

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

MEETING AGENDA

August 10, 2020 – 9:00-10:30 A.M.

[Meeting Link](#)

- I. **Welcome** (Minola Clark Manson) 2 minutes
 - This meeting will be recorded for meeting minutes taking purposes
- II. **Approval of Minutes** (Minola Clark Manson) 3 minutes
 - June 8, 2020 minutes-Handout-**Pages 4-12**
 - Action Items from June 8, 2020-See meeting minutes for completed action items-**Pages 11-12**
- III. **Business Items** (Yael Koenig) 18 minutes
 - Tribute to Debbie Stolz
 - July 13, 2020 Council Orientation materials: link:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/Council_Packet.html
 - CYF Council Co-Chair and membership rotation-Welcome and Recognitions
 - BHS Director's Update for the Councils and Advisory Boards
 - Public Hearings on the County Budget-August 10-19, 2020-Handout-**Page 13**
 - June 23, 2020 BOS Letter-Agenda-Item 27: Fighting for Communities of Color: Establishing an Office of Equity and Racial Justice-Handout-**Pages 15-19**
 - 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-**Pages 21-24**
 - July 7, 2020 BOS Letter Agenda Item 05: Advancing the Behavioral Health Continuum of Care Quarterly update-Handouts-**Pages 25-47**
 - 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-Handouts-**Pages 49-60**
 - August 4, 2020 BOS Letter-Agenda Item 21-Supporting Youth Engagement in Service in San Diego County-Handout-**Pages 61-64**
 - Movement to sever ties with school police builds cross California:
<https://www.facebook.com/756069914539360/posts/2179434045536266/?d=n>
 - San Diego County Suicide Prevention Council COVID-19 Resources-Handout-**Pages 65-67**
 - San Diego County Suicide Prevention Council-Resource Guide for Schools 2020-Handout-**Pages 69-80**
 - Impact of COVID-19 In Mental Health Services for Youth-June 2020 Youth Services Survey (YSS) Handout-**Pages 81-88**
 - County of San Diego COVID-19 Information: <https://www.sandiegocounty.gov/coronavirus.html>-Handout-**Page 89**
- IV. **Mental Health Services Act (MHSA) Update** (Dr. Danyte Mockus-Valenzuela) 5 minutes
- V. **Strategic Planning Part I: (FY 2019-20 Accomplishments and FY 2020-21 Goals)** 60 minutes

Sub-Committee	Presenter	Sub-Committee	Presenter
Executive Pages 91-92	Yael Koenig	TAY Council- Pages 121-131	Mike Miller
Education- Pages 93-99	Heather Nemour/Violeta Mora	CCRT- Pages 133-134	Rosa Ana Lozada
Family Sector- Pages 101-113	Valerie Hebert	CYF CADRE- Pages 135-136	Julie McPherson/Marisa Varond
Private- Page 115	Minola Clark Manson/Angela Rowe	Outcomes- Page 137	Emily Trask/Eileen Quinn-O'Malley
Early Childhood- Pages 117-119	Aisha Pope/Ginger Bial	Training- Pages 139-140	Rose Woods
- VI. **Announcements** 2 minutes
 - 11th Annual Early Childhood Conference, September 10-12, 2020 (Virtual). More information at:
<https://www.earlychildhoodmentalhealth-sandiego.com/>

Next Executive Committee Virtual Meeting:

Date: August 24, 2020
Time: 10:00 to 10:30 A.M.

Next Council Meeting (Virtual):

Date: Monday, September 14, 2020
Time: 9:00 to 10:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, the majority 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.

CCRT: Meets the 1st Friday of the month-6367 Alvarado Court Ste. 105, San Diego, CA 92120 from 10:00 to 11:30 A.M.

CYF SOC Academy: Meets the 1st Wednesday of the month-6505 Alvarado Road, Suite 107, San Diego, CA 92120 from 9:00 to 10:00 A.M.

CYF CADRE: Meets quarterly 2nd Thursday of the month- 5095 Murphy Canyon Rd, San Diego 92123-Suite 320 from 1:30 to 3:00 P.M.

Early Childhood: Meets the 2nd Monday of the month- 3160 Camino Del Rio South Suite 101, San Diego, CA 92108 from 10:45 A.M. to 12:15 P.M.

Education: Meets as needed.

Family and Youth As Partners: Meets the 3rd Thursday of the month at 5095 Murphy Canyon Rd – Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.

Family/Youth Sector: Meets quarterly the 4th Thursday of the month at 5095 Murphy Canyon Rd - Suite 320, San Diego, CA 92123 from 6:30 to 8:00 P.M.

Outcomes: Meets the 1st Tuesday of every other month-La Vista Room from 11:30 A.M. to 12:30 P.M. Next meeting is April 7, 2020

Private Sector: Meets as needed.

TAY Council: Meets the 4th Wednesday of the month-National University, 9388 Lightwave Ave. Room #118, San Diego, CA 92123 from 3:00 to 4:30 P.M.

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018



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SAN DIEGO

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

June 8, 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)	Rebecca Hernandez	O	Bill Stewart	+
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Charmi Patel	+
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	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	O	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	O	Heather Nemour	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	Aidee Angulo	+
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	+	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)	Michelle Ly	+	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	Dori Gilbert/ 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 (Dori Gilbert)

II. Approval of Minutes (Dori Gilbert)

- March 9, 2020 meeting minutes-Approved.

III. Business Items (Yael Koenig)

- Demonstrations and protests about racism across the nation
 - ✓ Demonstrations and protests are taking place in different communities throughout the United States and are affecting/impacting everyone, including, but not limited to programs, clients, workforce, etc.
- Format of future meetings
 - ✓ Meetings will be conducted via Webex until it is safe to meet in person. Input and feedback regarding the meeting format can be submitted to Grisel Ortega-Vaca at Grisel.Ortega@sdcounty.ca.gov
- CYF Council Annual Orientation scheduled for July 13, 2020
 - ✓ The July 13, 2020 CYF Council meeting time will be dedicated to the annual CYF Council orientation. The orientation provides context about the Council, including its role in the system of care, history, purpose, value, etc. Everyone is welcome to attend. An invitation with registration information will be sent to the CYF Council e-mail distribution lists
- CYF Council Co-Chair and membership rotation
 - ✓ Public sector co-chair, Dori Gilbert will complete the two-year term on June 30, 2020
 - ✓ Private Sector represented by Minola Clark Manson will continue as co-chair along with Valerie Hebert from the Family and Youth Sector

- ✓ Some members with expiring terms and or member/alternate vacancies will be receiving letters requesting CYF Council membership updates
- Juvenile Health and Justice Symposium (March 17, 2020)-Postponed due to COVID-19
 - ✓ The District Attorney's Office will announce the new date for the symposium
- Mental Health Student Services Act Grant
 - ✓ BHS in partnership with the San Diego County Office of Education (SDCOE) applied to receive funding to advance suicide prevention efforts. The grant was not awarded, but it allowed to further collaboration between the SDCOE and CYF. Suicide prevention efforts will continue even without this funding
- Bill Stewart was acknowledged and congratulated for his recent appointment as the Southern California representative for the Governing Board of the California Association of Local Behavioral Health Boards and Commissions. More information about this board can be found at: <https://www.calbhbc.org/>
- Youth Mental Health Well-Being Virtual Gathering held May 7, 2020 (Yael Koenig/Valerie Hebert)
 - ✓ Due to COVID-19, the annual Children's Mental Health Well-Being celebration, originally scheduled for May 8, 2020 at Centro Cultural de la Raza, was quickly rescheduled and transformed from its original in person format into to a virtual gathering event
 - ✓ The planned art project was expanded to all ages. Some of the event participants talked about how art can be used as coping skill to promote well-being. The artwork submitted will be posted at the NAMI San Diego-CYF Liaison website. Meeting attendees were invited to continue to submit artwork through June 30, 2020
 - ✓ Participants/contributors were acknowledged and thanked for their contributions to the success of this virtual event. Some of the contributors/participants include:
 - Fale Luis
 - Christine Frey, Brain XP
 - Linda Ketterer, San Diego Mission Academy
 - Lucy Jasso, San Diego Youth Services
 - Wendy Ann Leeds, MS, LMFT
 - Sante Prince, Coronado Unified School District
 - Travis Webster
 - Jack Medved
 - Maria Nagy
 - Dr. Karen Perez
 - Ingrid Alvarez-Ron
 - ✓ The Youth Mental Health Well-Being Gathering event can be accessed for viewings from the NAMI San Diego Facebook page at:
 - ✓ <https://www.facebook.com/namisandiego/videos/239031747308276/> and from the CYF Liaison webpage at: <https://bit.ly/MayEvent2020>
- March 24, 2020-Board of Supervisors (BOS) Letter-Agenda Item 04: Establish a Behavioral Health Impact Fund. This Board Letter establishes one-time appropriations of \$25,000.00 for Capital Facilities associated with Behavioral Health Services. Request For Proposal (RFP)10295-Behavioral Health Projects is open. Proposals are due June 25, 2020
- May 5, 2020-Board of Supervisors (BOS) Letter-Agenda Item 03: Authorization for Amendments to Extend Existing Behavioral Health Services Contracts Actions. BHS extended contracts due to expire for up to one year
- May 19, 2020 BOS Letter-Agenda Item 28: Responding to the COVID-19 Crisis with a Comprehensive Plan For Coronavirus Aid, Relief and Economic Security (CARES) Act Funding. San Diego County received \$334,000,000.00, including \$15,000,000.00 for Behavioral Health Services. The funding will be dedicated to support the community with COVID-19 related expenses
- June 2, 2020 BOS Letter-Agenda Item 05: Establishing the Housing Our Youth Pilot Program in San Diego County. This Board Letter will result in a procurement (RFP) to offer youth housing opportunities
- June 2, 2020 BOS Letter-Agenda Item 06: Release of 2019 Live Well San Diego Report Card on Children, Families and Community

The 2019 edition of the biannual Live Well San Diego Report will be released soon by the Children's Initiative. This report provides trends and comparative data in the areas of health, safety, education, welfare, and economic support of children, families, and communities in San Diego County. The report will be located at: <https://www.thechildrensinitiative.org/publications>

Additional Board Letters and related information can be found at: <https://www.sandiegocounty.gov/cob/bosa/index.html>

- January 7-9, 2020 External Quality Review (EQR) Report-Recommendations
 The EQR is an annual, independent external evaluation of State Medicaid Managed Care Organizations. BHS had its last mental health services review on January 7-9, 2020. The meeting packet includes the main recommendations from the reviewers. The full EQR report is now available at:
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/mhp_eqr_rpt_20.pdf
- May 13-15, 2020 Drug Medi-Cal Organized Delivery System External Quality Review.
 BHS had a virtual DMC-ODS review. The final report will be shared with the Council when it becomes available

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

- The Community Engagement forums report is currently being compiled:
 - ✓ There was a total of 254 participants in all forums and focus groups
 - ✓ Areas of focus identified at the Community Engagement forums and Focus Groups:
 - Education
 - Building Community Support
 - Integration
 - Equity
 - ✓ The report will be included in the upcoming MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-23 (Plan)
- MHSA Three-Year Program and Expenditure Plan for Fiscal Years 2020-23 (Plan)
 - ✓ The MHSA Plan is a guiding framework to develop programs. The Plan outlines all MHSA-funded programs and expenditures for the next three fiscal years and it will be available for review in August 2020
 - ✓ The upcoming Plan will address COVID-19 and recent racial related protest and demonstrations; lasting impacts, and how they can be incorporated into current initiatives
- The next Mental Health Services Oversight and Accountability Commission (MHSOAC) meeting is scheduled for June 11, 2020. Everyone across California can attend the meeting. The June meeting agenda will include the Governor's Budget May Revise and the COVID-19 budget impacts. Link to meeting information will be sent to the CYF Council electronic e-mail distribution lists
- MHSA Funding Forecast
 Due to impacts of COVID-19, MHSA funding is expected to decrease. This forecast will be considered in the upcoming Plan
- The Recovery Happens annual event is scheduled for September 2020.

V. Hot Topic: Coronavirus 2019 (COVID-19) Updates-Panel- (Moderator: Minola Clark Manson)

- **Public Health-Thomas Coleman, M.D.**
 On February 14, 2020, the San Diego County Public Health Officer issued a Declaration of Local Health Emergency; Dr. Coleman provided a COVID-19 information to the CYF Council on March 9, 2020. Below are the summary/highlights of the COVID-19 update provided at the June 8, 2020 CYF Council meeting:
 - ✓ Dr. Coleman expressed appreciation for the space provided at the beginning of the meeting to acknowledge events motivated as a response to George Floyd's death, adding that statistics demonstrate that the African American and Hispanic populations are more disproportionality affected by COVID-19
 - ✓ The State Stay Home Order was effective on March 19, 2020
 - ✓ The latest Public Health Officer's Order was effective June 4, 2020
 - COVID-19 prevention strategies change constantly; under the categories of Epidemiology (surveillance), Healthcare (Hospital Capacity), and Public Health (Response), 13 criteria have been developed to continuously assess and modify Public Health Orders as needed when updated information becomes available. Information about the criteria it is located at:
<https://sdcounty.maps.arcgis.com/apps/opsdashboard/index.html#/30b5e0fa2a5f4404b1219d8cd16b2583>
 - ✓ Face coverings can help prevent spreading and are required outside of the home and within 6 feet of someone who is not an immediate family member
 - ✓ The County of San Diego Emergency Operation Center continues functioning at high level of activity
 - ✓ Statistics provided by the County of San Diego as of June 5, 2020:
 - 6, 699,358 positive cases and 393,205 deaths at global level
 - 1,883,656 positive cases and 108,664 deaths in the United States
 - 123,066 positive cases and 4,458 deaths in California

- ✓ San Diego county data as of June 7, 2020
 - 8,476 cases and 296 deaths in San Diego county (3 months to 102 years of age)
 - 4,474 cases are in the 20-49 age group (53% of total cases)
 - 4,290 or 51% are female
 - 4177 are male
 - 9 individuals have no gender identified
 - Out of the 296 deaths:
 - 42% were female and 58% were male
 - 276 had underlying medical conditions
 - Race and ethnicity data were available for 288 of the 296:
 - 124 or 43% Hispanic or Latino
 - 123 or 43% White
 - 29 or 10% Asian
 - 8 or 3% Black of African American
 - 2 or .7% Pacific Islanders
 - 1 or .03% American Indian
 - 1 or .03% Multiple races
- ✓ Statistics Highlights: additional data information can be found at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/2019-nCoV/status.html
- ✓ Current Prevention strategies
 - Handwashing
 - Physical separation (6 feet)
 - Use of face-coverings, except in child-care environments
 - Temperature screenings at businesses
- ✓ Test, Trace, and Treat (T3)

On April 28, 2020, the County of San Diego launched the Test, Trace, and Treat (T3) Strategy, which relies on the healthcare provider community, first responders and other stakeholders, in addition to public health, and human services efforts, to be effective in mitigating COVID-19

 - Testing: As diagnostic (molecular) testing capacity increases, hospitals, community clinics, pharmacies, and other health care providers are expected to maximize testing as much as possible.
 - The COVID-19 Collaborative for Children is a partnership between the County of San Diego, Rady Children's Hospital and other healthcare systems with the goal of performing 2000 tests daily
 - The regional goal is of at least 5200 daily tests. The latest seven-day average of testing is about 4,540
 - More information about testing can be found by calling 211.
 - Trace: Contact Tracing capacity has been significantly increased with cultural competence in mind
 - Treat: Treatment includes: Psycho-social support with monitoring (twice daily temperatures) for disease progression with recommendation for early medical evaluations for respiratory, cardiac, or embolic complications
- ✓ State level COVID-19 information and updates can be found at: <https://covid19.ca.gov/>
- **Child Welfare Services (CWS)-Norma Rincon and Steven Wells**
 - ✓ CWS is grateful for the collaborative efforts supporting youth and families before and now with the challenges COVID-19 has presented
 - ✓ System adjustments have been made quickly to adjust to COVID-19, ensuring safety, permanency and well-being of youth and families:
 - Most of the CWS workforce has been telecommuting and had to become acquainted with technology not used to accessing
 - Collaborative/unit meetings transitioned from in person to virtual meetings
 - Different forms have been automated to ensure there is no disruption in processes/services
 - Family visitation has transitioned into virtual, but when appropriate, staff has been able to continue to visit families in person using precautions
 - At the beginning of the pandemic, courts reserved services for emergency and high priority hearings, but now have been able to begin preparing to conduct virtual hearings in all Dependency departments
 - Attorneys and County Counsel staff have been working together to avoid delays in Court hearings
 - Staff has expressed that has been more connection with clients

- The Independent Living Skills (ILS) unit and Housing providers has been able to tailor interventions to meet the needs of the youth during this time of COVID-19
- **Juvenile Probation-COVID-19 Impact on Services-Lisa Sawin**
 - ✓ Prior to COVID-19, Juvenile Probation was working on Criminal Justice Reform strategies by limiting the number of youth entering Juvenile Probation facilities and focusing on community supports, this strategy prepared Juvenile Probation for the pandemic. Prior to the pandemic, there were 267 youth in custody, currently, there are 184
 - ✓ During COVID-19:
 - All Juvenile Probation services have shifted into more virtual formats
 - Youth continue to require temperature check and medical screening questions prior entering the Juvenile Probation facilities
 - There have been no COVID-19 positive cases for staff and/or youth, except for two youth brought from out of state. These youth were placed under medical isolation upon arrival
 - Two quarantine units were installed in the East Mesa facility
 - Youth are quarantined for approximately 14 days
 - In coordination with the San Diego County of Education (SDCOE), distance learning has been implemented. All youth in custody have received tablets and Chromebooks to allow them to continue with their education
 - In collaboration with the Courts and District Attorney's Office, virtual Court hearings have been implemented
 - Expanded family engagement via virtual platforms, and telephonic connections
 - Juvenile Probation field Officers continue to meet with youth and families via text, phone calls, and virtual means when available. The focus is to ensure the physical and mental health well-being of the youth and their families
 - During COVID-19 teams, Juvenile Probation staff will not visit homes unless the families feel comfortable
 - Continue to work with the BHS Stabilization, Treatment, Assessment and Transition (STAT) team
 - Child and Family Team (CFT) meetings with foster youth transitioned to virtual format
 - Continue with the review of the custodial program in collaboration with the District Attorney's Office to streamline custody using Evidence Based Practices to better match services which helps to keep institutional numbers down
- **Family Sector-Debbie Dennison**

COVID-19 has affected families socially, emotionally, mentally, and financially:

 - ✓ Social/Emotional/mental health
 - Physical Isolation has had a negative impact on all family members, but especially children with mental health challenges. Many youth facing mental health challenges already self-isolate and are withdrawn. The quarantine restriction from COVID-19 has dramatically increased this isolation. Video and phone calls are one coping mechanism, but youth need physical touch and in-person communication networks with friends and extended family. Therapeutic and psychiatric resources have been available; in person services are preferred, but the availability of video conferencing, phone calls and email has been helpful
 - Additionally, there have been many changes and unknowns to handle increased the normal stress. Some of these changes include but are not limited to adjusting to new routines, coordinating homeschooling and adjusting to virtual learning, college students having to return home due to COVID-19, arranging the care of extended family members needing help, etc. Despite of the many challenges, COVID-19 has provided to opportunity for more interaction among family members.
 - ✓ Financial

Many families have been impacted financially due to job loss, reduction of work hours, or by having to close their family businesses. The stimulus government funds some families received, were not sufficient. However, it has opened alternate business and job opportunities
- **Education-COVID-19 Impacts-Mara Madrigal-Weiss**
 - ✓ The MHSOAC sent a letter to the Governor and Legislature members to communicate concerns and about the mental health -related aftermath and economics and social ramifications. The letter identifies for actions to address the mental health related crises as a result of COVID-19:
 - Bolster Suicide Prevention and Response
 - Fortify School-based Mental Health
 - Support Youth Resilience
 - Build on the "Whatever it Takes" Model to Reduce Criminal Justice Involvement Homelessness

The link to the letter will be sent to the CYF Council e-mail distribution lists

- ✓ Immediate needs addressed at the time of schools' closures
 As most of the schools closed on March 16, 2020, the SDCOE focused on:
 - Students, families, and staff stabilization
 - Location of students
 - Identification of needs to succeed
 - Continuation of services
 - Risk assessments
 - Provision of resources-Focusing on basic needs first
 - Provide information and resources to families and students
- ✓ Actions by the SDCOE Wellness Team
 - Resources -Promotion and coordination of mental health
 - Identification and promotion of referral pathways
 - Identification and linking to virtual crisis response teams
 - Tools-Virtual Suicide prevention and risk assessments; created the COVID-19 webpage
 - Created tools for Student and Family check in's
 - Created Self-Care, Compassion and Resiliency training and tools for staff
 - Working on Administrators Guide to Pandemic Response; doing check-ins with staff, etc. (building resilience of staff to continue with the work)
 - Transition to remote work/school
 - Re-entry
 - All phases include mental health planning for students, family, and staff
- ✓ Expected consequences as a result of COVID-19
 Prior to the COVID-19 Pandemic, one in three students experienced a trauma that disrupted their learning. Additional trauma is expected based on the following:
 - The two pandemics disproportionately harmed Black and Latinos communities
 - Historical trends indicate that based on unemployment rates, we can predict 30-50% increase in substance abuse, death by substance overdose, and suicide
 - A second "wave" is coming in the form of mental health crisis and need to prepare to address it
 - As indicated by responses to a recent education partners survey, some of the barriers for students accessing mental/behavioral health services are:
 - 33% Refusal by student or parent
 - 16% Other
 - Providers are booked
 - Lack of awareness of resources
 - Communication barriers
 - Home not a good place for confidential conversations
 - Difficulty getting in contact with families
 - Privacy issues due to limited room space homes (families moving together)
 - 14% Waiting lists
 - 11% No internet or poor connection
 - 11% Privacy issues
 - 8% Lack of health insurance
 - 5% Lack of technical equipment (no
 - 3% Not a good fit with provider
- ✓ Future meeting topics as provided by the SDCOE Mental Health Collaborative
 - Post traumatic resilience for students
 - Suicide prevention
 - Post traumatic resilience for parents
 - Mental Health disorders
 - Cultural considerations and mental health
 - Trauma informed practices
 - Post traumatic
- ✓ Conversations to support to educators need to continue
 - Currently working with California Department of Education in developing training to support educators
- **Private Sector-Michelle Ly (Mental Health Contractors Association)**
Claudette Allen (Alcohol and Drug Service Provider Association).
 - ✓ Mental Health Contractors Association (MHCA) update
 - Great collaboration among providers has taken place while adjusting to virtual services

- MHCA service providers have faced cultural barriers, and technology barriers; clients crave physical contact and it is hard to engage for virtual mental health care
- Many providers are not receiving the service referrals they use to receive prior to COVID-19 (from schools, diversion programs, etc.)
- Statistics provided by BHS Performance Improvement Team (to be sent out as a Follow-up item) demonstrate a decrease in services between the period of March-May 2020 in comparison to March-May 2019, the decrease in accessing services is very noticeable in the LGBTQI population
- There will be a long-term trauma from COVID-19 and need to plan to address it
- ✓ SUD services update
Responses to a recent survey provided a status of CYF Teen Recovery Services (TRCs) prior and during COVID-19:
 - Prior to COVID-19
 - Successfully developed strong linkages to with other services providers for service referrals
 - Programs did not have the technology to provide the virtual services
 - During COVID-19
 - Services have been scaled back, but were able to a successful transition to telehealth and telephone services, need to plan for the new normal
 - There is an increase for services, but youth do not seem to be willing to receive services in virtual ways; need to find way to engage the youth into the new services format.
- Open discussion
 - ✓ Next steps: reopening services/in between services
 - ✓ How do we open services to ensure we are connected?
 - ✓ Lessons learned.

