

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

NEW MEMBER ORIENTATION
August 13, 2018 – 9:00-10:30 a.m.
San Diego County Office of Education
6401 Linda Vista Road, JRRTC Comm Labs 1-4
San Diego, CA 92111

As Council representative or alternate appointed by the Behavioral Health Director, we want to ensure that you have all the necessary information to be and informed and effective Council member. This information is also available to all Council participants.

Included are the following Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC) documents:

1. Introduction to CYFBHSOCC and Sub-Committee videos
2. CYFBHSOCC Overview
3. CYFBHSOCC Mission, Vision, and Principles
4. CYFBHSOCC Bylaws
5. CYFBHSOCC Goals Fiscal Year 2017-18
(Fiscal Year 2018-19 goals will be discussed at the September 10, 2018 meeting)
6. CYFBHSOCC Member Roster Fiscal Year 2018-19
7. CYFBHSOCC Sub-Committees
8. CYFBHSOCC Sub-Committees Point in Time Representation
9. CYFBHSOCC Reporting Schedule
10. CYFBHSOCC Approved Meeting Minutes (May 14, 2018)
11. CYF Organizational chart
12. CYF introduction and Provider Manual
13. Overview of the CYFBHS e-learning
14. HHSA Ten Year Roadmap-Behavioral Health Services: Year Two (4/23/18)
15. HHSA Ten Year Roadmap-Behavioral Health Services-Accomplishments: Year One (4/23/18)
16. Live Well San Diego information

Council Meeting Schedule:

- **When:** Second Monday of each month. (Dark in August and December 2018)
- **Time:** 9:00 to 10:30 A.M.
- **Where:** Scottish Rite Masonic Center (Shell Room)- 1895 Camino del Rio South, San Diego CA 92108

The Co-Chairs for the Fiscal Year 2018-19 are:

Education Sector: Violeta Mora

Public Sector: Dori Gilbert

The CYFBHSOCC staff contact information:

Grisel Ortega-Vaca-CYF Deputy Director's Administrative Secretary: (619) 563-2772 or via e-mail:

Grisel.Ortega@sdcounty.ca.gov

Darwin Espejo-Administrative Trainee: (619) 584-5024 or Darwin.Espejo@sdcounty.ca.gov

Edith Mohler-Administrative Analyst: (619) 563-2746 or Edith.Mohler@sdcounty.ca.gov

Yael Koenig –CYF Deputy Director: Yael.Koenig@sdcounty.ca.gov

To be added to the electronic distribution list, contact Grisel Ortega-Vaca.
Approved meeting minutes are posted in the Network of Care website:
<http://sandiego.networkofcare.org/mh/content.aspx?cid=861>



CHILDREN'S SYSTEM OF CARE COUNCIL MEMBER ORIENTATION



Introduction to the CYFBHSOCC and Sub-Committees video

Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC) Member Orientation

Meet the Leaders within the Children Youth and Families Behavioral Health System of Care Council and several of the Sub-Committee Representatives in this informative video. Including an overview of the Children's System of Care, how the Council was established and the evolution that has built the CYFBHSOCC into the vibrant care system it is today.

1. Video Introduction – Yael Koenig, Deputy Director, BHS Children, Youth & Families
2. BHS Welcome - Alfredo Aguirre, Director
3. Cultural Competence Resource Team - Piedad Garcia, Deputy Director, BHS Adult and Older Adult
4. TAY Council – Stephen Carroll, Director of Services, San Diego Youth Services
5. CYF System of Care History - Rosa Ana Lozada, CEO, Harmonium
6. CSOC Principles – Delrena Swaggerty, Vice President, Mental Health Systems
7. CYF CADRE –
Julie McPherson, Vice President, Community Research Foundation
Marisa Varond, Associate Executive Director, McAlister Institute
8. Early Childhood Mental Health - Autumn Weidman, Director of Positive Parenting, Jewish Family Service
9. Education Advisory – Heather Nemour, Student Mental Health and Well-Being, San Diego County Office of Education
10. Family and Youth Sector - Linda Ketterer, Lead Trainer, NAMI San Diego

County of San Diego

Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC or the Council)

Council Overview

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

Public: This includes, but is not limited, to entities that represent local government: San Diego County Health and Human Services Agency (HHSA): Behavioral Health Services, Behavioral Health Advisory Board, Child Welfare Services, HHSA regions, and Public Health Services. It also includes the County's Public Safety Group- Juvenile Probation Department, Juvenile Court; and First 5 San Diego.

Private: Includes the Children, Youth and Families (CYF) System of Care contracted providers. They are also organized with the Mental Health Contractors Association, Alcohol and Drug Providers Association, San Diego Non-Profit Association, Fee-For-Service Network, Healthcare-Pediatricians, Managed Care Health Plans, and the San Diego Regional Center.

Family: Youth and families who have lived experience receiving or who have received services from agencies serving children, and/or parents/caregivers of individuals that are receiving or have received services from agencies serving children. This sector includes the CYF Family Youth Liaison).

Education: Representatives are usually also part of the Public Sector but represent Education. Constituencies represented in the Council are the Special Education Local Plan Area (SELPA), School Districts, Regular Education-Pupil Personnel Services, School Boards, Special Education and the San Diego County Office of Education (SDCOED).

The Council serves in an advisory capacity to the Behavioral Health (BH) Director, Alfredo Aguirre and operates according to its by-laws adopted March, 2006 and last revised July 11, 2016.

Children, Youth and Families (CYF) Staff: Yael Koenig, Deputy Director.

CYF Administrative Support: Grisel Ortega-Vaca, Edith Mohler, and Darwin Espejo.

Children, Youth and Families Behavioral Health System of Care Council Mission, Vision, and Principles

In 2010 the principles were updated and refined to complement the Live Well, San Diego! Initiative (Currently, Live Well vision). In 2016, the Trauma Informed principle was added. In 2017, an Ad Hoc Sub-Committee started working on adding the Persistence principle, and completed further refinements to align with the BHS Ten Year Road map. The revised document was unveiled on May 14, 2018.

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.

County of San Diego

Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC or the Council)

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.

Membership: Limited to 24 voting members, the Council represents the Family/Youth, Public, Private and Education sectors; members are appointed by the BH Director to serve a two year term that may be renewed at his discretion.

Council Members are expected to:

- 1) Attend monthly Council meetings. If unable to attend, the designated alternate is expected to attend.
- 2) Sit at the Council members' table. If a member is absent, the alternate representative sits at the table.
- 3) Align meeting discussions and presentations to the CSOC Principles and Live Well San Diego vision.
- 4) Induct incoming members into the Council.
- 5) Inform constituents of CYF System of Care activity and provide constituency's input to the Council.

Currently, the Council has 24 active seats:

Behavioral Health Advisory Board (1 seat)	Behavioral Health Services (1 seat)
Public Safety Group/Probation (1 seat)	Child Welfare Services (1 seat)
HHSA Regions (1 seat)	Juvenile Court (1 seat)
Special Education (1 seat)	School Board (1 seat)
First 5 Commission (1 seat)	Mental Health Contractors Association (2 seats)
San Diego Non Profit Association (SDNA) (1 seat)	Fee-For-Service Network (1 seat)
Managed Care Health Plan (1 seat)	Healthcare/Pediatrician (1 seat)
Family and Youth Liaison (1 seat)	Special Education Local Plan Areas (SELPA) (1 seat)
Regular Education-Pupil Personnel Services (1 seat)	San Diego Regional Center for Developmentally Disabled (1 seat)
Alcohol and Drug Service Provider Association (ADSPA) (1 seat)	Caregiver of child/youth served by the public health system (1 seat)
Youth served by the public health system-through age 25 (2 seats)	Public Health (1 seat)

Current Council Sub-Committees:

Executive	Children's Mental Health Well Being Celebration
CYF Change Agents Developing Recovery Excellence (CADRE)	Early Childhood
Education Advisory	Family and Youth Sector
Mental Health Services Act (MHSA) Ad Hoc	Outcomes
Private Sector	

Regular Reports to Council:

Quality Improvement (QI)-Management Information Systems (MIS)	Quality Improvement (QI)- Quality Management (QM)
Quality Improvement (QI)-Performance Improvement Team (PIT)	Transition Age Youth (TAY)
Behavioral Health Education and Training Academy (BHETA)	CADRE
Children's System of Care (CSOC) Training Academy	Cultural Competence Resource Team (CCRT)
MHSA	Trauma Informed System Integration (TISI)

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 - To be added to the electronic distribution list, contact Grisel Ortega-Vaca at Grisel.Ortega@sdcounty.ca.gov or call at 619-563-2772
- Prior meeting minutes posted in the Network of Care website:
<http://sandiego.networkofcare.org/mh/content.aspx?cid=861>

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

Council Vision:

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May 1, 2018





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

Article One Name

The name of this organization shall be the CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL (also known as CYFBHSOCC or the Council).

Article Two Powers and Duties

The powers and duties of the Council shall be set forth by Behavioral Health Services (BHS) Administration, a division of the Health and Human Services Agency (HHSA). The Council reports to the Behavioral Health Services Director (BHS Director). The Council serves in an advisory capacity to the BHS Director. However, the Council, as needed, can brief the HHSA Director and/or staff on children's behavioral health developments/issues. The Council is charged by the BHS Director to perform the following functions:

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

Article Three Membership

Membership on the Council is via appointment by the BHS Director through recommendations of each sector. The Council provides an opportunity for all four sectors (Education, Family/Youth, Provider, Public) to have a voice in policy development and implementation of the System of Care. Members will be appointed from the following:

Constituencies	Seats
Behavioral Health Advisory Board	1
Behavioral Health Services	1
Public Safety Group/Probation	1
Child Welfare Services	1
HHSA Regions	1
Public Health	1
Juvenile Court	1
First 5 Commission	1
Special Education Local Plan Areas (SELPA)	1
Regular Education- Pupil Personnel Services	1
School Board	1
Special Education	1
San Diego Regional Center for Developmentally Disabled	1
Alcohol and Drug Contractors Association	1
Mental Health Contractors Association	2

San Diego Non Profit Association (SDNA)	1
Fee For Service Network	1
Healthcare/Pediatrician	1
Family and Youth Liaison	1
Caregiver of child/youth served by the public health system	1
Youth served by the public health system (age up to 26)	2
Managed Care Health Plan	1

Membership shall be limited to 24 voting members. Each member/sector will also designate an “alternate,” a person to act on behalf of the regular member when the regular member is unavailable. Alternates retain voting privileges only when the regular member is not present. CYFBHSOCC members serve two-year terms, which may be renewed at the discretion of the BHS Director. Terms will begin in July, and be staggered with half of the membership rolling over one year, and the other half the next, to avoid enlisting an entirely new slate at one time.

Article Four Vacancies

Any vacancy in any seat on the Council shall be filled by appointment by the BHS Director. When a vacancy occurs, an analysis shall be conducted by the BHS Director as to the current composition of the Council and what constituency requires additional representation. The BHS Director shall recruit potential members from the constituency groups listed in Article Three, taking into consideration what is needed to represent demographics (gender, ethnicity, and age) of the County as a whole to the extent feasible. The Council should reflect the ethnic diversity of the client population in the county. The BHS Director formally appoint the member via letter to the member of the Council.

Article Five Quorum

A quorum shall be defined as one person more than one half of the appointed members. Alternates may be included in the quorum count if they are providing voting representation for the regular member. The definition of appointed members excludes unfilled positions and those vacated by resignation or removal.

Article Six Meetings

The CYFBHSOCC co-chairs will determine the frequency, times and locations for the Council meetings at the beginning of each committee year, July 1. Changes to the prevailing meeting schedule will be communicated to members no later than the meeting immediately preceding the changed meeting date. Meetings shall convene promptly at the scheduled time.

