

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



## Agenda

August 14, 2023 | 9 to 10:30 a.m.

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

[https://us06web.zoom.us/join/9tZwsc--vqzksHdZkyQzWPnCNwZbXTW6B\\_e5f](https://us06web.zoom.us/join/9tZwsc--vqzksHdZkyQzWPnCNwZbXTW6B_e5f)

### I. Welcome Council members, alternates, and meeting attendees - translation available (Stephanie Escobar) **10 minutes**

- Education Sector – Regular Education Pupil Personnel Services alternate: Mara Madrigal-Weiss
- Directing Change – <http://directingchange.ca.org/films/>  
Mental Health Finalist from San Diego County: Third Place Mental Health (Tie): “Smiling Through Depression”  
Pacific Ridge School/Filmmaker: Jeremy Liew/Advisor: Christopher Simon - Link: <https://vimeo.com/802512089>
- Culture Share – Bill Stewart – Handout – **Page 5**
  - Seeking volunteer for November 13, 2023 Culture Share

### II. Review of Meeting Summary (Yael Koenig) **5 minutes**

- July 10, 2023, Meeting Summary - Handout - **Pages 6-10**
- Action Item: Strategic Planning Summary - Handout - **Pages 11-12**

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

**Public Comment** - Inviting all participants to unmute or enter public input in the chat

#### Board Letters / Board Actions

July 18, 2023

- **Item 02:** Authorize Request for Statement of Qualifications (RFSQ) and Award Contracts from the RFSQ for Two Programs: Transitional Housing Program Plus for Non-Minor Dependents and Foster Family Agencies
- **Item 13:** Authorize Acceptance of Funding for the Children’s Crisis Continuum Pilot Program, Authorize Competitive Solicitations and Authorize Applications for Future Funding for the Children’s Crisis Continuum Pilot Program, Authorize Competitive Solicitations, And Authorize Applications for Future Funding Opportunities  
Handouts include presentation - **Pages 13-25**
- **Item 14:** Authorize Competitive Solicitations, Single Source Contracts, Amendments to Extend Existing Contracts, and Cooperative and Revenue Agreements for Behavioral Health Services  
Handouts include presentation - **Pages 26-58**
- **Item 15:** Authorize Acceptance of Behavioral Health Bridge Housing Grant Funds; Authorize a Request for Statement of Qualifications; Authorize Amendments for Licensed Adult and Senior Residential Care Facility Slots; and Authorize Competitive for Grant Administration Services

Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the meeting packet. However, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.

Meeting Agendas, Board Letters, and access to the BOS meetings: <https://www.sandiegocounty.gov/cob/bosa/index.html>

#### Information

- **Association of State and Territorial Health Officials (ASTHO)**  
[Supporting Positive Mental Health in Early Childhood](#) - Handout - **Pages 59-60**
- **Children and Youth Behavioral Health Initiative (CYBHI)**
  - [CYBHI July 2023 Update](#) - Handout - **Pages 61-66**
  - [CYBHI Leveraging and Aligning Opportunities to Advance and Sustain School Mental Health Webinar Series](#)  
Handout - **Pages 67**
  - [Evidence-Based and Community-Defined Evidence Practice Grants](#) - Handout - **Page 68**  
<https://www.dhcs.ca.gov/cybhi>  
<https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/>

- **Behavioral Health Director's Report** – August 2023 - Handout - **Pages 69-76**  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/bhab\\_meeting\\_materials.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html)
- **FY 2022-23 Medi-Cal Specialty Behavioral Health External Quality Review** (Mental Health Plan) -San Diego Final Report - Handout – **Pages 77-80**
- **The Overdose Data to Action** -Quarterly Newsletter: Harm Reduction – June 2023 – **Pages 81-89**
- **Cultural Competence Plan and Three-Year Strategic Plan 2023** - Handout – **Page 90**
- **Children, Youth & Families Behavioral Health Services Systemwide Annual Report, FY 2021-22**  
Handout - **Page 91**

#### **IV. Hot Topic:** Enhanced Care Management for Children and Youth (Stephanie Escobar)

**50 minutes**

Handout - **Pages 92-93**

<https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx>

##### ○ Presentation – **Pages 94-125**

- Heather Summers, EdD, MSW (Moderator), Deputy Director, County of San Diego
- Jana Sellers, MFT, Program Manager, Blue Shield Promise Health Plan
- Raine Arndt-Couch, DSW, JD, LCSW, CCM, Senior Manager, Blue Shield Promise Health
- Michael Hammel, MPH, Program Director, Community Research Foundation
- Jeremy King, MPH, Program Director, Community Research Foundation

##### ○ Dialogue

#### **V. Announcements** (Celica Garcia-Plascencia)

**5 minutes**

- Poll Question
- **National Recovery Month Celebration: "Tides of Hope"**, Saturday, August 26, 2023 - 10 a.m. to 1 p.m.  
Waterfront Park Flier - **Page 126**
- **Live Well San Diego 5K and 1 Mile Run, Sunday**, September 17, 2023 - 7:30 a.m. - Waterfront Park  
Flier - **Pages 127-128**
- **14th Annual Early Childhood Mental Health Conference** – We Can't Wait: Reimagining Prevention and Early Intervention in Communities of Hope. This hybrid event is scheduled for September 28-30, 2023 - Handout – **Page 129**  
[ECMH – We Can't Wait! \(earlychildhoodmentalhealth-sandiego.com\)](https://www.earlychildhoodmentalhealth-sandiego.com)
- **2023 Western States Marijuana Summit** -November 14-15, 2023 (Virtual) - Handout - **Page 130**

#### **Next Executive Committee Meeting:**

**Date:** Thursday, August 24, 2023

**Time:** 11:30 a.m. to noon

#### **Next Meeting:**

**Date:** Monday, September 11, 2023

**Time:** 9 to 10:30 a.m.

Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to:  
[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSOCCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html)

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

**Council Vision:**

Wellness for children, youth and families throughout their lifespan.

**Council Mission:**

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

**Council Principles:**

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

May 1, 2018



LIVEWELLSD.ORG



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



### Community

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

## HEALTH FACTORS



### Health

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



### Social

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



### Knowledge

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



# BH-SOC Children, Youth, and Families

## Culture Share

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### What is Culture Share?

Culture share is a time to advance and integrate cultural learning, understanding, and practices into our work. This experience can honor and celebrate family, history, traditions, experiences, and practices that may bring joy and well-being. It can also bring discomfort, curiosity and **bias awareness**. Ultimately, it is an opportunity for self reflection and enlightenment to enhance our capacity to provide culturally responsive services to the children, youth, and families in our communities.

### Structure

1. Present a **3 minute Culture Share**.
2. Introduce a personal or work related experience from a cultural lens.
  - This can be verbal and/or you can share a story, an object, song, or anything else
3. Describe how this experience influences your work
4. Open for any group reflection

# Children, Youth and Families Behavioral Health System of Care Council CYF Council – Meeting Summary



JULY 10, 2023 | 9 to 10:30 a.m.

ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> <li>• <b>Welcome</b> Council members, alternates, and meeting attendees - translation available (Stephanie Escobar)               <ul style="list-style-type: none"> <li>○ Private Sector Co-Chair: Celica Garcia-Plascencia</li> <li>○ Private Sector alternate: Vanessa Arteaga</li> <li>○ Family Sector member: Khalif Kelly</li> </ul> </li> <li>• <b>Thank you</b> Jaime Tate-Symons - Co-Chair from July 2021 to June 2023 representing the Education Sector</li> <li>• <b>Directing Change -Hope and Justice -<a href="#">You're Not Alone on Vimeo</a></b> First Place (Tied) Monthly Prompt -Film 2023 by Natalie Chen, Sebastian Briceño-mahr, Lucian Lasher, and Ian Hamilton – Grade 9 Mission Bay High School <a href="#">San Diego County Films   Hope and Justice Art Gallery (directingchange.org)</a> / <a href="http://directingchange.org/films/">http://directingchange.org/films/</a></li> <li>• <b>Culture Share</b> –Stephanie Gioia-Beckman – Handout – <b>Page 5</b></li> </ul>	<ul style="list-style-type: none"> <li>• Stephanie Escobar welcomed meeting attendees and announced new co-chair, and Council representatives</li> <li>• Outgoing co-chair was thanked and acknowledged for her service to the Council. Yael Koenig provided special remarks at the end of the meeting</li> <li>• The Directing Change film program was highlighted</li> <li>• Stephanie Gioia-Beckman shared how her energetic and supportive Italian/Sicilian family culture influenced her into her passion to serve families</li> <li>• Bill Stewart and Divya Kakaiya expressed interest in doing a Culture Share in upcoming meetings</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Review of Meeting Summary</b> (Yael Koenig)               <ul style="list-style-type: none"> <li>• May 8, 2023, Meeting Summary - Handout - <b>Pages 6-10</b></li> <li>• No pending action Items</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Yael Koenig reviewed the meeting summary from May 8, 2023</li> </ul>
<b>Business Items</b> (Yael Koenig)	
<p><b>Public Comment</b> Bill Stewart shared his new appointment as President of the <a href="#">California Association of Behavioral Health Boards and Commissions</a>. Mr., Stewart as per Governor's appointment, is also a Community Assistance, Recovery &amp; Empowerment Act (<a href="#">CARE Act</a>) Working Group member. Meetings are open to anyone. The next meeting is scheduled for August 9, 2023 from 11 a.m. to 3 p.m. Contact <a href="mailto:CAREAct@chhs.ca.gov">CAREAct@chhs.ca.gov</a> to be added to the distribution list</p>	<ul style="list-style-type: none"> <li>• See Public comment on the left column</li> </ul>
<p><b>Board Letters / Board Actions</b> <u>May 23, 2023</u></p> <ul style="list-style-type: none"> <li>• <b>Item 06:</b> Receive the San Diego Advancing and Innovating Medi-Cal Roadmap and Authorize and Intergovernmental Transfer Agreement for Behavioral Health Services – Handouts include presentation <b>Pages 11-33</b></li> <li>• <b>Item 22:</b> Preventing Suicide in San Diego County – Handout – <b>Pages 34-36</b></li> <li>• <b>Item 23:</b> Receive an Update on Establishing the Behavioral Health Impact Fund 2.9 Handout- <b>Pages 37-39</b></li> <li>• <b>Item 24</b> Approve Actions Related to the Development of Homelessness Prevention Program</li> <li>• <b>Item 26:</b> Receive Update on Opioid Settlement Framework Implementation and Harm Reduction Media Campaigns Including Illicit Fentanyl Awareness for Youth; Authorize Competitive Solicitations for Public Messaging, Outreach, and Education Campaigns; and Authorize Updates to the Opioid Settlement Framework Handouts include presentation - <b>Pages 40-67</b></li> <li>• <b>Item 27:</b> Approve an Ordinance Amending and Repealing Provisions in the San Diego County Administrative Code Related to the Child and Family Strengthening Advisory Board of San Diego County, The Polinsky Children's Center Advisory Board of San Diego County, the Polinsky Children's Center Advisory Board, and the San Diego County Foster Care Services Committee (May 23, 2023 – First Reading; June 13, 2023 – Second Reading Unless Ordinance is Modified on Second Reading) -Handout <b>Pages 68-74</b></li> <li>• <b>Item 31:</b> Protecting Children from Cannabis Poisoning – Handout – <b>Pages 75-77</b></li> </ul> <p><u>June 13, 2023</u></p> <ul style="list-style-type: none"> <li>• <b>Item 04:</b> Approve an Ordinance Amending and Repealing Provisions in the San Diego County Administrative Code Related to the Child and Family Strengthening Advisory Board of San Diego County, The Polinsky Children's Center Advisory Board of San Diego County, the Polinsky Children's Center Advisory Board, and the San Diego County Foster Care Services Committee</li> </ul>	<ul style="list-style-type: none"> <li>• Yael Koenig highlighted the Board Letters listed on the left, which were presented at the May 23 and June 13, 2023 meetings</li> </ul> <p>Meeting Agendas, Board Letters and Access to the BOS meetings: <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a></p>

<ul style="list-style-type: none"><li>• <b>Item 10:</b> Supporting our Foster Care Youth - Handout - <b>Pages 78-81</b></li><li>• <b>Item 22:</b> Receive and Approve the Mental Health Services Act Three Year Program and Expenditure Plan for Fiscal Years 2023-24 Through 2025-26 and Sunset Time-Certain Reporting - Handouts include presentation - <b>Pages 82-102</b> <a href="#">MHSA Three Yr Plan Report FY 23-24 thru 25-26 (sandiegocounty.gov)</a></li><li>• <b>Item 23:</b> Authorize Acceptance of State Youth Suicide Reporting and Crisis Response Pilot Program Funding and Waive Board Policy B-29 – Handouts - include presentation - <b>Pages 103-121</b></li></ul> <p><b>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) website.</b></p>				
<b>Council Bylaws Update -Handout- Pages 122-124</b>				
<p>The following revisions were made to the CYF Council Bylaws:</p> <ul style="list-style-type: none"><li>• New County logo</li><li>• Creation of the Child and Family Well-Being Department (CFWB) within the Health and Human Services Agency (HHS), inclusive of Child Welfare Services (CWS) and First 5 San Diego</li><li>• Family Sector constituency name shift from Family Youth Liaison to Consumer Advocacy/Family Education Services</li></ul> <p><a href="#">A Look into the New Child and Family Well-Being Department</a></p>				<ul style="list-style-type: none"><li>• Yael Koenig presented the revised <a href="#">Council Bylaws</a> that aligned recent administrative changes</li></ul>
<b>Information</b>				
<ul style="list-style-type: none"><li>• <a href="#">Governor Newsom Balanced Revised Budget Plan</a></li><li>• <a href="#">Governor Newsom's Transformation of Behavioral Health Services</a> – Handout – <b>Pages 125-130</b></li><li>• <b>Children and Youth Behavioral Health Initiative (CYBHI) April, May, and June 2023</b> Updates - Handouts - <b>Pages 131-157</b> <a href="https://www.dhcs.ca.gov/cybhi">https://www.dhcs.ca.gov/cybhi</a> <a href="https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/">https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/</a> <a href="https://www.chhs.ca.gov/wp-content/uploads/2023/04/CYBHI-April-2023-Update--ADA.pdf">https://www.chhs.ca.gov/wp-content/uploads/2023/04/CYBHI-April-2023-Update--ADA.pdf</a> <a href="https://www.chhs.ca.gov/wp-content/uploads/2023/05/May-2023-Update--ADA.pdf">https://www.chhs.ca.gov/wp-content/uploads/2023/05/May-2023-Update--ADA.pdf</a></li><li>• <a href="#">San Diego County Gun Violence Reduction- Community Needs Assessment Comprehensive Report</a> - Handout – <b>Page 158</b></li><li>• <a href="#">Youth Opportunity Pass</a> by San Diego Association of Governments (SANDAG) and County of San Diego through June 30, 2024 Handout – <b>Page 159</b></li><li>• <b>Behavioral Health Director's Report</b> – June and July 2023 - Handout - <b>Pages 160-173</b> <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/bhab_meeting_materials.html</a></li><li>• <b>Prevention and Support Services Update</b> (Dr. Danyte Valenzuela)<ul style="list-style-type: none"><li>◦ <b>Adverse Childhood Experiences (ACEs) Prevention Parenting Program for Fathers</b> Request For Proposal <a href="#">RFP 12456</a>. Proposals due July 31, 2023 <a href="#">Welcome to BuyNet (ca.gov)</a></li></ul></li></ul>				<ul style="list-style-type: none"><li>• Yael Koenig provided an overview of State and local updates and informational items</li></ul>
<b>Hot Topic: Annual Strategic Planning (Yael Koenig)</b> <b>Fiscal Year 2022-23 Accomplishment and Fiscal 2023-24 Year Goals</b> Handouts- <b>Pages 174-194 of meeting packet</b>				<ul style="list-style-type: none"><li>• Yael Koenig introduced the annual Strategic planning meeting and highlighted the written goals and accomplishments of the CYF System of Care which also includes the reports from Council committees and relevant groups listed on the left</li></ul>
<ul style="list-style-type: none"><li>◦ CYF Systemwide Report (174-176)</li><li>◦ Private Sector: MHCA &amp; ADSPA (177-179)</li><li>◦ Family and Youth Sector (180)</li><li>◦ Education Sector (181-182)</li></ul>	<ul style="list-style-type: none"><li>◦ Executive committee (183)</li><li>◦ Outcomes committee (184)</li><li>◦ Early Childhood committee (185-186)</li><li>◦ SOC Training Academy (187) committee (187)</li></ul>			
<b>Breakout Discussion – Setting Council Priorities for Fiscal Year 2023-24</b> Moderator: Stephanie Escobar				<ul style="list-style-type: none"><li>• Stephanie Escobar moderated the breakout sessions listed on the left to identify priorities and action items for Fiscal Year 2023-24. Summary of the document is included after the summary of the August 14, 2023 meeting packet and will be delivered to the BHS Director</li></ul>
<b>Topic</b>	<b>Facilitator Scribe</b>	<b>Topic</b>	<b>Facilitator Scribe</b>	
Primary Care	Dr. Gidwani Jennifer Kennedy	Prevention & Early Intervention	Aisha Pope Stephanie Escobar	
Family Involvement	Sten Walker Melissa Penaflor	Workforce	Jennifer Rusit Ben Parmentier	
School	Heather Nemour Yuka Sakamoto	Open Discussion	Rosa Ana Lozada Mike Miller	
Substance Use	Shannon Jackson Terri Kang			

<ul style="list-style-type: none"> <li>• <b>Announcements</b> (Jaime Tate-Symons)</li> <li>• Poll Question</li> <li>• <b>NAMI - alfrEDU - Family Voice Meeting</b> on July 13, 2023 at 11 a.m. Handout – <b>Page 195</b> Registration: <a href="#">Meeting Registration - Zoom</a></li> <li>• <b>NAMI Basics training for parents, caregivers for youth</b> (ages 22 and younger). Six virtual sessions beginning July 18, 2023 Registration at: <a href="#">NAMI Basics   NAMI: National Alliance on Mental Illness</a> Handout – <b>Page 196</b></li> <li>• <b>14th Annual Early Childhood Mental Health Conference</b> – We Can't Wait: Reimagining Prevention and Early Intervention in Communities of Hope. This hybrid event is scheduled for September 28-30, 2023 - Handout – <b>Page 197</b> <a href="#">ECMH – We Can't Wait! (earlychildhoodmentalhealth-sandiego.com)</a></li> <li>• <b>Announcements from meeting participants</b></li> <li>• <b>Live Well San Diego North Central Community Leadership Team Meeting</b> on July 12<sup>th</sup> from 11:00 a.m. to 12:30 p.m. at 5560 Overland Avenue, San Diego, CA 92123, 3rd Floor - Joaquin Anguera Room. This meeting brings together organizations working to improve the health and well-being of communities in the North Central Region of San Diego</li> <li>• <b>Live Well San Diego East Region Leadership Team Meeting</b> on July 20, 2023 from 10:30 a.m. to noon at the Ronald Reagan Community Center, 195 E Douglas Ave, El Cajon, CA 92020. Network of community partners and opportunities to join the collaborative workgroups: East Region Behavioral Health Solutions, East Region Thriving &amp; Inclusive Communities, and Resilient Youth and Families Collective to strategize and create goals for this region</li> <li>• NAMI San Diego, <b>Community Advocacy Training</b> on July 25, 2023 at 2 p.m. Registration at: <a href="https://us02web.zoom.us/meeting/register/tZMtde2opzspHdNkuAeuwN7mPzJlMOguFEcS#/registration">https://us02web.zoom.us/meeting/register/tZMtde2opzspHdNkuAeuwN7mPzJlMOguFEcS#/registration</a></li> <li>• NAMI San Diego, <b>Community Advocacy Training</b> on July 27, 2023 at 2 p.m. Registration at: <a href="https://us02web.zoom.us/meeting/register/tZcpdO2grigtGdM4lyQol3HaWE9BAAdMCc2zG#/registration">https://us02web.zoom.us/meeting/register/tZcpdO2grigtGdM4lyQol3HaWE9BAAdMCc2zG#/registration</a></li> <li>• <b>QPR Training hosted</b> by the Suicide Prevention Council on July 28, 2023 from 10:30 a.m. to noon. Link to register: <a href="https://us06web.zoom.us/meeting/register/tZ0pceCrqTkoGdziiUoax8kjOWiTezxdVg?_x_zm_rtaid=uj3NXw8ORtiNcMc1OJ2gqg.1685465530538.19f1fb3103dcd0826fc54c2257e1a244&amp;_x_zm_rtaid=907#/registration">https://us06web.zoom.us/meeting/register/tZ0pceCrqTkoGdziiUoax8kjOWiTezxdVg?_x_zm_rtaid=uj3NXw8ORtiNcMc1OJ2gqg.1685465530538.19f1fb3103dcd0826fc54c2257e1a244&amp;_x_zm_rtaid=907#/registration</a></li> </ul>	<ul style="list-style-type: none"> <li>• Announcements included on the agenda and additional submitted announcements are listed on the left column</li> <li>• Announcements can be sent in advance to Edith Mohler at: <a href="mailto:Edith.Mohler@sdcounty.ca.gov">Edith.Mohler@sdcounty.ca.gov</a></li> </ul> <p><b>Council Poll Question</b></p> <p>Poll ended   1 question   70 of 87 (80%) participated</p> <p>1. On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting? (Single Choice) *</p> <p>70/70 (100%) answered</p> <table border="1"> <tr> <td>Choice 1 - Low Relevance</td> <td>(0/70) 0%</td> </tr> <tr> <td>Choice 2</td> <td>(1/70) 1%</td> </tr> <tr> <td>Choice 3 - Some Relevance</td> <td>(9/70) 13%</td> </tr> <tr> <td>Choice 4</td> <td>(14/70) 20%</td> </tr> <tr> <td>Choice 5 - High Relevance</td> <td>(46/70) 66%</td> </tr> </table>	Choice 1 - Low Relevance	(0/70) 0%	Choice 2	(1/70) 1%	Choice 3 - Some Relevance	(9/70) 13%	Choice 4	(14/70) 20%	Choice 5 - High Relevance	(46/70) 66%
Choice 1 - Low Relevance	(0/70) 0%										
Choice 2	(1/70) 1%										
Choice 3 - Some Relevance	(9/70) 13%										
Choice 4	(14/70) 20%										
Choice 5 - High Relevance	(46/70) 66%										
<p><b>Action Items</b></p> <ul style="list-style-type: none"> <li>• <b>July 10 Strategic Planning Summary (Areas of focus and actions for the Council)</b></li> </ul>	<p><b>Action Due/Status</b></p> <ul style="list-style-type: none"> <li>• Present summary to the Council on August 14, 2023 before submitting to the BHS Director</li> </ul>										

**Next Executive Committee Meeting:**

Date: July 27, 2023  
Time: 11:30 a.m. to noon.

**Next Meeting:**

Date: Monday, August 14, 2023  
Time: 9 to 10:30 a.m.

Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to: [https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/CYFBHSCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCouncil.html)

+=Member in Attendance    O=Absent    E=Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
<b>PUBLIC SECTOR</b>					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas-Wallenfelt	O
3	Public Safety Group/ Probation	Tabatha Wilburn	O	Delona King	+
4	Child and Family Well Being (CFWB) Department – Office of Child Safety	Steven Wells	+	Norma Rincon	O
5	Homeless Solutions and Equitable Communities	Rosa Gracian	E	Liki Porotesano	+
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	O
7	Medical Care Services	Dr. Kelly Motadel	O	Heather Summers	O
8	Juvenile Court	H. Judge Ana España	O	Beth Brown	O
9	CFWB Department – Office of Child and Family Strengthening - First 5 San Diego	Alethea Arguilez	O	Stephanie Escobar	+
<b>EDUCATION SECTOR</b>					
10	Special Education Local Plan Area (SELPA)	Russell Coronado	O	Jaime Tate-Symons	+
11	Regular Education Pupil Personnel Services	Heather Nemour	+	Mara Madrigal-Weiss	+
12	School Board	Barbara Ryan	+	Debra Schade	+
13	Special Education	Yuka Sakamoto	+	Misty Bonta	O
<b>PRIVATE SECTOR</b>					
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	Lori Sorenson	+
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	O
16	ADSPA	Marisa Varond	O	Claudette Allen Butler	O
17	Mental Health Contractors Association (MHCA)	Julie McPherson	+	Vanessa Arteaga	+
18	MHCA	Laura Beadles	O	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	+
20	Managed Care Health Plans	Kathleen Lang	O	James Trout	+
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	Vacant	
<b>FAMILY AND YOUTH SECTOR</b>					
22	Consumer Advocacy/Family Education Services	Khalif Kelly	+	Sten Walker	+
23	Caregiver of child/youth served by the Public Health System	Vacant		Karilyn “Kari” Perry	O
24	Youth served by the Public Health System (up to age 26)	Veronica Hernandez	O	Vacant	
25	Youth served by the public health system (up to age 26)	Caitlynn Hauw	+		
<b>COMMITTEES (Non-voting members unless a member of the Council)</b>					
-	Executive	Stephanie Escobar/Celica Garcia-Plascencia	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	+/O		
-	Early Childhood	Stephanie Gioia-Beckman/Jennifer Kennedy	+/+		
-	Education	Heather Nemour	+		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	O/O		
-	Training	Edith Mohler Jennifer Rusit	+/+		

**Total Attendees: 113**

Aisha Pope	Danyte Mockus-Valenzuela	Janette Magsanoc	Michael Miller
Alexis Anderson	Darwin Espejo	Jennifer Alcaide	Pradeep Gidwani
Amanda Lance-Sexton	Debra Schade	Jennifer Busico	Rafael Ortiz-Gomez
Angela Rowe	Delia Machado	Jennifer Kennedy	Rebecca Raymond
Angelina Puffelis	Delona King	Jennifer Rusit	Rhonda Crowder
Aprille Peña	Delrena Swaggerty	Jody Erickson	Rosa Ana Lozada
Augusto Eduvala	Dina Ali	Joseph Henson	Shannon Jackson
Babbi Winegarden	Divya Kakaiya	Julie McPherson	Sherry Casper
Bahar Berens	Donna Moore	Kacie Rodvill	Shewa Legesse
Barbara Ryan	Edith Mohler	Kathleen Lang	Simonne Ruff
Ben Parmentier	Elaine Carballo	Katie Gordon	Stacey Musso
Bill Stewart	Eliza Reis	Khalif Kelly	Sten Walker
Bobbi Smylie	Elizabeth Dauz	Krystal Lira	Stephanie Escobar
Brenda Estrada	Emily Felenczak	Krystle Murguia	Stephanie Gioia-Beckman
Bri Ferreira	Eric Camerino	LaTysa Flowers-Jackson	Steven Wells
Bri Renstrom	Erick Mora	Laura McClarin	Steven Wong
Caitlin Radigan	Ericka Hernandez	Laura Vleugels	Susana Antonio
Caitlynn Hauw	Erin Murphy	Leslie Manriquez	Tais Millsap
Carl Antonio	Fran Cooper	Liki Porotesano	Tanya Mercado
Caryl Montillano	Francisco Medrano	Linda Ketterer	Terri Kang
Celeste Hunter	Gabriela Contreras-Misirlioglu	Lori Sorenson	Tom Coleman
Celica Garcia-Plascencia	Ginger Bial Cox	Lupe Oyola	Vanessa Arteaga
Cheryl Rode	Golby Rahimi Saylor	Mara Madrigal	Vanessa Lomibao
Christine Davies	Grisel Ortega-Vaca	Marcelo Podesta	Vivian Hidalgo
Christine Maggio	Heather Nemour	Martin Dare	Yael Koenig
Christine Tham	Jaime Tate-Symons	Mayra Gonzalez -Muñoz	Yuka Sakamoto
Claire Riley	Jamie Martinez	Melissa Penaflor	Yvette Leiva
Claudia Llamas	Jamie Pellegrino	Melizza Welton	Zachary Guzik
			Zayra Rios

**Committees/Sectors/Workgroups Meetings Information:**

**Most of the committees' meetings are occurring virtually**

**Please reach out to the sector lead or Executive committee member to obtain location/link**

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

**Outcomes:** Meets the first Tuesday of the month alternating start times of 11:30 a.m. and 12:30 p.m.

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

**Education Advisory Ad Hoc:** Meets as needed

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

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

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

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

**Private Sector:** Ad Hoc/Meets as needed

**Peer Council:** Every third Tuesday of each month at 2 p.m. via Zoom



**Children, Youth and Families  
Behavioral Health System of Care Council  
Fiscal Year 2023-24  
Strategic Planning Meeting**



Dear Dr. Bergmann,

The Children, Youth and Families (CYF) Council convened its annual strategic planning meeting on July 10, 2023. Over 100 individuals attended the planning session, including Council members, alternates, and stakeholders. Seven topics were identified for discussion in virtual breakout rooms: **Primary Care, Family Involvement, Schools, Substance Use, Prevention and Early Intervention, Workforce**, with a designated space for **Open Discussion**. There were two sessions for each topic. Meeting attendees were invited to attend two breakout rooms of their choice to identify the Fiscal Year 2023-24 Council areas of focus and CYF Council actions to advance the identified priorities. Below is the summary of the discussion from the breakout rooms. On behalf of the Council, please accept these areas of focus and recommendations as the County works to advance the care for children, youth, and families in San Diego.

