

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

MEETING AGENDA

December 12, 2022 | 9 to 10:30 a.m.

Zoom meeting link for registration sent via Outlook meeting invitation:

<https://us06web.zoom.us/join/9tZUduyqgDkrGdMrYW-4vp8KnB2CJ68VZofj>

I. Welcome (Stephanie Escobar)

5 minutes

- Happy Holidays
- Welcome new meeting attendees - translation available
- Directing Change December 2022 Newsletter - Handout - **Page 5**

Student Monthly Contest: **What are your hopes for 2023?**

Link: <https://mailchi.mp/directingchange/teaching-resilient-students-newsletter-december-2022?e=abcfefa600>

II. Review of Meeting Summary (Yael Koenig)

5 minutes

- November 14, 2022, Meeting Summary - Handout - **Pages 6-11**
- Action Items from November 14, 2022 - See meeting summary for action items - **Page 9**
 - Forward Council input on Student Behavioral Health Incentive Program (SBHIP) to Verna Gant - Completed November 16, 2022
 - SBHIP update from Verna Gant to the Council - Handout - **Page 12**

III. Business Items (Yael Koenig)

20 minutes

Public Comment - Inviting all participants to unmute or enter public comment in the chat
Board Letters / Board Actions
<p>November 15, 2022</p> <ul style="list-style-type: none"> • Item 28: Authorize Competitive Solicitations and Amendments to Extend Existing Behavioral Health Services Contracts Handouts include presentation - Pages 13-38 <p>Board Letters that may be particularly of interest to the CYF Council are listed above. Due to size, only highlighted Board Letters are included in the packet, however, all Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html</p>
Information
<ul style="list-style-type: none"> • California Behavioral Health Planning Council (CBHPC) Children and Youth Workgroup Proposal Letter for Advocacy of Peer Counseling programs in all Middle and High Schools in California (Christine Frey) Handout - Pages 39-41 • Children and Youth Behavioral Health Initiative (CYBHI) Grant Funding Available - Handouts - Pages 42- 50 https://www.dhcs.ca.gov/cybhi • Governor Newsom Announces an Unprecedented \$480.5 Million in Grants for Youth Mental Health Handout - Page 51 California Master Plan for Kid's Mental Health (shared at the September 12, 2022 meeting) https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847 • National Center for Youth Law (NCYL) - Youth Survey (December 1, 2022- January 31, 2023) to identify the mental health priorities of youth - Handout - Page 52: https://forms.office.com/pages/responsepage.aspx?id=2Ugf1afYQEYdX_4gvlt-L_j_YcZyNjtlS3QVL-ZNRV9UN1JRN1I0OTZJR1E0RDZCSzNCTVBbTExBVi4u More information about NCYL's work at: https://youthlaw.org/focus-areas/health • Behavioral Health Director's Report - December 2022 Handout - Pages 53-60 • 2023 Mental Health External Quality Review (EQR) is scheduled for January 10-12, 2023 • Sectors and Committee Bi-Annual Reports – Leads to submit slides by January 17, 2023 (request and instructions forthcoming)
Recognition
<ul style="list-style-type: none"> • CYF System of Care Principles Awards (Rose Woods) <ul style="list-style-type: none"> ○ Organization Award: Vista Hill- Accessible Depression and Anxiety Peripartum Treatment (ADAPT) ○ Individual Award: Lesley Johnson, San Diego Unified School District

IV. MHSA Update (Dr. Danyte Mockus-Valenzuela) **5 minutes**
 Link: http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html

V. Hot Topic **50 minutes**
Post-COVID Considerations for Children, Youth, and Families Presented by Early Childhood Mental Health Committee
 (Jaime Tate-Symons) - Handouts- **Pages 61-106**

- Overview: General impact of COVID-19 on behavioral health
- Defining Reflective Practice and the value added
- Provider Panel – Program Introduction -Panel Moderator: **Aisha Pope**
 - KidSTART Clinic and Center
 - Mi Escuelita
 - Behavior Consultations
- Facilitated discussion moderated by **Aisha Pope**
- Summary
- Questions and Answers

VI. Announcements (Jaime Tate-Symons) **5 minutes**

- Poll Question
- Reminder: **CYF Council will be dark in January 2023**. Happy New Year!
- **Youth - Led Town Halls** presented by the Live Well San Diego Youth Sector on December 17, 2022
 Register at: <https://qr1.be/3HZ8> - Flier- Page **107**
- **Third Annual Birth of Brilliance Conference** (Virtual) on February 23, 2023 - Flier - **Page 108**
 In-person Cultural Fair on February 24, 2023
 Registration at: www.BirthofBrilliance.com
- Save the Date for the **43rd California Mental Health Advocated for Children and Youth** (CMHACY) conference
 (Back in person) on May 10-12, 2023 – Handout- **Page 109**
<http://cmhacy.org/>

Next Executive Committee Meeting:
 Date: January 26, 2023
 Time: 11:30 a.m. to noon.

Next Council Meeting
 Date: Monday, February 13, 2023
 Time: 9 to 10:30 a.m.

Committees/Sectors/Workgroups Meetings Information is located at the end of the meeting summary. For Council materials go to:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/CYFBHSOCCouncil.html

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

Council Vision:

Wellness for children, youth and families throughout their lifespan.

Council Mission:

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

Council Principles:

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

May 1, 2018



LIVEWELLSD.ORG



LIVE WELL
SAN DIEGO

BEHAVIORAL HEALTH SERVICES CHILDREN, YOUTH & FAMILIES FRAMEWORK

VISION

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

PRINCIPLES

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

PRIORITIES

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

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

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

Live Well San Diego-Areas of Influence



Standard of Living

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



Community

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

HEALTH FACTORS



Health

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



Social

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



Knowledge

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

Teaching Resilient Students and Raising Healthy Teens

Mental health, substance use and suicide prevention resources for educators and parents

This newsletter provides a list of curated resources and activities to support social emotional development and healthy coping, as well as crisis support for educators, students and parents.

FOR STUDENTS

MONTHLY PROMPT AND LESSON

In classroom • Distance learning • Grades 5-12 (ages 12-25)

URL: www.HopeandJustice.DirectingChange.org

Check out all 2022-23 prompts here:

<https://gallery.directingchange.org/contest/monthly-prompt/>

MONTHLY STUDENT CONTEST: *What are your hopes for 2023?*

Students in grades 5-12 and young adults can submit art and film projects to win cash prizes while exploring curriculum on critical health issues (mental health, suicide prevention, healthy coping, social justice issues, and more). For more information, view this [2 minute video](#) or visit the [website](#). All art and film projects are due the last day of every month.

- The prompt for December and January is:

What are your hopes for 2023?

Students are encouraged to take time to reflect on the past year, what you've learned, how you've changed, and your hopes for the New Year. What changes do you want to see in yourself, your community or even in the world? Submissions will be accepted and prizes awarded throughout December and January. Visit the website to learn about our Special TikTok Challenge for this prompt!

Deadline to submit is January 31, 2023!

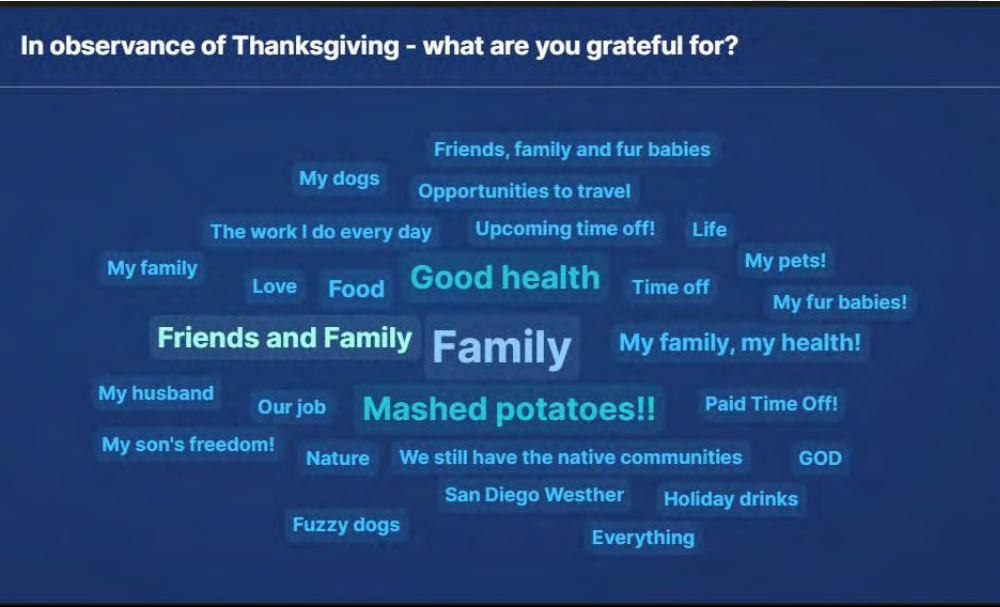


Link to video: <https://vimeo.com/463705160>

Link to information about the contest: <https://gallery.directingchange.org/contest/>

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

November 14, 2022 | 9 to 10:30 a.m.
Virtual Meeting

ITEM	SUMMARY AND ACTION ITEMS
<p>I. Welcome (Yael Koenig)</p> <ul style="list-style-type: none"> In observance of Thanksgiving, what are you grateful for? - Slido/Chat function Welcome new meeting attendees - translation provided New Medical Care Services (MCS) Council seat represented by Dr. Kelly Motadel & Heather Summers as member and alternate Welcome Caitlynn Hauw new Council member representing Youth Directing Change Art feature: "Focus On You!" by Diana Butchert, Grade 8 from Emerald Middle School <p>Link https://gallery.directingchange.org/sandiegocounty/art/</p> 	<p>Yael Koenig welcomed meeting attendees and covered the following items:</p> <ul style="list-style-type: none"> Invited meeting attendees as they entered the meeting to participate in the Thanksgiving "Ice-Breaker" activity. Participants responses are on the column to the left Announced the member and alternate for the Medical Care Services constituency Welcomed new Council member representing youth Highlighted the featured art piece from Directing Change
<p>II. Review of Meeting Summary (Yael Koenig)</p> <ul style="list-style-type: none"> September 12, 2022, Meeting Summary - Handouts - Pages 5-10 Action Items from September 12, 2022 - See meeting summary for action items - Page 8 	<ul style="list-style-type: none"> Yael Koenig reviewed the action items from September 12, 2022: <ul style="list-style-type: none"> Disseminated voting results; addition of 25th seat to the Council representing the Medical Care Services (MCS). The updated Bylaws were included in the meeting packet- Pages 11-13
<p>III. Business Items (Yael Koenig) New Agenda Item: Public Comment</p>	<ul style="list-style-type: none"> Yael Koenig announced Public Comment as new agenda item and invited meeting attendees to unmute or enter input in chat. Input received: <ul style="list-style-type: none"> "Grateful that the Board of Supervisors (BOS) and the County is looking at the Behavioral Health Challenges. Specifically in compensation of staff. Looking forward to future updates" "I would encourage more members to make public comments. It is important that we are bringing up issues that are important to our clients, community and staff"

ITEM	SUMMARY AND ACTION ITEMS
<p>Board Letters (BL) <u>September 13, 2022</u> - None <u>September 27, 2022</u></p> <ul style="list-style-type: none"> • Item 07: Authorize Subrecipient with the San Diego Workforce Partnership for the Career Pathways for Foster Youth Program and Authorize Application for Future Funding Opportunities • Item 08: Authorize Competitive Solicitation for Child Care Workforce Investment Program and Application for Future Funding Opportunities • Item 12: Convening a Board Conference: Joint City-County Housing Summit on October 3, 2022 • Item 21: Declaring Homelessness a Public Health Crisis • Item 22: Increasing the Region's Workforce Housing Opportunities • Item 23: Receive an Update on Advancing the Behavioral Health Continuum of Care, Authorize Construction Contract for the East Region Crisis Stabilization Unit, and Receive the Optimal Care Pathways Model Handouts include presentation - Pages 14-24 • Item 24: An Ordinance Amending Provisions in the San Diego County Administrative Code Relating to the Public Administrator, Public Guardian, and Public Conservator <u>October 3, 2022</u> • Joint Acknowledgement of the Impacts of the Lack of Affordable Housing in San Diego and Declaring Intent to Work Together to Support Increasing the Region's Affordable Housing Supply <u>October 11, 2022</u> • Item 09: Establish the Behavioral Health Impact Fund 2.0 – Handout – Page 25 • Item 10: Addressing the Behavioral Health Worker Shortage in San Diego County (Link to the attachment provided in the September 12, 2022 meeting packet) Handout – Page 26 • Item 11: Enhancing Fentanyl Education and Strengthening Harm Reduction Efforts for Young People - Handout - Page 27 • Item 12: Building Partnerships to Prevent, Address, and Seek an End to Homelessness • Item 14: Authorize Appropriations for the Tri-City Psychiatric Health and the East Region Community-Based Care Facilities; Accept Grant Funding for the Edgemoor Acute Inpatient Unit, Shift Future Services at the San Diego County Psychiatric Hospital Facility and the Vacant County Owned Property at 4307 Third Ave, and Issue Competitive Solicitations for Professionals Services, Preconstruction Services and the Development of the Central Region and East Region Community Based Care Facilities Handouts include presentation- Pages 28-33 • Item 16: Receive a Presentation on Fiscal Year 2022-23 Economic Update <u>October 25, 2022</u> • Item 20: A Comprehensive Approach to the Opioid Crisis and Adoption of the San Diego County Opioid Settlement Framework - Handouts - Pages 34-35 • Item 21: Developing a Homeless Prevention Program • Item 22: Receive and Approve the Mental Health Services Act (MHSA) Fiscal Year 2022-23 Agency Annual Update - Handouts include presentation - Pages 36-43 • Item 23: Receive Update on the San Pasqual Academy Transition, Authorize Competitive Solicitations, and Authorize Competitive Solicitations and Authorize Application for Future Funding - Handout - Pages 44-50 <p>Board Letters can be found at the Clerk of Board of Supervisors (BOS) Meeting Agendas, Board Letters and Access to the BOS meetings: https://www.sandiegocounty.gov/cob/bosa/index.html</p>	<ul style="list-style-type: none"> • Yael Koenig reviewed Board Letters presented at the September 27, October 3, October 11, and October 25, 2022 BOS meetings

ITEM	SUMMARY AND ACTION ITEMS
<p>Information</p> <ul style="list-style-type: none"> • Behavioral Health Director's Report - October and November 2022 - Handouts - Pages 51-62 • CYF Services Directory November 2022 version update - Handout - Page 63 https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/CYF%20Services%20Directory%20Updated%20November%202022%2011.7.22.pdf 	<ul style="list-style-type: none"> • Yael Koenig reviewed information items
<p>IV. Mental Health Services Act (MHSA) Update (Dr. Danyte Mockus-Valenzuela)</p> <ul style="list-style-type: none"> • See BOS Letter from October 25, 2022, item 22 to Receive and Approve the MHSA Fiscal Year 2022-23 Agency Annual Update Link: http://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa.html 	<ul style="list-style-type: none"> • Dr. Mockus-Valenzuela reviewed the annual update
<p>V. Hot Topic: Student Behavioral Health Incentive Program (SBHIP) - Stephanie Escobar</p> <p>Verna Gant (NAMI San Diego) Micaela Cunningham (NAMI San Diego) Representing the 6 San Diego Managed Care Plans: Dr. Kathleen Lang (Health Net Community Solutions) Alexandra Mays (Kaiser Permanente)</p> <p>Presentation - Handouts – Pages 64-73 Dialogue: Inclusive of Questions and Answers Session</p> <ul style="list-style-type: none"> ○ What would you like to see come out of SBHIP? ○ What do you want the Medi-Cal Managed Care Plans (MCPs) to know? ○ Where do you see the biggest gaps/barriers between schools, the county, and health plans in serving kids? ○ What ideas or best practices can be shared? ○ What services are needed for younger students (TK-8 Grade)? <ul style="list-style-type: none"> • Highlights from SBHIP presentation: <ul style="list-style-type: none"> ▪ Medi-Cal program intended to address behavioral access barriers for Medi-Cal students through targeted interventions that increase access to preventive early intervention, and behavioral health services by school behavioral health providers for Transitional Kindergarten to 12th grade in public schools ▪ Healthy San Diego Medi-Cal Managed Care Plans (MCP) are projected to receive approximately 25 million dollars over the next three years. Payments are intended to build infrastructure, partnerships, and capacity for school behavioral health services ▪ San Diego is currently working on Needs Assessment ▪ San Diego will select up to four Interventions from a list provided by the state. The areas identified by the LEAs to date include 1. Behavioral Health Wellness Programs, 2. Behavioral Health Screening and Referral, 3. Build Stronger MCPs/School/County Partnerships, 4. Expand BH Workforce, and Care Teams for outreach, engagement, or home visits • Dialogue (Input/recommendations) highlights: <ul style="list-style-type: none"> ▪ San Diego County Office of Education has been involved in the SBHIP, encouraging the 42 school districts to be involved ▪ Would like to see how equity will be embedded in SBHIP ▪ Address the needs of children/youth with developmental disabilities ▪ CYF providers, and pediatricians' input is crucial. Concerned that this dialogue does not sufficiently leverage CYF Council and Community Based Organizations (CBOs) expertise and contributions to the process ▪ Need more collaboration between Mental Health services/professionals with the educational system ▪ How will the continuum of services in the school setting would look like ▪ Learn about models where there are collaborative systems in place between schools and agencies providing services ▪ Funding for the continued services provided by HDS and ECMH Consultation to support the gap between home and school and support early access to mental health services ▪ Recommend substance abuse prevention project for children come out of SBHIP (Saw a 	<ul style="list-style-type: none"> • Highlights from SBHIP presentation-See left column • Dialogue (Input/recommendations) highlights-See left column • Questions about SBHIP and information for resource mapping can be sent to Verna Gant at: vernagant@namisd.org • Next SBHIP stakeholder meeting will be held on November 18, 2022 from 1 to 2:30 p.m. via Zoom: https://namisd-org.zoom.us/j/87533132222?pwd=ZjZCWlgwQmM0eEc3SFFTWVdCdki5UT09

ITEM	SUMMARY AND ACTION ITEMS
<p>program abroad with great results)</p> <ul style="list-style-type: none">Program focused on suicide prevention and substance abuse preventionAreas of most need for Child Welfare Services: Suicide prevention, Substance Use Disorder (Fentanyl), and culturally appropriate interventionsSuicide prevention should be included in one of the interventions“Once young people understand mental health challenges, they are the first ones to reach out and support their friends. We have to remember that our youth first and foremost look to their friends for support far more quickly than any adult. Youth led Peer programs for mental health empower youth. They allow for diverse population interaction, sustainability as it is student led, and are financially low-cost and low maintenance using limited support human resources. Engaging students who want to help their peers is a productive mechanism for both the students wanting help and the student giving help. Peer supports learn more active listening and counseling skills – which creates a much-needed pipeline for mental health occupations.”“Hoping for a required communication between law enforcement and a school when there is a youth that is a victim, witness, or perpetrator in a gang related crime. Then, the school can pick up on the other end with some support. Kids are showing up at school acting out and the school don’t know why and therefore, are not responding with the correct support. The schools are more able than any group in society, to reach the friends of the youth involved in the incident because they know who hangs out with who.”“Handle with Care” is a program where law enforcement sends a notification to the school if they determined that a school age student experienced a possible traumatic event. Contact Heather Nemour for more information at: heather.nemour@sdcoe.net https://www.youtube.com/watch?v=Xuk_tjtUkLM	<div><div><div><div>Council End Poll</div><div>0:39 1 question 69 of 100 (69%) participated</div><div>1. On a scale of 1-5 (1 the lowest and 5 the highest), how would you rate the relevance and your interest with today's Council meeting? (Single Choice) *</div><div>69/69 (100%) answered</div><div><div><div>1</div><div></div><div>(0/69) 0%</div></div><div><div>2</div><div></div><div>(2/69) 3%</div></div><div><div>3</div><div></div><div>(4/69) 6%</div></div><div><div>4</div><div></div><div>(15/69) 22%</div></div><div><div>5</div><div></div><div>(48/69) 70%</div></div></div></div></div></div>
<p>VI. Announcements (Stephanie Escobar)</p> <ul style="list-style-type: none">Poll (see above)Announcements<ul style="list-style-type: none">The San Diego Voice and Viewpoint and HHSA Town Hall Series of community topics hosted by Nick Macchione and John Warren via Zoom from 5:30 to 6:30 p.m. - Flier - Page 74 Upcoming Town Halls: November 16, 2022- Behavioral Health Services (Luke Bergmann) December 14, 2022 – Homeless Solutions & Equitable Communities (Barbara Jiménez)Live Well on Wheels (Live WoW) Operation Gobble November 16, 2022 from 3 to 6 p.m. at Our Lady of Sacred Heart Church, 4177 Marlborough Avenue, San Diego CA 92105 - Flier - Page 75Prescription Drug Abuse Task Force (PDATF) Quarterly Meeting (virtual) November 18, 2022 from 9 to 11 a.m. - Flier - Page 76 Register at: https://us02web.zoom.us/webinar/register/WN_nJLdw8f8TtGObcc6TEPD3QLive Well San Diego Advance Conference and School Summit on December 7, 2022 - Flier - Page 77 <p><u>Participants Contribution:</u></p> <ul style="list-style-type: none">San Diego first United Against Hate Week (UAH) presented by the U.S. Attorney’s Office, Southern District of California– November 14-20, 2022 https://www.justice.gov/usao-sdca/pr/us-attorney-s-office-joins-community-and-law-enforcement-partners-launching-san-diego-sBirth of Brilliance: Be the Change conference and Cultural Fair- February 24, 2023. Speaker proposals are still being accepted. More information at: birthofbrilliance@gmail.com	<ul style="list-style-type: none">Stephanie Escobar made the announcements listed on the leftParticipants announcements are listed on the left column. Announcements for the Chat can be sent in advance to Edith Mohler at Edith.Mohler@sdcounty.ca.gov
<p>VII. Action Items</p>	<p>Action Due/Status</p>
<p>1) Forward Council input on SBHIP to Verna Gant</p> <p>2) SBHIP update from Verna Gant to the Council</p>	<p>1) Included in this meeting summary, pages 3 and 4 and sent to Verna Gant via e-mail on November 16, 2022</p> <p>2) Included in the December 12, 2022 meeting packet</p>
<p>Next Meeting:</p> <p>Date: Monday, December 12, 2022</p> <p>Time: 9 to 10:30 a.m.</p>	

