Core Modules

| | High Need: Act Immediately and/or Intensively (item rated a '3') | Help is Needed: Address in Services (item rated a '2') |
|--|---|---|
| Child Behavioral/ Emotional Needs | | - Depression - Anxiety - Adjustment to Trauma |
| Caregiver Resources and Needs | | |
| Life Functioning | | - Family Functioning - Living Situation - Sleep |
| Cultural Factors | | |
| Risk Behaviors | | |

**# OF 'HIGH NEEDS'
ITEMS = 0**

**# OF 'HELP IS NEEDED'
ITEMS = 6**

Follow-up Assessment Modules

| | |
|---|---|
| Trauma Module Clinician endorsed 'Yes' | - Neglect - Emotional Abuse - Witness to Family Violence - Disruptions in Caregiving/Attachment Losses |
|---|---|

| | High Need: Act Immediately and/or Intensively (item rated a '3') | Help is Needed: Address in Services (item rated a '2') |
|-------------------------|---|---|
| Sexual Abuse | | |
| Traumatic Stress | | - Emotional/Physical Dysregulation |
| Substance Use | | |
| Sexuality | | |
| Juvenile Justice | | |

For Internal Use Only

| | | | |
|---|-------------------|-----------------------------|---------------------------------|
| Parent PSC Respondent | Biological Parent | Respondent DOB | MAY 16 |
| Parent PSC Date | 6/5/2020 | Reason Not Completed | Completed |
| Administered by | Emily Trask | | |
| PSC for Ages 6 and up | | | |
| | Score | Missing* | Clinical Cutoff Score |
| Attention Problems Subscale (0-10)^a | 3 | 0 | Not At-Risk (Under 7) |
| Internalizing Problems Subscale(0-10)^b | 5 | 0 | At-Risk (5 or higher) |
| Externalizing Problems Subscale (0-14)^c | 3 | 0 | Not At-Risk (Under 7) |
| Total Scale Score (0-70)^d | 18 | 0 | Not Impaired (Under 28) |
| Youth PSC Date | 6/5/2020 | Reason Not Completed | Youth age (under 11 or over 18) |
| Administered by | Emily Trask | | |

- a. AT RISK - Children with scores of 7 or higher on this subscale usually have significant impairments in attention.
- b. AT RISK - Children with scores of 5 or higher on this subscale usually have significant impairments with anxiety and/or depression.
- c. AT RISK - Children with scores of 7 or higher on this subscale usually have significant problems with conduct.
- d. IMPAIRED
- PSC Parent - Children ages 6-18 with scores of 28 or higher and children ages 3-5 with scores of 24 or higher usually have psychological impairment.
 - PSC Youth - Children ages 11-18 with scores of 30 or higher usually have psychological impairment.

For Internal Use Only

CANS 6-12 Item Definitions

Strengths:

FAMILY STRENGTHS: Families who have strength in this area display qualities or behaviors that give hope to the family as a whole. This could include showing love and respect for one another. There is at least one member of the family who has a strong, loving relationship with the child and is able to provide support.

RESILIENCY (PERSISTENCE AND ADAPTABILITY): Children who have strength in this area are able to adapt to new situations, manage difficult challenges successfully, and identify as well as use their own strengths.

Child Behavioral/Emotional Needs:

DEPRESSION: Children who need support in this area may have a range of symptoms including looking sad or reporting that they feel sad, preferring to be alone more often, problems falling or staying asleep, trouble getting along with others, crying more than usual, having little interest in doing fun things that were previously enjoyable, being more irritable or cranky than they have been in the past, and/or having thoughts of wanting to disappear, hide, or die.

ANXIETY: Children who need support in this area may seem nervous and fidgety. Even with support and coaching, they may avoid doing things children usually enjoy because they are too scared. Young children may have an especially hard time being away from their caregivers and may cling and cry more intensely or for longer than expected when they are away from their caregivers.

ADJUSTMENT TO TRAUMA: Children who need support in this area a) have experienced a stressful event that was perceived as having the ability to cause harm and b) show signs of difficulty coping with feelings that are triggered by the memory of that event. Some of these signs include nightmares, excessive clinginess, fear of things/people that remind them of the traumatic event, increased jumpiness, changes in their eating/sleeping/toileting habits, irritability, aggression to self and others, and difficulty calming down.