Primary Care	
Areas of focus	Identified Priorities
<ul style="list-style-type: none"> <li>Helping pediatricians and family practice doctors get families to appropriate services as needed (where to refer to)</li> <li>Explore how to help families communicate their needs, get to services, and stay engaged</li> <li>Build a system of care where all partners are included like parents, mental health professionals, pediatricians and family practitioners, schools. An expert neutral partner could facilitate this process. Funding has to be long term and flexible</li> </ul>	<p>Review referral algorithm again and how to get kids/families to services and the right services including:</p> <ul style="list-style-type: none"> <li>Review mix of practice types (e.g., Federally Qualified Health Centers (FQHC), private practices)</li> <li>Review payor mix and how to get kids and families to services (e.g., different payment models, HMO/PPO)</li> <li>Explore how to support families engaging in services (reduce stigma, increase trust and accessibility)</li> <li>Promote payment for Family Therapy through Medi-Cal</li> </ul>

Family Involvement	
Areas of focus	Identified Priorities
<ul style="list-style-type: none"> <li>Knowledge and outreach, how family involvement help or hinder things and culturally competent considerations</li> <li>Making things more approachable for the layman (too many acronyms); navigation, and making a conversation making sure we are hearing them and not talking over them</li> <li>Increasing caregiver support</li> </ul>	<ul style="list-style-type: none"> <li>Integrating tutorials to educate families how the system works for navigation with what is available</li> <li>Increase family engagement in consideration that sometimes family "is not good"; different avenues of care depending on whether the young person ought to have family involved</li> <li>Integrating liaisons (Liaisons for parents to help them navigate the process)</li> <li>Integrating focus groups, increase caregiver health care support, support groups, case management, psychiatry, and case management supports.</li> <li>More engagement with schools</li> </ul>

Schools	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> <li>Identification and alignment of youth serving efforts in schools for staff, students, and families (screenings, behavior management training, suicide prevention, mental health promotion and stigma reduction)</li> </ul>	<ul style="list-style-type: none"> <li>General assessment on ongoing gaps to see how we can coordinate; to let everyone know how the gap can be filled: <ul style="list-style-type: none"> <li>Alignment of efforts such as Student Behavioral Health Incentive Program (SBHIP), Community Schools, Mobile Crisis Response Teams (MCRT), Screening to Care, Creating Opportunities in Preventing &amp; Eliminating Suicide (COPES) and identification of best practices identified in research such as the Mental Health Services Oversight and Accountability Commission (MHSOAC) <a href="#">Well and Thriving Report</a>, among grants/initiatives in our county</li> <li>Building systems for supporting students in crisis response (MTSS - Tier III) and post hospitalization for school re-entry</li> <li>Explore new strategies to address post pandemic behavioral challenges and trauma</li> </ul> </li> </ul>

Substance Use	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> <li>Prevention and early intervention for middle school and high school students, awareness of the different programs available through the County already (for Substance Use prevention), more engagement to and involvement from families/caregivers in youth services, youth residential Substance Use Disorder (SUD) treatment</li> <li>Prevention and Early Intervention, including Family Engagement for middle school and up</li> </ul>	<ul style="list-style-type: none"> <li>Information sharing about available resources, working with messengers to get word out</li> <li>Family/caregiver engagement and education about Substance Use issues</li> <li>Connecting with system partners on what information is made available to youth and families on Behavioral Health resources</li> <li>Supporting family and caregiver engagement through educational topics of interest to parents, other strategies for family support beyond existing program services</li> </ul>

Prevention & Early Intervention	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> <li>More Question, Persuade, Refer (QPR) trainings on suicide prevention; Cardiopulmonary Resuscitation (CPR) is for heart; QPR is for mind</li> <li>Importance of integrating reflective practice across the system of care; workplace sustainability and workplace retention; increases quality of care services provided to help providers stay mindful; diversity, equity, and inclusion important to better serve families; helps manage bias and microaggressions</li> <li>0 to 3 population</li> <li>Wraparound care to look at whole family</li> <li>Caregiver wellness</li> <li>Support for Educational Credential Evaluators (ECE) settings for kids who are having a hard time; some kids are struggling after COVID; K and preschool supports for behavior and regulation; Mental Health consultations for ECE programs</li> <li>Importance of Peer Supports</li> <li>Lived experience/expertise from someone who has navigated systems/policies; creating opportunities for mentorship for youth with lived experience and similar path is valuable</li> </ul>	<ul style="list-style-type: none"> <li>Highlight 0 to 5 on the agenda</li> <li>Explore a lived experience committee</li> <li>Add Reflective Practice to Requests For Proposals (RFPs)</li> <li>Explore a "Lived Experience" committee</li> </ul>

Workforce	
Areas of focus	Actions for the CYF Council
<p>Advocacy for funding of training pipelines for adolescent and pediatric practitioners, while simultaneously engaging in state policy discussions regarding the importance of the adolescent and pediatric workforce in <a href="#">California Advancing and Innovating Medi-Cal (CalAIM)</a> discussions, <a href="#">Community Assistance, Recovery and Empowerment (CARE) Act</a> implementation and <a href="#">Mental Health Services Act (MHSA) Reform</a></p>	<ul style="list-style-type: none"> <li>Create learning opportunities for collaboration between education sector and Behavioral Health (BH) workforce, prioritize professional development and ensure school sites have information on resources in the BH system</li> <li>Engage in upcoming MHSA-reform discussions to highlight early childhood, pediatric, and adolescent workforce issues</li> <li>Engage in CalAIM discussions to highlight loss of training pathways with removal of ability to bill for masters-level students doing hours</li> </ul>

Open Discussion	
Areas of focus	Actions for the CYF Council
<ul style="list-style-type: none"> <li>Determining the pathways to hear authentic family voices directly</li> <li>Determining who are the families that are being heard from</li> </ul>	<ul style="list-style-type: none"> <li>Support the Program Advisory Groups (PAG) as resource to hear the family voice</li> <li>See what other vehicles there are for Family input and feedback</li> <li>What is being done directly in response to the family feedback</li> </ul>



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

VACANT  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** July 18, 2023

**13**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE ACCEPTANCE OF FUNDING FOR THE CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)**

### OVERVIEW

In 2017, an urgent need was identified to provide more crisis care alternatives to hospitals for children and youth experiencing mental health crises due to gaps in availability of such services in California. As a result, the California legislature passed Assembly Bill (AB) 501 and authorized the California Department of Social Services (CDSS) to license short-term residential therapeutic programs (STRTP) to operate as children's crisis residential programs. Crisis residential care, often an alternative to hospitalization, is an essential level of care for the treatment of children and youth with serious emotional disturbances in mental health crisis. Today, crisis treatment continues to remain unavailable to many children and youth in regions throughout California. With a renewed focus on addressing this issue in 2021, AB 153 was passed, which established the Children's Crisis Continuum Pilot Program (CCCCPP), a five-year program to be jointly implemented by CDSS and the Department of Health Care Services (DHCS). The purpose of CCCPP is to fully integrate the system of care for foster youth, enabling a seamless transition between service settings and to provide stabilization and treatment to foster youth with high acuity needs within the least restrictive setting possible. The County of San Diego (County) is among the eight counties and regional collaboratives that met the criteria for participating and have received preliminary awards from CDSS to take part in CCCPP.

Today's action requests the Board authorize application to and acceptance of funding from CDSS and DHCS for the CCCPP, authorize a competitive solicitation for the procurement of a Children's Crisis Residential program, authorize a competitive solicitation for the procurement of a Psychiatric Residential Treatment facility upon State approval of the pilot, and authorize the application for additional funding opportunity announcements to improve services to youth in the foster care system who are experiencing high acuity needs. This item supports the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be

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accomplished by expanding placement options, services, resources, and supports needed for foster youth with serious emotional disturbances in mental health crisis.

## **RECOMMENDATION(S)**

### **CHIEF ADMINISTRATIVE OFFICER**

1. Authorize the acceptance of \$8,500,000 in Children's Crisis Continuum Pilot Program funds from the California Department of Social Services and Department of Health Care Services for the anticipated funding period of Fiscal Year (FY) 2023-24 through FY 2027-28 to improve services to youth in the foster care system who are experiencing substance use issues as well as mental health challenges, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents, including all amendments thereto.
2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for a Children's Crisis Residential Program, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an initial term of up to one (1) year, with four (4) one-year option periods, and up to an additional six months, if needed; and to amend the contracts 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.
3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for a Psychiatric Residential Treatment Facility upon state approval for the pilot, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an initial term of up to one (1) year, with four (4) one-year option periods, and up to an additional six months, if needed; and to amend the contracts 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.
4. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for any additional funding opportunity announcements, if available, to improve services to youth in the foster care system who are experiencing high acuity needs.

## **EQUITY IMPACT STATEMENT**

The County of San Diego Child and Family Well-Being Department (CFWB), recognizes the impact that placement in foster care has on adolescents, in addition to the trauma that youth may experience in other aspects of their life. In Fiscal Year 2021-22, CFWB, Office of Child Safety (OCS), received 39,025 reports of abuse and neglect to the Child Abuse Hotline, representing 67,824 children. Upon investigation and confirmation that abuse or neglect occurred, cases may be opened with the CFWB, OCS. As of May 2023, there were 2,607 children and youth with an open case with CFWB, OCS, of whom 1,852 reside in out-of-home placements. Among children in out-of-home placements, 121 youth reside in residential programs and require a higher level of care due to experiencing substance use and mental health challenges. The population distribution by ethnicity of the children residing in residential programs includes 49% Hispanic, 34% White,

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34% Black, 2% Asian, and 2% Native American. Additionally, there were approximately 37 youth at Polinsky Children's Center awaiting placement, many of whom met the criteria for receiving higher levels of care, highlighting the need to improve the continuum of services for youth in the foster care system in San Diego County.

The proposed Children's Crisis Continuum Pilot Program (CCCPP) is designed to reduce the reliance for care in emergency rooms and psychiatric hospitals and fulfills a need by providing an alternative to hospitalization for youth experiencing acute mental health crises. This level of care is part of the full continuum of care considered medically necessary for many children with serious emotional disturbances in crisis. Implementing the CCCPP in San Diego County would yield support to critical components of the continuum of care that are currently not available in the region, advancing the County's efforts to respond to the need for intensive mental health services by expanding capacity to serve foster youth with high acuity mental health needs.

#### **SUSTAINABILITY IMPACT STATEMENT**

Today's actions support the County of San Diego's (County) Sustainability Goal #1, to engage the community in meaningful ways and to foster inclusive and sustainable communities; and Sustainability Goal #2, to provide just and equitable access to County services. Throughout the Children's Crisis Continuum Pilot Program (CCCPP) planning and design process, special attention was given to engaging key community partners and stakeholders in meaningful discussions about CCCPP's design and implementation plan. By implementing the CCCPP locally, the County will increase services and supports to youth experiencing high acuity needs, eliminate the placement of foster youth with complex needs in out of county facilities whenever possible, and invest in building resilience in vulnerable populations in partnership with the communities.

#### **FISCAL IMPACT**

***Recommendation 1: Authorize acceptance of \$8,500,000 in Children's Crisis Continuum Pilot Program funds from the California Department of Social Services and Department of Health Care Services for the anticipated funding period of Fiscal Year (FY) 2023-24 through FY 2027-28.***

Funds for this request are included in FY 2023-25 Operational Plan in the Health and Human Services Agency (HHSA). If approved, this request will result in estimated annual costs and revenue of \$1.2 million in FY 2023-24 and estimated costs and revenue of \$2.9 million in FY 2024-25. Costs and revenue are expected through FY 2027-28 for a total of \$8.5 million. The funding source is State General Fund via the California Department of Social Services and Department of Health Services. There will be no change in net General Fund cost and no additional staff years.

***Recommendations 2&3: Issue competitive solicitations for a Children's Crisis Residential Program and a Psychiatric Residential Treatment Facility.***

Funds for this request are included in FY 2023-25 Operational Plan in HHSA. If approved, there will be no fiscal impact in FY 2023-24 and estimated costs and revenue of \$2.9 million in FY

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2024-25. The funding sources are Social Services Administrative Revenue, State General Fund, and Realignment. There will be no change in net General Fund cost and no additional staff years.

***Recommendation 4: Authorize applications for additional funding opportunity announcements to improve services to youth in the foster care system who are experiencing high acuity needs.***  
There is no fiscal impact associated with this action. There will be no change in net General Fund costs and no additional staff years.

## **BUSINESS IMPACT STATEMENT**

N/A

## **ADVISORY BOARD STATEMENT**

This item will be presented as an informational item to the Child and Family Strengthening Advisory Board at its regular meeting on July 28, 2023.

## **BACKGROUND**

In 2017, an urgent need was identified to provide more crisis care alternatives to hospitals for children and youth experiencing mental health crises due to gaps in availability of such services in California. According to California legislature, children and youth in mental health crisis often faced long wait times for a hospital bed and were transported, without a parent, to a facility far from home in order to access necessary treatment services. As a result, Assembly Bill (AB) 501 was passed, which authorized the California Department of Social Services (CDSS) to license short-term residential therapeutic programs (STRTP) to operate as children's crisis residential programs. Crisis residential care, often an alternative to hospitalization, is an essential level of care for the treatment of children and youth with serious emotional disturbances in mental health crisis. Today, crisis treatment continues to remain unavailable to many children and youth, especially those in foster care, in regions throughout the State.

With a renewed focus on addressing this issue in 2021, California legislature passed AB 153. To be jointly implemented by CDSS and the California Department of Health Care Services (DHCS), AB 153 established the Children's Crisis Continuum Pilot Program (CCCCPP). CCCCCPP is a five-year pilot which set out criteria for foster youth eligibility, and the selection, operation, and evaluation of pilots intended to keep youth in families to the greatest possible degree based on the best interest of the youth, and to eliminate placement of foster youth with complex needs in out-of-state facilities. As a result, CDSS and DHCS engaged with various impacted stakeholders throughout the State including local jurisdictions, tribes, foster youth and families, youth advocates, service providers, and community-based organizations serving youth to design the implementation and selection criteria for participating in the pilot program. The County of San Diego (County) is among the eight counties and regional collaboratives that met the participation criteria and have been notified of preliminary award amounts to take part in CCCCCPP.

Locally as of May 2023, the County's Department of Child and Family Well-being (CFWB), Office of Child Safety, had 121 youth who were receiving services in residential settings. Additionally, there were approximately 37 youth at Polinsky Children's Center awaiting



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placement, many of whom met the criteria for receiving higher levels of care. Locating placements for youth with high acuity mental health needs continues to be a challenge as they frequently move between congregate care settings, hospitals, and detention facilities while attempting to stabilize. This may result in placement of youth outside of San Diego County. An additional complicating factor is placement options for youth with high medical, developmental, and/or behavioral health needs or those being served by the Probation Department. Currently not all local facilities are able to support youth with complex care needs and in crisis, as such facilities require additional training, support, resources, and coordination of care. These challenges are exacerbated as a result of existing gaps in availability of crisis residential care for foster youth in San Diego County. Implementing the CCCPP in San Diego County would yield support to critical components of the continuum of care for foster youth with high acuity needs.

In order to develop the design and implementation plan of CCCPP in San Diego County, CFWB, in partnership with the County Behavioral Health Services Department, engaged various key partners including the County Probation Department, San Diego Regional Center, San Diego County Office of Education, Tribal Nations, California Department of Rehabilitation, Promises2Kids, and San Diego Center for Children. Through these discussions, it was determined that it is critical for the County's plan to ensure seamless entry and transition through the continuum of care through enhanced care coordination and improved service availability. This can be accomplished through working collaboratively with service providers to tailor services around the needs of foster youth and identifying the appropriate level of care with a commitment to transitioning youth to a lower level of care to ensure continuity of care and placement stability. The County's proposed pilot includes four main components: Intensive Services Foster Care; Crisis Stabilization; Children's Crisis Residential Program; and Care Coordination to include linkages to community resources. Upon approval of today's actions, the pilot will be implemented in stages to support the additional planning and collaboration with involved partners and procurement processes.

*Intensive Services Foster Care*

Intensive Services Foster Care (ISFC) homes serve children who require intensive treatment, behavioral supports, and specialized health care needs, in a home-based family care setting. Currently the County works in partnership with eight FFAs, seven of which have approved ISFC programs (a total of 62 beds). As ISFC eligible youth are identified, the pilot plans to leverage 16 of the ISFC beds across FFAs who opt in, allowing for maximum flexibility, utilization, and matching of youths' needs to the right resource family. It is anticipated additional FFAs will be providing this resource in San Diego County in the future, which may result in additional ISFC beds. The ISFC beds that will be funded through the CCCPP will be located in the central area of the county, within close proximity to the existing County-contracted Crisis Stabilization Unit (CSU), specialized to serve children and adolescents under the age of 18. The close proximity to this facility would result in an enhanced accessibility to crisis stabilization services if deemed necessary.

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#### *Crisis Stabilization*

A Crisis Stabilization Unit (CSU) is a 24-hour health care facility with a maximum stay of 23 hours, 59 minutes that provides emergency psychiatric evaluations, crisis intervention, crisis stabilization, brief outpatient counseling, case management and emergency medication management to children and adolescents under age 18. The existing County-contracted CSU, known as Emergency Screening Unit (ESU), currently has 12 Crisis Stabilization beds. Four of the existing CSU beds will be dedicated for the CCCPP to ensure beds are available for youth in the pilot when need is identified. Through enhanced care coordination, this will assure seamless transitions within the crisis continuum, to avoid the need for children to be moved into higher levels of care. The CSU is managed through an existing BHS contract and ongoing communication will occur with the provider to ensure they are familiar with CCCPP, expectations, and emerging needs.

#### *Children's Crisis Residential Program*

Children's Crisis Residential Programs (CCRP) are licensed by CDSS to operate as STRTPs and have a mental health program approved by the DHCS. CCRP services are available seven days a week, 24 hours a day, for children and youth up to age 21 experiencing an acute mental health crisis as an alternative to psychiatric hospitalization. Currently a CCRP facility does not exist in San Diego County. The proposed pilot would result in four new CCRP beds, which would be a critical component in the local crisis care continuum. Services provided by CCRPs include but are not limited to, assessment, plan development, therapy, medication support, rehabilitation, collateral, and crisis intervention. Services are short-term with an anticipated length of stay of ten consecutive days unless the child meets the criteria for a longer stay. Upon approval of today's action, a competitive procurement will be issued upon approval in July of 2024 for a CCRP serving no more than four foster youth at a time. Per California legislation signed in September 2022, CCRPs may be integrated to function as Psychiatric Residential Treatment Facilities (PRTF) upon approval by DHCS. PRTFs are non-hospital facilities offering intensive inpatient services to individuals under the age of 21 with behavioral health conditions. It is anticipated that the regulations necessary to obtain a license for PRTF will be established by 2027. As part of its commitment to supporting the regions continuum of care, the Health and Human Services Agency will explore options to integrate CCRPs to PRTFs once updated regulations are released and anticipated legislation enacted, and will update the Board of significant developments.

#### *Care Coordination to Include Linkages to Community Resources*

The County will provide enhanced care coordination and intensive transition planning for youth in the pilot through the County contracted Foster Family Agency Stabilization and Treatment program. Transition teams will tailor to the needs of youth and families in order to provide treatment options, as well as identification of and access to community supports and services, referrals to transition to a lower level of care, assist caregivers and families to prepare for return of youth back to home, and work towards long-term permanency. The care coordination enhancement for this pilot will occur through an amendment to a BHS specialty mental health service contract (#567115) with San Diego Center for Children. Each assigned care coordinator would be enabled to respond to youth in time of crises and would monitor access to services to ensure youth remain in the appropriate level of care.

**SUBJECT:** AUTHORIZE ACCEPTANCE OF FUNDING FOR THE CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES (DISTRICTS: ALL)

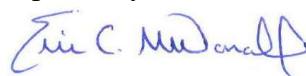
The model that the County has developed for this pilot is reflective of contributions from engagement with various key stakeholders and is expected to further advance the coordination of service delivery to this population. Eligible youth who will be participating in the pilot will be followed by a care coordinator, who will communicate directly with treatment and placement facilities and providers to minimize placement changes. Additionally, these youth will have access to a wide array of additional resources such as mentors, family finding and permanency roundtables, and more services to support them in achieving permanency. The four components of the pilot will be implemented in stages to support the additional planning and collaboration with involved partners and procurement processes, with the pilot anticipated to be operational in 2024. Once fully implemented, the County is committed to gathering, tracking, and providing CDSS and DHCS with information regarding the pilot youth progress at set intervals to include the following anticipated outcomes: reduced hospitalizations for youth in the foster care or juvenile justice system, reduced number of interactions with law enforcement, reduced placement changes, improved permanency outcomes, and increased familial connections.

Today's action requests the Board authorize the acceptance of funding from CDSS and DHCS for the CCCPP. Additionally, today's action requests the Board authorize a competitive solicitation for the procurement for a Children's Crisis Residential Program and authorize a competitive solicitation for the procurement of a Psychiatric Residential Treatment Facility upon State approval of the pilot. Additionally, today's action requests the Board authorize the Agency Director, Health and Human Services Agency, or designee, to apply for additional funding opportunity announcements to improve services to youth in the foster care system who are experiencing high acuity needs.

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

Today's proposed actions support the County of San Diego's 2023-2028 Strategic Plan Initiatives of Sustainability (Economy and Resiliency), Equity (Health and Economic Opportunity), Empower (Workforce, Transparency, Accountability, and Innovation), and Community (Engagement, Quality of Life, Communications, and Partnership) by providing a strengthened child and family system that ensures the safety and well-being of children and families and supports the foster care community.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Interim Chief Administrative Officer

#### **ATTACHMENT(S)**

N/A

# **ITEM #13: AUTHORIZE ACCEPTANCE OF FUNDING FOR THE CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES**

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency

Kimberly Giardina, DSW, Director, Child and Family Well-Being

July 18, 2023



# Background



## Legislation

AB 153 established the Children's Crisis Continuum Pilot Program (CCCCP)

## Purpose

- Integrate the system of care for foster youth
- Enable seamless transitions between service settings
- Provide stabilization and treatment within the least restrictive setting possible

## Funding

County of San Diego received a preliminary award of \$8.5 million

# Children's Crisis Continuum Pilot



**Intensive  
Services Foster  
Care**

**16 beds**



**Crisis  
Stabilization Unit**

**4 beds**



**Crisis  
Residential**

**4 beds**



**Care  
Coordination**

**Children's Crisis Continuum**



# Outcomes & Evaluation



- Reduce the number of hospitalizations
- Reduce interactions with law enforcement
- Reduce placement changes
- Improve permanency outcomes
- Increase familial connections



# Recommendations



1. Authorize the acceptance of \$8,500,000 in Children's Crisis Continuum Pilot Program funds to improve services to youth in the foster care system who are experiencing substance use and mental health challenges, and authorize the Agency Director, Health and Human Services Agency, to execute all required grant documents.
2. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize a competitive solicitation for a Children's Crisis Residential Program.
3. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize a competitive solicitation for a Psychiatric Residential Treatment Facility.
4. Authorize the Agency Director, Health and Human Services Agency, or designee, to apply for additional funding opportunity announcements to improve services to youth in the foster care system who are experiencing high acuity needs.