+ = Member in Attendance O = Absent

E = Excused

CONSTITUENCY		MEMBER	STATUS	ALTERNATE	STATUS
PUBLIC SECTOR					
1	Behavioral Health Advisory Board (BHAB)	Bill Stewart	+	Joel San Juan	O
2	Behavioral Health Services (BHS)	Dr. Laura Vleugels	+	Dr. Patricia Cardenas-Wallenfelt	+
3	Public Safety Group/ Probation	Tabatha Wilburn	+	Delona King	+
4	Child Welfare Services (CWS)	Jerelyn Bourdage	+	Norma Rincon	O
5	Homeless Solutions and Equitable Communities	Pending		Pending	
6	Public Health	Dr. Thomas R. Coleman	+	Rhonda Freeman	O
7	Medical Care Services	Dr. Kelly Motadel	+	Heather Summers	+
8	Juvenile Court	H. Judge Ana España	O	Beth Brown	E
9	First 5 Commission	Alethea Arguilez	O	Stephanie Escobar	+
EDUCATION SECTOR					
10	Special Education Local Plan Area (SELPA)	Russell Coronado	O	Jaime Tate-Symons	+
11	Regular Education Pupil Personnel Services	Violeta Mora	O	Margaret Sedor	O
12	School Board	Barbara Ryan	+	Debra Schade	O
13	Special Education	Yuka Sakamoto	+	Misty Bonta	O
PRIVATE SECTOR					
14	San Diego Regional Center (SDRC) for Developmentally Disabled	Zachary Guzik	+	VACANT	
15	Alcohol and Drug Service Provider Association (ADSPA)	Angela Rowe	+	John Laidlaw	O
16	ADSPA	Marisa Varond	+	Claudette Allen Butler	+
17	Mental Health Contractors Association (MHCA)	Julie McPherson	+	Minola Clark Manson	+
18	MHCA	Laura Beadles	O	Golby Rahimi	+
19	Fee- For-Service (FFS) Network	Dr. Sherry Casper	+	Marcelo A. Podesta	O
20	Managed Care Health Plans	Kathleen Lang	+	James Trout	O
21	Healthcare/ Pediatrician	Dr. Pradeep Gidwani	+	VACANT	+
FAMILY AND YOUTH SECTOR					
22	Family and Youth Liaison	Sten Walker	+	VACANT	
23	Caregiver of child/youth served by the Public Health System	VACANT		Karilyn "Kari" Perry	+
24	Youth served by the Public Health System (up to age 26)	Veronica Hernandez	+	VACANT	
25	Youth served by the public health system (up to age 26)	Caitlynn Hauw	+	VACANT	
COMMITTEES (Non-voting members unless a member of the Council)					
-	Executive	Jaime Tate Symons/Stephanie Escobar	+/+		
-	Cultural Competence Resource Team (CCRT)	Rosa Ana Lozada	+		
-	CYF CADRE	Julie McPherson Marisa Varond	+/+		
-	Early Childhood	Aisha Pope Ginger Bial	+/O		
-	Education	Heather Nemour Violeta Mora	+/+		
-	Family and Youth as Partners	Sten Walker	+		
-	Outcomes	Emily Trask Eileen Quinn-O'Malley	O/+		
-	Training	Rose Woods	+		

Total Attendees: 127

Aisha Pope	Denise Alvarez	Kari Perry	Rose Woods
Alex Mays	Dina Ali	Kathleen Lang	Salvador Tapia
Alexander Ball	Don Stump	Katie Demmler	Sandra Mueller
Amanda Lance-Sexton	Dori Gilbert	Kelly Bordman	Sarah Baldwin
Angela Rowe	Edith Mohler	Kelly Motadel	Sarah Garlejo
April Peña	Eileen Quinn-O'Malley	Krystle Murguia	Seth Williams
Augusto Eduvala	Elaine Carballo	Laura Vleugels	Shakara Thompson
Babbi Winegarden	Eliza Reis	Leslie Manriquez	Shannon Jackson
Barbara Ryan	Erick Mora	Lupe Oyola	Shaun Goff
Berenis Gonzalez	Ericka Hernandez	Margaret Anello	Sherry Casper
Beth Whitteker	Evan Hodges	Margarita Hernandez	Sonia Lira
Bill Stewart- BHAB	Fran Cooper	Marisa Varond	Sten Walker
Bobbi Smylie	Francisco Medrano	Martin Dare	Stephanie Escobar
Caitlynn Hauw	Golby Rahimi Saylor	Melanie Morones	Stephanie Gioia-Beckman
Calvin Wilkerson	Grisel Ortega-Vaca	Melisa Penaflor	Steven Wong
Carl Antonio	Heather Nemour	Melissa Welton	Susana Antonio
Carmen Pat	Jaime Tate-Symons	Micaela Cunningham	Tais Millsap
Celeste Hunter	James Trout	Michael Miller	Terri Kang
Charles Banzon	Jamie Martinez	Michele Bennett	Tito Escalante
Cheryl Rode	Jamie Pellegrino	Michelle Hogan	Tom Coleman
Christina Bruce	Jamie Wilson	Mina Arthman	Vanessa Arteaga
Christine Frey	Janet Cacho	Minola Clark Manson	Verna Gant
Christine Maggio	Janette Magsanoc	Patricia Cardenas-Wallenfelt MD	Veronica Hernandez
Christine Tham	Jazmin Wali	Patrick Samayoa	Violeta Mora
Claire Riley	Jean McDonald	Pradeep Gidwani	Wendy Maramba
Claudette Allen Butler	Jennette Shay	Rafael Ortiz-Gomez	Yael Koenig
Danyte Mockus-Valenzuela	Jerelyn Bourdage	Rhonda Crowder	Yuka Sakamoto
Darwin Espejo	Jodi Erickson	Roberto Suarez	Yvette Leiva
Debbie Dennison	Julie McPherson	Ron Bautista	Zachary Guzik
Delia Machado	Kacie Rodvill	Rosa Ana Lozada	8 Unknown Callers
Delona King			

Committees/Sectors/Workgroups Meetings Information:

**Due to COVID-19, most of the committees' meetings are occurring virtually
Please reach out to the sector lead or Executive committee member to obtain location/link**

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

Outcomes: Meets the first Tuesday of every other month from 11:30 a.m. to 12:30 p.m.

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

Education Advisory Ad Hoc: Meets as Needed

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

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

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

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

Family and Youth as Partners: Meets every third Thursday of the month from 1:30 to 3 p.m.

Private Sector: Ad Hoc/Meets as needed.

Student Behavioral Health Incentive Program (SBHIP)

11.22.22 update for the Children, Youth and Families (CYF) Council

We are following up to say “THANK YOU” for the opportunity to give an overview of SBHIP at the November 14, 2022 CYF Council meeting. We heard the concerns of the Council participants and appreciate their valuable feedback. The goal of the presentation was to share our process thus far with assessing the student needs, service delivery, and referrals. While we didn’t directly meet with any of the council members at this stage in the program design phase, we do plan to involve them later in the process.

SBHIP goals and metrics were provided to the Managed Care Plans (MCPs) by Department of Health Care Services (DHCS) and are associated with targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for Transitional Kindergarten to 12 grade (TK-12) students in public schools. Recognizing the incredible need in San Diego County, it was a challenging task to pare the menu of options provided by DHCS down to an achievable set of objectives.

Working closely with San Diego Local Education Agencies (LEAs), MCPs, and the San Diego County Office of Education (SDCOE) over the past 5 months, we agreed on these SBHIP Objectives:

1. Break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.
2. Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services through schools, school-affiliated providers, county behavioral health departments, and county offices of education.
3. Increase non-specialty services on or near school campuses.
4. Address health equity gap, inequalities, and disparities in access to behavioral health services.

The project has, in essence, been designed with two phases. Phase 1 is complete, per DHCS directives and guidance. Phase 2 is an opportunity for collaborative partnership with CYF stakeholder feedback received at the Council meeting and going forward between stakeholders and the SBHIP team.

- Phase 1 of SBHIP involves the LEAs and MCPs working together to select 4 of the 14 Interventions to inform the Project Plans, specifically directed by DHCS.
- Phase 2 to involve the CYF council feedback collectively by data sharing and hearing the needs of the county students represented by the 5 LEAs, to coordinate behavior health services.

Again, thank you for the opportunity to share with the Council and we look forward to continuing to conversation – perhaps we can implement a mechanism to report back to the Council periodically on the progress of the SBHIP.

Thank you,

Verna Gant, MBA, Program Manager
NAMI San Diego, Student Behavioral Health Incentive Program (SBHIP)



COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS

NORA VARGAS
First District

JOEL ANDERSON
Second District

TERRA LAWSON-REMER
Third District

NATHAN FLETCHER
Fourth District

JIM DESMOND
Fifth District

DATE: November 15, 2022

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TO: Board of Supervisors

SUBJECT

AUTHORIZE COMPETITIVE SOLICITATIONS AND AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS (DISTRICTS: ALL)

OVERVIEW

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

Approval of today's recommended actions authorizes competitive solicitations and amendments to extend existing behavioral health services contracts, including single source contracts, to sustain critical behavioral health services, with the goal of building a better behavioral health services delivery system for San Diego County communities. These recommended actions support the continuation of critical work to advance the Behavioral Health Continuum of Care.

These items support the County's vision of a just, sustainable, and resilient future for all, specifically those communities and populations in San Diego County that have been historically left behind, as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by upholding practices that align with community priorities and improve transparency and trust while maintaining good fiscal management. Additionally, the programs and services outlined provide critical treatment and housing services to individuals with complex behavioral health conditions, including those who are experiencing homelessness and justice involvement, aligning with the Services, Treatment and Outreach and Emergency/Interim Housing/Resources domains of the County's Framework for Ending Homelessness.

RECOMMENDATION(S)

CHIEF ADMINISTRATIVE OFFICER

1. In accordance with Section 401, Article XXIII of the County Administrative Code, authorize the Director, Department of Purchasing and Contracting, to issue competitive solicitations for behavioral health services listed below, and upon successful

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negotiations and determination of a fair and reasonable price, award contracts for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed; and to amend the contracts to reflect changes in program, funding or service requirements, subject to the availability of funds and the approval of the Agency Director, Health and Human Services Agency.

- a. Behavioral Health Support Services
 - b. Behavioral Health Collaborative Court
 - c. Bio-Psychosocial Rehabilitation Services
 - d. Central Region Urgent Walk-In Program
 - e. Recuperative Services Treatment for Transition Age Youth
 - f. Substance Use Outpatient Treatment Program
2. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the contracts listed below to extend the contract term and expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.
- a. Extend the contract term up to June 30, 2023, and up to an additional six months, if needed:
 - Assertive Community Treatment, Substance Use and Housing Services
 - Mental Health Systems, Inc., dba TURN Behavioral Health Services (Contract #555095)
 - Mental Health Systems, Inc., dba TURN Behavioral Health Services (Contract #554865)
 - b. Extend the contract term up to December 31, 2023, and up to an additional six months, if needed:
 - Case Management Services
 - NAMI San Diego (Contract #549938)
 - Mental Health Outpatient Treatment Services
 - Exodus Recovery, Inc. (Contract #549560)
 - c. Extend the contract term up to June 30, 2024, and up to an additional six months, if needed:
 - Assertive Community Treatment Services
 - Community Research Foundation (Contract #559397)
 - Community Research Foundation (Contract #559398)
 - Community Research Foundation (Contract #559488)
 - Pathways Community Services, LLC (Contract #559971)
 - Consultant Services
 - Public Consulting Group, LLC (Contract #566147)
 - Mental Health Outpatient Treatment Services
 - Union of Pan Asian Communities (Contract #557827)
 - Mental Health Residential Treatment Services
 - Crestwood Behavioral Health, Inc. (Contract #558255)

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(DISTRICTS: ALL)**

- Strength-Based and Institutional Case Management
 - Telecare Corporation (Contract #559490)
- d. Extend the contract term up to June 30, 2027, and up to an additional six months, if needed:
 - Mental Health Outpatient Treatment Services
 - Exodus Recovery, Inc. (Contract #549564)
- 3. In accordance with Board Policy A-87, Competitive Procurement, and Administrative Code Section 401, authorize the Director, Department of Purchasing and Contracting, subject to successful negotiations and a determination of a fair and reasonable price, to amend the single source contracts listed below to extend the contract term and expand services, subject to the availability of funds; and amend the contracts as required in order to reflect changes to services and funding allocations, subject to the approval of the Agency Director, Health and Human Services Agency.
 - a. Extend the contract term up to June 30, 2023, and up to an additional six months, if needed:
 - Augmented Services Program and Enhanced Augmented Services
 - Casa El Cajon (Contract #562384)
 - b. Extend the contract term up to June 30, 2024, and up to an additional six months, if needed:
 - Long Term Care Services
 - Vista Woods Health Association, LLC (Contract #558327)
 - Substance Use Outpatient Treatment Services
 - Interfaith Community Services (#559501)
 - Substance Use Residential Treatment Services
 - CRASH, Inc. (Contract #553456)
 - Crossroads Foundation (Contract #553466)
 - House of Metamorphosis, Inc. (Contract #553455)
 - Metropolitan Area Advisory Commission (Contract #553460)
 - Pathfinders of San Diego, Inc. (Contract #553467)
 - Stepping Stone of San Diego, Inc. (Contract #553454)
 - Tradition One, Inc. (Contract #553462)
 - Turning Point Home of San Diego, Inc. (Contract #553457)
 - Twelfth Step House, Inc. (Contract # 553464)
 - Veterans Village of San Diego (Contract #553463)
 - The Way Back, Inc. (Contract #553465)
 - Substance Use Perinatal Residential Treatment Services
 - New Entra Casa (Contract #560535)
 - HealthRight 360 (Contract #550907)
 - McAlister Institute for Treatment and Education (Contract #553432)
 - Mental Health Systems, Inc. (Contract #553434)
 - Substance Use Teen Residential Treatment Services
 - McAlister Institute for Treatment and Education (Contract #553433)
 - Crisis Services
 - New Alternatives, Inc. (Contract #533821)

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EQUITY IMPACT STATEMENT

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) serves as the specialty mental health plan for Medi-Cal eligible residents within San Diego County who are experiencing serious mental illness or serious emotional disturbance, and the service delivery system for Medi-Cal eligible residents with substance use care needs. As a steward of public health for the region, BHS must ensure that the services offered through County-operated and contracted programs address the social determinants of health by being accessible, capable of meeting the needs of diverse populations, and with the intent to equitably distribute services to those most in need.

In support of these efforts, BHS utilizes a population health approach to identify need and design services that are impactful, equitable, and yield meaningful outcomes for those served. This includes facilitating ongoing engagement and input from the community, stakeholders, consumers, family members, community-based providers, and healthcare organizations through formal and informal convenings, along with cross-collaboration with other County departments and community partners. Additionally, through the establishment of the Community Experience Partnership and the recent launch of the Behavioral Health Equity Index, in collaboration with the University of California San Diego, BHS is leading the development of a tool for measuring behavioral health equity which will be used to inform program planning, siting of services, and allocation of resources in a way that supports community needs.

If approved, today's action will award contracts for services that improve access to treatment and care for populations who are underserved by social and behavioral health resources, including individuals experiencing homelessness, individuals with justice involvement, as well as children and youth with complex behavioral health needs.

SUSTAINABILITY IMPACT STATEMENT

The proposed action to provide services that improve access to treatment and care for populations who are underserved by social and behavioral health resources, will result in sustainability enhancements in terms of health/wellbeing, equity, economy, and environment. Awarding contracts for these services will contribute to County of San Diego Sustainability Goal #2 to provide just and equitable access to County services by providing a wider availability and range of supportive, inclusive, and stigma-free options. Services will first improve the overall health of communities, reducing the demand of associated care services, while then increasing effectiveness of care providers and lowering operating costs of facilities, thus reducing emissions and waste generated within the care sector.

FISCAL IMPACT

Funds for these requests are included in the Fiscal Year (FY) 2022-24 Operational Plan in the Health and Human Services Agency (HHSA). If approved, today's recommendations will result in approximate costs and revenue of \$5.3-7.1 million in FY 2022-23 and \$131.3-\$175.0 million in FY 2023-24. There will be no change in net General Fund cost and no additional staff years.

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Recommendation #1: Authorization to Issue Competitive Solicitations

If approved, this request will result in estimated costs and revenue of \$50-\$66.7 million in FY 2023-24. The funding sources are Mental Health Services Act (MHSA), Realignment, Short Doyle Medi-Cal, and Drug Medi-Cal (DMC). There will be no change in net General Fund cost and no additional staff years.

Recommendation #2: Authorization to Amend and Extend Contracts

If approved, this request will result in estimated costs and revenues of \$5.2-\$6.9 million in FY 2022-23 and \$31.3-\$41.7 million in FY 2023-24. The funding sources are MHSA, Realignment, Short Doyle Medi-Cal, DMC, and Assembly Bill 109. There will be no change in net General Fund cost and no additional staff years.

Recommendation #3: Authorization to Amend and Extend Single Source Contracts

If approved, this request will result in estimated costs and revenues of \$0.1-\$0.2 million in FY 2022-23 and \$50-\$66.6 million in FY 2023-24. The funding sources are MHSA, Realignment, Short Doyle Medi-Cal, California Work Opportunity and Responsibility to Kids (CalWORKs), Substance Abuse Block Grant, DMC, and Project for Assistance in Transition from Homelessness. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

At their meeting on November 3, 2022, the Behavioral Health Advisory Board voted to approve these recommendations.

BACKGROUND

The County of San Diego (County) Health and Human Services Agency, Behavioral Health Services (BHS) provides a comprehensive array of community-based behavioral health services to vulnerable populations, including individuals who are experiencing homelessness, individuals with justice involvement, and children and youth with complex behavioral health conditions. Services are provided through County-operated programs as well as contracts with local public and private agencies. Approval of today's recommended actions authorizes competitive solicitations to sustain critical behavioral health services and amendments to extend existing behavioral health services contracts.

These recommended actions support the continuation of critical work to advance the ongoing transformation of the Behavioral Health Continuum of Care. Additionally, the programs and services outlined provide critical treatment and housing services to individuals with complex behavioral health conditions, including those who are experiencing homelessness and justice involvement, aligning with the Services, Treatment and Outreach, and Emergency/Interim Housing and Resources domains of the County's Framework for Ending Homelessness. All contracts are contingent upon the availability of funding, successful negotiations, and determination of a fair and reasonable price.

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Recommendation #1: Authorization to Issue Competitive Solicitations

a. Behavioral Health Support Services

On January 26, 2021 (11), the Board authorized the procurement of behavioral health support services (BHSS) at new housing developments in the Central Region. BHSS programs provide onsite services and permanent supportive housing to adults, ages 18 and older, who reside at San Diego Housing Commission's housing developments, who may have a mental health and/or substance use condition and need behavioral health support services. Services include screening, outreach and engagement, case management, housing stabilization, crisis intervention, and care coordination.