Life Functioning:

FAMILY FUNCTIONING: Children who need support in this area may struggle in developing or keeping positive relationships with family members. It may also refer to struggles with relationships within the family. It may look like the child or family member is cautious or uncertain when engaging in play with one other, the child or family member may struggle saying good-bye, or the child or family member may be hesitant to comfort or be comforted by one other. Relationships may not appear close. The child may become easily angered or hit, kick or throw things at the caregiver. In some cases, the relationship puts the child at risk of being emotionally harmed, physically injured, or sexually abused.

LIVING SITUATION: Children who need support in this area have problems in their current living situation. They may have inappropriate behavior, difficulty interacting with their caregiver, or may be at-risk for removal due to their difficult behavior.

SLEEP: Children who need support in this area have trouble with sleep for their developmental age. Examples include trouble falling asleep, waking multiple times at night, wetting the bed frequently, sleep walking, talking in their sleep, and having frequent nightmares or night terrors.

Trauma Module:

NEGLECT: Physical neglect happens when a child is not given the food, clothing, shelter, or supervision they need to grow and be safe. Medical neglect happens when a child does not get the medical care they need. Educational neglect happens when caregivers do not enroll a child in school or make sure that the child attends school and receives an

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education.

EMOTIONAL ABUSE: Emotional abuse involves saying or doing things that harm a child such as making a child feel humiliated or shamed, insulting or calling a child names, telling a child they are no good, and yelling or bullying. It can also involve not showing a child love or not giving them physical contact.

WITNESS TO FAMILY VIOLENCE: This occurs when children are exposed to violence in their home or in their family. A child may see the violence, they may hear sounds when it is happening, or they may later see things that happened because of the violence (for example, seeing broken furniture).

DISRUPTIONS IN CAREGIVING/ATTACHMENT LOSSES: This occurs when a child has had one or more major changes with their caregivers such as being separated because of separation or divorce, death of a caregiver or because a caregiver is being deported or sent to prison. Caregivers could be parents, grandparents, brothers or sisters, or other family members who help look after the child.

Traumatic Stress Submodule:

EMOTIONAL AND/OR PHYSICAL DYSREGULATION: Children who need support in this area have difficulty controlling their emotional and physical reactions. Youth may have mood swings.

ACES Questions

CANS Trauma Module Item

1. Did a parent or other adult in the household often or very often... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?

3. Emotional Abuse

2. Did a parent or other adult in the household often or very often... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?

2. Physical Abuse

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Attempt or actually have oral, anal, or vaginal intercourse with you?

1. Risk Abuse

4. Did you often or very often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?

4. Neglect

5. Did you often or very often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

4. Neglect

6. Were your parents ever separated or divorced?

**11. Disruption in Caregiving /
Attachment Losses**

7. Was your mother or stepmother: Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

**6. Witness to
Family Violence**

8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

**10. Victim/Witness to
Criminal Activity**

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

**9. Natural or
manmade disasters**

10. Did a household member go to prison?

**12. Parental Criminal
Behavior**

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
September 14, 2020

Submitted by Rose Woods

Training Academy

Academy Purpose

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

Fiscal Year 2019-20 Active Academy Members

| Public | Private | Family | Education |
|-----------------------|---|---|--|
| Becky Lanier, CWS | Minola Clark Manson, RIHS | Valerie Hebert, NAMI San Diego | Linda Ketterer, San Diego Mission Academy (Education & Family representation) |
| Edith Mohler, BHS-CYF | Pam Hansen, San Diego Center for Children | Eva Melendez, NAMI San Diego | Susie Terry, SDCOE |
| Nilanie Ramos, BHS | Celeste Hunter, UPAC | Celeste Hunter, UPAC (Private & Family representation) | |
| Jennifer Rusit, BHS | Aisha Pope, San Diego Center for Children | Linda Ketterer, San Diego Mission Academy | |
| | Golby Rahimi, MHS, Inc. | | |
| | Liz Winchell, MHS Inc. | | |
| | Rose Woods, RIHS | | |
| | | | |
| | | | |