Agendas: Agendas are prepared by the Executive Committee in consultation with the BHS Director or designee. Members advise the co-chairs in advance of the proposed agenda items. Agendas are forwarded to Council members, alternate and attendees in advance of the Council meeting to enable participants to decide if they want to attend.

Meeting Minutes: County Administrative staff record CYFBHSOCC meetings and maintain the Minute Book. Minutes are distributed to CYFBHSOCC members in advance of the next regularly scheduled meeting and shall be posted on the County website.

Article Seven **Officers**

The business of the Council is organized and managed through two co-chairs. The co-chairs are nominated by the sector responsible for chairing the upcoming serving term. The nominations are presented to the CYFBHSOCC at the April and May meetings; the co-chairs are formally elected by the CYFBHSOCC at the June meeting and start serving in the month of July.

The co-chairs are named from the four sector partnership of the System of Care – Education, Families/Youth, Providers, and Public Agencies, and should not represent the same constituency during any term. The co-chairs serve for two-year terms on a rotating basis, and alternating so there is always one serving their first and the other serving their second term year.

The co-chairs are responsible for the development and preparation of the meeting agendas and for obtaining briefings on progress and activities from the BHS Director. County Administrative staff provides support to the co-chairs and to activities of the Council, including meeting notices, minutes, and coordination.

Article Eight **Sub-committees**

The CYFBHSOCC has a “standing” sub-committee, the Executive Committee, tasked to follow up on current SOC principles and recommend a process to ensure relevancy to current realities and challenges which includes the development of sub-committees and task forces in order to complete its business, as well as the pausing or retirement of sub-committees that are no longer needed. Sub-committees are to submit a monthly written report to the CYFBHSOC Council.

Each sub-committee shall appoint or elect a chair or co-chairs. The chairs of the sub-committees are then members of the Executive Committee. The chairs of the sub-committees may be members of the Council, however if the individual serving in the capacity of chair or co-chair of a sub-committee is not a member of the Council, they become a member, ex officio (without vote), of the Council.

Article Nine **Voting and Consensus**

The CYFBHSOCC strives to achieve consensus on all decision matters. In the absence of full consensus, any item put to vote will be approved by a simple majority of those present. A quorum of the CYFBHSOCC must be present in order for a vote to be taken on any motion brought to the CYFBHSOCC.

Motions put to the CYFBHSOCC for vote should include the following information:

- Concise statement of the issue for vote;
- Purpose for the vote (e.g. recommendation to the Director, or change in bylaws); and
- Action to be taken pursuant to the vote.



The Council votes by show of hands on all action items brought before the Council for decision. The majority voice carrying the decisions is noted in the Minutes. Vote counts are not required.

Members opposing the outcome of a closely contested vote may request permission to submit a “minority opinion” into the record of the vote. Opposing members have two working days from the date of the vote to submit their minority opinion, in writing, to the co-chairs for inclusion in the official Minutes of the CYFBHSOCC.

Only members of the Council, or alternates attending in place of the delegated member, are eligible to vote. Alternates attending in addition to the regular member are not eligible to vote and do not count in the Quorum determination.

Article Ten Member Conduct

Conduct of members of the CYFBHSOCC is guided by these principles:

- Courtesy and respect for the customs and beliefs of others, consistent with the mission and philosophy of the System of Care and the Council;
- Respect for the confidential nature of information used by the CYFBHSOCC to conduct its business;
- Conduct in all relationships that ensures decisions are not compromised by any conflict of interest;
- Use of sound, ethical management practices in all CYFBHSOCC activities;
- Continuous striving to provide quality service to the CYFBHSOCC, the System of Care, and the children and families it serves.

Article Eleven Ratification and Amendments

These bylaws may be reviewed and updated annually by the CYFBHSOCC meeting.

Changes or amendments to these bylaws must be submitted in writing to the co-chairs and the BHS Director for review and consideration. The CYFBHSOCC co-chairs will have final determination if the amendment will be put to vote by the entire CYFBHSOCC. The Council may, by a two-thirds (2/3) vote, adopt amended bylaws at any CYFBHSOCC meeting provided notice has been given at the prior meeting or at least thirty (30) days written notice has been given to the CYFBHSOCC membership.

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

Vision: San Diego youth are healthy, safe, successful in school, and in their transition to adulthood, while being law abiding, while living in a home and community that supports strong family connections.

Mission: To ensure that all agencies serving San Diego County children and youth up to age 21 have coordinated services resulting in improved youth and family, and system outcomes consistent with System of Care Values and Principles:

Highlights of Fiscal Year 2017-18 Goals

- Promote Live Well San Diego Vision.
- Infuse Customer Service commitment.
- Contribute to the 1115 Drug Medi-Cal Waiver – Organized Service Delivery System implementation.
- Implement necessary system adjustments to align with Continuum of Care Reform (CCR), including Short Term Residential Treatment Programs (STRTP) contracts as well as Therapeutic Foster Care (TFC) services with mental health contractors.
- Establish Child and Family Team (CFT) Facilitation services.
- Expand Crisis Stabilization services from 4 to 12 beds.
- Establish a countywide Medication Clinic with telepsychiatry capability.
- Implement Department of Health Care Services (DHCS) identified outcome tools; Pediatric Symptom Checklist (PSC-35) and the Child and Adolescent Needs and Strengths (CANS).
- Increase education sector awareness of BHS programming through the HHSA School Collaborative and utilize partnership to identify system improvement opportunities
 - ✓ Participate in the September 2017 Annual School Summit.
- Identify new and system relevant trainings
 - ✓ Update the Pathways to Well-Being (PWB) with focus on the Core Practice Model (CPM)
 - ✓ Introduce “Compassion Fatigue” training
 - ✓ Annual Children’s System of Care conference will focus on homelessness.
- Promote authentic utilization of Family and Youth Partners as service providers.
- Support Homework Performance Improvement Project (PIP).
- Deliver the 4th Annual Children’s Mental Health Well-Being Celebration – May 2018.

**CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
MEMBERSHIP ROSTER FY 2018-19**

CONSTITUENCY		MEMBER	ALTERNATE
PUBLIC SECTOR			
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	Bill Stewart
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	Dr. Jeffrey Rowe
3	Public Safety Group/ Probation	Dr. Geoff R. Twitchell	Chrystal Sweet
4	Child Welfare Services (CWS)	Cathi Palatella	Alice Kennedy
5	HHSA Regions	Dori Gilbert	Jennifer Sovay
6	Public Health	Dr. Thomas R. Coleman	Rhonda Freeman
7	Juvenile Court	Hon. Judge Kimberlee Lagotta	Michelle Johnson
8	First 5 Commission	Alethea Arguilez	Dulce Cahue-Aguilar
EDUCATION SECTOR			
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	Jamie Tate-Symons
10	Regular Education Pupil Personnel Services	Heather Nemour	Mara Madrigal-Weiss
11	School Board	Barbara Ryan	Sharon Whitehurst-Payne
12	Special Education	Aidee Angulo	Yuka Sakamoto
PRIVATE SECTOR			
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Peggy Webb	VACANT
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	Marisa Varond
15	Mental Health Contractors Association	Delrena Swaggerty	Steven Jella
16	Mental Health Contractors Association	Michelle Ly	Michelle Hogan
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	Rosa Ana Lozada
18	Fee- For-Service Network	Dr. Sherry Casper	VACANT
19	Managed Care Health Plan	George Scolari	Kathleen Lang
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	VACANT

FAMILY AND YOUTH SECTOR			
21	Family and Youth Liaison	Renee Cookson	Valerie Hebert
22	Caregiver of child/youth served by the Public Health System	VACANT	VACANT
23	Youth served by the Public Health System (16 through 25)	Micaela Cunningham	Oniric Cirino (Alice Kellogg)
24	Youth served by the public health system (16 through 25)	Travis Webster	Christine Frey
SUBCOMMITTEES (Non-voting members unless a member of the Council)			
-	Outcomes Committee	Angela Chen	
-	Executive Committee	Violeta Mora	Dori Gilbert
-	Early Childhood Committee	Aisha Pope	Autumn Weidman
-	Education Committee	Heather Nemour	
-	CYF CADRE	Julie McPherson	Marisa Varond
-	Family Support Partners Committee	Renee Cookson	Valerie Hebert

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)
Fiscal Year 2018-19 Sub-Committees/Groups

	SUB-COMMITTEE	MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
1	Outcomes	Meets the 1 st Tuesday of the month-La Vista Room from 11:30 A.M. to 1:00 P.M.	<p>Angela Chen achen@upacsd.com</p> <p>CYF Rep: Yael.Koenig@sdcounty.ca.gov Rebecca.Raymond@sdcounty.ca.gov Amanda.Lance-Sexton@sdcounty.ca.gov</p>
2	Early Childhood	Meets the 2 nd Monday of the month- American Academy of Pediatrics- 3160 Camino Del Rio South, San Diego, CA 92108- Suite 101 at 11:00 A.M.	<p>Aisha Pope & Autumn Weidman APope@centerforchildren.org autumnw@jfssd.org</p> <p>CYF Rep: Shannon.Jackson@sdcounty.ca.gov</p>
3	Education Advisory Ad Hoc	Meets as needed	<p>Heather Nemour heather.nemour@sdcoe.net</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>
4	Transition Age Youth (TAY) Council	Meets quarterly the 4 th Wednesday of the month- from 3:00 P.M. to 4:30 P.M. at 3860 Calle Fortunada Suite 101, San Diego, CA 92123	<p>Cecily Thornton-Sterns & Maria Morgan Cecily.Thornton-Sterns@sdcounty.ca.gov Maria.Morgan@pathways.com</p> <p>CYF Reps: Michael.Miller@sdcounty.ca.gov Frances.Cooper@sdcounty.ca.gov</p>
5	CYF Change Agents Developing Recovery Excellence (CADRE)	Meets quarterly-2 nd Thursday of the month-5095 Murphy Canyon Road, Suite 320, San Diego, CA 92123 from 1:30 to 3:00 P.M.	<p>Julie McPherson & Marissa Varond JMcPherson@comresearch.com Marisa.Varond@mcasterinc.com</p> <p>CYF Rep: Shannon.Jackson@sdcounty.ca.gov</p>
6	Cultural Competency Resource Team (CCRT)	Meets the 1 st Friday of the month- 6367 Alvarado Court Suite 105, San Diego CA 92120 from 10:00 to 11:30 A.M.	<p>Piedad Garcia and Charity White-Voth Piedad.Garcia@sdcounty.ca.gov Charity.White-Voth@sdcounty.ca.gov</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>

County of San Diego
Children, Youth and Families Behavioral Health System of Care Council (CYFBHSOCC)
Fiscal Year 2018-19 Sub-Committees/Groups

	SUB-COMMITTEE	MEETING DATE/LOCATION/TIME	LEAD (Co-Lead)
7	Family and Youth Sector	<p>Family Voice Town Hall Meeting Meets quarterly per region (North, South, East and Central). For more information email CYFLiaison@namisd.org or call (858) 987-2980</p> <p>Family Youth Focus Group Meets quarterly -1st qtr. meeting is on Sep 4th at 2pm Facebook Live. For future quarterly meeting dates see NAMI San Diego CYFL Newsletter @ cyfliaison.namisaniego.org/</p> <p>Family and Youth As Partners Meets the 3rd Thursday of the month- La Jolla Room from 2:00 to 3:30 P.M.</p>	<p>Renee Cookson ReneeCookson@namisd.org</p> <p>Valerie Hebert ValerieHebert@namisd.org CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>
9	Private Sector	Meets as an Ad Hoc group as projects/initiative arise	<p>Delrena Swaggerty dsaggerty@mhsinc.org</p> <p>CYF Rep: CYF COR's by Invitation</p>
10	Executive	Meets the 4 th Monday of the month- Conf. Call from 10:00-10:30 A.M.	<p>Dori Gilbert & Violeta Mora Dori.Gilbert@sdcounty.ca.gov viomora@sdcoe.net</p> <p>CYF Lead: Yael Koenig Grisel.Ortega@sdcounty.ca.gov</p>
11	Children's Mental Health Well Being Celebration	Begins in January of each year	<p>Renee Cookson ReneeCookson@namisd.org</p> <p>Valerie Hebert ValerieHebert@namisd.org</p> <p>CYF Rep: Edith.Mohler@sdcounty.ca.gov</p>
12	MHSA Annual Plan Ad Hoc	Begins approximately in May of each year to review the Annual MHSA Plan and provide input.	<p>A lead will be identified CYF Rep: Edith.Mohler@sdcounty.ca.gov Darwin.Espejo@sdcounty.ca.gov</p>

County Of San Diego

Children, Youth and Families Behavioral Health System of Care Council

Sub-Committees Point in Time Sector Representation

August 7, 2018

The Children Youth and Families Behavioral Health System of Care Council (CYFBHSOCC or the Council), is a four sector partnership which includes representatives of the public, private, family/youth, and education sectors. They may represent more than one sector.