The BHSS programs utilize Housing First principles and adhere to housing stability metrics that reflect the community standards for permanent supportive housing programs and are reflective of national best practices. If approved, services will be provided in the Central and North Central Regions. In Fiscal Year (FY) 2021-22, BHSS programs served a total of 386 unduplicated residents, with 95.3% of residents receiving onsite behavioral health support services.

Today's action requests the Board to authorize a competitive solicitation for the procurement of two BHSS programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

b. Behavioral Health Collaborative Court

On September 23, 2014 (9), the Board authorized the procurement of the Behavioral Health Collaborative Court (BHCC) program designed to provide clinical case management and mental health, substance-induced psychiatric rehabilitation treatment, and recovery services to adults with serious mental illness (SMI). Subsequently, on November 16, 2021 (5), the Board authorized the contract term extension of this program up to June 30, 2023, and up to an additional six months, if needed. Furthermore, on May 24, 2022 (22), the Board authorized an amendment of the contract with the California Department of State Hospitals to increase grant funds for its mental health diversion program for BHCC. BHCC is a Full-Service Partnership and Assertive Community Treatment team that provides clinical case management and mental health, substance-induced psychiatric rehabilitation treatment, and recovery services to adults who have been incarcerated and are referred by the San Diego County Superior Court. Services include intensive court services and community supervision by the Superior Court and Probation Department, mental health, and co-occurring treatment services, including medication prescription and management, case management, and support in attaining stable housing and employment.

The BHCC program is based on a collaborative court model, which has shown effectiveness in increasing success and decreasing recidivism as participants transition from custody to community. The collaborative court model includes a team consisting of a Judge, Defense Attorney, Public Defender, Probation Officer, and treatment provider, designed to address public safety issues presented by misdemeanor and non-violent offenders and restore them as accountable and productive community members. The program helps participants effectively manage SMI and co-occurring conditions. It also helps prevent future criminal activity while

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also reducing the burden and costs of repeatedly processing individuals with low-level, non-violent offenses through the Nation's courts, jails, and prisons. Services are provided countywide. In FY 2021-22, the program served a total of 142 unduplicated clients. Of those served by the program, 76% remained the same or showed improvement in their functional status and 48% remained the same or showed improvement in their clinical status.

Today's action requests the Board authorize a competitive solicitation for the procurement of the BHCC program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

c. Bio-Psychosocial Rehabilitation Services

On January 7, 2014 (9), the Board authorized the procurement of Bio-Psychosocial Rehabilitation (BPSR) services for the Chaldean and Middle Eastern Community in the East Region and subsequently, on November 16, 2021 (5), the Board authorized a contract term extension of this program up to June 30, 2023, and up to an additional six months, if needed. On June 20, 2017 (13), the Board authorized the procurement of BPSR services in the East and Central Regions. BPSR programs provide treatment, rehabilitation, and recovery services to adults who have SMI, including those who may have co-occurring substance use conditions. The BPSR programs include urgent walk-in services, psychiatric evaluation, medication management, individual and group therapy, and crisis management.

BPSR services are provided for underserved communities, including the Asian American and Pacific Islander, Hispanic/Latino, and Middle Eastern populations. In FY 2021-22, the four BPSR clinics in the Central and East Regions served a total of 1,866 unduplicated clients. In FY 2021-22, the Mental Health Outcomes Management System reported that 78.1% of these clients showed clinical improvements and 70.3% showed functional improvements.

Today's action requests the Board authorize a competitive solicitation for the procurement of four BPSR programs for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed. If approved, these four programs will provide services to the Middle Eastern (with programming located in the East Region), Hispanic/Latino (with programming located in the Central Region), and Asian American Pacific Islander population (with programming located in the Central Region), along with an East Region-specific outpatient mental health clinic which will complement the County Operated BPSR in the East Region. Culturally specific programming and best practices will be included to support the needs of community members.

d. Central Region Urgent Walk-In Program

On June 20, 2017 (13), the Board authorized the procurement of the Central Region Urgent Walk-In Program. This program provides urgent mental health services that are consistent with psychosocial rehabilitation and recovery principles for adults with persistent SMI and/or co-occurring mental health and substance use conditions, who are eligible for Medi-Cal funded services or are indigent. Services include screening and behavioral health assessment, medication services, referrals, and linkage to ongoing care.

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The Central Region Urgent Walk-In Program assists in reducing the number of individuals going to emergency rooms or emergency psychiatric units solely to access medication and services. In FY 2021-22, the program screened a total of 3,207 unduplicated clients to determine if they meet program criteria, of which 2,023 were assessed for mental health needs. Of those assessed, 749 clients were successfully connected to ongoing care, thus, achieving 92.5% of the program goal of connecting 809 clients to ongoing services in the system of care.

Today's action requests the Board authorize a competitive solicitation for the procurement of the Central Region Urgent Walk-In Program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

e. Recuperative Services Treatment for Transition Age Youth

On April 25, 2017 (5), the Board authorized the procurement of Recuperative Services Treatment (ReST) Recuperative Housing program. This program is designed to improve the mental health and quality of life outcomes of transition age youth (TAY) with SMI who are experiencing or at risk of homelessness, and who repeatedly utilize acute or emergency mental health services but are otherwise unconnected to services. Services include short-term housing that incorporates innovative, recuperative, and habilitative housing and supportive services. The program innovatively engages and connects TAY to all needed services, including ongoing behavioral health treatment. The program also provides a supportive environment which includes whole-health services targeting healthy eating, exercise, sleep, and a range of holistic interventions coupled with occupational therapy supports to help teach skills needed to encourage recovery, promote healthy social connections, and accomplish personal goals. Services are provided countywide.

In FY 2021-22, the program served a total of 52 unduplicated TAY and 100% of these clients were linked to employment, education, housing, improved health and social connectedness, connection to ongoing mental health treatment, and access to behavioral health services. According to the FY 2020-21 University of California San Diego Evaluation Report, ReST participants showed a reduction in the use of Psychiatric Emergency Response Team services from 22.4% to 6.1%, crisis stabilization services from 24.5% to 4.1%, inpatient services from 34.7% to 10.2%, and crisis residential treatment services from 26.5% to 8.2% during their time in the program and 180 days after leaving the program.

Today's action requests the Board to authorize a competitive solicitation for the procurement of the ReST for TAY program for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

f. Substance Use Outpatient Treatment Program

On September 23, 2014 (9), the Board authorized the procurement of Regional Recovery Services for adults. On March 27, 2018 (2), the Board authorized the implementation of the Drug Medi-Cal Organized Delivery System designed to improve care for those who are experiencing substance use issues and the procurement and amendment of contracts to support and expand the substance use provider network capacity. Subsequently, on November 16, 2021

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(5), the Board authorized the contract term extension of the six Regional Recovery Centers up to June 30, 2023, and up to an additional six months, if needed.

Regional Recovery Centers provide non-residential substance use treatment and recovery services to TAY, adults, and older adults with substance use conditions, including those with co-occurring mental health needs. Services are provided in the Central, East, North Central, North Coastal, North Inland, and South Regions. Regional Recovery Centers incorporate evidence-based treatment and recovery approaches. This level of treatment includes outpatient withdrawal management, intensive outpatient substance use treatment, case management, connection to medication assisted treatment, recovery services, and client support in attaining the appropriate level of care, employment, and stable housing.

In FY 2021-22, clients in the six substance use outpatient treatment programs have demonstrated an increase in housing stability, with an average of 83% of those experiencing homelessness at intake being housed at the end of treatment. Additionally, an average of 77% of clients who completed treatment were enrolled in an eligibility program at the end of treatment or employed either in a structured employment preparation program or in a formal educational setting. Furthermore, clients in these programs have reported no new arrests, successful assessment completion, and the provision of recovery services. In FY 2021-22, the Regional Recovery Centers served a cumulative total of 3,738 unduplicated clients.

Today's action requests the Board to authorize competitive solicitations for the procurement of the six Substance Use Outpatient Treatment Programs, Regional Recovery Centers, for an Initial Term of up to one year, with four 1-year Options, and up to an additional six months, if needed.

Recommendation #2: Authorization to Amend and Extend Contracts

The Board authorized the competitive solicitation for the programs listed in Attachment A, Tables 1-4. Most of the contracts listed in Attachment A, Tables 1-4 expire by the end of FY 2022-23 and require an amendment to extend to ensure continuity of critical behavioral health treatment services. These contracts will be competitively re-procured and the extensions support strategically spreading the re-procurements over time to allow for maximum competition from potential offerors. Additionally, these extensions will support improved service delivery by ensuring similar services are aligned and evaluated through clinical design.

If approved, today's actions would authorize an amendment and extension as follows:

- a. Table 1 – extend the contract term up to June 30, 2023, and up to an additional six months, if needed.
- b. Table 2 – extend the contract term up to December 31, 2023, and up to an additional six months, if needed.
- c. Table 3 – extend the contract term up to June 30, 2024, and up to an additional six months, if needed.
- d. Table 4 – extend the contract term up to June 30, 2027, and up to an additional six months, if needed. The County invested time and resources to obtain site licensure and conduct facility improvements of the Vista Crisis Stabilization Center. This site has been

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operational for less than one year; extending this contract would prevent disruption in services.

Additional details of these programs can be found in Attachment A, Tables 1-4.

Recommendation #3: Authorization to Amend and Extend Single Source Contracts

The Board authorized the single source procurement of the programs listed in Attachment A, Tables 5-6. Most of the contracts listed in Attachment A, Tables 5-6 expire by the end of FY 2022-23 and require an amendment to extend to ensure continuity of critical behavioral health treatment services. Most of these contracts will be competitively re-procured and the extensions support strategically spreading the re-procurements over time to allow for maximum competition from potential offerors. Additionally, these extensions will support improved service delivery by ensuring similar services are aligned and evaluated through clinical design.

If approved, today's actions would authorize an amendment and extension as follows:

- a. Table 5 – extend the contract term up to June 30, 2023, and up to an additional six months, if needed.
- b. Table 6 – extend the contract term up to June 30, 2024, and up to an additional six months, if needed.

The Director of the Department of Purchasing and Contracting awarded the contracts listed in Attachment A, Tables 5-6 based on the following Board Policy A-87, Competitive Procurement exceptions:

- Section 1.D.3: the procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources.
- Section 1.D.6: the procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the good and/or services cannot provide similar efficiencies or critical knowledge.

Additional details of these programs can be found in Attachment A, Tables 5-6.

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LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed actions support the County of San Diego's (County) 2022-2027 Strategic Plan Initiatives of Equity (Health) and Community (Quality of Life) as well as the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This is accomplished by reducing disparities and disproportionality of individuals with mental health and substance use conditions and ensuring access to a comprehensive continuum of behavioral health services administered through accessible behavioral health programs.

Respectfully submitted,

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

HELEN N. ROBBINS-MEYER
Chief Administrative Officer

ATTACHMENT(S)

Attachment A – Behavioral Health Services List of Contracts



BEHAVIORAL HEALTH SERVICES LIST OF CONTRACTS

November 15, 2022

Table 1

Recommendation #2a: Authorization to Amend and Extend Contract term up to June 30, 2023 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Assertive Community Treatment, Substance Use and Housing Services							
The Assertive Community Treatment (ACT), Substance Use and Housing Services program provides permanent supportive housing services integrated with serious mental illness (SMI) and substance use treatment services for those experiencing homelessness in San Diego County.	555095	Adults & Older Adults	Mental Health Systems, Inc., dba TURN Behavioral Health Services	ACT, Substance Use Services and Housing Program for Persons who are Homeless in the East Region	\$5.2 million	Approved for procurement by the Board of Supervisors (Board) on 6/21/2016 (9) and contract term extension on 1/26/2021 (11).	12/31/2022
	554865	Adults & Older Adults	Mental Health Systems, Inc., dba TURN Behavioral Health Services	ACT, Substance Use Services and Housing Program for Persons who are Homeless in the Central Region	\$3.2 million	Approved for procurement by the Board on 8/4/2015 (4) and contract term extension on 1/26/2021 (11).	12/31/2022
Total Estimated Cost					\$8.4 million		

* Budget amounts rounded to the nearest hundred thousand

Table 2

Recommendation #2b: Authorization to Amend and Extend Contract term up to December 31, 2023 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Case Management Services							
The Integrated Peer Professional and Family Engagement Program provides screening, early intervention and brief case management services for individuals who have mental health and/or substance use conditions. Services are provided at the San Diego Psychiatric Hospital with field-based services provided in the community.	549938	Adults	NAMI San Diego	Integrated Peer Professional and Family Engagement Program	\$3.0 million	Approved for procurement by the Board of Supervisors (Board) on 7/13/2021 (11)	12/31/2022
2. Mental Health Outpatient Treatment Services							
The Behavioral Health Services for AB109 Clients program provides strengths-based case management, medication management, and temporary housing to cover various needs for adults living with SMI, referred by the Probation Department and under supervision as AB 109 offenders.	549560	Adults & Older Adults	Exodus Recovery, Inc.	Behavioral Health Services for AB109 Clients	\$2.3 million	Approved for procurement by the Board on 1/7/2014 (9) and contract term extension on 1/26/2021 (11)	12/31/2022
Total Estimated Cost					\$ 5.3 million		

* Budget amounts rounded to the nearest hundred thousand

Table 3

Recommendation #2c: Authorization to Amend and Extend Contract term up to June 30, 2024 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Assertive Community Treatment Services							
ACT programs provide intensive wraparound treatment services for individuals experiencing homelessness or at risk of homelessness, who have a SMI, and who may also have a co-occurring substance use condition.	559397	Adults	Community Research Foundation	ACT and Full-Service Partnership for Homeless Adults in Central and North Central Regions	\$7.1 million	Approved for procurement by the Board on 6/20/2017 (13).	6/30/2023
	559398	Adults	Community Research Foundation	ACT and Full-Service Partnership for Homeless Adults in the Downtown San Diego Service Area	\$7.6 million	Approved for procurement by the Board on 6/20/2017 (13).	6/30/2023
	559488	Older Adults	Community Research Foundation	ACT and Full-Service Partnership with Supportive Housing	\$5.0 million	Approved for procurement by the Board on 6/20/2017 (13).	6/30/2023
	559971	Transition Age Youth (TAY)	Pathways Community Services, LLC	ACT and Full-Service Partnership for Transition Age Youth (TAY)	\$5.2 million	Approved for procurement by the Board on 6/20/2017 (13).	6/30/2023
2. Consultant Services							
Behavioral Health Consultant Services provide countywide assistance with project management of behavioral and healthcare systems. Consulting services include subject matter expertise, best practice innovation, care coordination across sectors, data collection and analysis.	566147	N/A	Public Consulting Group, LLC	Behavioral Health Consultant Services	\$0.6 million	Approved for procurement by the Board on 12/11/2018 (25) and contract extension on 7/13/2021 (11).	6/30/2023
3. Mental Health Outpatient Treatment Services							
Specific Children's Mental Health Services provides services to children and adolescents, emphasizing those of Asian/Pacific Islander and Latino heritage, who are experiencing a serious emotional disturbance. The program offers intensive culturally competent services to children and adolescents up to age 21, who are receiving full-scope Medi-Cal. Services include substance use therapy, case management, and rehabilitative services.	557827	Children and Adolescents up to age 21	Union of Pan Asian Communities	Specific Children's Mental Health Services	\$1.0 million	Authorized for procurement under Admin Code 401, which authorizes the Department of Purchasing and Contracting to execute competitively procured contracts valued up to \$1.0 million.	6/30/2023

* Budget amounts rounded to the nearest hundred thousand

Recommendation #2c: Authorization to Amend and Extend Contract term **up to June 30, 2024**, and up to an additional six months, if needed.

Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
4. Mental Health Residential Treatment Services							
Transitional Residential Program is a 24-hour residential mental health treatment program for clients with SMI. Services include medication support, case management, crisis intervention, rehabilitation, and recovery interventions, including peer supports.	558255	Adults	Crestwood Behavioral Health, Inc.	Transitional Residential Program	\$1.1 million	Approved for procurement by the Board on 10/4/2016 (1).	6/30/2023
5. Strength-Based and Institutional Case Management							
Strength-Based Case Management, Full Services Partnership and Institutional Case Management program provides services to older adults with SMI and who may also have a co-occurring substance use condition. Services include case management, personalized assessments, collaboration with community partners, and linkage to community resources.	559490	Older Adults	Telecare Corporation	Strengths-Based Case Management, Full Services Partnership, and Institutional Case Management	\$3.9 million	Approved for procurement by the Board on 6/20/2017 (13).	6/30/2023
Total Estimated Cost					\$31.5 million		

* Budget amounts rounded to the nearest hundred thousand

Table 4

Recommendation #2d: Authorization to Amend and Extend Contract term up to June 30, 2027 , and up to an additional six months, if needed.							
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date
1. Mental Health Outpatient Treatment Services							
Vista Crisis Stabilization Services provides community-based walk-in triage services for adults and older adults who have a SMI and are experiencing a psychiatric emergency, who may also have co-occurring substance use conditions. Services are offered 24-hour, 7-days per week, which include assessment services, urgent psychiatric evaluations, and reduction of unnecessary utilization of emergency services.	549564	Adults & Older Adults	Exodus Recovery, Inc.	Vista Crisis Stabilization Services	\$7.5 million	Approved for procurement by the Board on 11/17/2020 (10).	6/30/2023
Total Estimated Cost					\$7.5 million		

* Budget amounts rounded to the nearest hundred thousand

Table 5

Recommendation #3a: Authorization to Amend and Extend Single Source Contract term up to June 30, 2023 , and up to an additional six months, if needed.									
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
1. Augmented Services Program & Enhanced Augmented Services									
In alignment with the Optimal Care Pathways (OCP) model approved by the Board on September 27, 2022, the Augmented Services Program (ASP) provides additional services to individuals with SMI in licensed residential care facilities, also referred to as board and care facilities, to help them maintain or improve functioning in the community and to prevent or minimize institutionalization.	562384	Older Adults	Casa El Cajon	Augmented Services Program	\$0.4 million	Authorized under A-87, which grants the County CAO authority to approve single source procurements up to \$100,000 and amendment of existing services on 1/26/2021 (11)	12/31/22	D3. The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources.	At the time of procurement, Casa El Cajon was the only provider who could address the unmet needs of ASP clients at an affordable price.
Total Estimated Cost					\$0.4 million				

* Budget amounts rounded to the nearest hundred thousand

Table 6

Recommendation #3b: Authorization to Amend and Extend Single Source Contract term up to June 30, 2024, and up to an additional six months, if needed.									
Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
1. Long Term Care Services									
This Adult Residential Skilled Nursing Facility is a 24-hour residential mental health program for clients with SMI. This facility has a specialized neurobehavioral unit for those diagnosed with neurocognitive impairment and traumatic brain injury. This aligns with the OCP model.	558327	Adults	Vista Woods Health Association, LLC	Adult Residential Skilled Nursing Facility	\$1.6 million	Approved for single source procurement by the Board on 06/20/2017 (13).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	At the time of procurement, Vista Woods Health Association, LLC was the only provider who could provide these specialized mental health services.
2. Substance Use Outpatient Treatment Services									
The Substance Use Outpatient Treatment Program provides clinical assessments for substance use and mental health conditions, in addition to care coordination and connection to the appropriate level of care to adults, 18 years of age and older.	559501	Adults	Interfaith Community Services	Substance Use Outpatient Treatment Program	\$1.8 million	Approved for single source procurement by the Board on 12/11/2018 (13).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	At the time of procurement, Interfaith Community Services was the only provider who had an established Recovery and Wellness Center in an area of identified need, with all levels of care located at one site.
3. Substance Use Residential Treatment Services									
Substance Use Residential Treatment Programs provide 24-hour non-medical residential substance use treatment, recovery, and ancillary services to adults ages 18 years and older, with substance use conditions, including co-occurring mental health conditions.	553456	Adults & Older Adults	CRASH, Inc.	Substance Use Residential Treatment Program	\$6.4 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	CRASH, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.

* Budget amounts rounded to the nearest hundred thousand

Recommendation #3b: Authorization to Amend and Extend Single Source Contract term up to June 30, 2024, and up to an additional six months, if needed.

Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
	553466	Adults & Older Adults	Crossroads Foundation	Substance Use Residential Treatment Program	\$1.3 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Crossroads Foundation is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553455	Adults & Older Adults	House of Metamorphosis, Inc.	Substance Use Residential Treatment Program	\$4.1 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	House of Metamorphosis is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553460	Adults & Older Adults	Metropolitan Area Advisory Commission (MAAC)	Alcohol & Other Drug Social Model Residential Recovery Services	\$2.8 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	MAAC is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553467	Adults & Older Adults	Pathfinders of San Diego, Inc	Substance Use Residential Treatment Program	\$2.0 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Pathfinders of San Diego, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.