VI. 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	• When the report is released for distribution.
3. Provide the link to the 2019 Live Well San Diego Report Card on Children, Families and Community	• CYF Council staff	• 2019 Live Well San Diego Report Card on Children, Families and Community link: https://4fb7f99c-41c7-4dd3-89e8-036b2bb9282c.filesusr.com/ugd/17d248_5c3ba7444d064ef19373f095b6cef9da.pdf
4. Youth Mental Health Well-Being Virtual Gathering held May 7, 2020 Link information	• CYF Council staff	• Completed June 9, 2020 via e-mail: ✓ Link to the event from the Facebook page: https://www.facebook.com/namisaniego/videos/239031747308276/ ✓ Link to the event from the CYF Liaison webpage: https://bit.ly/MayEvent2020
5. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela):	• CYF Council staff	• Completed June 9, 2020 via e-mail: ✓ Upcoming MHSOAC meeting

		https://www.mhsoac.ca.gov/news-events/events/commission-meeting-teleconference-june-11-2020
6. Education Sector Panel Update (Mara Madrigal-Weiss): Link to the MHSOAC April 28, 2020 Letter to the Governor	<ul style="list-style-type: none"> • CYF Council staff 	<ul style="list-style-type: none"> • Completed June 9, 2020 via e-mail: ✓ MHSOAC Letter to the Governor: https://mhsoac.ca.gov/sites/default/files/MHSOAC_Letter_%20to%20Gov.Leg_Supplements_04282020.pdf
7. Hot Topic: Coronavirus 2019 (COVID-19) Panel additional/support information	<ul style="list-style-type: none"> • CYF Council staff 	<ul style="list-style-type: none"> • Completed June 9, 2020 via e-mail

Next CYF Council Meeting (Annual Council Orientation): July 8, 2020
Virtual
9:00 to 10:30 A.M.

Sub-Committees/Sectors/Workgroups Meetings Information:

Due to COVID-19, the majority 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.

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.

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
PUBLIC HEARINGS ON THE BUDGET
County Administration Center, Room 310
1600 Pacific Highway, San Diego, California
AUGUST 10 – 19, 2020



Noticed Public Hearings will be conducted on the Fiscal Year 2020-21 County Budget, including Enterprise Funds, Air Pollution Control District, County Service Areas, Permanent Road Divisions, Flood Control District, Lighting and Maintenance Districts, Redevelopment Successor Agency, the Sanitation District, the In-Home Supportive Services Public Authority; and the Chief Administrative Officer's Fiscal Years 2020-21 and 2021-22 Recommended Operational Plan.

Link: <https://www.sandiegocounty.gov/content/sdc/openbudget.html>

<u>Date</u>	<u>Time</u>	<u>Subject</u>
Monday, August 10, 2020	9:00 a.m.	Budget Presentation and Public Testimony on the Budget
Wednesday, August 12, 2020	5:30 p.m.	Public Testimony on the Budget
Tuesday, August 25, 2020	2:00 p.m.	Budget Deliberations and Adoption

If necessary, the hearing may be continued from day to day until concluded at 5:00 p.m., Wednesday, August 19, 2020. Members of the public may submit written testimony on the budget to the Clerk of Board, who will forward such correspondence to the Board and the Chief Administrative Officer. The Clerk of the Board must receive all written documents no later than 5:00 p.m., Wednesday, August 19, 2020, when Budget Hearings formally close. Testimony may also be submitted online at www.sandiegocounty.gov/cob.

Change letter requests to the recommended Budget from members of the Board of Supervisors and Chief Administrative Officer must be received in the Clerk of the Board Office no later than 5:00 p.m., Wednesday, August 19, 2020.

The recommended budget documents are available to members of the public for review in the Office of the Clerk of the Board of Supervisors, 1600 Pacific Highway, Room 402, San Diego, California 92101, and on the County web site at: www.sandiegocounty.gov/openbudget/.



For further information, please contact the Clerk of the Board of Supervisors at (619) 531-5434.



COUNTY OF SAN DIEGO

2020 JUN 19 AM 8:16

CLERK OF THE BOARD
OF SUPERVISORS

NATHAN FLETCHER

**SUPERVISOR, FOURTH DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS**

AGENDA ITEM

DATE: June 23, 2020

27

TO: Board of Supervisors

**SUBJECT: FIGHTING FOR COMMUNITIES OF COLOR: ESTABLISHING AN
OFFICE OF EQUITY AND RACIAL JUSTICE (DISTRICTS: ALL)**

OVERVIEW

Recent events in America have sparked difficult and much-needed conversations surrounding race and racism. Many of us were forced to look introspectively and face challenging realities about our own biases. White people in America have unearned privileges that people of color in our nation do not. These privileges present themselves in situations where race becomes a determining factor in access to opportunity and the ability to have access to life, liberty and the pursuit of happiness.

Addressing these disparities through the lens racial of justice ensures we can begin to change inequities systematically. Racial inequities are prevalent in all communities--in some more than others--that is why a "one size fits all approach" is wrong.

There are clear differences between equity and equality. Equality is giving every person that "one size fits all approach" when they may need more resources, services or access. Equity is analyzing and evaluating the situation, community or individuals and coming up with an approach that will address their most urgent needs in a manner that allows them to be able to have resources, services or access without additional societal barriers put in front of them. We need to address this.

Establishing an Office of Equity and Racial Justice cannot solve all societal problems nor all of the disparities that exist our nation, but it can include people in County government and use their voices to help shape policy and inform budget processes. As we continue to plan our response to, and recovery from, COVID-19, we need to work with all residents in our region to ensure that our County is responding to each community appropriately and addressing their needs. Our County can and should collaborate and work with organizations and agencies to engage with trusted community organizations to ensure that the we can work to establish more equitable programs, services and accessible resources to all.

**SUBJECT: FIGHTING FOR COMMUNITIES OF COLOR: ESTABLISHING AN
OFFICE OF EQUITY AND RACIAL JUSTICE (DISTRICTS: ALL)**

I am asking for your support in directing the Chief Administrative Officer to establish an Office of Equity and Racial Justice, identify funding and staff resources to include in the upcoming budget and report back to the Board within 90 days on the structure, scope, roles and responsibilities of the newly established office, including, but not limited to, priorities and budget-making process, manage oversight of Human Relations Commission, collaborate with county departments and the community to streamline and enhance restorative justice practices. It is my belief that if we stay focused on these objectives, we can chip away at existing inequities in our region

**RECOMMENDATION(S)
SUPERVISOR NATHAN FLETCHER**

1. Direct the Chief Administrative Officer to recommend changes to the budget to establish an Office of Equity and Racial Justice including three full-time employee positions: a Director of the Office of Equity and Racial Justice, two community representatives, and additional staff support, and refer these changes to budget for consideration during the Fiscal Year 2020-21 budget deliberations and adoption.
2. Direct the Chief Administrative Officer to return to the Board within 90 days and report back on the overall scope, roles and responsibilities of the Office of Equity and Racial Justice, including, but not limited to:
 - A. Engaging underserved communities and including them in setting County department priorities and budget-making process;
 - B. Administering the duties and responsibilities of the Human Relations Commission by providing staff support and facilitation of related meetings, activities, and membership;
 - C. Ensuring the involvement and participation of people of color in the contract source selection process;
 - D. Collaborating with County departments that administer restorative justice programs to report mutual activities, align best practices, identify barriers and gaps to ensure robust restorative practices throughout our region. And work alongside other jurisdictions in the region that have similar entities to ensure cohesion and avoid duplication of efforts;
 - E. Identifying state and federal grant opportunities to support the expansion of community-based restorative justice programs and activities, and in addition, set aside County funds for this purpose; and
 - F. Creating an outreach and engagement strategy targeting communities of color to ensure equitable application of County COVID-19 recovery efforts and include updates during other COVID-19 reports to the Board.

**SUBJECT: FIGHTING FOR COMMUNITIES OF COLOR: ESTABLISHING AN
OFFICE OF EQUITY AND RACIAL JUSTICE (DISTRICTS: ALL)**

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2020-21 Interim Operational Plan. If approved, Fiscal Year 2020-21 costs and funding required to staff and maintain the functions of the new Office of Equity and Racial Justice are estimated to be \$1.1 million and will be referred to budget for consideration during the Fiscal Year 2020-21 budget deliberations and adoption.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

N/A

BACKGROUND

Recent events in America have sparked difficult and much-needed conversations surrounding race and racism. Many of us were forced to look introspectively and face challenging realities about our own biases. White people in America have unearned privileges that people of color in our nation do not. These privileges present themselves in situations where race becomes a determining factor in access to opportunity and the ability to have access to life, liberty and the pursuit of happiness.

Structural Racism

Structural racism, as defined by the American Bar Association, “is the power used by the dominant group to provide members of the group with advantages, while disadvantaging the nondominant group.” During the Jim Crow era, our own governments created policies to create advantages for white people while creating explicit disadvantages for Black people. These policies have since been repealed, but their spirit has carried far beyond this era.

The Disparities

Statistics on health outcomes, housing stability, job opportunity, poverty and incarcerations show us that the greatest disparities in all of these categories exist by race.

The United States Census Bureau 2019 report on income and poverty shows that Black people in the U.S. had a higher than twice the rate of poverty than white people. The average income for Black people that same year was \$41, 361 compared to \$66, 943 of their white counterparts. These two factors contribute to the lack of access to loans and access to homeownership. Census data also shows that less than 45% of Black people in the U.S. own their homes compared to 75% of whites who own homes.

Pew Research data shows that Black people make up 33% of the prison population but only make up 12% of the overall population. White people make up 64% of the nation’s population and only 33% of the prison population.

During the COVID-19 pandemic, data has shown that people of color are more likely to die of the disease due to longstanding health disparities of Black people with chronic health conditions.

SUBJECT: FIGHTING FOR COMMUNITIES OF COLOR: ESTABLISHING AN
OFFICE OF EQUITY AND RACIAL JUSTICE (DISTRICTS: ALL)

The United States Census Bureau is obtaining and updating real-time data gathered from households throughout the U.S. to inform policies on COVID-19 response and recovery. This data from the Household Pulse Survey showed that people of color are disproportionately affected and negatively impacted in all areas, including: delayed medical care, housing insecurity, food scarcity and education.

Addressing Racial Justice and Equity

Addressing these disparities through the lens racial of justice ensures we can begin to change inequities systematically. Racial inequities are prevalent in all communities--in some more than others--that is why a "one size fits all approach" is wrong.

There are clear differences between equity and equality. Equality is giving every person that "one size fits all approach" when they may need more resources, services or access. Equity is analyzing and evaluating the situation, community or individuals and coming up with an approach that will address their most urgent needs in a manner that allows them to be able to have resources, services or access without additional societal barriers put in front of them. We need to address this.

Across the nation, government agencies have funded and established their very own Offices of Equity to ensure that these issues are being addressed. These jurisdictions include King County, City of Long Beach, City of Los Angeles, City of Philadelphia, Dane County, Fairfax County, City of Ashville, County of Austin and many more. Now the City of San Diego has prioritized this as part of their budget. These jurisdictions have established these offices to ensure they can begin to address the systemic issues of racial injustice.

These offices allow the respective governments to analyze and strategize around disparities in their departments and social programs using data and research to implement more equitable policies across their agencies. The grant funding associated with these offices allows direct and targeted disbursement into organizations that are tied to the community. Most importantly, they provide a direct connection to the most affected communities and direct communication on the best practices to address structural racism and dismantling barriers for people of color.

Connecting this office with the Human Relations Commission shows commitment to implementation of policies that address discrimination and intolerance and decrease hate crimes, bias, and human rights violations.

Centering the approach on race when looking at County government policies, budget deliberations, contracting and services will ensure that race is not a determining factor in opportunity of access and that race does not present additional obstacles in accessing health, safety and well-being for residents of San Diego County.

Establishing an Office of Equity and Racial Justice cannot solve all societal problems nor all of the disparities that exist our nation, but it can include people in County government and use their voices to help shape policy and inform budget processes. As we continue to plan our response to, and recovery from, COVID-19, we need to work with all residents in our region to ensure that our County is responding to each community appropriately and addressing their needs. Our

**SUBJECT: FIGHTING FOR COMMUNITIES OF COLOR: ESTABLISHING AN
OFFICE OF EQUITY AND RACIAL JUSTICE (DISTRICTS: ALL)**

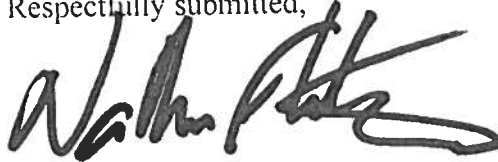
County can and should collaborate and work with organizations and agencies to engage with trusted community organizations to ensure that the we can work to establish more equitable programs, services and accessible resources to all.

I am asking for your support in directing the Chief Administrative Officer to establish an Office of Equity and Racial Justice, identify funding and staff resources to include in the upcoming budget and report back to the Board within 90 days on the structure, scope, roles and responsibilities of the newly established office, including, but not limited to, priorities and budget-making process, manage oversight of Human Relations Commission, collaborate with county departments and the community to streamline and enhance restorative justice practices. It is my belief that if we stay focused on these objectives, we can chip away at existing inequities in our region

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

The requested action supports the Live Well San Diego Initiative in the County's 2019-2024 Strategic Plan, and its vision for a San Diego that is Building Better Health, Living Safely and Thriving, by supporting and empowering communities of color.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Nathan Fletcher', with a stylized, flowing script.

NATHAN FLETCHER
Supervisor, Fourth District

ATTACHMENT(S)

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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: June 23, 2020

06

TO: Board of Supervisors

SUBJECT

APPROVE THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY FISCAL YEAR 2019-2020 CHILDREN'S TRUST FUND FUNDING PROPOSAL (DISTRICTS: ALL)

OVERVIEW

The San Diego County Board of Supervisors (Board) is committed to enhancing the County of San Diego's (County) ability to prevent and respond to child abuse and neglect. On March 26, 2019 (11), the Board of Supervisors adopted Ordinance No. 10598 (N.S.) repealing and replacing provisions in the County Administrative Code to create the Child and Family Strengthening Advisory Board (CFSAB) of San Diego County. The CFSAB absorbed the duties of the Child Abuse Prevention Coordinating Council (CAPCC), and serves as a platform for cross-sector collaboration and transparent monitoring of the San Diego County child welfare system, including oversight and planning responsibilities for the AB 2994 Children's Trust Fund (CTF) to ensure the safety and well-being of children and families.

The CTF is used to fund nonprofits or public institutions of higher learning for comprehensive, integrated, collaborative community-based responses to child abuse prevention, interventions, and treatment service needs that are not entitlement programs. Monies in the CTF come from birth certificate receipts, license plate fees, child maltreatment court restitution fines, Community-Based Child Abuse Prevention funds and grants, gifts, or bequests from private sources.

Today's item requests approval of the AB 2994 Children's Trust Fund Funding Proposal for Fiscal Year 2019-20 of \$1,050,000. This action supports the County's *Live Well San Diego* vision by coordinating and streamlining services to strengthen families and protect children at risk of abuse and neglect and by promoting programs aimed at creating healthy, safe and thriving communities.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. Approve the AB 2994 Children's Trust Fund Funding Proposal for Fiscal Year 2019-20.
2. Authorize the Agency Director, Health and Human Services Agency, to approve expenditures in accordance with the Fiscal Year 2019-20 Children's Trust Fund Funding Proposal.

SUBJECT: APPROVE THE CHILD AND FAMILY STRENGTHENING ADVISORY BOARD OF SAN DIEGO COUNTY FISCAL YEAR 2019-2020 CHILDREN’S TRUST FUND FUNDING PROPOSAL (DISTRICTS: ALL)

FISCAL IMPACT

Funds for this request are included in the Fiscal Year 2019-21 Operational Plan for the Health and Human Services Agency. If approved, this request will result in costs and revenue of \$1,050,000 in Fiscal Year 2019-20. The funding source is the AB 2994 Children’s Trust Fund. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

On June 8, 2020, the Child and Family Strengthening Advisory Board of San Diego County reviewed the AB 2994 Children’s Trust Fund Funding Proposal for Fiscal Year 2019-20 for submission to the San Diego County Board of Supervisors.

BACKGROUND

The San Diego County Board of Supervisors (Board) is committed to enhancing the County of San Diego’s (County) ability to prevent and respond to child abuse and neglect. On March 26, 2019 (11), the Board adopted Ordinance No. 10598 (N.S.) repealing and replacing provisions in the County Administrative Code to create the Child and Family Strengthening Advisory Board (CFSAB) of San Diego County. The CFSAB absorbed the duties of the Child Abuse Prevention Coordinating Council (CAPCC), and serves as a platform for cross-sector collaboration and transparent monitoring of the San Diego County child welfare system, including oversight and planning responsibilities for the AB 2994 Children’s Trust Fund (CTF) to ensure the safety and well-being of children and families. The CFSAB provides a forum for interagency cooperation and coordination in the prevention, detection, treatment, and legal processing of child maltreatment cases and supports countywide events that promote family strengthening.

In addition, the CFSAB is charged with developing a plan for the CTF. The CTF consists of funding from birth certificate receipts, license plate fees, child maltreatment court restitution fines, Community-Based Child Abuse Prevention funds and grants, and gifts or bequests from private sources. California Welfare and Institutions Code Section 18966 directs the CTF to be used for child maltreatment prevention and intervention programs. In accordance with these criteria, the CTF Funding Proposal for Fiscal Year 2019-20 totaling \$1,050,000 (Attachment A) was brought before the CFSAB. The recommended CTF Funding Proposal is presented annually to allow for accurate reconciliation of prior year expenses and to provide an update on costs and revenue for the current fiscal year.

**SUBJECT: APPROVE THE CHILD AND FAMILY STRENGTHENING ADVISORY
BOARD OF SAN DIEGO COUNTY FISCAL YEAR 2019-2020
CHILDREN’S TRUST FUND FUNDING PROPOSAL (DISTRICTS: ALL)**

The CTF Funding Proposal for Fiscal Year 2019-20 recommends funding for the following services and activities:

A. Child and Family Strengthening Advisory Board: \$200,000

Funds in the amount of \$200,000 will be allocated to carry out the duties and responsibilities of the CFSAB as outlined in the County Administrative Code 84.701. These duties and responsibilities include providing a forum for interagency cooperation and coordination for improvements in services to strengthen families and victims who are in the public charge, as well as children, youth and families whose safety and welfare may be at risk.

B. Voluntary Guardianship Services and Special Education Legal Advocacy: \$550,000

Funds will be allocated to the Health and Human Services Agency, Child Welfare Services to contract with nonprofit providers for provision of legal services to include:

- Guardianship counseling for parents;
- Assistance to relatives with low incomes who seek to obtain legal guardianship of children;
- Legal advice and advocacy;
- Education and training to caregivers, agencies and organizations, and county Residents; and
- Collaboration and/or representation to relative and non-related caregivers of foster children in the areas of:
 - Special Education;
 - Compliance with Individualized Education Plans (IEPs);
 - School-related disciplinary matters.

The CTF has supported these legal services since July 2012. Contractors have provided legal guardianship services to approximately 250 families annually and representation in special education matters to caregivers of approximately 65 youth annually. This allocation is the same as was proposed for Fiscal Year 2018-19.

C. Community and Caregiver Support: \$300,000

Funds will be allocated to provide primary and secondary prevention services through contracts for Kinship Support. These funds will be used for efforts supporting the Grandparents Raising Grandchildren initiative and other kinship caregivers’ programs and activities. The CTF has supported community and caregiver support programs since July 2015. Approximately 2,404 families receive case management services and emergency kinship support annually. This allocation is the same as was proposed for Fiscal Year 2018-19.

For the past five years, in order to utilize accumulated funds available in the CTF, the CTF spending plans have been higher than years prior, at approximately \$2.0 million annually. The current spending plan has been decreased to align with the ongoing projected revenue, at approximately \$1.05 million. The County is working to identify additional revenue streams to

**SUBJECT: APPROVE THE CHILD AND FAMILY STRENGTHENING ADVISORY
BOARD OF SAN DIEGO COUNTY FISCAL YEAR 2019-2020
CHILDREN’S TRUST FUND FUNDING PROPOSAL (DISTRICTS: ALL)**

help sustain and expand the current program levels of family strengthening services and child maltreatment prevention and intervention.

In the Fiscal Year 2018-19 CTF spending plan, funds for \$800,000 were allocated to the Community Services for Families (CSF) program. The CSF program provides primary and secondary prevention services through contracts with nonprofits for home visiting, parent education, kinship support, and family preservation and support services. Additionally, in the Fiscal Year 2018-19 CTF spending plan, funds in the amount of \$200,000 were allocated to iHeartMedia for contracted media services. iHeartMedia provides a broad array of countywide bilingual advertising activities to address current County initiatives related to strengthening families and child abuse prevention and awareness by using commercials, news alerts, public service announcements, billboards, and social media posts. To align to the ongoing projected revenue, allocations for CSF and iHeartMedia are not included in the Fiscal Year 2019-20 CTF spending plan. Alternate revenue streams have been identified to sustain these services. There has been no disruption in the level and delivery of program services and the County continues to build community partnerships around child abuse prevention and family strengthening.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today’s proposed actions supports the Building Better Health and Living Safely initiatives in the County of San Diego’s 2020-2025 Strategic Plan, as well as the *Live Well San Diego* vision, by providing services for children at risk of maltreatment.

Respectfully submitted,

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

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – AB 2994 Children’s Trust Fund Funding Proposal for Fiscal Year 2019-20



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: July 7, 2020

05

TO: Board of Supervisors

SUBJECT

RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

OVERVIEW

In 2018, the San Diego County Board of Supervisors (Board) initiated several actions to enhance, expand, and innovate behavioral health programs and services in the region. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care). These actions have brought together diverse stakeholders, including justice partners, hospitals, community health centers and other community-based providers, to create system-wide changes and help ensure individuals can quickly access behavioral health services to meet their immediate needs, and support their long-term journey to recovery. Continuum of Care updates have since been provided to the Board on a quarterly basis, as directed by the Board on December 11, 2018 (25).

These updates have historically been presented in the context of hubs, networks, and bridge planning strategies; however, with the Coronavirus Disease 2019 (COVID-19) pandemic reshaping nearly every facet of everyday life, today's update will begin with a summary of the COVID-19 impact on behavioral health and behavioral healthcare services to provide context on the current environment. The update will then outline the shift of Continuum of Care strategies within this new environment by focusing on programs and initiatives that yield high-impact results. An update on specific Continuum of Care projects will follow, along with a summary of the County's commitment to ensure individuals are engaged, diverted from high-acuity services, connected to long-term housing and supports, and provided ongoing care coordination services to address their mental health and substance use disorder needs.

Today's action requests the Board receive an update on the Behavioral Health Continuum of Care. The actions reported in this update will continue to complement the work across systems to provide optimal behavioral health resources that are regionally distributed and coordinated, thereby supporting the County's *Live Well San Diego* vision for a region where all residents have the opportunity to build better health, live safely, and thrive.

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

Receive the quarterly update on Advancing the Behavioral Health Continuum of Care through Regional Collaboration and Innovation.

FISCAL IMPACT

There is no fiscal impact associated with today's recommendation. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This item was presented at the July 2, 2020 Behavioral Health Advisory Board meeting as informational.

BACKGROUND

In 2018, the San Diego County Board of Supervisors (Board) initiated several actions to enhance, expand, and innovate behavioral health programs and services in the region. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care). These actions have brought together diverse stakeholders, including justice partners, hospitals, community health centers and other community-based providers, to create system-wide changes and help ensure individuals can quickly access behavioral health services to meet their immediate needs, and support their long-term journey to recovery.

As directed by the Board on December 11, 2018 (25), Continuum of Care updates have been provided to the Board on a quarterly basis, and presented in the context of hubs, networks, and bridge planning strategies as follows:

- *Hubs*: Integrated care environments designed to accelerate transition from behavioral health crisis to sustainable, continuous, chronic care management, including the following key components:
 - Co-location and affiliation with a general acute care hospital,
 - Access to inpatient acute psychiatric care,
 - Outpatient step-down services; co-located crisis stabilization, and
 - Linkage to care coordination that stays with the person for years into the future and through their engagement in other clinical and supportive services, and any justice system involvement.
- *Networks*: A broad array of outpatient services and housing opportunities that help keep individuals stable and continuously connected to services.
- *Bridge Planning Strategies*: Approaches to address immediate and near-term needs.