Fiscal Year 2019-20 Accomplishments

In Fiscal Year 19/20, the CYF-SOC Training Academy delivered training on:

- *Implicit Bias*
- *Attachment in Youth, Ages 5-17*
- *Sandy Hook Promise Programs (Webinar)*
- *TF-CBT via Telehealth*
- *Suicidality in Youth (delivered August 6, 2020)*

Due to the gathering guidelines associated with COVID-19, the 2020 CYFSOC Training Academy annual conference was postponed to May 2021. The conference topic is *Youth Substance Use: Risk Resilience, Reconnection and will* feature presentations on the following topics:

- Keynote presenter, Thomas Freese, Ph.D.: *UCLA Integrated Substance Abuse Programs*
- *Understanding the Impact of In-Utero Substance Exposure and Implementing Concrete Care Strategies in Caring for Substance Exposed Infants and Toddlers*
- *Early Onset Psychosis and Cannabis Use*
- *California Youth Advocacy Network (CYAN): Advocating for a Tobacco-Free California*
- *Opioid Crisis and Juvenile Drug Smuggling in San Diego County*

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

- Scholarship opportunities were awarded to two youth partners who attended the California Mental Health Advocates for Children and Youth (CMHACY) conference, which was held virtually in late June 2020.

CYF System of Care Advancing Principles Award awarded to the MHS Community Assessment Team (CAT)

Areas of Focus for Fiscal Year 2020-21

Five CYFSOC Training Academy trainings on the following topics:

- *Understanding our Own Biases and Assumptions*
- *Supporting People of Color in Treatment*
- *Disparities and Access to Healthcare*
- *Missed Cues in Service Delivery*
- *Bridges Out of Poverty*

Annual CYFSOC Training Academy conference—*Youth Substance Use: Risk, Resilience, Reconnection*

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

CYF System of Care Advancing Principles Awards.

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

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.

Fiscal Year 2020-21 Goals

- Promote the Live Well San Diego Vision within the Pandemic, and Racial Justice context, while considering population health and social determinates of health.
- Evaluate the System of Care and advocate for needed adjustments with recognition of the economic effects of the pandemic and impacts on children, youth, and perinatal recipients.
- Contribute to the Behavioral Health Continuum of Care efforts inclusive of the Children’s Hub vision.
- Through the CYF Council, provide input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums.
- Support the Youth Engagement in Service (YES) Initiative (August 4, 2020 Board Letter-Item 21).
- Educate about other systems’ priorities and look for opportunities to align efforts to best impact positive system changes.
- Focus on system integration and moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates.
- In compliance with Assembly Bill (AB) 79 and Senate Bill (SB) 80, CYF will partner with Child Welfare Services (CWS) and Juvenile Probation to establish a local Family Urgent Response System (FURS) network that is prepared to dispatch local trauma-informed mobile support to foster youth experiencing a crisis that is identified through a State-run hotline.
- Make necessary system adjustments to align with Continuum of Care Reform (CCR), including Short Term Residential Treatment Programs (STRTP) contracts as well as Therapeutic Foster Care (TFC) services with mental health contractors. Be prepared to add new STRTP contracts as needed.
- Advance effective utilization of telehealth while contributing and promoting best practices.
- Advance the Drug Medi-Cal Organized Delivery System (DMC-ODS) – Year-Three.
 - ✓ Enhance the Organized Support Companion in an Emergency Situation (oscER) Cloud based application.
 - ✓ Deliver the Annual CYF System of Care Conference: Youth Substance Use Disorders (SUD) and Treatment rescheduled to May 2021 due to COVID-19.
- Emphasize the importance of Early Childhood Mental Health, specifically prevention, early intervention, Adverse Childhood Experiences (ACEs), and resiliency.
 - ✓ Deliver the 11th Annual Early Childhood Conference (virtual): Hope in Relationships: Bridging Science to Practice on September 10-12, 2020
- Collaborate with the education sector and other partners on addressing growing rates of depression and sadness reported by youth, which appears to be exacerbated by the isolation impacts of COVID-19 and remote learning settings.
- Deliver the 6th Critical Issues in Child and Adolescent Mental Health conference.
- Contribute to conversations pertaining to prevention and early intervention, infusing subject matter expertise to inform future programing or changes.
- Continue to promote the successful implementation of the State mandated Pediatric Symptom Checklist (PSC-35) and the Child and Adolescent Needs and Strengths (CANS). Focus on evaluating outcome threshold that were identified in year two of implementation. Emphasize utilizing data at the client, program, and system level to inform decision making.
- Review the PSC data during COVID-19 quarantine and examine disparities among the different racial/ethnic groups.
 - ✓ Continue with the collaboration with the education sector to support students, including but not limited to areas of suicide prevention.
- Deliver the Youth Mental Health Well Being Celebration in May 2021.

