

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

## MEETING AGENDA

August 9, 2021 – 9:00-10:30 A.M.

Zoom meeting link sent via Outlook meeting invitation

- I. Welcome** (Suzette Southfox and Yael Koenig) 5 minutes
- Welcome Jamie Tate-Symons as the new Council co-chair, representing the Education Sector
  - Introducing New Council representatives
  - Thank you to outgoing Council co-chair Minola Clark Manson and representatives, and for those who continue in their representation

- II. Review of Meeting Summary** (Suzette Southfox) 5 minutes
- June 14, 2021 Meeting Summary-Handouts-**Pages 4-8**
  - Action Items from June 14, 2021 (Yael Koenig)-See meeting summary for action items-**Page 6**

- III. Business Items** (Yael Koenig) 15 minutes

Board Letters / Board Actions	
<ul style="list-style-type: none"> <li>June 29, 2021-Board Letter (BL)-Item 09: Enhancing Enforcement of Illegal Marijuana Dispensaries and Simplifying the Receivership Process-Handout-<b>Pages 9-11</b></li> <li>June 29, 2021-BL-Item 12: Amplifying Systems of Support for Youth Career Readiness and Employment and attachment (Framework proposal)-Handouts-<b>Pages 12-15</b></li> <li>July 13, 2021-BL-Item 06: Authorization to Extend the Contract to Operate San Pasqual Academy-Handout-<b>Pages 16-18</b></li> <li>July 13, 2021-BL-Item 07: Approval of Actions Related to the Spending Plan for the American Rescue Plan Act (ARPA) Program Funds Homeless Solutions Component, Direct Stimulus Payments Component, and Legal Services Component-Handout-<b>Pages 19-23</b></li> <li>July 13, 2021-BL-Item 11: Authorize Competitive Solicitations, Single Source Procurements, and Amendment to Extend Existing Behavioral Health Services Contract and Attachment A-Handout-<b>Pages 24-32</b></li> <li>July 13, 2021-BL-Item 14: Framework for the Future: Improving the County's Wellness Care Delivery System to address Health Disparities Exacerbated by the COVID-19 Pandemic-Handout-<b>Pages 33-36</b></li> <li>July 13, 2021 -BL-Item 16: Supporting the San Diego Regional Policy and Innovation Center-Handout-<b>Pages 37-38</b></li> <li>July 13, 2021-BL-Item 20: Advancing Inclusion of LGBTQ+ Community in San Diego County-Handout-<b>Pages 39-41</b></li> </ul>	
<p><b>Link to the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings:</b>  <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a></p>	
Information	
<ul style="list-style-type: none"> <li>Annual CYF Council Orientation occurred on July 12, 2021 with 59 participants                             <ul style="list-style-type: none"> <li>Using a 1 to 5 scale (with 1 being low); the overall average rating for the orientation was a 4.4 (based on 36 responses)</li> <li>81 % of respondents indicated preference for a virtual format for the Council meeting (based on 36 responses)</li> </ul> </li> <li>August 2021 BHS Director's Report to the Behavioral Health Advisory Board (BHAB)-Handout-<b>Pages 42-44</b></li> <li>Fentanyl Warning Posters: <a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html</a></li> <li>Change Agents Developing Recovery Excellence (CADRE) Meeting Dates for Fiscal Year 2021-22-Handout-<b>Page 45</b></li> <li>Polling Question #1</li> </ul>	
Follow-Up Items	
<ol style="list-style-type: none"> <li>Mental Health Services Act (MHSA) Fiscal Year 2021-22 Annual Update was released for 30 day public review/comments and includes the BHS Fiscal Year 2020-21 Annual Community Engagement Report (See item IV of the agenda)</li> <li>Finalized ARPA recommendation document and delivered to BHS Director on June 18, 2021-Handout-<b>Pages 46-55</b></li> </ol>	

- IV. MHSA Update** (Danyte Mockus-Valenzuela) 5 minutes
- MHSA Fiscal Year 2021-22 Annual Update 30-day public review and comment period from August 3, 2021 to September 2, 2021. Link: [http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_act/mhsa.html](http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html)

- V. Strategic Planning** (Yael Koenig) 55 minutes
- Fiscal Year 2020-21 Accomplishment and Fiscal 2021-22 Year Goals-Handouts-**Pages 56-86**
  - Sector and Sub-committee Panel Discussion

Facilitator – Aisha Pope		
Four Sectors	Council Sub-Committee's and Other Relevant Groups	
Heather Nemour <b>Education Sector</b>	Suzette Southfox <b>Family/Youth Sector</b>	George Scolari <b>Health Plans</b>
Minola Clark Manson <b>Private Sector</b>	Rose Woods <b>Training Academy</b>	Mark Bartlett and Laura Tancredi-Baese <b>TAY Council</b>
Dr. Charmi Patel-Rao <b>Public Sector</b>	Rosa Ana Lozada <b>Cultural Competency</b>	Ginger Bial <b>Early Childhood</b>
Dr. Sherry Casper <b>Fee For Service</b>	Eileen Quinn-O'Malley <b>Outcomes</b>	Marisa Varond <b>CADRE-CYF</b>

- How does the Pandemic impact the work your sector/subcommittee is focused on?
- How is Racial Equity being infused in the work that your sector/subcommittee is focused on?
- How does your sector/subcommittee interface with Harm Reduction to create a positive impact for students and families? (Harm Reduction Board Letter information from June 8, 2021, was reshared with all participants prior to the meeting)
- Open Dialogue

- VI. Announcements** (Suzette Southfox) – Polling Question #2 5 minutes
- California LGBTQ Health and Human Services Virtual Convening scheduled for August 9-13, 2021. Registration at: <https://www.eventbrite.com/e/california-lgbtq-health-and-human-services-virtual-convening-registration-162482163525> -Handout-**Page 87**
  - Virtual Event in Spanish focused on LGBTQ+ education for the Latinx/e community on August 13, 2021 at 5:00 P.M. Registration at: <https://www.jfssd.org/lgbtq> Handout-**Page 88**
  - Brain XP (Christine Frey) presents: Back to School Anxiety Video Event for Teens on August 18, 2021. Visit <https://www.brainxp.org/> to watch-Handout-**Page 89**
  - Prescription Drug Abuse Task Force (PDATF) Quarterly Meeting (virtual) on August 20, 2021 from 9:00 to 11:00 A.M. Register at: [https://us02web.zoom.us/webinar/register/WN\\_S25AifKcRmu0h8egUFlu-Q](https://us02web.zoom.us/webinar/register/WN_S25AifKcRmu0h8egUFlu-Q) -Handout-**Page 90**
  - New, Current, and Former Foster and Probation Youth Stimulus Money-Deadline is September 3, 2021-Handout-**Pages 91-94**
  - Recovery Happens, Saturday, September 18, 2021, from 10:00 to 11:30 A.M. (Free virtual event). Exhibitor registrations is open through September 15, 2021-Handouts-**Pages 95-96**
  - Directing Change: Art for Change: Celebration of our Hope & Justice Initiative on September 22, 2021 from 5:30 to 8:00 P.M.-Handout-**Page 97**

**Next Executive Committee Conference Call:**  
 Date: August 26, 2021  
 Time: 11:00-11:30 A.M.

**Next Council Meeting:**  
 Date: Monday, September 13, 2021  
 Time: 9:00-10:30 A.M.

Sub-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/CYFBHSCCouncil.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSCCouncil.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



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# BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

## VISION

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

## PRINCIPLES

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

## PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence



### Standard of Living

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



### Community

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

## HEALTH FACTORS



### Health

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



### Social

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



### Knowledge

- Quality Education
- Quality Preschool For All
- Good School Attendance
- School Success
- No Suspensions or Expulsions
- Obtain a High School Diploma
- Access to Higher Education & Vocational Programs<sup>3</sup>

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

June 14, 2021 | 9:00-10:30 A.M.  
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
<b>I. Welcome/Introductions (Suzette Southfox)</b>	<ul style="list-style-type: none"> <li>Suzette Southfox welcomed meeting attendees and led the introductions.</li> </ul>
<b>II. Review of Meeting Summary (Minola Clark Manson)</b> <ul style="list-style-type: none"> <li>May 10, 2021 Meeting Summaries-Handouts-Pages 4-9</li> <li>Action Items from May 10, 2021-See meeting summary for action items-Page 6</li> </ul>	<ul style="list-style-type: none"> <li>Meeting summary reviewed through virtual platform process with Yael Koenig reviewing action items.</li> </ul>
<b>III. Business Items (Yael Koenig)</b> <b>Board Letters</b> <ul style="list-style-type: none"> <li>May 18, 2021-Item 01: Youth Transition Campus Facility Phased Replacement Project-Certify Mitigated Negative Declaration and Authorize Change Order for Phases 2 &amp;3-Handout-Pages 10-12</li> <li>May 18, 2021-Item 07: Authorization to Accept Perinatal Equity Initiative Funding And Authorization to Pursue Future Funding Opportunities For Perinatal Health Equity-Handout-Pages 13-14</li> <li>May 18, 2021-Item 18: Enhancing Drowning Prevention Opportunities for San Diego County Youth-Handout-Pages 15-16</li> <li>May 18, 2021-Item 19: Advancing Capital Improvement Needs Assessment Projects in District 3 in Alignment with Community Priorities, Equity, Inclusion, and Youth Development-Handout-Pages 17-19</li> <li>May 18, 2021-Item 30: Reaffirming Support for San Pasqual Academy and Outlining Immediate Directives-Handout-Pages 20-21</li> <li>June 8, 2021-Item 03: Approve the Recommended Framework for the Use of American Rescue Plan Act Funding (ARPA), Establish Appropriations to Support Proposed Actions, And Authorize the Auditor &amp; Controller to Establish a Trust Fund for the ARPA and presentation-Handouts-Pages 22-34</li> <li>June 8, 2021-Item 04: Receive Update on Comprehensive County Substance Use Harm Reduction Strategy, Attachment A, and presentation-Handouts-Pages 35-49</li> <li>June 8, 2021-Item 10: Framework For the Future: Creating and Office of Immigrant and Refugee Affairs-Handout-Pages 50-52</li> <li>June 8, 2021-Item 11: Framework For the Future: Strengthening County Service Delivery and Contracting-Handout-Pages 53-56</li> <li>June 2021 County of San Diego Budget Hearings (June 14, 16, 29, 2021)-Budget presentations and flier-Page 57-66 Link: <a href="https://www.sandiegocounty.gov/content/sdc/openbudget.html.html">https://www.sandiegocounty.gov/content/sdc/openbudget.html.html</a></li> <li>County's Redistricting Commission to Hold Informational Meetings-Handout-Page 67 Link to the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: <a href="https://www.sandiegocounty.gov/cob/bosa/index.html">https://www.sandiegocounty.gov/cob/bosa/index.html</a></li> </ul> <b>Information</b> <ul style="list-style-type: none"> <li>External Quality Review – California Department of Mental Health Care Services (DHCS) – County document that summarizes the EQRO Recommendations for both the Mental Health and DMC-ODS - Handout-<b>Page 68</b> <ul style="list-style-type: none"> <li>Mental Health - January 5-7, 2021-Fiscal Year 2020-21 <ul style="list-style-type: none"> <li>External Quality Review Report Summary - Handout-<b>Page 69-70</b></li> <li>Full Report - <a href="#">MHP Report Template FY 2020-21 v6 (sandiegocounty.gov)</a></li> </ul> </li> <li>Drug Medi-Cal-Organized Delivery System (DMC-ODS) – March 2-4, 2021- Fiscal Year 2020-21 <ul style="list-style-type: none"> <li>Full Report – <a href="https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/SAN%20DIEGO_FY%202020-21%20DMC-ODS%20Final%20Report%2005.10.21_suppressed1.pdf">https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%206/SAN%20DIEGO_FY%202020-21%20DMC-ODS%20Final%20Report%2005.10.21_suppressed1.pdf</a></li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Yael Koenig reviewed business items.</li> <li>Fran Cooper reviewed HOPE document.</li> <li>Christine Frey will recommend the creation of youth subcommittee to the California Behavioral Health Planning Council.</li> </ul>



ITEM	SUMMARY AND ACTION ITEMS
<ul style="list-style-type: none"> <li>Department of Health Care Services (DHCS) Triennial Audit-June 8-10, 2021-Report pending</li> <li>CYF BHS Systemwide Annual Report, Fiscal Year 2019-20: <a href="https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/CYFBHS%20SOC%20Report%202019-20_FINALv2_with%20appendices.pdf">https://medschool.ucsd.edu/som/psychiatry/research/CASRC/resources/SOCE/Documents/CYFBHS%20SOC%20Report%202019-20_FINALv2_with%20appendices.pdf</a></li> <li>COVID-19 Emergency Rental and Utilities Assistance Program Handout-<b>Page 71</b> Link: <a href="https://www.sandiegocounty.gov/content/sdc/sdhcd/community-development/COVID-19-Emergency-Rental-Assistance-Program.html">https://www.sandiegocounty.gov/content/sdc/sdhcd/community-development/COVID-19-Emergency-Rental-Assistance-Program.html</a></li> <li>Healing Opportunities for Personal Empowerment (HOPE) Intensive Treatment program to begin July 2021 (Fran Cooper)-Handout-<b>Page 72</b></li> <li>CYF Collaboration with City of San Diego: "Come Play Outside"(Frank Congine)-Handout-<b>Pages 73-78</b></li> <li>Rotation of Co-Chair from Private Sector to Education Sector will occur on July 1, 2021</li> </ul> <p><b>BHS System of Care Highlights</b></p> <ul style="list-style-type: none"> <li>BHS programs received National Association of Counties (NACo) Achievement Awards-Handout-<b>Page 79</b>: <ul style="list-style-type: none"> <li>Pathways to Well-Being Virtual Workforce Development Training Series through Responsive Integrated Health Solutions (RIHS) in the category of Information Technology</li> <li>Roaming Outpatient Access Mobile (ROAM) Health Clinic in the category of Health (Indian Health Council for ROAM-North Inland and Southern Indian Health Council for ROAM-East)</li> <li>SchoolLink in the category of Children and Youth recognizing many of the local Community Based Organizations (CBOs)</li> </ul> </li> <li>May is Mental Health Month-CYF Annual Celebration hosted by NAMI San Diego can be accessed at: <a href="https://www.youtube.com/watch?v=6jZTxe_kdZE&amp;t=7s">https://www.youtube.com/watch?v=6jZTxe_kdZE&amp;t=7s</a></li> <li>BOS Chair, Nathan Fletcher presented Proclamation declaring 7th day of May 2021 to be Children's Mental Health Awareness Day-Handout-<b>Pages 80-81</b></li> <li>Responsive Integrated Health Solutions (RIHS) 2021 CYF SOC conference link access to attendees (through June 26, 2021): <a href="https://whova.com/portal/webapp/ysurr_202105/Agenda/1596986">https://whova.com/portal/webapp/ysurr_202105/Agenda/1596986</a></li> <li>Christine Frey will be a speaker at the June 18, 2021 California Behavioral Health Planning Council. Meeting information link: June 2021 Quarterly Meeting General Session Agenda (ca.gov)</li> </ul> <p><b>Follow-Up</b></p> <p>1. June 14, 2021 CYF Council Hot Topic American Rescue Plan Act of 2021 (ARPA) Discussion</p>	
<p><b>IV. Mental Health Services Act (MHSA) Update</b> (Dr. Danyte Mockus-Valenzuela)</p>	<ul style="list-style-type: none"> <li>Danyte Mockus-Valenzuela – MHSA FY 2021-22 Annual Update will be released upon finalization and include the BHS FY 2020-21 Annual Community Engagement Report.</li> </ul>
<p><b>Hot Topic: ARPA-One time investment to support children, youth, and Families</b> (Minola Clark Manson)</p> <ul style="list-style-type: none"> <li>Review ARPA presentation to the BOS (Pages 29-34) (Yael Koenig) <ul style="list-style-type: none"> <li>See Fact Sheet and consider Advancing Cultural Responsiveness and Equity document (March 8, 2021) (Page 85)-Handouts-<b>Pages 82-85</b> (BOS Pages 17-19)</li> </ul> </li> <li>Facilitated discussion of needs and priorities-(Fran Cooper and Amanda Lance-Sexton)-Handouts-<b>Pages 86-92</b></li> <li>Generate recommendations to BHS Director</li> </ul>	<ul style="list-style-type: none"> <li>Yael Koenig provided an overview of ARPA.</li> <li>Fran Cooper highlighted submitted input.</li> <li>Participants selected one of the following breakout sessions and provided summary of input to the Council: <ol style="list-style-type: none"> <li>Prevention and Early Intervention</li> <li>Education</li> <li>Diversity, Equity, and Inclusion</li> <li>Infrastructure</li> <li>Direct Services</li> <li>Workforce Development (no attendees)</li> <li>General Ideas (no attendees)</li> </ol> </li> </ul>

ITEM	SUMMARY AND ACTION ITEMS
<b>VI. Announcements</b> <ul style="list-style-type: none"> <li>RIHS presents Neonatal Abstinence Syndrome Webinar on June 24, 2021-Handout-Page 93</li> <li>July 12, 2021 meeting reserved for the Annual CYF Council Orientation for new Council members, but open to all – Handout-Page 94</li> </ul>	<ul style="list-style-type: none"> <li>Suzette Southfox reviewed announcements.</li> </ul>
<b>VII. Action Items</b> <ol style="list-style-type: none"> <li>MHSA FY 2021-22 Annual Update will be released upon finalization and include the BHS FY 2020-21 Annual Community Engagement Report. (Danyte Mockus-Valenzuela)</li> <li>Finalize ARPA recommendation document and delivery to BHS Director</li> </ol>	<b>Action Due/Status</b> <ul style="list-style-type: none"> <li>E-mail distribution of MHSA FY 2021-22 Annual Report completed on August 3, 2021.  <b>Public Review and Comment Period:</b> August 3 to September 2, 2021. Link to the document:  <a href="http://www.sandiegocounty.gov/content/sd/hhsa/programs/bhs/mental_health_services_act/mhsa.html">http://www.sandiegocounty.gov/content/sd/hhsa/programs/bhs/mental_health_services_act/mhsa.html</a> </li> <li>ARPA recommendation document delivered to BHS Director on June 18, 2021.</li> </ul>
<b>Next Meeting:</b> Virtual Council Orientation Meeting <b>Date:</b> Monday, July 12, 2021 <b>Time:</b> 9:00-10:30 A.M.	
<b>Next Meeting:</b> Virtual Council Meeting <b>Date:</b> Monday, August 9, 2021 <b>Time:</b> 9:00-10:30 A.M.	

+=Member in Attendance    O=Absent    E=Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
<b>PUBLIC SECTOR</b>					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	+
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	O	Dr. Charmi Patel	+
3	Public Safety Group/ Probation	Lisa Sawin	+	Chrystal Sweet	O
4	Child Welfare Services (CWS)	Steve Wells	+	Norma Rincon	O
5	HHSA Regions	VACANT		Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	O	Adrienne Yancey	+
7	Juvenile Court	H. Ana Espana	O	Beth Brown	+
8	First 5 Commission	Alethea Arguilez	O	Dulce Aguilar-Cahue	O
<b>EDUCATION SECTOR</b>					
9	Special Education Local Plan Area (SELPA)	Jaime Tate - Symons	O	Russell Coronado	O
10	Regular Education Pupil Personnel Services	Violeta Mora	+	Heather Nemour	+
11	School Board	Barbara Ryan	+	VACANT	
12	Special Education	Yuka Sakamoto	+	Misty Bonta	E
<b>PRIVATE SECTOR</b>					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggie Webb	O	Therese Davis	O
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	O	John Laidlaw	O
15	Alcohol and Drug Service Provider Association (ADSPA)	Marisa Varond	+	Claudette Allen Butler	O
16	Mental Health Contractors Association	Julie McPherson	+	Minola Clark Manson	+
17	Mental Health Contractors Association (MHCA)	Laura Beadles	O	Michelle Hogan	O
18	Fee- For-Service (FFS) Network	Dr. Sherry Casper	O	Marcelo A. Podesta	+
19	Managed Care Health Plan	George Scolari	+	Kathleen Lang	+
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	
<b>FAMILY AND YOUTH SECTOR</b>					
21	Family and Youth Liaison	Renee Cookson	O	Valerie Hebert	E
22	Caregiver of child/youth served by the Public Health System	Debbie Dennison	+	Kary Perry	E
23	Youth served by the Public Health System (up to age 26)	Micaela Cunningham	E	VACANT	
24	Youth served by the public health system (up to age 26)	Christine Frey	+	Emma Eldredge	+

SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive Sub-Committee	Valerie Hebert/ Minola Clark Manson	E/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Early Childhood Sub-Committee	Aisha Pope/Ginger Bial	+/+		
-	Education Sub-Committee	Heather Nemour/Violeta Mora	+/+		
-	Family and Youth as Partners Sub-Committee	Renee Cookson/ Valerie Hebert	O/E		
-	Outcomes Sub-Committee	Emily Trask/Eileen Quinn-O'Malley	O/O		
-	Training Sub-Committee	Rose Woods	+		

Zoom Listed Meeting Attendees: 74			
Adrienne Yancey	Darwin Espejo	Julie McPherson	Seth Williams
Aisha Pope	Debbie Dennison	Karen Lenyoun	Shakara Thompson
Alec Rodney	Denise Alvarez	Kathleen Lang	Shannon Jackson
Amanda Kaufman	Edgar Sierra	Kelly Vales	Shewa Legesse
Amanda Lance-Sexton	Edith Mohler	Laura McClarin	Stacey Musso
Angela Solom	Eliza Reis	Lisa Linder	Stacie Perez
Babbi Winegarden	Elizabeth Dauz	Minola Clark Manson	Steven Wells
Barbara Orozco-Valdivia	Emma Eldredge	Pamela Hansen	Suzette Southfox
Barbara Ryan	Fran Cooper	Pradeep Gidwani	Terri Kang
Beth Brown	Frank Congine	Rebecca Raymond	Trang Hoang
Bill Stewart	Ginger Bial	Lisa Sawin	Valerie Centeno
Bobbi Smylie	George Scolari	Marcelo Podesta	Violeta Mora
Carolyn Winn	Grisel Ortega	Marisa Varond	Wendy Maramba
Celeste Hunter	Heather Nemour	Meg Olinger	Yael Koenig
Charmi Patel Rao	Ingrid Alvarez-Ron	Michael Miller	Yuka Sakamoto
Christina Bruce	Jamie Martinez	Michelle Ly	Unknown Call In User #1
Christine Marie Frey	Janet Cacho	Renee Cookson	Unknown Call In User #2
Cynthia Casarrubias	Jean McDonald	Rosa Ana Lozada	
Danyte Mockus-Valenzuela	Jerelyn Bourdage	Rose Woods	

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

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

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

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

**Outcomes:** Meets the first Tuesday of every other month from 11:30 A.M. to 12:30 P.M.

**Early Childhood:** Meets the second Monday of the month- from 11:00 A.M. to 12:00 P.M.

**Education Advisory Ad Hoc:** Meets as Needed.

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

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

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

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

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

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



**JOEL ANDERSON**  
SUPERVISOR, SECOND DISTRICT  
SAN DIEGO COUNTY BOARD OF SUPERVISORS

# AGENDA ITEM

COUNTY OF SAN DIEGO

2021 JUN 21 AM 11:44

CLERK OF THE BOARD  
OF SUPERVISORS

**DATE:** June 29, 2021

**09**

**TO:** Board of Supervisors

**SUBJECT**  
**ENHANCING ENFORCEMENT OF ILLEGAL MARIJUANA DISPENSARIES AND**  
**SIMPLIFYING THE RECEIVERSHIP PROCESS (DISTRICTS: ALL)**

## OVERVIEW

On January 27, 2021, the Board of Supervisors directed the Chief Administrative Officer to draft an ordinance outlining regulations for cannabis retail, cultivation, manufacturing, distribution and testing businesses and return to the Board for further review and consideration, including environmental review. This action is expected to lead to the repeal of the 2017 ban prohibiting the establishment of new marijuana businesses in the unincorporated area.

While the County develops the framework for legal cannabis activities, illegal and unlicensed dispensaries continue to operate throughout San Diego County. As a result, the San Diego County Sheriff's Department, District Attorney's Office, County Counsel and Planning & Development Services (PDS) have been engaged in a continuing cycle of shutting down various storefronts. In some instances, the same unpermitted dispensary may re-open at the same location on a later date. Additionally, the same location may repeatedly host different illegal dispensaries after each one is shut down. This has been an ongoing battle for our local law enforcement agencies. At my request, in January, the Board of Supervisors allocated \$500,000 in additional County funds for aggressive enforcement to immediately shut down illegal pot shops, labs or other unlicensed marijuana facilities.

Despite this action, the Sheriff's Department, District Attorney's office and PDS continue to experience daily challenges with enforcement and associated prosecution for those operating illegal cannabis dispensaries in the unincorporated area. To assist these agencies, I requested an increase of \$800,000 in the County's Fiscal Year 2021-22 budget to support a full-time enforcement team within the Sheriff's Department, dedicated to the investigation and eradication of illegal cannabis operations in our neighborhoods. To complement this, I also requested an increase of \$1.2 million to assist the District Attorney, in supporting and expanding ongoing prosecutions of unlicensed dispensaries.

One action that can be used to address a property with repeated code violations, including violations related to the illegal sale of cannabis, is a request for the court to authorize a receivership

**SUBJECT:** ENHANCING ENFORCEMENT OF ILLEGAL MARIJUANA  
DISPENSARIES AND SIMPLIFYING THE RECEIVERSHIP PROCESS  
(DISTRICTS: ALL)

over that property. Although the California Health and Safety Code and other provisions in State law authorize receivership actions, currently those actions are not listed in the litigation authority outlined in section 142 of the Code of Administrative Ordinances. As a result, County staff must obtain authorization from the Board of Supervisors each time they decide to use this option.

Today's action will introduce an ordinance developed in consultation and collaboration with County Counsel, PDS and the Department of Environmental Health and Quality to allow County Counsel to initiate receivership actions on behalf of its client departments without the need to obtain Board of Supervisors approval for each receivership action.

## RECOMMENDATION(S) SUPERVISOR JOEL ANDERSON

1. Approve introduction of the proposed San Diego County Code amendment (first reading); read title and waive further reading of the following ordinance (Attachment A):

AN ORDINANCE ADDING A NEW SUBSECTION TO SECTION 142 OF  
ARTICLE IX OF THE SAN DIEGO COUNTY CODE OF ADMINISTRATIVE  
ORDINANCES RELATING TO RECEIVERSHIP PROCEEDINGS

If, on June 29, 2021, the Board takes the action recommended above, then, on July 13, 2021:

2. Submit the ordinance (Attachment A) for further Board consideration and adoption (second reading):

AN ORDINANCE ADDING A NEW SUBSECTION TO SECTION 142 OF  
ARTICLE IX OF THE SAN DIEGO COUNTY CODE OF ADMINISTRATIVE  
ORDINANCES RELATING TO RECEIVERSHIP PROCEEDINGS

## EQUITY IMPACT STATEMENT

Illegal marijuana dispensaries in the unincorporated area have elicited criminal activity that has inequitably threatened the health and safety of many of our economically disadvantaged and SB 535 communities. The recommended ordinance change will improve processes used by County Counsel and Planning and Development Services to utilize the tool of receivership to promptly shut down illegal dispensaries and seize illegally possessed cannabis and associated paraphernalia.

## FISCAL IMPACT

There is no fiscal impact associated with these recommendations.

## BUSINESS IMPACT STATEMENT

N/A



**SUBJECT:** ENHANCING ENFORCEMENT OF ILLEGAL MARIJUANA  
DISPENSARIES AND SIMPLIFYING THE RECEIVERSHIP PROCESS  
(DISTRICTS: ALL)

**ADVISORY BOARD STATEMENT**  
N/A

**BACKGROUND**

Although the County is currently developing a framework and regulations for legal cannabis activities in the unincorporated area, illegal cannabis dispensary activities continue to pose a challenge for local law enforcement agencies and the County departments supporting their efforts.

The County has multiple paths to address enforcement of illegal dispensaries. The Sheriff and District Attorney collaborate with Planning & Development Services (PDS) to take criminal action against illegal dispensaries. However, County Counsel and PDS also take civil enforcement action against the illegal dispensaries as a violation of the Zoning Ordinance and County Building Code, and the County follows abatement procedures, issuing administrative fines, and/or civil penalties for such businesses as appropriate.

County staff can also initiate a receivership process pursuant to the Health and Safety Code to address dilapidated, abandoned and/or nuisance properties. Where there are substandard properties, the court directly controls the property via the court-appointed receiver. The County can utilize the expertise of the receiver to bring the property back up to code and supervise the rehabilitation of the property at the property owner's expense. This action protects community members who have been subjected to substandard conditions by absentee or recalcitrant property owners. Receiverships can potentially be used for properties with repeated code violations, including violations related to the illegal sale of cannabis. Although the County can currently pursue receiverships in applicable circumstances under State law, I am proposing an ordinance adding a new subsection to the County Code of Administrative Ordinances relating to receivership proceedings. This new provision will allow the receivership proceedings to commence promptly where appropriate without the additional step of obtaining board approval for each specific property.

Numerous community leaders and constituents have voiced concerns about illegal cannabis dispensaries operating near schools and residential areas and the negative impact illegal dispensaries have on our neighborhoods. These unregulated facilities attract criminals involved in other illicit drug activities, and are often the catalyst for violent crime, property crime, and financial crime that affect residents and other local businesses. Products sold at unlicensed cannabis facilities are often cultivated and manufactured using processes which may be harmful to consumers and are often marketed toward children. Additionally, THC-infused food products closely resembling well-known name brands may be inadvertently consumed, creating potential health and safety risks.

In one instance, members of the Sheriff's Special Enforcement Detail (SED/SWAT) served a search warrant in El Cajon on March 26 and shut down an illegal dispensary, seizing hundreds of pounds of THC infused products, 97 pounds of marijuana and one firearm.

**SUBJECT:** ENHANCING ENFORCEMENT OF ILLEGAL MARIJUANA  
DISPENSARIES AND SIMPLIFYING THE RECEIVERSHIP PROCESS  
(DISTRICTS: ALL)

When an illegal marijuana dispensary was shut down by Sheriff's Deputies in Spring Valley on April 30, investigators discovered several THC-infused edibles which falsely appeared to be legitimate name brand chips and candies.

On May 7, members of the Sheriff's Narcotics and Gang Division arrested 15 people and closed down another illegal marijuana dispensary in Spring Valley, seizing three handguns and \$70,000 in cash in addition to THC products and processed marijuana.

Unfortunately, these illegal and unlicensed dispensaries continue to operate throughout the County of San Diego. The Chief Administrative Officer's Recommended Fiscal Year 2021-22 budget includes an additional \$1.2 million to support five deputies, one sergeant, and a crime analyst, creating a full-time enforcement team within the Sheriff's Department dedicated to the investigation and eradication of illegal cannabis operations in our neighborhoods. On June 23, I requested an amendment to the FY 2021-22 budget to add another \$800,000 to assist the Sheriff's Department with these enhanced enforcement efforts. These funds would add investigative support for the enforcement team, allowing the Sheriff's Department to focus on unlicensed cannabis operations in the unincorporated area. The funding would add one forensic evidence technician and two Sheriff property and evidence specialists for evidence collection and management. Funds are also proposed for overtime costs to expand the dedicated staffing as needed for large and complex enforcement operations. This investment in dedicated staff will optimize and expand these important enforcement efforts in the Sheriff's area of responsibility, thereby improving public safety.

I also requested an additional \$1.2 million for the District Attorney's office to support and expand ongoing prosecutions of unlicensed dispensaries. The District Attorney contemplates the hiring of two deputy district attorneys, two district attorney investigators, and one crime analyst with these funds.

These additional resources will allow increased action by the District Attorney in shutting down unlicensed dispensaries. The District Attorney has worked with local law enforcement to prosecute these illegal businesses over the past two years. However, the problem persists as the managers and owners of these illegal businesses can quickly open in new buildings. The additional resources will allow for an enhanced approach to solve this complicated problem.

The funds will also enable local law enforcement to track money laundering activity stemming from the unlawful sale of cannabis. Money laundering investigations consume extensive resources and require special expertise including those of investigators and analysts.

Importantly, these resources would also enhance the District Attorney's ability to initiate enforcement action against any cannabis delivery services selling marijuana to our minors in violation of the law. Recently, SANDAG and the Center for Community Research revealed a concerning rise in cannabis abuse by minors who reported that delivery services were their sources of supply. The additional funds will assist in eliminating these delivery services.