With the Coronavirus Disease 2019 (COVID-19) pandemic reshaping nearly every facet of our lives, we will be taking a different approach with the present Continuum of Care update and describing some novel strategic and tactical emphases. Today's update begins with a summary of

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

what we know about the state of behavioral health in the current moment, reviewing some preliminary national and recent local data. We will transition into a brief review of local behavioral health service utilization data, demonstrating significant challenges and opportunities facing the behavioral health continuum of care, and finally we will offer an overview of both consistency and shifts in our strategic approach.

Impact of COVID-19 on Behavioral Health and Behavioral Healthcare Services

The COVID-19 public health crisis and subsequent economic crisis have further underscored the need for robust, regionally distributed behavioral health services in San Diego County. Recent data have indicated alarming trends in key measures of population-level mental health compared to prior to the COVID-19 pandemic. According to separate studies by Twenge and Joiner, Hsing et al., and McGinty et al., in late April 2020, U.S. adults were as much as eight times more likely to fit criteria for serious mental distress as compared with 2018.

According to McGinty et al., increases in distress from 2018 to 2020 were seen across all income levels; however, rates of distress were more than twice as high among households making less than \$35,000 annually versus those making \$75,000 or more, which highlights the particular vulnerability of those living in poverty. Notably, Hispanic Americans were shown to have both increases in individuals experiencing distress, and levels of distress that were much higher than other racial or ethnic groups.

Local data from the County of San Diego (County) Medical Examiner may reflect the consequences of behavioral health crisis. While psychological distress is increasing, rates of suicide in San Diego County have remained static. Early indicators suggest an increased number of drug overdose deaths starting in March, which may imply that the COVID-19 pandemic disrupted illicit drug markets that could have led to risky changes in use patterns or use of unreliable supply that could cause deadly impact.

Though incidences of psychological distress are trending upward, there is an overall decrease in rates of behavioral health services utilization. The average census at the San Diego County Psychiatric Hospital (SDCPH), for example, fell by approximately 40% through the first weeks of March. Since then the census has rebounded, and as of the docketing of this letter, it is consistent with previous years.

Meanwhile, there have been more sustained shifts in service utilization within the specialty behavioral health care system contracted through the County's Behavioral Health Services (BHS) Department. The entire system of outpatient care, for example, has shifted heavily to telephonic or tele-health services; however, the overall volume of contacts measured by unique patients and contact duration have decreased between 20% and 40%.

Such short-term declines in utilization do not indicate reductions in need. On the contrary, diminished access to care will compound currently elevated levels of mental distress as well as future behavioral health risks associated with a downturn in the economy to drive potentially significant increases in need.

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

Behavioral Health Continuum of Care Strategy and Initiative Updates

The overarching goal of our Continuum of Care efforts remains the same - *to achieve a transformational shift from a model of care driven by crises, to one driven by chronic or continuous care and prevention through the regional distribution and coordination of resources to keep people connected, stable, and healthy.*

With the spread of the COVID-19 pandemic, the care and service landscape has changed dramatically, as well as the landscape of financial and regulatory opportunity, which calls for adjustments to our strategic and tactical approach. In light of these realities, three issues stand out:

1. With the current dramatic economic downturn resulting from the pandemic, we anticipate significantly fewer financial resources with which to drive change. The behavioral health specialty care system relies particularly heavily on Realignment funds (sales tax and vehicle license fees), which are expected to be adversely impacted over the next few years.
2. At the same time, in order to optimize access to care, federal and State regulatory authorities have enabled the rapid expansion of innovative ways of working, such as telehealth, that may increase the reach of current services by providing access to care in patients' homes and community settings.
3. Uncertainty about the future epidemiology of COVID-19, and potential surges in hospital bed need for COVID-19 care, compels us toward an approach in the immediate term that is less dependent upon devotion of hospital system resources.

Though many already established Continuum of Care projects continue to progress, due to the impacts of COVID-19, we are largely shifting or delaying large investments in capital infrastructure in hospital systems, and instead focusing on programs and initiatives that yield high-impact results designed to *divert* individuals from high-acuity services and *connect* them to long-term housing and supports and ongoing care coordination.

Key Continuum of Care updates are highlighted below in today's report.

Diversionary Services

Regional Crisis Stabilization Units

On March 26, 2019 (02), in an action brought forward by Supervisor Jacob, Supervisor Gaspar, District Attorney (DA) Summer Stephan, and Sheriff Bill Gore, your Board approved a recommendation to establish regional mental health crisis stabilization units (CSUs) that provide 24/7 walk-in mental health and substance use disorder services for those in behavioral health crisis. Services in these CSUs include law enforcement drop-offs as a safe alternative to a jail or hospital, psychiatric services, medication, peer support, and transition planning, with stays of less than 24 hours.

- The **North Coastal Community-Based CSU in Vista** continues to progress forward

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and is awaiting approval from the Vista City Council.

- The **North Coastal Live Well Health Center Community-Based CSU in Oceanside** continues to progress forward with construction expected to commence by the end of 2020.
- The **South Region Hospital-Based CSU** is entering the initial program design phase. Resulting recommended actions will be presented to the Board at a future date.

In addition to these new CSU projects, your Board approved actions on May 19, 2020 (06) to expand existing hospital-based crisis stabilization services at Palomar Hospital by increasing patient recliners from 8 to 16. All 16 recliners are expected to be available beginning January 1, 2021.

North Coastal Mobile Crisis Response Team Pilot

On March 26, 2019 (02), your Board approved a recommendation to develop timely follow-up care to connect individuals to appropriate services after a mental health crisis involving law enforcement. To further explore reducing the extent of law enforcement responsibility in serving behavioral health needs, on June 25, 2019 (01), your Board approved the establishment of a non-law enforcement Mobile Crisis Response Teams (MCRT) pilot program, in coordination with the Health and Human Services Agency Behavioral Health Services, the Sheriff, and the DA's Office.

Development of the North Coastal MCRT pilot program was delayed due to challenges with local municipal governance of siting, as well as COVID-19 response efforts. The North Coastal MCRT pilot program design has been adjusted to facilitate the design of, expedite the implementation of, and inform the scaling of additional MCRT programs across the County, as approved by your Board on June 23, 2020 (26), and a competitive procurement to operate these services in the North Coastal region is expected to be issued early this fiscal year.

Pre-Trial Felony Mental Health Diversion Program

Complementary efforts to support individuals with untreated mental illness who are also in the justice system are presented in a separate Board item heard today titled *Authority to Contract with and Accept Funding from the Department of State Hospitals for a Felony Mental Health Diversion Program*, which, if approved, will establish the County's first formal, pre-trial mental health diversion program.

This program design is based on the County's successful Behavioral Health Court, which provides Assertive Community Treatment, housing, wraparound services, and regular hearings before a judge and other collaborative court partners to support individuals whose crimes are associated with serious mental illness.

Partners in the proposed program include the DA's Office, the Sheriff, the Public Defender, the Probation Department, the Superior Court, and Behavioral Health Services. It would be supported by state funding through the Department of State Hospitals.

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Investments to Support Individuals with Behavioral Health Conditions Long-Term

Behavioral Health Impact Fund

On July 1, 2016, then Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness.

To date, the County has awarded more than \$39 million under the No Place Like Home program to four developments throughout San Diego County. These developments will result in the creation of 133 new permanent supportive housing units for individuals with serious mental illness who are experiencing homelessness.

On April 7, 2020 (03), your Board, in partnership with the City of San Diego (City), established a Behavioral Health Impact Fund (BHIF) with appropriations of \$25 million for capital projects to support community-based behavioral health organizations in increasing their capacity to support long-term treatment. One-time funds for capital projects through a competitive procurement process will strengthen the regional Continuum of Care.

The BHIF request for proposal (RFP) was issued in May 2020, inviting offerors to submit proposals for capital funds to support the following critical service areas:

- Enhanced behavioral support homes;
- Temporary and/or transitional housing and support for people with substance use disorder consistent with recovery residence settings;
- Behavioral health services for homeless populations who are victims of commercial sexual exploitation;
- Residential treatment services including mental health crisis programs for homeless youth, and substance use disorder withdrawal management and/or detoxification for transition age youth; and
- Information technology to support telehealth, data integration and innovation to optimize access and care for individuals with behavioral health care needs.

Funds for this program are expected to be awarded early in Fiscal Year 2020-2021, and further project details will be provided at a future Board meeting.

Care Coordination Efforts

Central Region Behavioral Health Hub – Joint Venture

On October 29, 2019 (31), your Board was informed that development of a vacant, County-owned parcel of land located on Third Avenue, San Diego, was feasible for a variety of mental health services. Subsequently, on January 28, 2020 (03), your Board directed staff to

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execute a memorandum of understanding between the County and the University of California, San Diego Health Systems (UCSD), to operate and/or provide services at the Central Region Behavioral Health Hub and, as appropriate, provide interim services at San Diego County Psychiatric Hospital (SDCPH).

Progress on the Central Region Behavioral Health Hub and SDCPH has slowed, with hospital partners and County staff focusing heavily on pandemic response activities. Collaboration does continue between the County and UCSD to outline the service and operational design of a Central Region Hub and collaborative operations at SDCPH. An area of particular focus has been the design of new care coordination services for those at high risk of future inpatient psychiatric hospitalization and planning of a joint legal entity to support multiple providers offering these new care coordination services.

On June 23, 2020 (19) your Board approved the revised Capital Improvement Needs Assessment program, which included preconstruction funding totaling \$2.0 million for the Central Region Behavioral Health Hub. Project details will be provided at a future Board meeting.

Behavioral Health Navigation and Support for First Responders

On September 10, 2019 (17), your Board authorized a competitive solicitation for the Fire Captain Ryan J. Mitchell's First Responder Behavioral Health Support program, which offers confidential peer support and navigation services for first responders residing in San Diego County who are in crisis. The program, which began on July 1, 2020, provides free mental health care services to first responders by increasing access and connecting individuals to culturally competent behavioral health services.

Expected outcomes of the program include reducing stigma, increasing awareness, and encouraging first responders to access available behavioral health services, all to encourage individuals to access these critical services so tragedies like suicide are prevented. In the first year of implementation, the program is expected to:

- Identify utilization rates of the First Responder Navigation Referral Helpline;
- Provide direct connections for first responders to mental health and substance use disorder services; and
- Enhance outreach and awareness, and provide education and training to first responders, employers of first responders, and first responder professional organizations on peer support services, stigma reduction strategies, and available behavioral health resources.

Additionally, your Board authorized the implementation of programming tailored to local first responders as part of the County's behavioral health awareness and stigma reduction media campaign, "It's Up to Us".

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

Other Continuum of Care-Related Updates

Opioid Treatment Programs

Medication Assisted Treatment (MAT), offered through Opioid Treatment Programs (OTPs), is an effective form of treatment for individuals struggling with substance use disorders. As part of the Drug Medi-Cal Organized Delivery System (DMC-ODS) implementation, existing OTPs throughout San Diego County shifted from State oversight to local County oversight beginning July 1, 2018.

On August 6, 2019 (06), in an action recommended by Supervisor Desmond, your Board directed County staff to develop local guidelines to ensure OTPs are in full compliance with federal guidelines, and patient treatment expectations are being delivered.

Then, on February 25, 2020 (07), BHS recommended a series of actions to support local oversight of OTPs to ensure best practices are utilized and the highest quality of care is provided to those served by the County. Your Board approved recommendations, and directed County staff to:

- Review Oceanside and El Dorado MAT treatment facilities;
- Conduct a study on the size of facilities and number of patients;
- Consider the development of location parameters for future facilities and number of patients; and
- Report back to the Board every 90 days for the first year; and then semi-annually after that, on:
 - Complaints received,
 - Corrective actions taken,
 - Community engagement input results, and
 - Network adequacy and what is needed in terms of total patient capacity and the disbursement of sites.

Although the impact of the COVID-19 pandemic has caused some delay, the County has made advancements in several critical areas to enhance oversight, community engagement and service quality, as follows:

- A dedicated County employee has been identified to serve as the Local Opioid Treatment Authority providing oversight of County-contracted OTPs, including:
 - Ensuring conformance with local, State, and federal guidelines and requirements, and,
 - Overseeing community engagement to ensure OTPs are effectively integrated into the community and responsive to local concerns.
- OTPs were directed to revise their community outreach plans to include robust engagement events and proactive community relations that may include:
 - Participating in the local business associations,

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

<ul style="list-style-type: none">○ Connecting with local organizations and the faith-based community, and○ Working with clients to improve local communities through senior outreach and neighborhood beautification projects. <ul style="list-style-type: none">• An OTP quality data dashboard to support quality improvement is under development.• The El Dorado OTP contract was recently enhanced to include case management services, and improve therapeutic linkages, social supports, and transportation for individuals utilizing services.• To align with the physical distancing requirements outlined in the COVID-19 County Public Health Order, OTPs were able to shift to a take-home model of service delivery allowing them to reduce the daily flow of clients into OTPs. This has resulted in a 60% increase in take-home prescriptions, while clinics have optimized their take-home processes.• To increase access to MAT in primary care settings and improve community-wide integration of services, BHS has commenced a partnership with Acadia Healthcare to provide MAT services within an outpatient venue, in addition to the two substance use disorder outpatient clinic programs previously enhanced this year to provide these services.
<p><i>Tri-City Medical Center Psychiatric Health Facility</i></p> <p>On January 14, 2020 (11), your Board approved final agreements between the County of San Diego and Tri-City Healthcare District for the development and operation of a 16-bed Psychiatric Health Facility on vacant land located at the Tri-City Medical Center campus in Oceanside. Design of the facility has progressed as planned, and construction of the new facility is slated for completion in late 2022.</p>
<p>Delayed Continuum of Care Projects and Programs</p>
<p><i>North Inland Region Behavioral Health Hub</i></p> <p>On October 29, 2019 (05), your Board approved actions to pursue development of a behavioral health hub in the North Inland Region in Escondido with services provided in partnership with Palomar Health. The North Inland Region Behavioral Health Hub project will require extensive investments in capital infrastructure and therefore has been delayed indefinitely due to limited available financial resources; however, the expansion and enhancement of the Palomar Crisis Stabilization Unit was approved by your Board on May 19, 2020 (06) which will greatly enhance access to services for individuals who are experiencing psychiatric crisis in the North Regions of San Diego County.</p>
<p><i>South and East Regions Behavioral Health Hubs</i></p> <p>The South and East Region Behavioral Health Hub projects have also been delayed indefinitely, due to the need for dedicated hospital resources in support of COVID-19 and due to the limited financial resources available for capital investments; however, as mentioned in the Regional Mental Health Crisis Stabilization Units section above, the work continues to</p>

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

progress on the development of a South Region Crisis CSU to enhance access for individuals who are experiencing psychiatric crisis in the South Region of San Diego County.

North Inland Integrated Behavioral Health Center

On October 29, 2019 (05), your Board approved authority to issue two Requests for Information (RFIs) regarding an integrated behavioral health and wellness center in Escondido; one for services, and one for the design and build of a facility. On January 28, 2020 (03), your Board was informed that the RFI for services had been completed on January 21, 2020, the results of which would inform an RFI for the facility design and build.

The North Inland Integrated Behavioral Health Center in Escondido project will require extensive investments in capital infrastructure and therefore has been delayed indefinitely due to limited available financial resources.

North Inland Crisis Residential Services

On October 29, 2019 (05), your Board approved actions to competitively procure crisis residential services in North Inland Region for up to 16 beds. The North Inland Crisis Residential services procurement has been delayed indefinitely due to limited available financial resources.

Continuing Commitment to Optimal Care

As the County continues to adapt to the new environment resulting from the COVID-19 pandemic, BHS continues to look for opportunities to deliver more accessible, impactful services that meet the needs of the community. Now more than ever, individuals need to be engaged and remain connected to critical substance use disorder and mental health services.

During the onset of the COVID-19 pandemic, County-operated and contracted programs alike demonstrated an ability to adapt to the changing circumstances and shift to a telehealth model of service delivery. Going forward, the only thing that remains certain is the need for continued flexibility and resiliency while we recover from the immense financial and operational impacts.

This does, however, provide us with an opportunity to assess our system, both in terms of core services and optimal service delivery, but also in how we will move forward in accelerating population health-focused strategies that emphasize the demographic and racial stratification of services to ensure equity and equality. The financial impact has forced a shift from large brick-and-mortar facilities to smaller, regionally distributed care centers that better meet the needs of the community.

Though many changes have occurred due to recent events, we remain steadfast in our mission to shift from a system of care driven by crisis and characterized by episodic care, to a system driven by chronic and continuous care with proactive care management and robust care coordination designed so individuals can remain connected to services over their lifetime.

SUBJECT: RECEIVE UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION AND INNOVATION (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's action supports the County's 2020-2025 strategic initiatives of Building Better Health by supporting the County of San Diego's goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration, and innovation. Additionally, today's item supports the Operational Excellence initiative making health, safety, and thriving a focus of all policies and programs through internal and external collaboration.

Respectfully submitted,

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

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



ITEM #02: AUTHORITY TO CONTRACT WITH & ACCEPT FUNDING FOR A FELONY MENTAL HEALTH DIVERSION PROGRAM

ITEM #05: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION & INNOVATION

Dean Arabatzis, Acting Agency Director, Health and Human Services Agency
Dr. Luke Bergmann, Director, Behavioral Health Services, Health and Human Services Agency
Rachel Solov, Chief Deputy District Attorney, District Attorney's Office, Public Safety Group

July 7, 2020



Behavioral Health Continuum of Care Strategy & Initiative Updates

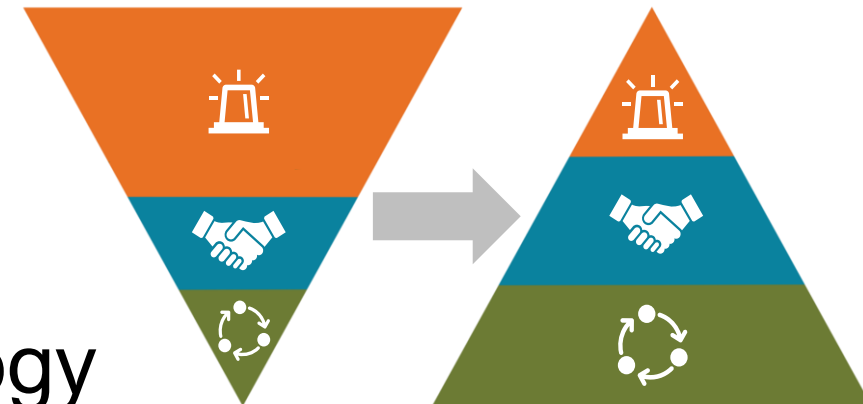


LIVE WELL
SAN DIEGO

Continuum of Care goals remain the same while strategies will need to shift

» Key Issues Driving Strategic Change

- Economic trends
- Opportunities for expansion of innovative services
- Unknown COVID-19 epidemiology and impacts on health system planning



Behavioral Health Continuum of Care Strategy & Initiative Updates



LIVE WELL
SAN DIEGO

Key aims include keeping people in care, connecting additional people to care, and keeping hospitals available for COVID-19

»» Focus on Immediate Impact Programs

- Diversionary services
- Long term care and support
- Care coordination

Behavioral Health Continuum of Care Strategy & Initiative Updates



LIVE WELL
SAN DIEGO

Diversificationary Services

- Regional Crisis Stabilization Units
 - North Coastal Community-Based CSU, Vista
 - North Coastal Live Well Health Center Community-Based CSU, Oceanside
 - South Region Hospital Based CSU
- Mobile Crisis Response Teams
- Behavioral Health Felony Diversion

Behavioral Health Continuum of Care Strategy & Initiative Updates



LIVE WELL
SAN DIEGO

Mental Health Diversion



Law allows judge to approve mental health treatment in community, postpone prosecution



Individualized treatment in community, up to two years



If treatment is satisfactory, judge can dismiss case

Behavioral Health Continuum of Care Strategy & Initiative Updates



LIVE WELL
SAN DIEGO

Making Diversion Work

- Increase access to appropriate treatment plans for under/uninsured
- Leverage State funding to divert individuals with serious diagnoses, felony charges
- Collaborative solution: Behavioral Health Court model



Behavioral Health Continuum of Care Strategy & Initiative Updates



LIVE WELL
SAN DIEGO

Care Coordination Efforts

- Central Region Behavioral Health Hub – Joint Venture
- Behavioral Health Support for First Responders





Supporting Behavioral Health Care Long-Term

- Behavioral Health Impact Fund with support for critical service areas

CRITICAL SERVICE AREAS

**Enhanced
Behavioral
Support
Homes**

**Residential
Treatment,
Including
Programs for
Homeless
Youth and TAY**

**Temporary/
Transitional
Housing and
Support for
People with
SUD**

**IT to Support
Telehealth,
Data
Integration,
and
Innovation**

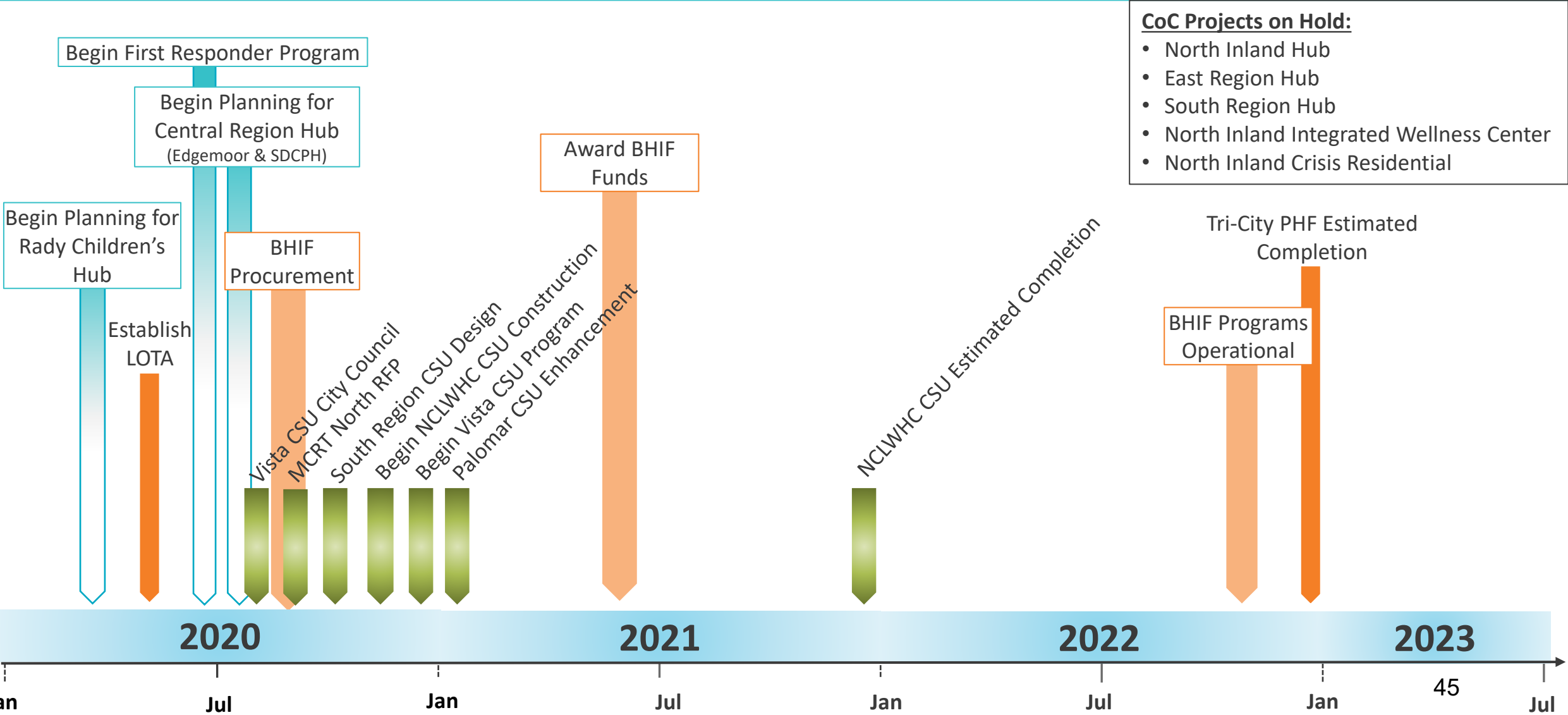
**BH Services
for Homeless
Victims of
Commercial
Sexual
Exploitation**



Other Continuum of Care Related Updates

- Update on Opioid Treatment Programs (OTPs)
 - Local Opioid Treatment Authority (LOTA) designated
 - Revision of community outreach plans
 - OTP quality data dashboard
 - Shift to take-home model
- Tri-City Medical Center Psychiatric Health Facility
 - Construction scheduled to be completed late 2022

Behavioral Health Continuum of Care Projected Timelines



Today's Actions



LIVE WELL
SAN DIEGO

Item # 02: Authorize the Deputy Chief Administrative Officer, Public Safety Group, to execute a contract with the Department of State Hospitals to accept funding of up to \$3,328,000 for a Pre-Trial Felony Mental Health Diversion Program, term period of July 15, 2020-June 30, 2023.