Public: This includes, but is not limited, to entities that represent local government: San Diego County Health and Human Services Agency (HHSA): Behavioral Health Services, Behavioral Health Advisory Board, Child Welfare Services, HHSA regions, and Public Health Services. It also includes the County's Public Safety Group- Juvenile Probation Department, Juvenile Court; First 5 San Diego.

Private: Includes the Children's System of Care contracted providers. They are also organized with the Mental Health Contractors Association, Alcohol and Drug Providers Association, San Diego Non-Profit Association, Fee-For-Service Network, Healthcare-Pediatricians, Managed Care Health Plans and The San Diego Regional Center.

Family: Youth and families who have lived experience receiving or who have received services from agencies serving children, and/or parents/caregivers of individuals that are receiving or have received services from agencies serving children. This sector includes the CYF Family Youth Liaison.

Education: Representatives are usually also part of the Public Sector but represent Education. Constituencies represented in the Council are the Special Education Local Plan Area (SELPA), School Districts, Regular Education-Pupil Personnel Services, School Boards, Special Education, and the San Diego County Office of Education (SDCOE).

EXECUTIVE SUBCOMMITTEE | Co-Chairs: Violeta Mora and Dori Gilbert

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Aisha Pope	Heather Nemour	Heather Nemour	Renee Cookson
Angela Chen	Violeta Mora	Violeta Mora	Valerie Hebert
Julie McPherson	Yael Koenig		
Marisa Varond	Dori Gilbert		
Rosa Ana Lozada	Edith Mohler		
Autumn Weidman			
Delrena Swaggerty			

OUTCOMES SUBCOMMITTEE | Co-Chairs: Angela Chen and Julie McPherson

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Angela Chen	Yael Koenig	Yuka Sakamoto	Renee Cookson
Delrena Swaggerty	Eileen Quinn-O'Malley	Heather Nemour	
Rhaelynn Scherr	Amanda Lance-Sexton		
Julie McPherson	Rebecca Raymond		
Amy Chadwick			
Emily Trask			
Anh Tran			
Renee Cookson			
Laura Rogers			
Tiffany Lagare			

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CYF CADRE SUBCOMMITTEE | Co-Chairs: Julie McPherson and Marisa Varond

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Julie McPherson			
Marisa Varond	Eileen Quinn-O'Malley		
Carolyn Argote-Bertely	Louise Zavala		
Cynthia Ayon	Shannon Jackson		
Mary Ellen Baracer			
Edgar Capacio			
Michael Cordova			
Claudia Covarrubias			
Adrian Del Rio			
Kristin Dillinger			
Yen Du			
Phil Emhrein			
Trena Ensign			
Veronica Ephraim			
Isela Forward			
Jennifer Galvis			
Elizabeth Garcia			
Janeth Garcia			
Dori Gilbert			
Cosme Gomez			
Hope Graven			
Terri Hagmann			
Pamela Jacobs			
Cynthia Jauregui			
Deanna Jimenez			
Jennifer Johnson			
Monet Johnson			
Jan Kren			
John Laidlaw			
Arlyn Leal-Olmos			
Michelle Ly			
Markov Manalo			
Vanessa Martinez			
Mareeh Claire Marquez			
Kelly McCullough			
Michael Miller			
George Montoya			
Christina Powell			
Mary Puntenney			
Blanca Reyes			
Julia Ris			
Laura Rogers			
Jacqueline Rosas			
Karlo Roshnaye			
Ervey Salinas			
Rhaelynn Scherr			
Bill Simpson			
Stephanie Smith			
Alejandra Sosa			
Roberto Suarez			
Zugieel Torres			
Sarah Welsh			
Maryum Zappier			

EARLY CHILDHOOD SUBCOMMITTEE | Co-Chairs: Aisha Pope and Autumn Weidman

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Aisha Pope	Evette Callahan	Janelle Kistler	Debbie Stolz
Autumn Wiedman	Donna Erfe-Beltran	Hannah Sweet	Linda Ketterer
Ginger Bial	Rhonda Freeman	Evette Callahan	Valerie Hebert
Lea Bush	Dr. Jeff Rowe		
Sade Carswell	Dr. Laura Vleugels		
Lily Cosico-Berge	Ana Mendez		
LaTysa Flowers	Shannon Jackson		
Ali Freedman			
Dr. Pradeep Gidwani			
Erin Taylor			
Jeanne Gordon			
Oscar Gomez			
Jennifer Kennedy			
Linda Ketterer			
Rosa Ana Lozada			
Kimberly Magdaluyo			
Christina Moran			
Ashley Rambeau			
Holly Younghans			
Jorge Cabrera			
Dr. Sherry Casper			
Andrea Gonzalez			
Terry Aperule			
Amy Zeitz			
Rose Woods			
Valerie Hebert			
Kim Flowers			
R. Pittsley			
Valerie Brew			
Izzy Shine			
J. Kistler			
Angela Stark			

EDUCATION SUBCOMMITTEE | Chair: Mara Madrigal-Weiss

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Pam Hansen	Mara Madrigal-Weiss	Mara Madrigal-Weiss	
	Cara Schukoske	Cara Schukoske	
	Heather Nemour	Heather Nemour	
	Violeta Mora	Violeta Mora	
	Stacy Musso	Stacy Musso	
	Yuka Sakamoto	Yuka Sakamoto	
	Aidee Angulo	Aidee Angulo	
	Fran Cooper		

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FAMILY & YOUTH AS PARTNERS SUBCOMMITTEE | Co-Chairs: Renee Cookson and Edith Mohler

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Renee Cookson	Edith Mohler	Heather Nemour	Renee Cookson
Linda Ketterer	Rebecca Raymond		Linda Ketterer
Carrie Kintz	Heather Nemour		Valerie Hebert
Susan McCoy	Dorothy Thrush		Susan McCoy
Celeste Hunter	Sally Saluta		Darron Jones
Rosa Ana Lozada	Janie Regier		
Valerie Hebert			
Darron Jones			
Nikoo Sadatrafi			

CULTURAL COMPETENCE RESOURCE TEAM (CCRT) | Co-Chairs: Piedad Garcia and Charity White-Voth

PRIVATE	PUBLIC	EDUCATION	FAMILY/YOUTH
Shadi Haddad	Piedad Garcia	Juan Camarena	Leo Pizarro
Mahvash Alami	Edith Mohler	Minola Clark Manson	Celeste Hunter
Laura Andrews	Charity White-Voth	Rick Heller	Mercedes Webber
Patrice Baker	Nilanie Ramos		
Dixie Galapon	Elizabeth Dauz		
Elisa Barnett	Ann Vilmenay		
Michelle Ly	Liz Miles		
Jama Mohamed	Nancy Rodriguez		
Mercedes Webber	Nicole McAleer		
Kat Katsanis-Semel	Jennifer Santos		
Rebecca Paida			
Rick Heller			
Celeste Hunter			
Leo Pizarro			
Josh Zhang			
Awichu Akwanya			
Celeste Hunter			

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**FY2018-2019
CHILDREN, YOUTH AND FAMILIES BEHAVIORAL HEALTH SYSTEM OF CARE COUNCIL
(CYFBHSOCC)/ REPORTING SCHEDULE**

2nd Monday of each month from 9-10:30 A.M.

Scottish Rite Center– 1895 Camino Del Rio S, San Diego, CA 92108- Shell Room

*(meeting at alternate location as needed)

July 9, 2018

STRATEGIC PLANNING MEETING

End of FY Accomplishments & New FY Goals– Due

August 13, 2018– DARK

CYF Council Member Orientation

September 10, 2018

CYF Liaison/ QI-QM/ CADRE

***October 8, 2018**

JOINT CYF/TAY/AOA MEETING- Hosted by AOA

November 12, 2018

CCRT/TIS/Outcomes

December 10, 2018– DARK

January 14, 2019

Early Childhood/Education Advisory/QI-Management Information Systems (MIS)

February 11, 2019

TAY/CSOC Academy/QI-Performance Improvement Team (PIT)

March 11, 2019

CYF Liaison/QI– QM/CADRE/CCRT

April 8, 2019

JOINT CYF/TAY/AOA MEETING- Hosted by CYF

May 13, 2019

TIS/Outcomes/Early Childhood/Education Advisory/QI-Management Information Systems (MIS)

June 10, 2019

TAY/CSOC Academy/QI-Performance Improvement Team (PIT)

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

MEETING MINUTES

May 14, 2018 – 9:00-10:30 A.M.

Scottish Rite – Shell Room -1895 Camino del Rio South, San Diego CA 92108

+ = Member in Attendance O = Absent E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Rebecca Hernandez	O	Bill Stewart	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Jeffrey Rowe	+
3	Public Safety Group/ Probation	VACANT		Tim Hancock	O
4	Child Welfare Services (CWS)	Cathi Palatella	O	Alice Kennedy	O
5	HHSA Regions	Dori Gilbert	+	Jennifer Sovay	O
6	Public Health	Dr. Thomas R. Coleman	O	Rhonda Freeman	+
7	Juvenile Court	H. Judge Kimberlee Lagotta	O	Michelle Johnson	O
8	First 5 Commission	Alethea Arguilez	O	Dulce Cahue-Aguilar	+
EDUCATION SECTOR					
9	Special Education Local Plan Area (SELPA)	Cara Schukoske	+	VACANT	
10	Regular Education Pupil Personnel Services	Heather Nemour	O	Mara Madrigal-Weiss	O
11	School Board	Barbara Ryan	E	Sharon Whitehurst-Payne	O
12	Special Education	Aidee Angulo	O	Yuka Sakamoto	+
PRIVATE SECTOR					
13	San Diego Regional Center (SDRC) for Developmentally Disabled	Carlos Flores	O	Peggy Webb	+
14	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	Marisa Varond	+
15	Mental Health Contractors Association	Steve Jella (Jamie Thomas)	O	Barent Mynderse	+
16	Mental Health Contractors Association	Angela Chen	+	Delrena Swaggerty	+
17	San Diego Nonprofit Association (SDNA)	Margaret Iwanaga Penrose	O	Rosa Ana Lozada	+
18	Fee- For-Service Network	Dr. Sherry Casper	O	VACANT	
19	Managed Care Health Plan	George Scolari	E	Rogelio Lopez	O
20	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	O		
FAMILY AND YOUTH SECTOR					
21	Family and Youth Liaison	Renee Cookson	+	Angelina Carpenter	+
22	Caregiver of child/youth	Debbie Stolz	+	VACANT	

	served by the Public Health System				
23	Youth served by the Public Health System (up to age 26)	Emma Rodriguez	O	Oniric Cirino (Alice Kellogg)	O
24	Youth served by the public health system (up to age 26)	Travis Webster	O	Micaela Cunningham	+
SUB-COMMITTEES (Non-voting members unless a member of the Council)					
-	Outcomes Committee	Angela Chen	+		
-	Executive Committee	Violeta Mora	+		
-	Early Childhood Committee	Aisha Pope/ Jennifer Kennedy	+/+		
-	Education Committee	Heather Nemour	+		
-	CYF CADRE	Julie McPherson/ Marisa Varond	+/+		
-	Family and Youth as Partners	Renee Cookson	+		

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

I. Welcome and Introductions (Renee Cookson)

II. Approval of Minutes (Violeta Mora)

- Review of action items from the March 12, 2018 meeting (Yael Koenig)
- The March 12, 2018 meeting minutes were approved with the following change:
 - ✓ Action item date for "Provide an update on the GOALS MOU", was changed from "TBD" to "June 9, 2018 CYF Council meeting".