# **ITEM #13: AUTHORIZE ACCEPTANCE OF FUNDING FOR THE CHILDREN'S CRISIS CONTINUUM PILOT PROGRAM, AUTHORIZE COMPETITIVE SOLICITATIONS, AND AUTHORIZE APPLICATIONS FOR FUTURE FUNDING OPPORTUNITIES**

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency

Kimberly Giardina, DSW, Director, Child and Family Well-Being

July 18, 2023





# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

VACANT  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** July 18, 2023

**14**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

### OVERVIEW

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services provides a comprehensive array of mental health and substance use services to people of all ages. These services are delivered through County-operated programs, as well as contracts with community service providers. Those served include vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

Today's actions recommend the San Diego County Board of Supervisors authorize competitive solicitations, single source contracts, amendments to extend existing behavioral health services contracts, and cooperative and revenue agreements, to sustain critical behavioral health services, with the goal of building a better behavioral health service delivery system for San Diego County communities. Today's recommended actions include the procurement of new services to provide diagnostic and clinical treatment services to children and youth under the age of 21 with specialty mental health needs, inclusive of substance use co-occurring needs. These programs support the County's efforts to respond to local need for intensive mental health services by expanding the levels of care available to serve children and youth. These recommended actions support the continuation of critical work to advance behavioral health continuum of care throughout San Diego County.

Today's actions support the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by upholding practices that align with community priorities and improving transparency and trust while maintaining good fiscal management.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

**RECOMMENDATION(S)**

**CHIEF ADMINISTRATIVE OFFICER**

1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for behavioral health services listed below, and upon successful negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts 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.
  - a. Assertive Community Treatment Services
  - b. Behavioral Health Patient Rights Education and Advocacy Services
  - c. Supported Employment Technical Consultant Services
  - d. Supported Employment Continuum
  - e. Faith-Based Behavioral Health Training, Education Academy and Community Education
  - f. Faith-Based Wellness and Mental Health In-Reach Ministry
  - g. Jail In-Reach
  - h. Incredible Families
  - i. Multicultural Community Counseling
  - j. Intensive Case Management Wraparound Services
  - k. Early Intervention for Prevention of Psychosis Program
  - l. Community Harm Reduction Team
  - m. Support Services for Women Experiencing Homelessness
  - n. Adult Substance Use Outpatient Program
  - o. Adult Substance Use Residential Program
  - p. Perinatal Substance Use Residential Program
  - q. Adolescent Substance Use Residential Program
  - r. Adult Substance Use Outpatient Program for Alcohol Use
  - s. Peer Support Services
  - t. Behavioral Health Services for AB109 Clients
  - u. Intensive Outpatient Program and Partial Hospitalization Program
2. In accordance with Board Policy A-87, Competitive Procurement, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations for behavioral health services listed below, and subject to successful negotiations and determination of a fair and reasonable price, enter into single source contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.
  - a. Electroconvulsive Therapy Services
  - b. Medi-Cal Managed Care Psychiatric Inpatient Hospital Services
  - c. Skilled Nursing Facility
    - i. Skilled Nursing Facility for Adults with Behavioral Health Conditions
    - ii. Skilled Nursing Facility with Special Treatment Program

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

- d. Short Term Residential Therapeutic Programs
- e. School-Based Outpatient Behavioral Health Services
- 3. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the contracts listed below to extend the contract term and expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.
  - a. Extend the contract term up to December 31, 2024, and up to an additional six months, if needed:
    - i. Placement Stabilization Services at Polinsky Children's Center
      - New Alternatives, Inc. (Contract #556401)
  - b. Extend the contract term up to December 31, 2024:
    - i. Breaking Down Barriers Initiative
      - Jewish Family Service of San Diego (Contract #559599)
  - c. Extend the contract term up to June 30, 2027, and up to additional six months, if needed:
    - i. Behavioral Health Administrative Services Organization (dba Optum)
      - United Behavioral Health (Contract #553848)
  - d. Extend the contract term up to June 30, 2024, and up to an additional six months, if needed:
    - i. Behavioral Health Collaborative Court
      - Telecare Corp. (Contract #551670)
- 4. In accordance with Board Policy B-29, authorize the Agency Director, Health and Human Services Agency, upon receipt, to execute the following Agreements.
  - a. Cooperative Agreement with the State Department of Rehabilitation for Mental Health Employment Services
  - b. Revenue Agreement with Driving Under the Influence Program

## **EQUITY IMPACT STATEMENT**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness or serious emotional disturbance, and the service delivery system for Medi-Cal eligible residents with substance use care needs. An estimated 5% of San Diegans ages 21 years and older have a serious mental illness (SMI). While SMI is prevalent in all our communities, there are certain groups that have disproportionately high rates of SMI. Particularly, 2021 data from the California Department of Healthcare Access and Information indicate that rates among Black/African American residents were 145% higher compared to others. Additionally, according to the California Health Interview Survey conducted by the University of California Los Angeles in 2021, 10% of San Diegans reported experiencing serious psychological distress in the past month. However, residents living below 200% of the federal poverty level, those who reported a history of incarceration, or who identified as black, Hispanic/Latino, Asian, or multiracial, reported higher percentages of serious psychological



**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

distress compared to others. As a steward of public health for the region, BHS must ensure that the services offered through County-operated and contracted programs address the social determinants of health by being accessible, capable of meeting the needs of diverse populations, and with the intent to equitably distribute services to those most in need.

In support of these efforts, BHS utilizes a population health approach to identify needs and design services in a manner most impactful, equitable, and yield meaningful outcomes for those served. This includes facilitating ongoing engagement and input from the community, stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners. Additionally, through the establishment of the Community Experience Partnership and the recent launch of the Behavioral Health Equity Index, in collaboration with the University of California San Diego, BHS is leading the development of a tool for measuring behavioral health equity which will be used to inform program planning, siting of services, and allocation of resources in a way that supports community needs. If approved, today's actions will improve access to treatment and care for populations who are underserved by social and behavioral health resources, including individuals experiencing homelessness, individuals with justice involvement, as well as children and youth with complex behavioral health needs.

#### **SUSTAINABILITY IMPACT STATEMENT**

Today's proposed actions to provide services that improve access to treatment and care for populations who are underserved by social and behavioral health resources would support the County of San Diego Sustainability Goal #2 to provide just and equitable access to County services, Sustainability Goal #3 to transition to a green, carbon-free economy, and Sustainability Goal #4, to protect the health and well-being. This will be accomplished by providing a wider availability and range of supportive, inclusive, and stigma-free options to those in need of behavioral health services. Services will improve the overall health of communities, reducing the demand of associated care services, and in turn increase effectiveness of care providers and lower operating costs of facilities, thus reducing emissions and waste generated within the care sector.

#### **FISCAL IMPACT**

Funds for these requests are included in the Fiscal Year (FY) 2023-25 Operational Plan in the Health and Human Services Agency (HHSA). If approved, today's recommendations will result in approximate costs and revenue of \$3.7 million in FY 2023-24 and \$239.6 million in FY 2024-25. There will be no change in net General Fund cost and no additional staff years.

#### ***Recommendation #1: Authorize Competitive Solicitations***

If approved, this request will result in estimated costs and revenue of \$1.1 million in FY 2023-24 and \$150.1 million in FY 2024-25. The funding sources are Mental Health Services Act (MHSA), Realignment, Short Doyle Medi-Cal, California Work Opportunity, and Responsibility to Kids (CalWORKS), Perinatal/Substance Abuse Block Grant, Drug Medi-Cal (DMC), and Assembly Bill 109. There will be no change in net General Fund cost and no additional staff years.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

***Recommendation #2: Authorize Single Source Contracts***

If approved, this request will result in estimated costs and revenue of \$53.4 million in FY 2024-25. The funding sources are MHSA, Realignment, and Short Doyle Medi-Cal. There will be no change in net General Fund cost and no additional staff years.

***Recommendation #3: Authorize Amendments and Extend Contracts***

If approved, this request will result in estimated costs and revenues of \$2.5 million in FY 2023-24 and \$35.6 million in FY 2024-25. The funding sources are MHSA, Realignment, Short Doyle Medi-Cal, DMC, Crisis Care Mobile Unit Grant, California Department of Social Services, and the Public Safety Group Behavioral Health Court Diversionary Grant funds. There will be no change in net General Fund cost and no additional staff years.

***Recommendation #4: Execution of a Cooperative Agreement and a Revenue Agreement***

If approved, this request will result in estimated costs and revenue of \$0.1 million in FY 2023-24 and \$0.5 million in Fiscal Year 2024-25. The funding sources are Realignment and Driving Under the Influence Program participant fees. There will be no change in net General Fund cost and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

At their meeting on July 6, 2023, the Behavioral Health Advisory Board voted to approve these recommendations.

**BACKGROUND**

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) provides a comprehensive array of community-based behavioral health services to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions. Services are provided through County-operated programs as well as contracts with local public and private agencies. Approval of today's recommended actions would authorize competitive solicitations, single source procurements, amendments to extend existing behavioral health services contracts, and execution of revenue and cooperative agreements. These recommended actions support the continuation of critical work to advance the ongoing transformation of the behavioral health continuum of care throughout San Diego County. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

***Recommendation #1: Authorize Competitive Solicitations***

***a. Assertive Community Treatment Services***

On June 20, 2017 (13), the San Diego County Board of Supervisors (Board) authorized the procurements of Assertive Community Treatment (ACT) Services in the Central and North Central regions, as well as countywide for older adults and transition age youth (TAY).

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

Subsequently, on November 15, 2022 (28), the Board authorized a contract term extension for these ACT programs up to June 30, 2024, and up to an additional six months, if needed. ACT programs provide intensive multidisciplinary treatment services for clients who are experiencing homelessness, who have a serious mental illness (SMI), and whose needs cannot be adequately met through a lower level of care and are deemed in the highest need based on severity of impairment. Services are provided by a multidisciplinary team countywide and include psychiatry, medication management, case management, rehabilitation and support, peer support, co-occurring treatment, supportive employment, and housing support services. Currently, BHS has 18 ACT programs, four of which are planned to be reprocured in Fiscal Year (FY) 2024-25. Local data shows that ACT services offset costs through a reduction in emergency utilization when comparing client contacts six months before and after a sustained connection to services. In calendar year 2021, utilization of emergency services witnessed a 56% reduction following ACT, going from 676 to 296 total contacts. As of June 2021, 92% of the 1,281 clients served were housed. During the same fiscal year, 77% of the 1,238 clients showed functional improvement and 74% showed clinical improvement. Additionally, 91.5% of ACT clients were connected to a primary care provider.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of four ACT programs for an Initial Term of up to one year with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*b. Behavioral Health Patient Rights Education and Advocacy Services*

On November 13, 2018 (12), the Board authorized the procurement of Behavioral Health Patient Rights Education and Advocacy Services program. The program provides education and advocacy services for residents who need help accessing health care coverage, including medical and behavioral health services. Services are provided countywide and include assuring consumer access to appropriate and timely mental health and substance use programs, assisting in outpatient behavioral health beneficiary grievance and appeals resolution, and serving as a patient's rights advocate for county mental health and substance use program recipients.

In FY 2021-22, a total of 2,228 unduplicated clients were served through Behavioral Health Patient Rights Education and Advocacy Services. The program remains connected to clients, stakeholders, and partners through over 300 virtual and in-person presentations, training, social media, and outreach events. Additionally, the program offers a hotline for assistance, referral, and general education on the availability of health services. The hotline received approximately 10,000 calls in FY 2021-22. To ensure customer satisfaction, consumers complete a satisfaction survey to report on their experience. In FY 2021-22, 91% of the 140 consumers who were surveyed responded services provided by the contractor as being good or very good. Additionally, of the 193 consumers who participated in Contractor's Health Education and Advocacy programs and workshops, 98% reported increased knowledge about the services for which they are eligible, how to access services, and how to navigate the physical and/or mental health medical services system.

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Behavioral Health Patient Rights Education and Advocacy Services program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*c. Supported Employment Technical Consultant Services*

On November 13, 2018 (12), the Board authorized the procurement of Supported Employment Technical Consultant Services. This program provides technical expertise and consultation on countywide employment development, partnership, engagement, and funding opportunities for adults with behavioral health conditions. Services are coordinated and integrated with the BHS system of care, and operate through collaboration with behavioral health providers, regional collaboratives, local employers, public and private employment agencies, workforce partnerships, and other related stakeholders to develop new employment resources. Data shows that from FY 2014-15 to FY 2021-22, there was a 66% increase in clients with competitive employment from 3,370 unduplicated clients in FY 2014-15, to nearly 5,596 in FY 2021-22. This increased client participation may be attributed to the Supported Employment Initiative which was implemented in FY 2014-15, and the Individualized Placement & Support Model which was implemented in FY 2018-19.

BHS continues to seek out opportunities to improve the quality of life for individuals connected to behavioral health programs through supported employment. A consistent income makes it possible to secure and retain housing, increases social connectedness, and provides opportunities for a stable future. Going forward, the program will include components of adding an Individualized Placement and Support (IPS) Trainer that will assist in educating providers and will expand meetings to substance use programs in support of clients in their journey to independence and well-being.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Supported Employment Technical Consultant Services program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*d. Supported Employment Continuum*

On November 13, 2018 (12), the Board authorized the procurement of Supported Employment Continuum, a program that provides an array of job opportunities to help adults with SMI obtain competitive employment. Services are provided countywide and are coordinated and integrated with the BHS system of care, and operate through collaboration with behavioral health providers, regional collaboratives, local employers, public and private employment agencies, workforce partnerships, and other related stakeholders to develop new employment resources. The program uses a comprehensive approach that is community-based, client- and family- driven, and culturally competent. This program supports the County's FY 2020-24 Five-Year Strategic Employment Plan, which outlines a clear vision for continued expansion of employment opportunities for people with behavioral health issues. In alignment with this vision the program served 153 unduplicated clients, exceeding FY 2021-22 goals.

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Supported Employment Continuum program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*e. Faith-Based Behavioral Health Training, Education Academy and Community Education*  
On November 13, 2018 (12), the Board authorized the procurement of Faith-Based Behavioral Health Training and Education Academy (FBBHEA) and Community Education. FBBHEA and Community Education curricula for Behavioral Health Services were developed to increase awareness and understanding of behavioral health issues and faith-based approaches to addressing behavioral health needs. The program serves faith leaders, their congregations, behavioral health providers, and communities, and its community education trainings facilitate behavioral health awareness and connections to resources within the North and Central regions. FBBHEA and Community Education Presentations (CEP) extend behavioral health related education into communities that may otherwise not have access to this information.

In FY 2021-22, the total participants exceeded the program goals for both FBBHEA and CEP. A total of 134 individuals participated in FBBHEA and 647 individuals participated in CEP in the North region, which exceeded the attendee goal by 12% and 116%, respectively. A total of 126 individuals participated in FBBHEA and 516 individuals participated in CEP in the Central Region, which exceeded the attendee goal by 5% and 72%, respectively.

Data from the United States Census bureau shows there are over 1,700 temples, mosques, churches, or synagogues in San Diego County. In FY 2021-22, the programs performed outreach and engagement services connecting with nearly 200 faith-based groups. If approved, the program will be expanded into four regional contracts (North, Central, East, and South regions) to improve the reach to additional faith-based groups.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Faith-Based Behavioral Health Training and Education Academy, and Community Education program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*f. Faith-Based Wellness and Mental Health In-Reach Ministry*

On November 13, 2018 (12), the Board authorized the procurement of Faith Based Wellness and Mental Health In-Reach Ministry. Subsequently on November 16, 2021 (5), the Board authorized a contract term extension of this program up to June 30, 2024, and up to an additional six months, if needed. The Project In-Reach Ministry program provides services to at-risk and treatment-resistant individuals identified by detention facility staff. In-reach services aim to educate detention staff and support the successful transition and reintegration of individuals from jail to the community. The target population includes incarcerated TAY and adult African American or Latino individuals with SMI. Services are provided countywide, are consistent with pastoral counseling and individuals' faith, and include spiritual support,

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

mental and physical health wellness, education about community resources, and counseling on the impact and effects of untreated mental illness, co-occurring conditions, and trauma. In FY 2021-22, the program served a total of 239 unduplicated clients and 65% of these clients were linked to services at discharge.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of Project In-Reach program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*g. Jail In-Reach*

On January 7, 2014 (9), the Board authorized the procurement of Jail In-Reach Services to provide engagement for incarcerated adults, who have or are at risk of psychological disorders and /or substance use conditions while in detention, and to prepare them for community reentry. This program provides services to at-risk and treatment-resistant individuals identified by detention facility staff and aim to educate detention staff and support the successful transition and reintegration of individuals from jail to the community, with a focus on reducing recidivism by improving outcomes among key areas of functioning: health, housing, mental health, prosocial, substance use, family-wellness, and employment. The target population is incarcerated TAY and adult African American or Latino individuals with SMI. Services are provided countywide and include screening, case management, group and individual counseling and crisis intervention while in detention, and case management in the community to ensure individuals are linked to appropriate services. In FY 2021-22, the program served a total of 242 unduplicated clients of whom 67% were linked to services at discharge.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of Jail In-Reach program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*h. Incredible Families*

On June 19, 2018 (9), the Board authorized the procurement of Incredible Families program, which provides parenting support group and outpatient mental health treatment services for children and youth ages 2 to 14 and their families involved with the County Department of Child & Family Well-Being (CFWB), promoting the reunification of children with their families. This program receives all referrals from, and supports clients through collaboration with CFWB. Services are provided countywide and include psychotherapy for individuals and families, psychiatric services, case management, rehabilitative services, intensive care coordination, intensive home-based services, collateral crisis intervention services, therapeutic family visitation, and peer support services.

The Incredible Years parenting group component of the program supports parents with developing emotional engagement and healthy skills for parenting their children. In FY 2021-22, the program served a total of 64 unduplicated clients, of whom 67% were provided

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

therapeutic family visitation. Additionally, of the 34 families enrolled in the Incredible Years parenting group, 53% completed all group sessions. Moreover, all 50 discharged clients avoided psychiatric hospitalization or re-hospitalization.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Incredible Families program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*i. Multicultural Community Counseling*

On November 15, 2022 (28), the Board authorized a contract term extension of the Multicultural Community Counseling (MCC) program up to June 30, 2024, and up to an additional six months, if needed. The MCC program is an outpatient behavioral health program that provides services to Asian/Pacific Islander and Latino children and youth up to age 21. Services are provided countywide and include individual, group, and family therapy, care coordination, case management, rehabilitative services, crisis intervention, medication services, and outreach and engagement. These services support the need for cultural and specific outpatient behavioral health services and case management needs of youth and their families. Services are available in multiple languages including Tagalog, Vietnamese, Spanish, Mandarin, and Korean, and are provided both in person at clients' homes, schools, community sites, and clinic, as well as via telehealth. In FY 2021-22, the program served a total of 198 unduplicated clients. All 87 clients who were discharged avoided psychiatric hospitalization and transitioned to, or remained in a less restrictive, educational setting.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the MCC program for an Initial Term of up to one year, with up to four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*j. Intensive Case Management Wraparound Services*

On February 9, 2018, the Family First Prevention and Services Act, was signed into law. The Qualified Residential Treatment Programs requirements include the provision of discharge planning and family-based aftercare supports, including wraparound services, for at least six months post-discharge. Wraparound services have proven highly successful in facilitating stability and permanency for the highest need youth and their families. On June 19, 2018 (9), the Board authorized the procurement of Intensive Case Management Wraparound Services program for Youth and Families Involved with CFWB. The program offers team based intensive and individualized case management to children and youth involved in the Child Welfare and Probation systems, leveraging both formal and informal supports. The services are designed to maximize families' capacity to meet youths' needs and, in turn, reduce the frequency of hospitalizations and support transitions to lower levels of care from a congregate care setting to a permanent home or home-like setting. Services are provided countywide and include assessment, crisis intervention, case management and rehabilitative services, intensive

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care coordination, intensive home-based services, medication management, and individual therapy.

In FY 2021-22, the program served a total of 260 unduplicated clients. Of the 143 clients living in a home or home-based settings, 93% avoided placement into higher level of care at discharge. Additionally, 81% of the 16 clients residing in residential settings returned home or to a home-based setting. Furthermore, of the 61 probation-involved clients, 74% avoided a probation violation charge while 79% avoided a new charge while in treatment.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Intensive Case Management Wraparound program for an Initial Term of up to one year, with four 1-year Options and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*k. Early Intervention for Prevention of Psychosis Program*

On January 7, 2014 (9), the Board authorized the procurement of the Early Intervention for Prevention of Psychosis Program. Subsequently on November 16, 2021 (5), the Board authorized a contract term extension of this program up to June 30, 2024, and up to an additional six months, if needed. This program provides prevention through public outreach and education about psychosis. Prevention and Early Intervention (PEI) programs are designed to prevent the onset of mental illness or provide early intervention to decrease severity of symptoms, with a special focus on reducing the stigma associated with mental illness, preventing suicide, and addressing the early signs of psychosis. The Early Intervention for Prevention of Psychosis program services are provided countywide to children and TAY, ages 10 to 25, who have emerging early symptoms of psychosis. This program has three service components: 1) Prevention through public education; 2) Early Intervention through screening potentially at-risk youth; and 3) Intensive Treatment with treatment of youth who are identified as at risk and their families.

The Early Intervention for Prevention of Psychosis program measures improvements in 'Functional' and 'Clinical' status. 'Functional Status' measures how much a client's symptoms hinder them from completing tasks that they would like to or need to do. 'Clinical Status' measures the last time a client had a relapse of symptoms or when their symptoms worsened. In FY 2021-22, the PEI Mental Health Service Act (MHSA) program served 207 unduplicated clients, while the First Episode Psychosis Mental Health Block Grant program served 103 unduplicated clients. Of the 310 total clients served, 90.5% showed same or improved Functional Status and 90% showed same or improved Clinical Status. Additionally, 324 clients were screened and 24 Outreach and Educational presentations were provided to community leaders during FY 2021-22.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Early Intervention for Prevention of Psychosis Program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.



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*l. Community Harm Reduction Team*

On January 26, 2021 (11), the Board authorized the procurement of the Community Harm Reduction Team (C-HRT). C-HRTs provide street outreach and engagement in the East Village and Midway areas of the City of San Diego to adults over the age of 18 who are experiencing homelessness, have a chronic substance use condition, and are resistant to services. Services include just in time specialty services, connection to behavioral health resources, Medication Assisted Treatment (MAT), and designated housing including short term shelter and Safe Haven housing for difficult-to-engage clients with behavioral health conditions. Just in time services are designed to remove barriers that cause delays in access to services including transportation, joining individual to appointments, and ensuring connections to ongoing treatment or services. Together, these services support individuals' journey to wellness, stability, and access to permanent supportive housing.

In FY 2021-22, the program served a total of 135 unduplicated clients, of whom 43% were served through street outreach, 32% were served in the designated C-HRT shelter, and 24% were discharged. Over 20% of those discharged during FY 2021-22 went to permanent housing.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the C-HRT for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*m. Support Services for Women Experiencing Homelessness*

On November 13, 2018 (12), the Board authorized the procurement of Behavioral Health Education for Women Experiencing Homelessness program. This program supports women over the age of 18 who are experiencing homelessness and behavioral health conditions. This program works with managed care plans for opportunities funded by California Advancing and Innovating Medi-Cal (CalAIM) that serve individuals with behavioral health issues to promote a systematic approach to coordinated care with Behavioral Health contracted services. The program provides assistance tailored to the needs of participants through linkages with community-based resources to address mental health, physical health, and substance use conditions in a safe and trauma informed environment. Services are provided in Central region and include access to showers, mail and phone services, case management, educational groups, and supportive services. This program facilitates weekly meetings for program participants connected to recovery planning, relapse prevention, self-help, and community resources. The overall program outcomes are associated with developing goals to improve quality of life, level of functioning, and connection to housing. Research shows that the burden of homelessness on women creates multiple challenges including vulnerability to victimization, limited options for safe locations to meet personal needs, and connection to resources, highlighting the importance of this program. In FY 2021-22, the program served a total of 210 unduplicated clients.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Behavioral Health Education for Women Experiencing Homelessness program for an

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Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*n. Adult Substance Use Outpatient Program*

On September 23, 2014 (9), the Board authorized the procurement of Adult Substance Use Outpatient Programs. Subsequently on March 27, 2018 (2) and December 11, 2018 (13), the Board authorized negotiations to amend existing contracts to reflect changes to services and authorized single source procurements for a term of up to one year, with up to four option years, and up to an additional six months. Additionally, on November 16, 2021 (5), the Board authorized term extension of existing contracts up to June 30, 2024, and up to an additional six months, if needed. Adult Substance Use Outpatient Programs provide treatment, recovery, and ancillary services to TAY ages 18 to 21, adults ages 18 years and older, and older adults with substance use conditions including those with co-occurring mental health needs. Services are provided countywide and incorporate evidence-based treatment and recovery approaches, including outpatient withdrawal management, intensive outpatient substance use treatment, case management, connection to MAT, recovery services, and client support in attaining the appropriate level of care, employment, and stable housing. This includes American Society of Addiction Medicine (ASAM) outpatient treatment and intensive outpatient services, which are critical components in the substance use continuum of care within San Diego County.

The five Adult Substance Use Outpatient Treatment programs that are being re-procured as part of today's action served a total of 730 unduplicated clients in FY 2021-22. Of those, 51 were experiencing homelessness at intake, over 90% of whom were housed at the end of treatment, highlighting the programs' success in supporting clients in achieving housing stability. Furthermore, of the 274 clients who completed treatment during FY 2021-22, 82% were enrolled in an eligibility program or in a formal educational setting or were employed in a structured employment preparation program at conclusion of treatment. Despite these accomplishments, the opioid epidemic and rise in fentanyl deaths continues to emphasize the need to enhance substance use outpatient services and MAT in our behavioral health continuum of care to address community needs. The San Diego County Medical Examiner reported 33 fentanyl deaths in 2016, and since then the number of deaths has been on the rise, exceeding 750 in 2022.