Item # 05: Receive the quarterly update on Advancing the Behavioral Health Continuum of Care through Regional Collaboration and Innovation.



ITEM #02: AUTHORITY TO CONTRACT WITH & ACCEPT FUNDING FOR A FELONY MENTAL HEALTH DIVERSION PROGRAM

ITEM #05: UPDATE ON ADVANCING THE BEHAVIORAL HEALTH CONTINUUM OF CARE THROUGH REGIONAL COLLABORATION & INNOVATION

Dean Arabatzis, Acting Agency Director, Health and Human Services Agency
Dr. Luke Bergmann, Director, Behavioral Health Services, Health and Human Services Agency
Rachel Solov, Chief Deputy District Attorney, District Attorney's Office, Public Safety Group

July 7, 2020





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: August 4, 2020

05

TO: Board of Supervisors

SUBJECT

AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES (DISTRICTS: ALL)

OVERVIEW

In 2018, the San Diego County Board of Supervisors initiated several actions to enhance, expand, and innovate behavioral health programs and services in the region. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care).

Though the COVID-19 pandemic has resulted in shifts to Continuum of Care efforts, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services remains committed to maintaining continuity and expansion of critical services to the most vulnerable individuals and families by focusing on programs that yield high-impact results designed to divert individuals from high-acuity services and connect them to ongoing care.

An immediate priority continues to be the expansion of crisis stabilization services in both hospital- and community-based settings. Hospital-based crisis stabilization units (CSUs) provide emergency psychiatric services adjacent to a hospital's emergency or urgent care unit to individuals experiencing a psychiatric crisis to stabilize and connect them to ongoing services that meet their individual needs, while community-based CSUs provide emergency psychiatric services within a community-based setting.

The County currently funds three operational CSUs as follows:

- The San Diego County Psychiatric Hospital Emergency Psychiatric Unit, a CSU for adults within the City of San Diego;
- The Emergency Screening Unit, a community-based CSU for children and youth operated by contracted provider New Alternatives in the Hillcrest neighborhood within the City of San Diego; and
- A hospital-based CSU for adults operated by contracted provider Palomar Health and located on the Palomar Hospital campus in Escondido.

SUBJECT: AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES (DISTRICTS: ALL)

In addition, two community-based CSUs are also planned to be operational through contracted service providers within the cities of Vista and Oceanside in Fiscal Year 2020-21 and 2021-22, respectively, to ensure adequate service availability in the North Region of San Diego County. Though CSUs serve individuals countywide, Continuum of Care efforts aim to establish regionally distributed services that are near an individual's social and familial supports.

Today's recommendation requests authority to establish a single source contract for a new CSU with up to 12 recliners at Paradise Valley Hospital in National City to enhance the delivery of behavioral health services in the South Region.

Expansion of this critical service supports increased access for individuals who are experiencing psychiatric crises in the South Region of San Diego County. This is in alignment with the County's *Live Well San Diego* vision for a region where all residents have the opportunity to build better health, live safely, and thrive.

**RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER**

In accordance with Board Policy A-87, Competitive Procurement, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with Prime Healthcare, and subject to successful negotiations and determination of a fair and reasonable price, enter into a single source contract for crisis stabilization services at Paradise Valley Hospital for an initial term of up to one year, with up to six (6) 1-year options, and up to an additional six months, if needed, and to amend the contract to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

FISCAL IMPACT

Funds for this request are not included in the Fiscal Year 2020-21 preliminary operating budget in the Health and Human Services Agency (HHSa). If approved, this request will result in estimated costs and revenues of up to \$5,900,000 in Fiscal Year 2020-21 that will be referred to budget deliberations in order to establish appropriation in the Behavioral Health Services Department, HHSa. Annualized ongoing costs beginning in FY 2021-22 are estimated at \$7,900,000 and will be requested as part of the Fiscal Year 2021-22 Recommended Operational Plan as needed. It is anticipated that upon full implementation of these services, federal revenue will be optimized and efficiencies in other service delivery areas, including reductions in inpatient and psychiatric care, will be realized. The funding sources in year one will be Short-Doyle Medi-Cal and one-time State General Fund dollars allocated to help backfill Health and Human Services Realignment revenue. Beginning in Fiscal Year 2021-22, the ongoing revenue streams used will be Short-Doyle Medi-Cal, Mental Health Services Act, and Realignment funding. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

SUBJECT: AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES (DISTRICTS: ALL)

ADVISORY BOARD STATEMENT

This board letter was shared with the Behavioral Health Advisory Board as informational on July 27, 2020 and will be presented as an informational item at their meeting on August 6, 2020.

BACKGROUND

In 2018, the San Diego County Board of Supervisors (Board) initiated several actions to enhance, expand, and innovate behavioral health programs and services in the region. This body of work is broadly referred to as the Behavioral Health Continuum of Care (Continuum of Care). These actions have brought together diverse stakeholders, including justice partners, hospitals, community health centers and other community-based providers, to create system-wide changes and help ensure individuals can quickly access behavioral health services to meet their immediate needs, and support their long-term journey to recovery.

Though the COVID-19 pandemic has resulted in shifts to Continuum of Care efforts, the County of San Diego (County) Health and Human Services Agency, Behavioral Health Services remains committed to maintaining continuity and expansion of critical services to the most vulnerable individuals and families by focusing on programs that yield high-impact results, designed to divert individuals from high-acuity services and connect them to ongoing care.

An immediate priority continues to be the expansion of crisis stabilization services in both hospital- and community-based settings. Hospital-based crisis stabilization units (CSUs) provide emergency psychiatric services adjacent to a hospital's emergency or urgent care unit to individuals experiencing a psychiatric crisis to stabilize and connect them to ongoing services that meet their individual needs, while community-based CSUs provide emergency psychiatric services within a community-based setting.

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- A hospital-based CSU for adults operated by contracted provider Palomar Health and located on the Palomar Hospital campus in Escondido.

In addition, two community-based CSUs are also planned to be operational through contracted services providers within the cities of Vista and Oceanside in Fiscal Year 2020-21 and 2021-22, respectively, to ensure adequate service availability in the North Region of San Diego County. Though CSUs serve individuals countywide, Continuum of Care efforts aim to establish regionally distributed services that are near an individual's social and familial supports.

Today's recommendation requests authority to establish a single source contract for a new CSU with up to 12 recliners at Paradise Valley Hospital in National City to enhance the delivery of behavioral health services in the South Region.

SUBJECT: AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES (DISTRICTS: ALL)

Prime Healthcare qualifies for a single source contract to provide these services based on the following section of Board Policy A-87, Competitive Procurement:

Section 1D-3: The procurement is for services from a provider with unique knowledge, skill or ability not available from other sources.

The County remains committed to providing quality behavioral health services across all regions of San Diego County. If this request is approved, it will support behavioral health continuum of care progress by enhancing prevention efforts and regionally distributed services through the establishment of crisis stabilization services in the South Region of San Diego County. Prime Healthcare provides medical services to National City residents within the local hospital at Paradise Valley Hospital and has unique knowledge, skills, and abilities not available from other sources in this region; therefore, it is situated as the sole entity to provide these crisis services to best meet the needs of the community.

The establishment of the South Region CSU will also result in enhanced performance outcomes, including increased access, improved quality of behavioral health care and more robust care coordination, resulting in a system characterized by upstream prevention and continuous care, rather than perpetual crisis. It is also expected to yield the following enhanced outcomes, several of which will be recognized through incentive payments to Prime Healthcare:

- Reductions in emergency department admissions;
- Reductions in discharges to inpatient care;
- Increased connection of individuals discharged from the CSU to family, community resources, and other support systems to strengthen engagement and maintain stability;
- Enhanced care coordination, including connections to ongoing, community-based care and follow-up, to ensure individuals remain connected to treatment;
- Reductions in the rates of inpatient and CSU readmissions; and
- Increased enrollment of eligible individuals to Medi-Cal.

Expansion of this critical service supports increased access for individuals who are experiencing crisis in the South Region of San Diego County and complements the ongoing work across systems to provide optimal behavioral health resources that are regionally distributed and coordinated. Over time, it is anticipated that a well-functioning CSU will result in reductions in much more expensive inpatient hospitalizations, and the increased drawdown of federal revenue will result in cost savings. It will also accelerate ongoing work across systems to shift from a model driven by crisis care to one driven by continuous and chronic care management. Such efforts contribute to the County's *Live Well San Diego* vision for a region, where all residents have the opportunity to build better health, live safely, and thrive.

SUBJECT: AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES (DISTRICTS: ALL)

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's actions support the County of San Diego's (County) 2020-2025 strategic initiatives of Building Better Health by supporting efforts to achieve our County's goal of a fully optimized health and social service delivery system to make it an industry leader in efficiency, integration and innovation. Additionally, today's item supports the Operational Excellence initiative goal that our County prioritize building better health, living safely, and thriving by continuing to move forward policies and programs through internal and external collaboration.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'HNM', is positioned above the printed name.

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

N/A



ITEM #05: AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES

Dean Arabatzis, Acting Agency Director, Health and Human Services Agency
Dr. Luke Bergmann, Director, Behavioral Health Services, Health and Human Services Agency

August 4, 2020



Immediate Impact Programs



LIVE WELL
SAN DIEGO

**Diversionary
Services**



**Long Term Care &
Support**

Care Coordination

HOSPITAL-BASED CRISIS STABILIZATION SERVICES

- Emergency psychiatric services
- Within an emergency or urgent care unit
- Stabilize individuals in crisis and connect them to ongoing services

South Region Service Need

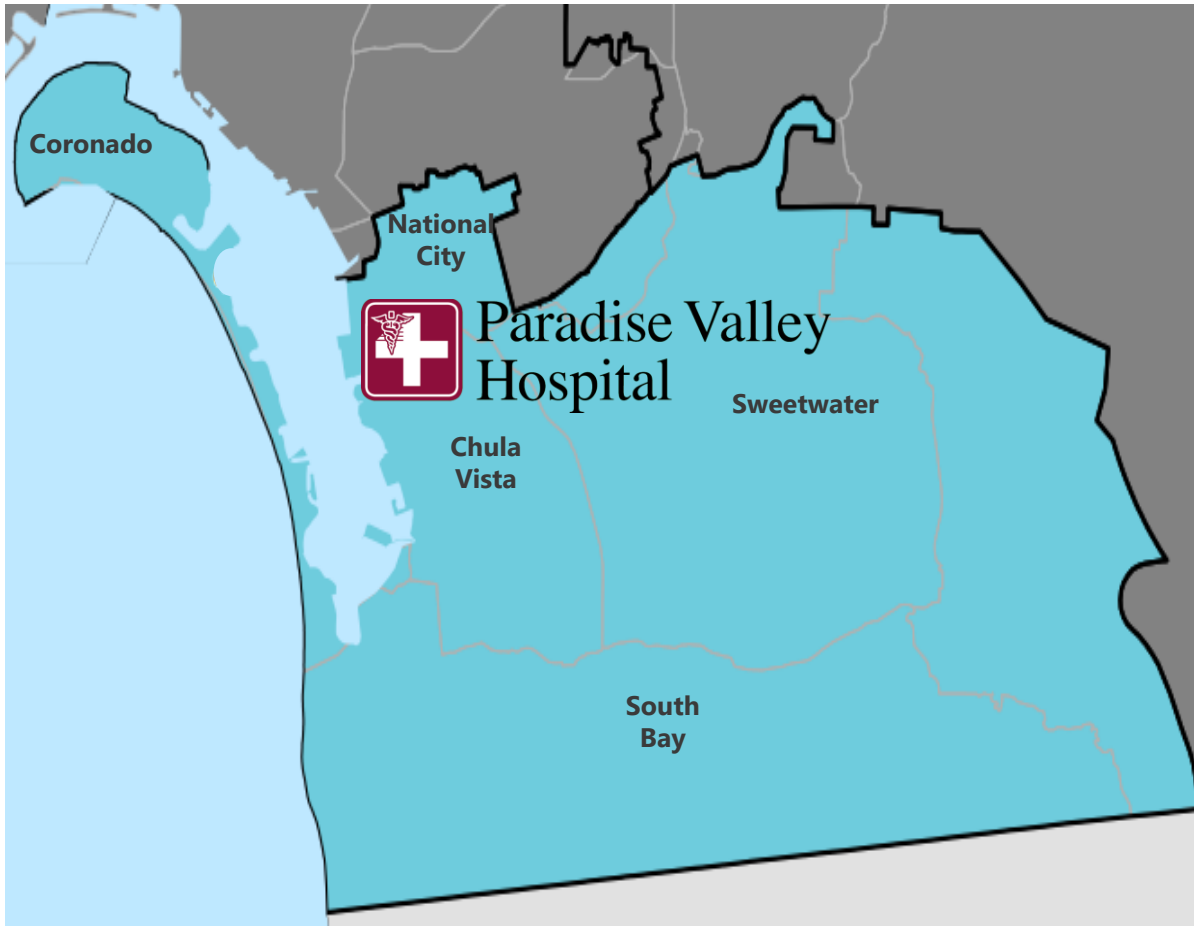


- COVID and behavioral health burdens in the South Region of San Diego County
 - 10 of the 13 zip codes in the South Region have higher case rates than the County average
 - Rate of ED visits for MH and SUD are higher in National City than the County average

Partnership with Prime Healthcare



HHSA South Region



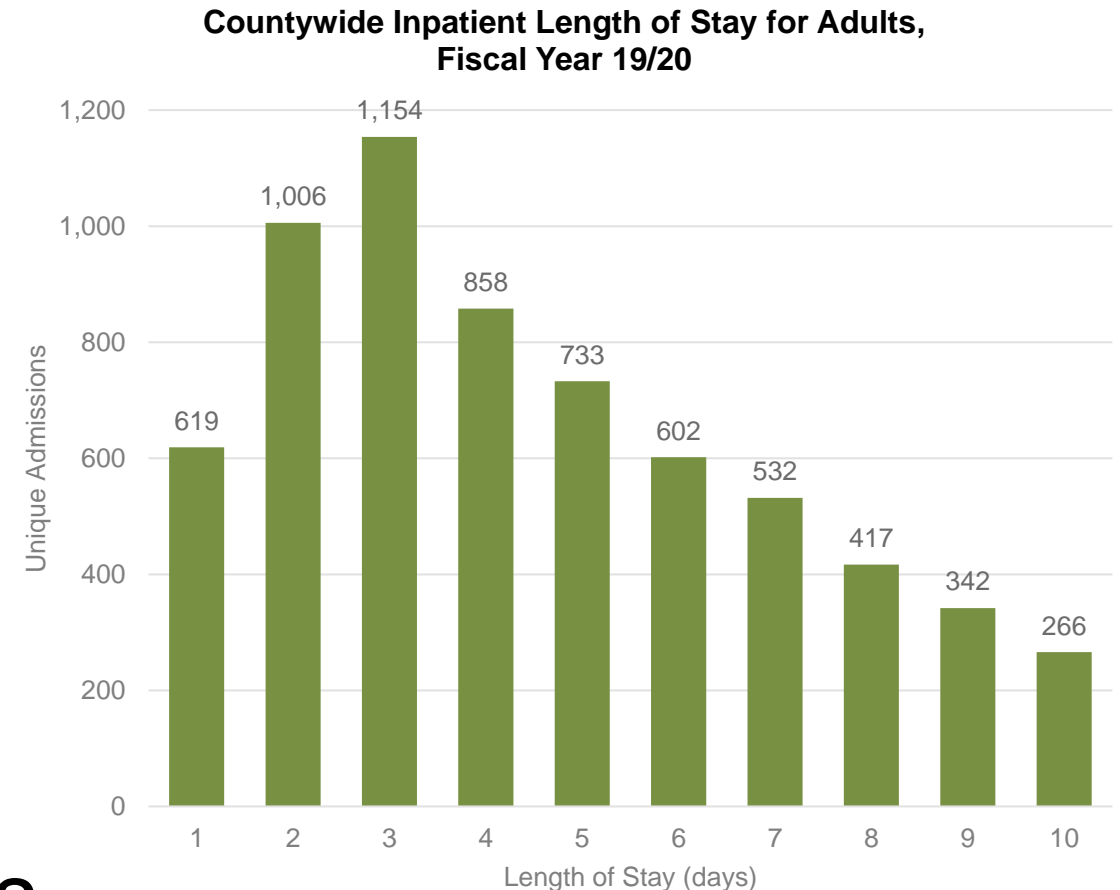
- 12 Recliners
- Minimal capital improvements
- ~25% of all Medi-Cal discharges across the County

Enhanced Performance Outcomes



LIVE WELL
SAN DIEGO

- Increased diversion from Emergency Departments
- Increased connections to ongoing care
- Reductions in hospitalizations
- Improved long-term outcomes



Today's Action



LIVE WELL
SAN DIEGO

Approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with Prime Healthcare, and enter into a single source contract for crisis stabilization services in the South Region and to amend the contract as needed with the approval of the Agency Director, Health and Human Services Agency.



ITEM #05: AUTHORIZATION OF A SINGLE SOURCE PROCUREMENT WITH PRIME HEALTHCARE AT PARADISE VALLEY HOSPITAL IN SOUTH REGION FOR CRISIS STABILIZATION SERVICES

Dean Arabatzis, Acting Agency Director, Health and Human Services Agency
Dr. Luke Bergmann, Director, Behavioral Health Services, Health and Human Services Agency

August 4, 2020





GREG COX
CHAIRMAN
SUPERVISOR, FIRST DISTRICT
SAN DIEGO COUNTY BOARD OF SUPERVISORS
AGENDA ITEM

DATE: August 4, 2020

21

TO: Board of Supervisors

SUBJECT:
SUPPORTING YOUTH ENGAGEMENT IN SERVICE IN SAN DIEGO COUNTY
(DISTRICTS: ALL)

OVERVIEW

“Nothing about us, without us.” This phrase is used to convey the idea that no policy or decision that affects a population is made without the direct input of that population. Leading youth organizations have adopted this phrase to advocate for authentic and meaningful youth engagement in government structures.

The National Research Council, Institute of Medicine, the American Public Health Association, and several other leading organizations recognize adolescence and young adulthood as pivotal, developmental periods of life, between childhood and adulthood. During these critical years, a young person begins to make personal and professional decisions that impact them into adulthood. With effective support, guidance and empathy, youth will develop into healthy adult leaders that help transform our communities.

At my State of the County Address in February 2020, I proposed the Youth Engagement in Service (YES) initiative with the goal of preparing the next generation of leaders for civic engagement in San Diego County. This initiative embraces a Positive Youth Development (PYD) model with the premise that youth possess strengths, expertise, and lived experience that provides invaluable insight for the development of services and programs designed to enhance their quality of life and maximize their potential. The core principles of PYD include supporting and advancing youth voice in decisions affecting them, instituting youth-adult partnerships, and providing opportunities that help youth mature into healthy adults. Promising practices suggest that public agencies that embrace young people as subject matter experts on the issues affecting them may provide better services and targeted plans for youth, families, and the community.

By aligning with the County’s vision of *Live Well San Diego*, and its existing structure and networks, YES can be operationalized and maximized through the creation of a new *Live Well San Diego* Youth Sector. This Youth Sector will deepen youth participation in civic and community engagement opportunities, enhance youth leadership and workforce readiness, and engage youth

SUBJECT: SUPPORTING YOUTH ENGAGEMENT IN SERVICE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

in providing input related to programs and services impacting them. To involve youth in this initiative we must assess the quality of our current youth partnerships, understand the needs of youth, design structures to meet those needs, and examine the process by which we seek input, partner, and develop programs and services that impact youth. Today's action requests the establishment of a *Live Well San Diego* Youth Sector and the creation of a plan that outlines opportunities for meaningful youth engagement in the County of San Diego.

**RECOMMENDATION(S)
CHAIRMAN GREG COX**

1. Direct the Chief Administrative Officer to return to the Board of Supervisors within 90 days with a proposal for the development of a *Live Well San Diego* Youth Sector, which will provide oversight and direction for youth engagement efforts.
2. Direct the Chief Administrative Officer to 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, including these potential elements:
 - a. The identification of funds, and referral to budget, the creation of two or more part-time Youth Advisors, who provide support to the strategy and design of the Youth Sector and subsequent engagement plans.
 - b. The addition of youth delegate positions to various County Boards and Commissions, as appropriate and in consultation with the appointed chairpersons of those Board and Commissions. These boards and commissions may include but not be limited to the Health Services Advisory Board, the Behavioral Health Advisory Board, the Social Services Advisory Board, Community Action Partnership Administering Board, the San Diego Regional Human Trafficking & Commercial Sexual Exploitation of Children (CSEC) Advisory Council, the Commission on the Status of Women and Girls. Specific roles of these youth delegates may vary by Board or Commission and will be in alignment with by-laws and other regulating authority.
 - c. A convening group under the direction of the County's Live Well San Diego Support Team, that provides an opportunity for Youth Advisors and Youth Delegates to come together to share opportunities and best practices, participate in leadership development training, and learn of additional opportunities for civic and community engagement.
 - d. The creation of a youth mentorship program for the County, in partnership with community organizations, to provide opportunities for youth to explore careers and employment opportunities at the County, learn about County programs and services as well as offer youth input and perspective on such programs and services that impact children, youth, and families.

FISCAL IMPACT

There is no fiscal impact associated with these recommendations. Pending specific recommendations regarding the feasibility of the program elements described in this letter, County staff will return to the Board within the prescribed timeframe with expenditure and revenue estimates, staffing recommendations, and proposed funding sources.

SUBJECT: SUPPORTING YOUTH ENGAGEMENT IN SERVICE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

This report will be presented to the various Boards and Commissions as an informational item.

BACKGROUND

At my State of the County Address in February 2020, I proposed the Youth Engagement in Service (YES) initiative with the goal of preparing the next generation of leaders for civic engagement in San Diego County. This initiative embraces a Positive Youth Development (PYD) model with the premise that youth possess strengths, expertise, and lived experience that provides invaluable insight for the development of services and programs designed to enhance their quality of life and maximize their potential. The core principles of PYD include supporting and advancing youth voice in decisions affecting them, instituting youth-adult partnerships, and providing opportunities that help youth mature into healthy adults. Promising practices suggest that public agencies that embrace young people as subject matter experts on the issues affecting them may provide better services and targeted plans for youth, families, and the community.

In addition to seeking youth input and participation throughout various County programs and services, the County of San Diego engages in numerous working groups, forums and events that acknowledge youth voice as a valuable and necessary resource to improving County programming. These efforts include the Youth Emergency Readiness Ambassadors program, the Trauma-informed Care Working Group, the District Attorney's Youth Advisory Board, youth-led Resident Leadership Academies, and the Strong Families, Thriving Communities learning collaboratives, to name a few. Many existing County of San Diego boards and commissions focus on issues affecting youth. Several already successfully engage youth in their decision-making processes, and several might benefit from increased youth participation. The Live Well Youth Sector will help recruit and prepare youth to be fully participating members of these important bodies.