III. Business Items (Yael Koenig)

- Final HHSA/BHS Ten Year Roadmap
 The annual update of the HHSA/BHS Ten Year Roadmap has been completed as of April 25, 2018. This document was originally approved by the Board of Supervisors on July 2016. The Roadmap outlines a strategic plan which seeks to address the most serious behavioral health issues affecting San Diego County over the next ten years. Annual updates incorporate new priorities from community stakeholders and HHSA/BHS leadership. Below are the 12 Priorities for Fiscal Year 2017-18. Each priority is guided by a Ten Year Vision with Strategies that outline efforts to accomplish the Vision:
 - Aging population
 - Care Coordination
 - Children and Youth Population
 - Crisis Services
 - Homeless Population
 - Justice Involved Population
 - Long Term Care
 - Organized Delivery System for Substance Use Disorders
 - Prevention
 - Suicide Prevention
 - Unserved and Underserved Populations
 - Workforce
- All HHSA/BHS Ten Year Roadmap relevant documents, including Year One Accomplishments, can be found at: <http://sandiego.networkofcare.org/mh/content.aspx?cid=261>. : This link was disseminated via e-mail on May 2, 2018.
- May is Mental Health Month (handout)
 Several activities have been planned, including the 4th Annual Children's Mental Health Well Being celebration held on May 2, 2018 in Azalea Community Park. This celebration was hosted by the NAMI San Diego, Children, Youth and Family Liaison. The event featured resource tables, live performances, various children's activities, opportunity drawing prizes and a hands-on artwork project that will be displayed in a County facility. More information about upcoming events can be found in the May is Mental Health Month Calendar at: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs.htm>.
- Annual School Summit-Save the Date-October 12, 2018 (Handout)
 San Diego County Office of Education (SDCOE) and HHSA are hosting the Annual School Summit on October 12, 2018 (handout). CYF providers will be hosting resource tables.
- Council membership

- ✓ The CYF Council membership representation is being assessed. Constituencies with vacant positions and or members/alternates due for rotation will be contacted. The new term begins July 2018.
- ✓ The Family Sector will finish its current co-chair term on June 30, 2018. The Education Sector co-chair term ends in June 2019. It is the Public Sector's turn to co-chair from July 2018 to June 30, 2020. Public Sector membership will be contacted for nominations.
- ✓ CYF Council Orientation is scheduled for August 13, 2018 (separate handout)
- Updated Children's System Of Care (CSOC) Principles unveiling (Delrena Swaggerty)
 An Ad Hoc subcommittee representing all sectors reviewed and updated the Children's System of Care Principles (10/31/2016) document. Delrena made a special unveiling recognizing all subcommittee members.
 - ✓ The proposed Children, Youth and Families Behavioral Health System of Care Council Mission, Vision, and Principles, including adding a tenth Principle, "Persistence", were reviewed and approved by the BHS Director prior to the unveiling.
- Strategic Planning Meeting (Handout)
 The annual CYF Council Strategic Planning Meeting is tentatively scheduled for either June 11 or July 9, 2018.
 - ✓ The meeting packet included a handout to collect recommendations on format, ideas, and topics for the Fiscal Year 2017-18 Strategic Planning meeting.
 - ✓ Meeting attendees expressed the need to learn from other systems (system navigation) and suggested an expert panel representing different systems/areas. Systems recommended include:

Hospitals	First 5 Commission
Probation	Navigating Insurance (Eligibility)
Public Health	Regional Center
Education	Domestic Violence/sexual assault
Faith Based	Deaf Community Center
 - ✓ Additionally, it was recommended to include the family perspective by using role play through a vignette.
 - ✓ As one of the FY 2018-19 goals, a new Ad Hoc subcommittee was recommended to develop an inter-agency resource list of all Mental Health Services offered by the County of San Diego.
- Next Fiscal Year Meeting place/amenities
 Meeting attendees agreed to continue having the CYF Council monthly meetings at the Scottish Rite Center and having coffee available at the meetings.

IV. Mental Health Services Act (MHSA) (Martin Dare)

- Cycle 5 Innovation Funds for Community Program Planning for Innovation Projects: "Human Centered Design"
 The Mental Health Services Oversight and Accountability Commission (MHSOAC) approved funding for the "Human Centered Design" to improve future innovation project designs through in depth client feedback during the development process, preferably using the most current technology. The process includes the following elements:
 - ✓ Empathy
 - ✓ Define
 - ✓ Ideate
 - ✓ Prototype
 - ✓ Test
- This new process is expected to be implemented between September 2018 and February 2019, independent from all community engagement activities. Request for Quotation was issued on May 4, 2018 and is due on May 25, 2018.

V. Sectors "Hot Topics"

Educationally Related Mental Health Services (ERMHS) (PowerPoint disseminated)

Presentation provided by Cara Schukoske, Executive Director for Special Education Services

Presentation highlights

- ERMHS Transition from Counties to Education
 The Fiscal Year 2011-12, Assembly Bill (AB) 114 eliminated all statute and regulations related to AB 3632. The bill transferred all responsibility and funding for ERMHS from County mental health services to Education.
- ERMHS Assessments

- Designed to ensure a child's access to education by first assessing and then addressing their specific mental health needs.
 - ✓ Each referral requires input from the child's parents, educators, therapist(s) and observation of a child's educational environment.
 - ✓ In general, a child initially qualifies for Special Education first and later for ERMHS, but they can run concurrently.
 - ✓ Parent/guardians, educators or anyone can refer a child for an ERMHS assessment.
 - ✓ "Child Find" requires schools to assess students that may be exhibiting the need of ERMHS.
- ERMHS includes:
 - ✓ Assessments conducted by a school-mandated psychologist, counselor, LCSW or LMFT.
 - ✓ Can be provided by school staff or contracted staff.
 - ✓ Services under ERMHS include:
 - Psychological services
 - Social Work services
 - School Nurse services
 - Counseling services.
- Continuum of ERMHS
 Follow-up services also include general curriculum assistance, special education programs/services and residential treatment services, among others.
 - ✓ Residential treatment for a child is offered only if it is necessary to meet the student's educational needs.
 - ✓ Drug treatment and medical needs are not covered by ERMHS.
- ERMHS Discussion highlights
 - ✓ A student may be eligible for ERMHS assessments/services but not necessarily Special Education.
 - ✓ Contacting the child's school is the best way to reach an ERMHS program coordinator.
 - ✓ ERMHS processes vary from school/Districts.
 - ✓ Further discussion regarding ERMHS is scheduled for the June 11, 2018 CYF Council meeting.

VI. Sub-Committee Update Reports (See meeting handouts for full report) (Violeta Mora)

- Early Childhood (Aisha Pope and Jennifer Kennedy)
 - ✓ Supporting Caregivers- 3 minutes video (pending)
- Education Advisory (Heather Nemour)
- QI-Performance Improvement Team (PIT) (Liz Miles)
- CYF Liaison (Renee Cookson)
 - ✓ 4th Annual Children's Mental Health Well-Being Celebration

VII. Announcements

- Submit Behavioral Health Education and Training Academy (BHETA) training topic or conference topic suggestions to Rose Woods at: rwoods@sdsu.edu.

VIII. Director's Report (Alfredo Aguirre)

- State Level
 The 2018-19 May Revision to the Governor's Budget was released on May 11, 2018. Budget highlights include:
 - ✓ The May Revision reflects the receipt of \$8 billion higher in revenues through Fiscal Year 2018-19 compared to the January Budget. From this amount the state must pay for higher program costs and ongoing commitments like Medi-Cal, Cal Grants, foster care reform, etc. With the remaining funds, the state proposes nearly \$4 billion in one-time General Funds to be used to address long standing infrastructure needs, homelessness, and mental health:
 - Infrastructure (\$2 billion)
 - No Place like Home: The May Revision proposes placing the No Place Like Home program on the November 2018 ballot, which allocates \$2 billion from MHSA funds to provide housing for individuals who are in need of mental health services and are experiencing homelessness or are at risk of homelessness.
 - Homelessness: (\$359 million)
 - Mentally Ill Outreach and Treatment: The May Revision proposes a one-time augmentation of \$50 million for multidisciplinary teams to support intensive outreach, treatment and related services for homeless persons with mental illness.

- May Revision proposes emergency funds to create a one-time Homelessness Emergency Aid block grant of \$250 million administered through Continuums of Care; federal Housing and Urban Development (HUD) designations for cities, counties or joint powers authorities that declare a local shelter crisis and identify city-county coordination. Grants can be used for emergency housing vouchers, rapid rehousing emergency shelter construction, and use of armories to provide temporary shelters among other activities.
- Mental Health (\$312 million)
 - Children's Mental Health Mandate Repayment: The May Revision includes repayment of approximately \$254 million plus interest for repealed state mandates related to services provided by counties to seriously emotionally disturbed children (AB 3632). The costs were incurred by counties between 2004 and 2011. The Administration expects counties to use this funding for early intervention and prevention of mental health services for youth, with an emphasis on teens.
 - Graduate Medical Education: May Revision proposed an increase of \$55 million one-time General Fund to support psychiatric graduate medical education programs serving Health Professionals Shortage Areas or Medically Underserved Areas in rural portions for the state.
- ✓ Other May Revision Budget Highlights:
 - California Work Opportunity and Responsibility to Kids (CalWORKs) Housing Support Program:
 A \$24.2 million budget increase to help CalWORKs families secure permanent housing. With an additional augmentation in Fiscal Year 2019-20, the total program funding increase from \$47 million to \$95 million annually.
 - CalWORKs Homeless Assistance Program: An increase in the daily payment rates to temporarily assist families that are homeless or face eminent eviction.
 - Increase funding by \$10 million through the California Office of Emergency Services for additional domestic violence service providers for projects that include emergency "safe" homes or shelter for victims and their families.
 - One-time funding of \$1 million through the California Office of Emergency Services to augment the Homeless Youth and Exploitation Program for homeless and exploited youth shelters that serve unaccompanied minors.
 - Increase of \$13.4 million Temporary Assistance for Needy Families (TANF) in Fiscal Year (2018-19) to provide caregivers with up to six months of emergency assistance payments pending approval as a resource family. Beginning in Fiscal Year 2019-20, and annually thereafter, emergency assistance payments will be available for up to three months, as local child welfare agencies and Probation departments are expected to eliminate the backlog and complete the resource family approval process within three months of application receipt.
 - Continuum of Care Reform (CCR) receives a budgetary increase of \$56 million by January 2019.