Today's action requests the Board authorize competitive solicitations for the re-procurement of the five Substance Use Outpatient Treatment Programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*o. Adult Substance Use Residential Program*

On March 27, 2018 (2) and December 11, 2018 (13), the Board authorized single source contracts of the Adult Substance Use Residential Programs. These programs provide 24-hour, non-medical, residential substance use treatment, withdrawal management, recovery, and ancillary services to adults over the age of 18 with behavioral health conditions. Services are comprehensive, preventive, rehabilitative, and therapeutic behavioral health care delivered in

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the least restrictive environment and in the most effective mode based on the criteria set out by ASAM, and may include clinical assessments for substance use and mental health conditions, care coordination support transitions in the behavioral health system when client needs exceed services available through the program. Programs are designed to provide clients access to timely care and ultimately improve their quality of life. Services are provided countywide, however, the programs located in the Central, North Central, and East regions are due for re-procurement; there are also existing programs in the North and South regions not yet due for re-procurement. In FY 2021-22, the Adult Substance Use Residential Programs included in today's action served a total of 1,912 unduplicated clients, 99% of whom had no new arrests. Of the 1,102 clients who were experiencing homelessness upon admission and discharged as planned, there was an over 80% decrease in homelessness as clients were placed in dependent and independent housing.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of Adult Substance Use Residential Programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding. If approved, it is anticipated that procurement for Substance Use Residential Treatment programs will result in multiple contract awards.

*p. Perinatal Substance Use Residential Program*

On March 27, 2018 (2), the Board authorized the implementation of Drug Medi-Cal Organized Delivery System (DMC-ODS) to improve care for those struggling with substance use and to enhance the system of care available to San Diego County residents. The Board's action authorized single source procurements of three Perinatal Substance Use Residential Programs. Subsequently, on June 4, 2019 (10), the Board authorized the single source procurement of an additional Perinatal Substance Use Residential Program in the Central Region. Subsequently, on November 15, 2022 (28), the Board authorized a contract term extension of the four programs up to June 30, 2024, and up to an additional six months, if needed. Services are provided countywide and include screening, care coordination, residential substance use treatment, recovery, and ancillary services to pregnant or parenting women with substance use conditions, including co-occurring mental health conditions. Additionally, these programs provide parenting classes, childcare services, peer support services, and clinician services for children. Perinatal Substance Use Residential treatment services fulfill DHCS' requirement for services that adhere to guidelines for treatment of pregnant and parenting women seeking or referred to substance use treatment.

In FY 21-22, a total of 1,137 unduplicated clients were served by Perinatal Substance Use Residential Programs. Of the 391 clients who completed treatment for 31 or more days, 99% had no new arrests, 86% were employed and/or enrolled in a formal education setting, and 96% were referred to outpatient services. Of the 290 clients who were experiencing homelessness at intake, 86% were housed at the conclusion of treatment phase. Furthermore, 96% of babies born to mothers in treatment were born free of exposure to illicit substances.

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Today's action requests the Board authorize a competitive solicitation for the re-procurement of Perinatal Substance Use Residential Programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*q. Adolescent Substance Use Residential Program*

On March 27, 2018 (2), the Board authorized the single source procurement of the Adolescent Substance Use Residential Program. Subsequently, on November 15, 2022 (28), the Board authorized a term extension of this contract up to June 30, 2024, and up to an additional six months, if needed. The Adolescent Substance Use Residential Program provides 24-hour, non-medical residential substance use treatment, recovery, and ancillary services to adolescents ages 12 to 17 with behavioral health conditions. Services are provided countywide and include individual or group treatment, case management, peer support, education groups, as well as prosocial activities that are designed to encourage and promote positive behaviors, such as volunteer work. When applicable, program staff assist clients in complying with court mandates and probation requirements. This program ensures access to quality substance use treatment services for adolescents in accordance with DMC-ODS and fulfills DHCS' requirements by adhering to Adolescent substance use best practices for treatment for adolescents seeking or referred to substance use treatment. In FY 2021-22, the program served a total of 99 unduplicated clients. Of the 53 discharged clients who completed treatment for 31 or more days, 100% had no new arrests, 92% were employed and/or enrolled in a formal education setting, and 100% were referred to outpatient services.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of Adolescent Substance Use Residential Program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*r. Adult Substance Use Outpatient Program for Alcohol Use*

On November 16, 2021 (5), the Board authorized a contract term extension of the Adult Substance Use Outpatient Program for Alcohol Use, formerly known as Serial Inebriate Program, up to June 30, 2024, with an additional six months, if needed. This program primarily operates in the Central region and provides outpatient substance use treatment, recovery, and ancillary services to adults over the age of 18 with a primary alcohol use condition, but may include co-occurring mental health and other substance use conditions. The program provides screenings, assessments, substance use group and individual counseling, intensive case management, peer support, and recovery services at a trauma informed care facility that focuses on whole person wellness and utilizes evidenced base practices. Additionally, the program supports the County's efforts to address homelessness by serving as transitional housing for clients while engaged in treatment for up to two years. As a collaborative effort to address chronic alcohol use, referrals to the program are accepted from law enforcement, probation, the courts, emergency medical services, other behavioral health treatment providers, and hospitals.

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In FY 2021-22, the program received 215 referrals and admitted 95 clients. A total of 12 clients who completed at least 31 days of treatment were discharged during FY 2021-22. Among those discharges, 11 clients were experiencing homelessness at intake, 100% of whom had secured stable housing at discharge. Additionally, 11 clients had achieved self-sufficiency through employment, schooling, or a public benefit program at the time of discharge. Lastly, 10 discharged clients were enrolled in Recovery Services.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of the Adult Substance Use Outpatient Program for Alcohol Use for an Initial Term of up to one year, with four 1- year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*s. Peer Support Services*

On November 13, 2018 (12), the Board authorized the procurement of Peer Support Services. This program serves adults over the age of 18 with SMI, who in addition to needing to use hospital and/or crisis residential services, have a limited social support network and are most likely to not be effectively connected with relevant services. Through the peer support services programs, appropriate connections are made with regional behavioral health resources, which lead to improved access to care and reduce unnecessary acute care utilization. Services are provided countywide and include coaching, incorporating shared decision-making, and active social supports.

In FY 2021-22, there were 265 unique admissions to Central region hospitals, of whom 96% had a decrease in 30-day psychiatric hospitalization readmissions and 94% had a decrease in 30-day crisis residential facility readmissions. Within three months of enrollment, 67% of admitted individuals were linked to a social support/recovery network, and 80% demonstrated an improved level of recovery at discharge as measured by Milestones of Recovery Scale.

Today's action requests the Board authorize a competitive solicitation for the re-procurement of Peer Support Services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*t. Behavioral Health Services for AB 109 Clients*

On January 7, 2014 (9), the Board authorized the procurement of Behavioral Health Services for AB 109 Clients. Subsequently on November 15, 2022 (28), the Board authorized a term extension of this contract up to December 31, 2023, and up to an additional six months, if needed. The Behavioral Health Services for AB 109 Clients program provides comprehensive mental health services to individuals referred by the Probation Department and under supervision as AB 109 offenders. This includes individuals on post-release community supervision and mandatory supervision. Services are provided in North Coastal and Central regions of the county and include comprehensive mental health services, medication management, strengths-based case management, assertive outreach, assertive research, cognitive-behavioral individual and group therapy, transportation assistance, linkage and

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referrals to community-based organizations, education, employment, and housing. This program functions to increase access and connectivity between the justice system and behavioral health to ensure clients are receiving the appropriate level of care through best practices that improve wellness and reduce recidivism. In FY 2021-22, the program served a total of 343 unduplicated clients.

Today's action requests the Board to authorize a competitive solicitation for the re-procurement of the Behavioral Health Services for AB 109 Clients program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding.

*u. Intensive Outpatient Program and Partial Hospitalization Program*

Intensive Outpatient Program (IOP) and Partial Hospitalization Program (PHP) are non-24-hour, hospital-based or community-based treatment programs. Both programs are designed to provide diagnostic and clinical treatment services to children and youth under the age of 21 with specialty mental health needs, inclusive of substance use co-occurring needs, in a structured and therapeutic environment. IOP programming is traditionally offered multiple days a week after school hours, while PHP offers a full day curriculum during weekdays. Services include individual, group, and family therapy, psychiatric evaluation, medication management, peer support and/or recovery-oriented services.

In February 2022, the Centers for Disease Control and Prevention reported that in 2020, suicide was the second leading cause of death among children ages 10 to 14. In California, over 60% of youth with depression did not receive treatment in 2022. In response to this urgent need, Governor Newsom implemented the Master Plan for Kid's Mental Health, which initiated a transformation of California's behavioral health infrastructure with a special focus on expanding access to community-based services from prevention through treatment and recovery. IOP and PHP are critical components of the continuum of care that are currently not available in the San Diego County public system, and are critical to the County's efforts to respond to the increased need for intensive mental health services. If approved, today's action would yield critical alternatives to higher levels of care as well as step-down for children and youth who have been discharged and are returning home from psychiatric inpatient or residential stays.

Today's action requests the Board authorize competitive solicitations for the procurement of the Intensive Outpatient Program and Partial Hospitalization Program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed for each program, and to amend contracts as needed to reflect changes in services and funding.

***Recommendation #2: Authorize Single Source Contracts***

*a. Electroconvulsive Therapy Services*

On October 4, 2016 (1), the Board authorized single source contracts for Electroconvulsive Therapy (ECT) services with Sharp Grossmont Hospital and Sharp Mesa Vista Hospital, and increased funding for the program. Subsequently, on November 16, 2021 (5), the Board

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authorized a single source contract for ECT services with Sharp Mesa Vista Hospital and a new single source contract with University of California San Diego. ECT is considered a specialty mental health service that is used to treat individuals with SMI who have been unresponsive to other forms of treatment. ECT services can be provided in outpatient or inpatient settings when medically justified and legally permissible.

Today's action requests the Board authorize a single source contract with Sharp Grossmont Hospital to provide ECT services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding. This program qualifies for a single source contract to provide these services based on the 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. Since 2003, there has been ongoing efforts to identify hospitals that are willing and able to provide this service for Medi-Cal beneficiaries in San Diego County. There are limited providers able to offer ECT, which can be administered only at licensed behavioral health facilities with specialized equipment and by qualified staff, including an anesthesiologist and a psychiatrist.

*b. Medi-Cal Managed Care Psychiatric Inpatient Hospital Services*

On November 13, 2018 (12), the Board authorized single source contracts for Medi-Cal Managed Care Psychiatric Inpatient program services. This program provides psychiatric inpatient hospital services to adults over the age of 18, as well as older adults with acute symptoms who need 24-hour observation and intensive treatment. The program provides specialized acute inpatient services countywide.

Today's action requests the Board authorize single source contracts with Regents of the University of California San Diego and Prime Healthcare Paradise Valley Hospital for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding. This program qualifies for a single source contract based on the 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. Regents of the University of California San Diego and Paradise Valley Hospital provide psychiatric inpatient hospital services to eligible adults and older adults who experience a psychiatric emergency and require acute inpatient services to stabilize and ensure their safety and the safety of others. Medi-Cal Managed Care Psychiatric Inpatient facilities offer a secure environment where adults can stabilize and establish an aftercare plan prior to discharge. The acute care provided at such facilities is a critical component of San Diego County's behavioral health continuum of care.

*c. Skilled Nursing Facility*

On June 20, 2017 (13), the Board authorized the execution of a single source contract of a Skilled Nursing Facility (SNF) for Adults with Behavioral Health Conditions with Vista Woods Health Association LLC. Subsequently, on November 15, 2022 (28), the Board authorized extensions to the contract term for this facility up to June 30, 2024, and up to

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additional six months, if needed. Additionally, on November 13, 2018 (12), the Board authorized a single source contract of a 24-hour SNF with Special Treatment Program Services (STP) as well as 24-hour Medical, Nursing and Rehabilitative Services with GHC of Lakeside LLC.

Today's action requests the Board authorize single source contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding. The SNF provides specialized mental health services utilizing its expertise, competencies, capabilities, and resources. The following programs qualify for a single source contract to provide the SNF specialized services based on the Board Policy A-87 Competitive Procurement, Section 1 D-3: The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources:

*i. Skilled Nursing Facility for Adults with Behavioral Health Conditions*

The Vista Woods Health Association LLC facility is a 24-hour Mental Health Rehabilitation Center providing augmented services for clients needing additional psychiatric support. While there are other SNF's in San Diego County that may be able to provide augmented services for clients needing psychiatric support, the Vista Woods Health Association LLC is the only facility which has a specialized neurobehavioral unit for adults diagnosed with neurocognitive impairment and traumatic brain injury. This facility provides specialized mental health services countywide utilizing its expertise, competencies, capabilities, and resources. In FY 2021-22, this facility served a total of 25 unduplicated clients; all clients served have been discharged to a lower level of care and none have returned to the facility after discharge.

*ii. Skilled Nursing Facility with Special Treatment Program*

The GHC of Lakeside LLC is the only licensed SNF with STP facility in San Diego County, designed to serve clients who have a severe psychiatric impairment and whose adaptive functioning is moderately impaired. Through structured programs, this secured 24-hour facility provides care for clients over the age of 18 years with SMI who require. Services are provided countywide and include pre-vocational preparation and pre-release planning services, as well as therapeutic services to mentally ill persons having special needs in one or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. In FY 2021-22, this facility served a total of 123 unduplicated clients.

*d. Short Term Residential Therapeutic Program*

On October 17, 2000 (1), the Board authorized the implementation of the Children's Mental Health Initiative that allowed for an expanded continuum of comprehensive mental health care for children, adolescents, and their families. This action authorized the execution of new contracts for mental health services to children placed in State-licensed residential care programs. On January 24, 2017 (2), the Board authorized single source contracts for residential services inclusive of STRTP. STRTPs are residential facilities that provide an integrated program of specialized and intensive care and supervision, services, and supports, Specialty



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Mental Health Services (SMHS), in addition to short-term, 24-hour care and supervision to children experiencing mental health crisis. The County CFWB has the oversight of these facilities and establishes STRTP contracts for care and supervision while BHS establishes companion contracts for the provision of the SMHS. This program provides therapeutic behavioral health services for children and youth ages 6 to 21 with behavioral health conditions as a result of trauma. Services are provided countywide and include individual, family, and group psychotherapy, medication management, case management, rehabilitative services, Intensive Care Coordination, Intensive Home-Based Services, collateral support services, and crisis intervention services. All local STRTPs with an active contract and in good standing with CFWB obtain the ancillary Behavioral Health Services contract for SMHS. In FY 21-22, these STRTPs served a total of 372 unduplicated clients, of whom 217 were discharged. Among those discharged, 41% transitioned to a lower level of care and 85% avoided psychiatric hospitalization or re-hospitalization.

Today's action requests the Board authorize a single source contract with New Alternatives Inc. (Kenora) for STRTP for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend the contract as needed to reflect changes in services and funding. This qualifies for a single source contract based on Board Policy A-87 Competitive Procurement, Section 1D-6 Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge. If approved, today's action ensures efficient continuation of SMHS.

*e. School-Based Outpatient Behavioral Health Services*

On February 24, 2009 (8), the Board authorized the continuation of school-based contracts beyond their expiration dates based on school district choice. Subsequently, on January 24, 2017 (2), the Board authorized the single source procurement of School-Based Outpatient Behavioral Health Services program. The program provides culturally competent outpatient behavioral health services at designated schools, home, community, or office/clinic locations, as well as via telehealth. Services are provided countywide and include individual, group, and family therapy, case management, rehabilitative services, crisis intervention, medication management, as well as outreach and engagement to children and youth under the age of 21, and their families. The implementation of school-based mental health services began in 1995 with leadership oversight by the Board School Subcommittee. Beginning in 2002, the Board began awarding and extending school-based contracts through a single source process. The County has worked extensively with elementary, middle, and high schools, existing and potential providers, and consumers to create an infrastructure that ensures that entities selected to provide services on school campuses are the choice of the school districts. Over the years, this partnership has led to a system of care that emphasizes accessibility of behavioral health services at school campuses, with services tailored to the needs of the students and schools. Currently, BHS has 28 school-based contracts, 13 of which (Attachment A) will be renewed as part of today's actions. In FY 21-22, school-based programs served a total of 7,362 unduplicated clients. Of 4,777 discharged clients, 96% avoided psychiatric hospitalization or

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re-hospitalization. Additionally, over 71% of clients whose episode lasted 30 days or longer were referred to a prosocial activity at discharge.

Today's action requests the Board authorize single source contracts with existing contractors (Attachment A) for school-based behavioral health services for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed, and to amend contracts as needed to reflect changes in services and funding. These programs qualify for single source contracts to provide specialty mental health services based on Board Policy A-87 Competitive Procurement, Section 1D-6 Continuity: The procurement is for goods and/or services where continuity of services will provide efficiency or critical knowledge, and other providers of the good/ and/or services cannot provide similar efficiencies or critical knowledge. This collaboration and partnership between BHS and school districts has resulted in significant expansion of behavioral health school-based services where the contractors possess expertise, competencies, resources, and a partnership with the school that cannot be replicated. If approved, this ensures efficient continuation of school-based behavioral health services.

***Recommendation #3: Authorization to Amend to Extend***

***a. Placement Stabilization Services at Polinsky Children's Center (Contract #556401)***

On October 4, 2016 (1), the Board authorized the procurement of Placement Stabilization Services at Polinsky Children's Center (PCC). In collaboration with CFWB, this program supports the mental health needs of children and youth placed at PCC after removal from parent, guardian, caregiver, or other current living situation. This program is designed to identify mental health needs of children and youth ages 6 to 17 at PCC to ensure proper interventions are in place through a comprehensive behavioral health assessment. Services include assessment sessions, treatment planning, individual therapy, group therapy, rehabilitation services, case management, and crisis intervention. Most children and youth placed at PCC have experienced some form of trauma due to chronic abuse, exposure to violence, or recent placement disruption. The Placement Stabilization Services program identifies and supports emotional and behavioral needs of children and youth in order to enhance stability. In FY 2021-22, the program served a total of 137 unduplicated clients. Of the 135 clients that were discharged, 33% received group therapy services.

Today's action requests the Board authorize an extension of the current contract with New Alternatives, Inc. for the Placement Stabilization Services at Polinsky Children's Center up to December 31, 2024, and up to an additional six months, if needed.

***b. Breaking Down Barriers Initiative (Contract #559599)***

Pursuant to Admin Code 401, the County's Director of the Department of Purchasing and Contracting authorized the procurement of the Breaking Down Barriers program on February 1, 2019. The Breaking Down Barriers program aims to reduce mental health stigma. The program includes providing outreach, engagement, and education to persons who are members of unserved and underserved populations from culturally diverse populations. The program also creates effective collaborations with other agencies, community groups, client and family member organizations, and other stakeholders to support the program's mental health stigma

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

and discrimination reduction campaign. The target populations of this program include, but are not limited to Latino, African American, LGBTQ+, refugees, Middle Eastern, Asian/Pacific-Islander, and Native American. Services are provided countywide and include educational workshops and events, discussions of mental health, as well as outreach to unserved and underserved populations and linking them to appropriate mental health services and other resources. The program provides cultural humility/competency training to community members and providers who work with target populations. Academic research and program utilization data have shown that individuals from diverse communities often face unique challenges when accessing mental health services, including stigma, cultural barriers, and a lack of awareness of available resources. The program's workshops, events, and outreach efforts aim to reduce such barriers and improve the overall well-being of individuals in underserved communities.

In FY 2021-22, the program provided prevention/early intervention services to 6,340 participants. Additionally, a total of 232 community presentations and 118 group sessions provided, exceeding program goals. Among participants served by the program, 96% demonstrated an increased awareness of mental health resources, knowledge of factors leading to mental health stigma, and strategies to reduce and prevent mental health stigma. Today's action requests the Board authorize an extension of the current contract with Jewish Family Service for Breaking Down Barriers Services up to December 31, 2024.

*c. Behavioral Health Administrative Services Organization dba Optum (Contract #553848)*  
On August 4, 2015 (4), the Board authorized the procurement of the Behavioral Health Administrative Services Organization (ASO). The County Health and Human Services Agency has ongoing and evolving needs for the ASO program to support healthcare services, including specialty Pre-Paid Inpatient Plan (PIHP) requirements. Services include provision of Clinical Management Services to include a 24/7 Behavioral Health Access and Crisis Line (ACL), and utilization management activities, management of the BHS contracted Fee-for-Service Provider Network, provision of claims and billing support for in and out of network providers and facilities; provision of Management Information System support services, and provision of Credentialing and Medi-Cal Provider Enrollment Services. Today's action requests the Board authorize an extension of the current contract with United Behavioral Health for Optum Health Services up to June 30, 2027, and up to and additional six months, if needed. As local needs regarding CalAIM implementation are still evolving, approval of today's recommended action would allow for support in areas of specialty health plan and DMC-ODS requirements to align with payment reform and new medical necessity and documentation standards; and provision of centralized processes supporting health plan operations. Additionally, an extension of the contract term would allow for continued infrastructure and staffing of ongoing essential projects related to the mental health plan electronic health record and technological updates and expansion of the 9-8-8 Suicide and Crisis Lifeline.

*d. Behavioral Health Collaborative Court (Contract #551670)*

On November 16, 2021 (5), the Board authorized an extension to the contract term for Behavioral Health Collaborative Court. Behavioral Health Collaborative Court is a Full-

**SUBJECT: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)**

Service Partnership (FSP) and ACT team that provides clinical case management and mental health, substance-induced psychiatric disorder rehabilitation treatment, and recovery services to adults 18 years and older who are experiencing SMI. Participants must be referred via the San Diego County Superior Court. Services are provided countywide and include intensive court services and community supervision by the Superior Court and Probation Department, as well as mental health and co-occurring treatment services, including medication prescription and management, case management, and support in attaining stable housing and employment. Modeling this program based on the collaborative court has shown effectiveness in increasing success and decreasing recidivism as participants transition from custody to community. The program helps participants effectively manage SMI and co-occurring conditions, while preventing future criminal activity and reducing the burden and costs of repeatedly processing individuals with low-level, non-violent offenses through the nation's courts, jails, and prisons. In FY 2021-22, this program served 142 unique clients, of whom 76% showed improvement in their functional status and 48% showed improvement in their clinical status. Today's action requests the Board authorize an extension of the current contract for Behavioral Health Collaborative Court up to June 30, 2024, and up to an additional six months if needed.

***Recommendation #4: Execute Cooperative and Revenue Agreements***

***a. Department of Rehabilitation Cooperative Agreement***

On January 26, 2021 (11), the Board authorized the renewal of the Cooperative Agreement with the State Department of Rehabilitation (DOR). This agreement provides vocational services for adults over the age of 18 with SMI in achieving placement in competitive employment. Services are provided countywide through a contracted provider and include client assessment, short-term support services, and employment services. In FY 2021-22, the IPS model was implemented to support the BHS Supportive Employment Strategic Plan. In FY 2021-22, the program served a total of 153 unduplicated clients, of whom 71 individuals enrolled into the employment services program, 81 received employment preparation, 63 received support for job development and placement, and 27 received job placement.

Today's action requests the Board authorize execution of a revenue agreement with DOR for the employment services program for the period of July 1, 2024, through June 30, 2029, with an increase in revenue match dollars not to exceed \$0.4 million annually, and any amendments thereto, and future years' Agreements and amendments, provided terms, conditions, program services and funding are not materially impacted or altered. The current annual County cost for this program is \$240,948, a 33% percent revenue match that leverages State funding of \$473,631.

***b. Driving Under the Influence Program***

On October 19, 1999 (4), the Board authorized the extension of revenue agreements with the existing Driving Under the Influence (DUI) providers to continue each revenue agreement for as long as contracted provider is licensed by DHCS to provide DUI program services. The DUI programs are alcohol and other drug education and counseling programs for convicted first and multiple offenders. The programs are State regulated and licensed, and legislatively mandated for persons convicted of driving under the influence of alcohol or drugs. The program goals

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES (DISTRICTS: ALL)

are to reduce the incidence of DUI, DUI recidivism, and DUI-related crashes, injuries, and fatalities which are consistent with the Board's emphasis on addressing public health and public safety impacts of substance use and misuse. Under State law, the County is responsible for monitoring the DUI program and ensuring that providers comply with all State licensing requirements and remain fiscally viable, avoiding any lapse in service. The cost of the programs, including the County's role in administering and monitoring revenue agreements with State-licensed providers, is funded entirely by DUI program participant fees collected by the providers. The County may assess an amount not to exceed five percent of gross program revenue per year for the administration and monitoring of the programs per Title 9 Regulations. The current County revenue for the existing three DUI programs is 5% of gross DUI program revenue, approximately \$270,000 annually.

Today's action requests the Board authorize the increase of licensed DUI programs in San Diego County from three to four programs, with a new program to be in the North Inland region. Implementation of this additional program would improve availability of DUI program services in the region, as the former program in that region ended in 2021. Through competitive selection, the County will recommend a provider for licensing to DHCS, and subsequently enter into a Revenue Agreement with the DHCS Licensed Program. Today's action also requests authorization to amend the Revenue Agreement, as required, for changes in services and funding, subject to approval of the Agency Director, Health and Human Services Agency.

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

Today's proposed actions support the County of San Diego's (County) 2023-2028 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This is accomplished by reducing disparities and disproportionality of individuals with mental health and substance use conditions and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Interim Chief Administrative Officer

#### **ATTACHMENT(S)**

Attachment A - Behavioral Health Services List of Single Source Contracts

# **ITEM #14: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES**

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services

July 18, 2023



# Overview of Recommendations



## ***Recommendation 1: Issue Competitive Solicitations***

### **46 contracts**

- \$1.1 million in FY 2023-24
- \$150.1 million in FY 2024-25

## ***Recommendation 2: Single Source Contracts***

### **19 contracts**

- \$53.4 million in FY 2024-25

## ***Recommendation 3: Amend & Extend Contracts***

### **4 contracts**

- \$2.5 million in FY 2023-24
- \$35.6 million in FY 2024-25

## ***Recommendation 4: Execute Cooperative & Revenue Agreements***

### **2 agreements**

- \$0.1 million in FY 2023-24
- \$0.5 million in FY 2024-25

# Recommendation 1: Issue Competitive Solicitations



*Competitive solicitations for 46 contracts across five categories*



## **Services for Children and Families**

6 contracts



## **Services for Individuals Experiencing Homelessness**

5 contracts



# Recommendation 1: Issue Competitive Solicitations



## **Services for Individuals with Justice Involvement**

3 contracts



## **Residential and Outpatient Substance Use Treatment**

24 contracts



## **Support Services**

8 contracts

# Recommendation 2: Issue Single Source Contracts



## **School-Based Outpatient Behavioral Health Services**

13 contracts



## **Short Term Residential Therapeutic Programs**

1 contract



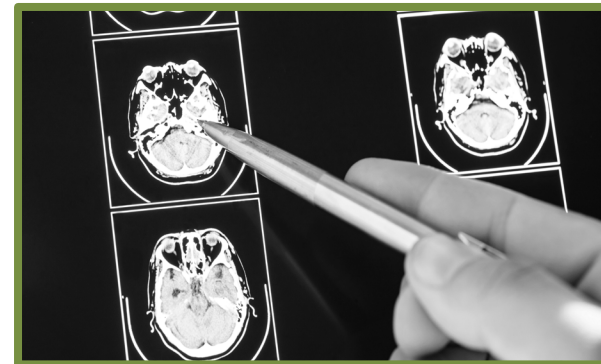
## **Skilled Nursing Facilities**

2 contracts



## **Medi-Cal Managed Care Psychiatric Inpatient Hospital Services**

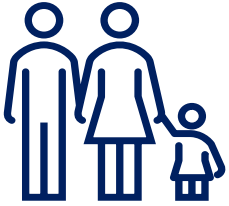
2 contracts



## **Electroconvulsive Therapy Services**

1 contract

# Recommendation 3: Amend to Extend Contracts



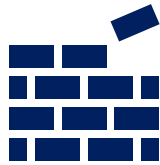
## Placement Stabilization Services

- Extend up to December 31, 2024, and up to additional six months if needed.