In summary, YES, through the newly created Live Well Youth Sector, aims to strengthen the momentum of these various youth engagement efforts in order to streamline and develop a pathway to support youth leadership, with the overarching goals in mind:

- Creating and maintaining internal infrastructure that supports PYD and youth-adult collaboration through the creation of two or more part-time Youth Advisor positions
- Increasing leadership through youth participation on existing San Diego County boards and commissions
- Establishing a convening group for youth leaders to collaborate as well as participate in trainings and development opportunities
- Engaging youth in mentorship opportunities including the design and evaluation of programs and service

Part-Time Youth Advisor Positions

Youth-adult partnerships (Y-AP) are intentional relationships where young people and adults work together in equal partnership. Y-AP's distribute leadership power between the young people and the adults involved in an organization. Scholars and practitioners have begun championing the idea

SUBJECT: SUPPORTING YOUTH ENGAGEMENT IN SERVICE IN SAN DIEGO COUNTY (DISTRICTS: ALL)

of Y-APs because they engage young people in community action as well as sharing decision-making power. By creating Y-AP both the young person and the adult can co-mentor one another while focusing on improving the community, organization, or program.

As part-time employees, these Youth Advisors can actively participate in the development, implementation, and evaluation of programs and policies affecting youth and young adults. Research has shown that due to the need for peer support, a minimum of two youth advisors needed to be hired to work together. The County of Los Angeles deploys a similar model within their Department of Public Health focusing on Positive Youth Development, utilizing youth advisors, and instituting a Regional Youth Council.

Locally, Youth Advisors could work within County departments to address the wellbeing of their community by supporting such activities as:

- Participating in capacity-building training and workshops
- Serving as ambassadors within the County representing youth issues
- Ensuring youth perspective in decision-making
- Assisting in the development, implementation, and evaluation of programs and policies affecting youth

The proposed Youth Sector has been informed by numerous stakeholder focus groups with youth-led and youth-serving organizations throughout San Diego County including the Children's Initiative, Vista Community Clinic's Youth Development Project REACH, San Diego County Parks and Recreation SD Nights youth leaders, the Youth Action Board of Regional Task Force for the Homeless, San Ysidro Health Peer Health Advocates, San Pasqual Academy youth, Youth Will and more.

Today's action will direct the Chief Administrative Officer to return to the Board of Supervisors within 90 days with a proposal for the development of a *Live Well San Diego* Youth Sector, which will provide oversight and direction for youth engagement efforts, including exploring specific components in partnership with local youth-led and youth-serving organizations.

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

This action supports the Building Better Health initiative in the County of San Diego's 2019-24 Strategic Plan, as well as *Live Well San Diego* by ensuring that youth and young adults are provided leadership opportunities at all levels of County service and supports the healthy development of children, youth, and families.

Respectfully submitted,


GREG COX
Chairman

COVID-19 RESOURCES



The SPC is committed to supporting you through these difficult times. Below are some resources on COVID-19 for your reference.

COUNTY OF SAN DIEGO COVID-19 INFORMATION
www.coronavirus-sd.com

SAN DIEGO COUNTY ACCESS & CRISIS LINE

Call **888-724-7240**

Help is available to you **24 hours a day, 7 days a week**, in over 150 languages.

CHAT Services: <https://omnidigital.uhc.com/SDChat/>

Can't call or feel more comfortable chatting online?

CHAT services are available via computer, tablet or smartphone **Monday through Friday (4PM to 10PM)**.

211 SAN DIEGO

Dial **2-1-1** or visit www.211sandiego.org

For general questions or access to resources.

NATIONAL CRISIS HOTLINES & TEXTLINES

National Crisis Text Line

Text "HOME" to 741741 to connect with a Crisis Counselor 24 hours a day, 7 days a week.

National Domestic Violence Hotline

For any victims and survivors who need support, call 1-800-799-7233 or 1-800-787-3224 for TTY, or if you're unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522

Veterans Crisis Line

Call 1-800-273-8255 and Press 1 OR Text 838255

SUICIDE PREVENTION & MENTAL HEALTH ONLINE SUPPORT GROUPS

Recovery International Online/Phone Self-Help Meetings for Mental Health and Wellness

Survivors of Suicide Loss: San Diego-Based Online Support Group Meetings

SUICIDE PREVENTION & MENTAL HEALTH RESOURCES

7 Science-Based Strategies to Cope with Coronavirus Anxiety

AFSP: Mental Health & COVID-19

AFSP: Taking Care of Your Mental Health in the Face of Uncertainty

CDC: Helping Children Cope with Emergencies

CDC: Mental Health & Coping During COVID-19

CDC: Reducing Stigma During COVID-19

Coronavirus Anxiety - Helpful Expert Tips and Resources

CONTINUE ON NEXT PAGE

FOR MORE INFORMATION,
PLEASE CONTACT VANESSA KIES AT VKIES@SDCHIP.ORG



COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together



COVID-19 RESOURCES

Continued

SUICIDE PREVENTION & MENTAL HEALTH RESOURCES (CONTINUED)

Each Mind Matters: Community Connections in Times of Physical Separation

MHA National: Mental Health Resources and COVID-19 Information and Resources

NAMI: COVID-19 (Coronavirus) Information and Resources

SAMHSA: Tips For Social Distancing, Quarantine, And Isolation During An Infections Disease Outbreak

The National Council on Behavioral Health: Resources and Tools for Addressing Coronavirus (COVID-19)

WHO: Mental Health and Psychosocial Considerations During COVID-19 Outbreak

FAITH-BASED RESOURCES

CDC: Resources for Community- and Faith-Based Leaders

County of San Diego: Faith-based Organization Listserve to Receive Updates

HIGHER EDUCATION RESOURCES

California Community Colleges Chancellor's Office Novel Coronavirus 2019 (COVID-19) Updates for Students and Staff

Coping and Staying Emotionally Well During COVID-19-related School Closures

Hope Matters: 10 Strategies to Support Students and Help Them Learn During Coronavirus

The Hope Center: Supporting Students During COVID-19: The #RealCollege Guide

MILITARY & VETERAN RESOURCES

COVID-19: Coronavirus Info for the Military

PsychArmor: Resources for Military Caregivers

OLDER ADULT RESOURCES

AFSP: COVID-19 - We Must Care for Older Adults' Mental Health

CDC: COVID-19 Guidance for Older Adults

Coronavirus Disease 2019 (COVID-19): What do Older Adults and People with Disabilities Need to Know?

County of San Diego Aging & Independent Services Special Edition Bulletin: Coronavirus

CONTINUE ON NEXT PAGE

COVID-19 RESOURCES

Continued

SCHOOLS (K-12) RESOURCES

Be SMART: Safe Gun Storage and Education

Flexibility for Families During the COVID-19 Pandemic

Known Food Service Sites Open During School Closures/Sitios de Distribución de Alimentos Funcionando Durante el Cierre Escolar

Local Schools and District Closures Due to COVID-19 with Anticipated Reopen Dates

SDCOE Student Wellness and Positive School Climate: Mental Health and COVID-19 Information and Resources

GENERAL RESOURCES

COVID-19 Community Resource Guide: How to Access Free Food, Health Care & Other Services in San Diego County

COVID-19 Resources for Undocumented Californians

COVID-19: YMCA Childcare Resource Service Providing Enhanced Child Care Referrals to All Local Families Seeking Child Care

For Small Businesses That Have Been Financially Impacted

SELF-CARE TIPS



It is easy to feel stressed, anxious, and uncertain with the influx of COVID-19 news. However, it is still important to stay mindful of caring for ourselves both physically and mentally as we practice social distancing. Below are some tips on self-care for your reference.

Source: <https://emergency.cdc.gov/coping/selfcare.asp>

1. **Take care of your body**– Try to eat healthy well-balanced meals, exercise regularly, and get plenty of sleep.
2. **Connect with others**– Share your concerns and how you are feeling with a friend or family member, while still practicing social distancing.
3. **Take breaks**– Make time to unwind and remind yourself that strong feelings will fade. Try taking in deep breaths.
4. **Stay informed**– When you feel that you are missing information, you may become more stressed or nervous. Watch, listen to, or read the news for updates from officials.
5. **Avoid too much exposure to news**– Take breaks from watching, reading, or listening to news stories. It can be upsetting to hear about the crisis and see images repeatedly.
6. **Seek help when needed**– If distress impacts activities of your daily life for several days or weeks, please call the San Diego County Access & Crisis Line at **888-724-7240** or a medical professional.

SAN DIEGO COUNTY SUICIDE PREVENTION COUNCIL RESOURCE GUIDE FOR SCHOOLS 2020



**San Diego County
Suicide Prevention
Council**
Convened by Community Health Improvement Partners



COMMUNITY HEALTH
IMPROVEMENT PARTNERS
making a difference together



**LIVE WELL
SAN DIEGO**



DISTRICT/SCHOOLSUPPORT

Local

San Diego County Office of Education

The San Diego County Office of Education (SDCOE) provides [consultation, trainings and technical assistance](#) to the 42 school districts and charters to support AB 2246 and to provide overall support on suicide prevention, mental health and positive school climate. For more information, contact heather.nemour@sdcoe.net.

Target audience: Elementary, middle, and high school students, teachers, staff, and parents

HERE Now and Anti-BIAS School-Based Suicide Prevention Program

Led by [San Diego Youth Services](#), Helping, Engaging, Reconnecting and Educating (HERE) Now is a five-year program funded through County of San Diego Behavioral Health in partnership with [North County Lifeline](#) and [South Bay Community Services](#). HERE Now provides school-based suicide prevention education and intervention services to students, teachers, staff, and parents to increase awareness, promote conversations, and inspire connections.

National

K-12 Toolkit for Mental Health Promotion and Suicide Prevention

The [K-12 Toolkit for Mental Health Promotion and Suicide Prevention](#) has been created to help schools comply with and implement California Education Code (EC) Section 215(AB 2246); the Pupil Suicide Prevention Policies. The Toolkit includes resources for schools as they promote youth mental wellness, intervene in a mental health crisis, and support members of a school community after the loss of someone to suicide including messaging. Additional information about this toolkit for schools can be accessed on the Heard Alliance website at <http://www.heardalliance.org/help-toolkit/%20>.

Preventing Suicide: A Toolkit for High Schools

This [SAMSHA toolkit](#) assists high schools and school districts in designing and implementing strategies to prevent suicide and promote behavioral health. The toolkit includes tools to implement a multifaceted suicide prevention program that responds to the needs and cultures of students and guidelines working with media. <http://www.sptsusa.org/wp-content/uploads/2015/05/>



Central/East County- San Diego Youth Services 619-838-9556
North County- North County Lifeline 760-509-3334
South County- South Bay Community Services 619-420-3620

Target audience: Middle and high school students, teachers, staff, and parents

The Elizabeth Hospice

The Elizabeth Hospice Children's Bereavement Program is open to everyone and services are free of charge in San Diego County and Southwest Riverside County. Their Children's Bereavement Centers are kid-friendly spaces where children can share their feelings, thoughts, and stories as they process their grief. They are located in Escondido and Mission Valley. For more information, 760-737-2054 or <https://elizabethhospice.org/grief-support/children/>.

Target audience: Varies from PK-12 grade students

[SAMHSA HS Suicide Prevention Toolkit.pdf](#)

After a Suicide: A Toolkit for Schools Grades 6-12

[After a Suicide: A Toolkit for School](#) is a comprehensive guide that will assist schools on what to do if a suicide death takes place in the school community and guidelines working with the media. See the Suicide Prevention Resource Center web page at <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf?sid=40390>.

Columbia-Suicide Severity Rating Scale Assessment Tool

The Columbia Lighthouse Project offers the [Columbia-Suicide Severity Rating Scale \(C-SSRS\)](#) that is an evidence-based risk assessment tool that is ideal for schools. Use of the scale redirects resources to where they are needed most, preventing unnecessary interventions that are often costly, traumatic, and lead to disengagement from the needed care. <http://cssrs.columbia.edu/the-scale-in-action/schools/>. Please refer to the **Training** section for free online training on how to use the tool.

Target audience: Identified K-12 support staff

Suicide Prevention and Distance Learning

The National Association of School Psychologists offers a [Comprehensive School Suicide Prevention in a Time of Distance Learning](#) guidance during COVID-19 as well as recommended suicide prevention, intervention, and postvention strategies. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/crisis-and-mental-health-resources/comprehensive-school-suicide-prevention-in-a-time-of-distance-learning>





TRAINING

Local

Youth Mental Health First Aid

[Youth Mental Health First Aid \(YMHFA\)](https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types) is an evidence-based, eight-hour curriculum created upon the medical first aid model. It is designed to provide skills to help a youth who may be experiencing a mental health or addiction challenge or is in crisis. YMHFA participants learn to recognize signs and symptoms of youth in emotional distress, initiate and offer help, and connect the youth to professional care through a five-step action plan. Participants who complete the course receive a manual and certification for three years <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types>.

Locally provided by:

- [San Diego County Office of Education](#)- 6-hour version for educators. Fee for cost recovery
- [Mental Health America San Diego](#)- 8-hour training. No fee

Target audience: All certificated and classified district and school staff

LivingWorks Start Online Suicide Prevention Training

[LivingWorks' Start](#) will prepare adults to observe student behavior to help keep them safe. The 90-minute training is accessible from any computer, tablet, or smartphone with the internet. It trains people to recognize when someone is having thoughts of suicide, engage with them, and intervene to connect them to further help. It is designed to develop meaningful skills through simulations and practice. For questions or to learn how to get access to the training, please contact SDCOE's Student Wellness & Positive School Climate Unit, Heather Nemour at heather.nemour@sdcoe.net or 858-569-5489.

For more information, please see the one page overview: <https://www.sdcoe.net/student-services/student-support/Documents/Mental%20Health/AB1808onepagerfinalfeb2020.pdf>.

National

Kognito At-Risk Interactive Online Series (\$)

[Kognito At-Risk Interactive Online Series](https://www.kognito.com/products/pk12/) is an evidence-based series of three online interactive professional development modules designed for use by individuals, schools, districts, and statewide agencies. It includes tools and templates to ensure that the program is easy to disseminate and measures success at the elementary, middle, and high school levels. <https://www.kognito.com/products/pk12/>.

Target audience: K-12 student and school staff

Columbia-Suicide Severity Rating Scale Assessment Tool Online Training

The Columbia Lighthouse Project offers numerous [free online training](http://cssrs.columbia.edu/training/training-options/) options on how to use the Columbia-Suicide Severity Rating Scale (C-SSRS) in more than 20 languages. The training's range from 20-60 minutes and provides a certificate of completion. <http://cssrs.columbia.edu/training/training-options/>. Please refer to the **District/School Support** section to access the C-SSRS tool.

Target audience: K-12 district and school staff

SafeTALK Training

[SafeTALK](https://www.livingworks.net/safetalk) is a half-day alertness training that prepares anyone over the age of 15, regardless of prior experience or training, to become a suicide-alert helper. See the LivingWorks web page at <https://www.livingworks.net/safetalk>.

Target audience: Anyone ages 15 and over

Assessing and Managing Suicide Risk (\$)

Assessing and Managing Suicide Risk (AMSR) is a one-day training workshop for behavioral health professionals based on the latest research and designed to help participants provide safer suicide care. See the Suicide Prevention Resource Center Web page at <http://www.sprc.org/training-events/amr>.

San Diego County Suicide Prevention Council

The [Suicide Prevention Council \(SPC\)](https://www.spcsandiego.org) is dedicated to providing access to evidence-based frontline and gatekeeper trainings in Question, Persuade, and Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and Gay, Lesbian, Straight Education Network (GLSEN). For more information, visit www.spcsandiego.org or 858-609-7976.

Question, Persuade, and Refer

[Question, Persuade, Refer \(QPR\)](https://www.qprinstitute.com/) is an evidence-based gatekeeper prevention training. Participants learn how to recognize the warning signs of a suicide crisis and how to question, persuade and refer someone to help. QPR can be learned in 1.5 hours. See the QPR website at <https://www.qprinstitute.com/>. The Suicide Prevention Council is providing these trainings for [free](#). To request a training or attend one, visit www.spcsandiego.org and go to the training tab. SDCOE has scheduled training throughout the year. Visit this page to [register](#).

Target audience: School staff, coaches, and parents

Applied Suicide Intervention Skills Training

[Applied Suicide Intervention Skills Training \(ASIST\)](https://www.livingworks.net/asist) is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety. See the LivingWorks web page at <https://www.livingworks.net/asist>. Locally, SPC provides these trainings for free. To request a training or attend one, visit www.spcsandiego.org and go to the training tab.

Target audience: School staff

Gay, Lesbian, & Straight Education Network Training (GLSEN)

Gay, Lesbian, & Straight Education Network (GLSEN) Training is a three-hour, interactive workshop designed for educators to help create safe spaces for lesbian, gay, bisexual, and transgender youth. See the GLSEN web page at <https://www.glsen.org/resources/educator-resources> for educator resources. Locally, SPC provides these trainings for [free](#) in collaboration with SDCOE. To attend a training visit www.spcsandiego.org and go to the training tab.

Target audience: K-12 school staff

Policy to Practice: Suicide Risk Assessment Toolkit

The SDCOE created a [comprehensive trauma informed toolkit](https://drive.google.com/drive/folders/1Zb3xO9Mf-EmbNN0RdCFHu6fWI-NpzAQB) for school districts to ensure consistent practices and procedures for conducting suicide risk assessments and meet the requirements of AB2246. To access the toolkit click here <https://drive.google.com/drive/folders/1Zb3xO9Mf-EmbNN0RdCFHu6fWI-NpzAQB>.

If your district is interested in receiving technical assistance to implement the toolkit please contact SDCOE's Student Wellness & Positive School Climate Unit, Heather Nemour at heather.nemour@sdcoe.net or 858-569-5489.





STUDENT EDUCATION

Local

LivingWorks Start Online Suicide Prevention Training

Starting in September 2020, LivingWorks Start will be available for middle and high school students. The online training teaches valuable skills to students 13 and older. Students learn a powerful four-step model to keep themselves and peers safe from suicide, and have a chance to practice it with impactful simulations. Safety resources and support are available throughout the program. For questions or to learn how to get access to the training, please contact SDCOE's Student Wellness & Positive School Climate Unit, Heather Nemour at heather.nemour@sdcoe.net or 858-569-5489.

For more information, please visit SDCOE's Online Suicide Prevention Training for California Schools webpage and click on "San Diego County LEAs":

<https://www.sdcoe.net/student-services/student-support/Pages/Online-Suicide-Prevention-Training-for-California-Schools.aspx>.

Target audience: Middle and high school students

National Alliance on Mental Illness San Diego-Ending The Silence

National Alliance on Mental Illness (NAMI) San Diego, a non-profit organization, provides education, support and advocacy to improve the lives of everyone affected by mental illness. [Ending the Silence \(ETS\)](#) is a NAMI classroom program, presented by two volunteers, including a young adult with lived experience of a mental health condition. Through ETS, students learn indicators of mental illness, how to help themselves, friends, and family members who might need support. www.namisaniego.org.

National

Sandy Hook Promise

Sandy Hook Promise offers the following free **online, self-led** trainings:

1. [Start With Hello](#) - This program teaches youth how to be more inclusive and connected to one another and create connectedness and community, by minimizing social isolation, marginalization, and rejection, and reach out, and start with hello. www.sandyhookpromise.org/bringstartwithhello.
2. [Say Something](#) - This program teaches youth how to recognize signs and signals, especially within social media, from individuals who may be a threat to themselves or others and Say Something to a trusted adult or report it through the Anonymous Reporting System BEFORE it is too late. www.sandyhookpromise.org/bringsaysomething.

***Please note:** The California Department of Education (CDE), in partnership with Sandy Hook Promise, is excited to offer these two programs for free to schools that want to launch them through **in-person** training as part of Project Cal-STOP, funded by the STOP School Violence Act. To sign up, please contact CDE Project Cal-STOP lead Hilva Chan at hchan@cde.ca.gov.

Target audience: 6-12 grade students

teen Mental Health First Aid (tMHFA)(\$)

teen Mental Health First Aid (tMHFA) is an in-person, evidence-based training that teaches high school students about common mental health challenges and what they can do to support their own mental health and help a friend who is struggling. Schools send identified school advisors to a Training of Trainers (TOT) who then train student leads to provide the classroom presentations to their peers. The National Council for Behavioral Health has teamed up with Born This Way Foundation to bring this program to the United States. For more information go to <https://www.mentalhealthfirstaid.org/population-focused-modules/teens/>.

Target audience: High school students

Target audience: Middle and high school students

The Directing Change Program

The [Directing Change Program and Film Contest](https://www.directingchange.org/) is a youth engagement program that educates students about the warning signs for suicide and mental health through the creation of short films. Educational resources and lesson plans are available. The program is free. <https://www.directingchange.org/>

Target audience: Middle and high school students and young adults up to age 25

NAMI On Campus High School

[NAMI On Campus High School Club](https://www.namioncampus.org/) is a peer led mental health awareness club for high school students. A trained adult advisor oversees all club activities, but the mission and goals of the club are driven by students. If you have any questions, please call 916-567-0163 or email at namion-campus@namica.org. For schools interested in starting a club, visit <https://namica.org/how-to-start-a-club/>.

Target audience: High school students and at least 2 staff to be trained as advisors



Break Free from Depression

Break Free from Depression (BFFD) is a four-module curriculum focused on increasing awareness about adolescent depression and designed for use in high school classrooms. See the Boston Children's Hospital web page at <http://www.childrenshospital.org/breakfree>.

Target audience: High school students

More Than Sad (\$)

[More Than Sad](https://afsp.org/our-work/education/more-than-sad/) is an evidence-based training developed by the American Foundation for Suicide Prevention (AFSP). More Than Sad is designed to help educators better understand suicidal behavior in adolescents. The program is built around two 25-minute DVDs: More Than Sad: Preventing Teen Suicide and More Than Sad: Teen Depression. See More Than Sad for information on programming and costs: <https://afsp.org/our-work/education/more-than-sad/>.

Target audience: Middle- high school students, parents, and teachers

Coping and Support Training (\$)

[Coping and Support Training \(CAST\)](http://www.reconnectingyouth.com/programs/cast/) is an evidence-based life-skills training and social support program to help at-risk youth. See the Reconnecting Youth Inc. web page at <http://www.reconnectingyouth.com/programs/cast/>.

Target audience: 6-12 grade students

Students Mobilizing Awareness and Reducing Tragedies (\$)

Students Mobilizing Awareness and Reducing Tragedies (SMART) is a program comprised of student-led groups in high schools designed to give students the freedom to implement suicide prevention activities on their campus that best fits the needs of their school <https://www.save.org/what-we-do/education/smart-schools-program-2/>.

Target audience: High school students

Linking Education and Awareness for Depression and Suicide (\$)

[Linking Education and Awareness for Depression and Suicide \(LEADS\) for Youth](https://www.save.org/what-we-do/education/leads-for-youth-program/) is an evidence-based suicide prevention curriculum. LEADS for Youth is an informative and interactive opportunity for students and teachers to increase their knowledge and awareness of depression and suicide <https://www.save.org/what-we-do/education/leads-for-youth-program/>.

Target audience: High school students and teachers



PARENT EDUCATION/SUPPORT

Local

SOSL San Diego Chapter

[Survivors of Suicide Loss \(SOSL\)](https://www.soslsd.org/sosl-services/) reaches out to and supports people who have lost a loved one to suicide. Our goal is to give survivors a place where they can be comfortable expressing themselves, a place to find support, comfort, resources and hope in a judgment-free environment. <https://www.soslsd.org/sosl-services/>.

Youth Mental Health First Aid

[Youth Mental Health First Aid \(YMHFA\)](https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types) is an evidence-based, 6.5 hour curriculum created upon the medical first aid model. It is designed to provide skills to help a youth who may be experiencing a mental health or addiction challenge or is in crisis. YMHFA participants learn to recognize signs and symptoms of youth in emotional distress, initiate and offer help, and connect the youth to professional care through a five-step action plan. Participants who complete the course receive a manual and certification for three years. <https://www.mentalhealthfirstaid.org/cs/take-a-course/course-types>.