More information at: <http://www.ebudget.ca.gov/2018-19/pdf/Revised/BudgetSummary/HealthandHumanServices.pdf>
<http://www.ebudget.ca.gov/home.php>

- HHSA May Revision 18-19 Emailed to council on 6/8/18
- Local Level
 San Diego County may revise the Fiscal Year 2019-20 budget.

IX. Action Items

Action Items	Action By	Action Due
<ul style="list-style-type: none"> • Present the revised CYF System of Care Vision, Mission and Principles to the CYF Council. 	<ul style="list-style-type: none"> • Delrena Swaggerty 	<ul style="list-style-type: none"> • Completed on May 14, 2018 at CYF Council meeting.
<ul style="list-style-type: none"> • Provide an update on the GOALS MOU. 	<ul style="list-style-type: none"> • Mara Madrigal-Weiss 	<ul style="list-style-type: none"> • June 11, 2018 CYF Council meeting.
<ul style="list-style-type: none"> • Educationally Related Mental Health Services (ERMHS) presentation. 	<ul style="list-style-type: none"> • Cara Schukoske 	<ul style="list-style-type: none"> • Presentation completed May 14, 2018 CYF Council meeting. Cara Schukoske

<ul style="list-style-type: none"> • Accessing and Leveraging Families Rights to Education (AlfrEDU) • SchoolLink preview. • Project Cal-Well-Mental Health Update. 	<ul style="list-style-type: none"> • Renee Cookson • Aidee Angulo and Julie McPherson • Heather Nemour 	<p>agreed to continue the conversation at the June 11, 2018 CYF Council meeting.</p> <ul style="list-style-type: none"> • Rescheduled to the June 11, 2018 CYF Council meeting. • September 10, 2018 CYF Council meeting • June 11, 2018 CYF Council meeting.
<ul style="list-style-type: none"> • Provide suggestions of panel members/presenters for the upcoming Strategic Planning Meeting to Grisel Ortega at Grisel.Ortega@sdcounty.ca.gov 	<ul style="list-style-type: none"> • Everyone 	<ul style="list-style-type: none"> • June 1, 2018. • To generate input will disseminate a structured survey on June 11, 2018 CYF Council meeting.
<ul style="list-style-type: none"> • Fiscal Year 2018-19 CYF Council goal recommendation: Develop a County inter-agency resource list of behavioral health services. 	<ul style="list-style-type: none"> • New Ad Hoc Sub-Committee 	<ul style="list-style-type: none"> • Fiscal Year 2018-19. • Need sector lead
<ul style="list-style-type: none"> • Sub-Committee Update: Early Childhood video: Supporting Caregivers pending from the May 14, 2018 CYF Council meeting. 	<ul style="list-style-type: none"> • Aisha Pope and Jennifer Kennedy 	<ul style="list-style-type: none"> • June 11, 2018 CYF Council meeting.

Next CYF Council Meeting: June 11, 2018, 9:00-10:30 A.M. @ Scottish Rite – Shell Room

Sub-Committees/Sectors/Workgroups Meetings Information:

Outcomes: Meets the 1st Tuesday of the month- 3255 Camino del Rio South, San Diego CA 92108 in La Vista Room- from 11:30 A.M. to 1:00 P.M.

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

Education Advisory Ad Hoc: Meets As Needed.

TAY Council: Meets the 4th Wednesday of the month-3860 Calle Fortunada, San Diego, CA 92123 (Directions at: <https://binged.it/29IQQ4W>) from 3:00 to 4:30 P.M.

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

CCRT: Meets 1st Friday of the month at the Health Services Complex-3851 Rosecrans Street, San Diego, CA 92110 from 10:00 to 11:30 A.M.

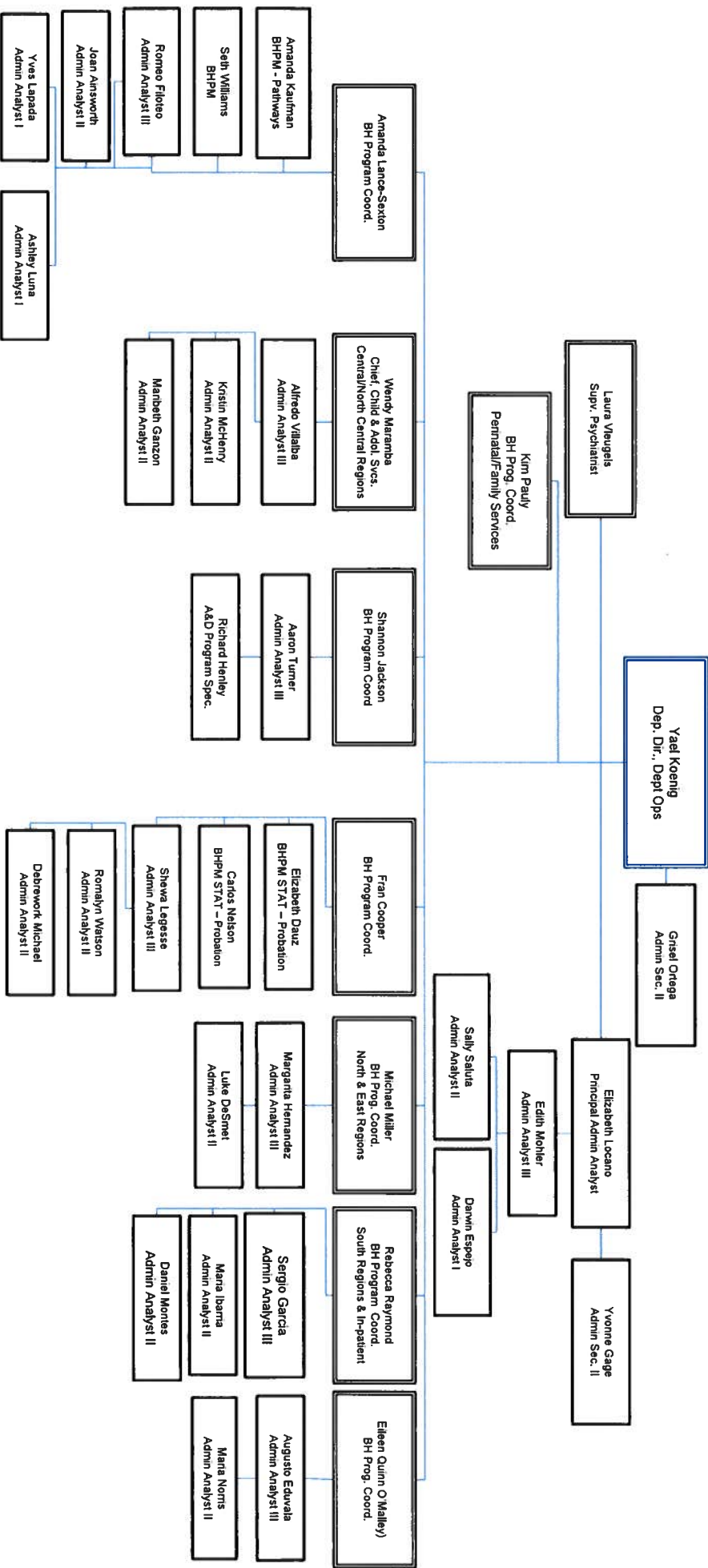
Family and Youth Sector: Meets the 4th Thursday of the month at 8964 N Magnolia Street, Santee, CA 92071 from 6:30 to 8:00 P.M.

Family and Youth as Partners: Meets the 3rd Thursday of the month at 3255 Camino del Rio South, San Diego CA 92108 in Del Mar Room from 2:00 to 3:30 P.M.

Private Sector: Meets As Needed.

Behavioral Health Services

Children, Youth and Families System of Care



Children, Youth and Families (CYF) Behavioral Health Services



Provider Resource Manual

Available on line at:

<http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/CYF/CYFBHSPRMJanuary2017.pdf>



HHSA



LIVE WELL
SAN DIEGO

Children, Youth and Families Administrative Team

Yael Koenig, Deputy Director
Dr. Laura Vleugels, Supervising Psychiatrist
Dr. Jeff Rowe, Juvenile Forensic Services
Supervising Psychiatrist

(619) 563-2773
(619) 563-2715

County of San Diego Program Coordinator

Fran Cooper
Shannon Jackson
Amanda Lance-Sexton
Eileen Quinn-O'Malley
Wendy Maramba
Mike Miller
Kim Pauly
Rebecca Raymond

(619) 584-5030
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(619) 563-2722
(619) 584-5046
(619) 584-5076
(619) 563-2787
(619) 563-2711
(619) 584-3011

The County of San Diego, Health and Human Services Agency Behavioral Health Services administers Children, Youth and Families Behavioral Health Services. This provider resource manual describes the services currently funded by the County of San Diego, which include County operated and contracted programs.

P.O. BOX 85524
SAN DIEGO, CA 92186-5524
PHONE (619) 563-2750
FAX (619) 563-2775

Access and Eligibility for Services

County funded Behavioral health services are intended for children and adolescents who are either experiencing a behavioral health crisis (such as depression, suicidal thoughts, extreme anxiety, substance abuse/dependence) or who require behavioral health services in order to function in school, at home or in the community. Generally services are offered for the Medi-Cal beneficiaries and low income up to age 21. All services are rendered without regard to race, color, creed, or disability. Individuals and professionals may make direct contact with any of the resources listed in this manual. ***However, it should be noted that, in some cases, access to services is managed through specific procedures and may be limited to certain special populations.*** Where possible, this information has been included in this manual. If in doubt about eligibility or how to access services, please contact the Access and Crisis Line at (888) 724-7240.

Access to Language Services

Clients have a right to free language assistance in a language they understand. Clients shall be provided interpreter services as a part of their therapeutic services. However clients have the option to choose or use a family member or a friend as an interpreter. The client/family are not expected to provide their own translator. All Behavioral Health programs have access to translators.



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
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ALFREDO AGUIRRE
DIRECTOR, BEHAVIORAL HEALTH SERVICES

January, 2017

Welcome to San Diego County's Health and Human Services Agency (HHS) Behavioral Health Services (BHS) Children, Youth and Families (CYF) System of Care (SOC).

The eLearning you will receive today provides an overview of the Children, Youth and Families System of Care.

The intent of this training is to facilitate the understanding of the CYF SOC philosophy and guiding principles. The training provides an overview of the array of services offered to support children, youth and their families and how we work together with other entities within and outside of the County of San Diego.

Behavioral Health Services provides a continuum of mental health and alcohol and drug services for communities of all ages embracing the *Live Well San Diego* vision: A region that is Building Better Health, Living Safely and Thriving.

Behavioral Health Services promotes resiliency, discovery, and well-being for children and youth. This is achieved through prevention and treatment that it is focused on offering culturally competent, individualized, trauma informed, community based, collaborative, outcomes driven, strength based, youth guided and family driven services.

Jointly, we work to ensure that children and youth in our community are healthy, safe, successful in school, and are law abiding while they live in a community that supports them with strong family connections.

You play an important role in helping achieve the CYF SOC goals. This training will facilitate the understanding of how you contribute to a legacy of quality care that is responsive to the needs of the diverse communities in this county.

I hope that you will enjoy this training while learning about our system.

Yael KOENIG, LCSW, Deputy Director

Children, Youth and Families System of Care
Behavioral Health Services

A BHS Children Youth and Families System of Care eLearning is available on the BHETA website and can be accessed by logging to the BHETA Learning Management System (LMS) and searching code BHE0028.