* Budget amounts rounded to the nearest hundred thousand

Recommendation #3b: Authorization to Amend and Extend Single Source Contract term up to June 30, 2024, and up to an additional six months, if needed.

Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
	553454	Adults & Older Adults	Stepping Stone of San Diego, Inc.	Substance Use Residential Treatment Program	\$2.6 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Stepping Stone of San Diego, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553462	Adults & Older Adults	Tradition One, Inc.	Substance Use Residential Treatment Program	\$2.3 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Tradition One, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553457	Adults & Older Adults	Turning Point Home of San Diego, Inc.	Substance Use Residential Treatment Program	\$1.6 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Turning Point Home of San Diego, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553464	Adults & Older Adults	Twelfth Step House, Inc.	Substance Use Residential Treatment Program	\$1.6 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Twelfth Step House, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.

* Budget amounts rounded to the nearest hundred thousand

Recommendation #3b: Authorization to Amend and Extend Single Source Contract term up to June 30, 2024, and up to an additional six months, if needed.

Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
	553463	Adults & Older Adults	Veterans Village of San Diego	Substance Use Residential Treatment Program	\$6.5 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Veterans Village of San Diego is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.
	553465	Adults & Older Adults	The Way Back, Inc.	Substance Use Residential Treatment Program	\$2.0 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	The Way Back, Inc. is an established 24-hour, 7-day per week residential facility that provides specialized treatment for those in need of substance use services. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity of DMC-ODS.

4. Substance Use Perinatal Residential Treatment Services

Substance Use Perinatal Residential Treatment Services programs provide 24-hour non-medical residential substance use treatment, recovery and ancillary services to women who are pregnant or parenting, with a substance use condition, including co-occurring mental health conditions. Services include peer support, parent education, childcare, and mental health screening assessments.	560535	Pregnant and Parenting Women	New Entra Casa	Substance Use Perinatal Residential Treatment Program	\$0.8 million	Approved for single source procurement by the Board on 6/4/2019 (10).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	At the time of procurement, New Entra Casa was the only provider within the County of San Diego that had an established substance use treatment facility and was prepared to transition to become a DMC-ODS provider. It is located in the Central Region, an underserved area which at the time did not have any County contracted perinatal residential treatment beds.
	550907	Pregnant and Parenting Women	HealthRight 360	Substance Use Perinatal Residential Treatment Program	\$9.0 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot	HealthRight 360 is an established 24-hour, 7-day per week residential facility that offers substance use treatment and recovery services to meet the special needs of women. Single source authority was granted on 3/27/2018 to ensure service continuity and network

* Budget amounts rounded to the nearest hundred thousand

Recommendation #3b: Authorization to Amend and Extend Single Source Contract term up to June 30, 2024, and up to an additional six months, if needed.

Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
								provide similar efficiencies or critical knowledge.	capacity; and to support the objectives of DMC-ODS.
	553432	Pregnant and Parenting Women	McAlister Institute for Treatment and Education	Substance Use Perinatal Residential Treatment Program	\$7.4 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	McAlister Institute for Treatment and Education is an established 24-hour, 7-day per week residential facility that offers substance use treatment and recovery services to meet the special needs of women. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity; and to support the objectives of DMC-ODS.
	553434	Pregnant and Parenting Women	Mental Health Systems, Inc.	Substance Use Perinatal Residential Treatment Program	\$5.2 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	Mental Health Systems, Inc. is an established 24-hour, 7-day per week residential facility that offers substance use treatment and recovery services to meet the special needs of women. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity; and to support the objectives of DMC-ODS.
5. Substance Use Teen Residential Treatment Services									
The Substance Use Adolescent Residential Treatment Program operates 24-hour treatment facilities countywide, to adolescents with co-occurring substance use and mental health conditions. Services include screening/assessments, group, or individual therapy, recovery services, case management, and referrals for additional resources.	553433	Adolescents	McAlister Institute for Treatment and Education	Substance Use Adolescent Residential Treatment Program	\$1.8 million	Approved for single source procurement by the Board on 3/27/2018 (2).	6/30/2023	D6. Continuity: The procurement is for goods and/or services where continuity of providers will provide efficiency or critical knowledge, and other providers of the goods and/or services cannot provide similar efficiencies or critical knowledge.	McAlister Institute for Treatment and Education is an established 24-hour, 7-day per week residential facility that offers substance use treatment and recovery services to meet the special needs of adolescents. Single source authority was granted on 3/27/2018 to ensure service continuity and network capacity; and to support the objectives of DMC-ODS.

* Budget amounts rounded to the nearest hundred thousand

Recommendation #3b: Authorization to Amend and Extend Single Source Contract term up to June 30, 2024, and up to an additional six months, if needed.

Service Description	Contract Number	Population Served	Contractor Name	Program Name	Annual Budget*	Previous Authority	Contract End Date	Exception to Board Competitive Procurement Policy (A-87)	Single Source Exception Justification Narrative
6. Crisis Services									
The Emergency Screening Unit (ESU) provides 24-hour psychiatric assessment and crisis intervention services for children and adolescents. Services include emergency psychiatric evaluations, emergency mental health assessment, crisis intervention, crisis stabilization, ability to manage an after care follow up connection as needed, case management and medication management.	533821	Youth up to age 18	New Alternatives, Inc.	Emergency Screening Unit	\$5.8 million	Approved for augmentation of ESU services by the Board on 4/27/2010 (10).	6/30/2023	D3. The procurement is for services from a provider with unique knowledge, skill, or ability not available from other sources.	At the time of procurement, New Alternatives, Inc. had the unique ability and staffing model to provide services at this 24-hour, specialized facility.
Total Estimated Cost					\$66.6 million				

* Budget amounts rounded to the nearest hundred thousand



ITEM #28: AUTHORIZE COMPETITIVE SOLICITATIONS, AND AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS



Nick Macchione, Agency Director, Health and Human Services Agency
Luke Bergmann, PhD, Director, Behavioral Health Services

November 15, 2022



1

CONTINUITY OF BEHAVIORAL HEALTH SERVICES

Actions to Provide Critical Community-Based Behavioral Health Services

- Authorize Competitive Solicitations
- Authorize Contract Amendments and Extensions, including Single Source contracts

New Procurements	Amendments
<ul style="list-style-type: none"> • Behavioral Health Support Services • Behavioral Health Collaborative Court • Bio-Psychosocial Rehabilitation Services • Central Region Urgent Walk-in Program • Recuperative Services Treatment • Substance Use Outpatient Treatment 	<ul style="list-style-type: none"> • Case Management Services • Assertive Community Treatment Services • Consultant Services • Mental Health Outpatient and Residential Treatment Services • Long-term Care Services • Substance Use Outpatient and Residential Treatment Services • Crisis Services

2

COMPETITIVE SOLICITATIONS



LIVE WELL
SAN DIEGO

Services	Population Served
<i>Behavioral Health Collaborative Court</i> Collaborative court model providing clinical case management, mental health, substance use rehabilitation and recovery services to formerly incarcerated adults.	Justice-Involved
<i>Behavioral Health Support Services</i> Onsite services and permanent supportive housing to adults residing at San Diego Housing Commission's housing developments with a mental and/or substance use condition.	Supports for clients at risk of or experiencing homelessness
<i>Recuperative Services Treatment for Transition Age Youth</i> Services include short-term housing that incorporates innovative, recuperative, and habilitative housing and supportive services.	

3

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COMPETITIVE SOLICITATIONS



LIVE WELL
SAN DIEGO

Services	Population Served
<i>Bio-Psychosocial Rehabilitation Services</i> Treatment, rehabilitation, and recovery services to adults who have SMI, including those who may have co-occurring substance use conditions.	Mental health and/or co-occurring substance use services
<i>Central Region Urgent Walk-In Program</i> Urgent mental health services consistent with psychosocial rehabilitation and recovery principles.	
<i>Substance Use Outpatient Treatment Program</i> Regional recovery centers provide non-residential substance use treatment and recovery treatment.	

4

4

RECOMMENDATIONS



- Authorize competitive solicitations and award contracts to support critical behavioral health services.
- Authorize the amendment of contracts and single source contracts for the extension and expansion of services.

5

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ITEM #28: AUTHORIZE COMPETITIVE SOLICITATIONS, AND AMENDMENTS TO EXTEND EXISTING BEHAVIORAL HEALTH SERVICES CONTRACTS

Nick Macchione, Agency Director, Health and Human Services Agency
 Luke Bergmann, PhD, Director, Behavioral Health Services

November 15, 2022



6

PROPOSAL LETTER FOR ADVOCACY OF PEER COUNSELING PROGRAMS IN ALL MIDDLE & HIGH SCHOOLS IN CALIFORNIA

California Behavioral Health Planning Council
MS 2706
PO Box 997413
Sacramento, CA 95899-7412

October 19, 2022

California Department of Education
Dr. Linda Darling-Hammond
State Board President
State Board of Education
1430 N. Street, Room 5111
Sacramento, CA 95814

Dear Dr. Darling-Hammond:

The California Behavioral Health Planning Council (CBHPC) is the largest stakeholder Consumer and Family member advisory body to state and local government, the legislature, and residents of California on mental health services in California. The CBHPC's "Child & Youth Workgroup" focuses their actions on one of our most vulnerable mental health populations - our children, teens, and transitional aged youth. In light of the increasing mental health challenges young people face (stress, academic competition, parental expectation, peer pressure, bullying, negative social media, lack of self-esteem, drinking & smoking misuse, sexual identity & activity,...) in addition to the isolation our young people endured during COVID, we would like to strongly advocate for the implementation of Student-Led Peer Counseling Programs in all Middle and High Schools in California.

Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The CBHPC advocates for Student-Led Peer Counseling Programs as one of the most powerful avenues for Positive Student Mental Health for the following reasons:

1. Very low-cost or **no-cost** option.
2. Students will "seek out" and "**listen**" to their peers quicker than adults.
3. **Innately diverse** as it is student-led allowing any & all students to potentially be a peer support or be a student asking for help...this diversity covers gender, age, race/ethnicity/culture, sexual identity, religion & disability.
4. Reduces "stigma" & encourage young people to seek help without fear.
5. Enables **Long-Term, Sustainable Outcomes** as it is Student-Led with new students coming in each year.
6. Engages students who want to help their peers in a productive method.
7. Student peer counselors learn quality communication skills which opens up many career options and increases post-education employability.
8. Student peer counselors create a "real" pipeline for mental health occupations which are severely needed.

"Some (California) districts have offered peer counseling programs for decades and seen notable results, not just from the students who received help but from the peer counselors themselves"

Ed Resource February 18, 2022

** 58% of students discuss their mental health with their friends*

** 81% of students are interested in learning coping skills and tools to deal with the stresses of everyday life and that they would be comfortable using a variety of resources....that teach skills to support mental wellness*

Born This Way Foundation-Beneson-MHSOAC Research Study 2019

Although there has been movement in various schools in California, a more aggressive approach to implementing these programs is necessary. The wide-spread impact of student-led peer counseling programs will create a positive impact to millions of students in the state of California immediately.

Upon research and review of multiple peer counseling programs in California, the CBHPC would like to recommend streamlining some components of these programs in an effort to collect essential data and help school teacher/counselor to simply initiate and maintain these programs at their schools:

- A. Supervision of Student-Led Peer Counseling Program should be appointed based on their belief and enthusiasm that students can be empowered to help themselves.
- B. Supervisor to receive training (the only hard expense for these programs) through a **consistent & equivalent** program offered to any and all supervisors throughout the state. This training should be easy to attend (virtual option) and reasonable in expense. Would strongly recommend this training resource to be assessable at one access point for all staff. This access point would ideally also service as a hub for supervisors to exchange new and/or unique ideas that may be working in their individual districts with varying diverse student populations.
- C. Training of Supervisors should be uncomplicated but thorough to teach their students the following skill sets: Communication/Empathy, Active Listening, Problem Solving, Decision-Making, Peaceful Conflict Resolution, Confidentiality.
- D. Training for Student Peer Counselors would be most beneficial if taught as a curriculum course (ideally with A-G requirements to be college prep if possible).
- E. Main Objectives of the programs should cover: One on One Student Support, School Presentations for issues impacting their specific school and/or Mental Health Fairs, & Freshman/New Student Transition.
- F. Encourage fundraising or sponsoring for any monies needed for school events - fundraising for these limited funds promotes teamwork to reach positive goals, gives opportunity for communication and active listening skills, compromise, builds self-esteem and confidence.
- G. Implement simple data collection for results verification. Would strongly recommend a SIMPLE, short self-assessment checklist students can fill out before using program services and then at the end of the school year. It should collect basic student demographics descriptors (to ensure equity across student populations) and mental health status. Data should be reported annually to the County Boards of Education.

Thank you for the opportunity to share our concerns and proposal for resolution. If you have any questions, please contact Naomi Ramirez, CBHPC Children & Youth Workgroup Coordinator at (916) 750-4606 or Naomi.Ramirez@cbhpc.dhcs.ca.gov.

Sincerely,

Christine Marie Frey
Transition Age Youth representing the Youth Voice on the CBHPC
Chairperson of the CBHPC Children & Youth Workgroup



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Children and Youth Behavioral Health Initiative

Announcements

On December 1, as part of the CYBHI, DHCS released a [Request for Application \(RFA\)](#) seeking proposals for the first round of grant funding to expand evidence-based and community-defined evidence practices (EBPs and CDEPs, respectively). For the first round of EBP/CDEP grant funding, DHCS seeks proposals from various individuals, organizations, and agencies to scale parent and caregiver support and training services to parents, caregivers, and children and youth with emerging or existing mental health and/or substance use disorders. Interested parties are encouraged to apply for funding using [this application form](#) by January 31, 2023, at 5 p.m.

In addition, DHCS developed a [Grant Strategy Overview document](#) to highlight its overall strategy for scaling up EBPs and CDEPs across multiple funding rounds that will be announced in 2023.

For more information about the RFA and DHCS' strategy for scaling EBPs and CDEPs please see our [EBP and CDEP Grants page](#).

Background

Established as part of the Budget Act of 2021, the Children and Youth Behavioral Health Initiative (CYBHI) is a multiyear, multi-department package of investments that seeks to reimagine the systems, regardless of payer, that support behavioral health for all California's children, youth, and their families. Efforts will focus on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health (mental health and substance use) needs for children and youth ages 0-25. CYBHI is grounded in focusing on equity; centering efforts around children and youth voices, strengths, needs, priorities, and experiences; driving transformative systems change; and using ongoing learning as the basis for change and improvement in outcomes for children and youth.

The Children and Youth Behavioral Health Initiative includes multiple work streams that are led by five departments and offices within the California Health and Human Services Agency – Department of Health Care Services (DHCS), Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and the Office of the Surgeon General. Under the California Health and Human Services Agency's leadership, the five departments have been working closely together to align priorities, define outcomes for the initiative, identify opportunities for cross-departmental collaboration, as well initiative interdependencies; and, obtain stakeholder input.

The DHCS is responsible for key work streams under this initiative, including but not limited to:

- Development a Behavioral Health Virtual Services & E-consult Platform;
- Development of a Statewide School-linked Fee Schedule and Behavioral Health Provider Network;
- Issuance of Grants to Scale Evidence-Based Practices Statewide;
- Issuance of School-linked Partnership and Capacity Grants; and,
- Implementation of Dyadic Services as a Medi-Cal Benefit.

To provide comments, make recommendations, or obtain additional information, please contact DHCS at CYBHI@dhcs.ca.gov

[Link to the DHCS Children and Youth Behavioral Health Initiative](#)

[Link to the Request for Application \(RFA\)](#)

[Link to the application form](#)

[Link to the Strategy Overview document](#)

[EBP and CDEP Grants page](#)

Overview of Grant Funding Opportunity

Established in 2021, the Children and Youth Behavioral Health Initiative (CYBHI) is a \$4.7 billion investment of state General Funds aimed at improving access to behavioral health services for all children and youth in California, regardless of payer (insurance coverage). The CYBHI is a multiyear, multi-department initiative focused on promoting social and emotional well-being, preventing behavioral health challenges, and providing equitable, appropriate, timely, and accessible services for emerging and existing behavioral health needs for children and youth ages 0-25 in California.

"In line with its legislative mandate,¹ the DHCS will distribute \$429 million in grants to organizations seeking to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral health (BH) based on robust evidence for effectiveness, impact on racial equity, and sustainability."

In line with its legislative mandate,¹ DHCS will distribute \$429 million in grants to organizations seeking to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral health (BH) based on robust evidence for effectiveness, impact on racial equity, and sustainability. By scaling EBPs and CDEPs throughout the state, DHCS aims to improve access to critical behavioral health interventions, including those focused on prevention, early intervention, and resiliency/recovery for children and youth, with a specific focus on children and youth who are from either or both of the following groups: Black, Indigenous, and People of Color (BIPOC) and the LGBTQIA+ community.

Through an extensive community engagement process, DHCS selected a limited number of EBPs and CDEPs to consider for scaling throughout the state, subject to further refinement based on an assessment of sustainable financing mechanisms, including Medi-Cal and commercial coverage and/or other funding streams. DHCS' approach to scaling these practices varies depending on program type, but generally falls into one of three categories:

- 1. Expanding an organization's operations and capacity to provide services** by supporting training for BH professionals (both clinical and non-clinical), community-based or faith-based organizations, parents and caregivers, and others, as appropriate, to provide culturally responsive and gender-affirming behavioral health care and supports to children, youth, and their families and caretakers.
- 2. Enabling the replication and adaptations of well-established practices** (e.g., practices contained in the Substance Abuse and Mental Health Services Administration's [SAMHSA] EBP Resource Center or the California Evidence-Based Clearinghouse for Child Welfare [CEBC] or practices that have been manualized for others to implement with fidelity; as well as practices determined to be effective by communities) by funding organizations that will expand the practices geographically or for additional populations of focus, and those organizations that will newly deliver the practices with additional implementation support
- 3. Exploring potential policy innovations** that could lead to sustainable funding strategies.

During Fiscal Year 2022-2023, DHCS will scale the identified practices through six competitive grant rounds in the following areas of focus:



Round 1
Parent/caregiver support programs
and practices (December 2022)



Round 4
Youth-driven programs
(March 2023)



Round 2
Trauma-informed programs and
practices (January 2023)



Round 5
Early intervention programs and
practices (March/April 2023)



Round 3
Early childhood wraparound
services (February 2023)



Round 6
Community-defined evidence
programs and practices (approximate
timeline for release: April 2023)

DHCS is partnering with the Mental Health Services Oversight & Accountability Commission (MHSOAC) to scale specified prevention and early intervention practices. An estimated \$43 million of the total funding will be disbursed to MHSOAC as part of an interagency partnership agreement between DHCS and MHSOAC. DHCS is working closely with MHSOAC to define the terms of the interagency agreement, including the scope of work.

Round 1: Parent/caregiver support programs and practices

*"Research echoes the importance of early intervention with roughly 30 percent of California caregivers reporting moderate concerns over their child's social and emotional development and behavioral health, and 20-40 percent of those same caregivers reporting engaging in some ineffective type of parenting."*⁸

Description of Priority Focus Area: The first grant round will fund programs and practices to increase support for and improve parental and caregiver involvement.

Proposed Release Date: December 2022

Rationale: Implementing effective prevention and early intervention programs that build on the strength of diverse parents and caregivers could lead to positive impacts on children and youth facing BH challenges. Research echoes the importance of early intervention with roughly 30 percent of California caregivers reporting moderate concerns over their child's emotional and BH and 20-40 percent of those same caregivers reporting engaging in some ineffective type of parenting.⁸ This round of funding could complement work done to strengthen parenting practices by the First 5 Initiative, California Department of Social Services, and the Child Mind Institute, among others.

Priority Populations of Focus: To include populations identified by CRDP and OHE with a priority focus on parents and caregivers of children and youth with BH needs and parents and caregivers of children who benefit most from preventative strategies (e.g., young children 0-5 years of age).

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to strengthen positive parenting practices, improve the response to emotional and behavioral challenges commonly experienced in childhood, promote child social and emotional development, improve caregiver involvement and relationships with children, and increase support for individuals that may be experiencing heightened levels of caregiver-related stress among other outcomes.

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to HealthySteps/ Dyadic Care Services; Incredible Years; Parent-Child Interaction Therapy; Positive Parenting Program (Triple P); and, Parents Anonymous®. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,⁹ as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived or reported positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 2: Trauma-informed programs and practices

"Research indicates that 36 percent of children in California have been exposed to one or more ACEs." ¹⁰

Description of Priority Focus Area: Round 2 will fund trauma-informed programs and practices to increase access to services that address BH needs and the impact of Adverse Childhood Experiences (ACEs).