**SUBJECT:** ENHANCING ENFORCEMENT OF ILLEGAL MARIJUANA  
DISPENSARIES AND SIMPLIFYING THE RECEIVERSHIP PROCESS  
(DISTRICTS: ALL)

To further enhance these efforts, this board letter introduces an ordinance providing litigation authority to County Counsel to initiate receivership actions on behalf of its client departments as allowed under State law, including the Health and Safety Code (Section 17980.7) and the Business and Professions Code (Section 17203). The receivership actions would be applicable to properties with repeated code violations, including those related to the illegal sale of cannabis, and violations of unfair competition law.

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

The County makes health, safety and thriving a focus of all policies and programs through internal and external collaboration. Action today supports the pursuance of policy and program change for healthy, safe and thriving environments to positively impact residents.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Joel Anderson', with a stylized, cursive script.

JOEL ANDERSON  
Supervisor, Second District

**ATTACHMENT(S)**

Attachment A – Ordinance Adding a New Subsection to Section 142 of the San Diego County Code of Administrative Ordinances (Clean Copy)

Attachment B – Ordinance Adding a New Subsection to Section 142 of the San Diego County Code of Administrative Ordinances (Informational Copy)

Attachment C – Summary of Proposed Ordinance



## COUNTY OF SAN DIEGO

### AGENDA ITEM

#### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

DATE: June 29, 2021

12

TO: Board of Supervisors

#### SUBJECT

**AMPLIFYING SYSTEMS OF SUPPORT FOR YOUTH CAREER READINESS AND EMPLOYMENT (DISTRICTS: ALL)**

#### OVERVIEW

On March 16, 2021 (21), Vice Chair Nora Vargas and Supervisor Terra Lawson-Remer directed the Chief Administrative Officer (CAO) to return to the Board of Supervisors with a proposal for development of the Youth Environment/Recreation Corp within the County to oversee, coordinate and implement funding of community organizations that support youth career readiness, workforce development, mentorship and access to green spaces; and, the Department of Human Resources to create a County workforce, career development and employment training opportunities for youth.

Today, the Department of Human Resources is returning to the Board with a proposed framework to distribute grant monies to community organizations that focus on access to green spaces and jobs. In addition, the proposed Framework will establish a County internship program that provides paid internships in County departments with green programs and services, such as Parks and Recreation, Environmental Health and Quality and General Services.

#### RECOMMENDATION(S)

##### CHIEF ADMINISTRATIVE OFFICER

1. Receive the Youth Environment/Recreation Corp framework proposal.
2. Approve and authorize the Director of Purchasing and Contracting to negotiate with The San Diego Foundation and if successful, at fair and reasonable terms, sign an agreement to manage the applications, evaluation and administration of the funding allocations to community organizations that support youth career readiness and focus on access to green spaces.
3. Approve and authorize the Director of Purchasing and Contracting to negotiate and execute an agreement with the San Diego Workforce Partnership, the local Workforce Development Board designated by the City and County of San Diego, to hire opportunity youth to serve in paid County internships in departments with green sector services.

**SUBJECT: AMPLIFYING SYSTEMS OF SUPPORT FOR YOUTH CAREER READINESS AND EMPLOYMENT (DISTRICTS: ALL)**

#### EQUITY IMPACT STATEMENT

The *Youth Environmental/Recreation Corp Program* is designed to result in increased career and economic advancement for opportunity youth, defined as young adults ages 16 to 24 who are disconnected from work and school. Based on available data from a June 2020 Pew Report which indicates that opportunity youth have been disproportionately impacted by the Covid-19 pandemic and available data from a San Diego Workforce Partnership report which estimates there are 38,000 Opportunity Youth residing in San Diego county, a *Youth Environmental/Recreation Corp Program* will result in increased workforce participation for these youth. A three-fold program is proposed that will employ up to 40 opportunity youth in County identified green sector positions per fiscal year; partner with an established and trusted community organization to provide participant selection, programming, and wraparound services; and leverage the funds further by funding new green jobs for opportunity youth through Community Based Organizations. The impact of these efforts will be measured by the increased career opportunities for opportunity youth following their internships.

#### FISCAL IMPACT

Funds for this request are included in the Fiscal Year 2021-22 CAO Revised Recommended Operational Plan in the Department of Human Resources. If approved, this request will result in costs of \$500,000 in Fiscal Year 2021-22. The funding source is General Fund fund balance. Costs and revenue of \$500,000 in subsequent fiscal years beginning in FY 2022-23 will be included in future Operational Plans based on available funding sources. There will be no change in net General Fund cost and no additional staff years.

#### BUSINESS IMPACT STATEMENT

This action will support business in the community by providing funding to increase the number of youth internships and enhance environmental advancement in the County.

#### ADVISORY BOARD STATEMENT

N/A

#### BACKGROUND

The impact of the COVID-19 pandemic has drastically impacted our lives. But the pandemic has a disproportional impact on the youth – especially those youth who have previously experienced limited economic opportunity. A report published by the San Diego Workforce Partnership estimated the youth population, those between the ages of 16 to 24 years of age, at around 417,000 individuals in the region. Within this group, 43,000 individuals are considered “opportunity youth” – individuals who are not in school and not working. The report notes the “missed social and economic opportunity in developing these individuals to become thriving members of society.” We must not allow our youth to become so disconnected from society and must find ways to connect youth to employment opportunities through career readiness and workforce development.

During March and April of last year, the COVID-19 pandemic caused the sharpest unemployment spike in modern history. While youth may have fewer health complications due to COVID-19, they are greatly impacted by the downturn in employment and educational opportunities. Youth

**SUBJECT:** AMPLIFYING SYSTEMS OF SUPPORT FOR YOUTH CAREER  
READINESS AND EMPLOYMENT **(DISTRICTS: ALL)**

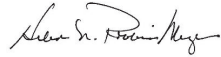
and those with less education are some of the hardest hit in our community by the current economic climate. Youth are more likely to be employed in part-time and temporary positions and have fewer assets, which increases their vulnerability during an economic downturn.

San Diego County stands to benefit when our youth are connected to programs that support career readiness and workforce development. By investing in community organizations and programs that invest in our youth, we make an investment in the future of San Diego. The program framework as outlined provides foundational steps to connecting youth to programs that support career readiness in the growing green economy. Environmental issues are cross-sectional impacting all sectors of our county. By investing in youth career readiness in these areas, we can develop a future workforce of local stewards positioned for healing of the community and the environment. We make an investment in the future of San Diego by leveraging partnerships and investing in community organizations and programs that invest in our youth.

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

The requested action supports the *Live Well San Diego* Initiative in the County's 2021-2026 Strategic Plan, and its vision for a San Diego that is Building Better Health, Living Safely and Thriving, by supporting youth career readiness as we navigate the economic recovery of COVID-19.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

Youth Environment/Recreation Corp framework proposal

## AMPLIFYING SYSTEMS OF SUPPORT FOR YOUTH CAREER READINESS AND EMPLOYMENT FRAMEWORK

On March 16, 2021 (21), Vice Chair Nora Vargas and Supervisor Terra Lawson-Remer directed the Chief Administrative Officer (CAO) to return to the Board of Supervisors with a proposal for development of the Youth Environment/Recreation Corp within the County to oversee, coordinate and implement funding of community organizations that support youth career readiness, workforce development, mentorship and access to green spaces; And, the Department of Human Resources to create a County workforce, career development and employment training opportunities for youth.

The Department of Human Resources (DHR), in collaboration with the Land Use and Environment Group (LUEG) explored a variety of programs that would meet the directives of the Board of Supervisors and achieve desired outcomes to formulate this proposal. Collaborative discussions were held with the Office of Equity and Racial Justice, San Diego Workforce Partnership, **Youth Will**, City of San Diego, and the Live Well San Diego Youth Sector as well as internal resources from managing County internship programs such as the Workforce Academy for Youth (WAY), Connect2Careers and Jay's Program.

The proposed framework for amplifying systems of support for youth career readiness and employment leverages existing County relationships with San Diego Workforce Partnership (SDWP) **Youth Will**, and The San Diego Foundation.

SDWP manages a variety of funding sources (public, private and philanthropy) to support workforce development throughout the San Diego region. They are the local Workforce Development Board, designated by the City and County of San Diego and focus many of their efforts on identifying employment prospects for opportunity youth – those between the ages of 16 and 24 years of age who are not in school and not working.

**Youth Will** was established when elected officials, community organizers, committed public servants, religious leaders and parents created a plan they believed would bring a better future for San Diego. After working with youth, elders, and everyone in between to chart the new course ahead, they have changed the way they work. Youth will build the power needed to create change. Youth will collaborate with adults to improve the youth development ecosystem. Youth will demand prioritization from the decision makers in their community. **Youth Will** has been instrumental in identifying Community Based Organizations that would potentially meet the green jobs requirements of this program.

The San Diego Foundation is one of the top 30 community foundations in the nation. With generous support from local donors, and regional and national funders, The Foundation has granted more than \$1.2 billion to San Diego nonprofit organizations since its inception in 1975 and will work collaboratively with **Youth Will** to establish criteria for grant applicants.

### Funding Community Organizations:

The Board of Supervisors approved funding of \$500,000 in Fiscal Year (FY) 2021/22 and \$500,000 in FY 2022/23 to support this program.

## AMPLIFYING SYSTEMS OF SUPPORT FOR YOUTH CAREER READINESS AND EMPLOYMENT FRAMEWORK

Page 2

It is recommended that forty percent of these allocations, or \$200,000 in FY 2021/22 and \$200,000 in FY 2022/23, be set aside for funding of community organizations to employ youth in new green jobs and administration. The County will partner with the San Diego Foundation (Foundation) to distribute the funding to community organizations with criteria that includes: Services that support the green economy and/or access to green spaces; Organizations that work with opportunity youth in the areas of Fallbrook, Vista, Escondido, Lemon Grove, Chula Vista and National City; Priority consideration for community organizations in these geographic areas with modest operating budgets so that smaller organizations have an equitable opportunity to qualify for funding. The Foundation will charge a grant administration fee of 10% (\$20,000) per fiscal year for managing grant applications, evaluation and administration of the funding allocations and report back to the County annually. The total amount of funding grants distributed to community-based organizations will be \$180,000 per fiscal year.

### County Workforce:

DHR will work in collaboration with SDWP to identify individuals who have interest and passion for green economies in areas of the county that have high pockets of opportunity youth. Opportunity youth will be between the ages of 16 and 24 years of age who are not in school and do not have jobs. They will be selected by SDWP and placed in County assignments that support the green economy, green spaces, or sustainability initiatives and will work projects such as:

- **Parks and Recreation:** Learn about and work in various parks for trail and tree maintenance, maintain open space, learn about conservation and stewardship in preserves, and potentially at teen events in the Community Centers.
- **Planning & Development Services:** Learn about the various aspects related to Planning and Development in the unincorporated area and the built environment. From working alongside County staff for receiving plans and working on how permits are processed, to learning the various aspects of industry practices, and building services.
- **Public Works:** Learn about waste reduction, organic and inorganic recycling, the various type of recycling, opportunities for public education on waste reduction and the environmental impacts and how programs are developed and communicated with the public.
- **Agriculture, Weights and Measures:** Learn about programs related to the agricultural industry, stormwater quality, Integrated Pest Management, and identifications of invasive insects and plant diseases. Youth would learn about the insects and plant diseases' impacts on the food supply, industry, and environment and how the Department addresses these concerns and communicates to customers and the public.

## AMPLIFYING SYSTEMS OF SUPPORT FOR YOUTH CAREER READINESS AND EMPLOYMENT FRAMEWORK

Page 3

- Environmental Health and Quality: Learn about various programs related food safety, restaurants, land and water quality and the various aspects of programs the department regulates or assists the community with. Youth would work alongside staff at the various counters where permit seekers visit for various items and how the department interacts with the business community.
- Library: Learn about the digital collection, including e-books, working to support and promote e-materials.
- General Services: Working with staff dedicated to Energy & Sustainability, managing Zero Net Energy projects, and developing the Electronic Vehicle Roadmap.

Internship opportunities for a cohort of 40 youth have been identified in the above-mentioned County departments. The County will host two cohorts of 20 interns for approximately four months up to 20 hours a week in FY 2021/22, and two cohorts of 20 interns in FY 2022/23. Funding of approximately \$300,000 in FY 2021/22 and \$295,000 in FY 2022/23 will be needed to compensate the youth and for other program expenses such as appropriate work attire (where needed) and related work supplies.

The program design will pair the youth with a County employee to create teams of 2-4 to perform functions related to their assignments. They will complete assignments as a team and individually under direct supervision of a County staff member. In addition, the County will provide meaningful on-the-job training, career development, such as resume writing and interviewing skills, and practical work experience that will prepare the youth for future green jobs. They will also receive coaching and mentorship through County staff, and support in accessing wraparound services such as housing, health insurance and Cal-Fresh through SDWP.

At the conclusion of the program assignment, the participants will come together for a recognition event and presentation of their experience in the program. This may be an oral presentation, or a visual presentation for others to see-similar to a science fair type visual. The youth will have the ability to invite their support members, friends or family, and the County staff that worked with the youth or supported them will also attend to recognize their accomplishments.

This program framework provides foundational steps to connecting youth to programs that support career readiness in the growing green economy. Environmental issues are cross-sectional impacting all sectors of our county. By investing in youth career readiness in these areas, we can develop a future workforce of local stewards positioned for healing of the community and the environment. We make an investment in the future of San Diego by leveraging partnerships and investing in community organizations and programs that invest in our youth.



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

DATE: July 13, 2021

06

TO: Board of Supervisors

### SUBJECT

**AUTHORIZATION TO EXTEND THE CONTRACT TO OPERATE SAN PASQUAL ACADEMY (DISTRICTS: ALL)**

### OVERVIEW

On February 8, 2021, the County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS) was notified by the California Department of Social Services (CDSS) that the San Pasqual Academy (SPA) three-year Pilot Project and supporting Memorandum of Understanding (MOU) to continue SPA's on-going operation would terminate effective October 1, 2021 rather than December 31, 2021 because SPA's current educationally based residential program is not an allowable model for foster care under the State Continuum of Care Reform (CCR) legislation. Then, on March 16, 2021 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer (CAO) to request an extension from CDSS for the current MOU for SPA through June 30, 2022. Subsequently, on May 3, 2021, CDSS replied with an offer to grant an extension to the term of the MOU subject to several conditions. Then, on May 18, 2021 (30), the Board directed the CAO to enter into an agreement with CDSS for an extension through June 30, 2022.

With CDSS' approval of the MOU extension, CWS must extend the current contract with New Alternatives, Inc. for the on-going operation and services at SPA through June 30, 2022. The current contract is set to expire on September 30, 2021. Today's action requests the Board authorize an amendment to the contract with New Alternatives, Inc., to extend the contract for nine months through June 30, 2022 to provide continued comprehensive services and supports to youth placed at SPA and support mindful and trauma-informed transitions of the SPA youth to suitable placements with minimal impact to their well-being. This action supports the County's *Live Well San Diego* vision and the Framework for our Future by ensuring fiscal management and contracting processes align with community priorities, providing a safe and thriving placement option, comprehensive services and supports, and a focus on improving equitable outcomes for children and youth interacting with the child welfare and juvenile justice systems

**SUBJECT:** AUTHORIZATION TO EXTEND THE CONTRACT TO OPERATE SAN PASQUAL ACADEMY (DISTRICTS: ALL)

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend Contract 45216 with New Alternatives Inc., to extend the contract term through June 30, 2022 subject to the availability of funds; and to amend the contract to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

### EQUITY IMPACT STATEMENT

San Pasqual Academy (SPA) opened in 2001 and is a first-in-the-nation residential education campus designed to meet the unique needs of adolescent youth in the foster care system and to prepare them for self-sufficiency upon exiting care. Through a unique partnership of public and private agencies, foster youth ages 12-17 years and non-minor dependents (NMDs) up to age 19 years are provided with a seamless delivery of residential, education, work readiness and child welfare case management services. While SPA does not provide legal permanency for foster youth, it does provide a unique placement option that is stable, long-term, and prepares youth in foster care and subgroups within, to include Black, Indigenous, People of Color, Native Spanish speakers, and LGBTQ, for independent living with strong linkages to transitional housing and post-emancipation services.

As of June 21, 2021, the population of youth placed at SPA is 64. The ethnic distribution includes 17% White, 42% Latino, and 41% Black.

The County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS), partners with public and private agencies such as New Alternatives, Inc., San Diego County Office of Education, and Access Inc. (through the support of the San Diego Workforce Partnership) to maximize racially equitable community outcomes by ensuring all youth at SPA have increased access to health and wellness opportunities, develop life-long connections, and broaden educational horizons. In 2021, 13 youth graduated from high school and all benefitted from at least one scholarship from private donors. Of the 13 youth, four will attend a four-year university, eight will attend local two-year community colleges, and one will participate in Job Corps.

The racial and ethnic diversity of SPA is reflected in the diverse staff and collaborative partners teaming to provide all youth placed at SPA with comprehensive services and equitable access to on-campus resources, services, and supports. SPA is a diverse and inclusive community as demonstrated in the San Pasqual Academy Neighbors (SPAN) Program. SPAN is an intergenerational mentoring program in which adults over the age of 55 serve as resident "grandparents" to the foster youth residing at SPA. SPA provides cultural events and activities on campus to support every youth's sexual orientation, gender identity, and gender expression (SOGIE).

With the overall decrease in the number of children in foster care, placing more children with families, and recent State and federal legislations affecting SPA's ongoing operations,



**SUBJECT:** AUTHORIZATION TO EXTEND THE CONTRACT TO OPERATE SAN PASQUAL ACADEMY (DISTRICTS: ALL)

communities, and stakeholders most impacted to include youth at SPA, SPA alumni and community partners have multiple platforms to engage and provide input on how changes at SPA affect youth in all communities and help identify ways to further strengthen supports for all youth in foster care

#### **FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. If approved, this request will result in costs and revenue of approximately \$6,270,500 in Fiscal Year 2021-22. The funding sources are budgeted Realignment and General Purpose Revenue. There will be no net General Fund cost and no additional staff years.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

This item was presented to the Child and Family Strengthening Advisory Board as an informational item on July 9, 2021.

#### **BACKGROUND**

San Pasqual Academy (SPA) opened in 2001 and is a first-in-the-nation residential education campus designed to meet the unique needs of adolescent youth in the foster care system and to prepare them for self-sufficiency upon exiting care. Over the last five years, federal and State legislation have significantly shifted the statutory requirements for keeping children safely with families, resulting in sweeping legislative changes that identify home-based settings with resource families as the best placement option for youth and reduce the reliance on and use of congregate care.

On February 8, 2021, the County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS) was notified by the California Department of Social Services (CDSS) that the San Pasqual Academy (SPA) three-year Pilot Project and supporting Memorandum of Understanding (MOU) to continue SPA's on-going operation would terminate effective October 1, 2021 rather than December 31, 2021 because SPA's current educationally based residential program is not an allowable model for foster care under the State Continuum of Care Reform (CCR) legislation. Then, on March 16, 2021 (12), the San Diego County Board of Supervisors (Board) directed the Chief Administrative Officer (CAO) to request an extension from CDSS for the current MOU for SPA through June 30, 2022. Subsequently, on May 3, 2021, CDSS replied with an offer to grant an extension to the term of the MOU, to coincide with the end of the 2021-22 school year subject to several conditions. Then, on May 18, 2021 (30), the Board directed the CAO to enter into an agreement with CDSS for an extension through June 30, 2022.

#### *Current SPA Contract*

On March 21, 2000 (1), the Board authorized a competitive procurement for a nonprofit organization to operate SPA and award a contract(s) for a period of one year and four option years. The Board approved a modification to the contract term on July 31, 2001 (1) to a 10-year term with an option of automatic renewal for one 10-year term through September 2021. With CDSS'

**SUBJECT:** AUTHORIZATION TO EXTEND THE CONTRACT TO OPERATE SAN PASQUAL ACADEMY (DISTRICTS: ALL)

approval of the MOU extension, CWS must extend the current contract with New Alternatives, Inc. for the on-going operation and services at SPA through June 30, 2022. The current contract is set to expire on September 30, 2021.

#### *Services Provided Under SPA Contract*

Through a unique partnership of public and private agencies such as New Alternatives, Inc., San Diego County Office of Education, Access Inc. through the support of the San Diego Workforce Partnership, and the County of San Diego (County) Health and Human Services Agency, Child Welfare Services (CWS), youth at SPA are provided with a seamless delivery of residential, education, work readiness and child welfare case management services. If today's actions are approved, New Alternatives, Inc. will continue to provide the following operational service and programs to youth at SPA through June 30, 2022:

- Residential Education Services
  - Safe and nurturing board, care, and supervision in family-style homes;
  - Transportation as needed for academic, volunteer, employment, extra-curricular social and family activities;
  - Health and Wellness and therapeutic support; and
  - Education support, tutoring, and linkage to special education services and advanced academic placement services as necessary.
- San Pasqual Academy Neighbors (SPAN) Program
  - Intergenerational mentoring and community support; and
  - Guidance and life skills enrichment from older adults ("grandparents") residing on campus
- Independent Living Skills Program
  - Basic life skills training to prepare youth for a successful life as an independent adult; and
  - Self-sufficiency, work readiness and technology literacy

Since 2001, New Alternatives Inc. has provided services to 1,034 unduplicated foster youth, inclusive of 165 sibling groups (342 youth). Over 425 students have graduated from the on-site high school with upwards of 40 students completing high school off-campus or in an adult education program. Furthermore, over 120 SPA alumni have enrolled in a four-year university and to date, over 35 alumni have received their Bachelor's degree from a four-year university.

Currently, with the changes in the overall decrease in number of children in foster care, placing more children with families, and recent State and federal legislation impacting SPA's ongoing operations, the population of youth at SPA as of June 21, 2021 is 64. The amount of the contract to operate SPA from October 1, 2021 to June 30, 2022 is approximately \$6,270,500. Today's action requests the Board to authorize an amendment to the contract with New Alternatives, Inc., to extend the contract for nine months from October 1, 2021 through June 30, 2022, to align with the MOU extension granted by CDSS to continue to operate SPA in its current model and support mindful and trauma-informed transitions of youth at SPA to suitable placements with minimal impact to their well-being.

**SUBJECT:** AUTHORIZATION TO EXTEND THE CONTRACT TO OPERATE SAN  
PASQUAL ACADEMY (DISTRICTS: ALL)

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

Today's proposed action supports the Healthy Families and Safe Communities initiative of the County of San Diego's 2021-2026 Strategic Plan, as well as the *Live Well San Diego* vision and the Framework for our Future by ensuring fiscal management and contracting processes align with community priorities, providing a safe and thriving placement option, comprehensive services and supports, and a focus on improving equitable outcomes for children and youth interacting with the child welfare and juvenile justice systems

Respectfully submitted,

A handwritten signature in black ink, appearing to read "H. Robbins-Meyer", followed by a period.

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A



## COUNTY OF SAN DIEGO

### AGENDA ITEM

#### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

DATE: July 13, 2021

07

TO: Board of Supervisors

#### SUBJECT

**APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)**

#### OVERVIEW

On June 8, 2021 (3), the San Diego County Board of Supervisors (Board) took critical action in advancing support to San Diego residents by approving the framework for the use of American Rescue Plan Act (ARPA) funding. Approval of the ARPA framework is the first step toward getting needed support and resources on the ground across the region. Additional action is needed to operationalize some components of the approved framework. Today's actions request the Board approve recommendations related to the spending plan for the Homeless Solutions, Direct Stimulus Payments, and Legal Services Components of the approved ARPA framework specifically:

##### *Homeless Services Component*

- Authorization to identify and negotiate the purchase or lease of suitable sites in incorporated and unincorporated areas to utilize for homeless solutions.
- Authorization to amend one contract, and issue two new competitive solicitations and award contracts to expand Safe Haven transitional housing capacity designed around key harm reduction principles, and execute a revenue agreement with the City of San Diego for the new Safe Haven programs.

##### *Direct Stimulus Payments Component*

- Authorization for a competitive solicitation for the development and evaluation of the Innovation in Foster Care: Cash Transfer Program for Youth At-Risk Families.

##### *Legal Services Component*

- Authorize an amendment to the current contract with Legal Aid Society of San Diego for legal services, housing counseling, and outreach and prevention.
- Authorization for a competitive solicitation for legal services, housing counseling, and prevention and outreach activities.

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

Today's action supports the County's *Live Well San Diego* vision by expanding critical behavioral health services to vulnerable populations and taking further action to continue to ensure individuals and families throughout the region have housing and other services to support their health and well-being and by providing financial resources to assist individuals, local businesses and other essential providers impacted by COVID-19. Additionally, today's action aligns with the Board's Framework for Our Future by incorporating an equity lens when developing and implementing programs and services, and ensuring fiscal stewardship of County resources, use of impact data, and contracting processes that align with community priorities.

#### RECOMMENDATION(S)

##### CHIEF ADMINISTRATIVE OFFICER

##### *1. Approve actions related to the American Rescue Plan Act Program Funds Homeless Solutions Component*

- Direct the Director, Department of General Services, or designee, to identify suitable sites in incorporated and unincorporated areas of San Diego County that are available to acquire under a lease, license, land swap or purchase agreement that can be used to address the needs of persons experiencing or at risk of homelessness in the incorporated and unincorporated areas by providing a range of housing solutions and services.
- Approve in principle the acquisition of suitable site(s) pursuant to license(s), lease(s), purchase agreement(s) or Memorandum of Agreement (MOA) and authorize the Director, Department of General Services to negotiate the acquisition of such site(s), execute option agreement(s) for site(s) available for purchase, begin due diligence on the site(s), and return to the Board for the necessary funding and approvals of the license(s), lease(s), purchase(s) or MOA(s).
- In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, to negotiate, and upon successful negotiations, amend contract 563429 with Episcopal Community Services to increase Safe Haven transitional housing capacity; and to amend the contract as required to reflect changes to services and funding allocations, subject to successful negotiations with the City of San Diego and the availability of funding, and subject to the approval of the Agency Director, Health and Human Services Agency.
- 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 Safe Haven transitional housing services, 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 option years, and up to an additional six months, if needed; subject to successful negotiations with the City of San Diego and the availability of funding, 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.

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

- e. In accordance with Board Policy B-29, authorize the Clerk of the Board, upon successful negotiation, to execute a revenue agreement or revenue agreements, upon receipt, for Fiscal Years 2021-22 with the City of San Diego for short-term and bridge housing services, including Safe Haven services, amendments thereto, including amendments extending the agreement(s)' terms past Fiscal Year 2021-22, and future years' Agreements and amendments, subject to the availability of funding, provided terms, conditions, program services and funding are not materially impacted or altered. In addition, waive Board Policy B-29 requirement of full cost recovery of revenue agreements.

**2. Approve Action Related to the American Rescue Plan Act Program Funds Direct Stimulus Payments Component**

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 the development and evaluation of the Innovation in Foster Care: Cash Transfer Program for Youth At-Risk Families, and upon successful negotiations and determination of a fair and reasonable price, award a contract for an Initial Term of up to one year and four option years, and up to six additional months if needed, subject to the availability of funds; and to amend the contract as required to reflect changes in services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

**3. Approve Actions Related to the American Rescue Plan Act Program Funds Legal Services Component**

- a. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to negotiate, and upon successful negotiations, amend contract 558548 with Legal Aid Society of San Diego to increase the contract amount up to \$5,000,000 for legal services, housing counseling, and outreach and prevention for Fiscal Year 2021-22, and up to an additional six months, if needed, subject to the availability of funds; and to amend the contract as required to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.
- b. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitation for legal services, housing counseling, and prevention and outreach activities, and upon successful negotiations and determination of a fair and reasonable price, award multiple contracts for maximum geographical coverage for an Initial Term of up to one year, with four option years, and up to an additional six months, if needed; subject to the availability of funding, 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.

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

**EQUITY IMPACT STATEMENT**

Today's action presents recommendations as necessary to begin to operationalize certain programs and services under the County of San Diego's recommended spending plan for the American Rescue Plan Act (ARPA) program funding for the Homeless Solutions, Direct Stimulus Payments, and Legal Services Components, which advances the San Diego County Board of Supervisors (Board) commitment to supporting the most vulnerable residents in the county that were significantly impacted by the COVID-19 pandemic. The recommended actions related to the spending plan for these ARPA components, will utilize an equity lens, and a quantitative and qualitative data-driven approach. Additionally, when appropriate, community engagement will be incorporated into the implementation of the recommended actions related to these ARPA components; the County will solicit community stakeholder input, and feedback from the individuals and families that may benefit from this funding.

Development and implementation of the spending plan for these components align with and are guided by the Board's Framework for Our Future strategies and the outcomes reflected in the programs, services and resources related to these components. By providing a mechanism for public input on critical programmatic direction related to fiscal spending plans, the recommended actions build on the County's commitment to transparency and open government, and a collaborative, data-driven, and equitable response to the COVID-19 pandemic. It is anticipated that these actions will have a positive impact on equity-seeking groups including, Black, Indigenous, People of color (BIPOC), women, people with disabilities, immigrants, youth, and the LGBTQ community.

**FISCAL IMPACT**

Funds for these requests are included in the County of San Diego's Fiscal Year (FY) 2021-23 Operational Plan. If approved, today's actions will provide authority to begin to operationalize certain programs and services under the Homeless Solutions, Direct Stimulus Payments, and Legal Services Components of the American Rescue Plan Act (ARPA) framework. These requests will result in estimated costs and revenues of \$10,973,103 in FY 2021-22 and \$10,417,500 in FY 2022-23. The funding sources will be ARPA funding allocated directly to the County of San Diego and funding from the City of San Diego. There will be no change in net General Fund cost and no additional staff years.

**Recommendation 1 - Approve actions related to the American Rescue Plan Act Program Funds Homeless Solutions Component:**

**Recommendations 1a, 1b**

Funds for this request are included in the FY 2021-23 Operational Plan in the Department of General Services, Facilities Management Internal Service Fund. If approved, this request will result in estimated costs and revenue of \$883,103 in FY 2021-22. The funding source is an internal agreement with the Health and Human Services Agency (HHSA) supported by the American Rescue Plan Act (ARPA). There will be no change in net General Fund costs and no additional staff years.

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

***Recommendations 1c, 1d, 1e***

Funds for these requests are included in the FY 2021-23 Operational Plan in HHSA. If approved, these requests will result in estimated costs and revenue of \$4,600,000 in FY 2021-22 and costs and revenue of \$4,800,000 in FY 2022-23. The funding sources will be ARPA funding and funding from the City of San Diego, with projected costs to be shared between the County and City. A waiver of Board Policy B-29 is requested because the City of San Diego funding does not offset all costs. The public benefits of providing these services outweigh the required contribution for uncovered costs. There will be no change in net General Fund cost and no additional staff years.

**Recommendation 2 - Approve Action Related to the American Rescue Plan Act Program Funds Direct Stimulus Payments Component**

Funds for this request are included in the County of San Diego's FY 2021-23 Operational Plan. If approved, this request will result in costs and revenue of approximately \$490,000 in FY 2021-22 and costs and revenue of approximately \$617,500 in FY 2022-23. The funding source will be ARPA funding. There will be no net General Fund costs and no additional staff years.

**Recommendation 3 - Approve Actions Related to the American Rescue Plan Act Program Funds Legal Services Component**

***Recommendation 3a, 3b***

Funds for this request are included in the County of San Diego's FY 2021-23 Operational Plan. If approved, this request will result in estimated costs and revenue of \$5,000,000 in FY 2021-22 and costs and revenue of \$5,000,000 in FY 2022-23. The funding source will be ARPA funding. There will be no net General Fund costs and no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

Since January 2020, the San Diego County Board of Supervisors (Board) has been committed to and taken action to protect the health of the public and provided resources to individuals, families, and local businesses during the COVID-19 pandemic. On June 8, 2021 (3), the Board took critical action in advancing support to San Diego residents by approving the framework for the use of \$653.5 million in American Rescue Plan Act (ARPA) funding. The approved ARPA framework commits resources to continue to manage and reduce community transmission of COVID-19 in San Diego County; provide the necessary support for individuals, families, and local business to mitigate the negative effects and other barriers experienced during the COVID-19 pandemic; support the County continued COVID-19 pandemic response efforts; and to plan for stability and sustainability of the region beyond the COVID-19 pandemic.

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

Approval of the ARPA framework is the first step toward getting needed support and resources on the ground across the region. Additional action is needed to operationalize some components of the approved framework. The County will be reviewing future federal and State funding as part of the strategic planning for the use of ARPA funding in order to maximize all available resources. In the upcoming months, the County will be returning to the Board to request approval and authorization for various actions associated with components of the approved ARPA framework. The following sections provide an outline of the plan and recommended actions needed to begin to operationalize certain programs and services under the Homeless Services, Direct Stimulus Payments, and Legal Services Components.

**ARPA Framework Component - Homeless Services**

The approved ARPA funding framework included an appropriation of \$85 million for homeless services. If approved, the following requested actions will provide the authorization needed to move forward with implementing certain programs and services related to the Homeless Services Component of the approved ARPA framework.