## Behavioral Health Administrative Services

- Extend contract term up to June 30, 2027, and up to additional six months if needed.



## Breaking Down Barriers Initiative

- Extend contract term up to December 31, 2024



## Behavioral Health Collaborative Court

- Extend contract term up to June 30, 2024, and up to additional six months if needed.

# Recommendation 4: Execute Agreements



## **Cooperative Agreement with State Department of Rehabilitation**

Vocational services and support in achieving placement in competitive employment for adults experiencing serious mental illness

- Renew revenue agreement from July 1, 2024 through June 30, 2029
- Increase in revenue match dollars not to exceed \$0.4 million annually

## **Revenue Agreement for Driving Under the Influence Program**

Licensed by State Department of Health Services for provision of DUI programs

- Increase licensed DUI programs in San Diego County from three programs to four
- New program to be in the North Inland region

# Recommendations



1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize competitive solicitations for behavioral health services.
2. In accordance with Board Policy A-87, authorize single source contracts for behavioral health services.
3. In accordance with Board Policy A-87, authorize amendments to contracts to extend contract terms and expand services.
4. Authorize the Agency Director, Health and Human Services Agency, upon receipt, to execute the cooperative and revenue agreements.

# **ITEM #14: AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE CONTRACTS, AMENDMENTS TO EXTEND EXISTING CONTRACTS, AND COOPERATIVE AND REVENUE AGREEMENTS FOR BEHAVIORAL HEALTH SERVICES**

Eric C. McDonald, MD, Interim Agency Director, Health and Human Services Agency  
Luke Bergmann, PhD, Director, Behavioral Health Services

July 18, 2023



## Link to the document

# Supporting Positive Mental Health in Early Childhood

Supporting positive mental health in early childhood is critical to mental and physical health outcomes later in life. One of the best ways to [prevent the long-term effects of adverse childhood experiences](#) (ACEs) is by [fostering responsive relationships](#) between caregivers and children. Since early childhood mental health is inextricably linked to caregiver mental health, caregiver mental illness is considered an ACE.

While stress and traumatic events in early childhood are associated with negative mental health status in adulthood, children whose [mothers report positive mental health](#) are less likely to develop mental health and behavioral disorders later in life, highlighting the importance of interventions and support for positive caregiver mental health. It's estimated that approximately [44% of adult depressive disorders](#) could be prevented with the elimination of ACEs.

State, territorial, and freely associated state health organizations have an important role in safeguarding positive mental health in young children and their caregivers. Support for programs and [policies that encourage positive mental health](#) in early childhood and provides support for parents and caregivers to have the best chance to improve mental health across the life course. Caregiver and family interventions are critical components of effective mental health therapies for young children.

## National Efforts to Improve Early Childhood Mental Health Outcomes

Recent research and headlines about the early childhood mental crisis have spurred national, state, and local action. The federal government issued a recent letter to states, tribes, and jurisdictions outlining a national plan to align state-level coordination across federal funding streams [to advance and expand mental health services for children](#). The letter describes opportunities for states to address the rise in diagnoses of mental illness in children from 3-17 years old, including leveraging the HRSA [Title V Maternal and Child Health Services Block Grant](#), the Substance Abuse and Mental Health Services Administration's (SAMHSA) [Community Mental Health Services Block Grant](#), and the Administration for Children and Families' [Title IV-E Prevention Program](#). It also suggests states coordinate and fully utilize mental and behavioral health services and programs covered by Medicaid.

SAMHSA's [Infant Early Childhood Mental Health](#) (IECMH) grant program also supports mental health in early childhood. IECMH designs programs that serve children at risk of developing or those showing early signs of having a diagnosis of mental illness to improve mental health outcomes for children from birth through age 12. Strengthening caregiver mental health is an important goal of the IECMH through multigenerational therapy and other services that aim to strengthen caregiving relationships. From 2019 – 2021 alone, over 9,000 young children and caregivers received evidence-based mental health and related services through IECMH. For more information, health agencies can connect with the national center that [provides technical assistance to increase mental health consultations](#) throughout the country.



## State Examples

In 2019, in **New York state**, several state agencies collaborated to create new behavioral health services available for any child aged 0-21 eligible for Medicaid and meeting medical necessity guidelines. These [Children and Family Treatment and Support Services](#) were designed to deliver services in the community where it works best for families and children. This approach helps overcome barriers such as access to transportation and childcare for other children. Authorized under [Early and Periodic Screening, Diagnosis and Treatment](#) benefit, these services include family and youth peer support, therapy, rehabilitation, and crisis intervention.

**Tennessee's** Department of Mental Health and Substance Abuse Services manages the new [Behavioral Health Safety Net for Children](#), which provides mental health services to children aged 3-17 who are uninsured or underinsured for behavioral health conditions. As of 2021, services available include but are not limited to assessment and evaluation for a behavioral health concern, individual and family therapeutic intervention, care management, peer support services, transportation, and psychiatric medication management. Administered through community mental health agencies, participants have access to an outreach coordinator and referrals to other behavioral health payor sources.

In July 2022, **Colorado** established the [Department of Early Childhood](#) to unite Colorado's early childhood systems and support the health and well-being of all of Colorado's children, their families, and early childhood professionals. The department [supports social-emotional development](#) and mental health through early childhood mental health consultants for providers, parents, and caregivers. The Colorado Early Childhood Mental Health Specialists program focuses on early identification and treatment to help early care providers create environments that support mental health and well-being among children and families. The department also houses the [Colorado Early Childhood Mental Health Support Line](#) for parents and caregivers searching for information related to early childhood mental health. It offers videos, print materials, and additional resources to raise awareness and support families' learning and understanding of mental health.

## Recommendations for State and Territorial Health Agencies

- Recognizing that rates of early childhood mental health disorders have increased in recent years, assess the status of statewide early childhood mental health. Consider looking for county and township-level trends, if possible.
- Expand child mental health outpatient and crisis services in Medicaid. Gathering data on the effectiveness of these services can help make the case with private health plans to cover similar services and further bolster the mental health system.
- Engage youth and caregivers in formulating new policy and programming ideas. Ensure that families and caregivers are included in mental health service provision.
- Encourage collaboration among state agencies and public and private partners to participate in federal early childhood and caregiver mental health programs such as SAMHSA's [Project LAUNCH](#), [Indigenous Project LAUNCH](#), and IECMH.
- Work with state Medicaid agencies to promote innovative financing arrangements for early childhood mental health services.

As rates of early childhood and caregiver mental health concerns continue to increase and [access to mental health providers is increasingly diminished](#), health agencies have a responsibility to use available mechanisms to support positive early childhood and caregiver mental health.

*This publication was prepared with funding support from the Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.*



[Link to the document](#)



## July 2023 Update



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## A Message from CYBHI Director Melissa Stafford Jones

July is [National Minority Mental Health Awareness Month](#). It's an opportunity to highlight the mental health disparities faced by Black communities, indigenous communities and communities of color; the inequities they experience in accessing quality care; and the need for our behavioral health system to be more culturally responsive, linguistically accessible and representative of the people it serves.

The [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) is working to transform our systems to address these kinds of inequities by embracing ideas that work. From announcing the first set of grants from the [Evidence-Based and Community-Defined Evidence Practices \(EBP and CDEP\) Grant Program](#) to launching a new [webinar series](#) sharing information on new tools, resources and practices to support student mental health and wellbeing, we're identifying, sharing and scaling successful practices that create better outcomes for all Californians.

Shared values and collaboration make transformation possible. I saw this first-hand at the **Cross-Sector Collaboration for Children and Youth Behavioral Health in East Kern County**, co-hosted by CYBHI and Kern County Superintendent of Schools Office. Local, county and state agencies came together to improve student behavioral health, integrating their efforts and exploring how they can use tools and resources from CYBHI and the state's Community Schools investments.

I also want to highlight Governor Newsom's [recent \\$47 million commitment](#) to create green spaces in California schools. Along with protecting our kids from extreme heat, these spaces can serve as accessible spaces to belong, create, and connect to the outdoors, a key call to action made by young people, families and communities in the CYBHI's [Youth at the Center Report](#).

The work of CYBHI is made possible by the incredible creativity, resourcefulness and commitment of our partners across sectors in every part of the state. Thank you for sharing your ideas and efforts to better serve California children, youth and families.

In Partnership,

Melissa Stafford Jones  
Director, Children and Youth Behavioral Health Initiative

## Current Funding Opportunities

### **Scholarship - Behavioral Health Scholarship Program (HCAI)**

**Application due by 3 p.m., August 15, 2023.**

Applications are open for the Behavioral Health Scholarship Program, which aims to increase the number of appropriately trained allied and advanced behavioral health professionals providing direct patient care and support individuals pursuing behavioral health careers in reproductive health settings. Information is available on HCAI's Behavioral Health Scholarship Program [webpage](#).

### **Repayment - California State Loan Repayment Program (HCAI)**

**Application due by 3 p.m., September 15, 2023.**

Applications are open for the California State Loan Repayment Program, which is focused on increasing the number of mental/behavioral health providers, primary care physicians, dentists, dental hygienists, physician assistants, nurse practitioners, certified nurse midwives and pharmacists practicing in federally designated [California Health Professional Shortage Areas](#). Information on eligibility and how to apply can be found on the [California State Loan Repayment Program webpage](#).

## Spotlights

### **California Awards \$30.5 Million to Support Caregivers & Meet Kids' Mental Health Needs**

On July 6, 2023, the State of California announced \$30.5 million in grants to 63 organizations to help develop and scale evidence-based and community-defined practices (EBP & CDEP) supporting family caregivers. Overseen by the Department of Health Care Services (DHCS) and funded through CYBHI, the \$429 million EBP & CDEP Grant Program seeks to identify and scale successful practices that improve access to critical youth behavioral health interventions — including prevention, early intervention and resiliency/recovery — with a specific focus on children and youth who are Black, indigenous, people of color and/or LGBTQ+. ([Click Here to View](#))

## Stories From the Field: Helping Parents to Help Kids

Our schools are vital community resources, going beyond academics to help meet a wide range of needs for our children. But to effectively support young people, they also have to meet the needs of the adults in their lives. In this month's composite Story From the Field from the Social Changery, discover how one Northern California school helped create healthier environments for their students by supporting the mental health needs of their parents and caregivers. ([Click Here to View](#))

## California Surgeon General Launches New Trauma-Informed Training

On July 12, the Office of the California Surgeon General (OSG) launched a new trauma-informed training designed to help educators, school personnel and early care providers respond to trauma and stress in children. [Safe Spaces: Foundations of Trauma-Informed Practice for Educational and Care Settings](#) was developed in collaboration with experts in education, youth mental health and Adverse Childhood Experiences (ACEs) research. The training is free, accessible online and available in English and Spanish. [Access the partner toolkit.](#)

## Updates

- [Youth Are the Key to Reimagining California's Approach to Mental Health](#) by Youth Advocate & Advisor Kassy Poles and CalHHS Secretary Dr. Mark Ghaly (Capitol Weekly)

## Upcoming Meetings and Participation Opportunities

### **August 9, 2023 – 2-4:30 p.m. – Webinar for LEAs/COEs, BH Providers and Plans and Community Partners – Safe Spaces: Trauma Informed Training for Educators**

Learn about new, free resources school districts can leverage to train educators and school staff with tangible strategies for supporting students and creating trauma-informed spaces. This webinar is presented as part of CYBHI's *Leveraging and Aligning Opportunities to Advance and Sustain School Mental Health* series. To attend, please visit the [registration page](#).

**August 30, 2023 – 2-4:30 p.m. – Webinar for LEAs/COEs, BH Providers and Plans and Community Partners – CYBHI Fee Schedule and Partnership Capacity Grants: Part 1**

Find out about a new opportunity for schools to receive increased sustainable funding to support student mental health and wellness services, working together with cross-sector partners. This webinar is presented as part of CYBHI's *Leveraging and Aligning Opportunities to Advance and Sustain School Mental Health* series. Registration information will be available on [CYBHI's Events & Funding Opportunities Webpage](#).

## Stay Engaged

CYBHI welcomes all input. To learn more about the CYBHI and to sign up to receive regular updates and engagement opportunities, please visit the [CYBHI webpage](#).

To contact CYBHI or engage on workstream-specific topics, please visit our [Contact Us page](#).

## [View Past Updates & Webinars](#)

## About the CYBHI

The [Children and Youth Behavioral Health Initiative \(CYBHI\)](#) is a five-year, \$4.7 billion initiative that is transforming the way California supports children, youth and families. Built on a foundation of equity and accessibility, the CYBHI works to reimagine a more integrated, youth-centered system that meets the needs of all young people, particularly those who face the greatest systemic barriers to wellness. The initiative's goal is to enable California kids to find support for their mental health and substance use needs where, when and in the way they need it most. The initiative's efforts are created for and by young people and families. Together with partners across sectors and systems, we are meeting young people where they are – such as schools, college campuses and other learning environments – to provide access to mental health and substance use services and supports.

# Leveraging and Aligning Opportunities to Advance and Sustain School Mental Health

**CYBHI**  
Children and Youth  
Behavioral Health Initiative



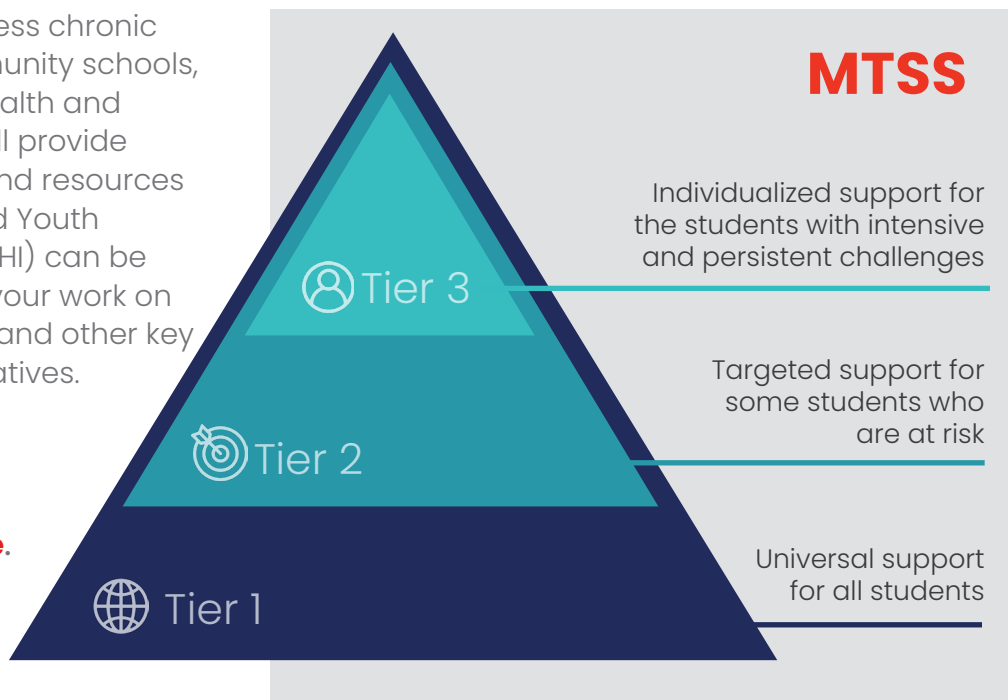
New Webinar Series for LEAs, COEs, County BH, CBOs, Managed Care Plans and Others Working to Improve Student Mental Health and Wellbeing

**Learn about how you can use and apply new tools and resources to support student mental health and wellbeing.**

As LEAs continue efforts to address chronic absenteeism, implement community schools, and improve student mental health and wellbeing, this webinar series will provide information on how new tools and resources through the State's Children and Youth Behavioral Health Initiative (CYBHI) can be incorporated and aligned with your work on MTSS, PBIS, Community Schools and other key education frameworks and initiatives.

**Register to join the August 9 webinar [here](#) and additional registration links will be available on the [CYBHI website](#).**

Hear from other LEAs/COEs and partners from throughout the state, as well as state officials and subject matter experts.



## **August 9, 2 pm – 4:30 pm: Safe Spaces: Trauma Informed Training for Educators (MTSS Tier 1)**

New, free resources school districts can leverage with tangible strategies to create trauma-informed spaces.

## **August 30, 2 pm – 4:30 pm: CYBHI Fee Schedule and Partnership Capacity Grants: Part 1 (MTSS Tiers 1-3)**

New opportunity for schools and their partners to receive increased sustainable funding to support student mental health services.

## **September 20, 2 pm – 4:30 pm: Strengthening SEL, Wellbeing, Mindfulness, and Resilience (MTSS Tier 1)**

New communities of practice, funding, and tools available to strengthen MTSS/PBIS Tier 1 strategies for student behavioral health and wellbeing,

including insights from partnership approaches with health insurance plans.

## **October 18, 2 pm – 4:30 pm: Wellness Coaches (MTSS Tiers 1-2)**

New Wellness Coach role and the why/what/when/how for how you can consider adding Wellness Coaches to supplement your behavioral health teams and increase access to supports for students.

## **November 29, 2 pm – 4:30 pm: Virtual Services Platform (MTSS Tiers 1-2)**

New app being developed to connect youth and families with information and self-management tools, online coaching supports, and services in the community and how schools can integrate the app into their system of behavioral health supports for students.

## [Link to the full document](#)



DEPARTMENT OF HEALTH CARE SERVICES

## Evidence-Based and Community-Defined Evidence Practices Grants

### Announcements

#### Round One: Parent and Caregiver Support Programs and Practices

**ROUND 1 AWARD DETAILS:** DHCS is awarding \$30.5 million to 63 entities for the eighteen-month grant period. Awardees will be required to complete contract deliverables, implement identified practices, and report on program outcomes resulting from the grant awards. EBP and CDEP practice models funded under this opportunity include, but are not limited to: Positive Parenting Practices, Incredible Years, Healthy Steps (Medi-Cal Dyadic Services Benefit), Parent Child Interaction Therapy, Effective Black Parenting Program, Positive Indian Parenting, and a variety of other community-defined parenting support programs.

In selecting grant awardees, DHCS considered a variety of factors, including, but not limited to, demonstrated need as indicated by the Healthy Places Index, ability to meet outcome objectives for populations of focus (POF), ability to provide culturally relevant and responsive services to POF, overall estimated impact of the award, statewide geographic distribution of grants, practice model type, populations served, and sustainability pathways.

### Background

In line with its legislative mandate (see [W&I Code section 5961.5](#)), DHCS will distribute \$429 million in grants to organizations seeking to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral health (BH) based on robust evidence for effectiveness, impact on racial equity, and sustainability. By scaling EBPs and CDEPs throughout the state, DHCS aims to improve access to critical behavioral health interventions, including those focused on prevention, early intervention, and resiliency/recovery for children and youth, with a specific focus on children and youth who are from either or both of the following groups: Black, Indigenous, and People of Color (BIPOC) and the LGBTQIA+ community.

Through an extensive community engagement process, DHCS selected a limited number of EBPs and CDEPs, to consider for scaling throughout the state. DHCS' [Grant Strategy Overview document](#) highlights its overall strategy for scaling up EBPs and CDEPs across multiple funding rounds that will be announced in 2023.

### Grant Round Information

Grant Round	Release Date	Deadline	Status	Resource Links	Award Announcements
Round 1: Parent and Caregiver Support Programs and Practices	December 1, 2022	January 31, 2023, 5:00 p.m.	Closed	<a href="#">RFA PDF</a> <a href="#">FAQ Document</a>	<a href="#">July 6, 2023</a>
Round 2: Trauma-Informed Programs and Practices	February 9, 2023	April 10, 2023, 5:00 p.m.	Closed	<a href="#">RFA PDF</a> <a href="#">FAQ Document</a>	August 31, 2023 (Updated)
Round 3: Early Childhood Wraparound Services	August 2023 (TBA)				
Round 4: Youth Driven Programs	August 2023 (TBA)				
Round 5: Early Intervention Programs and Practices	(TBA)				
Round 6: Community Defined Programs and Practices	(TBA)				

Last modified date: 7/28/2023 11:08 AM





# County of San Diego

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**PATTY KAY DANON**  
CHIEF OPERATIONS OFFICER

July 28, 2023

TO: Behavioral Health Advisory Board (BHAB)

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

## **BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – AUGUST 2023**

### **BHS YOUTH PROGRAMS AND SERVICES UPDATES**

#### **ACCOMPLISHMENTS AND ANNOUNCEMENTS**

##### **SchoolLink**

A critical partnership between the County of San Diego (County) and local school districts, SchoolLink, is aimed at delivering County-funded behavioral health services in selected schools throughout the regions. BHS serves approximately 50% of the schools in San Diego County, offering over 380 school-based programs in 29 districts. School sites are determined based on collaboration with the school through a request for services and penetration of Medi-Cal/ uninsured students identified on campus. SchoolLink provides a platform for providers to coordinate with school staff to meet with students at their schools and to empower students to thrive academically, emotionally, and socially. In addition to therapeutic services (individual and group) conducted on-site at schools, students also have access to an array of services at community-based locations and through connections to other resources in their community. BHS providers connect with their school partners each August and September to schedule annual SchoolLink meetings for planning and coordination of on-site services to be provided during the upcoming school year.

##### **Teen Recovery Centers Early Intervention Services**

Beginning in Fiscal Year (FY) 2022-23, Early Intervention (American Society of Addiction Medicine [ASAM] Level 0.5) services are offered at each of the seven regional Teen Recovery Centers (TRC). Early Intervention services are intended for youth and young adults who are at risk for developing substance-related conditions. These services are offered through the TRC main facilities and at Drug Medi-Cal (DMC)-certified school sites, and are available to adolescents up to age 21, regardless of income, Medi-Cal eligibility, and insurance coverage. Early Intervention services include screening and assessment, education on substance use and refusal skills, and introduction to prosocial activities. Evidence-informed curricula are used by each TRC for individual and group Early Intervention services. Service duration varies from one to multiple sessions, depending on individual and family needs.

##### **Screening to Care**

The Board of Supervisors (Board) dedicated American Rescue Plan Act (ARPA) funding to pilot a Screening to Care program to provide prevention and early intervention (PEI) supports to middle school students. Beginning in August of 2021, BHS partnered with San Diego County

school districts to develop a screening program that would systematically identify youth needs. This is a new program with the overarching goal of universal screening of middle school students to determine social-emotional needs and provide PEI supports utilizing the Multi-Tiered System of Supports (MTSS) Framework, which provides primary supports for the entire school, secondary supports for those students that need extra assistance in meeting academic and behavioral goals, and tertiary support for those students that need more formal, individualized interventions. The program design utilizes contractors to provide these services in partnership with participating school districts throughout the county. As of February 2023, the County completed contract procurements for four of the five service areas to deliver the Screening to Care services. The remaining service area (North Coastal) is expected to have an effective service start date of October 2023.

### **School-Based PEI**

Beginning in FY 2016-17, BHS established a school-based PEI program as a regional, County service to provide screening, early identification, and early intervention for at-risk children in the identified public elementary schools. The program is designed to promote emotional and social competence, and to prevent, reduce, and treat aggression and emotional problems in young children delivering social/emotional mental health PEI services to families and their children in preschool through 3<sup>rd</sup> grade who may be at risk of school failure, who are beginning to exhibit behavioral and/or emotional issues, who may be in families experiencing high stress, and/or are from underserved cultural populations. Utilizing the evidence-based Incredible Years (IY) model and curriculum, the program completes the IY training series, which is a set of three comprehensive, multifaceted, and developmentally based curricula for parents, teachers, and children. The program also utilizes a culturally appropriate Family Community Partnership (FCP) model that conducts outreach and behavioral health prevention activities utilizing parent-peer partners based on a *promotora* model. The six PEI contracts were reprocured for FY 2022-23 and are divided across all county regions and administered by five different contractors.

### **Creating Opportunities in Preventing and Eliminating Suicide**

The Mental Health Student Services Act (MHSSA) was passed in 2019 to establish partnerships between County Behavioral Health Departments and County Offices of Education or other local education entities (LEAs) in order to expand mental health services to students across the State of California. In December 2021, through the Mental Health Services Oversight & Accountability Commission (MHSOAC), BHS was awarded \$6 million in MHSSA grant funding which supports the current Creating Opportunities in Preventing and Eliminating Suicide (COPES) program with the San Diego County Office of Education (SDCOE) as the lead agency. Additionally, on August 16, 2022 (7), the County Board of Supervisors approved the acceptance of additional \$1.1 million in MHSSA grant funding.

COPES aims to build the capacity of participating LEAs to support school communities that champion mental wellness. The program focuses on: stigma reduction; suicide prevention, intervention and post-intervention; professional development; programming for educators, staff, students, and families; developing coordinated referral pathways for students needing mental/behavioral health services; and building staff and student wellness resiliency. The LEAs collectively serve over 334,600 students in 470 San Diego County schools. In its first year, each LEA designated a COPES liaison to partner with SDCOE to become subject matter experts in mental health promotion and suicide prevention. To enhance efforts on student health and wellness, COPES implemented “calming corners,” and provided calming corner kits to 466 San Diego County schools. Additionally, 25 LEAs have committed to implementing peer programming over the next three years at 180 elementary, middle, and high schools.