Locally provided by:

- [San Diego County Office of Education](#). Fee for cost recovery
- [Mental Health America San Diego](#)- No cost and available in English and Spanish

National Alliance on Mental Illness San Diego-Children, Youth & Family Liaison

National Alliance on Mental Illness (NAMI) San Diego serves as the Mental Health Service Act (MHSA) Resolution point-of contact for issues within the Children, Youth & Family (CYF) Behavioral Health System of Care. For families who experience an issue or problem within the CYF Behavioral Health System of Care, email CYFLiaison@namisd.org or call Issue Resolution 858-987-2980.

BeSMART for Kids

Each year in the US, almost 600 children aged 17 and under die by suicide with a gun. The BeSmart campaign focuses on education and awareness about secure gun storage and child safety. [BeSMART for Kids](http://besmartforkids.org/) offers a free 20-minute presentation by trained volunteers, in English or Spanish to parent groups. This program is for gun owners and non-gun owners, and is non-political and non-partisan. Find out more at <http://besmartforkids.org/> or contact us in San Diego at besmartsd1@gmail.com to schedule your presentation.

National

Help & Hope for Survivors of Suicide Loss

Help & Hope for Survivors of Suicide Loss is a [free guide](#) to help those during the bereavement process and who were greatly affected by the death of a suicide. See the Suicide Prevention Resource Center web page at <http://www.sprc.org/resources-programs/help-hope-survivors-suicide-loss>.

Parents as Partners: A Suicide Prevention Guide for Parents (\$)

[Parents as Partners: A Suicide Prevention Guide for Parents](https://www.save.org/product/parents-as-partners/) is a booklet that contains useful information for parents/guardians/caregivers who are concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE). See the SAVE web page at: <https://www.save.org/product/parents-as-partners/>.

BeSMART for Kids

Each year in the US, almost 600 children aged 17 and under die by suicide with a gun. Since safety is always an adult responsibility, this educational program teaches adults to be SMART. [BeSMART for Kids](http://besmartforkids.org/) offers a free 20-minute presentation by trained volunteers, in English or Spanish to parent groups. This program is for gun owners and non-gun owners, and is non-political and non-partisan. Find out more at <http://besmartforkids.org/> to schedule your presentation.





APPS & WEB-BASED SUPPORTS

Local

oscER jr San Diego App – Local Mental Health for Navigating Children’s System of Care

<http://oscerjr.namisaniego.org>

<http://app.oscerjr.org>

oscER jr San Diego App helps navigate behavioral situations in San Diego County within the Children, Youth and Families’ system of care. Get this free app in the Android or iTunes app store. Also accessible through a web-based version.



National

MY3 App

<http://my3app.org/about/>

With **MY3**, you define your network and your plan to stay safe. With MY3 you can be prepared to help yourself and reach out to others when you are having thoughts of suicide. MY3 can help you get through your most difficult times. Who are your three? Download MY3 to make sure that your three are there to help you when you need them most. MY3 is available in the Apple App Store and Google Play, free of charge.

GritX

<https://www.gritx.org/>

GritX is a web-based tool for supporting the mental health of adolescents and young adults by inspiring grit, finding resilience and telling their own stories by customizing and building their own self-care toolkit.

“A Friend Asks” App

<https://jasonfoundation.com/get-involved/student/a-friend-asks-app/>

“A Friend Asks” is a FREE smart-phone app that helps provide the information, tools and resources to help a friend (or yourself) who may be struggling with thoughts of suicide.

Virtual Hope Box

<https://psyberguide.org/apps/virtual-hope-box/>

Virtual Hope Box is a multi-media coping skill app designed for individuals such as middle-school students struggling with depression. The four main features of Virtual Hope Box include sections for distraction, inspiration, relaxation, and coping skill options. The distraction techniques include games that require focus, like Sudoku and word puzzles. The relaxation techniques offer a variety of guided and self-controlled meditation exercises. The coping techniques offer suggestions for activities that reduce stress. The inspiration section offers brief quotes to improve mood and motivation.



CRISIS LINES

Local

San Diego Access & Crisis Line 888-724-7240

Contact the [San Diego Access & Crisis Line](https://www.optumsandiego.com/content/sandiego/en/access---crisis-line.html), if you or someone you care about is experiencing a suicidal or mental health crisis. Trained and experienced counselors are available 7 days a week, 24 hours a day to provide support, referrals, and crisis intervention. <https://www.optumsandiego.com/content/sandiego/en/access---crisis-line.html>. **Live chat** Monday - Friday, 4:00 PM - 10:00 PM

TDD/TTY Dial 711

National

National Suicide Prevention Lifeline 800-273-TALK (8255)

The [National Suicide Prevention Lifeline](https://suicidepreventionlifeline.org/) provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals. <https://suicidepreventionlifeline.org/>

Find more specific resources here for youth, disaster survivors, Native Americans, veterans, loss survivors, LGBTQ+, attempt survivors, deaf/hard of hearing/hearing loss, and "ayuda en español".

Crisis Text Line Text HOME or ACT to 741741

Every texter is connected with a live Crisis Counselor who is trained to bring texters from a hot moment to a cool calm through active listening and collaborative problem solving. All of [Crisis Text Line's](https://www.crisistextline.org/) Crisis Counselors are volunteers, donating their time to helping people in crisis. <https://www.crisistextline.org/>



SUPPORT HELPLINES

Local

The California Peer-Run Warm Line
855-845-7415

Chat:

<https://www.mentalhealthsf.org/peer-run-warmline/>

This is a free non-emergency emotional support that is available to anyone in the state via telephone or instant messaging operating 24/7.

San Diego Warm Line for San Diego Residents
619-295-1055

Open 3:30 PM - 11:00 PM, 7 days a week

NAMI San Diego Family & Peer Support Helpline
800-523-5933 Toll Free
619-543-1434 Local

Free, safe, confidential information, referrals, and support for individuals with lived mental health experience and their loved ones. Monday - Friday, 9:00 AM - 5:00 PM

Survivors of Suicide Loss Support Line
619-482-0297

[Survivors of Suicide Loss \(SOSL\)](#) has volunteers who are available to talk on the phone with you about your loss, confusion, frustration, anger, grief, or anything else you would like to talk about. SOSL also has a list of individual volunteers to call or email directly based on type of loss (e.g. spouse, parent, child, etc.)

Monday - Friday, 8:00 AM - 8:00 PM

National

Project Return Peer Support Network

www.prpsn.org

888-448-9777 English
888-448-4055 Spanish

Now accepting calls nationwide. Warm line hours: 7 days a week; 5:00 PM - 10:00 PM



LIFELINES FOR LGBTQ POPULATION

National

The Trevor Project

TrevorLifeLine: 866-488-7386

Trevor Text: Text "START" to 678678

Trevor Chat: <https://www.thetrevorproject.org/get-help-now/>

[The Trevor Project](https://www.thetrevorproject.org/get-help-now/) is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.

Trans Lifeline

877-565-8860

[Trans Lifeline](https://www.translifeline.org/) is a hotline available in the U.S. and Canada staffed by transgender people for transgender people. Trans Lifeline is primarily for transgender people in a crisis, from struggling with gender identity to thoughts of self-harm. 7 days a week, 18 hours a day, 8:00 AM - 2:00 AM.

<https://www.translifeline.org/>

BlackLine

800-604-5841

[BlackLine](https://www.callblackline.com/) is a 24-hours a day, 7 days a week hotline geared towards the Black, Black LGBTQI, Brown, Native, and Muslim community. However, no one will be turned away from the Hotline. BlackLine is anonymous and confidential and can provide immediate crisis counseling to those who call upset, need to talk with someone immediately, or are in distress.

<https://www.callblackline.com/>



STATE LEGISLATIONS

AB 2246- Pupil Suicide Prevention Policies

Effective: July 1, 2017

- Requires LEAs to adopt suicide prevention policies before the beginning of the 2017–18 school year. Chaptered as California *Education Code (EC)* Section 215, AB 2246 mandates that the Governing Board of any LEA that serves pupils in grades 7-12, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention.
- The policy shall specifically address the needs of high-risk groups, include consideration of suicide awareness and prevention training for teachers, and ensure that a school employee acts only within the authorization and scope of the employee's credential or license.
- CDE developed a model policy: <https://www.cde.ca.gov/nr/el/le/yr17ltr0510.asp>. This policy shall be reviewed and revised as indicated, at least annually in conjunction with the previously mentioned community stakeholders.

AB 1767- Pupil Suicide Prevention Policies

Effective: January 1, 2020

- Requires the governing board or body of a LEA that serves pupils in kindergarten and grades 1 to 6, inclusive, to, before the beginning of the 2020–21 school year, adopt, and update as prescribed, a policy on pupil suicide prevention that specifically addresses the needs of high-risk groups.
- The bill would require this policy to be age appropriate and delivered and discussed in a manner that is sensitive to the needs of young pupils and address any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency.
- CDE is in the process of developing a model policy for school districts serving K-6 students.

AB 1808- Education Finance- Education Omnibus Trailer Bill

Effective: June 27, 2018

- AB 1808 added Section 216 to the California Education Code and provided funding to ensure school staff were prepared to identify, support, and refer middle and high school students who may be experiencing thoughts of suicide. The bill also calls for the training to be offered to middle and high school students. The San Diego County Office of Education was selected as the lead to make this online training available, at no cost, to local educational agencies (LEAs) to voluntarily use as part of their youth suicide prevention policy
- For more information, please visit SDCOE's Online Suicide Prevention Training for California Schools webpage and click on "San Diego County LEAs": <https://www.sdcoe.net/student-services/student-support/Pages/Online-Suicide-Prevention-Training-for-California-Schools.aspx>.

SB 972- Pupil and Student Health: Identification Cards: Suicide Prevention Hotline Telephone Numbers

Effective: January 1, 2019

- Requires a public school, including a charter school, or a private school that serve pupils in grades 7-12 that issue student ID cards must print on either side of the ID cards the telephone number for the National Suicide Prevention Lifeline.
- Schools may also print on either side of the ID cards the Crisis Text Line and a local suicide prevention hotline telephone number.
- Please refer to the **Student Education** section to view opportunities that can increase students' mental health literacy and provide context and understanding to why the hotline numbers are on the back of their ID cards and use it when needed for themselves or their peers.

June 2020 Youth Services Survey

Supplemental Questions

Impact of COVID-19 on Mental Health Services for Youth

County of San Diego Children, Youth and Families Behavioral Health Services

BACKGROUND











In June 2020, clients ages 13 and older and caregivers of all child and youth clients receiving outpatient mental health services from the County of San Diego Children, Youth & Families Behavioral Health Services (CYFBHS) system were asked to complete the Youth Services Survey (YSS). A supplementary survey was added to the YSS to gather information about clients' experiences accessing and utilizing services during the COVID-19 pandemic. This information will help San Diego County Behavioral Health Services understand the impact of COVID-19 on services and make informed decisions regarding the continuation of teletherapy services in the future.

SAMPLE AND METHODS







This survey period was the first launch of an online platform to administer the YSS survey. Overall, 982 YSS youth surveys were collected through the new online platform. Of those 982 surveys, 540 (55%) had at least one response to the COVID-19 supplemental survey questions. Additionally, 1,683 YSS caregiver surveys were collected and 896 (53%) had at least one response to the COVID-19 supplemental questions. Findings from the supplemental questions only are highlighted in this report.

ACCESS DURING THE CRISIS

91% of parents and 72% of youth felt that they were either **Very Well Informed** or **Somewhat Well Informed** about how to access services during the COVID-19 crisis. Approximately 15% of caregivers and 17% of youth reported that there was a time since schools closed that they did not receive needed mental health services.













Table 1: How informed did you feel about the availability of mental health services during the crisis?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=480)	Percent of Respondents (N=818)
Very well informed	 38%	 61%
Somewhat well informed	 34%	 30%
Not very well informed	 7%	 5%
Not at all informed	 3%	 1%
Don't know	 18%	 3%

ACCESS DURING THE CRISIS (continued)

Table 2: Has there been any time since schools closed on March 16, 2020 that you felt you needed mental health treatment or counseling but didn't get it?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=481)	Percent of Respondents (N=820)
Yes	 17%	 15%
No	 64%	 77%
Don't know	 19%	 8%

MENTAL HEALTH SINCE INITIAL SHUTDOWN

While 33% of caregivers reported there had been no decline in their child's mental health as of the survey time period, approximately 36% reported there had been a ***moderate, major or severe*** decline in their child's mental health since schools closed. Similarly, 29% of youth reported no decline, whereas 37% reported that there had been a ***moderate, major or severe decline*** in their mental health since schools closed approximately March 16th.

Table 3: Do you feel there has been a decline in your (or your child's) mental since March 16, 2020, when schools closed as a result of the COVID-19 crisis?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=477)	Percent of Respondents (N=818)
Severe decline	 7%	 4%
Major decline	 10%	 10%
Moderate decline	 20%	 22%
Minor decline	 18%	 24%
No decline	 29%	 33%
Don't know	 16%	 7%



TYPE AND AMOUNT OF TELETHERAPY SERVICES RECEIVED

The large majority (80%) of caregivers reported that their child received video sessions, whereas 11% said their child received therapy over the phone only (no video). Only 6% of caregivers stated that their child did not receive any teletherapy sessions since March 16th. 63% of youth said that they received video sessions, 13% reported they received sessions via phone only, and 14% reported they did not receive any teletherapy services.

Of the respondents who cited they received teletherapy, most caregivers (61%) reported that their children had received more than 5 sessions of teletherapy since March 16th, whereas less than half of youth (46%) reported they received more than 5 sessions.























Table 4: Methods Used to Receive Teletherapy Services During COVID-19	Youth YSS	Caregiver YSS
	Percent of Respondents (N=480)	Percent of Respondents (N=819)
Phone call only	 13%	 11%
Live video only	 21%	 30%
Phone call and live video	 42%	 51%
No teletherapy services	 14%	 6%
Don't know	 10%	 2%

Table 5: How many times did you access teletherapy services during the crisis?	Youth YSS	Caregiver YSS
	Percent of Respondents (n=365)	Percent of Respondents (n=749)
1	 4%	 5%
2	 6%	 4%
3 to 5	 17%	 20%
6 to 10	 21%	 34%
11 or more	 25%	 27%
Don't know	 28%	 10%

BARRIERS TO RECEIVING TELETHERAPY SERVICES

The large majority of caregivers did not report any problems using teletherapy services. A small percent of caregivers endorsed not having access to a computer or internet as well as not knowing teletherapy was an option. Youth also endorsed a few barriers: not knowing that teletherapy was an option and not feeling comfortable receiving therapy over video.

Table 6: Problems Utilizing Teletherapy Services During COVID-19*	Youth YSS		Caregiver YSS	
	n	Percent of Respondents (N=382)	n	Percent of Respondents (N=621)
Did not know it was an option	57	15%	43	7%
Provider did not offer it	5	1%	10	2%
Unable to schedule at a convenient time	7	2%	16	3%
Did not know how to use teletherapy	15	4%	12	2%
Lack of comfort with therapy over the phone	25	7%	8	1%
Lack of comfort with live video therapy	43	11%	8	1%
Did not have access to a computer or internet	17	4%	39	6%
Did not have enough minutes/data on phone plan	10	3%	18	3%
Did not feel teletherapy services would be helpful	29	8%	22	4%
Did not experience any problems	156	41%	419	68%
Something else	86	23%	86	14%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES OF PROBLEMS USING TELETHERAPY DURING COVID-19

Technical issues such as slow internet connection, software issues, or non-functioning camera.

Internet connectivity issues made it difficult for some youth to navigate the video process alone.













Missing appointments due to forgetfulness, sleeping issues, or time zone differences.

Some youth expressed not feeling comfortable discussing mental health around family members.

Living situation contributed barriers such as, inability to focus due to distractions or other children requiring attention during sessions.











HELPFULNESS OF THE SERVICES RECEIVED

Of clients receiving teletherapy services, 63% of youth and 69% of caregivers reported that the services were **A Lot** or **Extremely Helpful**. Only 2% of youth and 4% of caregivers felt that teletherapy was not at all helpful.

Table 7: How helpful do you feel these teletherapy services were for you?	Youth YSS	Caregiver YSS
	Percent of Respondents (n=364)	Percent of Respondents (n=746)
Not at all	 4%	 2%
A little	 7%	 6%
Somewhat	 22%	 19%
A lot	 40%	 41%
Extremely	 23%	 28%
Don't know	 4%	 2%















INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE

The majority of caregivers, and about half of the youth, expressed desire to receive at least some teletherapy services in the future, even when it is safe to resume in-person services.

Table 8: Are you interested in using teletherapy services when in-person services become available?	Youth YSS	Caregiver YSS
	Percent of Respondents (N=475)	Percent of Respondents (N=817)
Yes, all the time	 11%	 17%
Yes, most of the time	 9%	 15%
Yes, occasionally	 27%	 31%
No, I only want in-person therapy	 25%	 23%
Don't know	 28%	 14%

INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE (continued)

Of the caregivers and youth who are interested in receiving teletherapy services **in the future**, they cited convenience, ease of scheduling, and increased comfort talking in teletherapy settings as primary reasons for utilizing teletherapy services in the future. Caregivers also appreciated that transportation was not an issue for teletherapy sessions.

Table 9: Reasons for Utilizing Teletherapy Services in the Future*	Youth YSS		Caregiver YSS	
	n	Percent of Respondents (n=214)	n	Percent of Respondents (n=481)
More comfort talking in a teletherapy setting	76	 36%	134	 28%
Easier to schedule	68	 32%	138	 29%
More convenient	70	 33%	191	 40%
Avoids transportation issues		N/A	149	 31%
Eliminates childcare issues		N/A	59	 12%
Easier for family members to participate in teletherapy	47	 22%	127	 26%
Relationship with my therapist has been better	19	 9%	44	 9%
Something else	33	 15%	63	 13%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES IN SUPPORT OF FUTURE TELETHERAPY USE

Many youth open to trying both teletherapy and in-person sessions.

Youth described situations where teletherapy might be preferable: illness, lack of transportation, requiring only quick check-in, able to continue despite interruption of COVID-19.

Caregivers felt child (and at-risk family members in the home) are safer using teletherapy due to COVID-19.

Convenience of scheduling allows progress to continue instead of missing an in-person appointment.

INTEREST IN RECEIVING TELETHERAPY IN THE FUTURE (continued)

Of the caregivers and youth who were **not** interested in receiving teletherapy services in the future, they cited being less comfortable talking in teletherapy as a primary reason for not utilizing teletherapy services in the future. Youth also expressed concern with the lack of privacy associated with their teletherapy sessions.

Table 10: Reasons for Not Utilizing Teletherapy Services in the Future*	Youth YSS		Caregiver YSS	
	n	Percent of Respondents (n=116)	n	Percent of Respondents (n=175)
Less comfortable using teletherapy	30	26%	31	18%
Lack reliable access to technology	7	6%	2	1%
Less comfortable talking in teletherapy	54	47%	52	30%
Teletherapy is more difficult to schedule	13	11%	5	3%
Teletherapy appointments are less convenient	19	16%	19	11%
Teletherapy services are less private	39	34%	25	14%
Relationship with therapist has not been as good using teletherapy	14	12%	23	13%
Something else	32	28%	66	38%

*Total percentage may exceed 100% as participants were able to select more than one response.

COMMON THEMES IN OPPOSITION TO FUTURE TELETHERAPY USE

Teletherapy does not have the same personal impact as in-person sessions, describing not being able to fully open-up and wanting the provider to better see their facial expression and body language. Belief that in-person sessions are more engaging, productive, and effective.

Children may be too young for teletherapy or unable to focus or remain still.

Teletherapy has made it easier for children to walk away from the computer or refuse to continue meeting when emotions are escalated.

KEY FINDINGS

- The large majority of caregivers felt they were informed about how to access mental health services during the COVID-19 crisis. This is a biased sample however, since only families who are receiving services completed this survey.
- 15% of caregivers and 17% of youth, reported that there was a time since schools closed that they did not receive needed mental health services.
- **36% of caregivers and 37% of youth reported there had been a *moderate, major or severe decline* in their (or their child's) mental health since schools closed as a result of COVID-19.**
- Most caregivers and youth reported they received teletherapy (92% and 76%, respectively) during the COVID-19 crisis.
- Of clients who received teletherapy services, 63% of youth and 69% of caregivers reported that the services were **A Lot or Extremely Helpful**.
- The top problems that caregivers reported getting teletherapy for their child were not knowing that it was an option (7%) and not having access to a computer or internet (6%). **The majority of caregivers did not report difficulty in getting teletherapy for their child.**
- Most caregivers prefer to continue receiving at least some teletherapy services in the future, even when it is safe to resume in-person services.
- Of the smaller group who do not want teletherapy in the future, the main reason was a lack of comfort talking in a teletherapy setting.

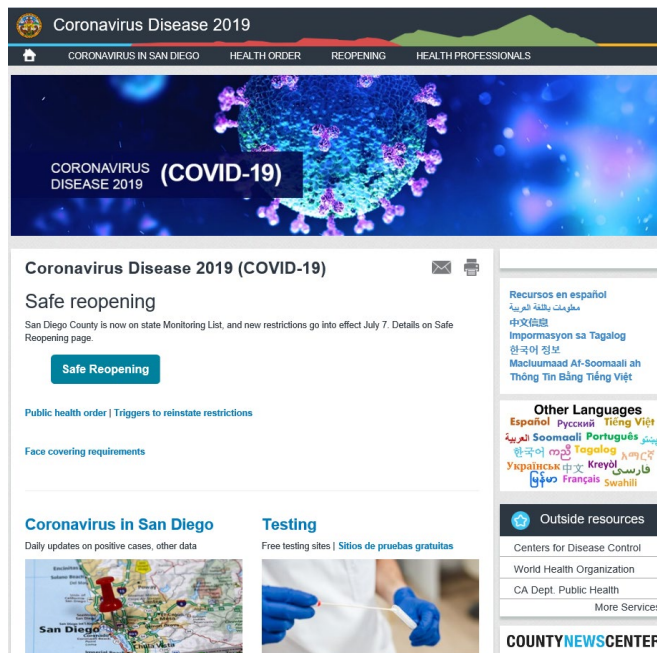
RECOMMENDATIONS TO OVERCOME BARRIERS

- Help families obtain access to a computer, tablet, smartphone, and/or internet.
- Offer in-person therapy outside (e.g., a park) in a socially distanced setting with masks on, for youth with concerns about privacy.
- Talk with caregivers about ways youth can have privacy during at least part of the sessions (e.g., outside or in a space with doors and a sound machine).
- Educate the San Diego Board of Supervisors on the worsening of children's mental health problems since the stay-at-home order in March.
- Continue to evaluate the impact of staying home since youth are at an increased risk of lack of supervision, abuse, exposure to domestic violence, and substance abuse with San Diego Unified schools opting to do remote learning this fall.