Proposed Release Date: January 2023

Rationale: DHCS stakeholders emphasized that intervening early and increasing the availability of interventions that are trauma-informed can help reduce the negative effects of ACEs. Research indicates that 36 percent of children in California have been exposed to one or more ACEs¹⁰ and 63.5 percent of all adults were exposed before age 18.¹¹ This round of funding could build upon work being done by DHCS, the California Department of Education, MHSOAC, and the California Office of the Surgeon General.¹²

Priority Populations of Focus: To include populations identified by CRDP and OHE

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to expand access to early interventions, support the resilience of children and youth by mitigating the adverse effects of ACEs, build knowledge of trauma-informed support and communication, increase the capacity of child-serving service

systems on trauma-informed practices, improve the understanding of how community trauma and racism impact child and youth well-being, and improve grief support for children and youth with COVID-related trauma among other outcomes.

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to Child-Parent Psychotherapy; Cognitive Behavioral Interventions for Trauma in Schools; Dialectical Behavioral Therapy; Family-Centered Treatment; Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems; and Trauma-Focused Cognitive Behavioral Therapy. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,¹³ as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 3: Early childhood wraparound services

"65 percent of California's children aged 0-3 have one or more risk factors for BH conditions." ¹⁴

Description of Priority Focus Area: Round 3 will fund early childhood wraparound services to build family strength and overall well-being.

Proposed Release Date: February 2023

Rationale: 65 percent of California's children ages 0-3 have one or more risk factors for BH conditions,¹⁴ and less than 50 percent of young children with emotional, behavioral, or relationship disturbances receive any treatments.¹⁵ The inclusion of this round is consistent with stakeholder feedback that early engagement is crucial to mitigating BH issues in adulthood. This round of funding could complement other statewide behavioral health initiatives for young children, such as the Maternal Infant and Early Childhood Home Visiting Program, Early Childhood Mental Health Consultation Network, and Black Infant Health Program, all of which are implemented by various state and local agencies including First Five County Commissions.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase access to home visiting services and consultation services, improve coordination of services between pregnant and parenting/caregiving people and their support systems, improve parent/caregiver and child health, reduce ACEs, and reduce emergency department visits and substantiated child abuse calls due to child maltreatment among other outcomes.

Priority Populations of Focus: To include populations identified by CRDP and OHE, with a priority focus on parents and caregivers with young children (e.g., 0-5 years of age)

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include, but are not limited to, Healthy Families America, Nurse Family Partnership, and Infant and Early Childhood Mental Health Consultation. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy, including, but not limited to, those that have a minimum of "promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,¹⁶ as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 4: Youth-driven programs

“Research indicates that not only are youth peer coaches qualified to support other youth “because of their experience facing similar challenges” but this support is crucial for their peers suffering from serious mental health conditions.” ¹⁷

Description of Priority Focus Area: Round 4 will fund youth-driven programs to provide California children and youth the opportunity to shape their behavioral health services.

Proposed Release Date: March 2023

Rationale: Stakeholders expressed the importance of the youth voice in developing interventions that reach, are wanted by, and are appropriate for youth in their communities. Research indicates that not only are youth peer coaches qualified to support other youth “because of their experience facing similar challenges,” but this support is crucial for their peers suffering from serious mental health conditions.¹⁷ Youth expressed similar sentiments during the stakeholder engagement process, highlighting the potential for youth-driven programs and practices to make an impact on BH. This round of funding could serve to scale efforts by DHCS and California Department of Health Care Access and Information in creating a robust peer support specialist ecosystem in California by increasing foundational skills and fostering interest in mental health workforce pathways in youth, especially youth of color.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase accessibility to peer-to-peer support and other related programs that are informed

through youth voice, provide non-clinical access to BH support, improve engagement in other BH-related services, improve self-reported well-being, and promote long-term recovery among other outcomes.

Priority Populations of Focus: To include populations identified by CRDP and OHE with a priority focus on youth between the ages of 12-25

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include, but are not limited to, peer support and youth drop-in centers (e.g., Allcove™). DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of “promising” or “supported” rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,¹⁸ as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 5: Early intervention programs and practices

“National research has shown that 50 percent of all mental health conditions appear before age 14.” ¹⁹

Description of Priority Focus Area: Round 5 will fund early intervention programs and address BH needs more effectively earlier, and reduce reliance on more intensive services. This round of funding may include funding administered by an interagency agreement with MHSOAC.

Proposed Release Date: March/April 2023

Rationale: Research indicates that early BH intervention can reduce premature death, social isolation, poor function, and increase educational and vocational prospects;¹⁹ however, less than 5 percent of eligible children covered by Medi-Cal receive a single mental health service.²⁰ National research has shown that 50 percent of all mental health conditions appear before age 14.²¹ Early intervention programs and practices were identified by stakeholders as an important way to improve children and youth outcomes in adulthood.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase early identification of BH concerns, improve or properly address BH challenges preventing escalation to more intensive services, and improve coordination of services among other outcomes

Priority Populations of Focus: To include populations identified by CRDP

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to early psychosis programs (e.g., Coordinated Specialty Care) and Youth Crisis Peer Mobile Response. DHCS will release the final list of selected programs and practices in the RFA for this grant round and will include allowances for other EBPs with demonstrated efficacy including, but not limited to, those that have a minimum of “promising” or “supported” rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare,²² as well as CDEPs that have reached a strong level of efficacy within specific communities based on their perceived positive outcomes. Selected programs and practices may be refined based on insurance coverage.

Round 6: Community-defined evidence programs and practices

"DHCS expects to increase the availability of culturally relevant BH services to communities across the state among other outcomes."

Description of Priority Focus Area: Round 6 will be dedicated specifically to community-defined evidence programs and practices to provide culturally competent prevention and early intervention services. While this round is dedicated to CDEPs, potential grantees that implement CDEPs are welcome to apply in any of the six funding rounds.

Approximate timeline for release: April 2023

Rationale: During Phase I of their research, CRDP found that marginalized communities have historically struggled to achieve "optimal mental health" despite a statewide system that was designed to provide services without regard to ethnicity or sexual orientation.²³ This lived experience was echoed during the stakeholder engagement process, in which several communities expressed their struggle to access culturally relevant and linguistically appropriate BH services. With its commitment to increasing health equity through the EBP/CDEP workstream, DHCS and its stakeholders recognize the importance of these CDEPs as an alternative to "traditional" BH services for populations of focus.

Expected Outcomes/Key Metrics: Through funding these EBPs and CDEPs, DHCS expects to increase the availability of culturally relevant BH services to communities across the state among other outcomes.

Priority Populations of Focus: To include a priority focus on populations of focus identified by CRDP

Example EBPs/CDEPs in Priority Category: Potential EBPs/CDEPs to be funded in this round include but are not limited to the 35 pilot projects funded during CRDP Phase II which include services for children and youth under 25. DHCS will release the final list of selected programs and practices in the RFA for this grant round. Selected programs and practices may be refined based on insurance coverage.



FOR IMMEDIATE RELEASE:

Wednesday, December 7, 2022

Governor's Press Office: (916) 445-4571

Governor Newsom Announces an Unprecedented \$480.5 Million in Grants for Youth Mental Health

Grants will support 54 projects throughout the state to bolster California's behavioral and mental health infrastructure, expanding the capacity of treatment facilities that serve young Californians

SACRAMENTO — Governor Gavin Newsom today announced \$480.5 million in awards for [54 projects](#) to improve California's behavioral health infrastructure for children and youth. As part of Governor Newsom's Master Plan for Kids' Mental Health, this historic investment provides grant funding to construct new facilities and expand existing facilities that help children, youth, transition-age youth, and perinatal individuals with a mental health and/or substance use disorder.

California's Master Plan for Kids' Mental Health

Additional information on this round of awardees is available on the BHCIP Data [Dashboard](#).

The Department of Health Care Services (DHCS) is releasing \$2.1 billion through six grant rounds targeting various gaps in the state's behavioral health facility infrastructure:

- **Round 1:** Crisis Care Mobile Units;
- **Round 2:** County and Tribal Planning Grant;
- **Round 3:** Launch Ready, totaling \$739.5 million, were awarded in 2021 and earlier this year;
- **Round 4:** Children and Youth grants include cities, counties, Tribal entities, nonprofits, and for-profit organizations statewide that serve target populations;
- **Round 5:** Crisis and Behavioral Health Continuum Request for Application for \$480 million was released on October 20, and awards will be made in spring 2023. This round of funding will continue to expand behavioral health service capacity across the state;
- **Round 6:** Outstanding Needs Remaining After Rounds 3 Through 5.

For more information about these grants, as well as other BHCIP rounds of funding, please visit the Improving California's Infrastructure [website](#).

[Link to Behavioral Health Continuum Infrastructure Program \(Round 4\)](#)



WE NEED YOUR HELP!

**The National Center for Youth
Law is looking for CA
participants ages 13-21 to
complete our brief online
youth mental health survey.**

National Center for Youth Law (NCYL) – Mental Health Youth Survey to identify mental health priorities of the young people available from **December 1, 2022- January 31, 2023**

Link to survey:

https://forms.office.com/pages/responsepage.aspx?id=2Ugf1afYQEydX_4gvlt-L_j_YcZyNjtlS3QVL-ZNRV9UN1JRN1I0OTZJR1E0RDZCSzNCTVBBTExBVi4u

More information about NCYL's work at:

<https://youthlaw.org/focus-areas/health>



County of San Diego

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

November 22, 2022

TO: Behavioral Health Advisory Board (BHAB)

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

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – DECEMBER 2022

BHS 2022 YEAR IN REVIEW

BHS Program Highlights:

- **Youth Development Academy**

In collaboration with the Department of Probation, BHS is providing behavioral health treatment services to what were formally known as Department of Juvenile Justice youth. In September of 2020, California enacted Senate Bill (SB) 823 to shift the responsibility of care for these youth, who have the most serious offenses, highest needs, and longest commitment terms, back to their home counties. BHS in partnership with Probation and contracted providers provide evidenced based, trauma-informed and developmentally appropriate services to address the underlying needs of these youth. The new program is called the Youth Development Academy. BHS began delivering services at the East Mesa Detention Facility beginning October 2022.

- **American Society of Addiction Medicine (ASAM) 0.5 – Early Intervention**

As of October 2022, Early Intervention (ASAM Level 0.5) services for youth and young adults who are at risk of developing substance-related problems were added county-wide to the Teen Recovery Centers. Services are available to those up to 21 regardless of income, Medi-Cal eligibility, and insurance coverage. Early intervention services may include screening and assessment, education on substance use and refusal skills, and introduction to prosocial activities and can be provided in the community, at school sites, or at the Teen Recovery Center site. Service duration varies and may be from one session to multiple sessions, depending on individual and family need.

- **Wraparound Aftercare**

As of October 2022, aftercare services must utilize California's Wraparound model pursuant to statute and must be aligned with the ten Wraparound Principles, comply with the California Wraparound Standards currently specified in ACIN I-52-15, and support each child's permanency plan. County child welfare agencies, juvenile probation departments, and mental health plans, in coordination with county interagency leadership teams, submit a County Wraparound Plan, which must show a county's plan for full compliance with the high-fidelity requirements that are currently being developed. The County of San Diego (County) plan was approved by California Department of Social Services (CDSS) and the California Department of

Health Care Services (DHCS) on February 3, 2022 and has infused service enhancements and utilization of the WIFI-EZ as the fidelity measurement tool.

- **Screening to Care**

Beginning in August 2021 BHS partnered with San Diego County School Districts to develop a screening program that would systematically identify youth needs. Screening to Care is a result of that collaboration. It's a new program with the overarching goal of universal screening of middle school students to determine social-emotional need and provide prevention and early intervention supports utilizing the multi-tiered system of supports (MTSS) framework by providing primary supports for the entire school, secondary supports for those students that need extra assistance in meeting academic and behavioral goals, and tertiary support for those students that need more formal individualized support. The program is designed for contractors to provide services in partnership with school districts throughout the county. Contracts are under active procurement and projected to begin in January 2023.

- **Children, Youth, and Families (CYF) Service Directory & Regional Directories**

The BHS CYF Services Directory and the BHS CYF Regional Services directories were revamped in 2022 for ease of access of available programming and utilization by families and community members. The BHS CYF Services Directory describes services and resources for children, youth, and families that are currently funded by the County, which include County-operated and contracted programs. The BHS CYF Regional Services directory includes County BHS services in the region, inclusive of school-based supports, as well as regional lists of outpatient clinics and countywide specialty programs. The service directory can be accessed at: <https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/CYF%20Services%20Directory.pdf> and regional directories accessed at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_children/Schools.html

- **Creating Opportunities in Preventing and Eliminating Suicide (COPES) Program**

On April 18, 2022, the Mental Health Services Oversight & Accountability Commission (MHSOAC) released a Request for Applications for current grantees to apply for additional Mental Health Student Services Act (MHSSA) grant funding. On July 6, 2022, MHSOAC issued a Notice of Intent to Award the additional funding of \$1.1M. Subsequently on August 16, 2022, the County Board of Supervisors (BOS) approved the acceptance of the additional MHSSA grant funding. The additional grant funding will enhance the current Creating Opportunities in Preventing and Eliminating Suicide (COPES) program with the San Diego County Superintendent of Schools as the lead agency. The COPES program supports the implementation of suicide prevention policies in school districts and charter schools and provide training and education in suicide prevention efforts. The additional funding will be used to enhance hiring of qualified mental health personnel, professional development for school staff, or to support other strategies that respond to the mental health needs of children and youth.

- **Come Play Outside**

A partnership that was initiated in 2021 with the City of San Diego Parks and Recreation Department was renewed in 2022 for the 'Come Play Outside' programming which was previously known as 'Get Kids Outside'. Outdoor family programming is offered to promote wellness and health of community members. The initiative is built on the foundation that connects physical and social community interactions to promoting confidence, sense of responsibility, while building self-image and instilling hope and positive connections. Under the Health and Human Services Agency (HHSA) contract for the 'Come Play Outside' initiative, the expectation is to deliver a minimum of 96 sessions annually with a minimum of 28,800 duplicated participants. More information can be found at <https://comeplaysd.com/>.

- **San Pasqual Campus**

In collaboration with Child Welfare Services, BHS has initiated a competitive procurement for behavioral health treatment services for youth who are placed at the San Pasqual Campus Group Home and Foster Family Agency (FFA) homes. The new contract will operate a Structured Outpatient Program which provides intensive services mental health and substance use treatment to meet the behavioral health needs of youth placed at San Pasqual Campus.

- **Establishment of Pediatric Symptoms Checklist (PSC) Clinical Thresholds**

In Fiscal Year 2018-19, the Pediatric Symptom Checklist (PSC) was implemented as directed by the California DHCS. County clinical objectives were initially established to achieve completion rate of 75% for discharged clients. Through a collaborative process, improvement outcomes related to two clinical objectives were established as it relates to Reliable Improvement and Clinically Significant Improvement. Communication was sent to mental health programs on June 17, 2022:

<https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/CYF/2022-06-17-BHS%20CYF%20Contractor%20Memo-Clinical%20Outcome%20Standards.pdf>

- **Launch of Childhood Anxiety Resource webpage**

BHS CYF program services, in partnership with the Responsive Integrated Health Solutions (RIHS) contract, launched childhood anxiety resources website for providers. The compilation of resources includes but are not limited to assessment and treatment, research and training, books and workbooks, videos and podcasts. The link to access these resources is:

<https://theacademy.sdsu.edu/programs/rihs/childhood-anxiety-resources-for-providers/>

- **FSP Website**

As of October 2022, a new Full-Service Partnership (FSP) resources web page was made available for contractors to find items related to CYF Full-Service Partnership and data collection reporting in one location. Some of the resources include training modules, data forms, quarterly reports, and frequently asked questions. Link to this page is:

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

- **Student Behavioral Health Incentive Program (SBHIP)**

BHS CYF program services collaborated with the San Diego Managed Care Plans on the development of the local Student Behavioral Health Incentive Program (SBHIP). The objectives of the program are to:

- Break down silos and improve coordination of child and adolescent behavioral health services for those enrolled in Medi-Cal through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.
- Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.
- Increase non-specialty services on or near school campuses.
- Address health equity gap, inequalities, and disparities in access to behavioral health services.

An overview of the SBHIP program, including current program status and timelines, was provided at the CYF Council meeting on November 14, 2022. The presentation included dialogue and the opportunity for meeting attendees to provide input and feedback.

- **School Based Suicide Prevention and Early Intervention Services**

San Diego Youth Services (SDYS) Suicide Prevention and Intervention (<https://sdyouthservices.org/services/suicide-prevention-and-intervention/>) provides school based suicide prevention and early intervention program services for youth in grades 7-12 in school settings and transition age youth (TAY) ages 16 to 25 in non-school settings. SDYS in collaboration with North County Lifeline and South Bay Community Services, provide a multi-level, evidenced-based suicide and bullying prevention program known as HERE Now (Helping, Engaging, Reconnecting and Educating), which focuses on increasing awareness, promoting conversations, and inspiring connections to prevent suicide. Over 146,000 students, teachers/staff and parents were served through the previous contract period and a new contract has been awarded to SDYS with services beginning on 10/1/2022.

- **BHS Parenting Prevent and Early Intervention (PEI) Programs**

BHS contracts for parenting skills development and engagement services in alignment with a focus on supporting mental health and wellness for youth and families. The Positive Parenting Program, operated by Jewish Family Service (<https://www.ifssd.org/our-services/adults-families/positive-parenting-program/>), utilizes an evidence-based curriculum, the Positive Parenting Program (Triple P) to provide skills development education through individual and group sessions for parents and caregivers of children ages 5-12 to promote social, emotional wellness for children and their parents. During Fiscal Year 2021-22, over 1,700 parents and caregivers were provided training and since the start of the contract, over 15,000 parents and caregivers have been trained. The Father 2 Child program (<https://www.mhasd.org/father-2-child>), operated by Mental Health America of San Diego County, provides education and information awareness services to enhance fathers' knowledge, skills and positive attitudes towards parenting. Program serves fathers and children of the Central Region and reached 178 fathers and 315 children in FY 2021-22.

- **Freedom Ranch Addition of American Society of Addiction Medicine Levels of Care 3.2 and 3.3**

San Diego Freedom Ranch is a long-term residential substance use (SU) treatment facility for males ages 18 and up. Freedom Ranch obtained a DHCS Facility License and Certification to provide ASAM Levels of Care (LOCs) 3.2 Clinically Managed Residential Withdrawal Management and 3.3 Clinically Managed Population-Specific High-Intensity Residential Services. In November 2022, the contract was amended to add nine 3.2 beds and designate four of the existing beds as 3.3. These additional withdrawal management beds will increase the availability of detox treatment. This will be the County's first facility to operate 3.3 Clinically Managed Population-Specific High-Intensity Residential Services.

- **UPAC Expanding Horizons – TAY SU Outpatient Services**

Expanding treatment options for TAY, UPAC New Horizons, will operate a TAY specific outpatient SU treatment program in the central region. This program will provide TAY clients, ages 18 to 25, with age and developmentally specific, comprehensive, preventative, rehabilitative, and therapeutic behavioral health care. ASAM LOCs served at this site will be outpatient and intensive outpatient. Programming includes artistic expression and prosocial activities specific to the TAY population. Overall goals of this TAY specific program include outreach and engagement, client access to timely care, retention in treatment, reduction of substance use relapse, reduction in justice involvement, improvement in quality of life, and increase in self-sufficiency.

- **Episcopal Community Services (ECS) TAY SU Residential Services**

ECS SU Residential Services Program is another addition to the SU system of care specific to the TAY population. The program will provide 24-hour, 15 bed, non-medical residential substance use treatment, withdrawal management, recovery, and ancillary services to transition-age individuals ages 18 to 25, with substance use issues, including co-occurring mental health conditions. Program will provide ASAM LOC 3.1 Clinically Managed, Low-Intensity Residential Services, ASAM 3.5 Clinically Managed, High-Intensity Residential Services, and ASAM LOC 3.2 Clinically Managed Residential Withdrawal Management. Programming and facility will be specific to the TAY population and include outreach and engagement, client- and family-centered, individualized, clinically effective, outcomes-driven, culturally responsive services, gender specific, trauma informed, developmentally-age-appropriate interventions, inclusive of evidence-based treatment practices and recovery service approaches, and harm reduction.