### **Intensive Outpatient Program**

BHS will be posting a competitive procurement for an Intensive Outpatient Program (IOP) which offers diagnostic and clinical treatment services in a structured and therapeutic environment that is time limited (approximately 6-8 weeks) with the goal of stabilization, skill building, and medication management. Services will be offered through a Day Intensive Half (DIH) program for children/youth up to age 21 with similar clinical needs. Services will include individual, family, and group sessions. The typical attendance for youth is three times per week after school hours. Referrals will primarily be from outpatient providers when intensive services are needed such as Partial Hospitalization Programs (PHP) as a step-down plan with a slower transition, Emergency Screening Units (ESU) to prevent inpatient hospitalization, and/or inpatient hospitals as a recommended step down from an acute setting. An industry day was held on May 25, 2023, to obtain input on an optional program model.

### **Partial Hospitalization Program**

BHS will be posting a competitive procurement for a PHP, which is a non-24-hour, time-limited (approximately two weeks) treatment program that is hospital-based, or community-based in a structured setting. PHPs offer diagnostic and clinical treatment services in a therapeutic environment with the goal of stabilization, skill building, and medication management. Services will be offered through a Day Intensive Full (DIF) program Monday to Friday, inclusive of educational instruction for children/youth up to age 21 with similar clinical needs (i.e., mental health and substance use). Services will include individual, family, and group sessions. Referrals will primarily be from inpatient hospitals as a step down, ESUs to prevent inpatient hospitalization, and/or IOPs when higher level of care is needed. An industry day was held on May 25, 2023, to obtain input on an optional program model.

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

California Assembly Bill 153 (Chapter 86, Statutes of 2021), signed into law in July 2021, mandated the creation of the Children's Crisis Continuum Pilot Program to be jointly implemented by the California Department of Social Services and the Department of Health Care Services. This pilot program provides a framework for a highly integrated continuum of care for foster youth with high acuity needs to be modeled across California. The purpose of the Children's Crisis Continuum is to fully integrate the system of care for foster youth enabling a seamless transition between service settings and to provide stabilization and treatment to foster youth with high acuity needs within the least restrictive setting possible. The County was awarded \$8.5 million in grant funding to support the pilot program over the first five years. BHS in collaboration with the County's Child and Family Well-Being (CFWB) and Probation departments, is working to initiate several new services as part of the pilot program, including care coordination services to include linkages to resources and ease of transition of services across levels of care, including to the Children's Crisis Residential Program. CFWB is also including 16 Intensive Services Foster Care (ISFC) beds in the pilot.

### **LGBTQ+ Performance Improvement Project**

Each year, as part of the BHS external quality review process, BHS engages in a clinical Performance Improvement Project (PIP) aimed at addressing specific programming and service needs. Increasing therapeutic support for youth and young adults who identify as sexual and gender minorities through group/family therapy is the Mental Health PIP for the 2022-2024 period. Approximately 8% of youth receiving CYF system of care services identify as LGBTQ+. Both national and local data indicates that these youth have a higher risk for poor mental health outcomes than youth who identify as heterosexual/cisgender. For example, they are more likely to attempt suicide, and have higher rates of crisis service and inpatient hospitalization use.

On March 2, 2023, Responsive Integrated Health Solutions (RIHS), in partnership with BHS and the University of California San Diego Child and Adolescent Services Research Center (UCSD-

CASRC), held a training for providers working in the CYF system of care to increase providers' knowledge and skill in providing affirming therapeutic support for youth who identify as LGBTQ+ and are receiving services across the San Diego County system of care.

Approximately 170 providers attended the training. Additionally, the It's Up to Us LGBTQ+ resource pages were updated to include additional LGBTQ+ resources in a more user-friendly format. These resources can be found on the It's Up to Us webpage at the following link: <https://up2sd.org/resources?list=lgbtq>. From October 27, 2022, to April 27, 2023, there were 618 unique page views, a 488.6% increase from the previous reporting period (10/27/22-1/27/23). The upcoming Spring 2023 Youth Services Survey results will be utilized to examine if these interventions have made an impact in the quality of care provided to LGBTQ+ youth and young adults.

### **Group Therapy PIP**

For the 2023-2025 period, the identified focus of the PIP is to enhance access to, and utilization of, group therapy as a treatment modality. To increase the utilization of group therapy among CYF providers, BHS is collaborating with UCSD-CASRC in working with CYF's school-based contractors. The primary objectives of this PIP are to promote the expansion of workforce development and ensure training and support for increased use of group modalities. Additionally, the project aims to offer more community- and school-based group therapy options for youth in San Diego County.

### **Youth Development Academy**

In October 2020, California Governor Newsom signed Senate Bill 823 which includes establishing a process for the closure of the Division of Juvenile Justice (DJJ) by June 30, 2023, and the transition of youth offenders to local county jurisdictions. Under the California Health and Human Services Agency, the newly created Office of Youth and Community Restoration has been overseeing the transition of youth offenders from state to local custody. Through a comprehensive local planning process with BHS, the County Probation department, and several other partners and stakeholders, the various needs of these youth were examined, and an all-inclusive program was developed. Generally, the cohort of youth are older (age 16 to 25 years), have committed serious crimes, have a history of substance use, and often come with a history of adverse childhood experiences, trauma, school and home instability. These youth are expected to be detained anywhere from two to seven years and require treatment which is inclusive of family and community engagement as well as educational and vocational learning, reintegration, and successful reentry.

BHS and Probation entered a Memorandum of Understanding (MOU) in January 2023, and BHS has since been providing mental health services inclusive of assessments, individual treatment, family engagement and therapy, group therapy, psychiatric assessment, and medication management as clinically indicated. In the first six months (as of June 30, 2023) staff have provided over 63,000 minutes of mental health services to 46 youth in this program.

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

The Children and Youth Behavioral Health Initiative (CYBHI) is a five-year, \$4.7 billion initiative and key component of Governor Newsom's Master Plan for Kids, established as part of the Budget Act of 2021. CYBHI promotes social and emotional well-being, prevention of behavioral health challenges, and seeks equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs of children and youth through age 25. The CYBHI focuses on four strategic areas: Workforce Training and Capacity; Behavioral Health Ecosystem Infrastructure; Coverage for Services; and Public Awareness. These strategic areas align with the priorities of the CYF BHS system of care (CYFBHSSOC) council. CYBHI updates

are included in the CYFBHSSOC council meeting agendas and meeting packets as informational items that promote CYF system of care advancements.

- Additional Information on CYBHI can be found at the following link: <https://cybhi.chhs.ca.gov/>.
- Information on the Master Plan for Kids can be found at the following link: [https://cybhi.chhs.ca.gov/wp-content/uploads/2023/04/KidsMentalHealthMasterPlan\\_8.18.22.pdf](https://cybhi.chhs.ca.gov/wp-content/uploads/2023/04/KidsMentalHealthMasterPlan_8.18.22.pdf)

### **TAY Substance Use Residential**

Episcopal Community Services (ECS) was awarded the TAY substance use (SU) residential treatment program contract in October 2022 to provide 15 beds, including residential and withdrawal management beds. ECS identified a location in the City of San Diego and has a projected start for fall of 2023.

### **TAY SU Outpatient**

Union of Pan Asian Communities (UPAC) was awarded the TAY SU Outpatient Treatment Program (Expanding Horizons) contract in October of 2022. Contracted services include group counseling, individual counseling, urinalysis testing, Medication Assisted Treatment (MAT), artistic expression groups, and prosocial activities. UPAC is finalizing its facility remodel in the Rolando Park neighborhood of San Diego with an open house planned for September 2023. The program has collaborated with the Urban Street Angels' "Just Be You" TAY program to provide SU services to its clients as well as conducted outreach presentations for Probation, the TAY Council, and leadership at Pathways programs.

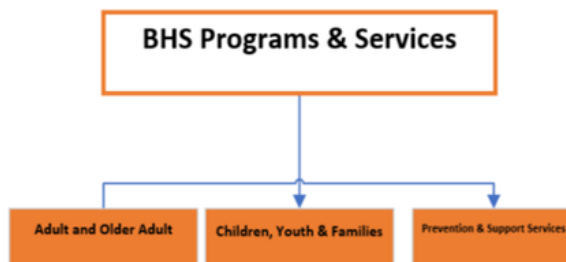
## **BHS REORGANIZATION PROGRAMS AND SERVICES UPDATE**

Since November 2021, BHS has steadily and strategically moved forward efforts to restructure to align with other large healthcare organizations to better achieve our mission of ensuring San Diegans have access to high-quality behavioral health services. With this next step, we are continuing our transformation that will help us further the Triple Aim – better experience of care, improved health of populations and lower cost per capita.

### **Programs and Services Overview**

Led by Chief Program Officer and Assistant Director of Department Operations, Cecily Thornton-Stearns, Programs & Services is the largest BHS unit and designs, develops, and provides oversight to a large network of behavioral health services and supports to fulfill our role as a health plan, public health entity, and direct service provider. The Programs & Services portfolio is comprised of nearly 300 Programs, providing services in 400+ service locations, including 13 County operated programs. The Programs & Services unit is comprised of nearly 450 staff, including both direct services and administrative positions.

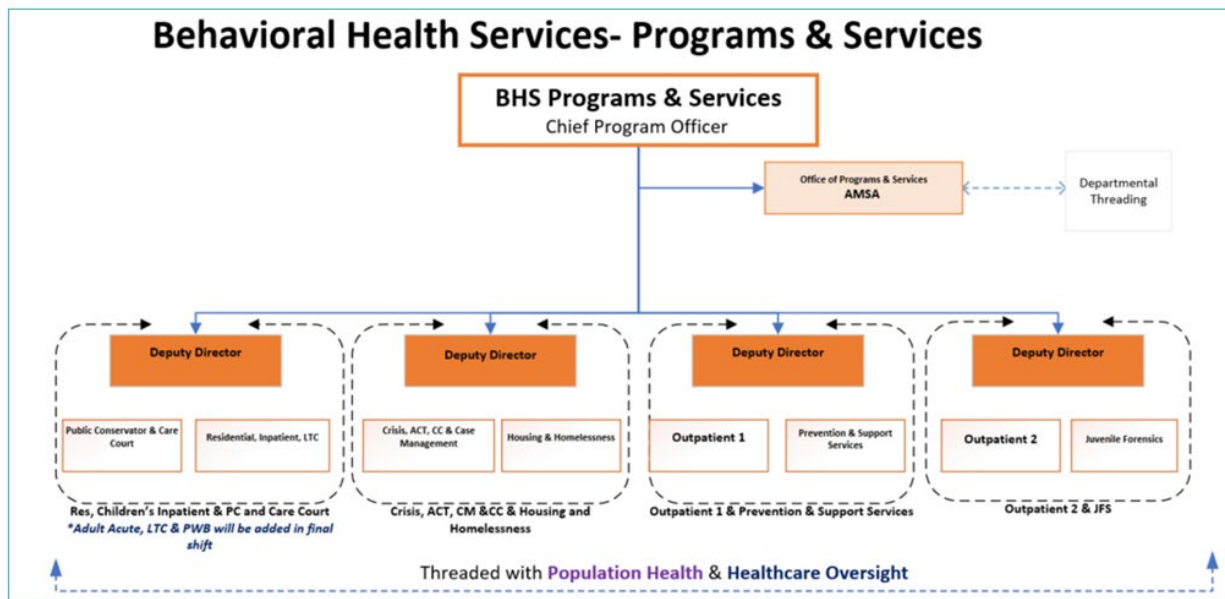
### **Behavioral Health Services- Programs & Services Current**



The BHS Programs & Services unit has historically been comprised of three teams: Adult and Older Adult (AOA), Children Youth & Families (CYF), and Prevention and Support Services (PSS). This structure will shift in the first phase of the Programs & Services unit re-org.

### Oversight of Service Lines

The first phase of the Programs & Services unit reorganization establishes eight distinct service lines which will be initially consolidated under four Deputy Directors, while additional critical leadership positions are being filled. This shift will narrow the COR teams' focus to distinct service line portfolios, enhancing oversight, alignment, and subject matter expertise to facilitate the design, development, and delivery of high quality, cost-effective and efficient behavioral health programs and services.



### Establish eight distinct programs & services teams consolidated under four deputy directors:

- A. Under the leadership of **Deputy Director Piedad Garcia**, consolidate the following:
  - **Crisis, ACT, Care Coordination and Case Management** – Includes Assertive Community Treatment (ACT) programs, County-operated case management and enhanced care coordination, recovery and bridge services, Crisis Stabilization Units (CSU), Psychiatric Emergency Response Teams (PERT), and Mobile Crisis Response Teams (MCRT).
  - **Housing and Homelessness** – Includes Augmented Services Programs (ASP) Adult Residential Facilities (ARF) and Residential Care for the Elderly (RCFE), homeless outreach, Community Harm Reduction Teams (C-HRT) and Safe Havens, housing navigation services, housing vouchers, Mental Health Services Act (MHSA) housing developments, units and vouchers, and development of the 5-year Strategic Housing Plan.
- B. Under the leadership of **Deputy Director Yael Koenig**, consolidate the following:
  - **Outpatient 2** – Includes children's school-based mental health services, therapeutic behavioral services, outpatient substance use disorder (SUD) programs, Pathways to Well-Being, and Continuum of Care Reform (CCR).
  - **Juvenile Forensic Services** – Juvenile forensic services are County-operated programs that include Stabilization, Transition, and Treatment Team (STAT) and Healing Opportunities for Personal Empowerment (HOPE).
- C. Under the leadership of **Deputy Director Cara Evans Murray**, consolidate the following:



- **Outpatient 1** – Includes Biopsychosocial Rehabilitation Programs (BPSRs), outpatient SUD treatment programs, CalWORKs programs, hybrid outpatient programs, OTPs, and ambulatory withdrawal management.
  - **Prevention and Support Services** – Prevention and Support Services unit will be expanded to include new COR teams, leadership positions, and services. Existing services include SUD prevention services, DUI programs, MHSA Prevention and Early Intervention services, and will expand to include clubhouses, supported employment, and peer services.
- D. Under the leadership of **Deputy Director Charity White-Voth**, consolidate the following:
- **Residential, Children's Inpatient** – The residential, inpatient, and long-term care (LTC) shift will occur in two phases. In the first phase, this team will oversee SUD residential, transitional residential, short-term residential therapeutic programs (STRTPs), and children's acute services.
  - **Public Conservatorship and Care Court** – This new unit supports individuals involved in adult mental health civil court processes and consists of the Public Conservator (PC) Team that shifted to BHS from Aging and Independence Services (AIS) in November 2022 and the newly established Care Court (CC) team.

## **BHS SPECIAL EVENTS**

### **Mobile Crisis Response Team Outreach at a San Diego Pride Event**

The Mobile Crisis Response Team (MCRT) service providers, Exodus and Telecare, collaborated in participating at a San Diego Pride outreach event which was successful in raising the community's awareness about MCRT services. The MCRT booth offered free games, giveaways such as mini-safety plans and coping skills cards, as well as MCRT swag including magnets describing how to make a MCRT referral. The booth was successful in attracting a crowd with staff reaching hundreds of individuals with program information and afforded them the opportunity to engage with librarians, nurses, and other community service providers who expressed appreciation for their services and collaboration. There was an overwhelming positive response from the community including from youth (high schoolers and TAY) excited to know that MCRT is a service available in San Diego County.

### **14<sup>th</sup> Annual Early Childhood Mental Health Conference-We Can't Wait!**

The Children, Youth and Families (CYF) System of Care, in partnership with Early Childhood stakeholders, will host the 14th Annual Early Childhood Mental Health Conference: *We Can't Wait! – Re-Imagining Prevention and Early Intervention in Communities of Hope*. The hybrid conference will be held from September 28-30, 2023. The conference explores early childhood development, culturally informed, evidence-based practices, and advances in early education programs. Attendees will be able to examine ways that our communities and systems of care can better ensure diversity, equity, and access to care so that children have more positive experiences, and that all families have support to nurture and celebrate their strengths.

To register, visit the following webpage: <https://www.earlychildhoodmentalhealth-sandiego.com/>

### **National Recovery Month Celebration**

Join us as we celebrate National Recovery Month! The purpose of National Recovery Month is to bring San Diego County's recovery community together and raise awareness for treatment, support programs, and local resources. This national observance is held every September in partnership with public and private entities throughout the region to celebrate and support individuals in recovery, those thinking about recovery, and the families and friends of those on

August 2023

recovery journeys. This year's National Recovery Month Celebration event theme is "Tides of Hope," focusing on the resiliency of individuals in recovery.

The kickoff celebration will be held on **Saturday, August 26<sup>th</sup> at Waterfront Park from 10:00am – 1:00pm.** In addition to valuable resources, the event will be filled with fun interactive activities, music, and shared stories of hope from those with lived experience. Free naloxone and event giveaways will also be available for attendees while supplies last. This event is **FREE** to attend, please share widely with your networks.

**Event Info:**

- **Date:** Saturday. August 26, 2023
- **Time:** 10:00am – 1:00pm
- **Location:** Waterfront Park ([1600 Pacific Hwy, San Diego, CA 92101](#))
- **Cost:** Free
- **Exhibitor Information:** There is no cost to have an exhibitor booth at the National Recovery Month Celebration event. To request an exhibitor booth, please submit the exhibitor request form by **Friday, August 4<sup>th</sup>**. The exhibitor request form can be found at the following link:  
<https://app.smartsheet.com/b/form/09be60aec4c45888efe49b3d3001942>.

We hope to see you there! If you have questions about this event, please contact us at [Engage.BHS@sdcounty.ca.gov](mailto:Engage.BHS@sdcounty.ca.gov).

Respectfully submitted,



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

c: Eric C. McDonald, M.D., Interim Agency Director  
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer  
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer  
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# FY 2022-23 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

## SAN DIEGO FINAL REPORT

☒ MHP

☐ DMC-ODS

Prepared for:

**California Department of  
Health Care Services (DHCS)**

Review Dates:

**January 10-12, 2023**

## EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2022-23 Mental Health Plan (MHP) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, “San Diego” may be used to identify the San Diego County MHP, unless otherwise indicated.

## MHP INFORMATION

**Review Type** — Virtual

**Date of Review** — January 10-12, 2023

**MHP Size** — Large

**MHP Region** — Southern

## SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the MHP on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

**Table A: Summary of Response to Recommendations**

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	4	1

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	10	9	1	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>26</b>	<b>23</b>	<b>3</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Improved Therapeutic Support for Youth Beneficiaries who Identify as LGBTQ+	Clinical	01/22	Implementation	Moderate
Improving the Experience of Teletherapy for Older adults	Non-Clinical	04/22	Planning	Moderate

**Table D: Summary of Consumer/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input type="checkbox"/> Adults <input checked="" type="checkbox"/> Transition Aged Youth (TAY) <input type="checkbox"/> Family Members <input type="checkbox"/> Other	8
2	<input type="checkbox"/> Adults <input type="checkbox"/> Transition Aged Youth (TAY) <input checked="" type="checkbox"/> Family Members <input type="checkbox"/> Other	4
3	<input checked="" type="checkbox"/> Adults <input type="checkbox"/> Transition Aged Youth (TAY) <input type="checkbox"/> Family Members <input type="checkbox"/> Other	11

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The MHP demonstrated significant strengths in the following areas:

- The MHP uses a population health, health equity, and healthcare integration approach to build the service network.
- The MHP provides mobile crisis response teams (MCRT) county-wide and continues to explore expansion.
- The peer workforce is highly valued and integral to the MHP services.
- The MHP has a strong partnership with its Administrative Services Organization (ASO), Optum supporting IS and access.
- The MHP continues to expand data sources and data access.

The MHP was found to have notable opportunities for improvement in the following areas:

- There continue to be long wait times to first appointments and psychiatry evaluations.
- There is need for greater collaboration with contract providers that would potentially improve many key challenges such as workforce recruitment and retention.
- Level of care (LOC) transitions are difficult to access and there are no apparent MHP supports or access systems to manage the process.
- The penetration rate (PR) for Hispanic/Latino beneficiaries continues to decline.

- The MHP has numerous IS-changes and initiatives that are priorities.

Recommendations for improvement based upon this review include:

- Identify barriers and conduct performance improvement to reduce wait times to services.
- Increase collaboration with contract providers.
- Evaluate needs and implement a consistent monitoring and engagement process for LOC transitions.
- Implement ways to increase the Hispanic/Latino PR.
- Develop testing, training, data conversion, integration, support, and risk-management plans to support the outpatient cutover to the Cerner Millennium EHR.

THEME: Harm Reduction

June 2023: Volume 2, Issue 2

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- Free Opioid Training Course
- Healthcare Systems Survey

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- Harm Reduction Strategies: Naloxone Distribution Program – Vending Machines

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- Drug Overdose Surveillance in San Diego County

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- CURES 2.0 Use and Utility Survey

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- Webpage Updates
- Surveillance and Prevention Grant Strategies

## SAN DIEGO COUNTY OVERDOSE DATA TO ACTION (OD2A): HARM REDUCTION

As stated by the National Coalition of Harm Reduction, “harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. It is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.” In January 2021, the County of San Diego (County) Board of Supervisors requested that the Health and Human Services Agency (HHSA) develop a comprehensive harm reduction strategy. This effort would complement existing prevention and substance use disorder treatment services. One component of this strategy is the completion of a community readiness assessment to gather data crucial to establish and facilitate a harm reduction program that includes a syringe service programs (SSP) in San Diego County. The HIV, STD, Hepatitis Branch (HSHB), in the Public Health Services department of the County HHSA, contracted with San Diego State University Institute for Public Health to conduct this readiness assessment. This assessment intended to:

- Determine potential geographic locations for services.
- Understand the current level of knowledge among residents about syringe service programs and identify knowledge gaps.
- Identify organizations/groups that are supportive of syringe service programs.
- Detail successful implementation and operation of other syringe service programs, including ongoing challenges and strategies to address resident concerns.
- Make recommendations about the effective establishment of syringe service programs in San Diego County.
- Understand concerns of those who are not currently supportive of syringe service programs.

In November 2022, HSHB conducted the community assessment. The assessment revealed that the general public, as well as some staff/stakeholders, had very limited knowledge about harm reduction services that includes a SSP. The assessment also found that many community members and stakeholders interviewed across the County supported establishing a SSP. There were also indications of concern for a SSP, depending on the location, including retail centers and anywhere near where youth/children live or gather. Some participants in the assessment indicated that any SSP needs to be one option in a continuum of harm reduction services and serve as a “pathway to treatment.” The augmentation of substance use prevention services was also emphasized. The report includes a summary of concerns and potential benefits of a SSP. PHS has requested authorization from the California Department of Public Health (CDPH) Office of AIDS for SSP operations, where staff will obtain public comment and input from community stakeholder. The response from CDPH is anticipated to be received in August 2023. If approved, the County program will be one of several other community harm reduction programs. 🌱

## What is Harm Reduction?

The overdose epidemic continues to affect communities nationwide, with illicit fentanyl driving a large proportion of the overdose deaths. In San Diego County, opioids are involved in the majority of overdose deaths. In 2021, opioids accounted for 71% of all San Diego County drug overdose deaths, with 743 of the 820 opioid deaths involving fentanyl. While overdose deaths are still elevated, preliminary 2022 data from the County of San Diego (County) Medical Examiner Office is promising.

Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is an approach that focuses on people's strengths and offers opportunities to help individuals make positive behavior changes.

Harm reduction services and prevention strategies serve as critical components of the Continuum of Care and are necessary tools for addressing the opioid crisis. Harm reduction emphasizes *meeting people where they are* and focuses on building trust and encouraging participants to return. It emphasizes engaging directly with people who use drugs to prevent overdose and disease transmission, improve the physical, mental, and social wellbeing of those served, and offers low-threshold options for accessing substance use disorder treatment and other health care services.



In June 2021, County of San Diego Board of Supervisors voted to allow harm reduction programs in the unincorporated areas, overturning a previous ban. In addition, the Board directed County of San Diego's Health and Human Services Agency (HHSA) to create a **Comprehensive Harm Reduction Strategy** for the County in response to rising substance use-related fatalities. The Comprehensive Harm Reduction Strategy is based in multidisciplinary evidence and built upon years of foundational efforts by local regional stakeholders who have worked to mitigate the harms to residents, families, and communities related to misuse of prescribed and illicit opioids. Distribution of naloxone, a proven opioid overdose-reversing medication, and development and implementation of harm reduction programs are among the many tactics outlined in the strategy for safe and effective mitigation of harms related to substance misuse.

With the support of Overdose to Data Action (OD2A) grant funds, on July 1, 2022, the County of San Diego executed a contract with the Harm Reduction Coalition of San Diego (HRCSD) to expand the County of San Diego Naloxone Distribution Program (NDP) and saturate the community with naloxone. Through the County's NDP, efforts to make naloxone accessible and get it into the hands of everyone who needs it are underway. This is more crucial than ever since we know that at least 2 people die of an opioid overdose every single day in San Diego County. Naloxone distribution efforts include the facilitation of targeted outreach and educational training events, the expansion of the County's naloxone distribution provider network and the implementation of naloxone vending machines throughout the County.

Additionally, OD2A grant funds have supported ongoing efforts to both expand community awareness of and improve linkages to care for people who use drugs (PWUD). Such efforts include the facilitation of a linkage to care learning collaborative for providers serving individuals at risk for overdose. The learning collaborative has provided opportunities for providers to share resources and build referral pathways that include harm reduction programs. Harm reduction programs offer a range of services to meet the needs of PWUD, including but not limited to, the provision of sterile syringes and the collection and disposal of used syringes. In addition, feedback regarding existing barriers and/or gaps to rapid and accessible care for PWUD are being captured and will be used to inform the County's continued linkage to care efforts. 🌈

## FREE OPIOID TRAINING COURSE WITH CONTINUING EDUCATION CREDITS NOW AVAILABLE ONLINE

The County of San Diego, Public Health department has partnered with Champions for Health and The Doctor's Company to develop a self-paced academic detailing curriculum for health care professionals. The curriculum is entitled *Innovations and Smart Approaches in Safe Prescribing* and is comprised of a series of on-demand courses, free of charge.

Course content includes eliminating internal bias regarding opioid use disorder, providing alternatives to opioids, safe prescribing of opioids, and treatment of substance use disorder.

Other topics include opioid stewardship, benzodiazepine stewardship, opioid and benzodiazepine tapering, and naloxone instruction.

These training tools can be accessed online. To date, more than 53 prescribers have utilized this curriculum.