***Identifying Sites to be Utilized in the County's Efforts to Address the Needs of Persons Experiencing Homelessness***

To address the growing homeless crisis in the unincorporated area of San Diego County, a comprehensive team of County departments came together to identify possible solutions. In line with the Board's Framework for the Future, today's item seeks to accelerate efforts to acquire property appropriate for establishing housing and services for people at risk of or experiencing homelessness. On January 28, 2020 (06), the Board directed staff to implement these solutions to address the need for safety, housing and services. On February 25, 2020 (10), the Board authorized the Director, Department of General Services, to identify suitable sites in San Diego County to address the homeless needs of the unincorporated area, to lease, license or purchase for temporary public storage, emergent, interim, and permanent housing solutions, and to return to the Board as necessary for funding and necessary approvals. On April 6, 2021 (6), the Board called for the establishment of a Department of Homeless Solutions and Equitable Communities and to streamline the location of emergency and permanent supportive housing and other facilities to support people experiencing homelessness. Today's action requests the Board to extend the search authority to include incorporated and unincorporated areas and to approve in principle the license(s), lease(s) or acquisition of suitable properties that can be used to provide for a range of possible housing solutions in both the incorporated and unincorporated areas.

***Safe Haven Housing for Individuals Experiencing Chronic Homelessness and Substance Use***

To address the needs of individuals and families experiencing homelessness and increased reports of street drug use, including injection drug use, within the City of San Diego (City), the City and County are partnering on an aggressive new strategy to outreach, engage, and connect these individuals to services and housing through new Community Harm Reduction Teams (C-HRT). C-HRT are multi-disciplinary teams which include substance use counselors, peer support, mental health clinicians, and nurse practitioners to provide psychiatric consultation that offer low-barrier

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

harm reduction services, just-in-time specialty services, connections to behavioral health, and bridge housing to support wellness, stability, and permanent supportive housing.

In the immediate term, this strategy includes the expansion of short-term and bridge housing through the addition of Safe Haven housing capacity. Safe Havens provide transitional housing designed around key harm reduction principles, including lowest barrier accessibility, variable lengths of stay, and navigation to permanent housing. C-HRTs will provide in-reach and ongoing care coordination to clients residing in Safe Havens by coordinating services with Safe Haven staff and other programs provided by Behavioral Health Services in the region.

Today's recommendations request the Board to take the following actions, subject to successful negotiations with the City of San Diego, related to Safe Haven housing for individuals experiencing chronic homelessness and substance use:

- Authorize an amendment to contract 563429 with Episcopal Community Services to increase Safe Haven transitional housing shelter bed capacity.
- Authorize the Director of Department of Purchasing and Contracting to issue two competitive solicitations for new Safe Haven transitional housing programs.
- Authorize the Clerk of the Board, to execute Revenue Agreements, upon receipt, with the City of San Diego, for Safe Haven programs. A waiver of Board Policy B-29 is requested because the City of San Diego funding does not offset all costs. The public benefits of providing these services to individuals experiencing chronic homelessness and substance use outweigh the required contribution for uncovered costs.

#### **ARPA Framework Component – Direct Stimulus Payments**

The approved ARPA funding framework included an appropriation of \$15 million for the Innovation in Foster Care: Cash Transfer for Youth At-Risk Families program. If approved, the following requested action will provide the authorization needed to move forward with implementing this subcomponent of the Direct Stimulus Payments Component of the ARPA framework.

*Authorize Competitive Solicitation for the Development and Evaluation of the Innovation in Foster Care: Cash Transfer for Youth At-Risk Families Program*

The COVID-19 pandemic created significant economic impacts for many families, especially in communities of color. Families experienced additional stressors, such as job loss, reduction in income and risk of homelessness. Research shows that children living in low socioeconomic households are at a higher risk of child maltreatment and entering into foster care.

With the support of ARPA funding to address the economic impacts of the COVID-19 pandemic, the County Child Welfare Services (CWS) will be implementing the Innovation in Foster Care: Cash Transfer for Youth At-Risk Families Program (Cash Transfer Program). The Cash Transfer Program is intended to increase resiliency in impacted communities, promote family strengthening and prevent child maltreatment. The program is anticipated to serve up to 1,000 families with children ages 0 to 12 years and at risk of entering foster care, particularly in communities of color

**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

with higher rates of poverty. Eligible families will receive monthly income subsidies for up to two years and have access to equitable opportunities to participate in supportive services. A randomized control trial evaluation will follow participating families during the two years of receiving cash disbursements and up to two years after to determine the sustainability of protective factors, resiliency, and the effectiveness of guaranteed income as a means of reducing the risk for child abuse and neglect.

To ensure a successful implementation with maximum impact in the community, CWS seeks to procure a contract for the development and evaluation of the Cash Transfer program. The contract will include an analysis of the potential impact of the Cash Transfer Program on a family's ability to receive other public benefits, tax impacts and potential waivers to various benefit programs. Today's action requests the Board authorize the Director, Department of Purchasing and Contracting, to issue a competitive solicitation for the development and evaluation of the Cash Transfer Program.

#### **ARPA Framework Component – Legal Services**

The approved ARPA funding framework included an appropriation of \$15 million for legal services, housing counseling and outreach and prevention for low-income households facing eviction. The current moratorium on evictions is set to expire on September 30, 2021 at which time the need for these services is expected to increase among low-income renters. It is recommended that the existing contract with Legal Aid Society of San Diego, be amended for one year to include up to \$5 million in FY 2021-2022 to ensure these services are available immediately, additionally, a Request for Proposal (RFP) will be released for up to \$10 million for an additional two years (\$5 million each year). If approved, today's actions will provide the authorization needed to move forward with implementing programs and services related to these services.



**SUBJECT:** APPROVAL OF ACTIONS RELATED TO THE SPENDING PLAN FOR THE AMERICAN RESCUE PLAN ACT PROGRAM FUNDS HOMELESS SOLUTIONS COMPONENT, DIRECT STIMULUS PAYMENTS COMPONENT, AND LEGAL SERVICES COMPONENT (DISTRICTS: ALL)

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

Today's actions to approve recommendations necessary to begin to operationalize certain programs and services under the American Rescue Plan Act Program funding Homeless Services, Direct Stimulus Payments, and Legal Services Components, support the Building Better Health Initiative by expanding critical behavioral health services to vulnerable populations and taking further action to continue to ensure individuals and families throughout the region have housing and other services to support their health and well-being, and the Sustainable Environments/Thriving Strategic Initiative in the County of San Diego's 2021-2026 Strategic Plan by providing financial resources to assist individuals, local businesses and other essential providers impacted by COVID-19.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "H. Robbins-Meyer", with a stylized flourish at the end.

HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

N/A



# COUNTY OF SAN DIEGO

## AGENDA ITEM

### BOARD OF SUPERVISORS

NORA VARGAS  
First District

JOEL ANDERSON  
Second District

TERRA LAWSON-REMER  
Third District

NATHAN FLETCHER  
Fourth District

JIM DESMOND  
Fifth District

**DATE:** July 13, 2021

**11**

**TO:** Board of Supervisors

### SUBJECT

**AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE  
PROCUREMENTS, AND AMENDMENT TO EXTEND EXISTING BEHAVIORAL  
HEALTH SERVICES CONTRACT (DISTRICTS: ALL)**

### OVERVIEW

The County of San Diego (County) Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) department provides a comprehensive array of community-based mental health and substance use disorder services through contracts with local public and private agencies to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

Approval of today's recommended actions authorizes competitive solicitations, single source procurements, and amendment to extend an existing contract, to support critical behavioral health services.

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

### RECOMMENDATION(S)

#### CHIEF ADMINISTRATIVE OFFICER

1. In accordance with 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 in Attachment A, 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 option years, 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.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE  
PROCUREMENTS, AND AMENDMENT TO EXTEND EXISTING  
BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

2. In accordance with Board Policy A-87, Competitive Procurement, approve and authorize the Director, Department of Purchasing and Contracting, to enter into negotiations with providers of Prevention and Early Intervention Services for Native Americans, and subject to successful negotiations and determination of a fair and reasonable price, enter into a single source contract for an initial term of up to one year, with four option years, 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 Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting to negotiate, and upon successful negotiations, amend contract 559918 with Public Consulting Group to extend the contract term through June 30, 2023 and up to an additional six months, if needed, subject to the availability of funds; and to amend the contract as required to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.

### EQUITY IMPACT STATEMENT

Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County with serious mental illness, and the service delivery system for Medi-Cal eligible residents with substance use disorder care needs. These individuals and families often struggle disproportionately with social and economic factors that may negatively impact their behavioral health. These factors, referred to as the social determinants of health, are rooted in inequitable distribution of resources.

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 linguistic and cultural needs of a diverse population, and equitably distributed to the individuals, families, and communities most in need. BHS utilizes a population health approach, along with evidence-based practices, robust data analysis, and stakeholder input from consumers, community-based providers, healthcare organizations and others to identify need and design services that are impactful, equitable, and yield meaningful outcomes for clients.

If approved, today's action will award and extend contracts for services that improve access to treatment and care for some of the region's most vulnerable, under-served, and under-resourced sub-populations. These include specialty outpatient services for commercially sexually exploited children, rural communities, LGBTQ+ youth, Native Americans, foster youth, and veterans, among others. These integrated services will reduce health system silos, and improve access to care, to mitigate the social determinants of health through a comprehensive continuum of behavioral health services.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE PROCUREMENTS, AND AMENDMENT TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

#### **FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in the Health and Human Services Agency. If approved, today's recommendations will result in approximate costs and revenue of \$800,000 to \$1,200,000 in Fiscal Year 2021-22 and \$55,500,000 to \$73,700,000 in Fiscal Year 2022-23. There will be no change in net General Fund cost and no additional staff years.

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

If approved, this request will result in estimated costs and revenue ranging from \$700,000 to \$1,000,000 in Fiscal Year 2021-22 and \$53,600,000 to \$71,200,000 in Fiscal Year 2022-23. The funding sources are Mental Health Services Act (MHSA), Short Doyle Medi-Cal, Substance Abuse Block Grant, Drug Medi-Cal, Tobacco, General Funds, and Realignment. There will be no change in net General Fund cost and no additional staff years.

#### **Recommendation #2: Authorization to Issue Single Source Contracts**

If approved, this request will result in estimated costs and revenue ranging from \$1,600,000 to \$2,100,000 in Fiscal Year 2022-23. The funding sources are MHSA, Substance Abuse Block Grant, General Funds, and Realignment. There will be no change in net General Fund cost and no additional staff years.

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

If approved, this request will result in estimated costs and revenue from \$100,000 to \$200,000 in Fiscal Year 2021-22 and \$300,000 to \$400,000 in Fiscal Year 2022-23. The funding source is Realignment. There will be no change in net General Fund cost and no additional staff years.

#### **BUSINESS IMPACT STATEMENT**

N/A

#### **ADVISORY BOARD STATEMENT**

The Behavioral Health Advisory Board did not have a scheduled meeting in July 2021, the recommended actions will be presented as an informational item at their next regularly scheduled meeting on August 5, 2021.

#### **BACKGROUND**

The County of San Diego (County), Health and Human Services Agency (HHSA) Behavioral Health Services (BHS) department provides a comprehensive array of community-based mental health and substance use disorder (SUD) services through contracts with local public and private agencies to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions.

Approval of today's recommended actions authorizes competitive solicitations, single source procurements, and amendment to extend an existing behavioral health services contract, to sustain critical behavioral health services.

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These recommended actions support the continuation of critical work to advance the ongoing transformation of the Behavioral Health Continuum of Care. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

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

If this recommendation is approved, competitive solicitations will be issued and contracts will be awarded for the critical behavioral health services, as outlined below:

##### **a. Behavioral Health Training and Technical Assistance**

On August 4, 2015 (4), the Board authorized the procurement of the Behavioral Health Training (BHT) program designed to provide a variety of system-wide education and trainings for staff from County-operated and County-contracted behavioral health programs in San Diego County. These trainings increase knowledge and skills and are provided in multiple formats, including instructor-led classes, webinars, e-Learnings, and conferences. Continuing education credit is provided for licensed clinical personnel. The BHT incorporates concepts that align with key HHSA and County initiatives; these include trainings on cultural competency, behavioral health and primary care integration, Drug Medi-Cal Organized Delivery System (DMC-ODS), cross-sector behavioral health, and trauma informed systems integration. Services are provided countywide. Annually, approximately 15,000 e-Learnings or webinars are completed by County employees and contracted staff. In Fiscal Year (FY) 2019-20, the program provided in-person training to approximately 786 County employees and contracted staff. Due to the coronavirus (COVID-19) pandemic, the program transitioned to a virtual format providing live training to approximately 514 County employees and County-contracted staff. The annual cost of this program typically ranges from \$1.4-1.9 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of Behavioral Health Training and Technical Assistance services for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

##### **b. Food Services for the San Diego County Psychiatric Hospital**

On October 4, 2016 (1), the Board authorized the procurement of the Food Services program for the San Diego County Psychiatric Hospital (SDCPH) to provide healthy/nutritional meals to patients with mental health conditions being treated in the facility. The Food Services program creates a non-institutional, patient-friendly atmosphere that provides full meal services, to include snacks for adult patients being treated at SDCPH. Services include the preparation, delivery and serving of three meals per day as well as evening snacks and all physician prescribed snacks for an average daily census of 81 adult patients (age 18 years and older). Medical diets are verified by the registered dietitian.

SDCPH is comprised of psychiatric inpatient units, an outpatient psychiatric stabilization unit, and a psychiatric emergency unit. In FY 2019-20, the program served a total of 88,206 meals to 4,655 unduplicated patients. On average, 7,350 meals are served per month.

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SDCPH serves individuals countywide. The annual cost of this program typically ranges from \$0.9 – \$1.2 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Food Services for SDCPH program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**c. Integrated Behavioral Health and Primary Care Services in Rural Communities**

On August 4, 2015 (4), the Board authorized the procurement of integrated behavioral health/primary care Prevention and Early Intervention (PEI) and Community Services and Support (CSS) services for children, adolescents, Transition Aged Youth (TAY), and adults/older adults in rural community clinic(s) in the East and North Inland areas. This is an outpatient program working in partnerships with various primary care clinics utilizing a Screening, Brief Intervention and Referral to Treatment (SBIRT) model to identify persons at risk for behavioral health issues to increase the capacity of behavioral health services in the rural communities. Services also include behavioral health consultations, mental health and substance use education, short-term prevention services and community referrals to support early intervention and treatment of uncomplicated serious mental illness (SMI), co-occurring SMI and/or SUD. Treatment services are strength-based, time limited and embrace the concepts of resilience and recovery for adults and children with severe emotional disturbance, and their families. This program provides integrated behavioral health services at primary care settings to engage the most underserved and hard to reach individuals in the rural communities in the East and North Inland HHSA Regions of the County. In FY 2019-20, the program served 811 unduplicated adult clients and 118 unduplicated children/family clients. The annual cost of this program typically ranges from \$1.1 - \$1.5 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of Integrated Behavioral Health and Primary Care Services in Rural Communities for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**d. Integrated Health System Navigation Services and Support**

On January 7, 2014 (9), the Board authorized the procurement of the Integrated Health System Navigation Services and Support program. The program provides comprehensive, peer-based care coordination, brief treatment, and whole health system navigation support to adults with mental health and/or substance use issues who present for treatment at the San Diego County Psychiatric Hospital (SDCPH) and other community providers in San Diego County. The programs' family/peer specialists and substance use counselors assess the needs of the client and/or family to provide individualized support and connection to providers and resources within the community.

Services are provided at SDCPH and at four designated mental health clinics, and include: outreach, engagement, screenings, brief interventions, referrals, and case management to adults in the designated target population. Clients are connected to individualized treatment

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and social support services, which may include physical and behavioral healthcare, housing, food, bus passes, and other resources that foster resiliency and improve the client's whole health. The program's family/peer specialists provide support, education, and advocacy for family members of adults living with behavioral health conditions.

In FY 2019-20, the program served 4,066 individuals and over 436 of their enrolled participants were homeless upon intake. Additionally, the annual report showed significant improvements in physical health with a two percent reduction in the number of clients reporting severe physical symptoms and an 84 percent increase in the number of clients connected to a primary care provider. The annual report also showed significant improvements with regards to mental health and substance use needs as there was a 13 percent decrease in severe mental health symptoms as well as a 13 percent decrease in emergency room services related to mental and/or substance use issues from admission to follow up. The annual cost of this program typically ranges from \$2.1 - \$2.8 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Integrated Health System Navigation Services and Support program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**e. Mental Health Outpatient Treatment Services for Children and Youth**

**i. Behavioral Health Services for Commercially Sexually Exploited Children**

On October 4, 2016 (1), the Board authorized the procurement of the Behavioral Health Services for Commercially Sexually Exploited Children (CSEC), *I CARE* program. This program is designed to provide outpatient clinical and supportive services that focus on youth, adolescents, and young adults who live in San Diego County and are at risk of, or currently involved in commercial, sexual, exploitation and their families. It also provides services to their caregivers. Services include mental health services, life skills trainings, support groups, survivor lead trainings and groups, a drop-in center, crisis support and systems trainings.

CSEC is one of the fastest growing epidemics in our country as well as in the county. Although anyone can become a victim of human trafficking, a review of school, mental health, child welfare, and probation documents found that 80-95 percent of trafficked youth in California were known to Child Welfare Services (CWS). According to a three-year study funded by the Department of Justice and released on October 26, 2015 by Point Loma Nazarene University, the underground sex economy in San Diego County represents an estimated \$810 million in annual revenue and involves more than 100 area gangs. Data gathered from CWS in August of 2020 demonstrates that there is an increasing trend in the number of CSEC referrals that CWS received each fiscal year. From 256 in FY 2015-16, the number of CSEC referrals increased to 1,131 in FY 2018-19. In FY 2019-20, the *I CARE* program served 129 unduplicated clients. Services are provided countywide. The annual cost of this program typically ranges from \$0.8 – \$1.1 million.

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Today's action requests the Board to authorize a competitive solicitation for the procurement of the Behavioral Health Services for Commercially Sexually Exploited Children program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**ii. Behavioral Health Services for LGBTQ+ Youth and Young Adults**

On October 4, 2016 (1), the Board authorized the procurement of the Behavioral Health Services for Lesbian, Gay, Bisexual, Transgender, and/or Questioning (LGBTQ+) Youth and Young Adults, *Our Safe Place* program. This program is designed to assist youth, adolescents, young adults, and their caregivers who identify as LGBTQ+ and who could benefit from the outpatient clinical and supportive services as well as access to an LGBTQ+-affirming environment. Services include mental health treatment, referral, and linkage for assistance with medical needs, support services for caregivers and LGBTQ+ youth, drop-in centers, crisis support and systems trainings.

One of the most vulnerable populations, LGBTQ+ youth often suffer as a result of non-supportive or even hostile environments in their homes, schools, and communities. Research demonstrates that LGBTQ+ youth who do not have access to LGBTQ+-affirming community environments are at higher risk for negative outcomes, including early high-school dropout, homelessness, negative mental health symptoms, increased drug and alcohol use, suicide and physical, emotional and/or sexual abuse. In FY 2019-20, 1,099 of the 6,868 clients aged 13 and older served by BHS identified as LGBTQ+ and other sexual orientation. Services are provided countywide. In FY 2019-20, the program served 209 unduplicated clients. The annual cost of this program typically ranges from \$1.3 - \$1.7 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of Behavioral Health Services for LGBTQ+ Youth and Young Adults program, for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**iii. Foster Family Agency Stabilization and Treatment Services**

On October 4, 2016 (1), the Board authorized the procurement of Foster Family Agency Stabilization and Treatment (FFAST) Outpatient Children's Specialty Mental Health Services (SMHS). The program provides outpatient services for youth residing in the County's Foster Family Agency (FFA) homes. FFAs are community-based non-profit organizations licensed by the California Department of Social Services to provide enhanced services to foster family homes. Children and youth in FFAs are placed through CWS, Regional Centers, or Juvenile Probation. These are children who are dependents or wards of the Juvenile Court and unable to be maintained in their own home or in a County licensed foster home. While FFAs receive additional services beyond those provided in a County foster home, mental health services are not directly provided through CWS, Regional Centers, or Juvenile Probation. The children and youth in FFAs may have emotional and mental health needs and in many cases, would otherwise be placed in group homes or other institutional settings. The SMHS provided

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through the FFAST program also includes the State mandated Therapeutic Foster Care (TFC) services, which is a short-term, intensive, highly coordinated, trauma informed and individualized SMHS for children and youth up to age 21 who have complex emotional and behavioral needs and who are placed with trained, intensely supervised, and supported TFC parents.

FFAST services are designed to support youth with high acuity needs to maintain current placement in a home or home-like setting and prevent need for a higher level of care. Services are provided countywide. In FY 2019-20, the program served a total of 220 unduplicated clients, of which 96 percent avoided psychiatric hospitalization or re-hospitalization. The annual cost of this program typically ranges from \$1.4 - \$1.9 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Foster Family Agency Stabilization and Treatment (FFAST) program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**iv. Placement Stabilization Services at Polinsky Children's Center**

On October 4, 2016 (1) the Board authorized the procurement of Placement Stabilization Services at Polinsky Children's Center (PCC). In collaboration with CWS, 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. A comprehensive behavioral health assessment is completed to identify needs and strengths for ensuring that the needed services are in place during and after their stay at PCC. 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 2019-20, the program served a total of 418 unduplicated clients. The annual cost of this program typically ranges from \$0.7 - \$0.9 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of Placement Stabilization Services at PCC for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**f. Older Adult Prevention and Early Intervention Services**

On June 4, 2019 (10), the Board authorized the procurement of the Caregivers of Alzheimer's Disease and other Dementia Clients Support Services program. This program provides community-based outreach and support for individuals who are serving as

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caregivers to reduce symptoms of anxiety and depression for improved caregiver mental health. Under Administrative Code section 401, the Department of Purchasing and Contracting, issued a solicitation for Home Based Older Adult Services to provide home and community-based therapeutic counseling and education services to home-bound and socially isolated older adults age 60 and above who are at risk for depression, experiencing depression, and/or who are at risk of suicide. Additionally, the Department of Purchasing and Contracting issued a solicitation for Elder Multicultural Access and Support Services to deploy community health workers and peer liaisons to provide outreach, social engagement, and resource sharing with older adults/seniors with an emphasis to reach underserved and unserved populations.

In San Diego County, older adults and seniors with Alzheimer's disease or other forms of dementia as well as those who are experiencing symptoms of depression, social isolation and loneliness are considered a vulnerable population. These Older Adult PEI services will reduce the stigma of mental health and reduce symptoms that lead to clinical depression and anxiety among a targeted older adult population with the outcome of preventing institutionalization and improved quality of life including isolation reduction/engagement. As a result of this procurement, PEI services will be provided for older adult subpopulations including caregivers of Alzheimer's, other dementia, and other mental health conditions; older adults who are at-risk of experiencing social isolation, loneliness and disengagement from friends and family as result of the COVID-19 pandemic and other factors; and unserved and underserved cultural or ethnic populations experiencing or at-risk for mental health concerns.

PEI services will include but are not limited to, assessment for symptoms of depression, anxiety, and other mental health conditions, self-care, personal and social engagement and interaction activities, and physical activity. PEI services will also include outreach education and awareness through information dissemination, specialized one-on-one and/or group education and counseling, and the utilization of community health workers and peer liaisons to interact, engage, and serve older adults/seniors and their family members. These Older Adult PEI programs will incorporate evidence-based and/or best practice education curriculums to support the achievement of improved client mental health outcomes.

In FY 2019-20, the currently contracted three programs served 949 individuals through mental health therapeutic education and assessment services and reached 15,251 individuals by provision of outreach and prevention education services. The annual cost of these programs typically ranges from \$1.7 - \$2.3 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of Older Adult PEI services resulting in one or more contracts with an initial term of up to one year, with four option years, and up to an additional six months, if needed.

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**g. Perinatal Outpatient Substance Use Disorder Treatment Services**

On September 23, 2014 (9), the Board authorized the procurement of the Perinatal Outpatient Substance Use Disorder (SUD) Treatment program. This program is designed to provide outpatient SUD treatment, recovery and ancillary services to women, pregnant and parenting women, and pregnant and parenting adolescent females, ages 15 and older with substance use conditions. Program participants learn and recover from SUD impacts through treatment groups, trauma-informed care, substance use education, skill development, case management and care coordination, employment and educational supports, and social milieu activities. Perinatal Outpatient SUD treatment services address screening for co-occurring mental health disorders and linkage to needed mental health services. Clinician services for children embedded in the program include developmental screening, parent education, and referrals for the children of enrolled clients. Services utilize best practices such as recovery residences, parenting classes, childcare services, peer support services, clinician services for children including developmental screening and mental health referrals, crisis intervention, outreach, engagement, treatment and recovery services, and relapse prevention. Treatment modalities include assessment, individual and group counseling, motivational interviewing and other evidence-based practices, case management and care coordination, as well as drug testing and support in securing safe and affordable housing.

Perinatal Outpatient SUD treatment services fulfill the California Department of Health Care Services' requirement for services that adhere to perinatal practice guidelines for SUD treatment for pregnant and parenting women seeking or referred to SUD treatment. These programs ensure access to quality SUD treatment services for perinatal clients in accordance with DMC-ODS, and the Substance Abuse Prevention and Treatment Block Grant Perinatal Set-Aside from the Substance Abuse and Mental Health Services Administration. Services are provided countywide. In FY 2019-20, the Perinatal Outpatient SUD Treatment program served a total of 986 unduplicated clients. The annual cost of this program typically ranges from \$11.0 – \$14.6 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Perinatal Outpatient SUD Treatment program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**h. Positive Parenting Program**

On August 4, 2015 (4), the Board authorized the procurement of the Positive Parenting Program (Triple P), a PEI program utilizing an evidence-based curriculum. Under Administrative Code section 401, the Department of Purchasing and Contracting, issued a solicitation for the Breaking Down Barriers contract which included program services for fathers to improve their parenting knowledge and skill set. The Triple P program reduces the risk of behavioral/emotional problems in young children of families including unserved and underserved communities of color (Asian, Black, Latino, and Pacific Islander). Services include specialized culturally and developmentally appropriate PEI services to promote social and emotional wellness for children, teens, and their families. This program will also provide additional focused PEI services to support the engagement, participation,



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and parenting skills for fathers with children up to age of 16, to reduce the impacts of Adverse Childhood Experiences (ACEs). This program utilizes an evidence-based curriculum and practice at Head Start and Early Head Start centers, other preschool settings, elementary schools, and community center locations throughout San Diego County.

The Clinical Child and Family Psychology Review journal found that Triple P reduces problem behavior in children and improves parents' wellbeing and parenting skills. Services are provided countywide. In FY 2019-20, Triple P served 7,960 unduplicated clients. For FY 2021-22, the estimated annual cost of this program will range from \$0.5 - \$0.7 million. The annual cost of this program typically ranges from \$1.1 - \$1.4 million.

Today's action requests the Board to authorize the competitive solicitation for the procurement of the Positive Parenting Program including an additional focused component for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**i. Psychiatric and Addiction Consultation and Family Support Program**

On August 4, 2015 (4), the Board authorized the procurement of the Psychiatric and Addiction Consultation and Family Support Program to provide two distinct services. For Federally Qualified Health Centers (FQHCs), the contractor provides expedited access to psychiatric consultation for primary care practitioners regarding psychotropic medications and disease management of their patients. Psychiatric consultation is provided, on an as-needed basis, during normal business hours via telephone, email, and video chat. For pediatricians serving children with Medi-Cal, psychiatric consultation is also provided and includes additional supportive services for families. Services include parent education, referrals, and connections to care. The program provides psychiatric and substance use consultation for primary care, pediatric and obstetric providers who serve Medi-Cal or uninsured clients throughout San Diego County. In addition, it provides family support services to referred clients and/or their families to enhance their understanding of the client's behavioral healthcare needs and to assist in developing a recommended care plan in collaboration with the primary care provider.

The psychiatric and addiction consultation services for primary care, pediatric, and obstetric practitioners enhance the competence, confidence, and capacity of these practitioners in providing behavioral health screenings, early recognition, evaluation, and interventions when needed. This is especially important for children, youth, and families as this population may be referred to primary care to manage ongoing non-complex medication needs. In addition, the addiction consultation services enhance the competence and capacity of primary care practitioners with regards to medication assisted treatment (MAT) services for clients with specific substance use disorders. The family support services offer educational opportunities through community outreach and trainings regarding behavioral health issues as well as client referrals and linkages to relevant external resources and services as potential next steps for promoting wellness or recovery and action. In FY 2019-20, the program provided 509 psychiatric and/or addiction

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consultation services and 1,646 family support services. The annual cost of this program typically ranges from \$0.8 - 1.0 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of a Psychiatric and Addiction Consultation and Family Support Program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**j. School Age Prevention and Early Intervention Services**

On August 4, 2015 (4), the Board authorized the procurement of PEI school-age services. The School-Age PEI program serves children and youth who may be at risk of school failure; who are beginning to exhibit behavioral and emotional issues; who may be in stressed families and/or from underserved cultural populations. The program and services utilize the evidence-based curriculum, *The Incredible Years*. The program, in partnership with school districts, offers a family focused community education and outreach to promote wellness and healthy living choices that foster resiliency in children, families, and communities. Services include screening, early identification and early mental health wellness and social-emotional intervention for at-risk preschoolers and elementary age children at identified public schools.

According to research, learning and development are at their highest rate in the preschool years. Some children, due to conditions noticed at birth, special needs, or developmental delays which occur in the early years, risk missing some of the most important learning and developmental milestones. Early intervention significantly increases the child's ability to integrate in future social environments, including school, community, and ultimately employment. Children with higher levels of school readiness at age five are generally more successful in grade school, are less likely to drop out of high school, and earn more as adults, even after adjusting for differences in family background.

Since 2016, the program served 14,603 youth in small groups across 130 schools, 71 percent of whom demonstrated improved classroom behavior, as reported by individual teacher surveys. Services are provided in the North Coastal, North Inland, South, East, Central Southeast, and Central & North Central Regions. In FY 2019-20, the program served a total of 17,357 children and families. Of these, 15,909 children received classroom lessons on social emotional development; 3,196 children were served in small groups; and 1,330 adults were served in parent groups. The annual cost of this program typically ranges from \$5.7 - \$7.6 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the School Age PEI program in all six regions, for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

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**k. School Based Suicide Prevention and Early Intervention Program**

On October 28, 2014 (9), the Board authorized the procurement of the Mental Health Services Act Three Year Program and Expenditure Plan: Fiscal Year 2014-2015 through Fiscal Year 2016 that included a PEI component to prevent mental illness from becoming severe and disabling that included a focus on suicide prevention and early intervention programs that serves middle and high school students, TAY through education, outreach services, screening, and referrals in schools. The School Based Suicide PEI program aims to prevent suicide by educating youth (7th through 12th grade) and their families on the risk factors of suicide and reducing the stigma around seeking help for themselves or others. Services include outreach to the community and community leaders; promoting education about mental health; providing engagement and training for school staff and faculty, students, and parents; outreach and engagement of parents; changing policies; implementing bullying prevention; and having in place a system of services designed to identify youth who need help before they attempt suicide.

This is a multi-level, evidence-based suicide PEI program that utilizes the public health model (PHM). The success of this PHM indicates that systemic interventions that change social norms about seeking help and institutionalization of training and/or education about suicide prevention can have substantial impact on reducing a range of adverse outcomes. Services are provided countywide. In FY 2019-20, the program served a total of 36,732 students, 611 staff, and 861 parents. The annual cost of this program typically ranges from \$1.4 - \$1.8 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the School Based Suicide PEI program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**l. Temporary Professional Staffing Services**

On October 4, 2016 (1), the Board authorized the procurement of temporary medical, therapy and dietary staffing. Services provide temporary professional medical staffing to ensure mandated service level requirements are met at various 24-hour facilities. Temporary staff are also utilized to meet ongoing and emergency programmatic needs. These staff serve county residents who access services or reside at various HHSA facilities including: Edgemoor Distinct Part Skilled Nursing Facility (DPSNF), SDCPH, PCC, and Public Health units. Service classifications vary by location and include licensed nurse and nurse assistants, social workers; physical therapist; recreational therapists; mental health technicians and aides; medical records specialist; epidemiologists; along with laboratory staff and managers. Services also provide dietary staffing categories such as cooks, food service workers, dietitians, and nutritionists. Staff are intended to fill in for no more than 90-days at one assignment.