- **Apex Recovery Ambulatory Withdrawal Management 1 and 2**

Apex Recovery will provide outpatient services for Ambulatory Withdrawal Management (WM) to adults ages 18 years and up with substance use conditions, including co-occurring mental health conditions. ASAM LOCs served at this program will be Ambulatory WM 1-Ambulatory withdrawal management without extended on-site monitoring and WM-2 Ambulatory withdrawal management with extended on-site monitoring. Ambulatory WM provides the appropriate level of medical and clinical support to allow for client safety during the withdrawal period and allow the client and treatment team to work together to determine the optimal ongoing treatment strategy. The primary goal is client safety to minimize the health risks associated with withdrawal. Ambulatory WM will not be withheld from a client due to level of commitment to long-term abstinence. All clients, particularly those with alcohol, sedative, and opioid use conditions (OUC), can be considered for clinical appropriateness of WM services and have access to these essential treatment services. Ambulatory WM alone does not constitute adequate treatment for substance use conditions. Effective ambulatory WM increases the likelihood that a client will complete withdrawal successfully and transition to the next stage in the treatment process. Clients who receive WM will be connected with ongoing treatment services.

- **Mobile Crisis Response Teams (MCRT)**

A general media campaign was launched from January 31, 2022 to May 29, 2022, to inform and educate individuals throughout San Diego County about this new program. This multi-media campaign reached people of all ages in the county and included messaging in various languages (English, Spanish, Farsi, Arabic, Tagalog, Vietnamese, and Chinese) to broaden the delivery of the message. Additional messaging will be forthcoming as BHS will work with its media contractor to expand the campaign to include print-ads, social media ads, and bus shelter ads to reach even more San Diegans throughout the county. Messaging will be tailored to reflect groups with a shared identity, with the goal of reaching the most vulnerable, underserved, and/or unserved populations.

MCRT has responded to over 3,200 calls from the Access and Crisis Line (ACL) and Law Enforcement. Phase 1 of the MCRT roll-out has been completed and Phase 2 is in the planning and development stage with key stakeholders and community engagement partners to include input on MCRT implementation on tribal lands, as well as Fire/EMS collaboration on MCRT response at schools, colleges, and universities.

2022 BHS Infrastructure Highlights:

- **North Coastal Live Well Health Center Community-based Crisis Stabilization Unit Update**

In April 2022, North Coastal Crisis Stabilization Unit (CSU) was opened in Oceanside. The CSU provides individuals who are experiencing a behavioral health crisis with more acute care and closer monitoring as part of the regional continuum of behavioral health services. Services that are provided include 24/7 walk-in mental health services, and SUD services. The North Coastal Live Well Health Center CSU received the Project of the Year in the Structures category by the American Public Works Association (APWA).

- **East Region Edgemoor Acute Inpatient Psychiatric Unit Update**

Edgemoor Acute Inpatient Unit allows residents to continue to receive the appropriate specialty psychiatric care without requiring them to transfer out of their residence at Edgemoor. This facility will have the capacity to serve residents countywide, as needed, and will increase accessibility to vulnerable individuals within the East Region, which currently has limited behavioral health infrastructure.

Edgemoor Acute Inpatient Unit, within the existing Edgemoor campus, will support access to individuals experiencing a behavioral health crisis in the East Region. In March 2022, BHS submitted a Behavioral Health Continuum Infrastructure Program (BHCIP) Launch Ready Grant application totaling \$12.4 million for the Edgemoor Acute Psychiatric Unit capital project to support the expansion of the Continuum of Care infrastructure within San Diego County. In September 2022, DHCS notified BHS that additional BHCIP Launch Ready grant funding was conditionally awarded for the Edgemoor Acute Inpatient Unit capital project increasing the total grant funding awarded to the County from \$12.4 million to \$16.8 million.

Department of General Services, BHS, architects and other consultants are conducting user group meetings to inform the design development phase. Construction is anticipated to be complete by late 2024/early 2025.

- **Behavioral Health Hub for Children (Rady's) Update**

On March 10, 2020, the Board approved to begin the process of evaluating and potentially developing a behavioral health hub in partnership with Rady Children's Hospital (Rady) which would provide an array of services designed to meet the needs children and youth. Services include inpatient and acute care services; crisis stabilization services; partial hospitalization; and care coordination services.

DGS continues to work with Rady's on California Environmental Quality Act (CEQA) compliance anticipated to be completed by December 2022. The project is currently in the planning phase, with construction set to begin in 2025.

- **North Coastal Psychiatric Health Facility Update (PHF)**

In September 2019, the BOS authorized an agreement to pursue the development of a psychiatric health facility at Tri-City Medical Center's main campus located in Oceanside to build back capacity of crisis services in North County. The services are designed to support connections to the continuum of care, providing for appropriate care transitions to the most appropriate levels of care, and meeting the needs of patients, families, and the community.

When operational, this facility will offer patient-centered care in a 16-bed mental health treatment center, providing short-term, inpatient services that include assessment, crisis planning, medication, supportive therapy, discharge planning, and community supports. Walk-in or outpatient services are not provided, with 24/7 security onsite for this locked facility. Upon discharge, patients will be connected to appropriate community-based care services.

On October 17, 2022, a Tri-City PHF groundbreaking ceremony was held at the Tri-City Medical Center campus in Oceanside. The attendees for the groundbreaking ceremony included the BOS, HHSA Director, CEO and CMO of the Tri-City Healthcare District, and the Mayor of Oceanside.

Advancements in Harm Reduction Strategies

San Diego County's Comprehensive Harm Reduction Strategy was initiated in January 2021 and approved for launch in June 2021 by the BOS. This strategy has established a harm reduction approach towards substance use, with the overall goal of improving the health and wellbeing of San Diegans, with particular emphasis on people who use drugs, a high need population.

As part of this work, effective July 2022, the County contracted with the Harm Reduction Coalition of San Diego to expand upon the County's Naloxone Distribution Program and saturate the community with naloxone, a lifesaving medication that reverses the effects of an opioid overdose. This newly expanded Naloxone Distribution Program utilizes targeted outreach and training, partnerships with community-based programs, and the implementation of naloxone vending machines. The overarching goal is to distribute 33,000 naloxone kits by June 30, 2023. To date, over 10,000 naloxone kits have been distributed. The first naloxone vending machine will be placed at the McAlister Institute South Bay Regional Recovery Center in Chula Vista by December 31, 2022.

In addition, the Community Harm Reduction Teams (C-HRT) continue to provide low-barrier services for clients who experience chronic substance use and co-occurring conditions and are challenging to engage. To date, 1,114 outreach contacts have been made with individuals in East Village and Midway, 192 individuals have been engaged with C-HRT for short-term case management, 214 individuals have accepted placement at the dedicated C-HRT shelter and 11 individuals have moved through the shelter into permanent housing. Plans to expand the program are in progress. Lastly, implementation of a harm reduction mobile unit service model is underway.

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

7th Annual Live Well Advance Conference – Registration is Open

The Live Well Advance Conference & School will be held in-person at the San Diego Convention Center on December 7, 2022, from 8:00AM to 5:00PM. This conference brings thousands of partners and stakeholders together to network, learn about new tools and best practices, and participate in breakout sessions. Leaders from every sector come together to participate in efforts to advance our shared vision of a healthy, safe and thriving San Diego region.

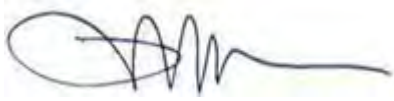
Breakout session topics include:

- Equity and Belonging
- Behavioral Health
- Strategic Partnerships
- Environmental Action
- Workplace Wellness
- Student Well-Being and Engagement
- And more!

To learn more about the conference and to register, visit the following link:
<https://fruition.swoogo.com/livewelladvance2022/begin>

Behavioral Health Services
Director's Report – December 2022

Respectfully submitted,

A handwritten signature in black ink, appearing to be 'LUKE BERGMANN', with a stylized, flowing script.

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

c: Nick Macchione, Agency Director
Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer
Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
Nadia Privara Brahms, Assistant Director and Chief Strategy & Finance Officer

EARLY CHILDHOOD MENTAL HEALTH COMMITTEE
CYF SOC Presentation
December 12, 2022

AGENDA

- I. OVERVIEW:** – setting the stage
General impact of COVID-19 on behavioral health
 - Specific impact on children and families

- II. DEFINING REFLECTIVE PRACTICE AND THE VALUE ADDED**
 - A Supportive intervention

- III. PROVIDER PANEL:**
 - a) Program Introduction:**
 - Kidstart clinic and center
 - Mi Escuelita
 - Behavior Consultation

 - b) Facilitated Discussion: Panel Members**

- IV. SUMMARY**

- IV. QUESTIONS AND ANSWERS**

Post-COVID Considerations for Children, Youth, and Families

*
An ECMH Subcommittee Presentation



What impacts are we seeing post-COVID?



For children

For families



For providers





REFLECTIVE PRACTICE AS A TANGIBLE SOLUTION

"How you are is as important as what you do"

~Jeree Pawl

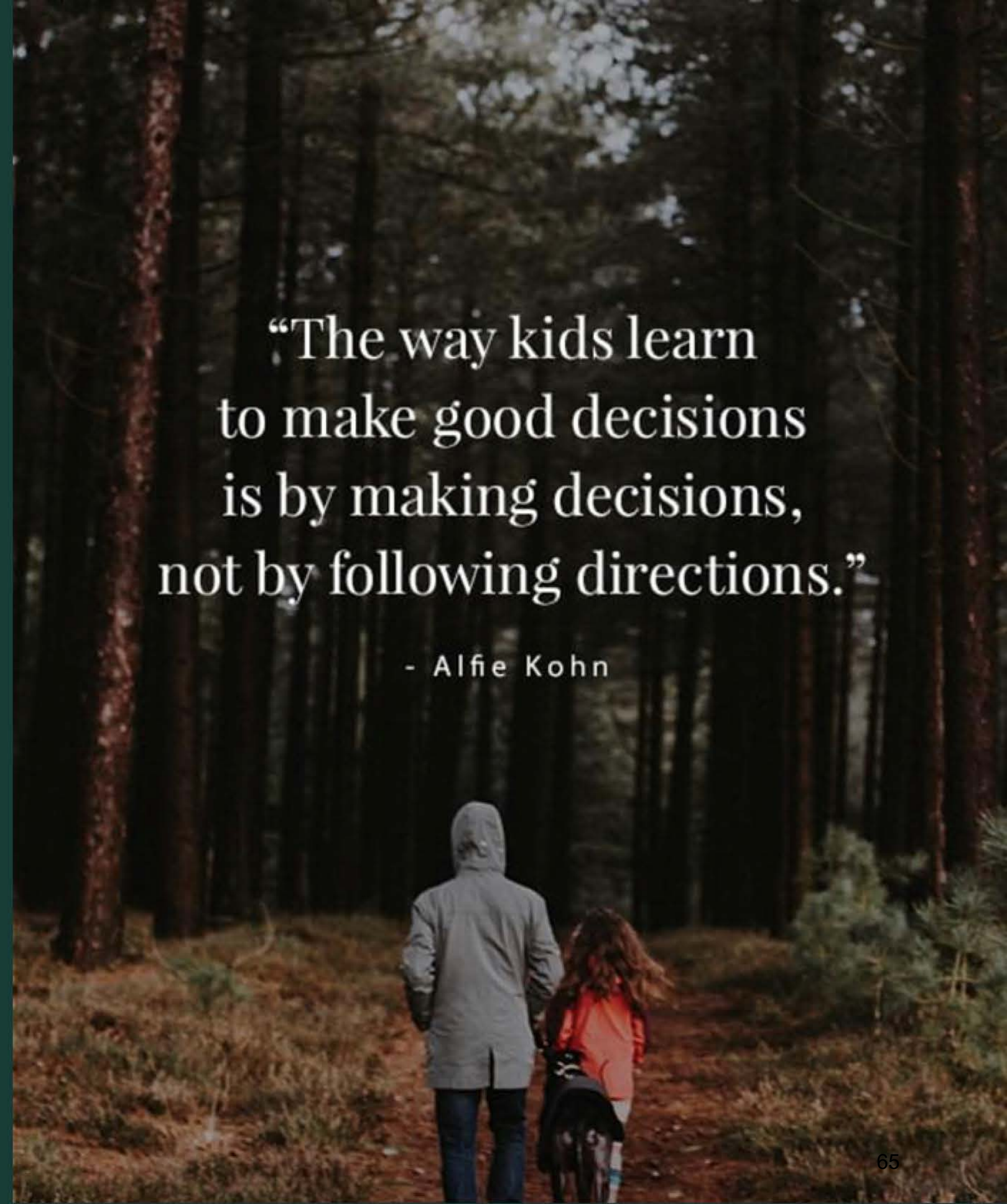


WHY REFLECTIVE PRACTICE?



“The way kids learn
to make good decisions
is by making decisions,
not by following directions.”

- Alfie Kohn



Theory, Supervision & Service Delivery

Directive

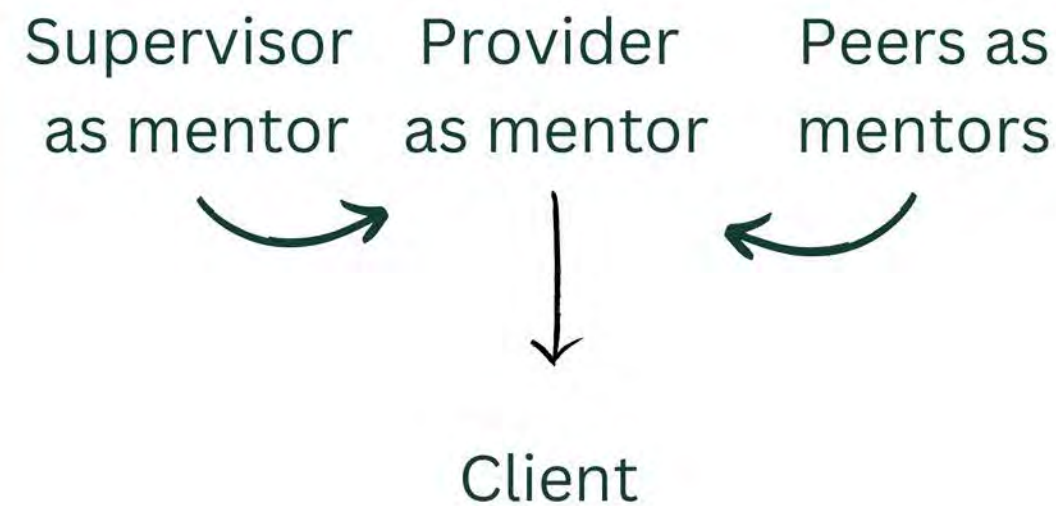


Task Oriented

"Here's what to do"

Problem/Solution

Focused



Solution-oriented

"Have you tried this?"

Reflective



Collaborative with caregiver/provider & Focus on the child

"I wonder"

Implementation = prescriptive and led by guidance of expert

Implementation = search for what to try

Implementation = Wonder about the meaning/cause of bxs to support new perspectives/processes



The Reflective Process

Is parallel.

Is consistent and predictable.

A time to pause, step back from the "urgency" that can cloud.

Offers wondering rather than knowing - allowance to "not know".

Can contain & co-regulate emotional content - honors that we are humans first.

Creates safe, non-judgmental space for self-observation & self-evaluation.

Is culturally responsive and promotes equity.

Is relationally responsive.

A place that holds shared attention - "the experience of being experienced".

Models and encourages conscious self-regulation.

A place to think together about themes, patterns.

To remember, describe, anticipate.

A place of imagining & exploring meaning.

A place to create and test hypotheses.

A place to consider possible next steps & implications.

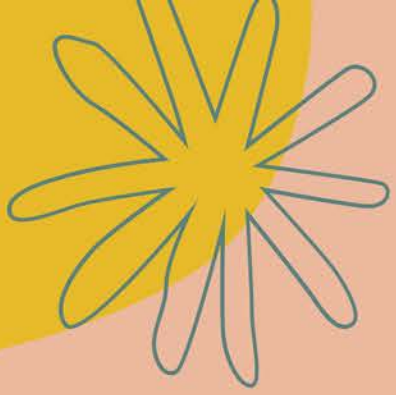




A Panel with Three Program Examples of Reflective Practice in Action

First, let's do quick intros...





KidSTART

Who are we?

Integrated outpatient program for children (0-5) with complex developmental and behavioral health needs

KidSTART supports a unique population:

- 50% of children at KidSTART are involved in Child Welfare
- 1 in 3 children at KidSTART have an ACE of 4 or higher putting them at risk for future concern
- 50% of caregivers at KidSTART also have an ACE of 4 or higher
- 30% of children have suspected or confirmed prenatal exposure to substances



Creating a Culture of Reflective Practice

- Build reflective tools within individual team members across all roles – CE-CERT model
- Utilize a transdisciplinary approach
 - level playing field
 - cross-training
 - cross relationship-building
- Create opportunities for reflection
 - Collaborative Integrated Clinical Team meetings for individual cases
 - Consistent training on managing secondary traumatic stress with all team members
- Dedicated time for reflective supervision
 - Care Coordinators
 - Developmental Therapists
 - Mental Health Therapists
 - Parent Partners/Parent Care Coordinators
 - Managers

Who are we?

Mi Escuelita is a therapeutic preschool serving children ages 3-5 years who have been exposed to family violence or other significant trauma. Each classroom is supported with a therapist who helps the classroom to promote well-being and healing of the children and their families.

- Mi Escuelita provides monthly parent/caregiver engagement activities
- Mindfulness activities to promote social and emotional well-being
- Teachers with specialized training in challenging behaviors
- Usage of therapeutic curriculums
- Full day/free of charge preschool



Creating a Culture of Reflective Practice

Clinical department at SBCS consists of clinical supervisors that facilitate the reflective practice with teams such as Mi Escuelita.

MI ESCUELITA PRESCHOOL

SBCS's therapeutic preschool for children ages 3 - 5 in San Diego County who have been exposed to or experienced family violence.



Free tuition for all students!



Teachers with specialized training
Therapeutic curriculum
Developmental screenings
Mindfulness activities to promote social emotional well-being



Parent/caregiver workshops
Linkage to additional SBCS and other community resources



Full day schedule:
8:30 a.m. - 5 p.m.
Low classroom ratios
Servicios en Español

For more information or to enroll a child, please call 619-420-0116.



YMCA: Warmline & ECMH Behavior Consultation



Who are we?

Reflection-based phone call offered for caregivers to support stress reduction through co-regulation & understanding challenging behaviors.

Currently offered to any caregiver in San Diego county experiencing need.

1-619-521-3055

(Press 6 for health and behavioral health)

Who are we?

A resource for caregivers & providers caring for children ages 0-12 grounded in IECMHC. Through reflective practice and we aim to increase awareness, confidence, knowledge, and skills in caregiving and child development to promote children's social-emotional development.

crsbehaviorsupport@ymcasd.org

Both services are available
at no cost to the caregiver, provider, or families



Creating a Culture of Reflective Practice

- Consultants take a non-expert stance and partner with the provider and caregiver around the challenge
- Wonder with adults in a way that builds capacity of caregivers and systems to better understand & address mental health of young children
- Provide weekly 1:1 reflective supervision, monthly group reflective supervision, incorporate reflection into other team spaces
- Grounded in Relationship
- Reflective Supervision for the Supervisor
- Leadership buy-in, support, and modeling

Children learn by doing and doing is noisy, untidy, messy and unpredictable.



maggiedent.com

CONTACT US!

**MI
ESCUELITA
PRESCHOOL**



NUBIA SOTO

Mi Escuelita Program Director

SBCS | Strengthening Communities

O: 619-420-0116 Cell: 619-816-8685

SBCSSanDiego.org



Ginger Bial Cox

KidSTART Clinic Manager

vbial@rchsd.org

(858) 576-1700 x243201

Natalie Elms

KidSTART Center Manager

nelms@rchsd.org

(858) 576-1700 x246577



YMCA Behavior Consultation

Melanie Morones, MFT, ATR, ECMHS

ECMH Clinical Supervisor

619-914-2327

<https://www.ymcasd.org/bcs>



How is **KidSTART** Unique?

- ▶ Integrated mental health, developmental, and care coordination services
- ▶ Transdisciplinary approach to assessment and treatment
- ▶ Unique team of specialists assembled based on the needs of the child and family
- ▶ Intensive family support
- ▶ Caregiver assessment, linkage to services and group therapy

How to Refer:

- 1) Call 858-966-5990 to discuss the potential referral and obtain a copy of the referral form.
- 2) Fill out all pages of the referral form.
- 3) Fax to 858-966-7508.

If you have any questions regarding the status of your referral, please contact us at **858-966-5990**.



Locations

Kearny Mesa - San Diego

North County - Oceanside

South Bay - Chula Vista



Rady Children's
Hospital
San Diego
Developmental Services



Rady Children's
Hospital
San Diego

Chadwick Center
for Children & Families



FUNDED BY
First 5
San Diego



COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

Contact us at:

858.966.5990 | **RCHSD.ORG**
facebook.com/radychildrens
twitter.com/radychildrens
vimeo.com/rchsd

To find out more about our programs, please visit
RCHSD.ORG or call 858.576.1700.