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

Highlights of Fiscal Year 2019-20 Accomplishments

- **Promoted Live Well San Diego Vision**
 - ✓ Unveiled the CYF Framework that promotes connection to social determinates of health and LWSD indicators at the December 9, 2019 CYF Council.
 - ✓ CYF through the CYF Liaison contract with NAMI-San Diego coordinated the 6th Annual Youth Mental Health Well-Being Celebration for Friday, May 8, 2020, due to COVID-19, the original event was reconfigured into a virtual Youth Mental Health Well-Being Gathering rescheduled to May 7, 2020 and focused on using art as coping skill to promote well-being.
- **Responded to Shifting Needs**
 - ✓ Adjusted to the COVID-19 pandemic by immediate shift from traditional behavioral health services delivery to telehealth format, and adjusted requirements such as Utilization Management.
- Maintained CYF stakeholders up to date through written communication, website updates, shifting existing meetings to video platforms and initiation of BHS **Teletown** hall sessions with BHS Director.
- The Department of Health Care Services (DHCS) Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice.: 19-026, released May 31, 2019, outlines new requirements for **prior authorization** for Day Treatment Intensive and Day Rehabilitation services as well as Therapeutic Behavioral Services (TBS) and Intensive Home-Based Services (IHBS). CYF in partnership with the Quality Improvement unit and Optum San Diego established new processes to meet the requirements with minimal impact on providers and ultimately ensuring no new hurdles to access of care were created
 - ✓ The TBS process launched as of August 1, 2019
 - ✓ The IHBS process launched as of September 1, 2019
 - ✓ The Day Treatment Intensive and Day Rehabilitation services launched in January 2020
 - ✓ The TFC process is being finalized
- Three CYF programs received the 2019 **National Association of Counties (NACo) Achievement Award**. The award recognizes programs for innovative approaches in services. The awarded programs are:
 - ✓ Accessible Depression and Anxiety Peripartum Treatment (ADAPT) – ADAPT was established in March 2019, as an innovative partnership between the County of San Diego Behavioral Health Services and Public Health Services departments to provide services to families participating in the Nurse Family Partnership and Maternal Child Health Home Visiting programs. The ADAPT model provides accessible, in-home mental health treatment and peer support services to parents/caregivers who are experiencing, or are at risk of experiencing, peripartum mood and anxiety disorders.
 - ✓ Center for Child and Youth Psychiatry (CCYP) – CCYP was established July 2018 as a centralized medication monitoring program for children and youth with complex medication needs. CCYP uses face-to-face and telepsychiatry/telehealth practices at multiple locations throughout the San Diego region to provide outpatient psychiatric evaluation and medication support services to children and youth who have been successfully discharged from their mental health provider but who may have continuing psychotropic medication needs that are too complex for their primary care physician and/or a Federally Qualified Health Center (FQHC).
 - ✓ Child and Family Team (CFT) Meeting Facilitation – The CFT program is a partnership between Child Welfare Services (CWS), BHS, and the Probation Department established in September 2018. The primary purpose of the CFT Meeting Facilitation Program is to engage children and youth up to 21 years of age, caregivers, service providers, community partners, and other identified support systems, such as family, friends, and neighbors, to create plans to

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

help families meet mental health treatment, CWS, and probation goals. The CFT program promotes system collaboration, builds culturally relevant and trauma-informed systems of support, and provides services responsive to families' strengths and underlying needs.