HHSA uses temporary institutional staffing to ensure mandated service level requirements are met at various 24-hour facilities, public health facilities, and other public facing units. Accessing temporary professional services gives HHSA the ability to quickly ramp up critical services and then quickly scale down when operations normalize following an

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emergency. The services were utilized during the COVID-19 emergency to staff various existing and new public health settings where demand grew immensely in a short time span. Services are provided countywide. In FY 2020-21, the program provided staffing for 210 programs including three units with residential clients. The annual cost of this program typically ranges from \$21.2 - \$28.2 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Temporary Professional Staffing Services for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

**m. Veterans and Family Outreach and Education Services**

On January 7, 2014 (9), the Board authorized the procurement of Veterans and Families Outreach and Education services for veterans, active-duty military, reservists, National Guard, and their families (VMRGF). This program provides peer-based services designed to assist all military, veterans and their families who could benefit from mental health PEI services. Services include countywide outreach and education, 24-hour, 365 days peer helpline staffed by veterans and military/veteran spouses to provide support, information, referrals, resources, and linkages to needed services to address the mental health conditions that impact VMRGF. The program also provides educational training to service providers of the VMRGF community designed to promote greater understanding. Services also include outreach and education/training to veteran organizations; the justice system diversion services to consider behavioral health treatment programs in lieu of incarceration and peer navigators providing transitioning services for individuals and families leaving the military; and case management providing brief supportive counseling, assistance in filing Veteran's Affairs claims, warm hand offs to referral services and proactive follow-ups for one year.

In San Diego County, there are more than 250,000 military members, veterans, and family members, which warrants the need for these services. Services are provided countywide. In FY 2019-20, the program served a total of 2,056 unduplicated veterans and/or military members and an additional 1,755 unduplicated family members. This program utilizes peers who are former military and military family members to provide outreach, supportive services, and relevant linkages to VMRGF to prevent mental health challenges, resulting in a 74 percent successful linkage rate to needed services. For FY 2021-22, the estimated annual cost of this program will range from \$0.2 - \$0.3 million. The annual cost of this program typically ranges from \$1.0 - \$1.3 million.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the Veterans and Families Outreach and Education Services program for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

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**Recommendation #2: Authorization to Execute Single Source Contracts**

**Prevention and Early Intervention Services for Native Americans**

On March 11, 2014 (10), the Board authorized the single source procurement of the PEI services for Native Americans with the Dream Weaver Consortium. The Dream Weaver Consortium is a partnership with several Native American health clinics that join cultural practices with evidence-based practices to address mental health and SUD prevention. The County contracts with the following health clinics as part of the Dream Weaver Consortium: Indian Health Council, Inc. (IHC), San Diego American Indian Health Center (SDAIHC), and Southern Indian Health Council (SIHC).

The Dream Weaver Consortium programs provide behavioral health PEI services to all age groups through intergenerational activities to Native American populations in San Diego County. These local federal health clinics offer specialized culturally designed health and behavioral health integrated PEI services to meet the needs of Native American populations. Services are provided on reservations and in urban areas and include education and outreach at community events, cultural and social gatherings, and health clinics. The programs provide information on prevention and treatment services available and promote wellness activities in Native American/Alaska Native communities and increases involvement in child abuse prevention activities. These programs increase community involvement and education through services designed and delivered by Native American communities. The Native American/Alaska Native population is historically underserved and the significant impact of historical trauma and other factors on health validates an increased need for PEI services. In FY 2019-20, the Dream Weaver Consortium served a total of 6,196 unduplicated clients. The annual cost of this program typically ranges from \$1.6 - \$2.1 million.

This program qualifies for single source procurements to provide these services based on Section 1D-3 of Board Policy A-87 Competitive Procurement. The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources. These local Federally Qualified Health Centers offer specialized, culturally-designed health and behavioral health integrated services to meet needs of the Native American population throughout rural communities and urban cities in San Diego County. IHC is a consortium of nine tribes dedicated to the continual betterment of Indian Health, wholeness, and well-being. With a main facility located adjacent to the Rincon reservation in Pauma Valley and the Santa Ysabel Community Health Center located on the Santa Ysabel Reservation, IHC provides a full spectrum of on-site and outreach services and programs to the North San Diego County reservations of Inaja-Cosmit, La Jolla, Los Coyotes, Mesa Grande, Pala, Pauma, Rincon, San Pasqual, and Santa Ysabel. Similarly, SIHC provides a full spectrum of health services and serves a seven-member tribal consortium which includes Barona, Campo, Ewiiapaayp, Jamul, La Posta, Manzanita, and Viejas. SDAIHC is a patient-centered health home that provides comprehensive medical, dental, behavioral health, and community wellness services that are available to all San Diegans including Native American/Alaska Native individuals and youth center services for Native American/Alaska Native youth and transition age youth living in urban communities in San Diego County.

**SUBJECT:** AUTHORIZE COMPETITIVE SOLICITATIONS, SINGLE SOURCE  
PROCUREMENTS, AND AMENDMENT TO EXTEND EXISTING  
BEHAVIORAL HEALTH SERVICES CONTRACT (DISTRICTS: ALL)

Today's action requests the Board to authorize single source contracts with IHC, SDAIHC, and SIHC as members of the Dream Weaver Consortium for an initial term of up to one year, with four option years, and up to an additional six months, if needed.

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

**Behavioral Health Consultant Services (559918 Public Consulting Group, Inc.)**

On September 15, 2020 (13), the Board authorized to extend the Behavioral Health Consultant Services contract through December 31, 2021 to facilitate follow up actions in response to the Board Conference: Caring for People in Psychiatric Crisis in San Diego County, convened on October 30, 2018. Consultant services provide project management for system-wide improvement regarding behavioral health and the healthcare systems. Consultant services include providing subject matter expertise on innovative approaches and national best practices in integrated care and care coordination across sectors to address the health and social determinants of health needs for people with behavioral health issues. Services include project management support on stakeholder engagement activities, data collection and analysis; needs assessment activities; best practice research; implementation planning; population health analysis, and financial analysis. Services also include development and assistance with the implementation of service interventions across behavioral health priority areas of focus. There is a continued need for consultant services to address hospital rates and cost modeling for current BHS Continuum of Care projects countywide. The annual cost of this program typically ranges from \$0.3 - \$0.4 million.

Today's action requests the Board to authorize an extension of the current contract with Public Consulting Group, Inc. through June 30, 2023, and up to an additional six months, if needed.

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

Today's proposed actions support the Building Better Health and Living Safely Initiatives in the County of San Diego's (County) 2021-2026 Strategic Plan as well as the County's *Live Well San Diego* vision, by ensuring that vulnerable populations of individuals with mental illness and substance use disorders continue to have access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,



HELEN N. ROBBINS-MEYER  
Chief Administrative Officer

**ATTACHMENT(S)**

Attachment A - Behavioral Health Services Related to Recommendation #1

ATTACHMENT A

**Behavioral Health Services Related to Recommendation #1**

<b>Behavioral Health Service</b>
Behavioral Health Training and Technical Assistance
Food Services for the San Diego County Psychiatric Hospital
Integrated Behavioral Health and Primary Care Services in Rural Communities
Integrated Health System Navigation Services and Support
Behavioral Health Services for Commercially Sexually Exploited Children
Behavioral Health Services for LGBTQ+ Youth and Young Adults
Foster Family Agency Stabilization and Treatment Services
Placement Stabilization Services at Polinsky Children's Center
Older Adult Prevention and Early Intervention Services
Perinatal Outpatient Substance Use Disorder Treatment Services
Positive Parenting Program
Psychiatric and Addiction Consultation and Family Support Program
School Age Prevention and Early Intervention Services
School Based Suicide Prevention and Early Intervention Program
Temporary Professional Staffing Services
Veterans and Family Outreach and Education Services



COUNTY OF SAN DIEGO

2021 JUL -2 PM 1:27

CLERK OF THE BOARD  
OF SUPERVISORS

## COUNTY OF SAN DIEGO

### BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

#### AGENDA ITEM

DATE: July 13, 2021

14

TO: Board of Supervisors

#### SUBJECT

**FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

#### OVERVIEW

In the midst of the COVID-19 pandemic, the entire region's health, economy and well-being hinged on our actions, yet we don't have controls over the system that serves the daily healthcare needs of our residents.

The County is the regional governance for the local health and social service department and the public health agency, but we do not oversee a health plan, nor do we have an established network of healthcare providers under our authority. The health care network in San Diego County overseen by Medi-Cal Managed Healthcare Plans (Medi-Cal Plans) must be symbiotic with the County's public health system and other County health and social service delivery systems. This lofty pursuit is a critical linchpin to our future success in meeting the need and responding to public health challenges, like the COVID19 pandemic, behavioral health epidemic, homelessness, as well as the inequitable health disparities suffered by communities of color.

It is incumbent on us to assess lessons learned and pursue new opportunities to improve and strengthen our care delivery system. We are primed to take a greater role in overseeing the full spectrum of services that make up this system. Although the County is not the payer or manager for all health services in our region, we can and should hold local stakeholders more accountable and make every effort to ensure a coordinated healthcare delivery system to cultivate a more resilient, healthier region.

Throughout this pandemic the data shows that communities of color which tend to lack access to healthcare were disproportionately impacted. As of June 30, 2021, the Hispanic/Latino population accounts for 54.5 percent of the total positive cases in the County, even though they only make up 34.1 percent of the population. Additionally, among African American and the Native Hawaiian/Pacific Islander populations, the case rates are among the highest with a case rate of 5473 and 17,134 per 100,000 residents respectively.

**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

As members of the Board's Sub-committee, we are proposing to expand the scope of our work to include exploring policy reforms to improve and strengthen our County Wellness Delivery System to achieve better health outcomes for our residents, address long-term health impacts of COVID19 and make our region better positioned to handle any future pandemics, or strain to our health system. We're asking the Chief Administrative Officer to assign Health and Human Services Agency (HHSA) to support this endeavor and plan to engage professionals, community health care advocates and consumer groups that have experience working with individuals covered by Medi-Cal to help steer and inform our efforts.

#### Being an Engaged Partner

Our experience serving on the COVID19 Sub-committee shed light on the importance of formal partnerships and interconnectivity among the County's system and the network of healthcare and social service providers outside the County's authority. This partnership is needed to address the fractured safety net and on-going challenges with data sharing, care coordination and access to care barriers. In the absence of this construct, it is paramount that coordination and local oversight be strengthened.

With this proposal, we assert our commitment to be an active partner working alongside San Diego's Medi-Cal Plans and jointly delivering services to our mutual clients in a continuous, equitable and just manner. This is imperative despite the absence of any existing legal authority or contractual agreement joining the systems. Under the expanded scope of the COVID19 Sub-committee, we propose to assess the function of the existing Healthy San Diego Joint Consumer and Professional Advisory Committee, which is a citizen advisory committee of the County of San Diego that advises the Director of HHSA and participates in problem solving of local Medi-Cal managed care system issues and informs standards of care but has no independent authority. We must ensure this body has a balanced representation of consumers and professionals as well as robust county oversight, participation, and regular reporting to decision makers, including our Board.

#### Explore New Models

Battling the public health threat of the COVID19 pandemic was a herculean feat. Unfortunately, we don't manage a healthcare network and thus were restrained from helping residents be more resilient and less vulnerable to the COVID19 illness or help them access treatments or on-going care from side effects, which played out at disproportionate rates in certain zip codes in our communities.

As we reflect back on the last year and a half, we wonder, if the County had been an administrator of a Medi-Cal Plan and managed a network of health service providers, would we have been able to respond in a more cohesive manner? Would we have been more successful at addressing health inequities, like chronic conditions, which are prevalent at a higher rate in marginalized communities, and a critical indicator for being resilient when infected by COVID19 and avoiding complications causing hospitalization and death.



**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

Currently, we do not have the option of contracting with the state to be a health plan under Medi-Cal. This should not hold us back from starting a conversation with community stakeholders and professionals to vet the pros and cons of our current Medi-Cal model and assessing actions our County could take to strengthen our role to achieve better outcomes for consumers. Under the expanded scope of the COVID19 Sub-committee, we propose evaluating whether the current Medi-Cal managed care model in San Diego is best suited to deliver coordinated care and support for our residents, especially those that experience traditional access to care challenges and researching potential options for modifying it in the future.

Guidelines for County Letter of Support for State Managed Healthcare Procurement Applicants

In the meantime, while we cannot evolve our status in the healthcare market, we believe it is critical that our Board weigh in on the state led procurement for determining which commercial plans will provide managed care in our County as of 2024 and to express our desire for current Medi-Cal Plans to participate in the optional state Medi-Cal waiver opportunities, otherwise referred to as Advancing Innovation in Medi-Cal (CalAIM), starting in 2022. As such, we are proposing a set of guidelines detailed in Attachment A, which are based on the Board's Framework for the Future and informed by County departments that will serve as the basis for obtaining a Letter of Support (LOS) from our County. We are also proposing that the Director of HHSA refine the guidelines based on community, professional, advocates and consumer input and oversee the process for prospective health plans to obtain a LOS per state instructions.

**RECOMMENDATION(S)**

**CHAIR NATHAN FLETCHER AND VICE CHAIR NORA VARGAS**

- 1) Direct Chief Administrative Officer (CAO) to administer the optional CalAIM County Letter of Support (LOS) process in conformance with the April 13, 2021 California Department of Health Care Services (DHCS) memorandum titled: "Managed Care Plan (MCP) Procurement – County Letter of Support," and use the Guiding Principles contained in Attachment A (as may be refined with input from the Health and Human Services Agency Director) as the basis for Managed Care Plan applicants to obtain a LOS.
- 2) Authorize the Chair of the Board of Supervisors to sign the Letters of Support and related certifications required by DHCS.
- 3) Direct the Board's COVID19 Sub-committee to support COVID19 recovery efforts and address emergent public health needs by identifying local, state and federal policy reforms to improve the County Wellness Delivery System to achieve better health outcomes for low income residents and apply lessons learned during the COVID19 pandemic, including, but not limited to, strategies to align and enhance coordination, cooperation, innovation and accountability of Medi-Cal managed care plans and maximize opportunities afforded in the State's Medi-Cal waiver and managed care procurement.

**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

- 4) Direct the CAO to assign Health and Human Services Agency staff to support the additional work of the COVID-19 Sub-committee and report back with a workplan that will guide the process and development of policy reforms to improve the County Wellness Delivery System in San Diego County as we pivot toward the COVID19 recovery mode.

**EQUITY IMPACT STATEMENT**

The COVID-19 pandemic has had a significant impact on the lives of individuals, businesses, and communities across San Diego County. However, COVID19 also exacerbated the inequities in accessing health care. In order to support the most vulnerable, an equity lens has been used in this board policy to prioritize, when appropriate. Using this equity lens, the County's distribution of COVID-19 response and recovery-related federal, State, and local funding and resources are based on a data-driven approach, identifying communities that have the highest need for support in relation to the number of positive COVID-19 cases. Throughout this pandemic, the data has shown that the communities of color in our county, which tend to experience more health disparities and lack of or reduced access to healthcare, were the most severely impacted by COVID-19, with increased positivity COVID-19 rates, hospitalizations, and number of deaths from this virus.

Today's proposed action demonstrates the County's commitment to continue to actively provide COVID-19 response throughout the county with an equity lens and provide opportunities to address broader health disparity issues among vulnerable populations as we work on recovery. With these actions, the County will work on achieving better health outcomes and reducing health disparities for county residents by taking an active role by evaluating the current Medi-Cal managed care model in San Diego and researching the best options for our County's Wellness Delivery System in the future.

**FISCAL IMPACT**

There is no fiscal impact associated with this item.

**BUSINESS IMPACT STATEMENT**

This action will help support individuals, families and small businesses impacted by COVID19.

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

As your appointees of the COVID19 Sub-committee charged with steering the response to the pandemic alongside County staff, we witnessed up close the challenges of our complicated healthcare delivery system. During the height of the pandemic, as the leading public health authority, the County was held accountable for access to and availability of testing, treating and inoculating services for the region's residents. Under normal circumstances, without an emergency declaration and public health order, we have no real authority to require the health



**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

system network managed by commercial health plans and funded by the state to cooperate, report, or act.

The inequitable health related consequences of COVID19 that we were limited in our power to mitigate, ravished our community, disproportionately impacting the same communities that suffer from poor health status. The health of individuals in these communities is related to barriers to healthcare, long-standing lack of culturally competent information, education and access to preventative and healthcare related services. Our Board reviewed daily reports for over a year showing the disproportionate hospitalizations and death toll of individuals in certain zip codes and racial and ethnic backgrounds. This data also showed similar trends with testing and vaccinates rates, and economic hardships suffered by our residents. The entire region's health, economy and well-being hinged on our actions, yet San Diego County does not oversee a health plan, nor do we have a network of healthcare providers.

As of June 30, 2021, the County of San Diego has confirmed a total of 282,582 positive COVID19 cases of which 3,780 have resulted in deaths due to the virus. During the course of the pandemic, a total of 15, 536 individuals have been hospitalized, of which over 50 percent are from the Hispanic/Latino populations. Throughout this pandemic the data shows that communities of color which tend to lack access to healthcare were disproportionately impacted. As of June 30, 2021, the Hispanic/Latino population accounts for 54.5 percent of the total positive cases in the County, even though they only make up 34.1 percent of the population. Additionally, among African American and the Native Hawaiian/Pacific Islander populations, the case rates are among the highest with a case rate of 5473 and 17,134 per 100,000 residents respectively.

As such, we are asking the Board to support the guidelines detailed in Attachment A, which outlines requirements for Medi-Cal Plans to receive a Letter of Support (LOS) from the County if they choose to request one to accompany their state procurement application. This proposal would also direct the CAO to consult healthcare professionals, consumers, and community health care advocacy groups that do not have financial conflicts to refine the LOS before finalizing the guidelines and to administer the LOS process on behalf of the Board.

We are proposing to expand the purview of the COVID19 Sub-committee in the aftermath of the pandemic in specific ways. With this proposal, the Sub-committee would be tasked with identifying local, state and federal policy reforms to improve the County Wellness Delivery System to achieve better health outcomes for all, with emphasis on low-income residents. This effort will take into account lessons learned during the pandemic response and create strategies for better coordination, cooperation, innovation and accountability between Medi-Cal Managed Care Plans and County. Doing so will help addressing long term health impacts of COVID19 and make our region better positioned to handle any future pandemics, or strain to our health system.

We are also asking the Chief Administrative Officer to task HHSA staff to support our exploratory work and the development of a work plan. This endeavor will also be informed by

**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

professionals and consumer advocacy groups that have experience working with community that are served by Medi-Cal. We must chart the course forward focusing on improving the wellbeing of the individual seeking access to health care as our priority.

The County Board of Supervisors oversees the safety net for San Diego residents as the policy makers that govern the Health and Human Services Agency (HHSA). HHSA is made up of Behavioral Health Services, Public Health Services, Medical Care Services, Aging and Independence Services, Child Welfare Services, Self Sufficiency Programs and Housing and Community Development Services. The County has been a long-standing enroller, provider and steward of critical care and social supports and strives daily to move the pendulum toward better wellness outcomes and social determinants of health for all San Diegans, including more than a million residents we provided assistance to in the last year through our programs and services.

Over the past year we treated nearly 120,000 residents through our mental health and alcohol and drug services, assisted more than 65,000 older adults with disabilities through a variety of programs to help keep them safe in their homes, protected nearly 4,800 vulnerable children, prevented infectious diseases through investigation of over 300,000 cases and contact tracing of approximately 130,000 close contacts as part of the response to COVID19, hepatitis A and C, measles, tuberculosis, and other diseases, and ensured over 888,000 children, adults and seniors are connected to federal and state benefits to help them meet their basic needs.

Although San Diego County plays a significant role as a safety net provider, we do not administer a Medi-Cal Plan for the participants in our region. We are one of a couple of large counties in California that does not run a health plan as part of their continuum of services. This is due to a decision made in 1994 by the Board of Supervisors that rejected the state's Medi-Cal plan to reform the system asking counties to implement a two-plan model consisting of one commercial plan and one county led plan.

Medi-Cal is the state's federal Medicaid program and provides health care coverage to over 13 million Californians with low incomes. One third of all Californians have health insurance through Medi-Cal, similar to San Diego County's rate, and of that total 50 percent are children. As a joint state-federal program, costs are shared between federal, state and local governments. Each county determines the model by which Medi-Cal is administered in their region.

The total number of San Diegans enrolled in Medi-Cal as of May 2021 is 879,778 representing 27 percent of our total population. Of this total, about 91 percent or 800,513 of individuals are served by the network of seven different managed healthcare plans operating in our region. In the past 12 months, during the COVID19 pandemic, enrollment in Medi-Cal locally increased by almost 20 percent.

In managed care, the state contracts directly with health plans to take care of Medi-Cal beneficiaries. The health plan is responsible for contracting with a network of health providers and coordinating care, including, but not limited to, physical, dental and mental health providers

**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

and social service professionals. In fee for service (FFS) models the state contracts directly with providers. Beneficiaries manage their own care and can go to any FFS provider.

Over 27 years ago, state legislation required the County of San Diego to move most Medi-Cal recipients into managed care, eventually eliminating FFS all together in our region. After this point, the California Department of Health Care Services (DHCS) began contracting directly with county governments, via County Organized Health Systems and Two-plan model, and commercial health insurance plans. DHCS also regulates, how Medi-Cal Managed Care Plans operate and holds them accountable for access to care, quality services and health outcomes.

The Board of Supervisors at the time objected to becoming a Medi-Cal Plan due to concerns about financial risk. Because of this decision, the state created legislation forming a pilot project in San Diego called Geographic Managed Care. By design, this model allows a unlimited number of commercial health plans contracted directly with the state to serve a specified area and excludes a county run plan. This resulted in the County having no liability or involvement in the procurement or contracts of Medi-Cal managed care and no mechanisms to enforce or hold plans accountable for network adequacy or access to service requirements. Today, only San Diego and Sacramento counties operate with a Geographic Managed Care models.

These actions were reinforced over the past 28 years, through the Board of Supervisors who divested the County's interest, awareness and engagement with Medi-Cal Plans and the citizen advisory body, Healthy San Diego Joint Consumer and Professional Advisory Committee, was established in state legislation by the county to work to solve problems and advise the Director of HHSA. The County's role continued to be diluted by subsequent state legislation and County leadership stopped interacting with the advisory board, transferring the authority to appoint board members to staff, rather than Board of Supervisors and didn't require reporting or updates to be shared about Medi-Cal Plans performance or issues to be presented at public meetings. Also, the membership of the Advisory Committee has waned overtime with significant vacancies especially among its consumer seats, which is not in conformance with the bylaws and underscores concerns of whether the Advisory Committee is fulfilling its role of being an impartial barometer. In essence, this body is not being used for its full potential.

This healthcare landscape in our County consists of multiple government (county, state and federal government) administrators and payers with disparate responsibilities and minimal oversight is a fragmented and complicated system of care for low-income constituents to navigate.

This requires an unusual level of cooperation between County department staff, our County service providers and Medi-Cal Plans and local healthcare providers to ensure adequate access to the continuum of services collectively provided to eligible San Diegans. More immediately, the Geographic Managed Care model also complicates County efforts to orchestrate a massive pandemic response to public health threats and other widespread health challenges like chronic diseases, because there is not a single health delivery system under our control.

**SUBJECT: FRAMEWORK FOR THE FUTURE: IMPROVING THE COUNTY'S WELLNESS CARE DELIVERY SYSTEM TO ADDRESS HEALTH DISPARITIES EXACERBATED BY THE COVID-19 PANDEMIC (DISTRICTS: ALL)**

The system within which we are working, makes our County's public health response to the COVID19 pandemic, that much more impressive. We have a mighty County team of public health nurses, epidemiologists, physicians, mental health providers, and public health experts who served as the backbone of our COVID19 response. To manage, we had to significantly augment our capacity through rapid hiring, contracting and reassigning County personnel to meet the task at hand to combat the pandemic. Thankfully, Board leadership supported the declaration of a public health emergency early in the pandemic, which provided leverage for us to require timely reporting of data, testing and vaccine administration to residents to aid our response, determine hot spots and be prescriptive with allocation of resources.

Also, our County's fiscal health allowed us to step up and front the costs for increasing staff capacity through contracting with health systems to help us operate vaccination sites, community health workers to help educate the public, and new county staff members to help with public health surveillance and disease tracking. We met the moment with outstanding marks despite the challenges. It is a testament to the dedicated individuals who serve the County and our partners that voluntarily stepped up in extraordinary ways to meet the moment at such a critical time.

If this Board was faced with the same decision today of whether to participate as a Medi-Cal Plan, we are confident there would have been a different outcome from the one made decades ago. Nevertheless, at this current juncture, this Board of Supervisors should take bold steps to be at the table, monitoring, asking questions, and demanding more from our Medi-Cal Managed Care system and its providers. It is time for change.

We urge your support for this measure.

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

Today's proposed actions support the Building Better Health and Living Safely initiatives in the County of San Diego's 2021-2026 Strategic Plan, as well as the County of San Diego's *Live Well San Diego* vision, by protecting the population from the COVID-19 pandemic.

Respectfully submitted,



CHAIR NATHAN FLETCHER  
Supervisor Fourth District



VICE CHAIR NORA VARGAS  
Supervisor, First District

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

Attachment A: [Guidelines and Instructions for Optional Letter of Support for State Department of Health Care Plan Medi-Cal Managed Care Plan Procurement](#)



**NATHAN FLETCHER**

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

AGENDA ITEM

COUNTY OF SAN DIEGO

2021 JUL -2 AM 10:23

CLERK OF THE BOARD  
OF SUPERVISORS

**DATE:** July 13, 2021

**TO:** Board of Supervisors

**SUBJECT**

**SUPPORTING THE SAN DIEGO REGIONAL POLICY AND INNOVATION CENTER  
(DISTRICTS: ALL)**

**OVERVIEW**

The San Diego Foundation (TSDF) has established the San Diego Regional Policy and Innovation Center (SDR PIC), a new 501c(3) organization of TSDF designed to gather data, create buy-in on the core needs and directionality of the region, and to develop and implement world-class policy solutions to enhance the well-being of San Diego residents and long-term sustainability and prosperity of the region. The entity will hire national experts, scholars, and researchers to better position local governments for federal and state resources and serve as a bridge among these entities.

The County of San Diego has a unique opportunity to join in partnership to support SDR PIC, which will have numerous benefits for the County and our region. This partnership can leverage the recently formed Office of Evaluation, Performance, and Analytics, which will oversee the County's new focus on evidence-based and research-based policymaking and ensure positive outcomes for County residents. SDR PIC will coordinate with and amplify the research priorities identified by the Office, and also include broader, regional research opportunities.

SDR PIC has reserved two seats on the Leadership Advisory Council for the Deputy Chief Administrative Officer for the Land Use and Environment Group and the Director of the County's Health and Human Services Agency, or their designee. The appointment of our County leaders to the Advisory Council will ensure our regional needs are prioritized. Annual progress reports will be submitted to the Board of Supervisors outlining research, funding opportunities, and additional metrics to analyze the impact SDR PIC is having on our region.

**SUBJECT:** SUPPORTING THE SAN DIEGO REGIONAL POLICY AND  
INNOVATION CENTER

Today's action provides authorization to County staff to negotiate and execute a grant agreement to provide operational funding to the SDR PIC. The grant agreement will specify the anticipated outcomes and objectives that will be achieved by the SDR PIC, including researching national best practices, conducting original research, gathering data, designing and recommending world-class policy solutions, and working to coordinate municipalities, to prioritize our communities of concern, along with additional long-term metrics for success.

**RECOMMENDATION(S)**

**CHAIR NATHAN FLETCHER**

Direct the Chief Administrative Officer, or designee, to negotiate and execute a grant agreement with The San Diego Foundation to provide \$2,500,000 of funding for operational expenses associated with the San Diego Regional Policy and Innovation Center.

**EQUITY IMPACT STATEMENT**

From the digital divide to homelessness and housing instability, to climate change and crumbling infrastructure, the needs of our communities are diverse and immediate. As this Board works to achieve the Framework for The Future, we need to ensure that the policy mechanisms we implement do indeed help our most vulnerable residents and working families. Joining the San Diego Regional Policy and Innovation Center will help advance equitable policy solutions in our region, not just at the County of San Diego but also with our regional partners. The organization will identify projects, policies, research and actions to support historically disadvantaged communities and neighborhoods experiencing heightened environmental injustice, digital inequities, and a lack of affordable housing. Researching national best practices, conducting original research, gathering data, designing and recommending world-class policy solutions, and working to coordinate municipalities, to prioritize our communities of concern will benefit all our regional partners and make our region stronger and more resilient.

**FISCAL IMPACT**

Funds for this request are included in the Fiscal Year 2021-23 Operational Plan in Finance Other. If approved, this request will result in costs of \$2,500,000 in Fiscal Year 2021-22. The funding source will be unassigned General Fund fund balance. There will be no additional staff years.

**BUSINESS IMPACT STATEMENT**

N/A

**ADVISORY BOARD STATEMENT**

N/A

**BACKGROUND**

The San Diego Foundation (TSDF) has established the San Diego Regional Policy and Innovation Center (SDR PIC), a new organization of TSDF designed to conduct research, gather data, and create buy-in on the core needs and directionality of the region, and to develop and implement world-class policy solutions to enhance the well-being of San Diego residents and long-term sustainability and prosperity of the region.

**SUBJECT:** SUPPORTING THE SAN DIEGO REGIONAL POLICY AND  
INNOVATION CENTER

TSDF has established this nonprofit organization to conduct original and applied research to build resilient and inclusive communities. In support of this goal, and to ensure communities in the San Diego region can adapt and persist through changing circumstances, researchers will conduct original and applied research, and produce long-form reports, targeted analyses, and policy guidance documents. Through this research framework, regional business, civic, and government leaders can rigorously analyze the region and constituent needs; identify strategies by which to capitalize on their unique assets; specify catalytic products, policies, and interventions; and establish detailed operational and financial plans.

It will also serve as a trusted and inclusive network among municipalities and key stakeholders in the San Diego region, and serve to build regional consensus on our environmental, infrastructure, and financing needs. Through convenings and public engagement, the research will form a platform for policy, economic, and technology innovation. SDR PIC will improve our capacity to implement multi-jurisdictional policies and decision-making capacity. It will also support a regional ideas forum, and will host researchers for presentations and convene regional stakeholders for targeted workshops.

SDR PIC will facilitate the adoption of innovative public policies and scale best practices to peer regions to provide clear, collaborative direction for the region's core needs and bring more significant financial capital and employment opportunities to the area. This will better position our region for federal and state resources.

The County of San Diego has a unique opportunity to join in partnership to support SDR PIC, which will have numerous benefits. As we seek to implement the vision and direction from our new Board of Supervisors – addressing equality of opportunity, adoption of digital products and services, environmental and infrastructure needs, fiscal health and inter-jurisdictional coordination, and racial and social justice – we have an opportunity to better leverage world-class resources and research to ensure our priorities are achieved.

The Board has recognized the importance of research in order to create positive impact, and supporting SDR PIC will align with that objective. Our research needs, as identified by the newly formed Office of Evaluation, Performance, and Analytics, can be supported through the original and complementary research proposed under SDR PIC. There is room for alignment and synergy to collaborate with the research conducted by the County in-house staff in this Office. SDR PIC will amplify the research priorities identified by the Office, and also include broader, regional research opportunities. As we build internal research capacity and infrastructure through the Office, collaboration with SDR PIC presents an opportunity to create a nexus with regional learning and research. The County has a means to become a regional driver of innovation and evidence-based policymaking, and achieve the policy goals of our Framework for the Future.

There will also be two County representatives on the SDR PIC Advisory Council, the Deputy Chief Administrative Officer for the Land Use and Environment Group and the Director of the County's Health and Human Services Agency, or their designee. Through the appointment of our County leaders to the Leadership Advisory Council, we will have a direct line to ensure that the Board's priorities are incorporated into the SDR PIC research framework and policy initiatives.

**SUBJECT:** SUPPORTING THE SAN DIEGO REGIONAL POLICY AND  
INNOVATION CENTER

Annual progress reports will be submitted to the Board of Supervisors outlining the research conducted, regional funding sought, and additional metrics to analyze the impact SDR PIC is having on our region.

Today's action provides authorization to County staff to negotiate and execute a grant agreement to provide operational funding to the SDR PIC for a five-year period. The grant agreement will specify the anticipated outcomes and objectives that will be achieved by the SDR PIC, including researching national best practices, conducting original research, gathering data, designing and recommending world-class policy solutions, and working to coordinate municipalities, to prioritize our communities of concern, along with additional long-term metrics for success.

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

Today's proposed action to support the San Diego Regional Policy and Innovation Center supports the Sustainable Environments/ Thriving Strategic Initiative in the County of San Diego's 2021-2026 Strategic Plan by advancing policy, programs, and research to meet our regional needs.