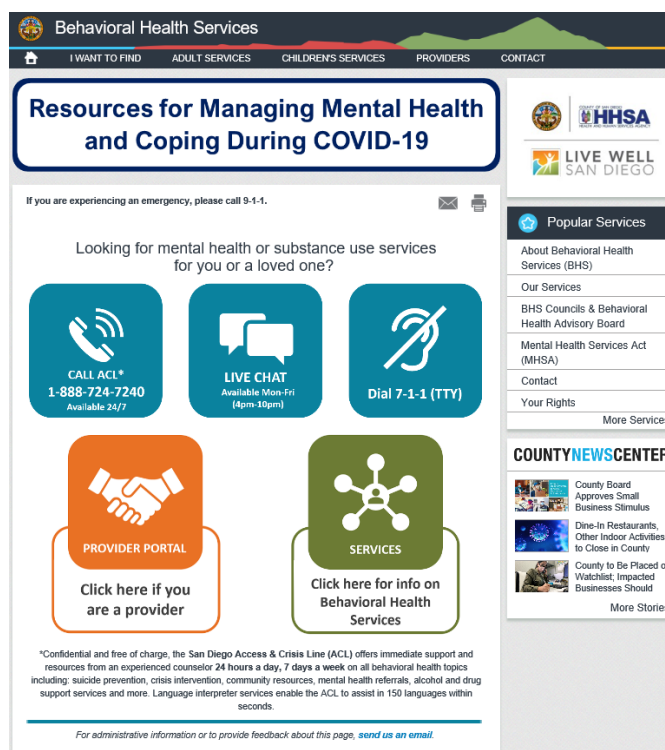
**County of San Diego
Children, Youth and Families
Behavioral Health System of Care Council**

CORONA VIRUS DISEASE 2019 (COVID-19)

County of Diego COVID-19 Webpage: <https://www.sandiegocounty.gov/coronavirus.html> or [Click Here](#)



Behavioral Health Services Resources for Managing Mental Health and Coping During COVID-19:
<https://www.sandiegocounty.gov/hhsa/programs/bhs/> or [Click Here](#)



County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 2020

Submitted by Yael Koenig/Edith Mohler

Executive Sub-Committee			
Sub-Committee Purpose			
<p>The Executive Committee is a “standing” sub-committee of the CYF Council. The CYF Deputy Director and administrative staff support the Council by leading the Executive Sub-Committee which is comprised of the sub-committee chairs and co-chairs of the CYF Council. This subcommittee is tasked to:</p> <ul style="list-style-type: none"> • Coordinate CYF Council activities • Inform on current issues relevant to the CYF System of Care (SOC) • Ensure follow through on CYF Council action items. 			
Fiscal Year 2019-20 Active Sub-Committee Members			
Public	Private	Family	Education
Yael Koenig (County staff)	Minola Clark Manson (Co-Chair)	Valerie Hebert (Family and Youth as Partners)	Violeta Mora (Education)
Dori Gilbert (Co-Chair)	Rosa Ana Lozada (CCRT)	Suzette Southfox (CYF Liaison)	Heather Nemour (Education)
Darwin Espejo (County staff)	Julie McPherson (CYF CADRE)		
Edith Mohler (County staff)	Marissa Varond (CYF CADRE)		
Grisel Ortega-Vaca (County Staff)	Aisha Pope (Early Childhood)		
	Ginger Bial (Early Childhood)		
	Renee Cookson (Family and Youth as Partners)		
	Valerie Hebert (Family and Youth as Partners)		
	Emily Trask (Outcomes)		
Fiscal Year 2019-20 Accomplishments			
<ul style="list-style-type: none"> • Coordinated Council focus, activities, and membership • Delivered a strong annual CYF Council Orientation (July 8, 2019) • Completed Strategic Planning meeting on August 12, 2019 (Addressing School Based Crisis/Threat) • Presented Fiscal Year 2018-19 Accomplishments and Fiscal Year 2019-20 goals • Presented the annual CYF System of Care Advancing Principles award (September 9, 2019) • 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) • Participated in the October 14, 2019 Combined Councils meeting with the Adult and Older Adult (AOA) and Transition Age Youth (TAY) Councils. The meeting focused on Drug Medi-Cal Organized Delivery System Implementation updates. The meeting was hosted by AOA • Provided BHS Director with input for the Continuum of Care Development (November 21, 2019) • Dedicated January and February 2020 to sub-committee reports • Maintained Council website with a Council New Attendee Welcome Packet 			

- Informed goals and focus areas through the following presentations (Hot Topics):
 - ✓ Advancing the Behavioral Health Continuum of Care Through Regional Collaboration and Innovation-Board of Supervisors (BOS) (throughout the Fiscal Year)
 - ✓ Brain XP's System of Healthy Mind, Open Sharing, Positive Coping, Empowerment (HOPE)- Teens Helping Teens (December 19, 2019)
 - ✓ Adverse Childhood Experiences (ACEs)-Panel (March 9, 2020)
 - ✓ COVID-19 updates from Public Health, Child Welfare Services, Juvenile Probation, Family, Education, and the Private Sectors.
- Delivered a CYF Framework through the lens of social determinates of health as it relates to children and youth
- Began systemically pulling forward relevant Board of Supervisors action items for Council awareness and discussion
- Due to COVID-19, transitioned from in-person to virtual meeting format in June 2020

Areas of Focus for Fiscal Year 2020-21

- Plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and action - that extends to supporting the Council subcommittees
- Consider landscape and other systems priorities to identify opportunities for synergy towards advancement of system of care
- Ensure that virtual format being utilized due to COVID-19 is robust and meets the Council needs, while maintaining Council website
- Address transformation of service delivery due to COVID-19
- Address Equity and Racial Justice
- Deliver the annual CYF Council Orientation with updated content and videos-Held July 13, 2020 through a virtual format hosting 59 participants
- Convene the postponed April 13, 2020 Combined Councils meeting focused of Transgender Health Across the Lifespan
- Inform goals and focus areas which may include:
 - ✓ **Child and Family Strengthening Advisory Board**
CWS Advisory board with 3 sub-committees; areas of interest to Council
 - ✓ **Strong Families, Thriving Communities - Disparities**
 - 29 Bold Action items: Which/What would like to discuss as a Council
 - Expecting Report to BOS in August 2020 (Time may shift due to COVID-19)
 - ✓ **Mapping the Intersection of Youth and the Juvenile Justice System**
 - ✓ **Explore Youth Well:** <https://youthwell.org/>
 - Areas of interest (Social Determinants of Health)
 - ✓ **Health Homes Program**
 - ✓ **Suicide prevention**
 - Trainings
 - Through collaboration among sectors

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 2020

Submitted by Heather Nemour

Education Sub-Committee			
Sub-Committee Purpose			
The purpose of the Education Sub-Committee is to build and/or enhance relationships between mental health providers and education resulting in resource development, needs identification, relationship building, and partnerships with stakeholders in efforts that promote youth mental health, positive school climates, and trauma informed delivery of school-based services/activities.			
Fiscal Year 2019-20 Active Sub-Committee Members			
Public	Private	Family	Education
<u>Frances Cooper</u> County of San Diego	<u>Pam Hansen</u> San Diego Center for Children	<u>Christina Frey</u> -Youth	<u>Heather Nemour</u> & <u>Violeta Mora</u> SDCOE-Student Support Services
	<u>Mareeh Marquez</u> Pathways Cornerstone Program	<u>Debbie Dennison</u> -Parent	<u>Cara Schukoske</u> SDCOE Special Education
			<u>Barbara Ryan</u> California School Board Association
			<u>Yuka Sakamoto</u> San Diego Unified School District
			<u>Aidee Angulo</u> San Diego Unified School District
Fiscal Year 19-20 Accomplishments			
<ul style="list-style-type: none"> SDCOE offered a third workshop with Dr. Lisa Boesky on “Assessing Suicidal Students” in September 2019 with 89 participants representing 19 school districts and 7 charter schools SDCOE provided 47 trainings on mental health & well-being, positive school climate and suicide prevention with 1,054 participants from school districts, charters and private schools SDCOE developed & implemented a trauma informed care training continuum SDCOE and SPC updated and enhanced the Suicide Prevention Resource Guide for Schools SDCOE disseminated the SchoolLink BHS one-pager to districts/schools and presented to districts on how to navigate BH services beyond SchoolLink SDCOE launched a statewide grant (AB1808) to provide access to an online suicide prevention training for middle and high school teachers, staff and students SDCOE and HHSA, LIVE WELL San Diego hosted the SDCOE’s Annual Summit on Student Engagement and Attendance in October 2019 SDCOE continued to chair the San Diego Suicide Prevention Council’s K12 Education Sub-Committee. The Ad-Hoc Education Sub-Committee provided a mid-year and end of the year update to the CYFBHSOCC and held two committee meetings. The FY1920 Annual School Summit was successfully combined with the Live Well Advance with a well attended School Track focused on education and management of school threats. SDCOE and BHS partnered and submitted for a competitive Mental Health Student Grant focused on suicide prevention, and although not awarded the collaboration is yielding other system threading. 			

- Dialoged with partners such as DA, PD, Courts, Law Enforcement, Optum about Threat Assessments and Crisis Responses on school campuses.
- With schools shifting to remote learning in March 2020 due to COVID19, systems quickly adjusted and implemented new processes such as telehealth and revised referral paths.
- SDCOE and BHS both developed a COVID19 webpage with resources for youth, families, educators, and providers.

Areas of Focus for Fiscal Year 2020-21

- Be responsive to the changing needs of schools with COVID-19 and distance learning such as virtual trainings, resource identification and student & staff wellness resources
- Provide access to LivingWorks Start online suicide prevention training to small school districts for middle and high school teachers, staff and students
- SDCOE will promote and disseminate the newly updated 2021-21 Suicide Prevention Resource Guide for Schools to the 42 school districts and charter schools
- SDCOE will develop an AB1767 resource guide for schools to help K-6 districts develop and implement suicide prevention policies and practices
- Continue to convene the San Diego Suicide Prevention Council's K12 Education Sub-Committee, Mental Health in Schools Collaborative and the CYFBHSOCC Education Sub-Committee and cross inform the three groups by sharing information and resources
- Convene Ad-hoc Education Sub-Committee on a quarterly basis and be responsive to the behavioral / mental health needs of schools during pandemic
- Review SchoolLink Manual for inclusion of a COVID19 module / information.
- Contribute to the FY2021 Live Well Advance with School Track.
- Continue to explore opportunities for SDCOE and BHS to collaborate and strengthen work related to suicide education and prevention.

CYF Education Sub-Committee

August 10, 2020

2019-20 Accomplishments & 2020-21 Goals

Co-Chairs: Heather Nemour and Violeta Mora

Education Sub-Committee Members

Public	Private	Family	Education
<u>Frances Cooper</u> County of San Diego	<u>Pam Hansen</u> San Diego Center for Children	<u>Christina Frey</u> -Youth	<u>Heather Nemour</u> & <u>Violeta Mora</u> (Co- Chairs) SDCOE-Student Support Services
	<u>Mareeh Marquez</u> Pathways Cornerstone Program	<u>Debbie Dennison</u> -Parent	<u>Cara Schukoske</u> SDCOE Special Education
			<u>Barbara Ryan</u> California School Board Association
			<u>Yuka Sakamoto</u> San Diego Unified School District
			<u>Aidee Angulo</u> San Diego Unified School District

2019-20 Highlighted Accomplishments

- SDCOE provided 48 trainings with 1,143 participants
- Updated & enhanced Suicide Prevention Resource Guide for Schools
- SDCOE launched AB1808 statewide grant: LivingWorks Start online suicide prevention training for middle/high school staff and students
- SDCOE informed districts on SchoolLink and how to navigate it
- SDCOE, HHSA, LIVE WELL hosted Annual Summit in October
- Mental Health in Schools Collaborative developed
- COVID webpage developed by SDCOE and BHS

Areas of Focus for 2020-21

- Be responsive to changing needs of schools related to COVID
- Provide access to LivingWorks Start online suicide prevention training to small districts
- Disseminate Suicide Prevention Resource Guide for Schools
- Develop AB1767 resource guide for schools and disseminate
- Review SchoolLink COVID module/information
- Support Live Well Advance with School Track
- SDCOE and BHS continue to collaborate and strengthen work on suicide education & prevention

Questions?

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 2020

Submitted by Valerie Hebert

Family and Youth Sector

Sub-Committee Purpose

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

Fiscal Year 2019-20 Active Sub-Committee Members

Public	Private	Family	Education
Edith Mohler	Valerie Hebert	Valerie Hebert	Sonia Lira
Darwin Espejo	Eva Melendez	Eva Melendez	Linda Ketterer
	Darron Jones	Ingrid Alvarez-Ron	
	John Bucher	Sten Walker	
	Sue McCoy	Sue McCoy	
	Celeste Hunter		
	James Ruff		

Fiscal Year 20 19-20 Accomplishments

The Family and Youth as Partners (FYP) Subcommittee supports the advancement of Youth/Family professional partnerships for CYF within BHS. The CYF Subcommittee collaborates with CYF administrative staff to ensure family and youth voice, choice and values are incorporated into program development, implementation plans and overall CYF service delivery. Collaborative relationships between CYF System of Care Partners support family/professional partnerships and assist in strategic and cohesive service delivery with higher rates of engagement.

- The FYP Subcommittee:
 - ✓ Has moved to a virtual format in light of COVID-19 using Zoom meeting platform.
 - ✓ Promoted Peer Partner career development and advancement through education.
 - ✓ Enhanced the knowledge-based of parents, families, and Peer Partners within the CYF System of Care with timely and requested speakers/presentations at the CYF Liaison's monthly Youth and Family Support Partners meetings.
 - ✓ Consistently identified and brought forward "Hot Topics" within the CYF System of Care community such as Peer Partner and family challenges during Covid-19, identifying barriers faced by Peer Partner staff in supporting family success
 - ✓ Lead the planning of the May Youth Mental Health Well-Being Celebration.
- The Family and Youth as Partners Subcommittee continues to be a clearing house of information to stakeholders and the CYF Council on efforts by the California Association of Mental Health Peer Run Organizations (CAMHPRO) in advocating for state Standardization/Certification of Peer Support Specialists. The Peer Support Specialist Certification Act of 2020 establishes statewide Peer Specialists protocols while providing the guidelines to maximize Medi-Cal matching funds. California is one of two states which currently do not certify Peer Support Specialists. Peer and Family Support Specialists provide valuable services to youth and families living with the challenges of mental illness, substance use disorders and/or both. Youth and Family Support Partners support families in navigating the CYF System of Care, modeling resiliency and recovering, instilling hope, thus making them

an essential and professional part of the behavioral health workforce.

- The Family and Youth as Partners Subcommittee successfully coordinated the planning of the annual Youth Mental Health Well-Being Celebration held May 7, 2020. Planning for event begins in Quarter 2 annually and is in full swing during the second half of the fiscal year until the event in May 2020. TAY Subcommittee members successfully advocated for the name of the event to be changed from “Children’s” to “Youth,” aiming for more inclusivity of youth demographics through TAY involvement. Due to the COVID-19 Pandemic, celebration planning committee needed to abruptly refocus the May 2020 Celebration to a Virtual Gathering, thus supporting the needs of youth and families faced with tedium and boredom associated with the Stay-at-Home order by the State of California. The 2020 virtual event focused on supports and coping strategies during a Pandemic, staying connected virtually, and using art as tool to support emotional and behavioral health. The 2020 May Virtual Gathering featured a community art project, a virtual mental health resource fair and community partners engaging with participants during a live-filmed virtual event played through Facebook Live. This year’s virtual event and the art created for this project lives on the CYF Liaison website and can be viewed by visiting this link: <https://cyfliaison.namisanidiego.org/may-event-2020/>

Areas of Focus for Fiscal Year 2020-21

- Increase sub-committee attendance and participation through member invitation
- Continue to follow Peer Certification updates and support passage of Senate Bill 803
- Fill open Youth Served by the Public Health System seat on the CFYBHSOC Council
- Continue to create a robust Youth and Family Support Partners virtual support meeting with increased participation across the CYF System of Care
- Continue with community discussion of “Hot Topics” identification and sharing with the CYF System of Care
- Continue with mental health discussions using the Facebook Live platform valuing youth and family voice (also recorded for viewing at later dates) to support families and youth
- Continue to support the planning of robust presentations for Youth and Family Support Partners Peer Partner Coaching meetings and celebration. Upcoming support/Coaching meeting themes include:
 - ✓ SSI for families with youth, presented by Legal Aid
 - ✓ ADHD Strategies for families and providers
 - ✓ Rapid Response Housing providers
 - ✓ Recovery residences
 - ✓ Hosting a robust, fun-filled, and well attended Youth Mental Health Well-Being Celebration in May 2021, in-person or virtual
 - ✓ Driving focus on providing multicultural support to Youth and Family Support Partners working within the CYF System of Care
 - ✓ Coordination of TAY information sharing between families, youth and agencies supporting TAY and TAY Council
 - ✓ CYF System of Care Training Academy Annual Conference Planning Committee involvement

CYFBHSOC COUNCIL 19.20 BI-ANNUAL REPORT

FAMILY & YOUTH AS PARTNERS SUBCOMMITTEE

Co-chairs: Valerie Hebert and Edith Mohler

Presented by: Valerie Hebert, Program Manager CYFL



FYP Subcommittee Purpose

PROMOTING CSOC VOICE & VALUES

Recognizing & strengthening shared identity for CYF Peer Partner staff

Supporting Statewide measures for CA Peer Certification

Sharing resources & opportunities to further the role of the Peer Partner

Strengthening Four Sector understanding & engagement

Sharing of information between four sectors & CYFBHSOC Council

FYP Subcommittee Accomplishments FY 19/20

PEER PARTNER DEVELOPMENT, ADVANCEMENT & EDUCATION

Coaching, training, collaboration and celebrating the work of the Y/FSP

SYSTEM WIDE COLLABORATION

Using the voice of Lived Experience to reach families, peers and CSOC in powerful ways through education

CSOC HOT TOPICS

Presented in a manner that is easily accessible and relevant in family friendly language

ANNUAL YOUTH MENTAL HEALTH WELL - BEING GATHERING

Supporting and celebrating families within the CSOC



2020 Virtual Youth MH Gathering on FB Live

THE PANDEMIC OFFERS AN OPPORTUNITY FOR A NEW WAY TO CELEBRATE YOUTH & FAMILY MENTAL WELLNESS

Visit the CYFL website to view the celebration, as well as view the Community Art Projects:

<https://bit.ly/MayEvent2020>



CONTINUED TRACKING OF THE SB803 CALIFORNIA PEER SPECIALIST CERTIFICATION

Peer Support encompasses a range of activities and interactions between people who have shared similar experiences of being diagnosed with mental health conditions. Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships.

CAMHPRO, January 2020

Mental health services: peer support specialist certification bill

CAMHPRO SB 803 - <https://bit.ly/SB803>

1

Establish

Establishes a certifying body to provide appropriate certification as determined by the context of the Bill.

2

Provide

Provide for a statewide certification for peer support specialists, as contained in federal guidance in State Medicaid Director Letter.

3

Define

Define the range of responsibilities, practice guidelines, and supervision standards for peer support specialists by utilizing best practice materials published by SAMHSA, the United States Department of Veterans Affairs, and related notable experts in the field as a basis for development.

4

Determine

Determine curriculum and core competencies required for certification of an individual as a peer support specialist, including curriculum that may be offered in areas of specialization, including, but not limited to, transition -age youth, veterans, gender identity, sexual orientation, and any other areas of specialization identified by the department.



2020/21 Goals

INCREASING FYP SUBCOMMITTEE MEMBERS

Working to build greater reach throughout the SD region

CSOC MAY GATHERING

Planning committee forming to create a robust gathering for May 2021, virtual or in-person

HOT TOPIC DISCUSSION/DISSEMINATION

Continued integration, outreach & info sharing by way of four sector collaboration

Upcoming Coaching Topics

FOR PROVIDERS, Y/FSP & FAMILIES



- Affordable Housing, Section 8 Housing Vouchers
- Secondary Trauma
- Changes in technology for youth/teens
- Social Workers and the support they provide to families
- How to host productive virtual meetings
- Self Care



Get to Know Us & Join Us!

The Family and Youth as Partners Subcommittee

MEETS:

3rd Thursday from 1:30 - 3:00 pm

VIRTUAL MEETING:

<https://bit.ly/FSPsubc>

FOR MORE INFO:

email: CYFLiaison@namisd.org

phone: (858) 987-2980

Join CYFL
on Facebook
Live - Aug 25
1 - 2 pm



NAMI SAN DIEGO

DISTANCE LEARNING DURING THE FALL SEMESTER

With fall classes moved online, join our **Facebook Live** online event to find tips for youth and parents on how to handle virtual school!

AUG 25, 2020 1 - 2 PM

JOIN THE STREAM BY VISITING
FACEBOOK.COM/NAMISANDIEGO

Please direct any questions to micaelacunningham@namisd.org



NAMI SAN DIEGO

DISTANCE LEARNING DURING THE FALL SEMESTER

With fall classes moved online, join our **Facebook Live** online event to find tips for youth and parents on how to handle virtual school!

AUG 25, 2020 1 - 2 PM
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Please direct any questions to micaelacunningham@namisd.org

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 2020

Submitted by Minola Clark Manson

Private Sector			
Sub-Committee Purpose			
This committee is an ad hoc committee and has been put on hiatus.			
Fiscal Year 2019-20 Active Sub-Committee Members			
Public	Private	Family	Education
Fiscal Year 2019-20 Accomplishments			
Areas of Focus for Fiscal Year 2020-21			

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 2020

Submitted by Aisha Pope/ Ginger Bial

Early Childhood Sub-Committee			
Sub-Committee Purpose			
<p>The Early Childhood Mental Health Subcommittee supports the CYFBH continuum of care by ensuring early childhood mental health is integrated, key issues are addressed, and topics are addressed to support age relevant system improvements. ECMH Subcommittee ensures that the BHS CYFSOCC considers the unique needs of the 0-5 population and their caregivers when making decisions on programming, policy, and training.</p>			
Fiscal Year 2019-20 Active Sub-Committee Members			
Public	Private	Family	Education
Shannon Jackson Ana Mendez Charmi Patel Rao Shelly Paule Sharon Qin Nohemy Terrazas	Stacy Annand Ginger Bial Sherry Casper Valerie Centeno Christine Cole Terri Cook-Clark Kim Flowers Sarah Franco Pradeep Gidwani Jennifer Kennedy Rosa Ana Lozada Marisela Molina Aisha Pope Ashley Rambeau Angela Rowe Nikoo Sadatrafi Desiree Shapiro Edgar Siera Izzy Shine Stephanie Smith Bobbi Smylie Nubia Soto Carole Steel Erin Taylor Autumn Weidman Aimee Zeitz	Linda Ketterer Emma Eldredge	Evette Callahan Fernanda Garcia Lisa Linder Saribe Perez Rose Woods

Fiscal Year 2019-20 Accomplishments

1) PROMOTE AND EDUCATE: Provide information to improved system-wide understanding of early childhood mental health and integrate throughout the system of care.

- A. Consistent ECMH Subcommittee attendance (averaging 10-15 attendees monthly) with well-rounded representation (public, private, family & education)
- B. Presentation 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 and in-home treatment model
- C. Submission of 3 proposals focused on early childhood to RIHS for 19/20 fiscal year consideration. One of the 3 proposals was selected by RIHS leadership (Implicit Bias)
- D. Submission of proposals focused on early childhood to RIHS for the 19/20 Substance Use Conference and 1 of the proposals was selected (Soothing through the Senses)
- E. On-going collaboration across providers including sharing resources and best practices
- F. Key talking points developed to advance priority messaging
- G. Representation of ECMH voice during SOC discussions, hot topics, ad hoc committees
- H. Presentation to the January SOC Council on ACES and resiliency to promote relevant ECMH information

2) ADVOCATE: Prioritize service/program areas for a united voice to have a "ready to go position" for funding opportunities.

- A. Advocacy to increase workforce competency within the ECMH network of providers by informing on the IFECMH Endorsement process. Also, communicated with RIHS about labeling the competencies in their trainings.
- B. ECMH representation occurred at all Community Forums to provide a voice for early childhood
- C. Funding and programming suggestions offered at annual BHS Community Forums
- D. Advancement of current practices/programs vs. new practices/programs considered
- E. Resource sharing to promote staff self-care and support during COVID crisis and racial unrest

3) PROMOTE SYSTEM CHANGE: Improve and promote system efforts by increased understanding of services currently available.

- A. Ongoing collaboration with Early Childhood Mental Health Leader's Collaborative
- B. Hosted Partners in Prevention presentation from YMCA and provided feedback
- C. Provider support group established during COVID crisis and racial unrest to share resources and support for best practices
- D. Idea sharing on best practices when conducting telehealth with 0-5, including engagement and effective strategies

Autumn Weidman finished a 2-year term as co-chair of the subcommittee. Ginger Bial was selected as the new co-chair with Aisha Pope for FY 20-21.