- Advanced the Drug Medi-Cal Organized Delivery System (**DMC-ODS**) – Year-Two
 - ✓ New Entra Casa is a six-bed perinatal residential program became a DMC-ODS provider effective July 1, 2019.
 - ✓ Initiated Medication Assisted Treatment (MAT) services in a Perinatal Outpatient treatment program. Services are scheduled to be available in early Fiscal Year 2020-21
- **SchoolLink** threshold were established effective school year 2019-20 with the goal of ensuring services are deployed timely and efficiently. The SchoolLink materials were updated for the 2019-20 school year based on provider and school input. In Fiscal Year 2019-20, 37 CYF mental health providers offered services at more than 400 school sites. Due to COVID-19, remote learning was initiated through the schools and behavioral health service delivery has been adjusted to incorporate telehealth. In August 2020 SchoolLink has been updated to include a COVID 19 Best Practices module and updated flyers.
- **Annual School Summit** – Successfully shifted to become a joined event with the fourth annual Live Well Advance: Uniting for Impact was supported by CYF and the Prevention unit. The event took place on October 28, 2019, with an emphasis on school threat and safety.
- **CYF Lanterman Petris Short (LPS)** Public Conservatorship Liaisons for Youth was Pilot Project with BHS providing liaison support, which ultimately shifted back to the Public Conservator's office to avoid duplication of services.
- CWS lead **Family First Prevention Services Act** (FFPSA) meetings. These meetings started in October 2019 to discuss and plan the future landscape of evidence-based preventative services for system-involved youth, replacing Title IV-E funding. The FFPSA Implementation Plan is scheduled to be finalized in December 2020.
- In January 2020, a committee with representatives from BHS, CWS, Juvenile Probation, San Diego Regional Center, and the San Diego County Office of Education re-convened to develop an Interagency Memorandum of Understanding (MOU), as guided by **AB 2083**, Trauma Informed System of Care for Children and Youth. The workgroup is building on current Memorandums of Understanding to address the 11 components cited in AB 2083, such as an Interagency Leadership Team, Alignment and Coordination of Services, and Information and Data Sharing, to continue to help coordinate services for foster youth in a trauma informed and timely manner.
- In partnership with CYF, the **San Diego Housing Commission** (SDHC), and the Monarch School, 25 homeless families who have a student at Monarch are now eligible to receive permanent supported housing. Monarch is a school who serves homeless students in the downtown area of the city of San Diego. Case management, housing and treatment services are being provided under contract by the Community Research Foundation (CRF) through their Mobile Adolescent Services Team (MAST) program. This is CYF's first permanent supportive housing project which became operational January 1, 2020.
- In partnership with the Juvenile Court, BHS launched a pilot in February 2020 to support the two-youth **collaborative courts**: JFAST (Juvenile Forensic Assistance for Stabilization and Treatment) and RISE (Resilience is Strength and Empowerment) Courts. Youth participating in JFAST or RISE with behavioral health needs are eligible for the services regardless of their private insurance status. The BHS providers, in collaboration with Juvenile Probation Officers and CWS Protective Services Workers, support families in accessing their private insurance resources, so as the youth transitions out of the Collaborative Court, they have the supports they need. The 'insurance' pilot is projected to impact approximately 25 youth annually and will be evaluated for impact and sustainability.
- An additional '**treatment**' pilot has been initiated for Fiscal Year 2020-21 to provide treatment services to JFAST youth through Vista Hill – Juvenile Court Clinic that was previously offered through Probation. This pilot was launched effective July 1, 2020 and is projected to serve approximately 8 youth annually.
- In February 2020, the PWB and CCR team Licensed Mental Health Clinicians began providing clinical support for the guests of Jewish Family Service (JFS) **Asylum Seekers Shelter**. The shelter closed due to COVID-19 and during a transition period the CYF Team were able to provide clinical support to transitioning families.