Respectfully submitted,



NATHAN FLETCHER  
Supervisor, Fourth District

**ATTACHMENT(S)**  
N/A





COUNTY OF SAN DIEGO

2021 JUL -2 PM 12:00

CLERK OF THE BOARD  
OF SUPERVISORS

## COUNTY OF SAN DIEGO

### BOARD OF SUPERVISORS

1600 PACIFIC HIGHWAY, ROOM 335, SAN DIEGO, CALIFORNIA 92101-2470

#### AGENDA ITEM

DATE: July 13, 2021

TO: Board of Supervisors

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#### SUBJECT

**ADVANCING INCLUSION OF LGBTQ+ COMMUNITY IN SAN DIEGO COUNTY  
(DISTRICTS: ALL)**

#### OVERVIEW

For the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community, Pride is a time to celebrate and reflect on the tribulations of those who have fought, and continue to fight, for equality. While America was founded on the principle that we are all created equal, it took until June 28, 1969 and the historic resistance from those in and around the Stonewall Inn in Greenwich, New York to demonstrate the inequality and inequities experienced by those in LGBTQ+ community.

In the 52 years since the Stonewall Rebellion, much has changed. New York City hosted the first Pride event in June 1970 and, in June 1999, President Bill Clinton became the first U.S. President to officially recognize June as Gay & Lesbian Pride Month. In addition, many states, including California, have adopted stringent laws that prohibit discrimination on the basis of sexual orientation and gender identity. While tremendous progress has been made, there is still more work that needs to be done both nationwide and locally to ensure that the LGBTQ+ community is supported, included, and treated with dignity and respect.

Today's action directs the Chief Administrative Officer (CAO) to identify areas and opportunities to uplift the LGBTQ+ community including County staff through various strategies including trainings and the implementation of a non-binary gender marker for County employees. Additionally, this action also directs the CAO to express the County's support for H.R. 5, the Equality Act. With these actions, the County of San Diego expresses its enduring commitment to our thriving LGBTQ+ community today and moving forward.

#### RECOMMENDATION(S)

**VICE CHAIR NORA VARGAS AND SUPERVISOR TERRA LAWSON-REMER**

**SUBJECT: ADVANCING INCLUSION OF LGBTQ+ COMMUNITY IN SAN  
DIEGO COUNTY (DISTRICTS: ALL)**

1. Direct the Chief Administrative Officer (CAO) to work with the Department of Human Resources and other appropriate departments to identify areas/opportunities to support and uplift the LGBTQ+ community countywide including County staff through strategies that include but are not limited to trainings and the implementation of non-binary gender marker for employee's enterprise wide.
2. Direct the Chief Administrative Officer to express the County's support for H.R. 5, the Equality Act, consistent with Board Policy M-2.
3. Direct staff to report back to the Board of Supervisors with any findings and updates on the implementation of the non-binary gender marker and other areas of improvement.

#### EQUITY IMPACT STATEMENT

This proposal reaffirms the County's commitment to fostering an environment of inclusiveness and belonging, especially among our LGBTQ+ community including our LGBTQ+ county employees. The impact to County employees would help ensure recognition and validation of their gender identity, and present fairness and equal treatment for all County employees.

Additionally, the Equality Act amends existing federal civil rights laws to prohibit discrimination on the basis of sexual orientation and gender identity in employment, education, housing, credit, jury service, public accommodations, and federal funding. The Equality Act would explicitly prohibit discrimination in all states and protect those regardless of who they are or whom they love.

#### FISCAL IMPACT

There is no fiscal impact associated with these recommendations.

#### BUSINESS IMPACT STATEMENT

N/A

#### ADVISORY BOARD STATEMENT

N/A

#### BACKGROUND

For the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ+) community, Pride is a time to celebrate and reflect on the tribulations of those who have fought, and continue to fight, for equality. While America was founded on the principle that we are all created equal, it took until June 28, 1969 and the historic resistance from those in and around the Stonewall Inn in Greenwich, New York to demonstrate the inequality and inequities experienced by those in LGBTQ+ community.

In the 52 years since the Stonewall Rebellion, much has changed. New York City hosted the first Pride event in June 1970 and, in June 1999, President Bill Clinton became the first U.S. President to officially recognize June as Gay & Lesbian Pride Month. In addition, many states, including California, have adopted stringent laws that prohibit discrimination on the basis of sexual orientation and gender identity. While tremendous progress has been made, there is still more work that needs to be done both nationwide and locally to ensure that the LGBTQ+ community is supported, included, and treated with dignity and respect.

**SUBJECT:        ADVANCING INCLUSION OF LGBTQ+ COMMUNITY IN SAN  
                     DIEGO COUNTY (DISTRICTS: ALL)**

The San Diego region joined the list of cities standing in solidarity with those who participated in the Stonewall Rebellion by protesting against anti-LGBTQ+ laws at the Federal Courthouse in July 1970 and picketing police headquarters in June 1971. San Diego's first official Pride celebration occurred in June 1975, which included a 400-person march and a rally at Balboa Park. San Diego's Pride celebration has been held every year since with hundreds of thousands of participants and spectators celebrating equality in all aspects of life.

In recent years, there have been numerous adoptions of policies that have advanced the rights of the LGBTQ+ community in our country. In October 2017, the State of California for example, enacted Senate Bill 179 known as the Gender Recognition Act, which allowed individuals to obtain State issued identification documents that accurately reflect their gender identity by implementing a third, gender-neutral option for California birth certificates, drivers' licenses, and identification cards.

Locally, as of 2019, the City of San Diego's Human Resources Department has adopted a non-binary marker for its City employees. As such, the hiring documents for individuals that have been offered a position with the City of San Diego provide a non-binary gender option that employees can select. Additionally, for any City of San Diego employee who was hired prior to 2019, the City of San Diego's Human Resources Department has provided a mechanism to allow City employees to be able to make changes to reflect the gender identity that the employee best identifies with.

Additionally, on June 30, 2021, U.S. Secretary of State Anthony J. Blinken released a statement announcing that the U.S. Department of State will begin the process of adding a gender marker for non-binary, intersex, and gender non-conforming persons applying for a U.S. Passport or Consular Reports of Birth Abroad (CRBA).

At the County of San Diego, effective April 21, 2021, the Department of Human Resources established Policy No. 120 titled "Use of Pronouns," which supports the use of a person's pronoun(s), as well as their name, even when different from their legal name. This policy adoption demonstrates the County's commitment to promote inclusivity and belonging in its work environment and provides a first step in broader efforts to provide the most caring customer service in all County programs and support all County employees especially our LGBTQ+ County employees.

Like other governmental entities, it is critical that the County of San Diego also move forward with adopting a non-binary gender marker for our County employees. Nationally, 18 states in the U.S. including California, Oregon, and Washington have policies allowing non-binary gender markers on identification documents. The establishment of providing a non-binary gender marker that individuals can select as an employee of the County of San Diego is intended to ensure that a person's gender identity is appropriately reflected on County employment and other hiring documents.

As one of the largest employers in the County and as the government entity that serves as the safety net for many county residents, it is critical that the County of San Diego provide the

**SUBJECT:        ADVANCING INCLUSION OF LGBTQ+ COMMUNITY IN SAN  
                     DIEGO COUNTY (DISTRICTS: ALL)**

necessary resources and trainings to all County employees to ensure that we are supporting and uplifting our LGBTQ+ community. In addition to the non-binary gender marker implementation, this board letter proposes for the County to identify additional areas in which we can support the LGBTQ+ community, through numerous strategies including but not limited to trainings. Trainings offered could include topics such as gender identity, the newly adopted pronoun policy, harassment prevention of LGBTQ+ staff and overall education about treating all colleagues, customers, and others with dignity and respect.

While the State of California and locally as a County, are moving towards policies that uplift our LGBTQ+ community, it is important to recognize that there are still many states that lack permanent and comprehensive federal non-discrimination laws that leave millions subject to potential discrimination that impacts their safety, their families, and their day-to-day lives. House of Representatives Bill 5 (H.R. 5) and Senate Bill 393 (S. 393), the Equality Act, amends existing federal civil rights laws to prohibit discrimination on the basis of sexual orientation and gender identity in employment, education, housing, credit, jury service, public accommodations, and federal funding. The Equality Act would explicitly prohibit discrimination in all states and protect those regardless of who they are or whom they love.

H.R. 5 and S. 393, the Equality Act, was first introduced during the 114th Congress and again in each subsequent Congress since 2015. The Act first passed the House of Representatives during the 116th Congress and, most recently, in the 117th Congress on February 25, 2021. The Equality Act explicitly prohibits discrimination based on sex, sexual orientation, and gender identity in areas including public accommodations and facilities, education, federal funding, employment, housing, credit, and the jury system. Specifically, the bill defines and includes sex, sexual orientation, and gender identity among the prohibited categories of discrimination or segregation. In addition, the bill allows the Department of Justice to intervene in equal protection actions in federal court on account of sexual orientation or gender identity and prohibits an individual from being denied access to a shared facility, including a restroom, a locker room, and a dressing room, that is in accordance with the individual's gender identity. These protections are needed as many states have not passed permanent non-discrimination laws which have created a patchwork of legal protections that aren't consistent leaving millions exposed to undue suffering and discrimination. Given the importance of the Equality Act in ensuring equality for the LGBTQ+ community, it is critical that the County of San Diego stand with our LGBTQ+ community and expressed support for the passage of these bills.

As National Pride Month ends and San Diego's Pride events ramp up, we urge your support to take the necessary steps to implement a non-binary gender marker in our County workforce system, representing an important step towards equality for transgender, intersex, and non-binary County employees. This board letter further calls for additional opportunities be identified to support and uplift the LGBTQ+ community countywide through numerous strategies including but not limited to trainings as well as by taking a stance in support of the Equality Act.

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

Today's proposed actions supports the County's 2021-2026 Strategic Plan objectives of Building Better Health and Operational Excellence by ensuring recognition and validation of County



**SUBJECT:     ADVANCING INCLUSION OF LGBTQ+ COMMUNITY IN SAN  
              DIEGO COUNTY (DISTRICTS: ALL)**

employees' gender identity and establishing fairness and equal treatment for all employees as well as support for the countywide LGBTQ+ community.

Respectfully submitted,



NORA VARGAS  
Vice Chair, First District



TERRA LAWSON-REMER  
Supervisor, Third District

**ATTACHMENT(S)**  
N/A



# County of San Diego

**NICK MACCHIONE, FACHE**  
AGENCY DIRECTOR

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

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

July 29, 2021

TO: The Behavioral Health Advisory Board (BHAB)

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

## **BEHAVIORAL HEALTH SERVICES DIRECTOR'S REPORT – August 2021**

### **ACTION ITEM: NONE FOR AUGUST**

### ***LIVE WELL SAN DIEGO* UPDATES / SPECIAL EVENTS**

#### **Upcoming Events**

#### **Recovery Happens Annual Community Event - September 18, 2021**

The annual Recovery Happens community event will be held virtually on Saturday, September 18, 2021, from 10:00 a.m. to 11:30 a.m. The event is a celebration of individuals on the recovery journey and those who support them. An engaging and inspiring group of speakers and performers will be participating. The registration link, resource fair, and speaker information will be available on the Behavioral Health Services (BHS) website the whole month of September. *Registration details coming soon.*

#### **UPDATES FROM PREVENTION AND COMMUNITY ENGAGEMENT (PCE)**

#### **Mobile Crisis Response Team (MCRT) Media Campaign**

An amendment in the amount of \$600,000 to the Countywide Stigma Reduction and Suicide Prevention Media Campaign (Up to Us) contract with Rescue Agency was completed to support development and implementation of a MCRT community awareness campaign. Rescue Agency has proposed a campaign which will utilize various media platforms, including digital and social media to disseminate information on MCRT to the community. BHS staff has engaged with the Human Relations Commission and BHAB for initial discussions on this effort and look forward to continued engagement with both groups. Implementation of the MCRT campaign is expected to begin early fall 2021, in alignment with phased program implementation.

### **Suicide Prevention Council Annual Stakeholders Meeting**

This year marks the tenth year of suicide prevention by the San Diego County Suicide Prevention Council (SPC), which held their Annual Stakeholder Meeting on June 22, 2021. Presentations included: The Year in Review 2020; Reflection on SPC's 10 Years of Suicide Prevention; SPC's Strategic & Evaluation Planning Progress Reports; Latest Suicide Data; Annual Partner Awards; and more.

### **May Is Mental Health Month**

For a second year in a row, May Is Mental Health Month (MIMHM) was celebrated virtually with fun filled events hosted by BHS and community providers. Throughout the month of May various activities were organized to increase mental health awareness and reduce stigma of mental health illness. Activities included the Children's Mental Health Awareness Day Celebration in partnership with the National Alliance on Mental Illness (NAMI) San Diego; the Suicide Prevention Council Annual Faith Breakfast; the lighting of the County Administration Center in green in recognition of MIMHM; the BHS webpage posted resources and a community calendar promoting MIMHM events; and weekly awareness e-mails were sent to Health and Human Services Agency (HHS) staff.

### **Prescription Drug Take Back Day Includes Pet Prescriptions**

For the first time since the launch of National Take Back Day in 2010, San Diego County residents were allowed to dispose of expired, unwanted or unused pet prescriptions at one of the many drop-off locations across the county. The San Diego Prescription Drug Abuse Task Force (PDATF) and its partners brought attention to the issue of animal medications and encouraged residents to safeguard all animal and pet medications just as they do for humans.

### **Light Our Way**

This year's 2021 Light Our Way campaign was a tribute to the Class of 2021 and San Diegans from all walks of life who've overcome hardships and loss during the COVID-19 pandemic. The virtual campaign, held from June 7<sup>th</sup> through June 9<sup>th</sup>, promoted youth and adult resiliency through social media messaging and family-friendly activities that reflected on accomplishments and progress towards a brighter future after the pandemic. The campaign was organized by a coalition of youth advocates, including Advocates for Change Today (ACT), Boys to Men Mentoring Network, and Project AWARE, along with the Central Region Substance Use Disorder (SUD) regional prevention provider. In partnership with County Board of Supervisors Chair Nathan Fletcher, the coalition promoted the campaign with a media preview on June 4<sup>th</sup> and the lighting of the County Administration Center in green - the color of hope and new beginnings.

### **SpeakWell Spokesperson Training for Media Advocacy**

The Institute for Public Strategies (IPS), the SUD Countywide Media Advocacy Project contractor, is facilitating SpeakWell Spokesperson Training, which builds the capacity of San Diego County residents to advocate on substance use disorders and community public health issues through media advocacy. The training offers three modules: how to write an opinion editorial; how to communicate with public officials; and how to talk to news reporters. All three modules focus on framing a message to support advocacy efforts that lead to healthy, safe, and vibrant communities, free from the harms of alcohol, drug misuse, and substance use disorders.

Since 2017, 300 community and youth leaders have participated in the SpeakWell program. IPS has partnered with a number of organizations including Friday Night Live, SPC, Resident Leadership Academy (RLA), and the East County Homeless Task Force to provide training. In March 2021, the program held its Storytelling in Media Advocacy webinar for 180 online participants

and in July there are plans to train community and youth leaders from the [I'm Ready Program](#) in National City. More information on the SpeakWell program can be found on the IPS website at [www.publicstrategies.org](http://www.publicstrategies.org).

**Overdose Data to Action Project**

As part of the Overdose Data to Action (OD2A) project, funded by the Center for Disease Control and Prevention (CDC), regional SUD prevention providers have organized presentations to various groups to educate the community about the harms of opioid use and fentanyl dangers. These providers have distributed educational information along with the County's fentanyl warning campaign posters to increase messaging reach. They have connected with various groups including Kiwanis Club, Chambers of Commerce, YMCA, Rotary Clubs, and residents at Crime Free Multi-Housing certified apartments. Prevention Providers also produced condensed video presentations ("webisodes") as a means to provide brief creative presentations to interested groups. Additionally, the webisodes have been shared within SUD prevention provider networks and with local high school youth groups to expand reach.

**Occupational Health Services Driving Under the Influence Program Closure**

Citing adverse fiscal impacts due to the COVID-19 pandemic, the Occupational Health Services (OHS) Driving Under the Influence Program (DUIP) in San Marcos will close on June 30, 2021. The OHS DUI Program has provided substance abuse counseling and educational services for impaired drivers in San Diego County for more than 30 years and has played an important role in helping to reduce DUI recidivism by changing behavior and improving driver safety on San Diego County roadways. State licensed DUI programs were able to rapidly implement telehealth services by late April 2020 and continued to provide important DUI program services to San Diego County residents during the pandemic. All clients enrolled at OHS were successfully transferred to the other three state-licensed DUI programs in San Diego County and services continue to be available via telehealth. In coordination with the State and other key stakeholders, the DUI Program system will be assessed later this year to determine future DUI program needs.

Respectfully submitted,

LUKE BERGMANN, Ph.D., Director

Behavioral Health Services

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



## CADRE Meeting Dates for Fiscal Year 2021-2022

CADRE Members, please see the meeting dates and times below for all CADRE Quarterly, CADRE T&I, and CADRE CYF Subcommittee meetings. Please check your email for the invitations. All meetings are currently being scheduled in a virtual format on Zoom. If you are not receiving the meeting invitations, please check your email spam/junk mail and adjust your filters. If no emails are located, please email the CADRE email address at [cadre-RIHS@sdsu.edu](mailto:cadre-RIHS@sdsu.edu) and we will work to ensure that future invites are sent out.

Thank you,  
CADRE Administrative Team at RIHS

Children, Youth and Family (CYF) Subcommittee Meeting Dates	Quarterly Meeting Dates
<b>Meeting Time: 1:30-3:00 pm</b>	<b>Meeting Time: 12:00-2:00 pm</b>
July 8, 2021	September 8, 2021
October 14, 2021	December 8, 2021
January 13, 2022	March 9, 2022
April 14, 2022	June 8, 2022

Training and Implementation (T&I) Subcommittee Meeting Dates
<b>Meeting Time: 1:00-2:30 pm</b>
July 21, 2021
August 18, 2021
October 20, 2021
November 17, 2021
January 19, 2022
February 16, 2022
April 20, 2022
May 18, 2022



**American Rescue Plan Act of 2021 (ARPA)**  
**One Time Investment to Support Children, Youth and Families**  
CYF Council Recommendations to BHS Director (6.18.21)



During the May 10, 2021 Coffee with BHS Director CYF Council meeting, the Director encouraged ARPA discussion and input. CYF Council members' and stakeholders submitted written input as well as contributed recommendations at the June 14, 2021 Council meeting discussion. The following document is presented to the BHS Director on 6.18.21 to reflect the collective input and recommendations.

General Guidelines for Federal American Rescue Plan Act (ARPA) funds

- New project Funding, cannot be used to sustain or improve current funded programs
- Can be used for a limited number of years
- Can be used for both Behavioral health primary care and/or preventative care

June 8, 2021 Board of Supervisor's Board Letter on ARPA:

- Link to the June 8, 2021-Item 03: Approve the Recommended Framework for the Use of American Rescue Plan Act Funding (ARPA), Establish Appropriations to Support Proposed Actions, And Authorize the Auditor & Controller to Establish a Trust Fund for the ARPA:  
<https://bosagenda.sandiegocounty.gov/cob/cosd/cob/doc?id=0901127e80d1b410>
- Link to the Clerk of the Board of Supervisors Meeting documents for June 8, 2021: <https://www.sandiegocounty.gov/content/sdc/cob/bosa/bos-calendar-meetings.html?date=06/08/2021&meetingtype=BOARD%20OF%20SUPERVISORS>

**Priorities/Recommendations for ARPA One-Time Investments**

**Prevention & Early Intervention**

- 1. Young children with developmental or family problems are not always identified for intervention early enough to seek intervention** leaving them unprepared for school causing learning and behavioral challenges that lead to fertile ground for school to prison pipeline. This disproportionately affects children of color and children may be particularly at risk as we move out of COVID due to less eyes on the youth during lockdown. Early identification and connection to services is key and embedded mental health services and case management may help connect youth to PEI services.
  - Pilot – pediatricians offices having embedded clinicians for immediate screening and referrals – prevention services – costs associated with initial set up may be sustainable through insurance billing
  - Consider contracts with pediatric clinics and private practitioners for referrals
  - Developing a decent referral system to get availability for providers including non-Medi-Cal providers  
(Aisha Pope)
- 2. Expand preventative and early intervention services** that strengthen children youth and families and help them thrive  
The pandemic has shone a spotlight on many of the unmet needs and challenges faces children, youth and families. HHSA can promote healthy childhood environments by using ARPA for expansion of home visiting programs for families with young children, and enhanced services for child welfare-involved families and foster youth. These services are designed to be provided within the home and can therefore be intentionally paired with existing housing resource such as Family Unification Program (FUP) housing vouchers for families and youth with child welfare connections, as well as with new ARPA housing resources that can intentionally prioritize inclusion of HHSA families through programs such as Emergency Housing Vouchers, HOME ARP, Emergency Rental



**American Rescue Plan Act of 2021 (ARPA)**  
**One Time Investment to Support Children, Youth and Families**  
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Assistance, etc. This is especially important for children, youth and families facing more complex challenges and histories and those facing higher levels of risk and a myriad of vulnerabilities in order to strengthen these families and youth and help them to thrive.

(Andrew Johnson)

**3. Plant the Seeds/Grow the Garden Program:**

***A Community-Inspired Healing & Wellness Model*** to cultivate and grow *whole-person wellness* across the lifespan.

There are many individuals, families and community members who, for various reasons, may never seek out or engage in clinic-based services, regardless of accessibility. Creating more clinically-focused programs may not adequately address or accurately recognize the problem or meet the need.

The intention of this Prevention & Early Intervention proposal would be to cultivate and integrate community-imbedded accessibility to therapeutic/healing opportunities without the requirement of a mental health diagnosis,\* recognizing that either *waiting for*, or *until* one is present is already a delayed response. Rather than looking to treat Medical Necessity, let's consider striving to meet, Human Necessity.

Gleaning what we know about early brain development, attachment security/insecurity, the lifelong effects of early (and chronic) exposure to adverse events and toxic stress with less-than-optimal protective factors, and/or lack of opportunity to invite or evoke these protective factors exists long before anyone is seen in a clinic, office or community-based setting. Wonderful pathways for healing and resiliency building exists outside of the clinical setting and nurturing this *within* communities, through community members themselves seems important to address many of the issues regarding engagement, as well as removing the stigma and/or fear of accessing mental health services. When communities are supported to become places that nurtures its members, the seeds are planted and the garden can grow.

Recognizing the intersection between chronic health conditions within communities and the need for whole-person, culturally informed community wellness across the lifespan seems imperative. Doing so through a lens that will be *most meaningful to the individuals and community* members as a whole, implementing the principles of what supports optimal early development, attachment security, hope, cultural humility and trauma-informed/responsive care is all part of planting the seeds so that the garden may grow.

The proposal consideration is that the funding would invest in a **Community-Inspired Healing & Wellness Model** to provide training opportunities within and for communities where interested individuals come together, receive training and advocacy skills to represent the voices and support the wellness and healing of their community. Funds would support interested community members (possibly referred to as Gardeners) and ongoing technical assistance/support staff/training—These trainings could take place in familiar locations already familiar within the community (schools, parks, libraries, Boys and Girls Clubs, religious/spiritual and/or multicultural centers, local restaurants)—Imagine it to be where community members feel most comfortable/naturally congregate to gather for training, and where businesses may donate use of the space to support these trainings (perhaps designating these organizations/places of business as Wellness Cultivators).

Planting the seeds for communities to co-create healthy spaces and informed places for multi-generational needs, inviting community-based opportunities and other partnerships that provide, nurture and sustain positive experiences and respond to adversity and toxic stress in ways that promote healing, safety, recovery, connectedness, and expansion, in a way that will be *most meaningful to the individuals and community* as a whole, holding the principles of early development, hope, cultural humility and trauma-informed/responsive care in mind.

**American Rescue Plan Act of 2021 (ARPA)**  
**One Time Investment to Support Children, Youth and Families**  
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Creating environments, activities, and opportunities\*\* for engagement that are naturally therapeutic, tending to the importance of early, healthy brain building, are sensory rich for ages and stages across the lifespan, relationally and culturally supportive, and allow for and encourage embodied experiences to promote growth, possibility and new learning going forward in a way that will be *most meaningful to the individuals and community* as a whole, holding the principles of early development, hope, cultural humility and trauma-informed/responsive care in mind.

Outcomes would assess the strengthening of protective factors and reduction of risk factors within a community, over time, by measuring the health and wellness of its residents across different life stages. Since this model is intended to nurture and support embodied health and wellness, identifying the specific areas in which an individual community is experiencing dis-ease\*\* seems critical to assess first in order to know what needs to be cultivated and/or healed.

*\*Access to behavioral health/diagnostic services when indicated, whether brought to communities or enhancing accessibility within the community at large is always an available option, yet this is considering and addressing something that is more of an interweaving of healing and wellness in an everyday, integrative, lived experience way, that is intended to be preventive over time.*

*\*\*Ideas can be provided.*

*(ECMH Subcommittee Collaborative Proposals)*

4. While there are Early Childhood Based Services throughout San Diego County, it is a challenge to meet the needs of all families with young children, especially those with complex histories, in their homes. There has been an increase in ACEs screening through medical care which is increasing the amount of referrals for services, especially for clinical trauma services. With the increased referrals, the waitlists for services can sometimes be longer than 10 months. In addition, caregivers have expressed the difficulty of accessing services due to not meeting eligibility criteria or not having the financial resources. **This funding would support families with children in early childhood who live in San Diego County, with Child First, formerly known as Child and Family Interagency Resource, Support, and Training (Child FIRST), a home-based intervention that aims to promote healthy child and family development through a combination of psychotherapy, care coordination, and consultation.** Child First is provided by a clinical team that includes a mental health clinician and a care coordinator. The clinical team works jointly together to deliver the intervention. Child First is typically delivered over the course of 6 to 12 months. During the “assessment period” (first month), sessions occur twice weekly with both the mental health clinician and care coordinator. These sessions last about 90 minutes. After the assessment period, sessions occur at least once a week with each staff member. Sessions may occur with staff members together or separately depending on the unique family circumstances. These sessions last about 60 to 75 minutes. Sessions may be more frequent or extend beyond 12 months based on need. There are seven major program components:
  - (1) The clinical team starts by engaging and building trust with the family.
  - (2) The clinical team then conducts a comprehensive assessment through clinical history, assessment measures, and observations in the home and other primary environments for the child (e.g., early care and education).
  - (3) The clinical team and family co-develop a plan of care that is informed by the assessment and used to guide program components 4 through 7.
  - (4) The mental health clinician delivers a trauma-informed treatment, Child-Parent Psychotherapy, to the caregiver(s) and child to strengthen the parent-child relationship and increase the social-emotional well-being of both child and caregiver.
  - (5) The clinical team promotes self-regulation and executive functioning capacity by mentoring caregiver(s) on how to focus their attention, plan, organize, and problem-solve.

**American Rescue Plan Act of 2021 (ARPA)**  
**One Time Investment to Support Children, Youth and Families**  
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(6) If children are in early care and education environments, the mental health clinician consults with their teachers and caregiver(s) to enhance their understandings of the child's behavior and to coordinate efforts with the home intervention.

(7) The care coordinator works to immediately stabilize the family and connects family members to community-based services to decrease stressors and promote healthy development, as identified in the plan of care. Through the use of pre- and post-assessments, outcomes would be measured in Child Safety (Child welfare administrative reports), Child well-being (Behavioral and emotional functioning, Cognitive functions and abilities), and Adult well-being (Parent/Caregiver mental or emotional health, family functioning). Data tracking will depend on the organization providing the service.

*(ECMH Subcommittee Collaborative Proposals)*

**5. Sensory spaces for children**

For many children with behavioral health diagnoses, including ADHD, anxiety disorders, autism spectrum disorders, among others, sensory strategies can be helpful for self-regulation. Many therapy offices have sensory tools and spaces available for the children they work with, but it would be helpful to expand these types of sensory tools and spaces in behavioral health settings as well as to consider making them available in other settings like school classrooms, pediatrician offices, among other settings. Examples of equipment include suspended equipment, kinetic sand, trampoline, dim lighting, etc. There already exist options for mobile multi-sensory carts. This would give real time access to tools to help children feel success and mastery managing overwhelming situations. Outcomes could be measured by assessing if there is a decreased need or a more intensive intervention (more intensive therapy, medication management).

*(ECMH Subcommittee Collaborative Proposals)*

**6. Co-location of services**

It is known that behavioral health problems in children are often linked to caregiver mental health concerns, such as depression and substance use disorders. However, it can be very challenging logistically for many of the families we serve to access important behavioral health services for themselves in addition to for their children, and often caregivers will not pursue treatment for themselves and just focus on accessing treatment for their children. Co-location of adult mental health services (including individual therapy, group therapy) with child behavioral health services, including children & youth of all ages (0-21 years), can help families better access treatment for themselves in addition to for their children, which research has shown is so important for their children's success. This could be measured by looking for improvement in linkage to services and symptom outcomes.

*(ECMH Subcommittee Collaborative Proposals)*

**7. Early childhood mental health consultation** aims to improve the ability of staff, families, programs, and systems to prevent, identify, treat, and reduce the impact of mental health problems among children from birth to age 6 and their families (Cohen & Kaufmann, 2000). Early Childhood Mental Health Consultation is a problem-solving and capacity-building intervention implemented within a collaborative relationship between a professional consultant with early childhood mental health expertise and one or more caregivers, typically an early care and education provider and/or family member. Consultation occurs across three levels within the early childhood education context: Programmatic, Classroom/Provider, and the Child/Family.

**8.** ECMHC programs have been shown, empirically to decrease suspensions, expulsions, increase attendance at school, increase access to resources both physical and mental health, decrease workforce burnout, and improve the overall functioning of families and schools. Additional empirical research on ECMHC can be found at this link [https://gucchd.georgetown.edu/products/ECMHCStudy\\_Report.pdf](https://gucchd.georgetown.edu/products/ECMHCStudy_Report.pdf).

At the Center for Excellence in Early Childhood (CEED) we are adapting the ECMHC model to support pediatric practices and extend the educational model through elementary school. **Mental Health Consultation** as a model has both immediate impact by supporting families in need and long-term impact as it

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improves the education and pediatric workforce's capacity to recognize, support, and refer appropriately when behavioral or mental health issues arise in their settings while supporting high need families, so they don't fall through the cracks.

Outcomes include behavioral/mental health improvement (BASC/CBCL Questionnaire), improved development (ASQ screener), improved academic engagement (Attendance, reduced suspensions), improved system access (referrals accessed), improved classroom climate and social-emotional supports from teachers (TPOT/Pyramid Model Assessment), etc. I am attaching to this email a toolkit for evaluating mental health consultation. Within this document there are greater in-depth descriptions of the three levels of consultation as well as possible outcomes and methods to evaluate effectiveness.

This is a well-established system of support being used across the country to address the behavioral and mental health needs of children and their families. Connecticut, similar in size to San Diego County, has implemented state-wide, state-funded model of ECMHC. Empirical evidence of the effectiveness of this model can be found here ( <http://www.eccpct.com/news/eccp-evaluation-journal-of-the-american-academy-of-child-and-adolescent-psychia/>). In San Diego County, CEED has piloted a comprehensive model across the county and the YMCA also currently provides a child level consultation service demonstrating existing expertise and infrastructure needed to facilitate the development of a county-wide program. The ARPA funds would support the development, implementation, and evaluation of the county-wide program providing data and support for leveraging state funds for ongoing implementation.

*(Lisa Linder)*

## Education

### 1. EDUCATION/DIVERSITY

Implementation of Youth Peer to Peer Counseling Program in High Schools (and ideally in Middle Schools).

The template for Program would be similar to MCHS Peer Counseling Program (Poway School District).

Overview: Today's students are dealing with the aftereffects of isolation due to COVID-19 & online schooling as well as regular school-based anxiety relating to studies, making friends & fitting in.

Target Population: Students

Concept: The Youth Peer to Peer Counseling Program would embody a diverse, inclusive, approachable group of students that support their fellow students in stress management, conflict resolution, active listening, building healthy relationships & improved communication skills. This program educates student volunteers and allows struggling students to talk about their concerns to the people they want to talk & listen to the most - their friends.