HHSA TEN YEAR ROADMAP BEHAVIORAL HEALTH SERVICES

In July 2016, Health and Human Services Agency (HHSA)/Behavioral Health Services (BHS) presented the Ten Year Roadmap – a major endeavor which seeks to address the most serious behavioral health issues affecting San Diego County over the next ten years. The goal of the Roadmap is to guide BHS planning to provide quality behavioral health services and to empower individuals with behavioral health needs to live healthy, safe and thriving lives. The Roadmap is a dynamic, living document, updated annually to incorporate new priorities from our community partners and HHSA/BHS leadership.

OUR VISION, MISSION AND VALUES	OUR GUIDING PRINCIPLES	OUR COMMITMENT
<p>Vision: <i>Live Well San Diego</i> – A region that is Building Better Health, Living Safely and Thriving</p> <p>Mission: To efficiently provide public services that build strong and sustainable communities</p> <p>Values: Integrity – Stewardship – Commitment</p>	<p>Promote Recovery, Resiliency, Discovery and Well-Being; Provide Trauma-Informed and Culturally Competent Services; Collaborate with Partners, Stakeholders and the Community; Maximize Funding; Make Data Driven Decisions; Ensure Regulatory Compliance; Utilize Evidence Based/Informed Practices; Embrace Diversity and Inclusion</p>	<p>Work in partnership with our communities to provide quality behavioral health services that empower individuals with behavioral health needs to live healthy, safe and thriving lives.</p>

The table below outlines the **12 Priorities** for Year Two (Fiscal Year 2017-18) which are listed in alphabetical order. Each **Priority** is guided by a **Ten Year Vision** with clear **Strategies** that outline our efforts to accomplish that Vision.

BHS TEN YEAR ROADMAP PRIORITIES * VISION STATEMENTS * STRATEGIES Fiscal Years 2016-2026	
<p>Aging Population</p> <ul style="list-style-type: none"> ○ Vulnerable older adults with serious mental illness receive integrated, geographically accessible, age-appropriate services to address their complex needs. <ul style="list-style-type: none"> ◆ Support caregivers in their role and prevent the onset or progression of their mental health conditions by educating and connecting them to resources. ◆ Continue and expand training of geriatric specialist staff to include early identification of cognitive deficits in older adults receiving treatment in mental health programs. <p>Care Coordination</p> <ul style="list-style-type: none"> ○ Persons with serious mental health and/or substance use disorders have all needs met in a timely manner through an integrated continuum of care. <ul style="list-style-type: none"> ◆ Apply whole person-centered principles to intensify and further develop care coordination models that are tailored to the needs and level of care for the individual. ◆ Promote integration of Whole Person Wellness by advancing relationships with the community to support health, housing and human services, including private, public, family, consumer and education partners. ◆ Utilize and broaden the use of various IT systems, including ConnectWellSD and San Diego Health Connect, to promote care coordination and to offer those in need of services innovative platforms including digital solutions. 	<p>Children and Youth Population</p> <ul style="list-style-type: none"> ○ Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families. <ul style="list-style-type: none"> ◆ 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. ◆ 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. ◆ Strengthen partnerships with children/youth's circle of influence to create a supportive environment. <p>Crisis Services</p> <ul style="list-style-type: none"> ○ All persons experiencing a psychiatric emergency have access to timely and appropriate services to ensure their safety and that of the community. <ul style="list-style-type: none"> ◆ Develop a service model that ensures timely, trauma-informed, culturally-competent crisis intervention services while considering the unique needs across the lifespan. ◆ Utilize community-based, peer-driven and family-informed crisis intervention models to reduce the reliance on law enforcement intervention and emergency department utilization. ◆ Ensure all crisis centers can serve as a point of entry in the full continuum of care. <div data-bbox="1307 1816 1547 1917"> <p>Priority</p> <ul style="list-style-type: none"> ○ Ten Year Vision ◆ Strategy </div>

Strategies will be continuously refined with input from the annual BHS Community Engagement Forums, as well as other Stakeholder meetings, and are dependent on funding availability and/or new and changing laws and regulations.

HHSA TEN YEAR ROADMAP BEHAVIORAL HEALTH SERVICES

Homeless Population

- All persons with serious mental health and/or substance use disorders who are experiencing homelessness have treatment and housing to support their recovery.
- ◆ Ensure the appropriate level of care for persons experiencing homelessness and implement an array of housing options that promote community integration.
- ◆ Work in partnership with housing authorities and developers to acquire permanent supportive housing.
- ◆ Reduce stigma through education, as well as incentivize and collaborate with landlords to increase housing inventory.

Justice-Involved Population

- Persons with serious mental illness or substance use disorders who are justice-involved have access to integrated treatment and supportive services to increase public safety and reduce recidivism.
- ◆ Increase access and connectivity between the justice system and behavioral health to ensure clients are receiving the appropriate level of care.
- ◆ Deliver best practice services demonstrated to improve wellness and reduce recidivism for justice-involved individuals, including those transitioning from custody to the community.
- ◆ Evaluate impact and pursue process improvement using standard data and definitions to improve outcomes and support recovery.

Long-Term Care

- Persons receiving treatment for serious mental illness in long-term care settings successfully reintegrate into the community.
- ◆ Support recovery in the least restrictive level of care.
- ◆ Strengthen existing transitional step-down care to maximize the individual's reintegration into the community.
- ◆ Evaluate and develop preventative treatment and housing strategies to minimize the need for long-term care.

Organized Delivery System for Substance Use Disorders

- An integrated, whole person system of care that utilizes best practices based on an individual's specific needs and within the appropriate level of care to promote successful recovery.
- ◆ Support those on the recovery journey by implementing best practices to increase access, ensure treatment effectiveness and improve outcomes.
- ◆ Promote a culture of acceptance for persons needing services.
- ◆ Advocate for federal legislative change to allow for appropriate, timely sharing of vital health information to optimize quality care.

Prevention

- All persons are connected within their community and empowered to take action before there is a need.
- ◆ Pursue policy and community change to ensure all persons live in an environment free of substance use harm.
- ◆ Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health and/or substance use issues.
- ◆ Foster communities free of stigma in which persons affected by mental health and/or substance use issues are able and willing to seek services.

Suicide Prevention

- There are zero suicides in San Diego County.
- ◆ Foster an ongoing expectation of organizations to implement zero suicide strategies.
- ◆ Advance goals consistent with the recommendations from the San Diego County Zero Suicide Strategic Plan.
- ◆ Leverage innovative methods to measure the impact of prevention and intervention strategies.

Unserved and Underserved Populations

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

Workforce

- Our system of care has a skilled, adaptive and diverse workforce that meets the needs of those we serve.
- ◆ Advocate for policies and processes that establish innovative recruitment, hiring and retention of a skilled and diverse workforce.
- ◆ Pursue team based care and innovative workforce solutions to increase access, improve outcomes and increase efficiency.
- ◆ Develop a career ladder for assisting individuals with lived experience in competitive employment as well as designated peer positions.

Priority

- Ten Year Vision
- ◆ Strategy

The Ten Year Roadmap can be found on the Behavioral Health Services Network of Care: www.sandiego.networkofcare.org/mh (click on Ten Year Roadmap)

Strategies will be continuously refined with input from the annual BHS Community Engagement Forums, as well as other Stakeholder meetings, and are dependent on funding availability and/or new and changing laws and regulations.

HHSA Ten Year Roadmap Behavioral Health Services

Accomplishments: Year One

In July 2016, Health and Human Services Agency (HHSA)/Behavioral Health Services (BHS) presented the Ten Year Roadmap – a major endeavor which seeks to address the most serious behavioral health issues affecting San Diego County over the next ten years. The goal of the Roadmap is to guide BHS planning to provide quality behavioral health services and to empower individuals with behavioral health needs to live healthy, safe and thriving lives. The Roadmap is a dynamic, living document, updated annually to incorporate new priorities from our community partners and HHSA/BHS leadership.

OUR VISION, MISSION AND VALUES	OUR GUIDING PRINCIPLES	OUR COMMITMENT
<p>Vision: <i>Live Well San Diego</i> – A region that is Building Better Health, Living Safely and Thriving</p> <p>Mission: To efficiently provide public services that build strong and sustainable communities</p> <p>Values: Integrity – Stewardship – Commitment</p>	<p>Promote Recovery, Resiliency, Discovery and Well-Being; Provide Trauma-Informed and Culturally Competent Services; Collaborate with Partners, Stakeholders and the Community; Maximize Funding; Make Data Driven Decisions; Ensure Regulatory Compliance; Utilize Evidence Based/Informed Practices; Embrace Diversity and Inclusion</p>	<p>Work in partnership with our communities to provide quality behavioral health services that empower individuals with behavioral health needs to live healthy, safe and thriving lives.</p>

The table below outlines the **Accomplishments** for the Roadmap in Year One (Fiscal Year 2016-17) as related to **12 Priorities**. Each **Priority** is guided by a **Ten Year Vision** with clear **Strategies** that outline our efforts to accomplish the Vision. The Ten Year Roadmap and Year One Accomplishments can be found on the Network of Care: www.sandiego.networkofcare.org/mh (click on **HHSA/BHS Ten Year Roadmap**).

TEN YEAR ROADMAP ACCOMPLISHMENTS: YEAR ONE <i>Fiscal Year 2016-17</i>	
<p>Aging Population</p> <ul style="list-style-type: none"> ○ Vulnerable older adults with serious mental illness receive integrated, geographically accessible, age-appropriate services to address their complex needs. <ul style="list-style-type: none"> ◆ Support caregivers in their role and prevent the onset or progression of their mental health conditions by educating and connecting them to resources. <ul style="list-style-type: none"> ➤ Expanded the Caregivers of Alzheimer’s Disease and other Dementia Clients Support Services program countywide to provide prevention and early intervention services which educates and connects caregivers to mental health resources and training, serving 302 caregivers who reported 97% satisfaction in classroom training ◆ Continue and expand training of geriatric specialist staff to include early identification of cognitive deficits in older adults receiving treatment in mental health programs. <ul style="list-style-type: none"> ➤ Held two geriatric training academies with 37 graduated ➤ Held two geriatric trainings specific to hoarding and sexuality with 26 in attendance <p>Care Coordination</p> <ul style="list-style-type: none"> ○ Persons with serious mental health and/or substance use disorders have all needs met in a timely manner through an integrated continuum of care. <ul style="list-style-type: none"> ◆ Apply whole person-centered principles to intensify and further develop care coordination models that are tailored to the needs and level of care for the individual. <ul style="list-style-type: none"> ➤ San Diego County Psychiatric Hospital established a Person Centered Care pilot to model Whole Person Wellness principles and strategies in preparation for wider implementation throughout our system of care ➤ Collaboratively developed and disseminated training material for a Warm Handoff model to effectively coordinate care and successfully transition clients 	<p>Priority</p> <ul style="list-style-type: none"> ○ Ten Year Vision <ul style="list-style-type: none"> ◆ Strategy <ul style="list-style-type: none"> ➤ Year One Accomplishment

Care Coordination (continued)

- ♦ Promote integration of Whole Person Wellness by advancing relationships with the community including private, public, family, consumer and education partners.
 - Through the Continuum of Care reform efforts, the Child and Family Team (CFT) concepts were expanded with an emphasis on bringing together all the individuals who care for a child/youth to support their success
- ♦ Utilize and broaden the use of various IT systems, including ConnectWellSD and San Diego Health Connect, to promote care coordination and to offer those in need of services innovative platforms including digital solutions.
 - Participated in ConnectWellSD planning and testing to promote coordinated care for mutual clients within HHSA
 - BHS staff participated in the San Diego HealthConnect Behavioral Health workgroup to promote timely and appropriate healthcare information sharing across the community