01/21



KIDSTART

Information for the Provider



innovation
belongs in every moment

Rady Children's
Hospital
San Diego



innovation

belongs in every moment



KidSTART is a comprehensive outpatient program designed for children ages 0–5 with complex developmental, socio-emotional/behavioral health, medical, and family needs. After thorough assessment, each child served at **KidSTART** will be recommended for services to address his or her unique needs. Evidence-based practices are utilized throughout individual, family, and group therapy.

KidSTART collaborates with existing service providers, such as teachers, physicians, social workers, and therapists.

KidSTART provides:

- ▶ Speech, occupational and physical therapy
- ▶ Mental health therapy
- ▶ Intervention by a behavior specialist
- ▶ Intensive family support

What Risk Factors Make an Appropriate Referral to **KidSTART**?

Children are typically referred to **KidSTART** when they have developmental and mental health concerns, PLUS other risk factors including, but not limited to:

- ▶ Poor response to intervention
- ▶ Conflicting or uncertain diagnoses
- ▶ Medical factors that contribute to developmental or social-emotional concerns
- ▶ Risk factors such as prenatal alcohol/substance exposure
- ▶ Placement instability (home, school, daycare)
- ▶ Trauma exposure

Eligibility Requirements

- ▶ San Diego County resident
- ▶ Under 6 years of age
- ▶ Not currently enrolled in or starting kindergarten in the next six months
- ▶ Developmental **and** mental health needs, plus medical or family needs
- ▶ If requesting developmental therapies, failed response to prior or existing treatment is required

Insurance Information

- ▶ **KidSTART** mental health services require full coverage from Medi-Cal
- ▶ All other services open to all insurance types

KidSTART assessment and treatment are provided by:

- ▶ Behavior Specialist
- ▶ Care Coordinator (Masters level)
- ▶ Child Psychiatrist
- ▶ Clinical Psychologist
- ▶ Early Childhood Mental Health (ECMH) Rehabilitation Counselor
- ▶ Family Partner
- ▶ Infant/Early Childhood Mental Health Therapist
- ▶ Occupational Therapist
- ▶ Pediatrician
- ▶ Physical Therapist
- ▶ Speech-Language Pathologist

KidSTART Caregiver Wellness Program



The Caregiver Wellness Program is funded by a Substance Abuse and Mental Health Services Administration (SAMHSA) grant through the Health and Human Services Agency (HHSA) of San Diego County, Behavioral Health Services, and recognizes the importance of providing support to caregivers of children in treatment for complex emotional, behavioral, and developmental needs.

Locations

Kearny Mesa
92123

North County - Oceanside
92056

South Bay - Chula Vista
91911

858 576-1700

Contact:

Ginger Bial, Ext. 3201

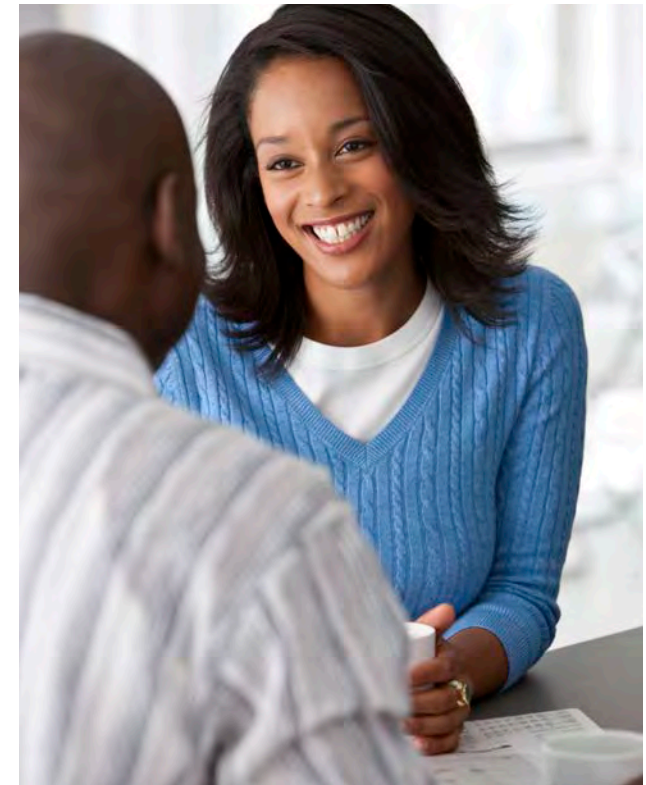
facebook.com/radychildrens
twitter.com/radychildrens
youtube.com/radychildrens

To find out more information about our program, please visit **RCHSD.ORG** or call 858.576.1700.

**Rady
Children's**
Hospital
San Diego



Caregiver Wellness Program



innovation

belongs in every moment

**Rady
Children's**
Hospital
San Diego

**Chadwick Center
for Children & Families**

innovation

belongs in every moment



Caregiver Wellness at KidSTART Clinic

We know that parenting can be a difficult job at times, and we are here to support you!

At KidSTART Clinic, we offer a range of different services for caregivers of the children in our program. Your child's therapist is your first point of contact and will help you determine if our Caregiver Wellness Program could be helpful to you.

Caregiver Support Services

We offer:

- ▶ Membership in a Caregiver Support Team
- ▶ Connection to community resources such as housing programs, legal assistance, and faith-based communities
- ▶ Linkage to adult wellness services including doctors, therapists, and nutritionists
- ▶ Educational, therapeutic and support groups for caregivers



What is a Caregiver Support Team?

A Caregiver Support Team is a group of individuals who support adults toward their attainment of confidence, happiness and overall fulfillment. The first job of the Caregiver Support Team is to help you decide what services might be of interest to you. After that, they will connect you to resources and support.

Who is on a Caregiver Support Team?

You!

Child's KidSTART Clinic Therapist

Parent Care Coordinator

Circle of Support
(such as family members, friends and neighbors)

What Do They Do?

Offer your expertise on your life and experiences

Helps bridge your child's treatment and your wellness

Connects you to resources and other services

Encourages you in maintaining wellness

How?

First, your child's therapist will help you identify your strengths and needs. If you decide that any of our services could be helpful, we will form a Caregiver Support Team to get things moving!

Why?

Because we care about you, too.



MI ESCUELITA PRESCHOOL

SBCS's therapeutic preschool for children ages 3 - 5 in San Diego County who have been exposed to or experienced family violence.



Free tuition for all students!



- Teachers with specialized training
- Therapeutic curriculum
- Developmental screenings
- Mindfulness activities to promote social emotional well-being



- Parent/caregiver workshops
- Linkage to additional SBCS and other community resources



- Full day schedule: 8:30 a.m. - 5 p.m.
- Low classroom ratios
- Servicios en Español

For more information or to enroll a child, please call 619-420-0116.



EL JARDIN DE NIÑOS MI ESCUELITA

El Preescolar terapéutico de SBCS en el condado de San Diego para los niños de 3 a 5 años que han experimentado o sido expuestos a la violencia en la familia.



¡Matrícula gratis para todos los estudiantes!



- Maestros con formación especializada
- Currículos terapéuticos
- Evaluación del desarrollo
- Actividades de atención plena para promover el bienestar socio-emocional



- Talleres para los padres / cuidadores
- Conexiones a recursos adicionales de SBCS y otros recursos comunitarios



- Horario de día completo:
8:30 a.m. a 5 p.m.
- Bajos índices de estudiantes en el salón
- Servicios en Español

Para obtener más información o para inscribir a un niño, llame al 619-420-0116.



BEHAVIOR CONSULTATION

YMCA Childcare Resource Service

We value connection. We aim for our services to meet the needs of the child, family and childcare providers. We support families and childcare providers to share knowledge and build up their skills in child development. Our goal is to help change challenging behaviors. We believe that families and providers know the children in their care best. We are here to support caregivers in building on the skills and strengths they already have. We spend time listening to understand the needs. We think with families and providers about ideas for how to help. We use a consultation model for understanding and supporting children's growth and development.

WHO WE WORK WITH:



FAMILIES



EARLY CARE & EDUCATION
PROVIDERS

BENEFITS:



Child

- Increased ability to develop positive peer relationships
- Growth in ability to share and control feelings
- Improved self-esteem
- Decreased challenging behaviors



Family

- Increased knowledge of child development
- Enhanced skills for positive parenting practices
- Improved parent-child relationship
- Increased partnership between family and teaching team



Teacher

- Positive teacher-child relationships
- Decreased workplace stress
- Improved classroom climate
- Promotion of skills, quality, and outcomes

KEY COMPONENTS

Gather Information

Create Shared Goals

Partner around Getting Started

Put Plan Into Action



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEHAVIOR CONSULTATION

YMCA Childcare Resource Service

Frequently Asked Questions:

- **WHAT AGES DO YOU WORK WITH?**

Our services are for children from birth to 8 years old. If you have concerns about a child outside of this age range, our staff is happy to connect you to other services.

- **WHAT IS THE COST FOR THESE SERVICES?**

Our consultation services are free of cost thanks to our current grant funding.

- **HOW LONG DO SERVICES LAST?**

The length of services are different for every family and program. Our staff will work with you to schedule around your needs.

- **ARE SERVICES ONLY FOR CHILD RELATED CONCERNS?**

We offer our services for both individual children concerns and program needs. When offering services for a child, we do require the consent of the family. When working with programs, our focus is to support you and your staff. Program services may include tips for staff wellness, updating policies, or trainings for your team. If you would like to talk to a consultant about where to start, contact crsbehaviorsupport@ymcasd.org.

Not sure if you are ready for this, but still want to connect with someone on your concerns. Give us a call at 1-619-521-3055 & press #6 for Health and Behavioral Health, or email us at crsbehaviorsupport@ymcasd.org





YMCA CHILDCARE RESOURCE SERVICE Behavior Consultation Service Request

Thank you for taking the time to reach out to the YMCA Behavior Consultation Services. We know that reaching out can be challenging for lots of people for various reasons, and we are so glad you have decided to connect with us. We hope you will take the time to complete the following form to support us in ensuring we connect you with the best service to meet your needs. After you have completed the form, please email to crsbehaviorsupport@ymcasd.org. If you have additional questions or concerns, please feel free to call at 619-521-3055

Referring Agency/Program Information:

Contact Name:
Phone Number:

Relationship to Child:
Email:

Family Information:

Name of Adult:
Street Address:
Language of Choice:
Email:
Child's Name:
How did you hear about us:

Relationship to Child:
City / Zip Code:
Phone:
Alternate Phone:
Child's DOB:

A primary goal of our program is to ensure we connect you with the best-fit first referral. We start by gathering information from you to guide us in collaborating in determining where you would like to get started. The following questions help us better understand your needs and ensure you are connected with appropriate services and supports.

Please indicate reason(s) for referral: (Check all that apply)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Aggression/Anger | <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Family Concerns | <input type="checkbox"/> Dramatic Behavior Change |
| <input type="checkbox"/> Emotion Regulation | <input type="checkbox"/> Not Following Expectations | <input type="checkbox"/> Social Skills/Interactions | <input type="checkbox"/> Grief/Loss |
| <input type="checkbox"/> Nervous/Anxious | <input type="checkbox"/> Difficulty with Attention | <input type="checkbox"/> Fears/Worries | <input type="checkbox"/> Withdrawn |
| <input type="checkbox"/> Self-Image/Confidence | <input type="checkbox"/> High Activity/Energy | <input type="checkbox"/> Development/Learning Concern | <input type="checkbox"/> Other (please describe specifics) |

Please check your response:

1. Is your primary concern with your child's behavior at school, or home, or both?	<input type="checkbox"/> School <input type="checkbox"/> Home
2. Is your child currently enrolled in childcare, preschool, or afterschool program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been asked to pick up your child early in the last 2 – 3 weeks, due to behavior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is your child or your family receiving any counseling services or supports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Has your child been assessed and/or diagnosed with a developmental delay or special need?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your child have or have they ever had an Individualized Education Plan (IEP), Individualized Family Service Plan (IFSP), or 504 Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you a part of the YMCA Family Support Services, the department that manages the local Alternative Payment program? (family or provider)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is there any additional information that you would like to share?

Please **check** your responses:

In the last 6 months, how often have you struggled to pay for costs such as rent, utilities, childcare, food, transportation, healthcare, etc.?

<input type="checkbox"/> Always	<input type="checkbox"/> Almost Always	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Almost Never	<input type="checkbox"/> Never
---------------------------------	--	------------------------------------	---------------------------------------	--------------------------------

Based on the table below, identify the household type that most closely resembles your family. Family size includes each individual living in the residence.

<input type="checkbox"/> Family Size of 2 \$5,937	<input type="checkbox"/> Family Size of 3 \$7,451	<input type="checkbox"/> Family Size of 4 \$9,605	<input type="checkbox"/> Family Size of 5 \$11,289	<input type="checkbox"/> Family Size of 6+ \$12,939
---	---	---	--	---

Using the income amount associated with your household (see above), please indicate whether you are below, at, or above the number listed for your monthly income. Monthly income includes all sources of income you receive.

<input type="checkbox"/> Below	<input type="checkbox"/> At	<input type="checkbox"/> Above
--------------------------------	-----------------------------	--------------------------------

By submitting this form, I authorize YMCA Childcare Resource Service to contact me regarding the child listed above for the purposes of delivering services. I understand that this release includes exchanging only the information listed here as it pertains to coordinating this referral. This form does not necessarily guarantee services, but is intended as a request for receiving information on applicable programs.

SERVICIOS DE COMPORTAMIENTO

YMCA Childcare Resource Service

Nosotros valoramos la conexión. Nuestro objetivo es que nuestros servicios satisfagan las necesidades del niño, la familia y los proveedores de cuidado infantil. Apoyamos a las familias y los proveedores de cuidado infantil para que compartan conocimientos y aumentar sus habilidades en el desarrollo infantil. Nuestro objetivo es ayudar a transformar comportamientos desafiantes. Nosotros creemos que las familias y los proveedores conocen mejor a los niños que están bajo su cuidado. Estamos aquí para apoyar a padres y proveedores de cuidado infantil a continuar desarrollando las habilidades y fortalezas que ya tienen. Pasamos tiempo escuchando para entender las necesidades. Pensamos con las familias y los proveedores sobre ideas de como ayudar. Utilizamos un modelo de consulta para comprender y apoyar el crecimiento y desarrollo de los niños.

CON QUIEN TRABAJAMOS:



FAMILIAS



CENTROS DE CUIDADO
INFANTIL Y PROVEEDORES
DE EDUCACION

COMPONENTES CLAVE

Recopilar Información

Crear Metas Compartidas

Hacer Equipo y Comenzar

Poner Plan en Acción

BENEFICIOS:



Niño

- Aumentar su capacidad para desarrollar relaciones positivas con compañeros
- Crecimiento en la habilidad de compartir y controlar emociones
- Mejorar autoestima
- Disminuir el comportamiento desafiante



Familia

- Aumentar el conocimiento del desarrollo infantil
- Mejorar habilidades de prácticas positivas de crianza
- Mejorar la relación entre los padres e hijos
- Mayor colaboración entre la familia y el equipo docente



Maestro/Proveedor/a de Cuidado Infantil

- Relaciones positivas entre maestro/proveedor/a y menor
- Disminución del estrés laboral
- Mejorar el ambiente en el salón de clases
- Promoción de habilidades, calidad y resultados

SERVICIOS DE COMPORTAMIENTO

YMCA Childcare Resource Service

Preguntas Frecuentes:

- **¿CON QUÉ EDADES TRABAJAN?**

Nuestros servicios son para niños recién nacidos a los 8 años de edad. Si tiene preocupaciones sobre un menor fuera de este rango de edad, nuestro personal trabajará para conectarlo a otros servicios.

- **¿CUÁL ES EL COSTO DE ESTOS SERVICIOS?**

Nuestros servicios de comportamiento son gratuitos gracias al subvención de fondos actuales.

- **¿CUÁNTO TIEMPO DURAN LOS SERVICIOS?**

La duración de los servicios es diferente para cada familia y programa, nuestro personal trabajara con usted para programar servicios de acuerdo a sus necesidades.

- **¿SON LOS SERVICIOS UNICAMENTE RELACIONADOS CON LAS PREOCUPACIONES DEL MENOR?**

Nosotros ofrecemos servicios para ambas preocupaciones individuales de menores y necesidades del programa. Al ofrecer servicios para un menor, requerimos el consentimiento de la familia. Cuando trabajamos con programas, nuestro objetivo es apoyarlo a usted y a su personal. Servicios pueden incluir sugerencias para el bienestar del personal, actualizar pólizas, o entrenamientos para su equipo. Si le gustaría hablar con un especialista en comportamiento respecto a como comenzar envíe un correo electronico a crsbehaviorsupport@ymcasd.org.

Sí no está seguro de estar listo para esto, pero aun desea comunicarse con alguien sobre sus preocupaciones, llámenos al 1-619-521-3055 y presione 6 para apoyo de salud mental, o envíenos un correo electrónico a crsbehaviorsupport@ymcasd.org





YMCA CHILDCARE RESOURCE SERVICE Solicitud de Servicios de Comportamiento

Gracias por tomarse el tiempo de solicitar Servicios de Comportamiento del YMCA. Sabemos que solicitar servicios puede ser complicado por muchas razones, pero estamos contentos de que haya decidido conectarse con nosotros. Esperamos que se tome el tiempo de llenar el siguiente formulario para asegurarnos de que vamos a conectarlo con el servicio que mejor cumpla con sus necesidades. Después de completar el formulario, por favor envíelo al correo electrónico crsbehaviorsupport@ymcasd.org. Si tiene preguntas o alguna preocupación, por favor llámenos al teléfono **619-521-3055**

Agencia de referencia/Programa de referencia

Nombre del contacto:
Número de teléfono:

Nombre del contacto:
Número de teléfono:

Información de la Familia:

Nombre del adulto:
Dirección:
Idioma de preferencia:
Correo electrónico:
Nombre del menor:
¿Cómo supo de nosotros?:

Relación con el menor:
Ciudad/ código postal:
Teléfono:
Teléfono adicional:
Fecha de nacimiento del menor:

Uno de los principales objetivos de nuestro programa es poderlo referir al mejor programa desde el primer contacto. Empezamos por colaborar con usted y recolectar información de su parte para determinar en donde le gustaría empezar. Las siguientes preguntas nos van a ayudar a entender mejor sus necesidades y así asegurarnos de que estamos conectándolo con el apoyo y servicios apropiados para usted.

Por favor indique la razón(es) de esta referencia (marque todas la que apliquen)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Agresión/enjo | <input type="checkbox"/> Habla o lenguaje | <input type="checkbox"/> Preocupación familiar | <input type="checkbox"/> Cambios de comportamiento drástico |
| <input type="checkbox"/> Regulación emocional | <input type="checkbox"/> No sigue las expectativas | <input type="checkbox"/> Habilidades sociales/interacciones | <input type="checkbox"/> Perdida/duelo |
| <input type="checkbox"/> Nervios/ansiedad | <input type="checkbox"/> Dificultad de atención | <input type="checkbox"/> Miedos/preocupaciones | <input type="checkbox"/> Retraído |
| <input type="checkbox"/> Autoestima | <input type="checkbox"/> Mucha energía/actividad | <input type="checkbox"/> Preocupación de aprendizaje o desarrollo | <input type="checkbox"/> Otro (por favor describa) |

Por favor marque sus respuestas:

1. ¿Su principal preocupación de comportamiento del menor es en la escuela, en el hogar o en ambos?	<input type="checkbox"/> Escuela <input type="checkbox"/> Hogar
2. ¿Su niño/a está actualmente registrado en una guardería o preescolar o programa de después de escuela?	<input type="checkbox"/> Si <input type="checkbox"/> No
3. ¿Le han pedido recoger a su niño/a temprano en las últimas 2 – 3 semanas debido a su comportamiento?	<input type="checkbox"/> Si <input type="checkbox"/> No
4. ¿Su niño/a o familia está recibiendo algún servicio de consejería o apoyo?	<input type="checkbox"/> Si <input type="checkbox"/> No
5. ¿Su niño/a ha sido evaluado y/o diagnosticado con algún retraso en su desarrollo o necesidad especial?	<input type="checkbox"/> Si <input type="checkbox"/> No
6. ¿El menor ha tenido o tiene un plan educacional individualizado (IEP), un plan de servicio individualizado familiar (IFSP), o un plan 504?	<input type="checkbox"/> Si <input type="checkbox"/> No
7. ¿Está usted afiliado con Servicios de Apoyo Familiares, el departamento que maneja pagos alternativos? (familia o proveedor).	<input type="checkbox"/> Si <input type="checkbox"/> No

¿Hay alguna información adicional que le gustaría compartir con nosotros?

Por favor marque su respuesta:

En los últimos 6 meses, ¿Qué tan seguido ha tenido dificultad para pagar su renta, utilidades, guardería, comida, transporte, cuidados médicos, etc.?