If interested in learning more about substance use disorder (SUD), SUD treatment & safe opioid prescribing, please view our [Academic Detailing curriculum](#). Participants can obtain CME credit upon completion. 🌟

### Schedule a FREE consult with a safe prescribing expert!

Would you like an opportunity to engage in a personalized, virtual, one-on-one Q&A with a safe prescribing expert? Sessions are about 30 minutes and completely customizable to fit your schedule. Topics available include safe and practical alternatives to opioids, benzodiazepine stewardship, opioid and benzodiazepine tapering, buprenorphine training, and naloxone.

If you are interested in scheduling a session, please contact Katy Rogers at [katy.rogers@championsfh.org](mailto:katy.rogers@championsfh.org) or (619) 508-4460. 🌟

## Healthcare Systems Survey

We are asking physicians, physician assistants, nurse practitioners, dental practitioners, and pharmacists to participate in a needs assessment survey for the County of San Diego Overdose Data to Action (OD2A) grant. The purpose of this survey is to assess licensed health care provider's perceptions of prescription drug use and prescribing opioids. Your feedback will provide valuable insight for the development of opioid stewardship recommendations and best practices for our region.

The survey will take approximately 10 minutes of your time. Your responses will remain confidential and will be grouped with those of other respondents for reporting.

Please use the link below to take the survey **by August 15, 2023**.

<https://www.surveymonkey.com/r/GXQ5FZS> 🌟





# County of San Diego Harm Reduction Strategies *Naloxone Distribution Program—Vending Machines*

*Strategy 5*

Since the placement of the first naloxone vending machine on March 2, 2023, a total of **740** naloxone kits have been dispensed.

Efforts have been completed to establish partnerships and coordinate machine placements for 12 vending machine units. Behavioral Health Services (BHS) has coordinated efforts with the County of San Diego Sheriff Department, which will serve as a partner site for four additional vending machines. Each machine to be placed at a different County jail, by August 31, 2023. 🌈

## Vending Machine Placement

To date, all **12** of the original naloxone vending machines have been placed at the following locations:

1. McAlister Institute: 1180 Third Ave, Chula Vista, CA 91911
2. T.H.E. C.I.R.C.L.E. by Epiphany: 5081 Logan Avenue, San Diego, California 92113
3. El Dorado: 1733 Euclid Ave, San Diego, CA 92105-5414
4. Pala Reservation: 34884 Lilac Extension Rd, Pala, CA 92059-2903
5. Rincon Reservation: 33750 Valley Center Rd, Valley Center, CA 92082-6022
6. Yaytaanak Wellness Center: 1389 Browns Rd, Alpine, CA 91901
7. Acadia Health Clinic: 7545 Metropolitan Drive, San Diego, CA 92108
8. Jane Westin Center: 1045 9th Ave, San Diego, CA 92101
9. Southern Indian Health Council: 36350 Church Rd, Campo, CA 91906
10. Project A.W.A.R.E.: 2733 Lemon Grove Ave, Lemon Grove, CA 91945
11. Father Joe's: 1501 Imperial Ave, San Diego, CA 92101
12. Acadia Healthcare: 1905 Apple Street, STE 3, Oceanside, CA 92054 🌈



*Naloxone vending machine located at  
T.H.E. C.I.R.C.L.E. by Epiphany in San Diego, CA.*

For additional information on naloxone or the County of San Diego naloxone vending machines, please scan the QR code below.



For more information on how to receive a naloxone training, access naloxone, or become a naloxone distribution provider, contact the County of San Diego Behavioral Health Services Harm Reduction Team at [HarmReduction.HHSA@sdcounty.ca.gov](mailto:HarmReduction.HHSA@sdcounty.ca.gov).

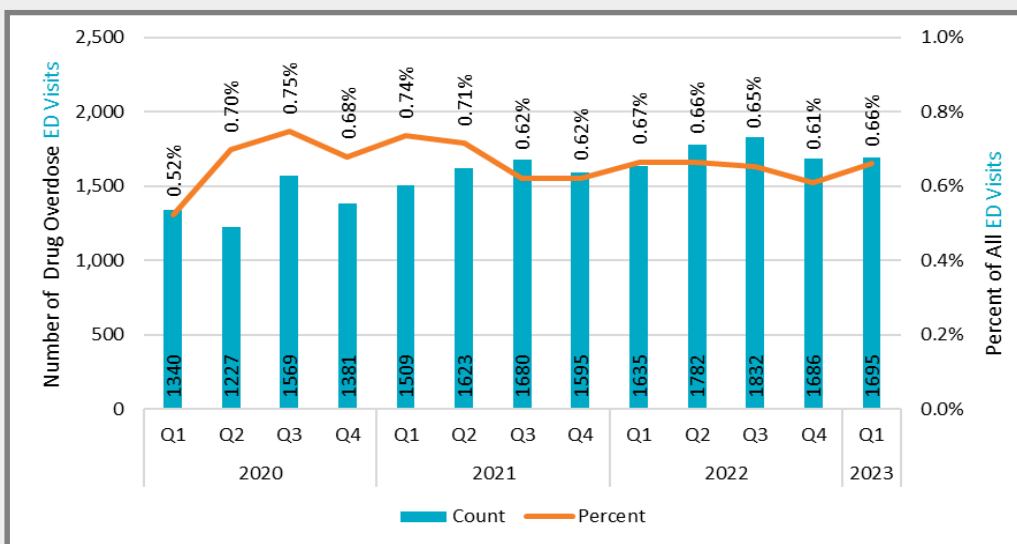


# Drug Overdose Surveillance in San Diego County

Strategy 3

The Epidemiology and Immunization Services Branch (EISB) in the Public Health Services department, of the County of San Diego Health and Human Services Agency, is planning the launch of a Overdose Surveillance and Response (OSAR) Unit. Several data sources will be utilized, including near-real-time, emergency department (ED) data from 16 hospitals; near-real time suspected overdose surveillance data from the U.S. Office of National Drug Control Policy's [High Intensity Drug Trafficking Area program](#) (HIDTA); mortality data from the California [Vital Records Business Intelligence System](#) (VRBIS); and non-fatal ED and non-fatal inpatient hospitalization discharge data, from [California Department of Health Care Access and Information](#) (HCAI). EISB routinely monitors the near-real-time, ED data through a weekly trend report and daily and weekly aberration detection protocols. 🌟

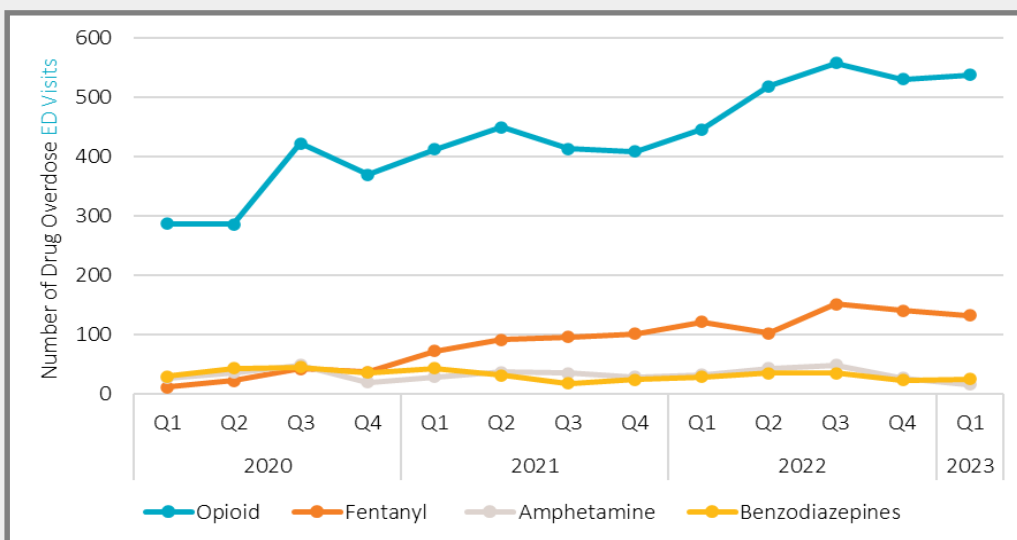
**Figure 1. Emergency Department Visits for Drug Overdose by Year, Q1 2020 - Q1 2023.**



- Figure 1** shows the number of all drug overdose related ED visits increased by 26% from Quarter 1\* 2020 to Quarter 1 2023.

\*Calendar Year

**Figure 2. Emergency Department Visits for Drug Overdose by Drug\* by Year, Q1 2020 - Q1 2023.**



- Figure 2** displays the number of ED overdose visits by select drugs. Opioid and fentanyl overdose ED visits were 1.9 and 12.0 times higher, respectively, from Quarter 1,\* 2020 to Quarter 1\* 2023.

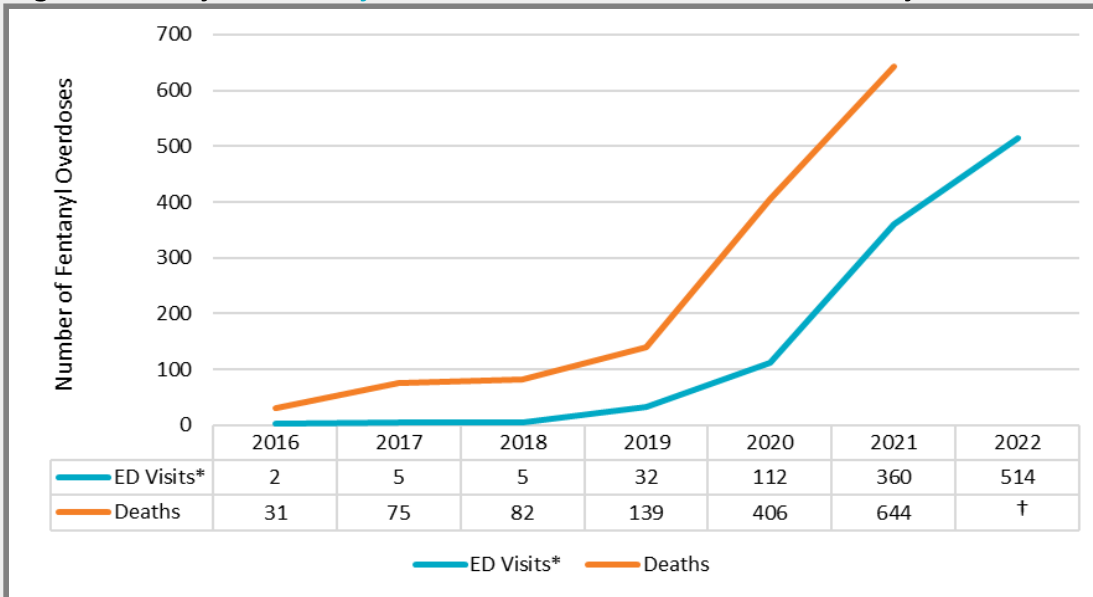
\*Calendar Year

\*Drugs are categorized based on key words in chief complaint data and ICD-10 diagnostic codes when available. They may not represent the final diagnosis. Categories are not mutually exclusive; a single ED visit may involve more than one drug category.

Source: Figure 1 & 2: Prepared by County of San Diego Epidemiology and Immunization Services Branch, 2023. Presented in the [Overdose Quarterly Report](#). The next issue of the quarterly report will be published in July 2023.

Each edition of the [Overdose Quarterly Report](#) features a different specific topic. The ‘feature topic’ for the last report, issued in [April 2023](#), was fentanyl overdose. The fentanyl overdose section of the report, as shown in examples on this page, focused on fatal and non-fatal fentanyl overdose trends within San Diego County. 🌐

**Figure 3. Fentanyl Overdose Syndromic Surveillance ED Visits\* and Deaths by Year.**

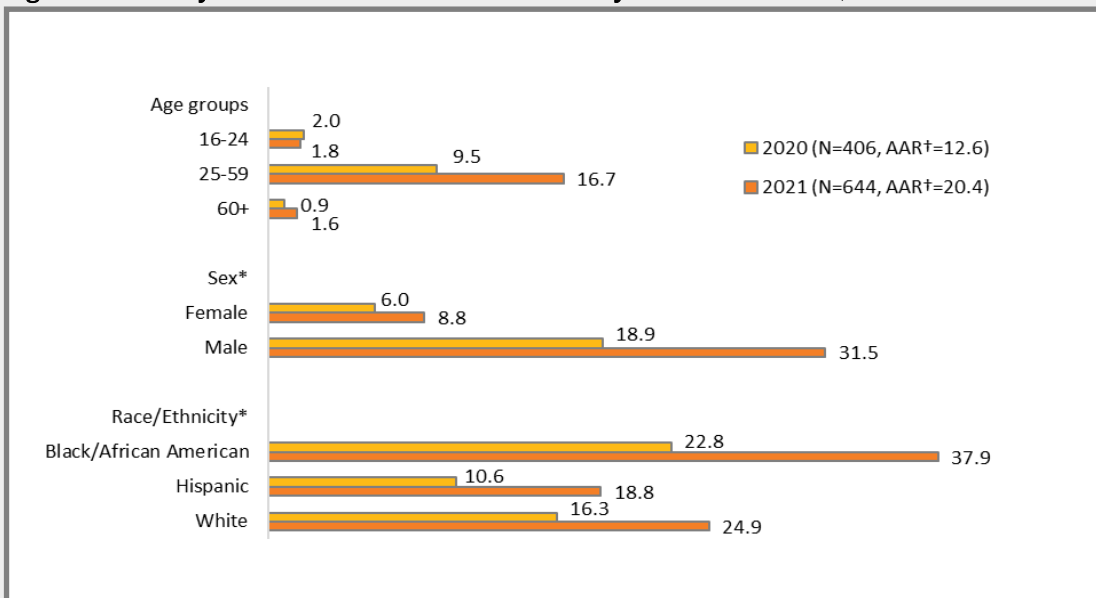


- **Figure 3** Fentanyl overdose deaths increased 59% from 2020 to 2021 and ED visits increased 43% from 2021 to 2022.

\*County of San Diego ED Syndromic Surveillance Data.

† Mortality data for 2022 are not yet available.

**Figure 4. Rates by Selected Characteristics of Fentanyl Overdose Deaths, 2020 - 2021.**



- **Figure 4** The demographic groups with the highest age-adjusted rates of fentanyl-related deaths were those aged 25-59, males, and persons of Black/African American race.

Note: Data for other demographic groups cannot be presented due to small numbers (<15).

\*Rates by sex and race/ethnicity are age-adjusted.

†Age-Adjusted Rates (AAR).

Source: Figure 3 & 4: Prepared by County of San Diego Epidemiology and Immunization Services Branch, 2023. Presented in the [Overdose Quarterly Report](#). The next issue of the quarterly report will be published in July 2023.

Coming soon: [Overdose Surveillance Quarterly Report, Q2 2023](#)

# CURES 2.0

## Use and Utility Survey

Strategy 4

The County of San Diego launched the *Controlled Substances Utilization Review and Evaluation System (CURES 2.0) Use and Utilization Survey* in October 2022. This survey was developed to capture understanding and use of CURES 2.0 and its tools among healthcare providers and pharmacists.

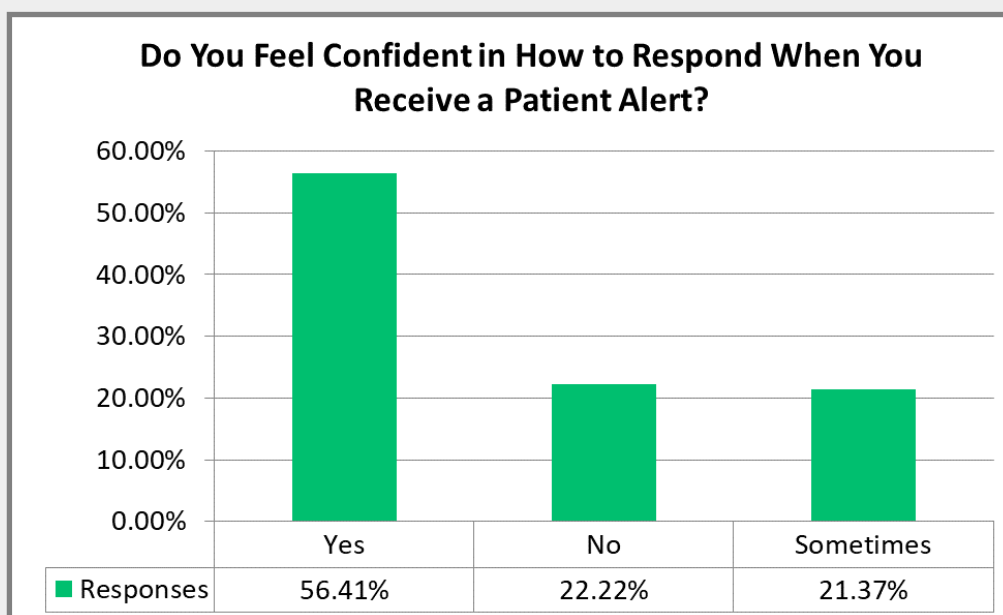
The survey was open for five months and received 269 individual responses. Survey respondents were mostly male (54%), White or Caucasian (70%), >60 years of age (40%), primary care specialty (45%), >25 years of experience (49%), located in 92103 (11%) and 92037 (9%), and worked in large, private health systems (44%).

Most respondents (64%) were able to access CURES 2.0 through their electronic health records system (EHR). However, most (55%) stated that their EHR did not allow access to CURES 2.0 without leaving the EHR. A number of respondents noted in the comments that the system was tedious to use or that CURES should be better integrated within their EHR.

Most respondents (56%) felt confident in responding to a patient alert on CURES 2.0. The patient activity reports were one of the more commonly used features in CURES 2.0, with many respondents indicating that they run these reports every time they prescribe an opioid. Respondents rarely used the other features, particularly those on peer-to-peer communication, reporting stolen prescriptions, patient safety alerts/messaging, delegation authority, or patient-provider agreements.

The results of the survey highlight the need for further education on CURES 2.0 and CURES' features and provided insight into providers' experience with the system and its perceived usefulness. The survey was recently re-opened for dentists and oral surgeons to gain greater understanding of the needs and experience of dental health providers with CURES 2.0. 🌐

Figure 5. Example of a Question and Responses from the *CURES 2.0 Use and Utility Survey*.



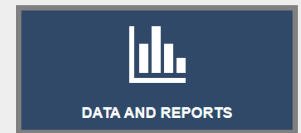
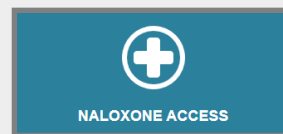
Source: *Controlled Substances Utilization Review and Evaluation System (CURES 2.0) Use and Utilization Survey*

## Webpage Updates



The [April 2023 issue of the Overdose Quarterly Report](#), created by the County of San Diego Epidemiology and Immunization Services Branch, is available on the [OD2A webpage](#) in the [Data and Reports](#) section. The report includes data on drug overdoses by drug, opioid overdoses by sex, age, race/ethnicity, region of residence, and other demographics. Additionally, fentanyl overdoses is the issue's feature topic.

To access additional data, reports, and resources for the community and providers, please visit [WWW.SANDIEGOCOUNTY.GOV/OD2A](http://WWW.SANDIEGOCOUNTY.GOV/OD2A).



## Overdose Data To Action Surveillance & Prevention Grant Strategies



### Surveillance Strategy

- **Innovative Surveillance Strategy:** Focus on new and innovative ways to collect data on drug misuse and overdose tailored to a community's needs. (Strategy 3)

### Prevention Strategies

- **Prescription Drug Monitoring Programs (PDMPs):** Better utilize prescription drug monitoring program (PDMP) data to inform prescribing practices. (Strategy 4)
- **State and Local Integration:** Improve state and local prevention efforts to build more effective and sustainable surveillance and implement community-level interventions. (Strategy 5)
- **Linkage to Care:** Ensure people are connected to the care they need by leveraging systems and upstream prevention efforts. Such as, developing a system to track care connections to Medication Assisted Treatment for individuals experiencing nonfatal overdoses. (Strategy 6)
- **Provider and Health Systems Support:** Support healthcare providers and health systems with drug overdose prevention and response, including expanding the use of evidence-based prescribing and treatment practices. (Strategy 7)

**FOR MORE INFORMATION ABOUT OPIOID OVERDOSE PREVENTION IN  
SAN DIEGO COUNTY**

PLEASE VISIT: [WWW.SANDIEGOCOUNTY.GOV/OD2A](http://WWW.SANDIEGOCOUNTY.GOV/OD2A)

**FOR ADDITIONAL QUESTIONS, COMMENTS, OR SUGGESTIONS,  
PLEASE EMAIL:**

[PHS.OD2A@sdcounty.ca.gov](mailto:PHS.OD2A@sdcounty.ca.gov)

The Public Health Services department, in the County of San Diego Health and Human Services Agency (HHSA), in collaboration with HHSA Behavioral Health Services department, would like to thank the medical community for their efforts and support during the opioid epidemic. While the County is seeing a decrease in the morphine milligram equivalent (MME) dosage and the overall number of opioids prescribed in San Diego County, the medical community must remain vigilant and persistent as the illicit opioid-related overdose numbers continue to climb. It is the intent of this OD2A grant to promote efforts in opioid surveillance, prevention, linkages to care, and treatment to reduce overdoses related to opioid prescription drugs, as well as reduce illicit opioid drug use.

***The Overdose Data to  
Action (OD2A)***

***Quarterly Newsletter***

is published by the Public Health Services Department, in the County of San Diego Health and Human Services Agency.

**Below is the Editorial Team:**

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Public Health Officer

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Deputy Public Health Officer

***Chiara Leroy, MPH***

Program Manager

***Alena Schwob***

CDC Field Employee

This newsletter is produced as a result of funding from the CDC Overdose Data to Action (OD2A) grant with a focus on five surveillance & prevention strategies. These activities are implemented by Public Health Services (PHS) and Behavioral Health Services (BHS).

**Below are the OD2A strategy leads**

<b>Surveillance Strategy 3:</b>	Jennifer Nelson, MPH, PHS Senior Epidemiologist
<b>Prevention Strategy 4 &amp; 7:</b>	Wilma Wooten, MD, MPH, Public Health Officer
<b>Prevention Strategy 5 &amp; 6:</b>	Stephanie Lao, MSW, Program Coordinator
<b>Evaluation Lead:</b>	Deirdre Browner, MPH, PHS Senior Epidemiologist
<b>CDC Field Employees:</b>	Charles Raya, MHA, Program Specialist Sherry Lawson, Linkage to Care Coordinator





# CULTURAL COMPETENCE PLAN and THREE-YEAR STRATEGIC PLAN 2023

COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY

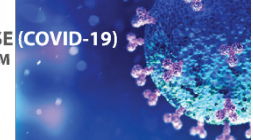


[Link to the full document](#)



[Link to the full document](#)

CORONAVIRUS DISEASE (COVID-19)  
WWW.CORONAVIRUS-SD.COM



# County of San Diego Health and Human Services Agency



## Children, Youth & Families Behavioral Health Services *Systemwide Annual Report, FY 2021-22*



## Link to the document

# MEDI-CAL TRANSFORMATION: ENHANCED CARE MANAGEMENT

## The Issue



Medi-Cal members typically have **several complex health conditions** involving physical, behavioral, and social needs.



Members with complex needs must often engage **several delivery systems to access care**, including primary and specialty care, dental, mental health, substance use disorder treatment, and long-term services and supports.



More than half of Medi-Cal spending is attributed to the **5 percent of members with the highest-cost needs**.

**Enhanced Care Management** is a statewide Medi-Cal benefit available to select members with complex needs. Enrolled members receive comprehensive care management from a single lead care manager who coordinates all their health and health-related care, including physical, mental, and dental care, and social services. Enhanced Care Management makes it easier for members to get the right care at the right time in the right setting, and receive comprehensive care that goes beyond the doctor's office or hospital.

## Enhanced Care Management Highlights

Enhanced Care Management is a statewide Medi-Cal benefit that addresses the clinical and non-clinical needs of the highest-need Medi-Cal members by building trusting relationships with members and providing intensive coordination of health and health-related services. Lead care managers meet members where they are—on the street, in a shelter, in their doctor's office, or at home—to meet their needs. Through Enhanced Care Management, members can also be connected to [Community Supports](#) services to help address their health-related social needs, such as access to healthy foods or safe housing to help with recovery from an illness. Enhanced Care Management is available to specific groups (called "Populations of Focus"), including:

- » Adults, unaccompanied youth and children, and families experiencing homelessness.
- » Adults, youth, and children who are at risk for avoidable hospital or emergency department care.





- » Adults, youth, and children with serious mental health and/or substance use disorder needs.
- » Adults living in the community and at risk for long-term care institutionalization.
- » Adult nursing facility residents transitioning to the community.
- » Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s).
- » Children and youth involved in child welfare (foster care).
- » Adults and youth who are transitioning from incarceration.
- » Pregnant and postpartum individuals; birth equity population of focus (starting in 2024).

California is increasing access to Enhanced Care Management for eligible members through the [Providing Access and Transforming Health \(PATH\)](#) initiative, which provides funding and technical assistance to on-the-ground partners, such as community-based organizations, public hospitals, county agencies, tribes, and other entities, to build their capacity to deliver services to members.

## Faces of Medi-Cal's Transformation: Meet Frank

Frank has struggled with opioid addiction while living on the streets of San Francisco for the past four years. Frank visited the emergency department seven times in the last two years because of overdoses, and he returns to the streets after brief stays in shelters. In 2020, Frank contracted COVID-19 and continues to experience long-term symptoms. In the emergency department, Frank was referred to Enhanced Care Management due to his substance use disorder. Frank was put in contact with an Enhanced Care Management lead care manager to better convey his needs. They regularly met at a nearby food bank and together came up with a plan for him to see his mental health provider, get his medication adjusted, and follow up with his primary care doctor. The lead care manager also connected Frank with a local Community Supports provider to help him secure safe, supportive housing.

## The Positive Impact of Medi-Cal's Enhanced Care Management

Enhanced Care Management is a key part of [Medi-Cal's transformation](#) to ensure that Californians get the care they need to live healthier lives. It breaks down the traditional walls of health care to extend care into members' communities, introduces a better way to coordinate care and improve Medi-Cal for members with complex needs, and makes it easier for high-need members to access in-person care where they live. These changes will create a more coordinated, person-centered, and equitable health system for members.