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

Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation

- **Rady Children's Hospital Hub - Program Status:**

In a presentation to the Board of Supervisors (BOS) on October 29, 2019 and subsequently on a January 28, 2020 BOS Letter-Agenda item 03, it was announced that planning conversations had begun with Rady Children's Hospital to establish a hub for children and youth in the vicinity of Rady Children's main campus to address the unique behavioral health conditions among youth which can result from complex combinations of factors including: genetic, medical, developmental and environmental. Children and youth with complex needs require dedicated and specially designed resources. The County has continued to meet with Rady's leadership to identify priorities of the project and are moving forward with building related work.

- **Student Psychiatric Emergency Response Team (PERT) - Youth and Young Adult Crisis Response - Program Status:**

This project is on hold due to COVID-19, state of the economy, school closures, as well as recognition that the national and local social justice conversations are examining the overall role of law enforcement on school campuses.

The October 29, 2019 BOS Letter-Item 05: Advancing the Behavioral Health Continuum of Care and subsequently on the January 28, 2020 BOS Letter-Item 03 provide updates on the Justice Intersections Across the Behavioral Health Services Continuum of Care: BHS, the San Diego County District Attorney Office, SDCOE, and Public Safety partners collaboration to develop enhanced school-based crisis response, including the expansion of the existing PERT.

- **Threat Assessments Evaluations via TERM - Program Status:**

Treatment and Evaluation Resources Management (TERM) is a mental health program developed under the direction of the BOS and operated by Optum through a contract with BHS. The mission of the TERM program is to improve the quality and effectiveness of mental health services provided to clients served by the Dependency and Delinquency systems. Optum is responsible for recruiting and contracting with providers from the TERM network that have competence in evaluating and treating clients referred for child maltreatment or delinquency concerns. Optum also has a role in providing oversight of treatment plans and evaluation reports prepared by TERM clinicians and evaluators.

An ad hoc work group formed in June 2019, met monthly through Fiscal Year 2019-20 and included BHS, Justice Partners (District Attorney, Public Defender, Probation, Juvenile Court) and subject matter experts/consultants. The group discussed needs of threat assessment evaluations, developed a format and clinical guidelines for this specialty evaluation, and developed specialty criteria for providers to ensure applicants had requisite training and experience.

A four-hour training with Continuing Education Units was developed but postponed due to the pandemic; and will be rescheduled when in-person trainings are allowed. Instead a 1-hour TERM Threat Assessment Webinar was hosted in June 2020 and presented a history of school threats, detailed local impact and provided an overview of the San Diego County School Threat Protocol, reviewed the role of the TERM provider and introduced the format and guidelines for the new Threat Assessment Evaluation. This webinar was recorded and will be required for evaluators applying to the TERM panel to complete Threat Assessment Evaluations.

- **School Safety - Program Status:**

This project is on hold due to COVID-19, state of the economy, and school closures.

Acts of targeted violence committed by individuals under the age of 21 on elementary, middle, and high school campuses have become a catalyst for nationwide conversations. With higher frequency and public awareness of these events, the San Diego County District Attorney has reviewed an increasing volume of cases that involve school threats. Cases that are reviewed represent only a subset of youth that exhibit behaviors concerning for targeted violence. Schools and behavioral health providers are increasingly positioned to engage in threat assessment. Ensuring that youth have forensically informed behavioral health assessments and connecting these youth to appropriate treatment services is a shared mission for youth serving systems. BHS initiated research and planning efforts in implementing

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

a specialized, forensically informed, non-crisis School Safety Program. The preliminary vision is for the program to provide evaluation and clinical treatment services to students who exhibit signs or behaviors that may pose a threat of violence and will work to:

- ✓ Prevent school violence
- ✓ Provide school threat assessments
- ✓ Assist in creating a safe school climate
- ✓ Provide healing centered/trauma informed therapeutic treatment
- ✓ Decrease stigma and discrimination
- ✓ Incorporate restorative justice elements
- ✓ Enhance social support and prosocial engagement
- ✓ Create local subject matter expertise and systemwide awareness and competency pertaining to school safety.