Types of Services/Roles: Volunteer Students; Teacher/Administration Supervision & Program Education Role

\*\*\* Majority of Implementation Expense - Education of Advisors and then their Volunteer Students

Types of Evaluation: School Attendance, Suicides + Student/Parent Self Reporting of Feelings of Well-Being, Quality of Relationships with Peers & Adults, Management of Day-to-Day Stressors, Risk Behaviors, Engagement in Home, School and Community

*(Debbie Dennison/Christine Frye)*

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2. Education Committee provided the following input:

- K-12 Mental Health Consultation. The program would model a Georgetown University Early Childhood Mental Health Consultation Program where the Mental Consultant builds the capacity of the school partners and families to help support the student's social and emotional development.  
(Lisa Linder)
- Combining this (Mental Health Consultation) with partnership with CBOs to provide comprehensive services (almost wraparound), can do outreach to disengaged students and support family also. This would become a Multi-Faceted "Care" Team. The pandemic disengaged many students and this **Care Team (students/peers, school staff, mental health consultant, and CBOs can utilize multiple approaches on campus, including Peer-to-Peer Counseling (submitted by Christine and Debbie), and home visits to engage and re-engage students (prevention and intervention).**
  - Perhaps SDCOE can be trained in these programs and then have the ability to provide training to schools or to do train-the-trainer to help schools implement these programs and have them be more sustainable.
  - Stipends for teachers/paraprofessionals who do outreach or to administer these programs outside of their responsibilities. And/or substitute stipends for teachers to go to trainings.
  - Also, partnering with CBOs who can perhaps bill insurance for the services provided to help sustain the services once funding runs out.
  - Staff wellness is an important component that needs to be woven into the Care Team approach to keep staff healthy and ready to help students in need.
  - It is also important to maximize usage/leverage usage of existing resources, if available, for the Care Team approach like the use a train-the-trainer model, Youth Mental Health First Aid, LivingWorks Start Online Suicide Prevention Training for staff and students.
- Summer peer academy for elementary, middle, and high school where students learn how to create and age-appropriate peer-to-peer program (peer counseling support vs. peer mentoring), mental health literacy, how to help their peers, leadership skills, etc. Advisors would also take part in an Adult track of this summer academy to focus on their role as an Advisor to the Peer-to-Peer model and the overall concept of the Care Team.
- Pilot project happening at Escondido High School and United Way where they are conducting home visits with students to meet their individual and family needs."

*(6.14.21 Council Meeting Education breakout group: Violeta Mora, Pam Hansen, Amanda Kaufman, Emma Eldredge, Heather Nemour, Lisa Linder and Yuka Sakamoto)*

**Diversity, Equity, and Inclusion**

1. Stipends or scholarships to increase the number of new master's level clinicians who will commit to work in CYF SOC programs; additional focus on recruiting students who represent diverse populations and bilingual capacity to meet the needs of the target populations.  
(Cheryl Rode)
2. Treatment to the African American, APIDA, and Latinx communities:
  - a. Cultural Informed Training series developed for clinical supervisors, and
  - b. Create a standardization procedure for clinical supervisors, a process to integrate cultural informed clinical services.

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3. Remove Barriers to services: e.g., gas money
  - a. childcare: Allocate to development of a process to increase the access to childcare (quality standards) while in treatment
4. Improved access
  - a. Up2Us campaign to increase the information to the Muslim community, increase in APIDA
  - b. integrated collaborative leadership. Going to each community learn from each other to learn about each culture. how to provide interventions and the community learns about collaborative mentorship: develop a system of working with community using the language, relevance specific to communities.
5. School incentives
6. Peer Support Specialist provide outreach in culturally specific communities.  
*(6.14.21 Council Meeting Direct Service breakout group: Minola Clark Manson, Eliza Reis, Jean McDonald, Marcelo Podesta, Michelle Ly, Rosa Ana Lozada)*
7. Research indicates that people benefit from being in services with people whose cultures are similar to theirs which indicates a need to diversify the workforce through greater recruitment efforts; in addition to recruiting for more diversity, training that improves cultural humility and reflective capacity would allow for more effective work with diverse populations.
  - Consider increasing reimbursement for bilingual staff and paying differential for bicultural staff that represent the population served regardless of language capabilities (considering one-time funds, possibly sign on bonuses to flood the system with qualified bilingual/bicultural staff)
  - Multicultural supervision training across the system
  - Supervision/consultation/mentorship opportunities provided to agencies by diverse staff/clinicians (ie: facilitated affinity groups)
  - Recruitment of peer supports that represent the community
  - Outreach programs to high schools from behavioral health staff to encourage diverse students to consider health careers – assistance with scholarships – internship opportunities  
*(Aisha Pope)*
8. Address Equity

Black and Indigenous families are disproportionately affected not just by the pandemic, but also by historical inequities and discriminatory policies and practices in public sectors, including the housing and child welfare sectors. Black families are 5.85 times more likely to be homeless and 2.57 times more likely to be involved in the child welfare system when compared to families of other races. Similarly, Indigenous families are 3.54 times more likely to be involved in the child welfare system and 2.4 times more likely to be homeless. To shift this paradigm, collaboration must focus on implicit biases in budgetary, programmatic, and policy decisions within and across agencies and programs serving children, youth and families, including programs administered by HHSA.

As an initial step, persons with lived experience must be included in the development and implementation of housing, behavioral health, child welfare, public health and other programs and services. Using race explicit data at the jurisdictional level to better understand and address racial disparities can be used to develop concrete actions to advance racial equity in the development and delivery of housing and services. ARPA funds can provide the necessary funding to develop the infrastructure to meaningfully advance racial equity including hiring and including children, youth and families with lived experiences



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and expertise. Consider families that have experiences across HHSA programs such as those with histories related to child welfare services, mental health, substance use, supportive housing or other housing programs, public benefits programs, etc. Build out an infrastructure such as a division or office of family and youth voice within HHSA. Hire families and youth with lived experiences as benefits navigators, housing navigators, peer supports, parent partners, facilitators, direct service providers, trainings, etc.”

*(Andrew Johnson)*

### Infrastructure

1. Create a Universal Housing Screening

Children and youth who have a reliable place to call home spend fewer days in foster care, experience a reduction in subsequent abuse and neglect cases, and increase their school attendance. Affordable housing with support services that is tailored to the specific needs of families is a proven solution for keeping families together. Working with housing partners to establish a housing screening process by which families can be readily identified and referred to housing and support services can be established and has utility beyond prioritizing ARPA resources. Institutionalizing this process within and across the county agencies and programs serving children, youth and families will prevent housing crises before they happen and create a housing and support referral system for families identified as at risk for housing instability, including those not connected to, or eligible to access programs coordinated through the Regional Task Force for the Homeless.

*(Andrew Johnson)*

### Workforce Development

1. Stipends or scholarships to increase the number of new master’s level clinicians who will commit to work in CYF SOC programs; additional focus on recruiting students who represent diverse populations and bilingual capacity to meet the needs of the target populations.”

*(Cheryl Rode)*

### Direct Service

1. Substance Use Disorder (SUD) Treatment/Recovery

There is a lack of available and appropriate SUD treatment for families with children in San Diego County. Utilize ARPA to expand capacity and options within a continuum of SUD treatment/services for families with children thereby prevent unnecessary separation of children from their parent families impacted by parental SUD and associated risk of, or deeper penetration into child welfare services. Create SUD residential/inpatient treatment for parents together with their children, to include single mothers, single fathers, as well as two parent household where both parents are ready to engage in treatment. Consider opportunities to expand the treatment continuum through increasing alternatives to inpatient treatment such as in-home treatment Medication Assisted Therapy. For families without safe and stable housing, leverage APRA and other housing resources available in the county to create a stable home for treatment services to be provided within. Consider other services gaps that exist for these families as they navigate recovery and work to stabilize in and maintain housing.

*(Andrew Johnson)*

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2. School-based services: Currently have defined target population; Broaden access beyond Medi-Cal to insurance; Probation would like to widen gap
3. Crisis stabilization program:  
Services for youth between hospitalization and STRTP  
Youth struggling in families but not in STRTP level  
Just above and below STRTP level
4. Coaching/ Respite Service- specific to foster families in need to avoid placement loss; Coaching and respite services combined to avoid caregiver burnout and change in placement  
Lots of things to wrap families with—but not enough—respite TBS model- provide space for parent to get a break- parents burn out
5. Innovation-like investments in each program: allow each program to put forth a proposal indicating needs and gaps
6. Tribal community services- access to MH services can be a barrier
7. TERM Incentives  
Incentive for therapists to work with CWS parents/clients  
TERM providers- resistance because of forensic component—cost as a part of it
8. Intensive Case Management component add-on: many kids needing daily services from us- having families bring to ECU/ED or other facility due to imminent danger- by the time they get there they are no longer imminent  
Teams for these high-risk utilizers to provide services and case management
9. Services for Non- Minor Dependents: Foster youth turn 18 and often have less options for support; bouncing back and forth between ERs and short hospitalizations—a rally nimble resource to access—proactive model with coaching and psychosocial support
10. Outreach around health equity- Services for youth that haven't touched our programs/services yet
11. Workforce development:
  - adding peer support specialists; similar to SUD model
  - train psychiatrists in system regarding recent abuse of benzodiazepines by youth
  - Competitive salaries for all contracted programs to ensure vacancies can be filled

*(6.14.21 Council Meeting Direct Service breakout group: Amanda Lance-Sexton, Lisa Sawin, Julie McPherson, Babbi Winegarden, Steven Wells, Marisa Varond, Seth Williams, Mike Miller, Wendy Maramba and Rebecca Raymond)*

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**General Ideas**

1. Coordinate Amongst Systems

As many as 30% of children in foster care are primarily there due to lack of stable housing. Families who are unstably housed and also have persistent co-occurring challenges with chronic health conditions, mental illness and/or substance abuse are at greatest risk of being involved in the child welfare system. While child welfare services are intended to be short-term interventions, permanent, affordable housing that includes access to on-going community-based services for families can make the difference in family stability and well-being over time. Coordinating with housing partners to streamline rental assistance and subsidies, case management, and evidence-based services available to families will help to keep families together or reunify them more quickly. In the absence of already established housing partnership and strategies for assessing and addressing housing needs of families at risk of or involved with child welfare, ARPA funds can provide the necessary funding to develop the infrastructure to do so.

*(Andrew Johnson)*

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

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

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

**Fiscal Year 2021-22 Goals**

- Promote the Live Well San Diego Vision and Board of Supervisors Framework for Our Future, recognizing the Pandemic and Racial Justice context, while considering population health and social determinants of health.
  - Support the Live Well San Diego Youth Sector
  - Support the County Substance Use Harm Reduction Strategy
- Evaluate the System of Care and advocate for needed adjustments with recognition of the economic effects of the pandemic and impacts on children, youth, and perinatal recipients.
- Contribute to Behavioral Health Services efforts inclusive of Behavioral Health Continuum of Care; Children’s Hub; housing needs; and mobile crisis response.
- Through the CYF Council, provide input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums.
- Educate about other systems’ priorities and look for opportunities to align efforts to best impact positive system changes.
- Focus on system integration and moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates.
- Continue the partnership with Child Welfare Services (CWS) and Juvenile Probation supporting various activities inclusive but not limited to:
  - Families First Prevention Services Act (FFPSA)
  - Qualified Residential Treatment Programs (QRTP)
  - Qualified Individual (QI)
  - Institution for Mental Diseases (IMD) Determination
  - Senate Bill (SB) 823 – Division of Juvenile Justice (DJJ)
- Continue to advance effective utilization of telehealth while contributing and promoting best practices.
- Advance the Drug Medi-Cal Organized Delivery System (DMC-ODS) – Year-Four
- Continue with the collaboration with the education sector to support students, including but not limited to areas of suicide prevention and universal screening.
- Contribute to local mapping of SB 803 for Medi-Cal Peer Support Certification Program implementation at the State and local level.
- Emphasize the importance of Early Childhood Mental Health, specifically prevention, early intervention, Adverse Childhood Experiences (ACEs), and resiliency.
- Contribute to the delivery of the 12th Annual Early Childhood Conference – We Can’t Wait! (virtual): Emerging from COVID, Conflict and Chaos: Creating a Resilient Future for Our Children (September 2021).
- Support the newly established Second Annual Birth of Brilliance conference that focuses on racial equity (February 2022).
- Collaborate on the delivery of the 7th Critical Issues in Child and Adolescent Mental Health – Managing Change in a Changing World conference (March 2022).
- Identify focus area for the Annual CYF System of Care Conference (May 2022).
- Deliver the 8th Annual Youth Mental Health Well Being Celebration in May 2022.

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**Highlights of Fiscal Year 2020-21 Accomplishments**

- **Promoted Live Well San Diego Vision within the Pandemic, and Racial Justice context, while considering population health and social determinants of health**
  - CYF through the CYF Liaison contract with NAMI-San Diego, coordinated the 7th Annual Youth Mental Health Well-Being Celebration on Friday, May 7, 2021. Due to COVID-19, the event was held virtually. The celebration theme/focus was: “Flipping the Script on Mental Health”. One of the highlights of the event was the presentation of a Proclamation by Chair Nathan Fletcher Honoring Children’s Mental Health Awareness Day.
  - An array of trainings and conversations were held throughout the system to address current relevant issues related to pandemic and racial and social justice.
    - Birth of Brilliance, Challenging Us to Create Racial Equity in Early Childhood inaugural conference held February 25, 2021.
    - California Mental Health Advocates for Children and Youth (CMHACY) Annual conference: Non-Negotiable Demanding Social Justice & Racial Equity in Our Systems of Care (April 28-29, 2021).
  - Analyzed early pandemic treatment services impacts for children, youth and perinatal population to see trends and inform service delivery; which lead to further dialog and best practices around outreach and engagement.
  - Developed a System of Care Pandemic report to evaluate mental health treatment needs and impact as well as identify best practices and interventions.
  - Leveraged Coronavirus Aid, Relief, and Economic Security (CARES) Act funding to offer outdoor activities (Out and About) for kids throughout San Diego.
  - Partnered with the City of San Diego Parks and Recreation to implement the Come Play Outside program with a wide variety of outdoor activities.
- **Evaluated the System of Care and advocated and responded to shifting needed adjustments with recognition of the economic effects of the pandemic and impacts on children, youth, and perinatal recipients (responded to shifting needs)**
  - Remote learning was initiated through the schools and behavioral health service delivery was adjusted to incorporate telehealth. In August 2020 SchoolLink was updated to include a COVID-19 Best Practices module and updated flyers.
  - Service providers worked with the community and service partners to ensure awareness that treatment services continued to be available. Providers adjusted their service delivery models; provided more frequent check-ins, additional case management services, and enhanced care coordination.
  - Many services, such as the School-Based Prevention and Early Intervention programs collaborated and adjusted the Incredible Years program requirements to increase service delivery and participation.
  - Teen Recovery Centers (TRC): with the emergence of the COVID-19 pandemic and the subsequent shift to remote learning, school-based referrals to the TRC were significantly impacted. TRC programs recognized and responded to the increased need for support to clients and families related to stress from COVID-19 in various ways including shifting to providing telehealth services and supplemented their programming with additional case management and outreach to youth and their families to meet their basic needs and maintain engagement in treatment.
  - Perinatal services: experienced a significant impact from the COVID-19 pandemic on all service levels. Shifts in operations were implemented to maintain access to needed services in the face of an ever-changing environment, including school closures, challenges in accessing food and other basic necessities, and the need for infection precautions in transportation as well as in service delivery. Like all service providers, the perinatal system began to utilize telehealth while also making in-person services available following social distancing and safety precautions. In residential care, adjustments to the physical space within facilities to allow for social distancing.

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- Outpatient perinatal programs adjusted their childcare services to be open to one family at a time with increased cleaning and disinfection protocols. Referral from residential to outpatient perinatal services, and from perinatal outpatient programs to Recovery Residences had to take into account COVID-19 testing and quarantine responsibilities. Outpatient perinatal service providers responded to the impact of the pandemic on client social isolation, mental health, and relapse risk by connecting clients with appropriate resources and services.
  - In January 2021, CYF was invited to present on San Diego County's perinatal service model at the Department of Health Care Services (DHCS) Quarterly Perinatal Roundtable webinar to an audience of approximately one hundred statewide county representatives and services providers. The presentation highlighted the unique availability within County perinatal programs of licensed childcare facilities and on-site child clinicians offering developmental screening, parent training, mental health services, and referral.
  - In 2020, amidst the COVID-19 pandemic; the Child and Family Team (CFT) Meeting Facilitation Program shifted the entirety of its meetings to virtual and/or telephonic access, based on client/family preference. The program accessed additional devices to support virtual meetings and ensure staff and families had access. As in-person meetings began to resume in 2021, the program continued to offer the option of in-person, virtual or telephonic access to allow for a broader range of access for all participants, regardless of proximity or connectivity.
  - To assist with the increase of telehealth CYF services delivery, the following tools were made available to CYF providers:
    - Clinician Telehealth Checklist
    - Engaging Children, Youth and Families in Telehealth
    - Videoconferencing: The Gold standard for Teletherapy
  - In early 2021 the San Diego community began supporting unaccompanied minors seeking asylum housed at the San Diego Convention Center. CYF provided mental health support to the kids experiencing additional transitions.
  - Identified CYF programs candidates for a partnership to access Emergency Housing Vouchers through the American Rescue Plan Act of 2021 (ARPA).
- **Contributed to the Behavioral Health Continuum of Care efforts inclusive of the Children's Hub vision**
    - Context: In a presentation to the Board of Supervisors (BOS) on October 29, 2019, and subsequently on a January 28, 2020 BOS Letter-Agenda item 03, it was announced that planning conversations had begun with Rady Children's Hospital to establish a hub for children and youth in the vicinity of Rady Children's main campus to address the unique behavioral health conditions among youth which can result from complex combinations of factors including: genetic, medical, developmental and environmental. Children and youth with complex needs require dedicated and specially designed resources. The County has continued to meet with Rady's leadership to identify priorities of the project and are moving forward with building related work.
    - Rady Children's Hospital Hub: worked with Rady Children's Hospital on California Environmental Quality Act (CEQA) compliance; to design the program and clinical service; and outline the planning phases to build the new facility.
    - Threat Assessments Evaluations via Treatment and Evaluation Resource Management (TERM): A Threat Assessment Specialty Criteria was implemented on July 1, 2020, which created the infrastructure for TERM clinicians to provide these specialty assessments. The compensation was revised effective January 1, 2021; set at \$2500 vs. the base rate of \$1800 for standards assessments.
    - Mobile Crisis Resource Teams (MCRT) were established with countywide services being rolled out in phases.



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- **Through the CYF Council, provided input for Mental Health Services Act (MHSA) Community Engagement events and BHS Forums**
  - CYF Council membership and meeting attendees were timely informed of the MHSA Community Engagement events and BHS Forums, and encouraged to participate.
- **Supported the Youth Engagement in Service (YES) Initiative (August 4, 2020 Board Letter-Item 21)**
  - Live Well Youth Sector presentation for the CYF Council on November 9, 2020.
  - Members of the Live Well Youth Sector were invited to the CYF Council Fiscal Year 2021-22 Orientation held in July 2021 (2 youth and 2 youth advisors attended).
- **Educated about other systems' priorities and looked for opportunities to align efforts to best impact positive system changes.**
  - Through the CYF Council, the four sectors were informed about other systems' priorities by providing updates through Board Letters and other pertinent information. Examples of how efforts were aligned toward positive change are:
    - CYF Council Combined Council held October 12, 2020: Transgender Health Across the Lifespan
    - Supported the Birth of Brilliance inaugural conference held on February 25, 2021
    - Reinitiated the Global Oversight Analysis Linking Systems (GOALS) Memorandum of Understanding (MOU) with the SDCOE
    - CYF Council development of ARPA recommendations for the BHS Director and delivered June 18, 2021.
- **Focused on system integration and moving beyond coordination with other child servicing systems, as promoted by Assembly Bill (AB) 2083 mandates through:**
  - A committee with representatives from BHS, CWS, Juvenile Probation, San Diego Regional Center (SDRC), and the SDCOE, developed and established an Interagency MOU, as guided by AB 2083, Trauma Informed System of Care for Children and Youth. The workgroup built on previous MOU to address the 11 components cited in AB 2083, such as an Interagency Leadership Team, Alignment and Coordination of Services, and Information and Data Sharing, to continue to help coordinate services for foster youth in a trauma informed and timely manner. The MOU was submitted to the State in March 2021
  - Supported CWS with the Family First Prevention Services Act (FFPSA) planning meetings. These meetings started in October 2019 to discuss and plan the future landscape of evidence-based preventative services for system-involved youth, replacing Title IV-E funding. A Board Letter was presented on January 26, 2021: Authorize Procurement of Single Source Contract with ICF International for FFPSA Implementation and Capacity Building Technical Assistance Services. The letter was shared with the CYF Council at the February 8, 2021 meeting.
  - In collaboration with the Probation Department, designed a new intensive treatment program for in-custody youth: Healing Opportunities for Personal Empowerment (HOPE) scheduled to begin in Fiscal Year 2021-22.
  - Continued the collaboration with Juvenile Court by incorporating an additional "treatment pilot" to provide treatment services to Juvenile Forensic Assistance for Stabilization and Treatment (JFAST) youth through Vista Hill – Juvenile Court Clinic instead of being offered through a probation contract. This pilot was launched effective July 1, 2020, projected to serve approximately 8 youth annually and ultimately served 9 youth based on need.
  - In compliance with AB 79 and SB 80, CYF partnered with CWS and Juvenile Probation to establish a local Family Urgent Response System (FURS) network that is prepared to dispatch local trauma-informed mobile support to foster youth experiencing a crisis that is identified through a State-run hotline. CWS

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provided the local response effective March 2021, with service provision shifting to a contracted provider effective July 1, 2021. In FY2021 there were under 10 referrals to San Diego County from the State Hotline. FURS information was shared with the CYF Council on March 8, 2021; and was also added to the BHS website which also links to State materials.

[https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental\\_health\\_services\\_children/Family\\_Urgent\\_Response\\_System.html](https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/Family_Urgent_Response_System.html)

- AB 823 guides the closure of the Division of Juvenile Justice (DJJ) by June 30, 2023 with no new admissions effective July 1, 2021. Probation has disseminated information and engaged Behavioral Health on mapping out the local infrastructure to support youth and young adults who will be cared for locally with the closure of DJJ.
- **Made necessary system adjustments to align with CCR, including STRTP contracts and Therapeutic Foster Care (TFC) services with mental health contractors:**
  - As of June 2021, 11 group homes have been licensed as STRTP in San Diego County. Of the 11 licensed STRTPs, 10 have established BHS contracts, with all of them have a Mental Health Program Approval from the Department of Healthcare Services (DHCS) to provide Specialty Mental Health Services (SMHS). BHS has facilitated multiple STRTP Mental Health Program orientations and continues to provide technical assistance for the STRTPs that need to obtain Mental Health Program Approval from DHCS.
  - Under the Families First Prevention Services Act (FFPSA), Title IV-E funding may be leveraged for youth residing in Qualified Residential Treatment Programs (QRTPs). California is working on shifting Short Term Residential Therapeutic Programs (STRTPs) to QRTPs. The definition of a Q RTP in Title IV-E overlaps with the definition of an Institution for Mental Disease (IMD) in Title XIX. Title XIX prohibits federal reimbursement for covered services provided to a beneficiary who are residents of an IMD. California Department of Health Care Services (DHCS) sought authorization from Centers for Medicare and Medicaid Services (CMS) to exclude STRTPs from consideration as IMDs, however a blanket approval was not provided and DHCS must assess each STRTP/Q RTP by December 31, 2021, to determine IMD status. The evaluation tool that DHCS has presented appears to indicate that any STRTP with over 16 beds will be deemed an IMD. The State and the County are exploring solutions.
  - Under Families First Prevention Services Act (FFPSA) a Qualified Individual (QI) needs to evaluate any youth being considered for Short Term Residential Therapeutic Programs (STRTPs) / Qualified Residential Treatment Programs (QRTPs). System partners are exploring the local infrastructure to meet this requirement.
- **Continuum of Care Reform (CCR) and Pathways to Well-Being (PWB)**
  - The Fred Finch Child and Family Team (CFT) Meeting Facilitation Program facilitated a total of 4213 CFT meetings between July 1, 2020 to June 30, 2021. CFT meeting data continued to reflect that BHS providers have made a successful transition from in-person CFT meetings to alternate modalities including videoconference and telephone. As in-person meetings began to resume in 2021, the program continues to offer the option of in-person, virtual or telephonic access to allow for a broader range of access for all participants, regardless of proximity or connectivity.
  - The new Therapeutic Foster Care (TFC) service was utilized by 6 clients in Fiscal Year 2020-21 with 7 caregivers being trained and certified to provide TFC. The infrastructure for service delivery continues to be refined with new forms created to promote care delivery.
  - Effective November 2020 updated forms for STRTPs were made available to utilize to align with the release of DHCS Interim STRTP regulations (Version 2).

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- To ensure identified youth are linked to recommended services for a safe and successful transition to community/home based care following an acute behavioral health episode requiring psychiatric hospitalization or entry into the Emergency Screening Unit, effective April 1, 2021, the CO19 Navigation oversight transitioned to the PWB team. Through Care Coordination, licensed clinicians are contacting families when a youth had an acute service but does not appear to be connected to services, in efforts to make the connection and address any barriers the family may be experiencing.
- **Advanced the Drug Medi-Cal Organized Delivery System (DMC-ODS) – Year-Three**
  - Enhanced the Organized Support Companion in an Emergency Situation (oscER) Cloud based application to strengthen the digital platform.
  - Delivered the Annual CYF System of Care Conference: Youth Substance Use Disorders (SUD) and Treatment on May 27, 2021.
  - Continued to work towards establishing Medication Assisted Treatment (MAT) services in a Perinatal Outpatient treatment program.
  - Planned the expansion of MAT to adolescents via an OTP provider to begin in Fiscal Year 2021-22.
  - Supported Harm Reduction Strategy by creating awareness through dissemination of information.
  - Fentanyl overdose risk and Naloxone distribution information disseminated and discussed to promote awareness and utilization.
  - Partnered with the Courts and Adult System of Care to work towards a TAY specific SUD services.
  - Worked towards various housing opportunities and improvements through Recovery Residences funding, SAFE Housing upgrades, ARPA funding during COVID-19, as well as planning for No Place Like Home family units.
- **Outcomes**
  - Prepared the CYF Pandemic Impact Report for Fiscal Year 2019-20 to inform system trends and needed practice adjustments.
  - Created a handout on using the Child and Adolescent Needs and Strengths (CANS) Strengths during client plan development and treatment interventions.
  - Updated the Adverse Childhood Experiences (ACEs) – CANS crosswalk to include the Positive Childhood Experiences which are linked to CANS Strengths.
  - Enhanced accurate reporting of outcome compliance by reducing discrepancies between data entered into CYF mHOMS compared to CERNER.
  - Developed handout on engaging families and youth in teletherapy which highlights engagement strategies for various developmental levels of clients.
  - Created a Clinician Telehealth Checklist of teletherapy best practices to support clinicians with standardize protocols.
- **Emphasized the importance of Early Childhood Mental Health as well as prevention and early intervention**
  - CYF in partnership with HHSA departments, the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), American Academy of Pediatrics-California Chapter 3, University of California San Diego (UCSD), and local behavioral health stakeholders, hosted the 11th Annual Early Childhood Mental Health Conference - We Can't Wait: Hope in Relationships: Bridging Science to Practice on September 10-12, 2020.
  - San Diego Youth Services (SDYS), San Diego Early Childhood Mental Health Leaders Collaborative, and San Diego Center for Children (SDCC) hosted the inaugural Birth of Brilliance conference on February 25, 2021. The virtual conference was conceived to raise the collective consciousness around the effects of racial disparities and implicit bias in mental health, social services, developmental services, early childhood education, and medical care. BHS sponsored this conference and some of the conference speakers are members of the CYF Council Early Childhood Sub-committee.
  - System partners participated in the ACEs Network of Care Learning Collaborative where a system vision was created with a mapping of strategies and action steps to help lead towards an ideal Network of Care. Planning is underway for phase 2 of the Learning Collaborative.

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

- **Collaborated with the education sector and other partners on addressing growing rates of depression and sadness reported by youth, which appeared to be exacerbated by the isolation impacts of COVID-19 and remote learning settings.**
  - The CYF Liaison through the Youth and Family Support Partners monthly meeting provided a forum for participants of all sectors to share information, exchange ideas and resources to address the depression and sadness reported by youth.
  - Under BOS Chair Nathan Fletcher's School Health Initiative, BHS and the School system have partnered to explore SchoolLink enhancements and Universal Screening.
  - Mental Health Services Oversight and Accountability Commission (MHSOAC) Grant planning towards Creating Opportunities in Prevention and Eliminating Suicide (COPES).
- **Delivered system relevant trainings and training opportunities**
  - CYF in partnership with the San Diego Academy of Child and Adolescent Psychiatry (SDACAP), the San Diego Psychiatry Society, the California Association of Marriage and Family Therapists-San Diego Chapter (CAMFT), and the San Diego Psychological Association, planned for the delivery of the 6th Annual-CICAMH Conference: "Managing Change in a Changing World" on March 19, 2021.
  - The CYF System of Care (CYF-SOC) Training Academy through the contract with Responsive Integrated Health Solutions (RIHS), provided trainings to enhance the work of public systems in providing services to children, youth, and families in San Diego county. In Fiscal Year 2020-21, CYF-SOC Training Academy provided trainings on:
    - Suicidality in Children and Youth (August 6, 2020)
    - Bridges Out of Poverty (delivered October 6, 2020)
    - Racial and Cultural Disparities and Access to Healthcare (April 30, 2021)
    - Understanding our Own Biases and Assumptions (May 12, 2021)
    - Supporting People of Color in Treatment (June 11, 2021)
    - Recognizing and Responding to Cultural Cues in Service Delivery (June 29, 2021)
    - Due to COVID-19, the annual CYF System of Care conference scheduled for May 28, 2020, was rescheduled and held virtually on May 27, 2021. The conference title: Youth Substance Use: Risk, Resilience, Reconnection. Twenty scholarships were awarded to peer support partners to attend the Conference.
  - Six scholarships were awarded to attend the annual California Mental Health Advocates for Children and Youth (CMHACY) virtual conference in April 2021.

**Other notable achievements**

- Two CYF programs received the 2021 National Association of Counties (NACo) Achievement Award. The award recognizes programs for innovative approaches to providing new or needed services, improving administration of existing programs, or promoting intergovernmental cooperation and coordination. The awarded programs are:

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- Pathways of Well-Being Virtual Workforce Development Training Series (Pathways) Microlearning through RIHS - an innovative and cost-effective online training series developed to accommodate the evolving way in which information is shared with behavioral health providers and aims to ensure that services are delivered in a trauma-informed, client-centered manner and are documented to adhere to Medi-Cal standards. Pathways utilizes micro-learnings, structured to be 8-10 minutes long for ease of completion and retention of information.
- SchoolLink: A CYF partnership with Community Based Organizations and school districts throughout San Diego county to offer outpatient specialty mental health and SUD treatment on school campuses that serve students on Medi-Cal and those who are low-income, uninsured, or underinsured. SchoolLink implemented a standardized practice across the system of care, increases collaboration between schools and providers of mental health and SUD treatment programs, and provides system-level data that was previously unavailable.