# CHILDREN & YOUTH ENHANCED CARE MANAGEMENT

**SANDIEGOCOUNTY.GOV**



**LIVE WELL  
SAN DIEGO**

**Heather Summers, EdD, MSW, Deputy Director, County of San Diego**

**Jana Sellers, MFT, Program Manager, Blue Shield Promise Health Plan**

**Raine Arndt-Couch, DSW, JD, LCSW, CCM, Senior Manager, Blue Shield Promise Health Plan**

**Michael Hammel, Program Director, Community Research Foundation**

**Jeremy King, Program Director, Community Research Foundation**



# BLUE SHIELD PROMISE HEALTH PLAN PRESENTING ON BEHALF OF HEALTHY SAN DIEGO

**SANDIEGOCOUNTY.GOV**



**LIVE WELL  
SAN DIEGO**

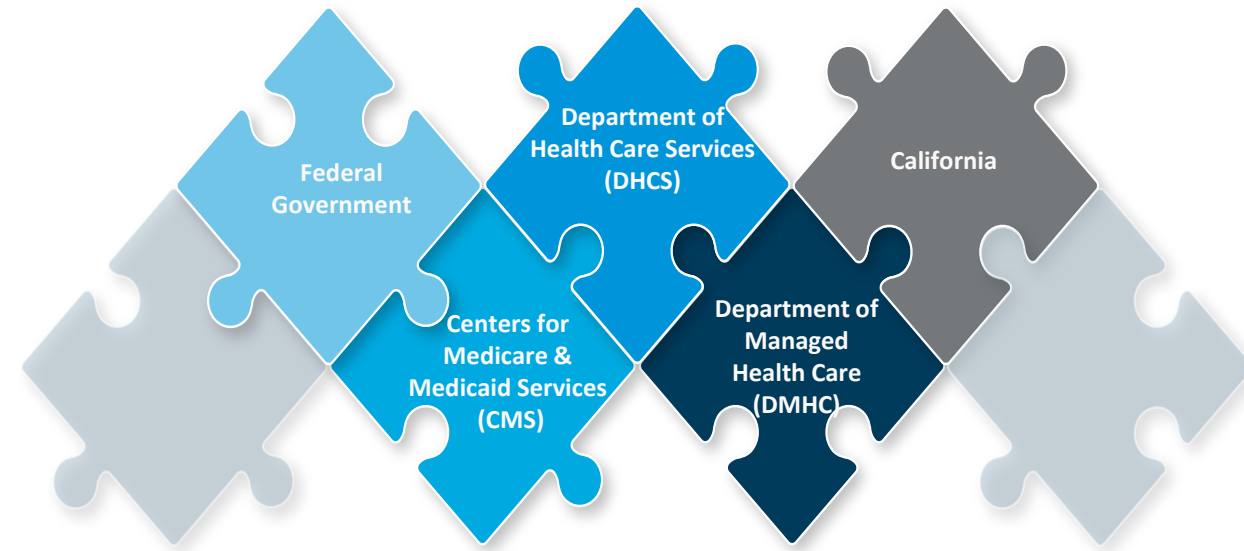
# Agenda



- Medi-Cal & CalAIM
- The Importance of Enhanced Care Management & Community Supports
- Enhanced Care Management & Referral Process
- Community Supports & Referral Process

# What is Medi-Cal

## Medi-Cal



- Medi-Cal is California's Medicaid program.
- Medi-Cal is a **public health insurance program**, which provides low cost or no cost comprehensive health care coverage to eligible low-income children, adults, and families.
- Medi-Cal is **dually funded** by State and federal taxes.

## Transforming Medi-Cal through CalAIM

- California Advancing and Innovating Medi-Cal (CalAIM) is a multi-year statewide initiative that is transforming the Medi-Cal to build a healthier and more equitable health care system.
- CalAIM's strategy includes increasing access to Enhanced Care Management and Community Support Services to eligible populations statewide.

### Enhanced Care Management

Breaks down barriers to members with complex health and social needs through a single lead care manager

### Community Supports

Meets members social needs, including food, housing and other social drivers of health

# Historical Context – Health Homes Program, Whole Person Care and In-Lieu of Services

- Enhanced Care Management (ECM) and Community Supports (CS) were developed from lessons learned, as well as MCP and Provider experience, in the Whole Person Care (WPC) Pilots and Health Homes Program (HHP).
- Both WPC and HHP led the way in providing a set of intensive care coordination services that spanned multiple delivery systems to provide a person-centered approach to care.
- These initiatives also pushed the boundaries of a traditional health care delivery approach to begin formally considering the impact of social drivers of health (SDOH) on health outcomes and experience of care in Medi-Cal

**Community Supports was originally named In-Lieu of Services (ILOS) but was re-branded by DHCS in 2021.**



## Enhanced Care Management and Community Supports

promote a more equitable, coordinated, and person-centered approach to maximizing Medi-Cal members' health and life trajectory

- 1 Staffing and day-to-day care coordination occur **in the community** and in accordance with members' preferences
- 2 More **efficient** and **effective** use of the appropriate resources, **tailored** to members' specific needs
- 3 Positive social and economic impacts by **reducing overutilization of emergency resources**, and improving access to **preventative** resources that address **social determinants of health** such as housing and food



# Enhanced Care Management & Community Supports Services

- Enhanced Care Management is a mandatory benefit and all health plans providing services to Medi-Cal Members must offer this benefit.
- Community Supports is voluntary for managed care plans and County specific. Not all plans offer all or the same community supports to their Medi-Cal members in all Counties.

**Medi-Cal members that do not qualify for Enhanced Care Management may still qualify for Community Supports Services.**

# Meet Anna



- Anna experiences symptoms of Asthma and Depression
- Has been in and out of the hospital two times in the past six months
- Struggles to manage her conditions, including
  - Keeping up with her medications
  - Access to stable housing
  - Getting to appointments
- Anna and her mother are currently “couch surfing” and staying with different friends or family members every few days

As we walk through the training, see how Enhanced Care Management and Community Supports Services help them.



# Enhanced Care Management

# Enhanced Care Management (ECM)



Enhanced Care Management (ECM) is a Medi-Cal managed care **benefit** that addresses **clinical and non-clinical needs** of **high-need individuals** through the **coordination** of services and comprehensive **care management**.

- Gives qualified members extra services from a dedicated **ECM provider**, which is an entity that contracts with the Managed Care Plan.
- **A lead care manager**, who works for the ECM provider, **coordinates** the member's health care services and links them to **community and social services**.
- The member's ECM provider works with **all of their providers** to give an added layer of support.
- Members get these extra services at **no cost** as part of their Medi-Cal benefits, and it will not take away any of the member's current Medi-Cal benefits.

# To qualify for ECM, members must have active enrollment in Medi-Cal



1

Members **CANNOT** be enrolled in ECM if they are enrolled in the following:

- Fee for Service Med-Cal
- Hospice
- D-SNP members who have both Medi-Cal and Medicare and assigned with the same Managed Care Plan (MCP)
- Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
- Program for All Inclusive Care for the Elderly (PACE)
- Residing in an Intermediate Care Facility (ICF) or subacute care facility

Old Program



2

Members can choose to **SWITCH** to ECM if they are enrolled in any duplicative 1915 waiver programs:

- Multipurpose Senior Services Program (MSSP)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- HCBS Waiver for Individuals with Developmental Disabilities (DD)
- Self-Determination Program for Individuals for Individuals with I/DD

Old Program



3

Members can choose to **SWITCH** to ECM if they are enrolled in any of the following Managed Care Plan/Other programs

- Basic Case Management
- Complex Case Management
- California Community Transitions (CCT) Money Follows the Person (MFTP)

To be Eligible for ECM, member **MUST** qualify for at least one of the below “Populations of Focus”

## Adult Populations of Focus

Individuals who are experiencing homelessness and have at least one complex physical, behavioral, or developmental health need

### Individuals At Risk for Avoidable Hospitalization or ED Utilization

5+ ED visits or 3+ hospital or short-term skilled nursing facility stays in last 6 months or Plan identifies pattern of avoidable high utilization

Adults with serious mental illness or substance use disorder who are experiencing at least one complex social factor and meet additional criteria

Adults transitioning from incarceration, or who have transitioned from incarceration within the past 12 months, who also have certain medical conditions.

Adults Living in the Community and At Risk for Long Term Care Institutionalization.

Adult Nursing Facility Residents transitioning to the Community

## Children & Youth Populations of Focus

Homeless Families or Unaccompanied Children/Youth experiencing homelessness

Children and Youth At Risk for Avoidable Hospitalization or ED Utilization,

(3 + ED visits in 12 months or 2+ unplanned hospital or short term SNF stays in 12 months that could have been avoided with OP care.)

Children and Youth with Serious Mental Health and or SUD Needs, who is obtaining services through Serious Mental Health Services or DMC-ODS or the DMC program.

Children enrolled in California Children's Services (CCS) or the CCS Whole Child Model who have additional needs beyond the CCS qualifying condition.

Children and Youth Involved in Child welfare, including foster care up to age 26

Children and Youth Transitioning from a Youth Correctional Facility.

# Meet Anna



**At an appointment with one of her doctors, Anna was referred to Enhanced Care Management.**

- Anna's ECM care manager works with Anna and her mother to
  - Better manage her conditions, including managing her medications.
  - Assist with scheduling appointments and provides appointment reminders

# How can someone access ECM?

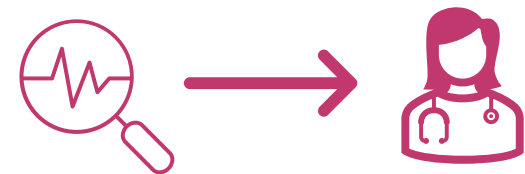
- 1 They can be referred from a Provider or MCP internal staff



- 2 They can refer themselves by calling their MCP



- 3 MCPs identify eligible Members using data

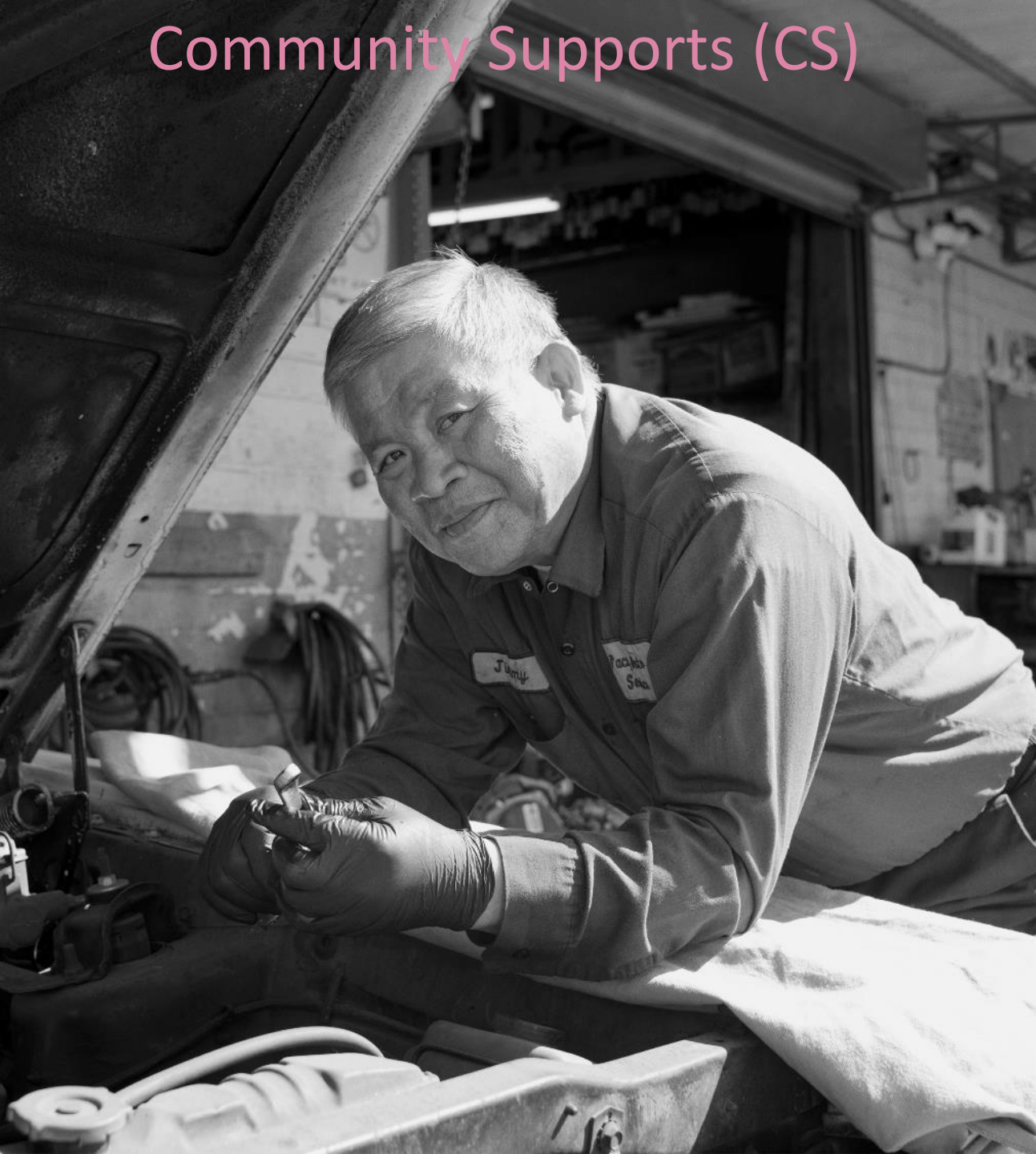






# Community Supports Services

# Community Supports (CS)



Community Supports, previously known as In Lieu of Services or ILOS, are certain community-based services and supports that address health-related social needs and that are medically appropriate & cost-effective.

- The California Department of Health Care Services (DHCS) has pre-approved fourteen (14) Community Supports that Medi-Cal health plans may offer. MCPs elect which Community Supports are available.
- Medi-Cal managed care health plans may offer these alternative services to their members to avoid hospital care, nursing facility care, visits to the emergency department, or other costly services.
- Providers include social services agencies, county agencies, life skills training and education providers, home health or respite agencies, home delivered meals providers, local health departments, area agencies on aging, public hospital systems, Federally-Qualified Health Centers, affordable housing and supportive housing providers, sobering centers, community-based entities.

# The 14 Community Supports



## San Diego Community Supports by MCP

Managed Care Plan	Housing Transition Navigation	Housing Deposits	Housing Tenancy & Sustaining Services	Short Term Post Hospitalization Housing	Recovery Care (Medical Respite)	Respite Services	Day Habilitation Programs	Nursing Facility Transition/ Diversion	Community Transition Services	Personal Care and Homemaker Services	Environmental Accessibility Adaptations	Medically Tailored Meals	Sobering Centers	Asthma Remediation
Aetna Better Health of California	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Blue Shield of California Promise Health Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Community Health Group Partnership Plan	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health Net Community Solutions	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Kaiser Permanente	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Molina Healthcare of California Partner Plan	X	X	X	X	X	X	X	1/1/2024	X	X	7/1/2023	X	X	X

Reference: DHCS Website - [Enhanced Care Management and Community Supports \(ILOS\)](#)

- File: [Community Supports Elections \(by County and MCP\)](#) (Updated December 2022)

# Community Supports Addressing Homelessness and Housing

## Housing Transition Navigation Services

- Assistance with obtaining housing. This may include assistance with searching for housing or completing housing applications, as well as developing an individual housing support plan.

## Housing Deposits

- Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.
- *Once per Lifetime limit of \$5,000; limited to members in Housing Transition Navigation Services*

## Housing Tenancy & Sustaining Services

- Assistance with maintaining stable tenancy once housing is secured. This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.
- *1x lifetime maximum, usually between 12 and 18 months*

# Community Supports to Help Members Recuperate Safely

## Short-term Post-Hospitalization Housing

- Setting in which beneficiaries can continue receiving care for medical, psychiatric, or substance use disorder needs immediately after exiting a hospital.
- *Once per lifetime limit not to exceed duration of 6 months*

## Recuperative Care (Medical Respite)

- Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness.
- *No more than 90 days in a continuous duration*

## Respite Services

- Short-term relief provided to caregivers of beneficiaries who require intermittent temporary supervision.
- *Service limit is up to 336 hours per calendar year*

## Sobering Centers

- Alternative destinations for beneficiaries who are found to be intoxicated and would otherwise be transported to an emergency department or jail.
- *Up to 24 hours*

## Community Supports for Long-Term Well-Being in Home-Like Settings

### **Nursing Facility Transition & Diversion to Assisted Living**

- Help individuals live in the community by facilitating transitions from a nursing facility back into a home-like, community setting, or preventing nursing facility admissions for those with imminent need.

### **Community Transition Services/Nursing Facility Transition to Home**

- Assist individuals to live in the community to avoid further institutionalization by providing non-recurring set-up expenses for individuals transitioning from a licensed facility to a living arrangement in a private residence.

### **Personal Care and Homemaker Services**

- Support individuals who need assistance with daily activities, such as bathing, getting dressed, personal hygiene, cooking, and eating.



# Community Supports for Long-Term Well-Being in Home-Like Settings

## Day Habilitation Programs

- Programs provided to assist beneficiaries with developing skills necessary to reside in home-like settings, often provided by peer mentor-type caregivers. These programs can include training on use of public transportation or preparing meals.

## Asthma Remediation

- Physical modifications to a beneficiary's home to mitigate environmental asthma triggers.
- *Lifetime maximum \$7,500*

## Environmental Accessibility Adaptations

- Physical adaptations to a home to ensure the health and safety of the beneficiary. These may include ramps and grab bars.
- *Lifetime maximum \$7,500*

## Meals/Medically Tailored Meals

- Meals delivered to the home following discharge from a hospital or nursing home, that are tailored to meet beneficiaries' unique dietary needs of those with chronic diseases.
- *Up to two (2) meals per day and/or medically-supportive food and nutrition services for up to 12 weeks, or longer if medically necessary*
- *Meals are not covered to respond solely to food insecurities*



# Meet Anna



**While participating in Enhanced Care Management Anna and her mother were assessed for additional needs**

- Anna's ECM care manager works with Anna and her mother to
  - Connect her to Housing Navigation Services
  - Assisted with a referral for a housing deposit once adequate housing was identified

# To qualify for Community Supports services:

1 Members must have active enrollment in Medi-Cal

2 Members must provide written or verbal consent prior to referral and/or engagement in Community Support Services (in accordance with individual MCP policies & procedures)

3 Members' eligibility for other similar services offered through other State, local, or federally funded programs should be assessed

*Community supports shall supplement and not supplant services received by the Medi-Cal beneficiary through other State, local, or federally funded programs, in accordance with the CalAIM STCs and federal and DHCS guidance.*

# COMMUNITY RESEARCH FOUNDATION

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# CASE PRESENTATION / DISCUSSION



# COUNTY OF SAN DIEGO

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# SUGGESTED ECM PROVIDER TYPES BY POPULATION OF FOCUS (NON-EXHAUSTIVE)



Children/Youth ECM Population of Focus	Example Priority Provider Types
<b>Children with Serious Mental Health and/or SUD Needs (includes children with high ACEs scores)</b>	<ul style="list-style-type: none"> <li>» School-based clinics/BH providers</li> <li>» Public Health &amp; Social Service Programs</li> <li>» CBOs serving children and families with social needs</li> <li>» County behavioral health services</li> </ul>
<b>Children and Youth Enrolled in California Children's Services (CCS)</b>	<ul style="list-style-type: none"> <li>» CCS paneled providers, including specialty care centers, and pediatric acute care hospitals</li> </ul>
<b>Children and Youth At Risk for Avoidable Hospitalization or ED Use</b>	<ul style="list-style-type: none"> <li>» School-based clinics</li> <li>» Medical providers depending on underlying reasons for ED utilization</li> </ul>
<b>Children and Youth Involved in Child Welfare</b>	<ul style="list-style-type: none"> <li>» CBOs, Public Health &amp; Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.</li> </ul>

# ACCESSING CALAIM SERVICES



- Referrals can be made by contacting a member's Medi-Cal health plan by phone or by submitting a referral
- In San Diego County, below are the phone numbers for each of the Health Plans' Member Services:

Health Plans	Phone Number to Make a Referral
Aetna	1-855-772-9076
Blue Shield Promise	1-855-699-5557
Community Health Group	1-800-224-7766
Health Net	1-800-675-6110
Kaiser	1-800-464-4000
Molina	1-888-665-4621

# RESOURCES



- [Enhanced Care Management Policy Guide](#)
- [Community Supports Policy Guide](#)
- [Enhanced Care Management/Community Supports: A Policy “Cheat Sheet”](#)
- [Launching Enhanced Care Management \(ECM\) for Children and Youth](#)
- [San Diego County PATH CPI Collaborative - Intrepid Ascent Website](#)
- **Healthy San Diego Children & Youth Ad-Hoc Workgroup Meeting:**
  - August 16, 11:30am – 12:30pm



# THANK YOU!

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**SAVE THE DATE AND JOIN US!**

# National Recovery Month Celebration



**Saturday, August 26, 2023**

**10:00 AM – 1:00 PM at Waterfront Park**

1600 Pacific Highway, San Diego, CA 92101

## **EVENT FEATURES**

FREE Naloxone Education and Distribution • Resource Fair  
Shared Stories of Hope • Interactive Activities • Entertainment

**GIVEAWAYS WHILE SUPPLIES LAST**

To request a free exhibitor booth, scan the QR code  
or visit: <https://bit.ly/44dNBxq>



Disability-related accommodations necessary to facilitate meeting participation, language interpretation, including American Sign Language, and written materials in alternative languages and formats are available upon request. Please submit your request at least 72 hours in advance of the event to [Engage.BHS@sdcounty.ca.gov](mailto:Engage.BHS@sdcounty.ca.gov) or by calling (619) 518-4853.



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SAN DIEGO

## Sunday, September 17, 2023

### Waterfront Park Downtown San Diego

**5K Starts at 7:30am**

**1-Mile Fun Run starts at 9:00am**

Presented by



**SDCCU**



**LiveWellSD5K.com**

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In partnership with



## Domingo, 17 de septiembre de 2023

### Parque Waterfront en el centro de San Diego

La carrera de 5K comienza a las 7:30 a.m.

La carrera divertida de 1 milla comienza a las 9:00 a.m.

Presentado por



**SDCCU**



**COMMUNITY  
IN MOTION**

**LiveWellSD5K.com**

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Join us at our **14th Annual Early Childhood Mental Health Conference – We Can't Wait**. Let's re-imagine prevention and early intervention and **shift the focus to the role of positive experiences in human development**.

Distinguished speakers will highlight community driven, evidence-based interventions that have been developed, researched, implemented, and are making a difference, including Zero to Thrive from Michigan and the HOPE programs from Chicago. These programs, some of which have been implemented here in San Diego, promote healthy child development (0-5) and emphasize strengths, positivity and hope, rather than deficits.

Get the full experience by attending in-person at the Town and Country Hotel in San Diego's Mission Valley or join us via Zoom! (Keynote sessions and selected breakout sessions will simultaneously be offered on Zoom for virtual attendees Thursday and Friday).

#### Registration Fees:

**Live:** In-Person at the Town and Country Hotel, San Diego CA

**Thursday/Friday** Early Bird Fee \$175 per day (After July 31: \$200 per day)

Includes parking, lunch, and refreshments

**Saturday 1/2 Day:** \$75 per day (After July 31: \$100)

Includes parking, breakfast, and refreshments

**Virtual Attendance** via Zoom

Thurs/Fri Only: \$75 per day.

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



### Keynote Speakers

**Kate Rosenblum, PhD, ABPP** is a clinical and developmental psychologist and holds dual appointments as a Professor in the Department of Psychiatry and Obstetrics and Gynecology at the University of Michigan. She co-directs the Women and Infants Mental Health Program, the Infant and Early Childhood Clinic, and Zero to Thrive, a program focused on promoting the health and resilience of families with young children facing adversity through research, training, and service. Visit: [www.zerotothrive.org](http://www.zerotothrive.org)

**Maria Muzik, MD, MSc** **Maria Musik, MD, MSc** is an Associate Professor of Psychiatry and Obstetrics & Gynecology and serves as the Medical Director of the Perinatal Psychiatry Program at Michigan Medicine, the Medical Director for MC3 Perinatal, a state-wide perinatal access program to primary care, public health nursing, community mental health and other health providers, and co-director of Zero to Thrive. Visit [www.zerotothrive.org](http://www.zerotothrive.org)

**Robert Sege, MD, PhD, FAAP** is a pediatrician and director of the Center for Community-Engaged Medicine at Tufts Medical Center, and a Professor of Medicine and Pediatrics at Tufts University School of Medicine. Dr. Sege is nationally known for his research on effective health systems approaches that directly address the social determinants of health. He is a Senior Fellow at the Center for the Study of Social Policy in Washington and serves on the boards of the Massachusetts Children's Trust and Prevent Child Abuse America. Visit: [www.positiveexperience.org](http://www.positiveexperience.org)

**Aimee Zeitz, LMFT** has over twenty years of experience in non-profit leadership, built on a foundation of strategic partnerships and authentic collaboration. In 2017, she joined the YMCA Childcare Resource Service, a social services branch of the YMCA of San Diego County. She currently serves as the Director of Strategic Advancement, supporting programs across the agency in providing comprehensive, family-centered services, building out the YMCA "Community Connection Hub" model and overseeing multiple early childhood mental health programs. She also serves as the Project Director for Partners in Prevention, a local collaborative effort to increase child and family wellbeing and prevent child abuse and neglect. Visit: [www.ymcasd.org](http://www.ymcasd.org)

**Kimberly Giardina, DSW, MSW**, is the director for the Child and Family Well-Being department with the San Diego County Health and Human Services Agency and has consulted on child welfare issues at the national, state, and local levels. Dr. Giardina is leading the transformation of the child welfare system in San Diego into a child and family well-being system with the vision of improving coordination, communication and partnership between family serving organizations in San Diego to help strengthen families and communities so that fewer children experience abuse and neglect. Her passion is to improve policy and practice issues within the child welfare system so that it works best for the children and families it serves. Visit: [www.sandiegocounty.gov/hhsa/](http://www.sandiegocounty.gov/hhsa/)



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

**Register Now:** [Click Here](#)

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

**SAVE THE DATE**

**2023 Western States  
Marijuana Summit**

**November 14 – 15, 2023**

*Virtual Only*

**National Overdose Prevention  
Leadership Summit**

**November 16 – 17, 2023**

*Virtual Only*

*Conference line ups and registration links will  
be sent out soon.*

*No registration cost for either summit.*



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SUBSTANCE USE AND  
OVERDOSE PREVENTION  
TASKFORCE