Children and Youth Population

- Children and youth are healthy, safe, lawful, successful in school and in their transition to adulthood, while living in nurturing homes with families.
- ♦ 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.
 - Initiated specialized services for Commercially Sexually Exploited Children (CSEC) in the juvenile institutions, adding this specialty to the array of services available under the County Behavioral Health system and furthering our partnership with the Courts and Probation
- ♦ 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.
 - Developed and delivered eight sessions of 'Understanding and Diagnosing Complex Behavioral Health Conditions' to train practitioners within the system of care
 - Under Continuum of Care Reform and in partnership with Child Welfare Services and Probation, the Child and Family Team (CFT) convening was expanded to incorporate family voice in key stages of system involvement
 - Completed the third and final phase of shifting outpatient clinics to Full Service Partnership programs that offer a comprehensive multidisciplinary team to support the child/youth and their family
- ♦ Strengthen partnerships with children/youth's circle of influence to create a supportive environment.
 - Hosted the 3rd Annual Children's Mental Health Well –Being Celebration, a community event that brought local attention to the National Children's Mental Health Awareness Week

Crisis Services

- All persons experiencing a psychiatric emergency have access to timely and appropriate services to ensure their safety and that of the community.
- ♦ Develop a service model that ensures timely, trauma-informed, culturally-competent crisis intervention services while considering the unique needs across the lifespan.
 - Implemented two Crisis Stabilization Units in North County
 - Implemented a new Crisis Residential Treatment program in North Inland region
 - Added ten new Psychiatric Emergency Response Teams (PERT), bringing the total to 50
- ♦ Utilize community-based, peer-driven and family-informed crisis intervention models to reduce the reliance on law enforcement intervention and emergency department utilization.
 - Expanded walk-in, urgent care program for adults in North Region from one location to two
 - Implemented a recidivism tracking system to support follow up connection with youth who received stabilization services
- ♦ Ensure all crisis centers can serve as a point of entry in the full continuum of care.
 - Awarded grant funding from the California Health Facilities Finance Authority to build a central location, expanded, crisis stabilization facility for youth
 - Expanded access points for clients to the overall system of care through the addition of two new Crisis Stabilization Units, a Crisis Residential Treatment program and the upcoming Crisis Stabilization Units for youth

Homeless Population

- All persons with serious mental health and/or substance use disorders who are experiencing homelessness have treatment and housing to support their recovery.
- ♦ Ensure the appropriate level of care for persons experiencing homelessness and implement an array of housing options that promote community integration.
 - Implemented 245 treatment slots for homeless persons with Serious Mental Illness in support of Project One for All, as well as 145 treatment slots for homeless persons with Substance Use Disorders

Priority

- ♦ Ten Year Vision
 - Strategy
 - Year One Accomplishment

Homeless Population (continued)

- Housed 396 clients with Serious Mental Illness in permanent housing and bridge housing
- Added outreach and engagement services for 800 people in mental health and substance use disorder treatment programs to assess persons who are homeless and connect to appropriate BHS services and housing resources
- ◆ **Work in partnership with housing authorities and developers to acquire permanent supportive housing.**
 - Paired 373 housing vouchers from San Diego Housing Commission (SDHC) and Housing and Community Development Services (HCDS) with BHS-contracted Full Service Partnership (FSP) Assertive Community Treatment (ACT) programs that serve homeless clients
 - Connected 59 homeless BHS clients in outpatient treatment with HCDS housing vouchers
 - Worked closely with housing partners to increase permanent housing stock for clients enrolled in FSP/ACT and outpatient mental health programs resulting in the creation of 47 permanent supportive units for BHS clients at the Hotel Churchill and Atmosphere housing developments (under the MHSA housing program)
- ◆ **Reduce stigma through education, as well as incentivize and collaborate with landlords to increase housing inventory.**
 - Worked with Housing and Community Development (HCDS) to educate and incentivize landlords to secure permanent supportive housing by offering a robust package to those who rent to formerly homeless persons that are connected with BHS services and have received an HCDS housing voucher

Justice-Involved Population

- Persons with serious mental illness or substance use disorders who are justice-involved have access to integrated treatment and supportive services to increase public safety and reduce recidivism.
- ◆ **Increase access and connectivity between the justice system and behavioral health to ensure clients are receiving the appropriate level of care.**
 - BHS and Justice Partners continued to work together through the Stepping Up Initiative, adopted by the Board of Supervisors in November 2016, to address gaps in service and work toward an overall reduction in persons with mental illness who are incarcerated in County jails
 - South Region Behavioral Health Review Calendar pilot program launched in January 2017 to follow participants in treatment to support stabilization and probation compliance
 - Partnered with the Public Safety Group in the development of program implementation as part of Prop 47 grant which was awarded to the County in May 2017
 - Collaborated with the Public Defender's Office on the Defense Transition Unit (DTU) Program with embedded BHS clinicians identifying and linking in-custody persons diagnosed with Serious Mental Illness with community providers
- ◆ **Deliver best practice services demonstrated to improve wellness and reduce recidivism for justice-involved individuals, including those transitioning from custody to the community.**
 - Implemented and conducted eight Correctional Program Checklists (CPCs) to assess utilization of evidence-based practices to address criminogenic need among our substance use disorder and mental health programs
 - Partnered with Sheriff to design the PROGRESS Program, a residential program that will serve persons coming out of custody with mild to moderate mental illness and co-occurring diagnoses
 - Expanded Project In-Reach Program to offer in-custody engagement and bridging services in the community to individuals with Serious Mental Illness
 - Implemented a Faith-Based bridging program for individuals in custody with Serious Mental Illness
 - Conducted focus groups which included justice partners, service providers and individuals receiving services while in custody
- ◆ **Evaluate impact and pursue process improvement using standard data and definitions to improve outcomes and support recovery.**
 - Initiated training for community providers in ASAM and Medication Assisted Treatment (MAT) criteria to enhance treatment matching

Long-Term Care

- Persons receiving treatment for serious mental illness in long-term care settings successfully reintegrate into the community.
- ◆ **Support recovery in the least restrictive level of care.**
 - Expanded bed capacity and extended contract lengths of long-term care programs that serve as alternatives to higher levels of care
- ◆ **Strengthen existing transitional step-down care to maximize the individual's reintegration into the community.**
 - Increased bed availability at a behavioral health residential treatment program which serves as an alternative to Institution for Mental Disease (IMD) and is a step-down placement for those being discharged from IMDs and the State Hospital

Priority

- **Ten Year Vision**
 - ◆ **Strategy**
 - **Year One Accomplishment**

Long-Term Care (continued)

- ♦ Evaluate and develop preventative treatment and housing strategies to minimize the need for long-term care.
 - Developed and implemented the Long-Term Care Expansion Plan which increases capacity at lower levels of care (shifting from dependence on acute care) and treats people at the least restrictive level of care

Organized Delivery System for Substance Use Disorders

- An integrated, whole person system of care that utilizes best practices based on an individual's specific needs and within the appropriate level of care to promote successful recovery.
- ♦ Support those on the recovery journey by implementing best practices to increase access, ensure treatment effectiveness and improve outcomes.
 - Developed and submitted the 1115 Waiver Drug Medical Organized Delivery System implementation plan, which will create a broader care network and achieve higher levels of care coordination and access to person-centered services
 - Established standards for full integration of persons utilizing medication assisted treatments
 - Established standards and training opportunities to adopt the use of evidenced-based clinical tools to create a whole person assessment and person-centered treatment plan
- ♦ Promote a culture of acceptance for persons needing services.
 - Adopted person-centered and recovery-oriented language into all Substance Use Disorder related communications
- ♦ Advocate for federal legislative change to allow for appropriate, timely sharing of vital health information to optimize quality care.
 - Developed staff expertise around updated federal regulations for information sharing specific to Substance Use Disorder medical records

Prevention

- All persons are connected within their community and empowered to take action before there is a need.
- ♦ Pursue policy and community change to ensure all persons live in an environment free of substance use harm.
 - Updated County Substance Abuse Prevention Plan guiding our collective efforts to eliminate youth access to alcohol and other drugs
 - Provided briefings to BHAB, our Councils and BHS teams to educate about the impact of Prop 64 which was passed on 11/8/16
- ♦ Champion efforts to train individuals to be able to recognize and support fellow community members impacted by mental health and/or substance use issues.
 - Released the 2016 Meth Strike Force Report Card and the 2016 Prescription Drug Abuse Report Card, detailing the impacts of substance use on our communities
 - In partnership with Public Health Services, developed and implemented the Healthy Retail Program in the City of San Diego
 - Sponsored the annual May is Mental Health Awareness Campaign engaging HHSA staff to reduce stigma and discrimination for mental illness
- ♦ Foster communities free of stigma in which persons affected by mental health and/or substance use issues are able and willing to seek services.
 - Added additional Victims of Crime resources to the Community Violence program which provides relevant training to organizations as well as support services to individuals and families who have been victims of crime
 - Conducted Meth Strike Force *Tip the Scale* events that provided drug treatment conversations and drug treatment to individuals who are found non-compliant
 - Increased Mental Health First Aid (MHFA) trainings to colleges, schools, faith-based organizations, law enforcement and many community organizations, totaling 4,591 individuals trained in MHFA
 - Expanded stigma reduction and suicide prevention outreach campaign to include focused outreach to Latino populations, LGBTQ, veterans and older adults

Suicide Prevention

- There are zero suicides in San Diego County.
- ♦ Foster an ongoing expectation of organizations to implement zero suicide strategies.
 - Expanded school-based suicide prevention services countywide with an added bullying prevention component
 - Supported suicide prevention efforts for probation-involved youth through trainings and establishment of referral pathways
- ♦ Advance goals consistent with the recommendations from the San Diego County Zero Suicide Strategic Plan.
 - Updated the San Diego County Suicide Prevention Action Plan for the next five year period.
 - Provided training to over 38,000 community members countywide to enhance community awareness of the warning signs of suicide and mental health crises so individuals can refer those at risk to available resources

Priority

- Ten Year Vision
 - ♦ Strategy
 - Year One Accomplishment

Suicide Prevention (continued)

- Implemented the Behavioral Health Advisory Board Suicide Prevention Workgroup (SPW) recommendations identified in the SPW Feasibility Report, including the use of the Columbia Suicide Severity Rating Scale (C-SSRS)
- ◆ Leverage innovative methods to measure the impact of prevention and intervention strategies.
 - Longer term strategy

Unserved and Underserved Populations

- Diverse unserved and underserved communities are aware, empowered and able to access services appropriate to their unique needs.
 - ◆ Recognize the impact of social determinants of health, disproportionality and health disparities to align prevention and systems of care strategies.
 - BHS leadership engaged in refugee and East African Community forums to discuss needs, gaps and strategies among these communities
 - Amended Substance Use Disorder prevention contracts to build capacity and incorporate learnings regarding Adverse Childhood Experiences (ACEs) into current work with community
 - ◆ Foster an inclusive, accepting and culturally-competent environment that celebrates diversity.
 - BHS led multiple cross sector discussions about immigration anxiety and its impact on children, youth and families, with the intention of increasing awareness and sharing resources
 - 200+ individuals participated in training at annual BHS conference, *Honoring the Journey: Partnering with Refugee Families*
 - Trained 240 “cultural brokers” representing the African-American, Latino, African immigrant/refugee, Native American and LGBTQ communities to be able to identify mental health disparities, stigma, and discrimination
 - ◆ Offer culturally relevant and accessible services to address the needs of diverse populations.
 - Developed and procured two new programs to support LGBTQ youth and youth who are (or have been) commercially sexually exploited; start date of services 7/1/17
 - Fully embedded prevention and early intervention services at all DUI programs

Workforce

- Our system of care has a skilled, adaptive and diverse workforce that meets the needs of those we serve.
 - ◆ Advocate for policies and processes that establish innovative recruitment, hiring and retention of a skilled and diverse workforce.
 - BHS conducted the third biennial workforce assessment survey in September 2016 to describe current workforce and identify areas of need
 - Transitioned the UCSD Community Psychiatry Program into a residency track model to further enhance interest in working within the public behavioral health system
 - ◆ Pursue team based care and innovative workforce solutions to increase access, improve outcomes and increase efficiency.
 - Contracted services to offer recovery-oriented, countywide training to transition age youth, adults and older adults to become Peer Specialists for the County of San Diego public behavioral health system
 - Developed an enhanced training curriculum for psychiatric nurses staffed at our inpatient psychiatric hospital
 - Provided three educational events for community-based primary care providers to support their integrated and team based care behavioral health services
 - ◆ Develop a career ladder for assisting individuals with lived experience in competitive employment as well as designated peer positions.
 - Individuals with lived experience participated in a focus group to assess current job satisfaction in the BHS system of care and discussed best practices/challenges

Priority

- Ten Year Vision
 - ◆ Strategy
 - Year One Accomplishment

Partner Accomplishments

Audacious visions are made possible by the collective activities of our behavioral health partners. Please see Fiscal Year (FY) 2016-17 achievements below submitted for inclusion in this Roadmap Accomplishments document.