<input type="checkbox"/> Siempre	<input type="checkbox"/> Casi siempre	<input type="checkbox"/> Algunas veces	<input type="checkbox"/> Casi nunca	<input type="checkbox"/> Nunca
Basado en la tabla de abajo, identifique que tipo de familia se parece a la suya. El tamaño de la familia incluye a cada individuo que vive en su residencia.				
<input type="checkbox"/> Familia de 2 \$5,937	<input type="checkbox"/> Familia de 3 \$7,451	<input type="checkbox"/> Familia de 4 \$9,605	<input type="checkbox"/> Familia de 5 \$11,289	<input type="checkbox"/> Familia de 6+ \$12,939

Utilizando la lista de ingreso asociado al número de personas en su hogar (ver arriba), indique si su familia está por debajo, en el promedio o superior del nivel de ingresos mensuales. Los ingresos mensuales incluyen todo aquel ingreso que recibe su familia.

<input type="checkbox"/> Debajo	<input type="checkbox"/> Promedio	<input type="checkbox"/> Superior
---------------------------------	-----------------------------------	-----------------------------------

Al llenar esta solicitud, autorizo al YMCA de Childcare Resource Services contactarme en referencia al menor listado en el formulario de arriba con el propósito de recibir o solicitar servicios. Entiendo que esta autorización incluye intercambiar la información mencionada en este formulario ya que es necesario para coordinar esta referencia. El completar este formulario no garantiza servicios, su intención es solicitar información de los programas aplicables.

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December
2015

Reflective supervision:

Written for the ***San Diego Early Childhood Mental Health Leaders Collaborative*** and all those who serve young children and their families by:

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childhood mental health

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Reflective supervision: A resource for those supporting infants, toddlers, preschoolers and their families with early childhood mental health

Background

San Diego's Early Childhood Mental Health Conference Planning Committee organized and held their first annual conference on early childhood mental health (ECMH) in September 2010. At its conclusion, the organizers promised the audience that they would invite San Diego ECMH leaders to come together to discuss goals, methods, ideas, and potential ways to promote, integrate, and collaborate in ECMH in

San Diego County. Early 2011, this diverse group of psychologists, marriage and family therapists, social workers, speech and language pathologists, early childhood educators, physicians, and public health representatives held the first meeting, forming what is known today as the San Diego Early Childhood Mental Health Leaders Collaborative. The vision of our collaborative is *“to ensure that all babies, children and their caregivers flourish”*. Reflective supervision is an essential practice to help us realize our vision.

In the field of ECMH, the supervisor-provider relationship serves as a foundational model for provider parent and parent-child relationships¹. This *parallel process* is fundamental to supporting professionals who face increasingly complex family experiences. Reflective supervision plays an important role in this process of professionals and families growing together through the practice of intentional reflection. In recognition of this, several members of the San Diego ECMH Leaders Collaborative formed the *Reflective Supervision Workgroup*. This group was tasked with writing a document to help inform direct service providers, supervisors, and administrators about reflective supervision and its many critical benefits, and to offer guidance for implementing it within organizations and systems with varied access to resources.

The body of research and resources related to reflective supervision is steadily gaining, and it is multi disciplinary in nature. Members of the workgroup have taken their charge seriously and have diligently relied upon this growing documentation, as well as the expertise of the larger San Diego ECMH Leaders Collaborative. We have taken it upon ourselves to first answer: What is reflective supervision and who should do it and why? Our second focus is to provide guidance on how it can be implemented and what resources exist for training and support. We are committed in our responsibility to champion reflective supervision while acknowledging that the infrastructure to consistently implement it is yet to be fully developed. We hope this resource will serve to support the development of providers’ understanding of reflective supervision, as well as the infrastructure within ECMH organizations and our ECMH community.

¹ Throughout this document, the terms “parent” and “caregiver” are used interchangeably in recognition of the important role of those who may not be biological or adoptive parents, yet thankfully care for and serve as attachment figures.

What is Reflective Supervision?

~ Ashley is a home visitor who provides home-based services to at-risk families with infants, toddlers, and preschoolers. Her job is both rewarding and complex. Recently, she’s been feeling a bit tired, perhaps even run down, and noticed that when she arrived at her client’s home today, there was a moment where she didn’t want to get out of her car. It was just a moment, but it took some self-talk and even some caffeine to get motivated and greet her client family. How did her mood and energy

level affect her relationship with her client and the outcome of her home visit? What was contributing to this change in Ashley, something in her personal experience or the organization she works for? Or was it something unique to the experience with this specific client family? Fortunately, Ashley participates in reflective supervision. She meets regularly with her supervisor to explore and understand feelings and experiences just like this. This benefits Ashley, her clients, and the agency she works for.

Reflective supervision is a relationship-based form of supervision that promotes professional development through the use of collaborative reflection. Providers share their thoughts, feelings and experiences within the context of a safe and trusting relationship. Reflective supervision helps develop the ability to be aware of, curious about, reflect upon, and regulate our own internal experience while considering the internal experience of others—whether a child, a parent, a family, a professional, or even an organization. Reflective supervision improves self-regulation so that providers have access to their own higher-level thinking and wisdom, and it promotes the ability to make critical judgments—important skills given the complexities in working with families with young children. This ability to understand the thoughts,

*A little reflection will show us that every belief, even the simplest and most fundamental, goes beyond experience when regarded as a guide to our actions.
~William Kindgon Clifford*

another—even in the midst of complex situations that are often emotionally charged.

Reflective supervision is necessary for developing attuned, sensitive and responsive relationships, a critical foundation for professionals and parents who are promoting ECMH. It is within the relational experience of nurturing, of felt security and safety, that curiosity for what has, what is and what is hoped to occur in the future can be explored, understood and managed (see diagram page 6). Our thoughts and feelings beneath our behaviors are illuminated and understood. This powerful relationship then becomes the conduit for professional growth, with positive outcomes to include reflective practice partnerships with parents who then ultimately promote healthy parent-child relationships and child development. This is commonly known as the “parallel process”.



Why is Reflective Supervision Necessary?²

Once, we were all babies—uniquely cared for by our parent(s) or other caregivers. Our experiences helped to shape us; they’ve shaped how we relate to others, how we manage stressful experiences, even how we think and feel. Often times we are unaware of these influences and our emotional responses. Yet they actively guide our interactions and professional interventions with the young children and families we work with. Additionally, we are exposed to complex family situations, including traumatic experiences that can deeply impact and even trigger our own experiences. Reflective supervision offers a consistent relational space and the time to become aware, explore, understand and distill the emotions and processes that are influencing our work. It can bring awareness and understanding to, for example, how a provider feels about working with same sex parents or an expectant mother who discloses she used methamphetamines early in her pregnancy. The process offers critical emotional support to those who carry a heavy burden of exposure to traumatic material, and helps us to avoid reactive responses that can result in unintended and negative consequences for all. Reflective supervision improves the quality of early childhood services by enhancing provider competency and confidence, thereby increasing organizational and community capacities.

² Shahmoon-Shanok, R. (2009). What is reflective supervision? *A practical guide for reflective supervision*. Washington DC: Zero to Three.

What are the *Benefits of Reflective Supervision?*

Although there are neurobiological and heritable influences, we understand that the development of young children is strongly influenced by the quality of the primary care-giving relationship and by the child's early environmental experiences. Ideally, the caregiver is emotionally and physically available to support the young child's exploration and learning, in a sensitive and attuned way. Reflective supervision is a relationship model meant to be similar to the "secure base" that a parent offers the young, developing child. Within a trusting professional relationship a provider can receive support for his or her professional development so that services are delivered to families with safety, integrity, quality, and fidelity. Working within an organizational culture that both practices reflection and supports reflective supervision is key (see diagram below). The benefits are many.



For children and families we serve, reflective supervision:

- ξ Models a nurturing experience for all relationships, including improved regulation, attunement, and responsiveness—known as parallel process
- ξ Offers a safe haven for parents to develop reflective capacity by exploring what is important to them: their beliefs and values, parenting goals and practices, thoughts and feelings, cultural experiences, challenges and strengths, etc.
- ξ Encourages parents to observe, reflect, and understand their child's development, behavior,

and interactions, which includes strengths, vulnerabilities, and temperament

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- ξ Highlights social and emotional development and the importance of families in the process of developing emotional literacy
- ξ Improves parent confidence and consistency
- ξ Provides a relational process to mediate challenges

For providers who serve children and families, reflective supervision:

- ξ Supports providers in developing improved regulation that leads to integrated, higher-level thinking, and more effective decision making
- ξ Develops the ability to manage oneself in the midst of family crisis
- ξ Creates an opportunity for rich exchanges to guide another in the problem solving of learning from one's own experience and process from others
- ξ Supports work with complex family systems and dynamics
- ξ Increases the ability to understand the perspective of others and have empathy for them
- ξ Promotes understanding through inquiry

The eyes
experience less
stress when they
can look upon a
wider horizon.

~R.D. Chi

- ξ Enhances awareness and understanding of oneself and one's own past or present experiences, and how work with families can evoke this, thereby minimizing countertransference or the reflexive acting out of unconscious feelings with families
- ξ Improves recognition and use of provider strengths and confidence
- ξ Supports cultural competence
- ξ Reduces risk for burn out and vicarious/secondary trauma and burn out
- ξ Contributes to professional identity and career development

For organizations that serve children and families, reflective supervision:

- ξ Provides a higher quality of service and improved outcomes for families
- ξ Attends to boundaries and other ethical practice/legal issues
- ξ Supports the development of healthy relationships and stable work environments—a climate of open communication, empathy for staff concerns, and the long-term development of staff
- ξ Helps with clarity and commitment to organizational philosophy and mission
- ξ Creates a felt experience of support for staff

- ξ Promotes an organizational culture of reflection
- ξ Links to improved employee satisfaction and retention
- ξ Improves consumer outcomes, including satisfaction
- ξ Improves program quality and accountability

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What are the Essential Qualities of Reflective Supervision?

The foundation for reflective supervision is a relationship that is built upon emotional safety, trust, and mutual respect. The consistent, predictable gift of time and space to pull back from work and examine it and our selves within a safe context is a powerful conduit for professional development. It is the relationship itself that helps us to regulate and organize ourselves, thereby contributing to improved services. This *collaborative* (relational), *reflective*, and *regular*³ practice is facilitated by: ξ Safety

- ξ Open communication
- ξ Responsiveness
- ξ Empathy
- ξ Acceptance of a wide variety of cultural values and childrearing practices
- ξ Elimination of reactive judgments
- ξ Shared power and collaboration
- ξ Curiosity or inquiry
- ξ Flexibility
- ξ Self-awareness

Who Can Participate in Reflective Supervision?

Given our understanding of the foundational importance of ECMH to children's growth and development, all providers involved in promoting early childhood development are encouraged to participate in reflective supervision regardless of their discipline. This includes behavioral health providers; occupational, speech and language, and physical therapists; early childhood education professionals; and home visitors and parent educators. For example, an occupational therapist regularly meeting with a reflective supervisor might gain important insight into the feelings that arise when parents insist that their children perform over-stimulating tasks. This insight may lead to wondering about the origin of parents' expectations and a consideration of interventions: *What beliefs are operating in this interaction, including my own? Where might these come from? Knowing this, how might I sensitively intervene, considering both parents' and their children's experience, so they might offer the right amount of stimuli for success?* The reflective process facilitates increased understanding

and empathy for oneself and others' experiences and ultimately, better outcomes.

³ Fenichel, E. (1992). Learning through supervision and mentorship to support the development of infants, toddlers, and their families: A source book. Arlington, VA: Zero To Three.

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Additionally, administrators such as supervisors and program managers, even funders, are also encouraged to participate. When reflective supervision occurs across all staff roles and disciplines, reflective processes are more likely to be integrated into the organizational culture.

***H*ow is Reflective Supervision Different from Psychotherapy?**

Reflective supervision differs from psychotherapy in a variety of ways. First and foremost, reflective supervision is directly focused on our personal learning experiences, thoughts, and feelings that are directly connected to our work with families and colleagues. The process is facilitated by experiencing emotional safety, active listening, and supervision, what is discovered is typically just beneath one's awareness, and with some thoughtful questioning by *both* parties. These characteristics can lead to having a *felt, supportive* experience that people sometimes associate with psychotherapy. However, reflective supervision facilitators are not unearthing the unconscious. With reflective

Do unto others as
you would have
others do unto
others.

~Jeree Pawl

reflection, is readily accessible to discovery. Reflective supervision may, at times, include exploring the role our personal life experiences play in our work. Understanding that the focus is on what is readily accessible and related to our work serves to guide the reflective supervisor. The use of therapy techniques or interventions are not a part of reflective supervision, although it may feel "therapeutic". This may be the result of experiencing positive regard, collaboration, and attention to one's internal processes.

***H*ow is Reflective Supervision Different from Administrative**

and Clinical Supervision?⁴

There are three basic types of supervision: administrative, clinical, and reflective. Administrative supervision is concerned with program policies, regulations, and procedures. It is focused on tasks such as hiring, training and educating personnel, overseeing paperwork, and monitoring productivity. Clinical supervision emphasizes understanding and making proper diagnoses, developing effective treatment plans, and modifying interventions accordingly. Central to clinical supervision is discussing strategies

⁴ Michigan Association for Infant Mental Health. (2015). What is reflective supervision/consultation? Retrieved August, 2015, from www.mi-aimh.org.

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used by providers, reviewing and evaluating progress, and providing guidance and coaching for the purpose of skill development. Reflective supervision focuses on the parallel process involved in relationships, namely between supervisor and provider, provider and parent, and parent and child. It includes how the interactions within each of these relationships may be impacting the work and explores the reasons behind the strong feelings that relationships evoke. This reflective partnership involves the supervisor being emotionally present with and supportive to the provider, asking questions to encourage details about the emerging relationships between the young child, parent and provider, and creating and holding the space for reflection. There is a deliberate emphasis on attending to social and emotional content and the process of relating.

What Evidence Supports the Effectiveness of Reflective Supervision?

The fields of education and nursing have led the way in providing evidence to support reflective supervision. In the early 20th century, John Dewey wrote and spoke of the importance of reflection in the field of education.⁵ Recent research in neuroscience has clearly shown that there are important and significant benefits to reflection. Reflective supervision, similar to the contemplative practice of mindfulness meditation, triggers anatomical changes in the brain and body. According to Dr. Dan Siegel, several studies show that the prefrontal cortex area of the brain thickens with reflective supervision.⁶ This enables improved awareness, regulation, and integration. Becoming more attuned to oneself enables us to become more calm and hence, more connected with others. This results in a stronger capacity to be more empathic and allows us to turn “me or you” thinking into, ultimately, collaborative “we” thinking. This is thought to be the result of the integration in brain activity processes.

The benefits of reflective supervision have been demonstrated in many other fields, as well. When early education professionals are participating in it, the quality of care is improved and made more optimal

thereby promoting children's intellectual and social-emotional development.⁷ Positive outcomes for children, such as these, have been clearly documented in the research literature. Additional evidence for the reflective process primarily comes from qualitative studies: one study, for example, links it to greater resilience among providers and decreased provider burnout⁸. Another, with Early Intervention home-based providers, speaks to improved services to families through "increased

⁵ Dewey, John. (1933). *How we think: A restatement of the relation of reflective thinking to the educative process* (Revised ed). Boston, MA: D.C. Heath.

⁶ Siegel, D. (2010). Reflection. *Garrison Newsletter*, (Autumn). Retrieved September, 2015, from www.garrisoninstitute.org/reflection-dan-siegel.

⁷ Department of Education and Early Childhood Development. (2010). Early years learning and development framework. Evidence paper, practice principle 8: Reflective practice. Melbourne, University of Melbourne. ⁸ Turner, S.D. (2009). *Exploring resilience in the lives of women leaders in early childhood health, human services, and education*. PhD dissertation. Oregon State University. Retrieved September, 2015, from www.ir.library.oregonstate.edu/xmlui/handle/1957/13122.

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awareness, support, and stress reduction".⁹ Observational studies have also contributed: in the field of child welfare they have shown that integration of reflective supervision qualities into supervision has led to lower rates of staff turnover and better success in achieving permanent placements for children.¹⁰

W *hat Can I Do to Bring Reflective Supervision to My Organization?*

Ideally, the commitment of leadership is essential to fully value, support, and integrate reflective supervision within an organization. In considering the investment, an organization may want to compare the cost of high turnover (staff retention) and the subsequent loss of organizational wisdom and provider relationships to the benefits of positive client outcomes.

At a most basic level, offering an ongoing and regular space and time for ECMH providers to meet individually and/or in small groups is necessary. Leadership is wise to attend to the importance of trust in the reflective supervision relationship; this is crucial and can be achieved by creating an environment that is respectful and responsive to children, families, and the professionals who serve them. Training of supervisors and direct service providers in the essential skills and the process of facilitating reflection is preferable. Likewise, having an internal "champion(s)" of the process can be invaluable. Some organizations employ specialized consultants or for example, Reflective Practice Facilitation Mentors endorsed by the California Center for Infant-Family and Early Childhood Mental Health (see below), to provide resources, expertise, and guidance to support the development of reflective supervision. On a simpler level, integrating reflective practice into already existing routines (e.g. clinical case consultation groups, team meetings, etc.) is often found to be a readily accessible strategy within an organization. While peer-to-peer reflective partnerships are helpful at any time, these can be intentionally developed

and used in the absence of formally organized opportunities.

Administration, leadership, and direct service providers are all encouraged to seek out resources such as trainings, communities of practice groups, and videos and books—and to actively make use of what is learned with practice. While the bibliography included in this document offers many possibilities for learning, a good place to begin is with reading *Reflective supervision and leadership for infant and early childhood programs*¹¹. However, these resources are not a substitute for participating in reflective

⁹ Neilsen Gatti, S., Watson, C., & Cox, M. (2012, February). *Reflective consultation as an ongoing, embedded professional development model*. Poster presented at the Conference on Research Innovations in Early Childhood. San Diego, CA. ¹⁰ National Council on Crime and Delinquency. (2006). Relationship between staff turnover, child welfare system functioning and recurrent child abuse. Oakland: National Council on Crime and Delinquency. ¹¹ Heffron, M. C., & Murch, T. (2010). *Reflective supervision and leadership for infant and early childhood programs*: Washington DC: Zero to Three.

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supervision. Partnering with a reflective supervisor supports and enhances the ongoing development of skills in reflective practice.

Where Can I Go to Get Training in Reflective Supervision?

The reflective process is best learned from experiencing it in either individual or small group reflective supervision, or a combination of both modalities. Although current technologies such as Skype and WebEx can be used, it is recommended to begin with face-to-face meetings with an experienced reflective supervisor. Formal training opportunities, while not always readily available, are beginning to surface in response to growing awareness, positive results, and identified need. The organizations below offer a variety of training options to include conference workshops, extensive bibliography listings, lending libraries for ECMH resources, and local communities of practice meetings.

California Center for Infant-Family and Early Childhood Mental Health

<http://cacenter-ecmh.org/>

Earliest Relationships Network: Providers Supporting Early Childhood Mental Health

earliestrelationshipsnetwork@gmail.com

Michigan Association for Infant Mental Health

<http://mi-aimh.org/>

San Diego State University

The Department of Child & Family Development

<http://go.sdsu.edu/education/cfd/>

San Diego We Can't Wait Conference

<http://www.earlychildhoodmentalhealth-sandiego.com/>

Zero To Three National Center for Infants, Toddlers, and Families

<http://zerotothree.org/>

Additionally, the California Department of Education, Child Development Division, in partnership with WestEd's Center for Child & Family Studies offers a variety of archived webinars:

1. Infant and Toddler Reflective Curriculum Planning, Part I
2. Infant and Toddler Reflective Curriculum Planning, Part II
3. Enhancing Infant and Toddler Care Through Reflective Practice, Part I
4. Enhancing Infant and Toddler Care Through Reflective Practice, Part II
5. Enhancing Infant and Toddler Care Through Reflective Practice, Part III
6. Enhancing Infant and Toddler Care Through Reflective Practice, Part IV

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These can be located at https://www.pitc.org/pub/pitc_docs/webinars.html.

Please contact Kim Flowers at kimflowers.lcsw@yahoo.com or Marilee Burgeson at marilee.burgeson@gmail.com to express further interest in training and/or to support next steps in promoting reflective supervision training locally.

Reflective Supervision Resources

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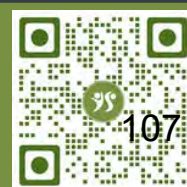


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\$115 | EARLY BIRD w/ CE's
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Shawn Ginwright, PhD
*Author of The Four Pivots:
Reimagining Justice,
Reimagining Ourselves*



Barbara Stroud, PhD
*Intentional Living: Finding the
Inner Peace to Create
Successful Relationships*



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