1) PROMOTE AND EDUCATE

Provide information to improved systemwide understanding of early childhood mental health and integrate throughout the system of care.

OBJECTIVES:

- A. Ensure ECMH voice is represented during SOCC discussions (i.e. hot topics) & ad hoc committees specifically about how caregivers, young children and providers are managing during COVID19 and the current socio-political climate
- B. Provide information to SOCC on caring for caregivers of youth 0-5 related to COVID19 and current socio-political climate
- C. Develop shared language to effectively communicate within subcommittee and with larger SOCC (i.e. 'systemic racism' as possible replacement language for 'racial unrest' since 'systemic racism' might be perceived to put ownership on all versus people of color)
- D. Continue to offer informational videos, handouts, etc. to the SOCC to promote relevant ECMH information
- E. Continue to provide suggestions for training topics to RHIS and the We Can't Wait Conference to increase community competency

2) ADVOCATE

Prioritize service/program areas for a united voice to have a "ready to go position" for funding opportunities.

OBJECTIVES:

- A. Highlight intersectionality of ECMH and trauma-informed care with the greater system and help translate how this committee intersects with others in the SOCC
- B. Support workforce development by communicating impact of reflective practice on providers, programs and community
- C. Connect with caregivers to assist/empower their advocacy efforts by sharing resources across members and increasing caregiver voices as partners
- D. In light of current climate, consider advancement of current practices/programs vs. new practices/programs
- E. Continue to identify service gaps, disparities, and cultural barriers at annual BHS Community Forums

3) PROMOTE SYSTEM CHANGE

Improve and promote system efforts by increased understanding of services currently available

OBJECTIVES:

- A. Encourage the ECMH subcommittee to 'look within' and evaluate current practices across members with the intention of assessing readiness to move toward a 'culture of inquiry' and begin system change from within
- B. Gather information on reflective practice (i.e. influence on productivity, staff retention, creativity, burnout, vicarious and secondary trauma, etc.) to learn about the impact of this model on the development of critical thinking skills necessary for complex work and crises; and how this model influences providers, programs and systems
- C. Continue to improve collaboration and hold a united voice with other systems around current efforts to move the ECMH field forward

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 2020

Submitted by Alisha Eftekhari

Transition Age Youth (TAY) Council				
Council Purpose				
The purpose of this council is to facilitate the design and implementation of Transitional Aged Youth (TAY), ages 16-25 services in the Children, Youth, and Families and the Adult and Older Adult Systems of Care by providing feedback and recommendations to the Behavioral Health Director. The TAY council provides community representation and input for the integrity of all TAY services and advancement of all TAY related aspects of the System of Care.				
Fiscal Year 2019-20 Active Council Members				
Public	Private		Education	Family
Steven Wells	Laura Tancredi-Baese	Vanessa Arteaga	Flora Barron	Ursula Hardianto (TAY)
Stephanie Morehead	Stephanie Morehead	Courtney Simone-Clements		
	Miriam Adam	Victor Esquivel		
	Peggie Webb	Matthew Wood		
	Elisabeth Winchell	Cheyenne Bartram		
	Serena Terrones	Joseph Edwards		
	Katherin Torres			
BHS System Leads: (not council members): Alisha Eftekhari (AOA) and Michael Miller (CYF)				
Fiscal Year 2019-20 Accomplishments				
<ul style="list-style-type: none"> LGBTQ Recommendations were submitted to BHS Executive Team. <ol style="list-style-type: none"> Improve Data Collection of LGBTQ clients by revising the San Diego County Mental Health Services Demographics Form. Increase and Diversify training and development opportunities offered withing the BHS SOC through RIHS (Responsive Integrated Health Solutions). 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. Full draft report is attached. Please send comments to Michael.Miller@sdcounty.ca.gov 				
Areas of Focus for Fiscal Year 2020-21				
<ul style="list-style-type: none"> 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 to service delivery and the specific needs of TAY affected by COVID related issues. Recommendations for fiscally aware interventions to most effectively provide optimal TAY services. Website and Orientation Manual <p>Open Seats:</p> <p>Client Advocacy, CSEC, Foster Youth, Hospital Partner, Law Enforcement, Primary Health Care, TAY youth</p>				

County of San Diego Behavioral Health Services
Transitional Age Youth (TAY) Council
LGBTQ Subcommittee

**Recommendations to Address
the Needs of LGBTQ TAY**

Presented on behalf of the TAY Council by Co-Chairs:
Joseph Edwards
Liz Winchell

And LGBTQ Subcommittee Members:
Vanessa Arteaga – San Diego Youth Services
Stephen Carroll – San Diego LGBT Community Center
C. Simone Clements – Mental Health Systems
Steven Wells – County of SD Child Welfare Services

January 2020

TRANSITIONAL AGE YOUTH (TAY) COUNCIL: LGBTQ SUBCOMMITTEE RECOMMENDATIONS

Identified Problem:

Over the past two decades, the LGBTQ community has made significant strides towards visibility, acceptance, inclusion and civil rights. However, there is still much work to be done, particularly around enhancing the health and well-being of the LGBTQ community. Members of the LGBTQ community, while possessing a great capacity for resilience, experience disparities in health and well-being in many domains of life. Notably, LGBTQ individuals, particularly LGBTQ people of color, experience intense disparities in the area of mental health. Homophobia, transphobia and heterosexism from family members, friends and formal systems can exacerbate these disparities. Within this report, the LGBTQ subcommittee has sought to offer recommendations which focus on tangible, achievable strategies to address specific, salient areas of practice and build upon the foundation of the County of San Diego (COSD) and the Behavioral Health System of Care's existing efforts to reduce disproportionality and health disparities. These efforts will continue to reinforce the continuing body of work within our communities and will further advance the COSD's vision of Live Well San Diego as we build better health and promote communities which are safe and thriving.

Summary of applicable data and literature:

American Psychiatric Association – Mental Health Disparities: LGBTQ

According to the American Psychiatric Association – Mental Health Disparities: LGBTQ report (2017):

- “LGBTQ individuals have higher rates of mental health services use than their heterosexual counterparts.”
- “LGBTQ individuals are more than twice as likely as heterosexual men and women have a mental health disorder in their lifetime.”
- “LGBTQ individuals are 2.5 times more likely to experience depression, anxiety, and substance misuse compared with heterosexual individuals.”
- “The rate of suicide attempts is four time greater for lesbian, gay, and bisexual youth and two times greater for questioning youth than that of heterosexual youth.”
- “Many LGBTQ people have reported experiencing stigma and discrimination when accessing health services, leading some individuals to delay necessary health care or forego it altogether.”
- 4.4% of Gay/Lesbian, 7.4% of Bisexual, and 30.8% of Transgender individuals have considered attempting suicide as compared to 2.3% of heterosexual individuals.

California LGBTQ Reducing Mental Health Disparities Report

According to the 2012 California LGBTQ Reducing Mental Health Disparities Population Report, of the 3,023 respondents to their survey, 77% reported seeking mental health services, with “Trans Spectrum individuals seeking services with an even higher rate (85%).” Further, the report states “only 40% of LGBTQ respondents stated they were ‘very satisfied’” with the mental health services they were receiving. Medi-Cal recipients who

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responded to the survey reported having “more difficulty accessing the services...than those who reported having private insurance,” including a lower rate of access to couples/family counseling and peer support than those with private insurance or Medicare. The report found the majority of respondents “experience stress, anxiety or depression directly related to their sexual orientation or gender identity/expression and seek mental health services or support at very high rates. The report continues “when accessing services...respondents may not be out to their provider(s), they report differing levels of rejection regarding their sexual orientation or gender identity. They also report difficulty finding providers who are accepting of LGBTQ issues. Respondents identified “not knowing how to find an LGBTQ-competent mental health provider” as “the number one LGBTQ-specific barrier.” Once services begin, “respondents encounter problems with their mental health providers, including their provider not knowing how to help with sexual orientation or gender identity concerns. Many are not satisfied with the services they receive.”

The survey of providers also found providers, both LGBTQ and non-LGBTQ, “face barriers to providing culturally competent services for LGBTQ people, including lack of training...” Providers identified “not enough access to training” as one of the top four barriers. The provider survey found: the number of LGBTQ-specific trainings attended is a very important factor in how LGBTQ-affirming a provider is,” with their scores on the Gay Affirmative Practice (GAP) scale rising “with each training they participated in.”

Based on its findings, the report offers several recommendations to decrease disparities in accessing mental health care for LGBTQ individuals including:

Data Collection

- the collection of “demographic information...across the lifespan and across all demographic variations...at State and County levels” including “standardization of sexual orientation and gender identity measures... for demographic data collection...”
- “Whenever demographic data (e.g. race, ethnicity) is collected, as a tool to evaluate and improve services, sexual orientation and gender identity data should be included.”
- “Intake, data collection, and reporting systems should be modified to count – and analyze data trends for – LGBTQ populations in order to identify possible...disparities, gaps in service, successes in service provision, and to support appropriate resource allocation.”

Workforce Training

- “Statewide workforce training...to increase culturally competent mental, behavioral, and physical health services, including outreach and engagement, for all LGBTQ populations across the lifespan...”
- “Training of service providers in public mental/behavioral and physical health systems should focus on the distinctiveness of each sector of LGBTQ communities—lesbians, gay men, bisexual, transgender, queer and questioning—within an overarching approach to mental health throughout the lifespan for the

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racial, ethnic and cultural diversity of LGBTQ communities. Cultural competency training, therefore, cannot only be a general training on LGBTQ as a whole, but also needs to include separate, subgroup-specific training sessions.” The LGBTQ Subcommittee would also add nonbinary as a distinct sector of LGBTQ communities and would add nonbinary to this recommendation.

Funding and Services

- “All locations where State or County funded mental/behavioral and physical health care services are offered should be required to be safe, welcoming, and affirming of LGBTQ individuals and families across all races, ethnicities, culture, and across the lifespan.”
- “State and County RFPs should support innovative community-based efforts and require providers” to provide “documentation of internal policies and procedures that are inclusive of, and designed specifically for, LGBTQ communities.”

COSD BHS Special Population – LGBTQ Trend Report

According to data cited in the Special Population – LGBTQ Trend Report (dated 1/18/19) released by COSD BHS, there has been a “steady increase” in the percentage of Children, Youth, and Family (CYF) who self-identify as LGBTQ. Similarly, there has been a “slight increase” Adult/Older Adult (AOA) clients who self-identify as LGBTQ. The table below provides supportive information of increases in both the CYF and AOA systems of care (SOC).

Percentage of LGBTQ Identified clients		
Fiscal Year (FY)	CYF SOC	AOA SOC
FY1516	2.9%	3.8%
FY1617	4.9%	4.5%
FY1718	5.9%	4.8%

In addition, the LGBTQ Trend Report highlights the rates at which LGBTQ individuals qualify as dually diagnoses and endorse having experienced trauma. These numbers are reported below:

Percentage of LGBTQ Identified clients – Dual Diagnosis		
Fiscal Year (FY)	CYF SOC	AOA SOC
FY1516	13%	59%
FY1617	8%	64%

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FY1718	7%	64%
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Percentage of LGBTQ Identified clients - Trauma		
Fiscal Year (FY)	CYF SOC	AOA SOC
FY1516	85%	67%
FY1617	84%	76%
FY1718	84%	80%

While clients in the CYF SOC report a lower rate of being dually diagnosed relative to those in the AOA SOC, they endorse consistently high rates of traumatic experience. Clients seen in the AOA SOC are reported as both having high rates of dual diagnosis and traumatic experience.

Problem Summary

The information above supports the ever-growing body of evidence showing LGBTQ individuals represent a significant contingent within our CYF and AOA systems of care and face unique, substantial challenges related to accessing mental health services to address behavioral health conditions, substance use/abuse disorders, and the aid in the resolution of the adverse consequences resulting from traumatic experiences.

As a result of the information included above and within this report, the LGBTQ subcommittee submits the following recommendations to the TAY Council and the BHS administration for their thoughtful consideration:

- **Recommendation #1:** Improve Data Collection of LGBTQ clients by revising the San Diego County Mental Health Services Demographic Form to ensure it mirrors SOGIE (Sexual Orientation, Gender Identity and Expression) language consistent in the Behavioral Health Assessment (BHA).
- **Recommendation #2:** Increase and diversify training and development opportunities offered within the BHS SOC through RIHS (Responsive Integrated Health Solutions, a program of the Academy for Professional Excellence, a project of the SDSU School of Social Work), specific to the LGBTQ community and promote the construct of cultural responsiveness/humility over cultural competence and emphasizing the important of respecting the individual's identified pronouns.
- **Recommendation #3:** Enhance provider environments (e.g. lobbies, front desk, clinical environments, community spaces) to ensure they are open, affirming, and welcoming to LGBTQ individuals. This can be done by providing visual cues to LGBTQ clients such as displaying posters, brochures and educational materials and/or by posting a nondiscrimination statement.

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- **Recommendation #4:** 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.

The LGBTQ subcommittee is hopeful the recommendations contained within this report will catalyze additional actions and efforts to accomplish the following:

- Improve data collection to clarify the size and scope of and further define the specific, unique needs of the LGBTQ community accessing the BHS SOC.
- Improve the scope, competence, and cultural responsiveness of mental health providers within the BHS SOC related to the unique needs of LGBTQ clients through training and support.
- Identify specific ways to ensure all public spaces (e.g. lobbies, offices, and public areas) in treatment settings are welcoming and affirming to LGBTQ clients to address cultural barriers which may adversely impact client experience and retention.

Current Resources:

The COSD is fortunate to have services, supports, and resources available to LGBTQ individuals who may be experiencing mental or behavioral health difficulties and/or who may be in need of additional social support.

At this time, COSD BHS has an active contract within the CYF SOC entitled, Our Safe Place (OSP), which is a program designed specifically to meet the needs of LGBTQ youth up to age 21 and their families. OSP provides a myriad of services to include but not limited to: individual/family therapy; psychiatry; outreach and support; 24-hour support, safety planning, and connection to community resources; and drop-in center services which provide peer support, family, support, community training and education, and resources to increase support and encourage self-sufficiency. OSP has a mental health clinic in central San Diego as well as four drop-in center locations in San Diego, Chula Vista, Escondido, and Oceanside.

The BHS CYF and A/OA SOC's also have a number of contracted agencies which provide mental health services to the broader community, which are intended to be inclusive of LGBTQ individuals and their families.

In addition, The San Diego LGBT Community Center offers a wide selection of counseling services through its Behavioral Health Services Department. Services offered include individual, couple/family, and group counseling. Counseling services are available to the LGBTQ community, including those struggling with same gender/genderqueer relationship violence; transgender and non-binary persons who need assistance with transition or exploring their gender identity; and for individuals, couples & families living with HIV/AIDS. Lastly, The North County LGBTQ Resource Center provides referrals and low or no cost therapy to the LGBTQ community.

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The COSD is also fortunate to have Responsive Integrated Health Solutions (RIHS), which provides staff development services that will increase competency in culture, co-occurring disorders, family centered services and resiliency as is required to outreach, assess, and support the recovery of adults and children living with severe mental illnesses, and their families. Funded via a contract with County of San Diego Mental Health, RIHS is part of a network of services made available by the county to behavioral health service providers. RIHS is a County of San Diego Behavioral Health contracted program of the Academy for Professional Excellence, a project of the SDSU School of Social Work.

Currently, RIHS offers the following e-Learning trainings specific to LGBTQ populations: Effectively Working with LGBTQ Youth; Introduction to LGBTIQ Population; and LGBTQ Young Adults and Fostering Connections After 18/AB12. Since 2015, RIHS has offered the following in-person training: Family Compassion and the LGBTQIA Community and Intersectionality of Identities. Lastly, RHIS currently has a Cultural Competency: LGBT+ eLearning Curriculum Meeting that is working towards revising eLearning.

In addition, The San Diego LGBT Community Center's Training Institute offers a variety of in-person trainings on topics from everything from Nonbinary Gender Identities to Intersectionality to Sexual Health to assist a variety of organizations, businesses and social services strengthen their knowledge about and competencies in serving the LGBTQ community. Lastly, The North County LGBTQ Resource Center offers a two-hour workshop that promotes safety, inclusion, and well-being for LGBT students.

Remaining Unmet Needs:

There is no standardization of sexual orientation and gender identity measures for demographic data collection. The current San Diego County Mental Health Services Demographic Form does not include sexual orientation and gender identity measures. It does capture gender though with only the following options – Male, Female, Other, Unknown. The Current SDCMHS Behavioral Health Assessment includes both measures. Neither document provides a specific space to include a client's identified pronouns.

It is difficult to identify training opportunities that focus on the distinctiveness of each sector of LGBTQ communities—lesbians, gay men, bisexual, transgender, nonbinary, queer and questioning—within an overarching approach to mental health throughout the lifespan for the racial, ethnic and cultural diversity of LGBTQ communities. Feedback from providers indicates the need and interest to build provider's competency beyond safe and affirming to capable of helping with clients' sexual orientation or gender identity concerns. Additionally, emphasizing the construct of cultural responsiveness/humility will allow providers to address unconscious bias and truly learn from clients.

It is difficult to know how to identify a LGBTQ-competent mental health provider within the SOC. There is no active contract within the A/OA SOC that is designed specifically to meet the needs of LGBTQ individuals 21 and older. In addition, there isn't a SOC-specific directory that lists the LGBTQ competency of SOC providers; nor is there a LGBTQ-specific

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designation/certification process that providers can pursue/achieve. With these, the LGBTQ Subcommittee acknowledges the challenges inherent in creating and maintaining either a directory or a designation/certification process.

Final Recommendations:

As stated above, LGBTQ individuals face multiple barriers related to their mental health and wellness and are prone to higher rates of mental health and behavioral health challenges. As such, LGBTQ individuals utilize mental health services at higher rates than their non-LGBTQ counterparts. LGBTQ individuals, in addition to facing disparities in rates of mental health challenges and accessing services, face challenges and additional disparity related to their satisfaction with the quality and competence of their provider in addressing their needs as an LGBTQ identified client. LGBTQ individuals report having difficulty accessing services, knowing how to access an LGBTQ affirming and competent provider, and finding the services culturally responsive and effective. The local data cited above in the COSD BHS SOC is consistent with data on a statewide and a national level which highlights the prevalence of mental health and traumatic experiences endemic in the LGBTQ community. Similarly, providers face their own challenges and barriers in receiving the training and support they need to confidently, comfortably, and competently serve LGBTQ individuals in a clinical setting.

In response to these challenges experience by both LGBTQ clients and their providers, the LGBTQ subcommittee is proposing four recommended strategies to address issues related to limitations in the current methods of data collection regarding LGBTQ individuals, to address disparities in access to mental health services for LGBTQ individuals, and to broaden the scope of knowledge, ability, and competence of network providers who serve LGBTQ individuals in their respective treatment setting.

- **Recommendation #1:** Improve Data Collection of LGBTQ clients by revising the San Diego County Mental Health Services Demographic Form to ensure it mirrors SOGIE language consistent included in the Behavioral Health Assessment (BHA); and to include a specific space for a client's identified pronouns in both documents.

Rationale: This amendment to the Demographic form will promote consistency in the information collected and reported in the BHA while also providing additional opportunities to collect pertinent and relevant information related to all aspects of SOGIE for purposes of data collection, evaluation, and reporting. The quality, scope, and integrity of data will help to further inform the BHS SOC of the presence, needs, and scope of services required to ensure LGBTQ individuals receive timely, quality, competent, and culturally responsive mental health services. In doing so, this will lead to advancements in service delivery which will address existing disparities LGBTQ individuals face when accessing mental health care.

- **Recommendation #2:** Increase and diversify training and development opportunities offered within the BHS SOC through Responsive Integrated Health Solutions (RIHS) specific to the distinctiveness of each sector of the LGBTQ community and promote the construct of cultural responsiveness/humility over

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cultural competence and emphasizing the important of respecting the individual's identified pronouns.

Rationale: By leveraging the existing training resources offered through RIHS, providing additional training opportunities to mental health providers will aid in providing information and skill building opportunities to providers which will allow them to strengthen their confidence and competence in meeting the needs of LGBTQ individuals. These trainings are recommended to drill down on more identity specific topics and address the importance and necessity of respecting identity and pronouns as a vital component of the therapeutic process.

- **Recommendation #3:** Enhance provider environments (e.g. lobbies, front desk, clinical environments, community spaces) to ensure they are open, affirming, and welcoming to LGBTQ individuals. This can be done by providing visual cues to LGBTQ clients such as displaying posters, brochures and educational materials and/or by posting a nondiscrimination statement.

Rationale: By creating more welcoming, inclusive spaces in provider offices, receptions, and clinical settings, LGBTQ individuals will feel validated, welcomed, and affirmed as they face what, for many, are moments of trepidation and uncertainty as they enter into services. As stated above, many LGBTQ individuals often have difficulties identifying LGBTQ affirming and competent providers. Thus, providing a welcoming environment will provide a first, crucial step in alleviating concerns of LGBTQ individuals which may present barriers to initially accessing or continuing to access services.

- **Recommendation #4:** 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.

Rationale: By requiring programs to consider and implement LGBTQ specific practices and policies, this ensures providers are cognizant and responsive to the needs of LGBTQ individuals and implement strategies and practices which will ensure providers can address LGBTQ specific mental health needs. By ensuring a commitment to ongoing training and development of clinical staff surrounding LGBTQ clients, this ensures providers are afforded the opportunity to build their skillset and comfort serving LGBTQ clients.

Alignment with Ten Year Roadmap

In July 2016, COSD BHS presented its Ten Year Roadmap which delineated a number of values, strategies, and priorities related to addressing the most serious behavioral health concerns impacting COSD. The Ten Year Roadmap expresses a commitment to “provide quality behavioral health services that empower individuals with behavioral health needs to live healthy, safe, and thriving lives.” Within the roadmap are twelve priority focus areas which include the following:

- Aging Population
- Children and Youth Population

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- Care Coordination
- Crisis Services
- Homeless Population
- Prevention
- Suicide Prevention
- Justice- Involved Population
- Unserved and Underserved Population
- Long-Term Care
- Workforce
- Organized Delivery System for Substance Use Disorders

Similar to other cultural communities, the LGBTQ community is diverse in its strengths, needs, and challenges. Members of the LGBTQ community will be served and represented and will benefit from accomplishments in all twelve priorities with many members having needs in many of these domains; however, the needs of the LGBTQ community will certainly be served in the priority area focusing on Unserved and Underserved Populations. The Roadmap further defines and operationalizes how this priority area will be actualized including the following:

- Diverse unserved and underserved communities are aware, empowered and able to access services appropriate to their unique needs.
- Recognize the impact of social determinants of health, disproportionality and health disparities to align prevention and systems of care strategies.
- Foster an inclusive, accepting and culturally-competent environment that celebrates diversity.
- Offer culturally relevant and accessible services to address the needs of diverse populations.

This proposal and its recommendations support the Ten Year Roadmap's priority area focusing on Unserved and Underserved Populations.

References

American Psychiatric Association – Mental Health Disparities: LGBTQ; 2017

The California LGBTQ Reducing Mental Health Disparities Population Report; 2012

COSD BHS Special Population – LGBTQ Trend Report; 2019

Creating an LGBTQ-friendly practice - American Medical Association

Cultural Humility: A Lifelong Practice; 2013; "IN SITU" - the Blog of the SDSU School of Social Work

PRONOUNS: A RESOURCE, SUPPORTING TRANSGENDER AND GENDER
NONCONFORMING (GNC) EDUCATORS AND STUDENTS - GLSEN

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council
August 10, 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 Dautz	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		
FY 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

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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.

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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	Heather Nemour
Amanda Lance-Sexton	Amy Chadwick	Evan Hodges	Yuka Sakamoto
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

- 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 every MH provider varying from program managers, Quality Assurance and clinicians with a focus on CANS clinical integration.

Areas of Focus for Fiscal Year 2020-21

- Review the PSC data during the quarantine & examine any disparities among different racial/ethnic groups.
- Complete a 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.

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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*
- *Suicidality in Youth (to be delivered in July 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.