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**Submitted by: Edith Mohler and Yael Koenig**

<b>Executive Sub-Committee</b>			
<b>1. Sub-Committee Purpose</b>			
<p>The Executive Committee is a “standing” sub-committee of the CYF Council. The CYF Deputy Director and administrative staff support the Council by leading the Executive Sub-Committee which is comprised of the sub-committee chairs and co-chairs of the CYF Council. This subcommittee is tasked to:</p> <ul style="list-style-type: none"> <li>• Coordinate CYF Council activities</li> <li>• Inform on current issues relevant to the CYF System of Care (SOC)</li> <li>• Ensure follow through on CYF Council action items.</li> </ul>			
<b>2. Fiscal Year 2021-22 Active Sub-Committee Members</b>			
<b>Public</b>	<b>Private</b>	<b>Family</b>	<b>Education</b>
<b>Yael Koenig</b>	<b>Minola Clark Manson</b> Outgoing Co-Chair	<b>Valerie Hebert</b> <b>Co-Chair</b> CYF Liaison	<b>Jamie Tate-Symons</b> <b>Co-Chair</b> COED
<b>Eileen Quinn-O’Malley</b> Outcomes	<b>Rosa Ana Lozada</b> CCRT	<b>Suzette Southfox</b> CYF Liaison	<b>Heather Nemour</b> COED
<b>Grisel Ortega</b>	<b>Julie McPherson</b> CADRE		<b>Violeta Mora</b> COED
<b>Darwin Espejo</b>	<b>Marissa Varond</b> CCRT		
<b>Edith Mohler</b>	<b>Aisha Pope</b> Early Childhood		
	<b>Ginger Bial</b> Early Childhood		
	<b>Emily Trask</b> Outcomes		
<b>3. Fiscal Year 2020-21 Accomplishments</b>			
<ul style="list-style-type: none"> <li>• Addressed transformation of services delivery due to COVID-19 through: <ul style="list-style-type: none"> <li>▪ Sharing of <ul style="list-style-type: none"> <li>○ BHS Director’s updates and BHS Director’s Reports to the Behavioral Health Advisory Board (BHAB)</li> <li>○ Board of Supervisors (BOS) Letters</li> <li>○ SchoolLink updates</li> <li>○ County website links</li> </ul> </li> <li>▪ Facilitating discussions at the CYF Council meetings (January 11, February 8, and March 8, 2021), focused on best practices for Recruitment and Engagement During the Pandemic</li> </ul> </li> <li>• Addressed Equity and Racial Justice through: <ul style="list-style-type: none"> <li>▪ Sharing of: <ul style="list-style-type: none"> <li>○ Board of Supervisors (BOS) Letters</li> <li>○ Announcement of relevant trainings and conversations</li> </ul> </li> <li>▪ An interactive presentation on Personal Commitment to achieve inclusion and equity (March 8, 2021). Input obtained from Council attendees was documented and shared with the Cultural Competence Resource Team.</li> </ul> </li> </ul>			



- Supported the first annual Birth of Brilliance conference held on February 25, 2021
- Facilitated
  - Annual CYF Council Orientation (July 13, 2020)-59 participants
  - Annual Council Strategic Planning (August 10th and September 14th, 2020)
  - Convened the postponed April 13, 2020 Combined Councils meeting focused of Transgender Health Across the Lifespan on (October 12, 2020)
  - Live Well San Diego Youth Sector presentation (November 9,2020)
  - Discussions on Best Practices for Recruitment and Engagement During the Pandemic (January 11, February 8, and March 8, 2021)
  - Live Well Schools-Tools for Schools (March 8, 2021)
  - Virtual “Breakfast with the Director” discussion focused on current priorities and needs for CYF (May 10, 2021)
  - Review of ARPA funding and discussion of needs and priorities (June 14, 2021), and a final document was prepared and delivered to the BHS Director on June 18, 2021
- Recognitions:
  - Presented the Advancing Principles Award (September 9, 2020)
  - Acknowledged the work of Council Co-Chairs, Members, and Alternates upon their retirement/end of term
  - May 7<sup>th</sup> day of May 2021 Proclaimed as Children’s Mental Health Awareness Day
- Collaboration:
  - Provided technical and administrative support to the Adult System of Care with the coordination of the April 12, 2021 Combined Councils meeting
- Advanced Youth involvement through:
  - Collaboration with the Live Well Youth Sector
  - Youth provide updates of their activities:
    - Brain XP
    - California Behavioral Health Council

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

- Continue to plan Council meetings, manage infrastructure that promotes valuable information exchange, deliberation and actions that extends to supporting the Council subcommittees
  - Host the October 11, 2021 Combined Councils meeting
  - Maintain CYF Council website updated
  - Ensure that the meeting format meets the Council needs (virtual or in-person)
- Consider landscape and other systems priorities to identify opportunities for synergy towards advancement of system of care
- Attend to shifting needs associated with the pandemic
- Address Equity and Racial Justice
- Increase participation in the annual Youth Mental Health Well Being Celebration
- Promote youth engagement and participation
- Support the County Substance Use Harm Reduction Strategy
- Coordinate the delivery of the annual CYF Council Orientation-Held July 12, 2021 through a virtual format hosting 60 participants, including several youth
- Support the advancement of the CYF System of Care through trainings, including attending:
  - The We Can’t Wait Early Childhood Conference (September 23-25,2021)
  - The Birth of Brilliance conference (February 2022)
  - Critical Issues in Child and Adolescent Mental Health (CICAMH) conference (March 2022)
  - Annual CYF System of Care Training Academy Conference (May 2022)

**5. List ways in which the Executive Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework**

- Keeps the sub-committees informed of any updates relevant to the System of Care
- Informs the BHS Director of updates, input, and recommendations from the sub-committees
- Creates tools to promote infusion of system vision, mission, and principles in the sub-committees' activities
- Schedules strategic planning and annual sub-committee updates to ensure cross system collaboration

**6. List ways in which the Executive Sub-Committee complements other Sub-Committees efforts**

- The Executive Sub-Committee:
  - Provides the infrastructure and standardization to facilitate the work of the other sub-committees. As an example, it provides templates to help document goals and accomplishments
  - Enables communication among the sub-committees through dedicated meeting times and documents

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Submitted by: Heather Nemour & Violeta Mora

**Education Sub-Committee**

**1. Sub-Committee Purpose**

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

**2. Fiscal Year 2021-22 Active Sub-Committee Members**

Public	Private	Family	Education
<u>Frances Cooper</u> County of San Diego	<u>Pam Hansen</u> San Diego Center for Children	<u>Christina Frey</u> Youth	<u>Heather Nemour &amp; Violeta Mora</u> SDCOE-Student Support Services (co-chairs)
		<u>Debbie Dennison</u> Parent	<u>Jamie Tate-Symons</u> SDCOE - Special Education
			<u>Barbara Ryan</u> California School Board Association
			<u>Yuka Sakamoto</u> San Diego Unified School District

**3. Fiscal Year 2020-21 Accomplishments**

- Be responsive to the changing needs of schools with COVID-19 and distance learning such as virtual trainings, resource identification and student & staff wellness resources:**
  - SDCOE delivered 23 requested trainings to 1,025 educators & parents across the county and state on mental wellness and coping strategies during COVID-19 and 37 countywide trainings were provided on mental health & wellness, suicide prevention and positive school climate to 2,029 participants representing 93% of the 42 districts.
  - The [Student Wellness & Positive School Climate](#) website was continuously updated with information and resources for schools, staff, students and families.
  - SDCOE wellness team developed a [Teen Guide to Mental Health & Wellness](#), [Young Persons Guide to Wellness](#), [Social and Emotional Strategies at Home During COVID-19](#), [Kids Need Schools to Continue Reporting Abuse During COVID-19 Crisis](#) and [Helping Vulnerable Students Feel Comfortable with Online Learning](#). All were disseminated to the 42 school districts and 3,221 educators and school partners
  - In partnership with the District Attorney's Office and local law enforcement, Handle with Care was launched in 9 school districts representing 187 schools, to bridge the justice and education system to promote trauma informed practices in schools.
  - SDCOE received FEMA grant to recruit 20 school and district SEL teams to be a part of a countywide Community of Practice (CoP). Six professional development CoPs were delivered to the 20 SEL teams and ongoing resources and TA were provided.

- In partnership with Scripps Hospital, a series of 6 webinars were held on prevalent topics with 1,123 educators representing 24 school districts.
  - 10-session zoom series held on Best Practices in Supporting Students Identifying as LGBTQIA+ with 414 participants
2. The SDCOE LGBTQIA+ advisory group to the County Superintendent of Schools shared the [LGBTQ+ Youth Standards of Care](#), a recently released document created by the San Diego LGBT Community Leadership Council's Youth Services Committee and its partners that outlines best practices and relevant resources that reflect and comply with legislations to better meet the needs of LGBTQIA+ students.
  3. **Provide access to LivingWorks Start online suicide prevention training to identified school districts for middle and high school teachers, staff and students:**
    - 469 middle and high school staff and 533 middle and high school students in San Diego completed LivingWorks Start online suicide prevention training. Students and staff can use the [LivingWorks Start Training Flyer](#) to access the training at no cost.
    - Held two statewide youth events with over 6,000 middle and high school students to promote mental health awareness, ending stigma and promoting LivingWorks Start training.
  4. **SDCOE will promote and disseminate the newly updated 2021-21 Suicide Prevention Resource Guide for Schools to the 42 school districts and charter schools:**
    - SDCOE and SPC promoted and disseminated the newly updated [2021-21 Suicide Prevention Resource Guide for Schools](#) to 3,221 educators and school partners and was shared with CDE and the other 57 COE's across the state to be used as a template to replicate their own county guides.
  5. **SDCOE will develop an AB1767 resource guide for schools to help K-6 districts develop and implement suicide prevention policies and practices:**
    - SDCOE developed an [AB1767 Resource Guide for Elementary Schools](#) to help K-6 districts meet legislative requirements to develop and implement suicide prevention policies and practices and disseminated it to 51,721 educators across the state.
    - SDCOE also developed a [Suicide Prevention Guide for High Priority Youth Groups](#) to support districts in meeting the requirements of AB2246 in relation to having resources for youth groups who are disproportionately affected by suicide. This guide was disseminated to 51,721 educators across the state.
  6. **Continue to convene the San Diego Suicide Prevention Council's K12 Education Sub-Committee, Mental Health in Schools Collaborative and the CYFBHSOCC Education Sub-Committee and cross inform the three groups by sharing information and resources:**
    - SDCOE held 4 Mental Health in Schools Collaborative meetings that convene key district & school staff at the intersection of mental health and learning practices with an average of 66 participants from 15 districts and 21 charter schools.
    - BHS-CYF provided a SchoolLink presentation to the Mental Health in Schools Collaborative. The presentation provided San Diego County school and/district administrators, social workers, counselors, psychologists, teachers, mental health supports, and other staff a brief overview of SchoolLink and the addition of a new COVID module, which includes an update to the referral process and the continuity of services.
    - SDCOE co-chaired 10 SPC Education Sub-Committee meetings.

7. **Convene Ad-hoc Education Sub-Committee on a quarterly basis and be responsive to the behavioral / mental health needs of schools during pandemic:**
  - The Education Sub-Committee convened 5 meetings.
8. **Review SchoolLink Manual for inclusion of a COVID19 module / information.**
  - SDCOE participated in a SchoolLink COVID best practices module meeting and provided resources and relevant handouts.
9. **Continue to explore opportunities for SDCOE and BHS to collaborate and strengthen work related to suicide education and prevention:**
  - SDCOE and BHS held 12 meetings to collaborate and strengthen youth suicide prevention efforts across the county
  - SDCOE and CBH surveyed 130 educators on current practices in suicide prevention, intervention and postvention to identify trends and areas of growth for districts and schools and held a collaborative conversation with 110 educators to review survey results and discuss efforts and needs in schools.

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

1. Be responsive to the changing needs of schools as they reopen with trainings, resource identification and student & staff wellness resources.
2. Provide professional development opportunities to districts, schools and charter schools to increase mental health literacy and support post traumatic growth among district/school staff, partner staff and parents.
3. Support districts and charter schools with professional development, TA and resources in suicide prevention, intervention and postvention protocols, practices and policies for staff, students and parents.
4. Explore peer counseling and peer support programs and coordinate implementation efforts in school
5. Leverage resources and efforts to coordinate annual student Mind Out Loud event.
6. Work closely with partners to increase awareness within the education sector regarding substance abuse disorders as part of the mental health continuum.
7. Provide 4 written quarterly progress reports on the MHSSA grant with CBH and SDCOE and provide two presentations to CYF on grant progress and outcomes.
8. Continue to convene the San Diego Suicide Prevention Council's K12 Education Sub-Committee, Mental Health in Schools Collaborative and the CYFBHSOCC Education Sub-Committee and cross inform the three groups by sharing information and resources.

#### 5. List ways in which the Education Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework

The Education Sub-Committee aligns with the CYF vision, mission and principles (**in bold**) which include representation of the **four sectors** that focus on **persistent** annual goals that are **outcome driven by:**

- Vision: promote **integrated** and **individualized** mental health & wellness services and supports for school **communities** that include **children, youth and families** that are **strength-based**.
- Mission: build and enhance **culturally competent, trauma informed** practices and service delivery in schools to support children and youth to be healthy, safe, responsible and successful in school and as they transition to adulthood.

## 6. List ways in which the Education Sub-Committee complements other Sub-Committees efforts

- a) **Public Sector:** Ongoing collaboration to assess and improve systems that impact school communities.
- b) **Private Sector:** Having representation from our private sector committee members (such as San Diego Center for Children and Rady's Children's Hospital) is essential to help bridge the communication gap between schools and youth serving organizations that students interface with in and out of school. This needs to be strengthened and requires further exploration.
- c) **Family/Youth Sector:** Having direct communication and input on district and school programming and services has been invaluable as they are the recipients of educational services.
- d) **Cultural Competency:** Collaborating with other sectors to identify resources and learning opportunities to increase sensitivity and awareness in working with diverse populations as it relates to mental health.
- e) **Early Childhood:** The trainings, information and resources developed have included TK-12 and there have been past collaboration efforts around trauma and mental health.
- f) **Change Agents Developing Recovery Excellence (CADRE):** CYF-Education Sub-Committee presented on mental health, legislation and supporting districts and schools.



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**Submitted by: Suzette Southfox**

<b>Family and Youth Sector Sub-Committee</b>			
<b>1. Sub-Committee Purpose</b>			
<ul style="list-style-type: none"> <li>Strengthening shared identity for CYF Peer Partner Staff</li> <li>Supporting Statewide measures for California Peer Certification (SB803)</li> <li>Sharing resources and information on CYF Peer Partner staff opportunities</li> <li>Strengthening Four Sector understanding and recognition of CYF Peer Partner staff</li> <li>Bring information back to the CYFBHSOC Council</li> </ul>			
<b>2. Fiscal Year 2021-22 Active Sub-Committee Members</b>			
<b>Public</b>	<b>Private</b>	<b>Family</b>	<b>Education</b>
Frank Congine	Valerie Hebert	Valerie Hebert (LEAD)	Sonia Lira
Darwin Espejo	John Bucher	Suzette Southfox	Linda Ketterer
Romalyn Watson	Darron Jones	Sten Walker	
Edith Mohler	Celeste Hunter	Renee Cookson	
	Lucy Jasso	Debbie Dennison	
		Kari Perry	
		Micaela Cunningham	
<b>3. Fiscal Year 2020-21 Accomplishments</b>			
<ul style="list-style-type: none"> <li>Facilitated 18 Family Voice Meetings which represents conversations and feedback from 108 adult participants.</li> <li>682 individuals reached through four quarterly online monthly Family/Youth Focus Groups, two facilitated by bilingual, bicultural staff and two facilitated by TAY staff.</li> <li>Held a successful Children Mental Health Wellbeing virtual event (for the second year in a row) broadcast live on Facebook and made available via You Tube. To date, Facebook live records 534 views and 226 comments. The Facebook link is <a href="https://www.facebook.com/watch/live/?v=3755598344551622&amp;ref=watch_permalink">https://www.facebook.com/watch/live/?v=3755598344551622&amp;ref=watch_permalink</a></li> <li>The event is also available on You Tube with a recorded 182 views to date. The You Tube link is <a href="https://www.youtube.com/watch?v=6jZTxe_kdZE&amp;t=309s">https://www.youtube.com/watch?v=6jZTxe_kdZE&amp;t=309s</a></li> <li>Collected 394 survey/evaluations in which 377 responded they were satisfied or very satisfied with the presentation, meeting or training. This is 96% which is well over the required 80%.</li> <li>Recorded 7,309 family/youth received CYF information from CYFL (duplicated and unduplicated)</li> <li>6,370 family/youth participated in activities with CYFL (duplicated and unduplicated)</li> <li>Exceeded our monthly APP training goal of 12 by presenting 16 trainings to 660 individuals throughout San Diego County.</li> </ul>			

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

- Increase sub-committee attendance and participation through member invitation
- Keep TAY seats filled and participatory
- Driving focus on providing multicultural support to Youth and Family Support Partners working within the CYF System of Care
- Continue following CA State Peer Certification updates, support implementation of SB803
- Continue to create a robust Youth and Family Support Partners virtual support meeting with increased participation across the CYF System of Care
- Host robust, fun, well attended Youth Mental Health Well-Being Celebration 5/22, in-person, virtual or hybrid
- Continue with community discussion of “Hot Topics” identification and sharing with the CYF System of Care
- Continue with mental health discussions using the Facebook Live platform valuing youth and family voice (also recorded for viewing at later dates) to support families and youth
- Coordination of TAY information sharing between families, youth and agencies supporting TAY and TAY Council
- CYF System of Care Training Academy Annual Conference Planning Committee involvement
- Continue to support the planning of robust presentations for Y/FSP, Peer Partners
- Continue creating community, advancing CYFBHSOC principles through meetings, trainings and celebrations.

#### 5. List ways in which the Family and Youth Sector Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework

- This Family and Youth Sector Sub-Committee is inseparable from the spirit of the CYFBHSOC principles in that 100% of the perspective that is solicited, encouraged, recruited and nurtured is that of youth and families with lived experience of behavioral health challenges. First person, person first.
- Principle 3, Child, Youth & Family Driven is the basis of all activities and deliverables of the NAMI San Diego CYF Liaison. Individual and family voice is the shared experience, feedback, successes and needs of families navigating through the systems of care. By finding and amplifying this voice, a greater choice of supports raises to the surface.
- The Council vision is wellness of children, youth and families throughout their lives. Wellness cannot enter until mental wellness opens the door.
- The Council mission, a collection of 30 words that represent the dimensions of community development and security as understood by many parents and caregivers – help the systems make sure our children are safe, healthy, growing up well, and experiencing nurturing homes with families – organic or chosen.

#### 6. List ways in which the Family and Youth Sector Sub-Committee complements other Sub-Committees efforts

- CYFL and this subcommittee has an excellent reputation of bringing the four sectors of public, private, family and education, into every arena that we work in, developing greater system wide understanding of their interconnectedness.
- This subcommittee which is grounded in the family and youth voice of lived experience, can serve to support and enhance other council subcommittees as the lived experience is often sought for feedback, program improvement, course correction and innovations.

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Submitted by: Minola Clark Manson

<b>Private Sector Sub-Committee</b>			
1. Sub-Committee Purpose			
<p>This committee is an ad hoc committee and has been put on hiatus.  Members of the Private Sector participate in other Council sub-committees.</p>			
2. Fiscal Year 2021-22 Active Sub-Committee Members			
Public	Private	Family	Education
3. Fiscal Year 2020-21 Accomplishments			
4. Areas of Focus for Fiscal Year 2021-22			
5. List ways in which the Private Sector Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework			
6. List ways in which the Private Sector Sub-Committee complements other Sub-Committees efforts			

**County of San Diego**  
**Children, Youth and Families Behavioral Health System of Care Council**  
**August 9, 2021**

Submitted by: Rose Woods

CYF System of Care Training Academy			
1. Purpose			
The Children Youth and Families System of Care (CYF-SOC) Training Academy provides trainings to enhance the work of public systems in providing services to children, youth and families in San Diego County. Responsive Integrated Health Solutions (RIHS) continues this work through the Training Academy Committee, a collaboration of partners in the four sectors of the CYF System of Care.			
2. Fiscal Year 2021-22 Active Members			
Public	Private	Family	Education
Jorge Aguilar, Probation	Minola Clark Manson, RIHS	LaTysa Flowers, Parents Empowerment Services	Linda Ketterer, San Diego Mission Academy (Education and Family representation)
Becky Lanier, CWS	Pam Hansen, San Diego Center for Children	Valerie Hebert, NAMI San Diego	
Edith Mohler, BHS-CYF	Aisha Pope, San Diego Center for Children	Celeste Hunter, UPAC (Private and Family representation)	
Nilanie Ramos, BHS	Golby Rahimi, Rady Children's Hospital		
Jennifer Rusit, BHS	Eliza Reis, MHS, Inc.		
	Rose Woods, RIHS		
3. Fiscal Year 2020-21 Accomplishments			
<p>In Fiscal Year 20/21, the CYFSOC Training Academy delivered training on:</p> <ul style="list-style-type: none"> <li>• <i>Suicide in Youth</i></li> <li>• <i>Bridges Out of Poverty</i></li> <li>• <i>Understanding our Own Biases and Assumptions</i></li> <li>• <i>Recognizing and Responding to Cultural Cues in Service Delivery</i></li> <li>• <i>Supporting Black, Indigenous and People of Color in Treatment</i></li> <li>• <i>Racial and Cultural Disparities and Access to Healthcare</i></li> </ul> <p>This year's CYFSOC conference, <i>Youth Substance Use: Risk Resilience, Reconnection</i> was held virtually on May 27, 2021. The conference featured workshop presentations on:</p> <ul style="list-style-type: none"> <li>• <i>Understanding the Impact of In Utero Substance Exposure and Implementing Concrete Care Strategies with Young Children who have been Substance Exposed</i></li> <li>• <i>Cannabis Use in the Emergence of Psychosis</i></li> <li>• <i>Tobacco, Marijuana, and Vaping</i></li> <li>• <i>Opioid Crisis and Juvenile Drug Smuggling in San Diego County</i></li> <li>• <i>The Impact of Trauma and Youth Substance Use; and "The Chicken or the Egg": The Relationship Between Mental Health and Substance Use Disorders</i></li> </ul> <p>The conference also featured an opening keynote presentation entitled <i>Current Trends in Substance Use Impacting Youth and Families</i> presented by Thomas Freese, Ph.D., and a closing keynote presentation entitled <i>Nurturing Wellness with Healing-Centered Practices: Restorative Justice Practices are Much More than Conflict Resolution</i> by Gabriel Nunez-Soria, MA.</p>			

Scholarships for professional development opportunities were made available to peer support partners throughout the CYF System of Care to attend local and statewide conferences, including our local annual CYFSOC conference, and the California Mental Health Advocates for Children and Youth (CMHACY) conference, which was held virtually in April 2021.

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

Planning for Fiscal Year 21/22 is underway. The CYFSOC Training Academy plans to deliver training on

- *Trauma Resilient Education Communities (TREC)*
- *Supporting Families Moving through Pain, Grief, and Healing*
- *Asian, Pacific Islander, Desi American (APIDA) Cultures*
- *African American Cultures*
- One additional training (topic TBD)

Annual CYFSOC Training Academy conference—topic TBD

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

CYF System of Care Advancing Principles Awards.

#### 5. List ways in which the CYF System of Care Training Academy aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework

- We strive to have the content and delivery of all RIHS and CYFSOC Training Academy trainings and learning opportunities be trauma-informed.
- We strive to have all RIHS and CYFSOC Training Academy trainings and learning opportunities have culturally responsive elements, including race and ethnicity, disparity and other social justice issues woven into the training curricula.
- The CYFSOC Training Academy committee has representation from all four sectors, so learning outcomes and goals are driven by input from all four sectors of the system of care.
- RIHS and CYFSOC Training Academy trainings and learning opportunities focus on topics across the lifespan of children, youth and families, from the perinatal population to, 0-5, to topics that support the entire family structure.
- CYFSOC Training Academy trainings are open and accessible to all.

#### 6. List ways in which the CYF System of Care Training Academy complements other Sub-Committees efforts

- RIHS and the CYFSOC Training Academy collaborate with the Early Childhood Mental Health (ECMH) Subcommittee to ensure that trainings and learning opportunities are offered that focus on early childhood mental health.
- There is CYFSOC Training Academy membership crossover on the following subcommittees, where information is shared across subcommittees and used to enhance CYFSOC Training Academy training delivery:
  - Private Sector
  - Family/Youth Sector
  - Cultural Competency
  - Early Childhood
  - CCRT
  - Change Agents Developing Recovery Excellence (CADRE)

**County of San Diego**  
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Submitted by: Eula Ramirez

Transitional Age Youth (TAY) Council				
1. Purpose				
The purpose of this council is to facilitate the design and implementation of Transitional Aged Youth (TAY), ages 16-25 services in the Children, Youth, and Families and the Adult and Older Adult Systems of Care by providing feedback and recommendations to the Behavioral Health Director. The TAY council provides community representation and input for the integrity of all TAY services and advancement of all TAY related aspects of the System of Care.				
2. Fiscal Year 2021-22 Active Members				
Public	Private		Family	Education
Steven Wells	Laura Tancredi-Baese	Victor Esquivel	Ursula Hardianto	Flora Barron
	Prizila Vidal	Vanessa Arteaga		Linda Gibbins-Croft
	Peggie Webb	Joseph Edwards		
	Serena Terrones	Amanda Downing		
	Mark Bartlett	Jim Cahill		
3. Fiscal Year 2020-21 Accomplishments				
<ul style="list-style-type: none"> <li>Convened a sub-committee for Optimal Service Access and Engagement which reviewed and discussed access and engagement rates, especially due to the changed service environment and social distancing guidelines in place for TAY due to COVID 19. <ul style="list-style-type: none"> <li>The Optimal Service Access and Engagement sub-committee requested and reviewed data from the BHS PIT unit from 2020 Q2 and 2021 Q2</li> <li>MH data showed that there were surprisingly more admissions than last year. However, total service times dropped by significant amount, with interactions being briefer. No-show rates had almost doubled.</li> <li>SUD data showed fewer overall admissions, fewer services accessed, and total service times drop.</li> <li>Some best practices were discussed and supported, such as use of telehealth as alternative to in-person services, and meeting youth with where they are, building on and maintaining trusting connections for empowering creative expression, while taking precautionary measures for protecting health (accessing open spaces, use of masks, etc.).</li> </ul> </li> <li>The online Orientation Manual is in the final stages of development and should serve not only as an engaging overview of Council member responsibilities for new appointees, but also a comprehensive view of the form and function of the Council for interested candidates.</li> <li>Given the unique challenges faced by TAY youth in the systems of care during the global pandemic, the TAY Council lead the April Combined Council Meeting, which hosted a COVID-19 Panel Presentations that was refreshing, productive, and informative.</li> <li>TAY Council also hosted presentations by some community agencies like NAMI San Diego, YMCA, Youth Empowerment, and Housing Our Youth, to name a few.</li> </ul>				
4. Areas of Focus for Fiscal Year 2021-22				
<ul style="list-style-type: none"> <li>TAY Council will hold their annual Strategic Planning Meeting on July 28, 2021, where we will discuss in depth what the council's focus and goals will be for FY 2021-2022.</li> </ul>				



**5. List ways in which the TAY Council aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework**

- TAY Council promotes ongoing collaboration between the family/youth/TAY, community members, agencies, education system(s), and private organizations to work together to help the TAY population.
- TAY Council acknowledges the diversity of beliefs, identities, and cultural backgrounds that exist within our community and our system of care.
- TAY Council recognizes the impact of trauma on the TAY population specifically and are always striving to provide quality care with compassion to the TAY in our community.
- TAY Council integrates TAY specific resources within the council meetings, most presentations/announcements are from agencies/programs in our community that are accessible and qualified to provide services.
- TAY Council prioritizes the voices of the community and our youth and TAY. The council allows for time for public input and Q&A throughout the meeting and at the end of the meetings to ensure all voices are heard and supported.

**6. List ways in which the TAY Council complements other Sub-Committees efforts**

- TAY Council facilitates conversations that discuss in depth the relevant issues/events that are taking place in real time (COVID-19 Pandemic, Racial Injustice, and the importance of Cultural Competency, etc.).
- TAY Council invites community agencies from the public, private, and family/youth sectors throughout the year to present and educate the council and its attendees regarding what services they have to offer.
- TAY Council acknowledges that our System of Care is complex and large, therefore information sharing is vital to ensure that our community, and our TAY know about the various resources and options that are available to them.
- TAY Council hosted a presentation on CADRE, where Shannon Jackson discussed CADRE and its overall goals and accomplishments.

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Submitted by: CCRT Education and Training Workgroup

<b>Cultural Competency Resource Team (CCRT)</b>				
<b>1. Purpose</b>				
To advise the BHS Executive team of the Adult/Older Adult (AOA) and Children, Youth and Families (CYF) Systems of Care on issues of cultural competence.				
<b>2. Fiscal Year 2021-22 Active Members</b>				
<b>Public</b>	<b>Private</b>		<b>Family</b>	<b>Education</b>
Piedad Garcia (Chair/Ethnic Services Coordinator)	Minola Clark Manson	Gebaynesh Gashaw-Gant	Mercedes Webber	Juan Camarena
Charity White-Voth	Sahra Abdi	Awichu Akwanya	Celeste Hunter	
Liz Miles	Mohamed Abdi	Adam Renteria	Ingrid Alvarez-Ron	
Nilanie Ramos	Michelle Ly	Brian Bauers	Luz Pinto	
Danyte Mockus-Valenzuela	Mercedes Webber	Rick Heller		
Ann Vilmenay	Kat Katsani-Semel	Shiva James		
Nancy Rodriguez	Rebecca Paida	Elisa Barnett		
Kimberly Pettiford	Winona Garcia	Mahvash Alami		
Jennifer Rusit	Shadi Haddad	Shane Pamada		
Andrea Duron	Rosa Ana Lozada	Erick Mora		
Fran Cooper	Evelyn Parada	Elizabeth Dauz		
Sara Zare	Shadi Haddad			
Karen Harris				
Ezra Ramirez				
Edith Mohler				
Nicole Le Fol				
Claire Riley				
<b>3. Fiscal Year 2020-21 Accomplishments</b>				
<ul style="list-style-type: none"> <li>• CCRT Chair and designee maintained the CCRT informed and updated of economic and regulatory realities and mandates at State and local level.</li> <li>• Team reviewed data for the last 2-3 years on penetration, retention, and numbers of visits the African American community and other ethnicities comprise, as well as to what is the need in the community.</li> <li>• Chair shared the following article “Why the term “BIPOC (Black Indigenous and People of Color) is so complicated, explained by linguists” with members.</li> <li>• HHSa/BHS as well as other divisions revived the Diversity and Inclusion Executive Council at the Agency level.</li> <li>• LGBT Recommendations, which are aligned with the County’s 10-Year Roadmap, were presented.</li> <li>• Members discussed the Strategic Plan for Diversity &amp; Inclusion (2015-2020).</li> <li>• County Executive Leadership Academy Training based on anti-racism and social equity is under development in partnership w/ RIHS.</li> <li>• Input from CCRT members was solicited and provided for the MHSA Forum.</li> <li>• Participated in the 2021 External Quality Review (EQR) by attending the Cultural Competence sessions, providing information on CCRT local activities, and responding questions related to the CCRT.</li> </ul>				

- Members participated in the first annual Birth of Brilliance Conference held on February 25, 2021, which is a collaborative effort of the Early Childhood Committee, Children, Youth, and Family Behavioral Health System of Care Council (CYFBHSOC). The Birth of Brilliance Conference was conceived to raise the collective consciousness around the effects of racial disparities and implicit bias in mental health, social services, developmental services, early childhood education, and medical care. Conference Link: [Birth of Brilliance Virtual Conference \(ce-go.com\)](https://ce-go.com)
- CCRT Chair presented at the graduation for the Cultural Competency Academy Capstone, which included 40 hours of training on cultural competency.
- The CCRT Chair has been actively involved in the implementation and advancement of cultural competence in the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- Reviewed and provided input to the 2021 version of the Cultural Competence Plan and Three-Year Strategic Plan
- Team identified goals for Fiscal Year 2020-21. One of the goals included addressing Equity and Social Justice identifying training as a strategy. The following are three specific system collaborative activities toward this area of focus.
  - Policy - Recommendations County of San Diego Board of Supervisors approved Youth Sector Recommendations.
    - The Live Well San Diego Youth Sector Framework supports the long-term work of the CYFBHSOC Council. This is reflected in our vision: Wellness for children, youth and families throughout their lifespan and 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. Recommendations include; integration of the Children's System of Care guiding principles; cultural competence and trauma informed practice looking into cultural disparities and the impact of trauma across a lifespan along with training on cultural bias.
  - Recommendations
    - Policy - Child and Family Strengthening Advisory Board
      - The County Behavioral Health Cultural Competence Resource Team (CCRT) has reached out to Child Welfare to support their effort to address race and equity by sharing tools currently used in the Behavioral Health System and mutually learning about potential additional new tools supports advancement of equity, cultural and linguistic appropriate services throughout the Health and Human Services Agency.
- CCRT Education and Training Workgroup reviewed the "Progress Towards Reducing Disparities in the Mental Health Services Report (Fiscal Years: 2009-2010, 2012-2013, and 2015-2016)" provided feedback/input to the representatives from the UCSD Health Services Research Center to help identify gaps and needs.
- CCRT Education and Training Workgroup completed "Recommendations to the Director." focused on utilizing BHS available data and streamlining of State identified best practices for effective system change.
- CCRT Education and Training Workgroup developed and finalized a "welcome packet" to distribute to new members.
- CCRT Education and Training Workgroup had an Ad Hoc meeting to help determine which topic (Anti- Racism or Health Equity) will be used for their E-Learning – this year's recommendation was determined to be on anti-racism and social equity.
- The BHS Technical Resource Library was updated with new resources for Black Lives Matter.
- CCRT recommended individuals who are receiving mental health and substance use disorder services be included as participants in forums and/or listening sessions. This recommendation was implemented in the MHSA FY 20-21 Community Engagement Activities.
  - 9 (nine) new members joined CCRT by 6/30/21 which demonstrates expansion.
  - Pronoun policy has been implemented by HHSA.