• **Continuum of Care Reform (CCR) and Pathways to Well-Being (PWB)**

- ✓ The CFT Meeting Facilitation Program was developed in collaboration by CWS, BHS, and Probation in order to meet the need for a neutral/skilled facilitator for Child and Family Team meetings (CFT). In Fiscal Year 2019-20 the program through Fred Finch facilitated 4054 meetings.
- ✓ PWB facilitated focus groups to obtain feedback about the Child and Family Team (CFT) member experience in CFT meetings. In Fiscal Year 2019-20, in addition to the focus groups conducted with youth and providers, PWB collaborated with CWS to facilitate focus groups with foster parents as well as Protective Services Workers (PSWs).
- ✓ The CCR and PWB teams in collaboration with the Responsive Integrated Health Solutions (RIHS) rolled out the revised PWB and CCR E-Learning. Additionally, developed Micro-Learnings with focus on CFT meeting protocols, CFT Roles and Responsibilities, and documentation requirements.
- ✓ Through new methodology, the Short-Term Residential Therapeutic Program (STRTP) service rates were updated.
- ✓ Established hybrid STRTP treatment models of day service and outpatient to allow for individualized programing.
- ✓ BHS STRTP contracts were amended to align with current DHCS STRTP regulations.
- ✓ New forms and procedures have been developed for STRTPs to utilize to align with the DHCS STRTP requirements.
- ✓ Enhanced training requirements have been established for STRTPs to address the needs of youth receiving services in STRTPs.
- ✓ Six Residential STRTPs were added in Fiscal Year 2019-20 for a total of 12 local STRTPs (223 beds). Five have obtained STRTP Mental Health Program Approval from the DHCS.
- ✓ Interagency Placement Committee (IPC) Meetings were opened to BHS providers effective Fiscal Year 2019-20.
- ✓ The Foster Family Agency Stabilization and Treatment (FFAST) program was enhanced to provide Therapeutic Foster Care (TFC) treatment on 4.1.20.
- ✓ CYF amended the current Foster Family Agency Stabilization and Treatment (FFAST) contract through San Diego Center for Children to include Therapeutic Foster Care services effective April 1, 2020. FFAST, who currently provides outpatient Specialty Mental Health Services (SMHS) to all Foster Family Agencies (FFAs) in San Diego county, now offers TFC to those youth and families who meet medical necessity and have a CFT in place to guide and plan the provision of TFC. Additionally, FFAST will make the TFC training curriculum available to all interested caregivers from the eight local FFAs. CYF Leadership in collaboration with FFAST provided a TFC update to the 8 FFA's in April of 2020.

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

- **Outcomes**

- ✓ The Child and Adolescent Needs and Strengths (CANS) and the Pediatric Symptom Checklist (PSC-35) are the State mandated outcome tools that became effective July 1, 2018.
- ✓ In year two of the implementation, the CANS administration expanded as of July 1, 2019 to children ages 0 to 5 and the Fee for Service network.
- ✓ On July 1, 2019, these outcome measures were rolled out to the Fee-For-Service (FFS) providers with dedicated training and full infrastructure and oversight by OPTUM. This shift allows the system of care to better evaluate outcomes and services rendered through the FFS Network.
- ✓ Created a Live Well San Diego Areas of Influence report which leverage CANS items to assess system improvement for child/youth's functioning.
- ✓ Updated the BHS-CYF Landing Page to provide Outcome overview.

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

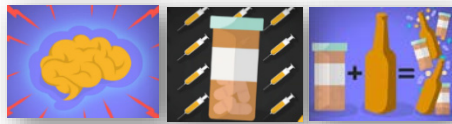
- ✓ CYF in partnership with HHSA departments, First 5 San Diego, the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), American Academy of Pediatrics-California Chapter 3, University of California San Diego (UCSD), San Diego County Office of Education, Rady Children's Hospital San Diego, Mental Health Systems, San Diego State University (SDSU) School of Social Work, California Association of Marriage and Family Therapists-San Diego Chapter, Harmonium, Vista Hill, YMCA San Diego, Voz de Victoria, Azusa Pacific University, and Optum Public Sector hosted the 10th Annual Early Childhood Mental Health Conference-We Didn't Wait-A Decade of Progress-A Future of Hope on September 12-14, 2019.
- ✓ Delivered a panel focused on Adverse Childhood Experiences (ACEs) to the CYF System of Care Council on March 9, 2020.
- ✓ Created a CANS and ACEs Crosswalk to highlight use of ACEs through the CANS.