- On March 13, 2017, **Southern Indian Health Council, Inc.** opened the first Native Services Boys & Girls Club in California. The Club offers a computer lab, music room, physical activities, homework support and more.
- **Southern Indian Health Council, Inc.** developed and hosted a number of Suicide Prevention Leadership Summits which included key community leaders who, on behalf of the underserved population of the Native Americans in the East County Region of San Diego, have set a goal to address service gaps in responding to suicide attempts. Activities to achieve the goal include ongoing discussions, resource gathering and strategic partnerships.
- Multi Ethnic Community Health Workers through **Union of Pan Asian Communities' (UPAC) Elder Multicultural Access and Support Services (EMASS)** program provided outreach, engagement and education to 953 underserved seniors on wellness and self-management for prevention and early intervention of mental illness. Seniors included monolingual/bilingual Latinos, Filipinos, Iraqis, Somalis and African Americans.



LIVE WELL SAN DIEGO

The County of San Diego's vision of a region that is **Building Better Health**, **Living Safely** and **Thriving**

BUILDING BETTER HEALTH

Improving the health of residents and supporting healthy choices

LIVING SAFELY

Ensuring residents are protected from crime and abuse, neighborhoods are safe, and communities are resilient to disasters and emergencies

THRIVING

Cultivating opportunities for all people and communities to grow, connect and enjoy the highest quality of life

In 2010, the County Board of Supervisors adopted the *Live Well San Diego* vision of a region of 3.2 million residents that is Building Better Health, Living Safely and Thriving. Based upon a foundation of community involvement, *Live Well San Diego* includes three components: *Building Better Health*, adopted on July 13, 2010; *Living Safely*, adopted on October 9, 2012; and *Thriving*, adopted on October 21, 2014.

Live Well San Diego is built on four strategic approaches:

1. BUILDING A BETTER SERVICE DELIVERY SYSTEM

Improve the quality and efficiency of County government and its partners in the delivery of services to residents, contributing to better outcomes for clients and results for communities

2. SUPPORTING POSITIVE CHOICES

Provide information and resources to inspire county residents to take action and responsibility for their health, safety and well-being

3. PURSUING POLICY & ENVIRONMENTAL CHANGES

Create environments and adopt policies that make it easier for everyone to live well, and encourage individuals to get involved in improving their communities

4. IMPROVING THE CULTURE WITHIN

Increase understanding among County employees and providers about what it means to live well and the role that all employees play in helping county residents live well



PROGRESS THROUGH PARTNERSHIPS

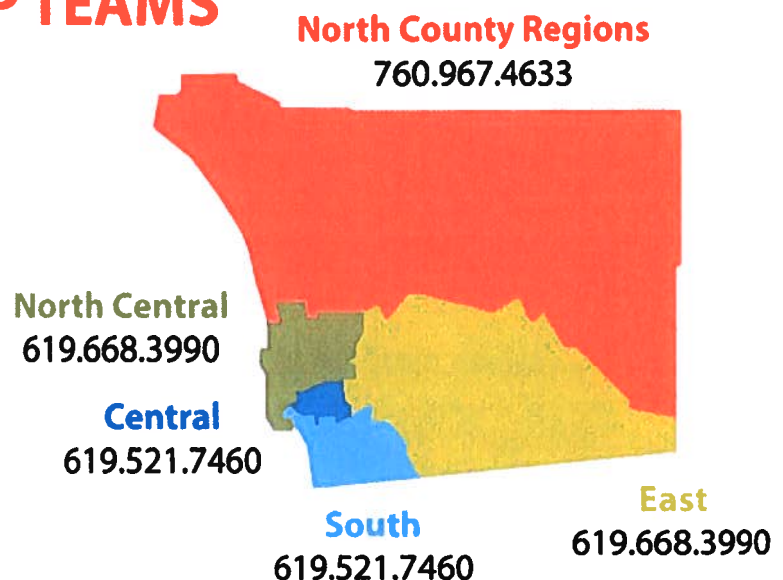
Live Well San Diego involves everyone. Only through collective effort can meaningful change be realized in a region as large and diverse as San Diego County. The County's partners include cities and tribal governments; diverse businesses, including healthcare and technology; military and veterans organizations; schools; and community and faith-based organizations. Most importantly, *Live Well San Diego* is about empowering residents to take positive actions for their own health, safety and well-being.

Every County department is committed to playing an active role and coordinating efforts to make the biggest impact. Annual reports highlight success stories of local communities, organizations and recognized partners who are making positive changes. These reports can be accessed on the *Live Well San Diego* website at LiveWellSD.org/about/live-well-san-diego-materials/. This website also includes resources for getting involved; best practice tools for organizations and recognized partners in every sector; and information about the *Live Well San Diego* Indicators, which measure our region's collective progress.

REGIONAL LEADERSHIP TEAMS

Teams of community leaders and stakeholders are active in each of the Health and Human Services Agency (HHSA) service regions. These teams have been involved in community improvement planning and are working to address priority needs over the next few years to realize the *Live Well San Diego* vision. These teams serve as a central point for planning and prioritizing collaborative action at the local level.

Contact your team by calling the phone numbers listed on the map.



RESULTS

How will progress be measured? The Top Ten *Live Well San Diego* Indicators have been identified to capture the overall well-being of residents in the county. These Indicators are part of a framework that allows the County to connect a wide array of programs and activities to measureable improvements in the health, safety and well-being of every resident. The complete framework is posted on the County of San Diego *Live Well San Diego* webpage: http://sdcounty.ca.gov/content/sdc/live_well_san_diego/indicators.html



HEALTH

Life Expectancy
Quality of Life



KNOWLEDGE

Education



STANDARD OF LIVING

Unemployment Rate
Income



COMMUNITY

Security
Physical Environment
Built Environment



SOCIAL

Vulnerable Populations
Community Involvement

COUNTY OF SAN DIEGO - LIVE WELL SAN DIEGO TOP 10 INDICATORS & AREAS OF INFLUENCE

Live Well San Diego is regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and individuals to help all San Diego County residents be healthy, safe, and thriving. Collective efforts to promote well-being in the region are measured through the *Live Well San Diego* Top 10 Indicators.



LIVE WELL
SAN DIEGO

Why 10 Indicators?

The *Live Well San Diego* Indicators are part of a framework that can be summarized as "10 – 5 – 1": ten Indicators that span five Areas of Influence (health, knowledge, standard of living, community, and social) that reflect one Vision of *Live Well San Diego*. These 10 Indicators describe the areas that influence our ability to "live well." These Indicators are the simplest way to capture what "living well" means in a way that is measurable.

In selecting the Indicators, and designing this framework, research was done to identify best practices and input was gathered from community representatives. The Indicators were identified based on principles of simplicity, availability of data, and whether these Indicators can be used to capture well-being across the life span of an individual—from children to adults to older adults.

What is an Area of Influence?

Most people would agree that to "live well" means much more than simply the absence of disease. The framework identifies five Areas of Influence that have an effect on or impact well-being. There are:

1. **Health:** Enjoying good health and expecting to live a full life
2. **Knowledge:** Learning throughout the lifespan
3. **Standard of Living:** Having enough resources for a quality life
4. **Community:** Living in a clean and safe neighborhood
5. **Social:** Helping each other to live well

What is an Indicator?

There are 10 Indicators used to capture all Areas of Influence in a way that is measurable. Additional Indicators appear in an "Expanded Dashboard" to more fully capture what it means to "live well."

Indicators provide a common point of reference by which comparisons can be made to other jurisdictions—other counties, the State of California and the nation. Comparisons can also be made across regions and sub-regions within San Diego County.

How are the Indicators being used?

Through collective impact, the *Live Well San Diego* Indicators are part of a larger framework connecting a wide array of programs and activities to measurable improvements in the lives of San Diego county residents.

Want to learn more?

Indicators Pyramid with Indicators:

www.sandiegocounty.gov/content/dam/sdc/live_well_san_diego/indicators/Indicators_Cover_Sheet.pdf

Indicators Dashboard and Data Portal:

www.LiveWellSD.org/content/livewell/home/data-results/indicators-dashboard-and-data-portal.html

General Live Well San Diego:

www.LiveWellSD.org

Videos:

Meet Sandi: <https://www.youtube.com/watch?v=q1jLkWXybYE&t=53s>

Collective Impact: <https://www.youtube.com/watch?v=pzmMk63ihNM>



COUNTY OF SAN DIEGO - LIVE WELL SAN DIEGO TOP 10 INDICATORS & AREAS OF INFLUENCE

AREAS OF INFLUENCE



HEALTH
Enjoying good health and expecting to live a full life



KNOWLEDGE
Learning throughout the lifespan



STANDARD OF LIVING
Having enough resources for a quality life



COMMUNITY
Living in a clean and safe neighborhood



SOCIAL
Helping each other to live well

TOP 10 INDICATORS



LIFE EXPECTANCY
Measure of length of life expected at birth and describes the overall health status of a population.



QUALITY OF LIFE
Percent of population that is sufficiently healthy to be able to live independently.



EDUCATION
Percent of the population with a High School diploma or equivalent. Education has a positive influence on a variety of economic, social and psychological factors which impact the health and well-being of a population.



UNEMPLOYMENT RATE
Percent of the total labor force ages 16 and over that is unemployed and actively seeking employment. Unemployment has a strong negative influence on the financial health and overall well-being of the population. Unemployment is also linked to an increased risk of poor health outcomes, including higher mortality rates.



INCOME
Percent of the population spending less than 1/3 of their household income on housing. Sufficient income to cover basic living costs has a positive influence on the overall financial health and well-being of the community.



SECURITY
Measured as the rate of property and violent crimes per 100,000 people. Crime can have a significant impact on the well-being of the population and contributes to premature death and disability, poor mental health and lost productivity.



PHYSICAL ENVIRONMENT
Percent of days that air quality is rated as unhealthy. The quality of the community's physical environment greatly impacts the health and well-being of the population.



BUILT ENVIRONMENT
Percent of the population living within a half mile of a park. Access to parks can influence choices to engage in physical activity and community involvement which has been shown to have positive impacts on well-being.



VULNERABLE POPULATIONS
Percent of the population who have experienced food insecurity. The inability to afford enough food on a regular basis, including access to healthier foods essential for good nutrition, impacts the health and well-being of the population.



COMMUNITY INVOLVEMENT
Percent of residents who volunteer. Volunteering can benefit the physical and mental health of the population, as well as creating a more interconnected community.