- CCRT reviewed, endorsed, and provided feedback to the “Strategic Goals and CC Plan” this report was developed by QI. The feedback was incorporated into the report. The goals came from the discussions that have been occurring at the CCRT meetings. This was combined with state goals.
- The 2021 Cultural Competence Plan 2021 featuring a new set of strategic goals that were identified on the recommendations was drafted and committed.
- Invited the DHR division reps to discuss their new roles; A DNI representative has been invited to present, as well as Andrew Strong who is the new Director at the Office of Racial equity.
- CCRT provided input and feedback for the 5-Year Behavioral Health Strategic Housing Plan CCRT Input
- RIHS offered an Antiracism eLearning which was reviewed by CCRTWG; as well as Cultural Boosters – open to all CCA graduates and participants.
  - The AOA/CYF Council pledged their personal commitment to Cultural Competence
- Inclusive Contracting Strategies and HHSA Linguistic Diversity Plan implementation

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

- BHS Priorities
- Equity and Social Justice
- Health Care Disparities
- Annual Strategic Planning with Consultant
- Cultural Competence Academy Trainings
- Diversity Workforce Development
- CCRT Membership Engagement/CCRT Membership Roles
- Outreach to Diverse Populations (i.e. Transgender/Indigenous/Hearing Impaired communities, etc.)
- Showcase LE on their methods for implementing CC in their systems/programs
- Alignment with Office of Racial Equity

#### 5. List ways in which the CCRT aligns with the CYF System of Care Vision, Mission, Principles and Framework

- The CCRT serves as an advisory body to the BHS Director, the CYF Council serves in an advisory capacity to the BHS Director.
- Some CCRT members are active participants of other groups of the CYF system of care, including the CYF Council; cultural competence is embedded in every aspect of the CYF system of care.
- Both System of Care Vision, Mission, Principles and Framework include “Culturally Competent” language.

#### 6. List ways in which the CCRT complements other Council Sub-Committees efforts

- The CCRT provides framework to CYF Council sub-committees to facilitate that their activities align with the CYF System of Care/Council principles, specifically, Principle 8: Culturally competent. Each of the sub-committees/groups below seek cultural competency.
  - Public Sector
  - Private Sector
  - Family/Youth Sector
  - Education Sector
  - CCRT
  - Early Childhood
  - Fee-For-Service
  - Health Plans
  - Outcomes
  - Transition Age Youth (TAY) Council
  - Training (CYF System of Care Training Academy)
  - Change Agents Developing Recovery Excellence (CADRE)

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Submitted by: Aisha Pope/ Ginger Bial

**Early Childhood Sub-Committee**

**1. Sub-Committee Purpose**

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

**2. Fiscal Year 2021-22 Active Sub-Committee Members**

Public	Private			Family	Education
Jerelyn Bourdage	Stacy Annand	<b>Ginger Bial</b>	Sherry Casper	Emma Eldridge	Evette Callahan
Dulce Cahue-Aguilar	Lisa Castagnola	Valerie Centeno	Terri Cook-Clark	Latysa Flowers	Kim Flowers
Alicia Castro	Sarah Franco	Pradeep Gidwani	Jennifer Kennedy	Eva Melendez	Fernanda Garcia
Stephanie Escobar	Rosa Ana Lozada	Marisela Molina	Meg Olinger		Oscar Gomez
Shannon Jackson	<b>Aisha Pope</b>	Ashley Rambeau	Carla Sciarrino		Lisa Linder
Ana Mendez	Edgar Sierra	Izzy Shine	Stephanie Smith		Saribe Perez
Charmi Patel Rao	Bobbi Smylie	Nubia Soto	Carole Steel		Rose Woods
Sharon Qin	Erin Taylor	Autumn Weidman	Aimee Zeitz		
Nohemy Terrazas					

**3. Fiscal Year 2020-21 Accomplishments**

**1) PROMOTE AND EDUCATE**

- Promoted HOPE by including reflective check-in about how we (individual members and overall programs) are doing at the beginning of each subcommittee meeting.
- Partnered with RIHS, WCW, and Birth of Brilliance on potential ECMH workshop topics holding in mind how to access trainers who speak Spanish to provide training directly in both languages.
- Began formulation of a 1-pager on a core ECMH training topic – TOUCH – to be disseminated to parents and caregivers across the system of care.
- In partnership with ECMH Leader's Collaborative and CCRT Subcommittee, identified the need for a local conference that specifically addresses diversity, equity, and inclusion gaps in the early childhood space. Then, assisted in the execution of the first annual conference, The Birth of Brilliance: Challenging Us to Create Racial Equity in Early Childhood, that occurred February 25<sup>th</sup>.

**2) ADVOCATE**

- Shared resources (i.e. basic needs, educational supports, mental health, race and disparity, leadership, etc.) to be distributed to staff and caregivers that will assist and empower individual advocacy efforts.
- Shared practices and protocols across programs (i.e. COVID screening process, virtual service consents, tools to support remote workforce, etc.) to support all programs collectively during the pandemic.
- Reached out to Josephine Young, Community Health Program Specialist, Family Health and Preventive Services Unit, with the Black Legacy Now Campaign, to assist with dissemination efforts.
- Discussed ways in which COVID has affected bio family visits with youth in foster care and the importance of continued contact and alternative ways to connect when in person visits were not available or safe

### 3) PROMOTE SYSTEM CHANGE

- Collaborated with CCRT chair to create a reflective space for ECMH and CCRT subcommittee members to increase self and collective awareness of how race, disparity and other social justice issues impact ourselves and our teams. Presented idea at May 7<sup>th</sup> CCRT Subcommittee meeting for feedback.

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

- Produce up to three 1-2 page tip sheets aimed at parents and caregivers of young children on topics of interest and need
- Provide a supportive/reflective environment for local early childhood mental health leaders to discuss needs and challenges of our programs and populations served and share resources
- Make recommendations for trainings/trainers for RIHS, WCW and Birth of Brilliance Conferences
- Partner with another BHS subcommittee or community partner for shared reflective space related to cultural responsiveness self and systems work

### 5. List ways in which the Early Childhood Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework

- Subcommittee holds in mind that today's young children are tomorrow's adults & today's adults were yesterday's young children
- Subcommittee's purpose aligns with Council's Principles, including integrated, child and family driven, culturally competent and trauma informed
- Active membership and participation across all four sectors (public, private, family & education)
- Subcommittee goal achievement despite barriers such as the pandemic and racial injustice
- Strengthening partnerships across 0-5 providers who ensure the young child and parent/caregiver voice is represented
- On-going resource sharing specific to improving health factors such as access to healthy food, behavioral health services, prosocial activities, natural supports and quality early education

### 6. List ways in which the Early Childhood Sub-Committee complements other Sub-Committees efforts

- We are planning a collaborative project with CCRT (or another subcommittee or community partner) to have virtual reflective groups to address ways in which our workplaces could better support staff and clients through anti-racist practices.
- Many of our committee members provide training, support, and consultation for Early Care & Education (ECE) settings and give input on training recommendations that may benefit those providers (i.e. WCW offers breakout workshops for ECE providers, ECE providers share resources with committee members for distribution across programs, etc.).
- We have an on-going goal to provide input to RIHS regarding training topics related to ECMH and have offered ideas on trainings related to DEI. Many suggestions have been accepted and added to the RIHS calendar and as breakout groups at the annual System of Care Conference.
- We have several members representing the family/youth sector and welcome their expertise regarding messaging on ECMH issues and advocacy needs of families and youth.
- We have representation on our subcommittee for SUD and perinatal programs to support the needs of the children of parents receiving services through those programs.
- Our primary and secondary prevention focus holds in mind that ECMH services may limit the need for future services in other systems as youth grow-up.



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Submitted by: Eileen Quinn-O'Malley/Emily Trask

<b>Outcomes Sub-Committee</b>				
<b>1. Sub-Committee Purpose</b>				
Outcomes Sub-Committee reviews service delivery systems and aims to improve County of San Diego System of Care services by measuring and evaluating outcomes and use results to provide recommendations to the CYFBHSOC Council. The Outcomes Subcommittee meets on the first Tuesday of every other month.				
<b>2. Fiscal Year 2021-22 Active Sub-Committee Members</b>				
Public	Private		Family	Education
Yael Koenig	Antonia Nunez	Gwen Shelton	Valerie Hebert	Yuka Sakamoto
Eileen Quinn-O'Malley	Sarah Walsh	Michelle Ly		
Amanda Lance-Sexton	Brent Crandal	Shonta Battle		
Ezra Ramirez	Julie McPherson	Aubrey Hecklau		
Babi Winegarden	Shellane Villarin	Karen Giannini		
Liz Miles	Emily Trask	Maria Quezada		
Shelly Paule	Amy Chadwick			
<b>3. Fiscal Year 2020-21 Accomplishments</b>				
<ul style="list-style-type: none"> <li>Developed handout on engaging families and youth in teletherapy</li> <li>Created a Clinician Telehealth Checklist of teletherapy best practices</li> <li>Reviewed PSC data before and after the Stay-at-Home orders began in March 2020</li> <li>Discussed clinicians' feedback to the online YSS</li> <li>Created a handout on using the CANS strengths during client plan development and treatment interventions</li> <li>Enhance accurate reporting of outcome compliance by reducing discrepancies between data entered into CYF mHOMS compared to Cerner</li> </ul>				
<b>4. Areas of Focus for Fiscal Year 2021-22</b>				
<ul style="list-style-type: none"> <li>Educate and enhance teletherapy best practices</li> <li>Compare outcome data collection and results before and after the Stay-at-Home orders began in March 2020</li> <li>Support the transition to online YSS</li> <li>Using CANS results to guide treatment planning</li> <li>Using the CANS to enhance strength-based therapy practices</li> </ul>				

**5. List ways in which the Outcomes Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework**

- The Outcomes Sub-Committee reviews the quarterly report on the CYF Framework Areas of Influence/Social Determinants of Health. The report highlights progress made in multiple Areas of Influence which significantly impacts the wellbeing of children, youth and families.
- The Outcomes Sub-Committee consistently evaluates current trends in CYF SOC by accessing existing data to support the outcome driven principle. For example, a recent report, Pandemic Impact Report, created by CASRC and CYF leveraged many data points such as:
  - Total number of clients served in CYF SOC (inclusive of demographics)
  - ESU and Hospital daily census
  - Suicide statistic from the Medical Examiner
  - CANS and PSC data

**6. List ways in which the Outcomes Sub-Committee complements other Sub-Committees efforts**

- The Outcome Sub-Committee utilized information on Positive Childhood Experiences (PCEs) presented by the Early Childhood Subcommittee to develop a crosswalk for the PCEs to the CANS Strengths
- The Outcome Sub-Committee utilized information on Adverse Childhood Experiences (ACES) presented by the Education Subcommittee to develop a crosswalk for ACES to CANS Trauma Module

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**Submitted by: Julie McPherson and Marisa Varond**

**Change Agents Developing Recovery Excellence (CADRE) CYF Sub-Committee**

**1. Sub-Committee Purpose**

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

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

**2. Fiscal Year 2021-22 Active Sub-Committee Members**

Public	Private	Family	Education
Yael Koenig	BHS-contracted providers		
Shannon Jackson			

**3. Fiscal Year 2020-21 Accomplishments**

- Identified strategies and continued to support programs in responding to COVID-19 and its “shadow pandemic” with a particular emphasis on continued access to co-occurring services, youth and family engagement, and trauma-informed, culturally responsive expansion of telehealth.
- Hosted a presentation and facilitated discussion with PERT’s Law Enforcement Liaison, Wes Alpers, to promote the advancement of trauma-informed care at the intersection of behavioral health and law enforcement.
- Welcomed the San Diego County Office of Education to provide updates regarding school legislation related to mental health/SUD, impacts of COVID and pupil and staff wellness, and how behavioral health providers can better partner with districts during the pandemic to support students with higher behavioral health needs.
- Received a presentation from SOAP MAT, a County-contracted Drug Medi-Cal Organized Delivery System (DMC-ODS) Opioid Treatment Program (OTP), to discuss strategies and available resources for supporting youth with access to Medication Assisted Treatment (MAT). Beginning in FY22, SOAP MAT will collaborate with BHS to pilot five dedicated youth slots for MAT.

**4. Areas of Focus for Fiscal Year 2021-22**

- Continue to enhance ease of cross-referrals and access to services for children, youth and families who are impacted by complex needs.
- Reinstate and maximize on-site SchoolLink behavioral health services as permitted.
- Keep providers up-to-date regarding specialized MAT services and resources for youth in San Diego County.
- Work to identify resources to address the rise in illicit benzodiazepine use among youth.
- Continue to identify best practices and resources for addressing complex conditions impacting children, youth, and families, such as Human Trafficking.
- Support the advancement of the comprehensive harm reduction strategy throughout the CYF system of care.

**5. List ways in which the CADRE CYF Sub-Committee aligns with the overall CYF System of Care Vision, Mission, Principles and CYF Framework**

- CADRE CYF Sub-Committee members work in and represent many of the programs that make up the CYF BHS system of care. The CADRE CYF Sub-Committee helps advance the CYF Vision and Principles by working directly with providers, including program management, clinicians, and direct service staff, to promote best practices, to identify resources, and to create linkages that help ensure children, youth, and families receive collaborative, integrated, client-driven, individualized, strength-based, community-based, outcome- and data-driven, culturally competent, and trauma-informed services.

**6. List ways in which the CADRE CYF Sub-Committee complements other Sub-Committees efforts**

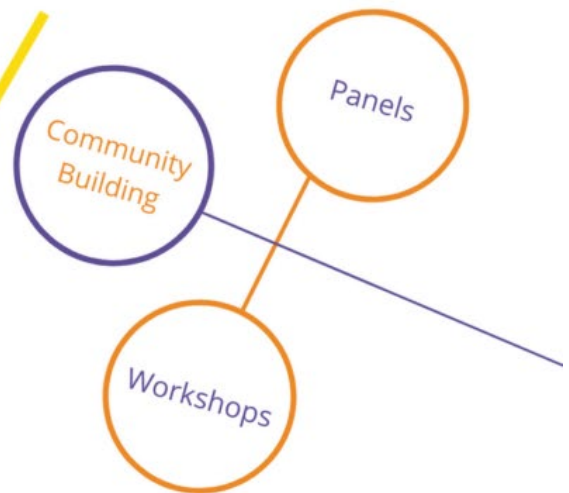
- The CYF CADRE Sub-Committee collaborates with the CYF System of Care, which includes other CYF Sub-Committee members, to ensure dissemination of vital information including system disparities, challenges, resources, and solutions to enhance services.



**SAVE THE DATE!**

**August 9-13, 2021**

**Statewide  
Convening**



This week-long virtual event will bring together LGBTQ community leaders from across California who are dedicated to improving the health and wellness of their communities. Participants will have a chance to strengthen relationships with other LGBTQ leaders and build skills related to health and human services program development, policy engagement, and advocacy strategies that they can bring back to their local communities.

Stay tuned for more updates regarding the 2021 Statewide Convening! Sign up for our newsletter to get updates on workshops, panels, and more [here](#) or follow us on social @CALGBTQHealth.

**[Register today!](#)**





BREAKING DOWN BARRIERS | JFSSD

# Creando Comunidad con Nuestros Seres Queridos LGBTQ+

Únase con nosotros para un evento centrado en la educación LGBTQ+ para la comunidad Latinx/e. Consideraremos las complejidades de nuestra cultura, aprenderemos terminología básica útil, y exploraremos cómo "salir del clóset" para las personas LGBTQ+, incluyendo sus familias. Habrá oportunidades de discusión, respuestas a sus preguntas, y compartimiento de recursos comunitarios útiles. Si tiene alguna pregunta, por favor envíe un correo electrónico a **[nostigma@jfssd.org](mailto:nostigma@jfssd.org)**

**13 DE AGOSTO | 5 PM**  
**EN LÍNEA A TRAVÉS DE ZOOM**

Regístrate aquí:  
<https://www.jfssd.org/lgbtq>



in collaboration with The Sophia Valsamos Foundation Junior Board,

## Brain XP Presents

# BACK TO SCHOOL ANXIETY VIDEO EVENT FOR TEENS!

..... Release Date: August 18, 2021 .....



.....  
**visit  
brainxp.org  
to watch!**

### TOPICS:

- Coping with Our Own Anxieties
- Helping Our Friends Cope with Their Anxieties
- Anxiety Storytime (Teen's Perspective)
- Hear from the Teen Honorees of Brain XP's Game Changer Award

**Plus a special Brain XP  
Announcement that you do  
NOT want to miss!**

.....

\*We have a special event program with all of the info from this event + more Brain XP resources & ways for you to be involved! Register to receive our event program on brainxp.org for free!



**Sponsored by**



(Please note that this event is created by young people for young people. We are NOT mental health professionals!)

Contact Info: brainxpproject@gmail.com

# PDATF Quarterly Meeting

Friday, August 20, 2021

9 a.m. to 11 a.m.

**\*Virtual Meeting\***

*Please see details below*



## Presentation Topics

### **The Role of Opioid Treatment Programs in Combating the Opioid Epidemic**

Laura Rossi, Ph.D., Founder and CEO  
and

Marc Gonzalo, M.A., Director  
SOAP MAT

### **Fentanyl Messaging in San Diego County**

Anna Trout and Sarah North  
Rescue Agency

### **PDATF and MSF Community Survey Results**

Sarah Salven, MPH  
CCR

**\* Virtual Meeting \***

***Registration Required***

Link to Register:

[https://us02web.zoom.us/webinar/register/WN\\_S25AifKcRmu0h8egUFlu-Q](https://us02web.zoom.us/webinar/register/WN_S25AifKcRmu0h8egUFlu-Q)



**Please register by August 18**

**Please send any questions to  
PDATF@ccrconsulting.org**

# NEW STIMULUS MONEY IS AVAILABLE

for Current and Former Foster, Dual Status, Title IV-E Tribe, and Out-of-Home Placement Probation Youth in California!

IF YOU'RE ELIGIBLE AND SIGN UP BY **SEPTEMBER 3, 2021**  
ONCE VERIFIED, THE MONEY IS GUARANTEED!

## ELIGIBLE YOUTH:

- ✓ were in care on their 18th birthday,
- ✓ are ages 18 through 26 but not yet 27, and
- ✓ are or were eligible for extended foster care.

### AGES 18 THROUGH 20?

*See questions 9-14 for application instructions.*

### AGES 21 THROUGH 26?

*Apply online at [chafeecard.dss.ca.gov](https://chafeecard.dss.ca.gov) or use this QR code.*



*Check out the questions and answers that follow to learn how to apply and how much money you'll receive (\$600 or \$1,500).*



JOHN BURTON  
Advocates  
for Youth



# CHAFEE CASH CARD

## Questions Answered



### 1. What is the new stimulus money available for current and former foster and probation youth?

California has received federal funding to send a one-time direct stimulus payment in the form of a pre-paid debit cash card to all eligible current and former foster, dual status, Title IV-E tribe, and out-of-home placement probation youth who fill out the [Chafee Card Portal](#) application by the September 3, 2021 deadline. Eligible youth can choose between either a physical cash card mailed to your address or a virtual cash card sent to your email. This is not just for students; it is for all current and former foster youth who are eligible.

## ELIGIBILITY

### 3. Am I Eligible for a Chafee Cash Card?

If these three statements are true for you, then yes, you are eligible. There are no other eligibility requirements beyond what is stated below.

- ✓ You currently live in the United States **AND**
- ✓ You are currently age 18, 19, 20, 21, 22, 23, 24, 25 or 26 **AND**
- ✓ You are currently in care OR are or were eligible for extended foster care AND you were in care on your 18th birthday.

NOTE: If you are or were in the Kinship Guardianship Assistance Program (Kin-Gap) or Adoption Assistance Program (AAP) you do not qualify for this Chafee Cash Card but may be able to receive extended benefits through a different law.

### 4. I'm in an out-of-home placement but I don't have a social worker, I have a probation officer. Am I eligible?

Yes, if you are or were on probation and had a court order for out-of-home placement on your 18th birthday, you are eligible, as long as you meet the age requirements stated in question 3.

### 5. Do I have to be in school or working to receive these funds?

No, you do not have to be in school or working to receive the Chafee Cash Card. The only eligibility requirements are those outlined in question 3. Note that students enrolled in college or career technical education may also be eligible for the \$5,000 [Chafee Education and Training Voucher](#), which has a different application (see question 23).

### 2. If eligible, how much money will I receive on my pre-paid cash card?

You will receive \$600 if you are age 18, 19, or 20 but not yet 21 when you apply and on the date your eligibility is verified by staff reviewing the applications.

You will receive \$1,500 if you are age 21 through 26, but not yet 27, when you apply and on the date your eligibility is verified by staff reviewing the applications. For 20-year-olds with birthdays between July 7, 2021 and September 1, 2021, in order to receive the \$1,500 for 21-year-olds, be sure to apply on or after your 21st birthday, but before the September 3, 2021 deadline.

### 6. Do I have to file taxes to receive these funds?

No, you do not have to file taxes to receive the Chafee Cash Card. However, filing taxes can help you get money you are eligible for from the state and federal government. For example, the [Golden State Stimulus](#) is \$600 available to any Californian who files taxes and earns less than \$75,000. You can file by October 15, 2021. A [non-filer tool](#) is available from the IRS for those who do not have to file taxes to receive federal stimulus and Child Tax Credit help. For more information, visit [JBAY's website](#).

### 7. Can I still receive a cash card if I live out of state?

Yes! You can get a pre-paid cash card if you were in foster care in California and meet the eligibility requirements in question 3.

### 8. What if I'm unsure if I'm eligible?

You can still apply directly through the CDSS [Chafee Card Portal](#).

You can contact the following services for help identifying if you are eligible:

- ✓ Email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov) and ask them if you are eligible, or
- ✓ Call the California Foster Care Ombudsperson's office at 1-877-846-1602, or
- ✓ Email [fosteryouthhelp@dss.ca.gov](mailto:fosteryouthhelp@dss.ca.gov).



## AGES 21 THROUGH 26?

*Use this QR code or  
[click here to apply.](#)*



## APPLICATION PROCESS

### 9. How do I apply if I'm currently age 18, 19, or 20 years old and I'm in extended foster care?

Contact your county social worker, probation officer, Title IV-E tribe, or [ILP coordinator](#) and ask them to sign you up for the Chafee Cash Card Stimulus Payment.

### 10. How do I apply if I'm 18, 19, or 20 years old and I'm NOT in extended foster care?

Contact your former social worker, probation officer, attorney, Title IV-E tribe, CASA or ILP coordinator and ask them to sign you up for the Chafee Cash Card Stimulus Payment. If you do not have their contact information email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov) for help.

### 11. How do I apply if I'm 21, 22, 23, 24, 25 or 26 years old?

Fill out the form on the [Chafee Cash Card Portal](#) and press submit.

### 12. What if I am 17 but I will be age 18 before the September 3, 2021 deadline?

If your 18th birthday is before the September 3rd deadline, ask your social worker, probation officer or Title IV-E tribe to sign you up for the Chafee Cash Card Stimulus Payment on your 18th birthday or email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov) for help. Wait until your birthday to apply, but make sure to apply before the deadline. The portal will be closed September 4, 2021 and no additional applications will be accepted at that time.

### 13. What if I will turn 27 before September 3, 2021, deadline?

Act fast! Fill out the form on the [Chafee Cash Card Portal](#) before you turn 27.

### 14. Who can I ask for help with the application?

If you are 21 and older email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov). If you are 18 through 20, contact your social worker, probation officer, Title IV-E tribe, or [ILP coordinator](#). If you've tried contacting your county and still need help, email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov).

### 15. What if I DO NOT know my Social Security Number or DO NOT have a Social Security Number?

Fill out the application with all zeros in the social security number field and email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov) to let them know you do not have or remember your Social Security Number. Current and former foster youth can contact their social worker or probation officer, dependency attorney or the California Foster Care Ombudsperson's office at 1-877-846-1602 or [fosteryouthhelp@dss.ca.gov](mailto:fosteryouthhelp@dss.ca.gov) for help with social security cards.

### 16. What if I don't remember my last social worker or probation officer's name?

Fill out the application with as much information as you remember or with the name of a social worker or probation officer you do remember. Anything without a red star next to the question on the portal is optional. Any inaccurate and incomplete information could impact efforts to verify your eligibility which may delay your funds. Submit your information to the best of your ability.

### 17. Can I apply through Think of Us?

Yes, you can apply at [CheckforUs.org](https://CheckforUs.org) which is a national campaign serving current and former foster youth in many states, including California. Note that it takes less steps to apply directly through the [Chafee Cash Card Portal](#). If you apply through Think of Us, it will be a multi-step process because you will still have to contact your social worker or probation officer if you're age 18 through 20 or fill out the [Chafee Cash Card Portal](#) if you're age 21 through 26 to receive the pre-paid cash card as outlined in questions 9-13.

### 18. What if I already signed up through Think of Us?

If you already signed up through Think of Us, make sure to check your email to complete the next step, and to contact your social worker or probation officer if you're age 18 through 20, or to fill out the [Chafee Cash Card Portal](#) if you're age 21 through 26, as outlined in questions 9-13.



## AGES 21 THROUGH 26?

*Use this QR code or  
[click here to apply.](#)*



## AFTER YOU APPLY

### 19. What happens after I apply? When will I receive my pre-paid cash card?

Keep an eye on your email inbox and check your spam or junk folder just in case. You will receive a confirmation email. Your eligibility will be confirmed by the Department of Social Services staff so approval times may vary depending on the number of applications received. You may get a follow up phone call or email to confirm some information if there is any missing information. Once approved you will be notified by email and a card will be ordered for you. You may be asked additional questions, so make sure to check your email or phone for follow up requests. Virtual cards will arrive more quickly than physical cards. It may take a few weeks for a physical card to arrive in your mailbox.

## OTHER QUESTIONS

### 22. How is the new stimulus money on the Chafee Cash Card different from the application I filled out last year with Think of Us?

The funding for Chafee Cash Cards is new federal money from the government for direct payments to current and former foster youth due to the COVID-19 pandemic. Everyone who applies and qualifies for the [Chafee Cash Card](#) will receive one; it is guaranteed. No one will be turned away unless they do not qualify under the eligibility requirements outlined in question 3.

### 23. Is this Chafee stimulus money different than the Chafee Education and Training Voucher, also known as the Chafee Grant?

Yes, this is different Chafee funding. This Chafee stimulus money is for current and former foster youth regardless of whether you are in school. The Chafee Education and Training Voucher is educational financial aid for current and former foster youth who are enrolled (or planning to enroll) in college or career technical education. If you are in college or career technical education or plan to enroll in the fall, you should know

### 20. What if I did not receive a confirmation email after I submitted my application?

Check your email's spam or junk folders for any email confirmation. As indicated above, your confirmation email may take longer to arrive depending on the volume of applications received. If there is no confirmation found, you can email [FYverify@dss.ca.gov](mailto:FYverify@dss.ca.gov) and ask them to confirm that your application was received.

### 21. How long will it take for my prepaid cash card to arrive?

It will take between 4–6 weeks on average for the department to verify your eligibility, order the card, and for the card to be shipped to your address or emailed to your inbox. Check your email inbox, spam or junk folder to make sure you receive the communications.

that the Chafee Education and Training Voucher has also received new funding. California will pay \$5,000 to every eligible student enrolled in college or career technical and training education courses who fill out the [Chafee Education & Training Grant Application](#) by October 2021. Download this [fact sheet](#) to learn more about the Chafee Grant and other ways to pay for college.

### 24. What if I need additional financial assistance now?

Learn how to sign up for other income benefits for young adults, such as tax credits, CalFresh, unemployment, health insurance, utility assistance, financial aid for school, rental assistance, and more [here](#). Call 211 and talk to an operator about your needs. They can tell you about local services.

### 25. Where can I find official guidance on the Chafee Cash Card money from the California Department of Social Services?

See [All County Letter 21-73](#) and [County Fiscal Letter 20-21-108](#).



# RECOVERY HAPPENS

## SAVE THE DATE

SATURDAY, SEPTEMBER 18<sup>TH</sup>

10:00 AM - 11:30 AM

**Recovery Happens** is a **FREE**, virtual community event celebrating those in recovery and the individuals who support them sponsored by the County of San Diego Health and Human Services Agency.

Whether you are seeking help or resources for yourself or a friend, this virtual event will feature inspirational messages of hope from a variety of speakers, musical performances, and the opportunity to connect to an array of services.

*Prevention works, treatment is effective, and people can and do recover.*



COUNTY OF SAN DIEGO  
**HHSA**  
HEALTH AND HUMAN SERVICES AGENCY



PLEASE SHARE YOUR THOUGHTS AND ANY QUESTIONS TO  
THE RECOVERY HAPPENS LEAD, NANCY PAGE AT  
[NANCY.PAGE@SDCOUNTY.CA.GOV](mailto:NANCY.PAGE@SDCOUNTY.CA.GOV).

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## RECOVERY HAPPENS EXHIBITOR REGISTRATION

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### Event Details

Date: Saturday, September 18, 2021

Time: 10:00 a.m. - 11:30 a.m.

Location: Virtual Event

### Exhibitor Registration

The 2021 Recovery Happens event will be held virtually again this year, and we invite providers and community partners to share resources with event participants. Shared materials will be posted in the resource fair section of the event website.

Potential resource areas include education, employment support, Veteran's services, financial and legal services, prevention and treatment information, community resources and more. Please note, sales and fundraising information cannot be posted, only program information.

Exhibitor registration is **free**.

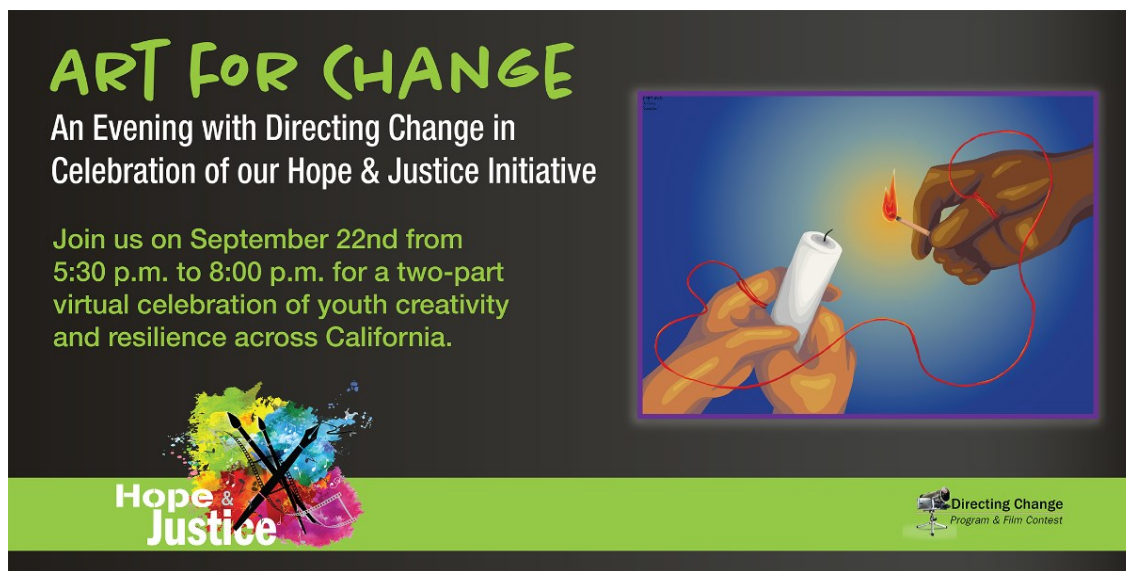
### Registration Instructions

To register as an exhibitor, please **send your organization or program name, contact name, and contact email and the following attachments to Nancy Page** ([nancy.page@sdcounty.ca.gov](mailto:nancy.page@sdcounty.ca.gov)):

- High resolution organizational logo
- Short description of program or resource (75 words or less)
- Flyer or link to program webpage

Exhibitor registration is open through **September 15, 2021**.

**Thank you for participating in Recovery Happens 2021!**



At the beginning of the 2020/21 school year, Directing Change created Hope & Justice, a new submission category providing an opportunity for youth living through history to express their thoughts and feelings related to topics that included social issues, mental health awareness, and suicide prevention.

We hope you will join us for a two-part virtual event in celebration of **Hope & Justice, on September 22<sup>nd</sup>, 2021 from 5:30pm to 8:00pm (PST)**

## **Art for Change: An Evening with Directing Change in Celebration of our Hope & Justice Initiative**

### **PART 1**

Facebook Live Event:  
Unveiling of Virtual Youth Art Exhibit  
5.30 pm to 6:00pm (PST)  
FREE

The first part of our event is free to all! Join us on Facebook Live to hear from special guests and young artists about the impact of art on mental health and social change.  
Register for this event at <https://artforchange.eventbrite.com>

### **PART 2**

Paint My Piece:  
An Evening with Hope and Justice Youth Artists  
6:00pm to 8:00pm  
Ticketed Event

The second part of the event – Paint My Piece – is a TICKETED virtual painting experience from 6:00pm to 8:00pm.

From the comfort of your home, you'll be given instruction as you recreate a work of art from the Hope & Justice Art Collection. It's our twist on the paint party! Your instructor will be the youth alumni who originally created the piece of art.

### **Tickets Pricing:**

\$25 - you provide your own supplies  
\$50 - we ship the supplies to you! (This ticket option must be purchased by September 10<sup>th</sup>)

Make sure to add on the Free Facebook live ticket if you want to attend both events!

**Purchase tickets here:** <https://artforchange.eventbrite.com>

*All proceeds from this event will go to support the Directing Change Program and will ensure more students have access to mental health and suicide prevention curriculum in school.*