- **Delivered new and system relevant trainings and training opportunities**

- ✓ CYF in partnership with the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), the San Diego Psychiatry Society, the California Association of Marriage and Family Therapists-San Diego Chapter (CAMFT), and the San Diego Psychological Association, planned for the delivery of the 5th Annual-CICAMH Conference: "Managing Change in a Changing World". Topics included but are not limited to: Long-term impact of family separations and reunification, Sleep Disorders in children and adolescent, impacts on mental health, suicide risk, and benefits of late school start law, Substance Use treatment in adolescents, and Aggression and Bullying. The conference was originally scheduled for March 12-13, 2020, but due to COVID-19, the conference was rescheduled to July 17, 2020, and delivered virtually. The conference main plenary was changed to address Impact of COVID-19.
- ✓ The CYF System of Care (CYF-SOC) Training Academy through the contract with Responsive Integrated Health Solutions (RIHS), provided trainings to enhance the work of public systems in providing services to children, youth, and families in San Diego county. In Fiscal Year 2019-20, CYF-SOC Training Academy provided trainings on:
 - Implicit Bias; Attachment in Youth Ages 5-17; Sandy Hook Promise Programs (webinar) and Trauma Focused-Cognitive Behavioral Therapy via telehealth. Due to COVID-19, the Suicidality in Children and Youth training scheduled to be delivered within Fiscal Year 2019-20, was rescheduled to August 6, 2020.
 - Due to COVID-19, the annual conference scheduled for May 28, 2020 was rescheduled to 2021. The focus of this conference is: Youth Substance Use: Risk, Resilience, Reconnection. Up to 10 scholarships will be awarded to peer support partners to attend the Conference
 - Two scholarships were awarded to attend the California Mental Health Advocates for Children and Youth (CMHACY) virtual conference on June 25-26, 2020. One of the recipients is a Peer Partner and the second one is a Youth that is a CYF Council member alternate and is also a staff member of the CFY Liaison.



ACTION AGAINST
THE EPIDEMIC



San Diego Opioid Project Virtual Town Hall

Hosted in partnership with the San Diego County Board of Supervisors, San Diego County District Attorney Summer Stephan, San Diego County Health and Human Services Agency and Live Well San Diego.

Location:

This virtual town hall will be conducted as a zoom-webinar.

Dates & Time:

Friday, September 18, 2020

10:00 a.m. – 11:30 a.m.

Registration Required:

To attend this no-cost webinar, click [HERE](#) to register or use the QR-code provided.



Additional Information:

To find out more about this project, go to www.SanDiegoOpioidProject.org.

Webinar Description:

Drug overdose deaths in San Diego County have spiked in the past several months. Please join us as we take steps to educate and address the worrisome increase through a new digital Opioid awareness campaign— the San Diego Opioid Project. The digital campaign is aimed at changing behavior, saving lives and educating our community on the dangers involved with prescription opioid use and misuse. Attendees will receive a crash course on what makes opioids so dangerous, the risks of misuse and the resources available to those at risk of addiction.

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SAN DIEGO



FAMILY HEALTH CENTERS
OF SAN DIEGO





XX BINATIONAL HEALTH WEEK



¡NO MAS EXCUSAS! La Salud Mental Depende de Ti

Padres de familia no se pierdan la entrevista en vivo con el Psicólogo Gabriel Bello, el miércoles 14 de octubre, de 6-7 PM. El Enlace de Niños, Jóvenes y Familias NAMI San Diego, Ingrid Alvarez Ron los invita a integrarse a la conversación sobre los síntomas, señales, barreras culturales, y recursos relacionados con las enfermedades mentales. ¡Rompamos juntos el estigma asociado con las enfermedades mentales una conversación a la vez!

Cuando: Miércoles, 14 de octubre, 2020

Hora: 6-7 PM

Registro: <https://www.facebook.com/namisandiego/>

Si llegara a experimentar dificultades y no puede conectarse por Facebook, esta reunión se transmitirá también por Zoom. Por favor utilice este enlace para ingresar: <https://us02web.zoom.us/j/84481436427>